SCHEDULE OF BENEFITS

Benefits	Multi-Trip Maximum Benefit Amount
Part A – Travel Arrangement Protection	
Trip Cancellation	100% of Trip Cost
Trip Interruption and Delayed Arrival	100 % of Trip Cost
Occupancy Upgrade	100% of Trip Cost
Missed Connection	$500
Trip Delay	$1,000 ($200/day)
Part B – Travel Insurance Benefits	
Medical Evacuation and Repatriation of Remains	$250,000
Political or Security Evacuation	$100,000
Coverage For Your Belongings and Property of Others	
Baggage and Personal Effects	$1,000
Per Item	$250
Special Limitations Combined Maximum	$500
Baggage Delay	$300

Multi-Trip Coverage – Coverage for Medical Evacuation and Repatriation of Remains is limited to one (1) occurrence per policy term.

ARCH ROAMRIGHT
MULTI-TRIP PROGRAM

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

Administered By:
Arch Insurance Solutions Inc.
Executive Plaza IV
11350 McCormick Rd., Suite 102
Hunt Valley, MD 21031

ILLINOIS P & C INDIVIDUAL TRAVEL PROTECTION POLICY

This policy 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 Insured, 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 cancel this policy and request a full refund of Your premium by notifying the program administrator in writing within 14 days after payment for Your policy. Your premium will be refunded, provided that You have not already departed on the Trip or filed a claim. When so returned, all coverages under this policy are void from the inception of the policy. After expiration of the referenced 14 day period, Your premium is non-refundable. The premium for the policy is not divisible.

This policy is governed by the laws of the jurisdiction where it was delivered.

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

Brian D. First
President

Regan A. Shulman
Secretary

SECTION I – COVERAGES

No benefit 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.

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 death or a Traveling Companion's Family Member's, 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.

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.

"Other Covered Events" means:

a. You or Your Traveling Companion being hijacked, physically 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. We will only pay benefits for losses occurring within 15 calendar days after the event renders Your primary place of residence or destination Uninhabitable;
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. We will only pay benefits for losses occurring within 15 calendar days from the official commencement of the Strike. We will not pay benefits if the policy is purchased after the Strike is threatened, announced or has already commenced (whichever occurs earlier). If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to such proposed alternate transportation e.g. another Common Carrier in order to get to Your intended destination. We will not pay benefits resulting from Strikes of the Travel Supplier or any person, organization, agency, or tour operator or their affiliated companies, that solicited this coverage, or from whom You insured Your Travel Arrangements. Coverage for this Other Covered Event only applies if Your payment for this policy is received within the Time Sensitive Period;
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 within 30 days of your Scheduled Departure Date to provide aid or relief for a Natural Disaster;
h. a Terrorist Incident that occurs within 15 days of Your Scheduled Departure Date in a city listed on the itinerary of Your or Your Traveling Companion's Trip;
i. 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;
j. 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 the Trip Delay Benefit;
k. Your or Your Traveling Companion's pregnancy, provided the pregnancy occurs after Your Effective Date for Trip Cancellation, as verified by medical records;
l. You or Your Traveling Companion are legally separated or divorced after Your Effective Date for Trip Cancellation under the policy. Cancellation must occur within 21 days of the legal separation or divorce;
m. a Road Closure causing a delay in reaching Your scheduled Trip destination for at least 12 hours. We will only pay benefits for losses occurring within 15 calendar days after the event which causes the interruption of road service .

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.

MISSED CONNECTION

If You miss Your Trip departure because Your arrival at Your Trip destination other than Your return 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, Terrorist Incident 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 12 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, Terrorist Incident or riot;

e) a Road Closure (substantiated by the department of transportation, state police, etc.) 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.

PART B – TRAVEL INSURANCE BENEFITS

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) You have requested assistance for an Emergency Medical Evacuation; 2) Your local attending Physician determines that Your condition is acute, severe or life threatening; and 3) that adequate Medically Necessary treatment due to Medical Necessity is not available in Your immediate area.

Medically Necessary Repatriation (**Medically Necessary Transfer due to Medical Necessity)**
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 You have requested assistance for a Medically Necessary Repatriation (Medically Necessary Transfer due to Medical Necessity), and Your local attending Physician determines that it is Medically Necessary due to Medical Necessity.

Medically Necessary Transfer means that following treatment or evaluation at the nearest Hospital or medical facility, and absent suitable local care at that Hospital or medical facility, **Medical Necessity** warrants transportation to a different Hospital or medical facility for continued treatment.

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 coordinated in advance by You and 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 You and 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 payable for arrangements **coordinated with You and** 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, **or, if available, the same level of transportation originally ticketed**, 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 for You to leave a country is issued, or the U.S. State Department issues a Warning Level(s) 4 travel warning or higher; for Your destination; 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 **when** Our Program Assistance Provider arranges **or coordinates with You to arrange** Your evacuation.
2. We will not pay for any loss or expense recoverable through an employer.
3. Our Program Assistance Provider will coordinate with You 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, Belarus, Chechnya, Democratic Republic of the Congo, Gaza Strip, Iran, Iraq, Israel, Israel West Bank, Ivory Coast, Lebanon, Libya, North Korea, Russia, Somalia, Sudan, Syria or Ukraine. Any other country or location subject to the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSET CONTROLS (OFAC).
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. the actual or threatened use or release of any chemical or biological weapon or device, or exposure to 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.

Items Subject To Special Limitations: We will reimburse You up to $500 in total on all 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; electronic devices, including but not limited to: cameras, computers, cell phones, and other mobile devices and sports 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 24 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.

The following exclusions and limitations apply to Baggage and Personal Effects and Baggage Delay:

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.

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.

"Air Carrier" means any air conveyance operating under a valid license for the transportation of passengers for hire.

"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 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, hyperemesis gravidarum, preeclampsia, 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, and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

"Dependent" means lawful or civil union spouse and a child who is in Your custody, pursuant to an interim court order of adoption, vesting temporary care of the child to You, regardless of whether a final order granting adoption is ultimately issued, Your children including an unmarried child, stepchild, legally adopted child or foster child, or civil union who is: (1) less than age 19 and primarily dependent on You for support and maintenance; or (2) who is at least age 19 but less than age 26 and who regularly attends an accredited school or college; and who is primarily dependent on You for support and maintenance.

"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.

"**Epidemic"** means an outbreak of a contagious illness or disease that spreads rapidly and widely and that is declared an epidemic by The Centers for Disease Control and Prevention.

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

"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 policy; and 2) requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all disease and other infirmity.

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

"Intoxicated" means what is defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred.

"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 coordinated by You and 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" or "Medical Necessity" means a service or supply that the local attending Physician determines as: 1) appropriate, necessary and reasonable and provided for the symptoms, diagnosis or direct care and treatment of the condition; 2) in accordance with accepted standards of community practice; 3) not primarily for Your convenience, the Physician or another provider; and 4) the most appropriate supply or level of service that can safely be provided.

"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, and which to the extent applicable, is named by the National Weather Service, NOAA, or equivalent U.S or Non-U.S. authority.

"Pandemic" means an epidemic that has spread over a very wide area, or worldwide, over several countries or continents, crossing international boundaries, usually affecting a large number of people.

"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.

"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 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 Prescribed Medication throughout the 180 day period before Your coverage is effective under this policy; (3) 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.

"Prohibited Access" means restriction imposed by government authorities or the U.S. Department of State due to a Pandemic or Epidemic that prevents You from reaching a destination listed on the itinerary of Your Trip.

"Program Assistance Provider" means On Call International.

"Quarantine" and "Quarantined" means the enforced strict isolation and confinement of You or Your Traveling Companion at a single location, for medical reasons, pursuant to an order by an official government authority, a lawfully authorized deputy of such authority, or a licensed practicing Physician, which prevents any interaction with other persons for a specified period of time not exceeding the incubation period for a contagious disease to which You or Your Traveling Companion have been exposed. Governmental orders imposing Prohibited Access, social distancing, self-isolation that does not meet all of the requirements set forth above, shelter in place, or stay at home requirements or recommendations do not constitute a Quarantine.

"**Refund"** means and includes a return of Your Payments or Deposits in the form of cash, credit, or a voucher for future travel from a Travel Supplier, or any credit recovery, or reimbursement from Your employer, a credit card issuer, or any other entity regardless of Your acceptance.

"Road Closure" means that a local road to Your destination or from Your departure point is completely impassable and the operations of that road have been suspended entirely for more than 12 hours due to severe storms, flooding, or Natural Disaster and is substantiated by the department of transportation or state police.

"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 policy.

"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 act of violence, other than civil disorder or riot (that is not an act of war, declared or undeclared), that results in loss of life or major damage to person or property, by any person acting on behalf of or in connection with any organization which is generally recognized as having the intent to overthrow or influence the control of any government.

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

"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 30 days or less in length; and is 100 miles or more from Your primary residence for which coverage is elected and the premium paid.

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

"Uninhabitable" means: (1) the building structure or any part of the building structure is unstable and there is a risk of collapse; (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 - POLICY 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 policy. This Pre-Existing Condition exclusion does not apply to the Emergency Medical Evacuation or Repatriation of Remains coverage;
2. war (whether declared or undeclared), acts of foreign enemies, hostilities between nations not including a civil war;
3. participating in maneuvers or training exercises of an armed service or police force of any country;
4. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
5. participating as a professional in a stunt, athletic or sporting event or competition;
6. participating in prearranged or organized 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;
7. piloting or learning to pilot or acting as a member of the crew of any aircraft;
8. being Intoxicated as defined in the state where the accident occurred or under the influence of any controlled substance unless taken as administered or prescribed by a Physician;
9. the commission of or attempt to commit a felony or being engaged in an illegal occupation;

10. normal pregnancy (except complications of pregnancy) and/or resulting childbirth, except as otherwise covered under Trip Cancellation or Trip Interruption, or voluntarily induced abortion;
11. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses, contacts or any Elective Treatment and Procedures;
12. any loss occurring during a Trip booked or taken for the purpose or intent of securing medical treatment.
13. a mental, or nervous or psychological disorder, unless Hospitalized for that condition while the policy is in effect for You;
14. failure of any tour operator, Common Carrier, travel agent, accommodation provider, cruise line, Air Carrier or other carrier, car rental agency, any other travel or tourism services provider or other Travel Supplier, person or agency or any other entity they deal with, to provide the bargained-for travel or accommodation arrangements; or for reasons other than Bankruptcy or Default;
15. Bankruptcy or Default or failure to supply services by a Travel Supplier;
16. Any loss, condition, or event that was known, foreseeable, anticipated, intended, expected or occurring when Your policy was purchased;
17. a Sickness from which no recovery is expected as diagnosed by the treating Physician and which only palliative treatment and/or hospice care are provided and which carries a prognosis of anticipated death occurring within 6 months of Your policy Effective Date.

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 Multi-Trip Coverage Begins:

Multi-Trip Coverage requested will take effect on the latest of:

1. the date of enrollment for insurance;
2. the effective date specified on the Schedule of Benefits; or
3. the day after any required premium payment has been paid.

Any required premium payment must be made on the earlier/earliest of the following:

(a) any date within 30 days after final payment is paid for the first Trip to be covered by this policy; and

(b) the day before the Scheduled Departure Date for the first trip to be covered by this policy.

When Multi-Trip Coverage Ends:

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

1. the end of the period for which any required premium has been paid;
2. 11:59 p.m. on the 364th day, or 365th day for leap year, from the Insured's Multi-Trip Coverage Effective Date; or
3. the date the last benefit is exhausted.

"Multi-Trip Coverage Effective Date" means the period of time beginning on the date the Multi-trip insurance policy begins and ending on the date the Multi-Trip insurance policy ends as specified above.

When Coverage For Your Trip Begins:

Trip Cancellation:

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

This is Your "Effective Date" and time for Trip Cancellation.

Trip Interruption: 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.

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 taken during the Multi-Trip policy Term. This is Your "Effective Date" and time for all other coverages.

When Coverage For Your Trip 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.

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 policy; 5) the expiration date of the policy.

All coverages under the policy will be extended if Your entire Trip is covered by the policy 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 policy 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 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 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.

For Baggage and Personal Effects and Baggage Delay:

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 policy may, with Your permission, 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 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 Insured's Certificate to the Insured's beneficiary or, if no beneficiary is designated, to 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 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 or religious beliefs.

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 whole claim or any part of the claim is denied.

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 intentionally misrepresented.

Other Insurance with Us: You may be covered under only one travel insurance policy with Us for each Trip. If You are covered under more than one such policy, 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. For purposes of this provision policy, this does not include Security Deposit Waiver Insurance or Auto Rental Damage Insurance policies.

Other Insurance: If there is other valid and collectible insurance, not with Us, providing benefits for the same loss on an indemnity basis or on an expense incurred basis, the only liability under any expense incurred coverage of this policy shall be for such proportion of the loss as the amount which would otherwise have been payable hereunder to the total like amounts under all valid coverages for such loss. For the purpose of applying this provision when other coverage is on an indemnity basis, the like amount of such other coverage shall be taken as the indemnity amount payable in the absence of such coverage. Recovery of losses from other parties does not result in a refund of premium paid.

Illinois Time Limit on Certain Defenses: After two years from the date of issue of this policy no misstatements, except fraudulent misstatements, made by the applicant in the application for such policy shall be used to void the policy or to deny a claim for loss incurred or disability commencing after the expiration of such two year period.

Illinois Change of Beneficiary: You have the right to change Your beneficiary and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this policy or to any change of beneficiary or beneficiaries, or to any other changes in this policy.

Illinois Civil Union: Parties to a civil union are entitled to the same legal obligations, responsibilities, protections and benefits that are afforded or recognized by the laws of Illinois to spouses.

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, including but not limited to: assigning Your rights to recover such payment, signing and providing any documents reasonably allowing Us to do so. 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. Everyone eligible to receive payment for a claim submitted to Us must cooperate with this process and must refrain from doing anything that would adversely affect Our rights to recover payment. Everyone eligible to receive payment for a claim submitted to Us must cooperate with this process and must refrain from doing anything that would adversely affect Our rights to recover payment. Our right of subrogation applies even if Your entire loss has not been compensated.

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.

Electronic Delivery: You agree to receive, accept, obtain or submit any and all documentation including the policy in electronic form e.g. via email and agree that electronic communications is a reasonable and proper form of communication that fully satisfies any requirement that communications be provided in writing.

Economic Sanctions Provision: This policy does not provide any coverage, benefit, or services for any activity that would violate any applicable economic/trade sanction or embargo law or regulation, including without limitation sanctions administered and enforced under the Office of Foreign Assets Control “OFAC”.

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 policy.

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 to the benefit of any carrier or other bailee.

SCHEDULE OF BENEFITS

Benefits	Multi-Trip Maximum Benefit Amount
Travel Insurance Benefits	
Accidental Death and Dismemberment	$25,000
Emergency Accident & Sickness Medical Expense	$25,000
Emergency Dental Treatment	$750

ARCH ROAMRIGHT
MULTI-TRIP PROGRAM

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

Administered By:
Arch Insurance Solutions Inc.
Executive Plaza IV
11350 McCormick Rd., Suite 102
Hunt Valley, MD 21031

ILLINOIS AH INDIVIDUAL TRAVEL PROTECTION POLICY

This policy 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 Insured, 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 cancel this policy and request a full refund of Your premium by notifying the program administrator in writing within 14 days after payment for Your policy. Your premium will be refunded, provided that You have not already departed on the Trip or filed a claim. When so returned, all coverages under this policy are void from the inception of the policy. After expiration of the referenced 14 day period, Your premium is non-refundable. The premium for the policy is not divisible.

This policy is governed by the laws of the jurisdiction where it was delivered.

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

Brian D. First
President

Regan A. Shulman
Secretary

SECTION I – COVERAGES

No benefit 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.

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.

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.

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

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; and 3) only Medical Expenses incurred during Your Trip will be reimbursed. Medical Expenses incurred after You return from Your Trip are not covered.

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.

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.

"Air Carrier" means any air conveyance operating under a valid license for the transportation of passengers for hire.

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

"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: (1) less than age 19 and primarily dependent on You for support and maintenance; or (2) who is at least age 19 but less than age 26 and who regularly attends an accredited school or college; 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.

"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.

"**Epidemic"** means an outbreak of a contagious illness or disease that spreads rapidly and widely and that is declared an epidemic by The Centers for Disease Control and Prevention.

"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.

"Injury" means bodily harm caused by an Accident that: 1) occurs while Your coverage is in effect under the policy; 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.

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

"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.

"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.

"Pandemic" means an epidemic that has spread over a very wide area, or worldwide, over several countries or continents, crossing international boundaries, usually affecting a large number of people.

"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.

"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 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 Prescribed Medication throughout the 180 day period before Your coverage is effective under this policy; (3) 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.

"**Refund"** means and includes a return of Your Payments or Deposits in the form of cash, credit, or a voucher for future travel from a Travel Supplier, or any credit, recovery, or reimbursement from Your employer, another insurance company, a credit card issuer, or any other entity regardless of Your acceptance.

"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 policy.

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

"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 30 days or less in length; and is 100 miles or more from Your primary residence for which coverage is elected and the premium paid.

"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 - POLICY 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 policy;
2. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war;
3. participating in maneuvers or training exercises of an armed service or police force of any country;
4. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
5. participating as a professional in a stunt, athletic or sporting event or competition;
6. 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;
7. piloting or learning to pilot or acting as a member of the crew of any aircraft;
8. being Intoxicated or under the influence of any controlled substance unless taken as administered or prescribed by a Physician;
9. the commission of or attempt to commit a felony or being engaged in an illegal occupation;
10. normal pregnancy (except complications of pregnancy) and/or resulting childbirth, or voluntarily induced abortion;
11. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses, contacts or any Elective Treatment and Procedures;
12. any loss occurring during a Trip booked or taken for the purpose or intent of securing medical treatment.
13. a mental, or nervous or psychological disorder, unless Hospitalized for that condition while the policy is in effect for You;
14. failure of any tour operator, Common Carrier, travel agent, accommodation provider, cruise line, Air Carrier or other carrier, car rental agency, any other travel or tourism services provider or other Travel Supplier, person or agency or

any other entity they deal with, to provide the bargained-for travel or accommodation arrangements; or for reasons other than Bankruptcy or Default;

15. Bankruptcy or Default or failure to supply services by a Travel Supplier;
16. Any loss, condition, or event that was known, foreseeable, anticipated, intended, expected or occurring when Your policy was purchased;
17. a Sickness from which no recovery is expected as diagnosed by the treating Physician and which only palliative treatment and/or hospice care are provided and which carries a prognosis of anticipated death occurring within 6 months of Your policy Effective Date.

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 Multi-Trip Coverage Begins:

Multi-Trip Coverage requested will take effect on the latest of:

1. the date of enrollment for insurance;
2. the effective date specified on the Schedule of Benefits; or
3. the day after any required premium payment has been paid.

Any required premium payment must be made on the earlier/earliest of the following:

(a) any date within 30 days after final payment is paid for the first Trip to be covered by this policy; and

(b) the day before the Scheduled Departure Date for the first trip to be covered by this policy.

When Multi-Trip Coverage Ends:

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

1. the end of the period for which any required premium has been paid;
2. 11:59 p.m. on the 364th day, or 365th day for leap year, from the Insured's Multi-Trip Coverage Effective Date; or
3. the date the last benefit is exhausted.

"Multi-Trip Coverage Effective Date" means the period of time beginning on the date the Multi-trip insurance policy begins and ending on the date the Multi-Trip insurance policy ends as specified above.

When Coverage For Your Trip Begins:

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 taken during the Multi-Trip policy Term. This is Your "Effective Date" and time for all other coverages.

When Coverage For Your Trip Ends:

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 policy; 5) the expiration date of the policy.

All coverages under the policy will be extended if Your entire Trip is covered by the policy 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 policy 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:

Medical Expenses:
Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment. Submit these first to other medical plans. Provide a copy of their final disposition of Your claim.

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 policy 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 Insured 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 policy 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

Excess Insurance: Insurance provided by this policy shall be in excess of all other valid and collectible insurance or indemnity (except for Accidental Death and Dismemberment) or as required by state law. If at the time of the occurrence of any loss 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.

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.

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 policy with Us for each Trip. If You are covered under more than one such policy, 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. For purposes of this provision policy, this does not include Security Deposit Waiver Insurance or Auto Rental Damage Insurance policies.

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, including but not limited to: assigning Your rights to recover such payment, signing and providing any documents reasonably allowing Us to do so. 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. Everyone eligible to receive payment for a claim submitted to Us must cooperate with this process and must refrain from doing anything that would adversely affect Our rights to recover payment. Everyone eligible to receive payment for a claim submitted to Us must cooperate with this process and must refrain from doing anything that would adversely affect Our rights to recover payment. Our right of subrogation applies even if Your entire loss has not been compensated.

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.

Electronic Delivery: You agree to receive, accept, obtain or submit any and all documentation including the policy in electronic form e.g. via email and agree that electronic communications is a reasonable and proper form of communication that fully satisfies any requirement that communications be provided in writing.

Economic Sanctions Provision: This policy does not provide any coverage, benefit, or services for any activity that would violate any applicable economic/trade sanction or embargo law or regulation, including without limitation sanctions administered and enforced under the Office of Foreign Assets Control "OFAC".

SECTION VII - COORDINATION OF BENEFITS

Applicability

The Coordination of Benefits ("COB") provision applies to This Plan when an Insured has health care coverage under more than one Plan. "Plan" and "This Plan" are defined below.

If this COB provision applies, the order of benefit determination rules should be looked at first. Those rules determine whether the benefits of This Plan are determined before or after those of another Plan. The benefits of This Plan:

(a) will not be reduced when, under the order of benefit determination rules, This Plan determines its benefits before another Plan; but

(b) may be reduced when, under the order of benefit determination rules, another Plan determines its benefits first. This reduction is described further in the section entitled Effect on the Benefits of This Plan.

Definitions

"Plan" is a form of coverage written on an expense incurred basis that provides benefits or services for, or because of, medical or dental care or treatment. "Plan" includes:

(a) group insurance and group remittance subscriber contracts;
(b) uninsured arrangements of group coverage;
(c) group coverage through HMO's and other prepayment, group practice and individual practice Plans; and
(d) blanket contracts, except blanket school accident coverages or a similar group when the individual policy pays the premium;
(e) Medicaid or Medicare.

"Plan" does not include individual or family: (a) insurance contracts; (b) direct payment subscriber contracts; (c) coverage through HMO's; or (d) coverage under other prepayment, group practice and individual practice Plans.

"This Plan" is the parts of this blanket contract that provide benefits for health care expenses on an expense incurred basis.

"Primary Plan" is one whose benefits for a person's health care coverage must be determined without taking the existence of any other Plan into consideration. A Plan is a Primary Plan if either:

(a) the Plan either has no order of benefit determination rules, or it has rules which differ from those in the contract; or

(b) all Plans that cover the person use the same order of benefits determination rules as in this contract, and under those rules the Plan determines its benefits first.

"Secondary Plan" is one that is not a Primary Plan. If a person is covered by more than one Secondary Plan, the order of benefit determination rules of this contract decide the order in which their benefits are determined in relation to each other. The benefits of each Secondary Plan may take into consideration the benefits of the Primary Plan or Plans and the benefits of any other Plan, which, under the rules of this contract, has its benefits, determined before those of that Secondary Plan.

"Allowable Expense" is the necessary, reasonable, and customary item of expense for health care when the item of expense is covered at least in part under any of the Plans involved.

The difference between the cost of a private hospital room and a semi-private hospital room is not considered an Allowable Expense under the above definition unless the patient's stay in a private hospital room is medically necessary in terms of generally accepted medical practice.

When a Plan provides benefits in the form of services, the reasonable cash value of each service will be considered both an Allowable Expense and a benefit paid.

"Claim" is a request that benefits of a Plan be provided or paid. The benefits claimed may be in the form of: (a) services (including supplies); (b) payment for all or a portion of the expenses incurred; or (c) a combination of (a) and (b).

"Claim Determination Period" is the period of time, which must not be less than 12 consecutive months, over which Allowable Expenses are compared with total benefits payable in the absence of COB, to determine: (a) whether over insurance exists; and (b) how much each Plan will pay or provide.

For the purposes of this contract, Claim Determination Period is the period of time beginning with the Effective date of coverage and ending 12 consecutive months following the date of loss or longer as may be determined by the proof of loss provision.

Order of Benefit Determination Rules

When This Plan is a Primary Plan, its benefits are determined before those of any other Plan and without considering another Plan's benefits.

When This Plan is a Secondary Plan, its benefits are determined after those of any other Plan only when, under these rules, it is secondary to that other Plan.

When there is a basis for a Claim under This Plan and another Plan, This Plan is a Secondary Plan that has its benefits determined after those of the other Plan, unless:

(a) the other Plan has rules coordinating its benefits with those of This Plan; and

(b) both those rules and This Plan's rules, as described below, require that This Plan's benefits be determined before those of the other Plan.

Rules. This Plan determines its order of benefits using the first of the following rules which applies:

(a) Nondependent/Dependent Rule. The benefits of the Plan which covers the person as an employee, member or subscriber (that is, other than as a dependent) are determined before those of the Plan that covers the person as a dependent.

(b) Longer/Shorter Length of Coverage Rule. The benefits of the Plan that covered an employee, member or subscriber longer are determined before those of the Plan that covered that person for the shorter time.

To determine the length of time a person has been covered under a Plan, two Plans shall be treated as one if the claimant was eligible under the second within 24 hours after the first ended. Thus, the start of a new Plan does not include: (a) a change in the amount or scope of a Plan's benefits; (b) a change in the entity which pays, provides or administers the Plan's benefits; or (c) a

change from one type of Plan to another. The claimant's length of time covered under a Plan is measured from the claimant's first date of coverage under that Plan. If that date is not readily available, the date the claimant first became a member of the group shall be used as the date from which to determine the length of time the claimant's coverage under the present Plan has been in force.

Effect on the Benefits of This Plan When it is Secondary

The benefits of This Plan will be reduced when it is a Secondary Plan so that the total benefits paid or provided by all Plans during a Claim Determination Period are not more than the total Allowable Expenses, not otherwise paid, which were incurred during the Claim Determination Period by the person for whom the Claim is made. As each Claim is submitted, This Plan determines its obligation to pay for Allowable Expenses based on all Claims that were submitted up to that point in time during the Claim Determination Period.

Right to Receive and Release Needed Information

Certain facts are needed to apply these COB rules. We have the right to decide which facts are needed. We may get needed facts from or give them to any other organization or person. We need not tell, or get the consent of, any person to do this. Each person claiming benefits under This Plan must give Us any facts We need to pay the Claim.

Facility of Payment

A payment made under another Plan may include an amount that should have been paid under This Plan. If it does, We may pay that amount to the organization that made that payment. That amount will then be treated as though it were a benefit paid under This Plan. We will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable monetary value of the benefits provided in the form of services.

Right of Recovery

If the amount of the payments made by Us is more than We should have paid under this COB provision, We may recover the excess from one or more of: (a) the persons We have paid or for whom We have paid; (b) insurance companies; or (c) other organizations.

Non-complying Plans

This Plan may coordinate its benefits with a Plan that is excess or always secondary or which uses order of benefit determination rules which are inconsistent with those of This Plan (non-complying Plan) on the following basis:

(a) If This Plan is the Primary Plan, This Plan will pay its benefits on a primary basis;

(b) if This Plan is the Secondary Plan, This Plan will pay its benefits first, but the amount of the benefits payable will be determined as if This Plan were the Secondary Plan. In this situation, Our payment will be the limit of This Plan's liability; and

(c) if the non-complying Plan does not provide the information needed by This Plan to determine its benefits within 30 days after it is requested to do so, We will assume that the benefits of the non-complying Plan are identical to This Plan and will pay benefits accordingly. However, We will adjust any payments made based on this assumption whenever information becomes available as to the actual benefits of the non-complying Plan.

ARCH INSURANCE COMPANY
(herein referred to as Arch)
Administrative Office: Harborside 3
210 Hudson Street, Suite 300
Jersey City, NJ 07311-1107
Telephone: (866) 413-5550

ILLINOIS ELECTRONIC DELIVERY NOTICE

215 ILCS 5/143.34 allows for a notice or document to be delivered by electronic means by an insurer to a party under this Section if: (1) the party has affirmatively consented to that method of delivery and has not withdrawn the consent; (2) the party, before giving consent, is provided with a clear and conspicuous statement informing the party of: (A) the right of the party to withdraw consent to have a notice or document delivered by electronic means, at any time, and any conditions or consequences imposed in the event consent is withdrawn; (B) the types of notices and documents to which the party's consent would apply; (C) the right of a party to have a notice or document delivered in paper form; and (D) the procedures a party must follow to withdraw consent to have a notice or document delivered by electronic means and to update the party's electronic mail address; (3) the party: (A) before giving consent, is provided with a statement of the hardware and software requirements for access to, and retention of, a notice or document delivered by electronic means; and (B) consents electronically, or confirms consent electronically, in a manner that reasonably demonstrates that the party can access information in the electronic form that will be used for notices or documents delivered by electronic means as to which the party has given consent.

Per the Electronic Delivery provision in the General Provisions Section of the Policy, prior to purchase, you have the option to default to delivery by electronic means of the coverage You purchased. If you select "Yes", this means You are consenting to receive communications related to or arising to Your insurance coverage (“Documents”) by electronic means. You will receive such Documents by electronic means as opposed to paper Documents. We will e-mail You a link to such communications. E-mails will be sent to the e-mail address that You have provided as part of your purchase process. **You may need to make certain changes to Your e-mail account so that You can receive emails from Arch. Please consult Your e-mail provider for assistance in making these changes so that e-mail or spam filters do not prevent You from receiving incoming e-mails from the Arch domain.**

At any time and upon reasonable notice to Arch, You have the right to receive such communications in a written format at no cost and to revoke this consent (except to the extent Arch has already taken action in reliance on this consent). You may exercise such rights by (1) calling our Customer Service Center at 1-855-762-6252 and making such request.

Your consent today will only apply to communications Arch has available and provides in electronic format. Therefore, You may also receive other communications in a non-electronic, written format via United States Postal Service mail.

Should coverage not be issued in response to purchase of insurance, or if the coverage issued is different than that which was purchased, communication of such results will be in written format and delivered via U.S.P.S.

You are responsible for accessing, opening and reading Your Documents. If You cannot access or read any Documents, you must contact Arch immediately at 1-855-762-6252. In order to receive and view electronic communications from Arch, You must have access to the Internet and Your system must meet the following minimum hardware and software requirements:

•You must have Internet Explorer 6.0 or better and a valid e-mail account.

•The account should be configured to accept e-mails from roamright.com

•You must have Adobe Acrobat Reader, Version 4.0 or higher to view electronic documents. You may download this application for free at the following Web address: http://www.adobe.com/products/acrobat/readstep2.html.

FOR INFORMATION, CALL TOLL-FREE 1-855-762-6252.
VISIT OUR WEB SITE AT
www.roamright.com

Arch

Date Last Revised:
03/23/2021

FACTS

WHAT DOES ARCH DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies (including insurance companies) choose how they share your personal information. Federal and state law gives consumers the right to limit some but not all sharing. These laws also require us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and credit history
- account balances and transaction and payment history
- insurance claim history and medical information

When you are *no longer* our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information, the reasons ARCH may choose to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does ARCH share?	Can you limit this sharing?
For our everyday business purposes — For example: to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

- Call **1-844-812-2604**
- Email us at: ArchPrivacy@archinsurance.com

Who we are

Who is providing this notice?	Arch Insurance Company ("ARCH")

What we do

How does ARCH protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. ARCH: ▪ takes precautions to protect your information by implementing physical, electronic, and procedural safeguards; and ▪ uses security controls, including encryption, threat protection, and limits access to your information.
How does ARCH collect my personal information?	We collect your personal information, for example, when you: ▪ give us your contact information ▪ apply for insurance; ▪ pay insurance premiums ▪ file an insurance claim ▪ give us your income information We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal laws give you the right to limit only: ▪ sharing for affiliates' everyday business purposes—information about your creditworthiness ▪ affiliates from using your personal information to market to you ▪ sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions

Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. ▪ For example, our affiliates include financial companies such as Arch Specialty insurance company.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. ARCH does not share with nonaffiliates so they can market to you.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. Our joint marketing partners include insurance agencies and travel companies.

Other important information

NOTICE OF INFORMATION PRACTICES

For residents of Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Montana, New Jersey, Nevada, North Carolina, Ohio, Oregon, and Virginia. These states require insurers and agents to describe their information practices in addition to providing a Privacy Notice. The two notices are very similar, but in general our information practices include the following: ARCH may obtain information about you and any other persons applying for insurance. Some of this information will come from you and some may come from other sources. That information and any other information collected by ARCH may in some circumstances be disclosed to third parties, such as agents, affiliates, service providers and others without your specific consent. In some cases, we may need your direct authorization before sharing that information. Residents have the right to access, to correct and, in some states, to delete (if incorrect) the information collected about them, except information that relates to a claim or to a civil or criminal proceeding. If you are refused coverage or if your application is postponed, you may also have the right to receive the specific reason in writing. To exercise your rights or if you wish to have a more detailed explanation of our information practices required by your state, please submit a written request by email to: ArchPrivacy@archinsurance.com. Additional information concerning our privacy policies can be found at https://www.archcapgroup.com/privacy-policy/ or call 844.812.2604.

STATE-SPECIFIC DISCLOSURES

Customer personal information will be collected, used, and stored as required by applicable federal privacy laws. If the Customer's state laws provide more protection of the Customer's personal information than federal privacy laws, ARCH will protect the Customer's personal information as required by such state law.

YOUR AUTHORIZATION REQUIRED

Arizona, California, Maine, Massachusetts, Minnesota, Montana, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, and Virginia. We will not share your personal information with non-affiliated third parties (or, in some circumstances, our affiliates) other than our agents or service providers unless you authorize us to share it or the law otherwise permits us to share it. You have the right to authorize or not authorize this sharing of personal information.

FOR VERMONT CUSTOMERS

We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found at https://www.archcapgroup.com/privacy-policy/ or call 844.812.2604.

ADDITONAL RIGHTS UNDER THE CALIFORNIA CONSUMER PRIVACY ACT (CCPA)

The California Consumer Privacy Act (CCPA) gives California residents certain privacy rights with respect to the limited non-public personal information we collect. These rights are:

- the right to notice of the personal information we collect;
- the right to know the categories, sources and specific pieces of personal information we have collected about you in the past 12 months, including our purpose for collecting the information and the categories of third parties with whom we share that personal information, subject to certain exceptions;
- the right to delete some or all of the personal information we collect, subject to certain exceptions; and
- the right to opt-out of our sale of your personal information, if we sell your personal information.

CCPA rights are limited and do not apply to any of the personal information (described on Page 1) that we have collected from you and about you in connection with providing you an insurance or financial product or service.

The personal information we collect that is subject to the CCPA includes some of your internet and network activity (such as your browsing history, Internet Protocol address and interactions with our website) and inferences drawn about you from this information, such as your preferences, aptitudes and abilities. We may share this information with our service providers for a business purpose. We do not sell personal information about current or former customers to any third parties. We may allow third-party advertising cookies to be placed on your browser or mobile device when you visit our website. You may opt-out of third party cookies. To learn how to exercise your rights under the CCPA or if you wish to see a more detailed explanation of your rights, please visit our website at https://www.archcapgroup.com and click on "Privacy and Data Protection Policy" on the home page or email us at: ArchPrivacy@archinsurance.com.

NEVADA DO-NOT-CALL REGISTRY

If you are a Nevada resident, the following Telemarketing Notice applies to you. We may contact you by phone to offer additional financial products and services that may be of interest to you. You may elect to include your phone number on our internal Do-Not-Call list if you do not wish to receive telemarketing calls from us. If your telephone number is included on the Do-Not-Call list, we may still contact you for servicing purposes.

To include your phone number on our Do-Not-Call list, please follow the instructions in the "To Limit Our Sharing" box on page 1 of this document. Nevada residents may also call the Nevada Attorney General for further information about these rights by calling toll free 1-888-434-9989.

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY
NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Confirmation or Schedule of Benefits page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – http://www.treas.gov/ofac.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

TRAVEL ASSISTANCE SERVICES

The Travel Assistance feature provides a variety of travel related services. Services offered by On Call International, the Assistance Company, include:
24/7 Worldwide Assistance Services
CALL TOLL FREE:
(Within the United States and Canada)
1-855-286-8348
OR CALL DIRECT:
1-443-279-7335
(From all other locations)

AVAILABILITY OF SERVICES
You are eligible for Pre-Trip Information 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.

Travel related assistance services are provided by On Call International (On Call), an independent organization, and not by Arch Insurance Company. There may be times when circumstances beyond On Call's control hinder their endeavors to provide medical, travel and security assistance services to you.

MEDICAL ASSISTANCE - PRE-TRIP INFORMATION - TRAVEL ASSISTANCE - SECURITY ASSISTANCE

All Assistance Services listed in this section are **related to insurance benefits**. Costs and expenses associated with the goods and services provided by On Call are your responsibility, unless stated otherwise.

MEDICAL ASSISTANCE
Medical Monitoring; Ophthalmic, Physician and Pharmacy Referrals; Deposits, Advances and Guarantees; Dispatch of Medicine, Eye Glasses, Dental Prosthetics.

PRE-TRIP INFORMATION
Required Vaccinations; Health Risks; Travel Restrictions; Weather Conditions (for global destinations worldwide).

TRAVEL ASSISTANCE
Translation and Interpreters; Emergency Cash Advance Assistance; Replacement of Lost Traveling Documents Assistance; Emergency Message Forwarding; Lost Luggage Assistance; Legal Referral.

SECURITY ASSISTANCE – assistance due to political instability and/or natural disaster
Security assistance services are provided by On Call. Services offered include: assistance securing required visas, arranging necessary lodging and coordinating safe and appropriate transportation, by land, sea or air, from the nearest safe departure point to the nearest safe haven and to an onward destination.

MEDICAL TRANSPORTATION SERVICES

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

**All services outlined above must be coordinated and approved by On Call International.*
This is only a brief outline of the services available to you.