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

ROAMRIGHT
PRO PLUS PROGRAM

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

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

INDIVIDUAL TRAVEL PROTECTION POLICY

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

This 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 insurance under this policy to RoamRight within 14 days after receipt. Your premium will be refunded, provided You have not already departed on the Trip or filed a claim. When so returned, all coverages under this policy are void from the beginning.

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.

John Mentz
President

Regan A. Shulman
Secretary

SCHEDULE OF BENEFITS

Benefits	Maximum Benefit Amount
Part A – Travel Arrangement Protection	
Trip Cancellation	Trip Cost
Cancel for Work Reasons	Trip Cost
Trip Interruption and Delayed Arrival	150% of Trip Cost
Return Flight Cost	$750
Occupancy Upgrade	Trip Cost
Itinerary Change	$500
Missed Connection	$500
Trip Delay	$1,000 ($200/day)
Part B – Travel Insurance Benefits	
Accidental Death and Dismemberment	$10,000
Emergency Accident & Sickness Medical Expense	$50,000
Emergency Dental Treatment	$750
Medical Evacuation and Repatriation of Remains	$500,000
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
Optional Benefits	
Optional Air Flight Only Accidental Death and Dismemberment	$50,000
Optional Sports Coverage	$1,000
Optional Sports and Business Equipment Rental	$1,000
Optional Rental Car Damage	$50,000
Emergency Evacuation Upgrade	Additional $100,000
Medical Coverage Upgrade	Additional $25,000
Trip Delay	Additional $1,000

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

Optional Benefits

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

SECTION I – COVERAGES

No benefit will duplicate any other benefit or coverage provided under this 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.

CANCEL FOR WORK REASONS

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

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

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

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

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

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

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

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

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

TRIP INTERRUPTION AND DELAYED ARRIVAL

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

a) join Your Trip if You must depart after Your Scheduled Departure Date or travel via alternate travel; or

b) rejoin Your Trip from the point where You interrupted Your Trip or transport You to Your originally scheduled return destination;

for a covered Unforeseen reason.

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

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

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

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

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

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

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

"Other Covered Events" means:

a. You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after Your Effective Date), served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);
b. You or Your Traveling Companion is the victim of a felonious assault within 10 days of the Scheduled Departure Date of Your Trip;
c. Your or Your Traveling Companion's primary place of residence or destination is made Uninhabitable and remains Uninhabitable during Your scheduled Trip, by fire, flood, or other Natural Disaster, vandalism, or burglary of Your primary place of residence within 10 days of departure;
d. You or Your Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to Your scheduled point of departure;
e. Strike that causes complete cessation of services for at least 24 consecutive hours of the Common Carrier on which You or Your Traveling Companion are scheduled to travel;
f. Inclement Weather that causes complete cessation of services of the Common Carrier on which You or Your Traveling Companion are scheduled to travel;
g. You or Your Traveling Companion who are military, police or fire personnel being called into emergency service to provide aid or relief for a Natural Disaster;
h. Your or Your Traveling Companion's involuntary employment termination or layoff. Employment must have been with the same employer for at least 1 continuous year;
i. a Terrorist Incident that occurs within 30 days of Your Scheduled Departure Date in a city listed on the itinerary of Your or Your Traveling Companion's Trip;
j. revocation of Your or Your Traveling Companion's previously granted military leave or re-assignment, including war. Official written notice of the revocation or re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required;

k. Bankruptcy or Default of an airline, or cruise line, or tour operator, other than an organization or firm from whom You purchased Travel Arrangements supplied by others causing a complete cessation of travel services provided the Bankruptcy or Default occurs more than 14 days following Your Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination. Coverage for this Other Covered Event only applies if Your payment for this policy is received within the Time Sensitive Period;

l. the death or hospitalization of Your Host at Destination;

m. mandatory evacuation ordered by local government authorities at Your Trip destination due to a Natural Disaster or a hurricane named after the Effective Date of Your coverage. You must have 50% or less of Your Trip length remaining at the time the mandatory evacuation ends in order to cancel or interrupt Your Trip and for this benefit to be payable;

n. a cancellation of Your Trip if Your arrival on the Trip is delayed and causes You to lose 50% or more of the scheduled Trip duration due to the reasons covered under the Trip Delay Benefit;

o. the primary or secondary school that Your or Your Traveling Companion's Dependent child(ren) attends continues classes beyond the predefined school year, due to Unforeseen circumstances that: 1) occur after Your Effective Date for Trip Cancellation; and 2) cause the classes to extend beyond the Scheduled Departure Date of Your Trip. Extensions due to extra-curricular or athletic events are not covered;

p. Your or Your Traveling Companion's pregnancy, provided the pregnancy occurs after Your Effective Date for Trip Cancellation, as verified by medical records;

q. You or Your Traveling Companion are attending the childbirth of Your Family Member, provided the pregnancy occurs after Your Effective Date for Trip Cancellation, as verified by medical records.

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

In no event shall the amount reimbursed for Trip Interruption exceed 150% of the amount You prepaid for Your Trip.

OCCUPANCY UPGRADE

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

ITINERARY CHANGE

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

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

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

MISSED CONNECTION

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

a) any delay of a Common Carrier;

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

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

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

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

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

TRIP DELAY

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

For the purposes of this benefit:

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

a) any delay of Your Common Carrier;

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

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

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

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

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

Trip Delay Benefits will not be paid for: 1) any expenses which have been reimbursed, or 2) for any services that have been provided, by a Common Carrier or travel services provider.

OPTIONAL SPORTS COVERAGE

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

PART B – TRAVEL INSURANCE BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT

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

OPTIONAL AIR FLIGHT ONLY ACCIDENTAL DEATH AND DISMEMBERMENT

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

TABLE OF LOSSES	
Loss of:	**Percentage of Maximum Benefit Amount Payable:**
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One Hand and One Foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%

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

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

Exposure and Disappearance:

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

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

EMERGENCY ACCIDENT & SICKNESS MEDICAL EXPENSE

Benefits will be paid for covered Medical Expenses incurred, up to the Maximum Benefit Amount shown in the Schedule of Benefits, subject to the following: 1) covered Medical Expenses will only be payable at the Usual and Customary level of charges; 2) benefits will be payable only for covered Medical Expenses resulting from an Emergency Condition that first manifests itself or occurs while on Your Trip; 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.

MEDICAL EVACUATION AND REPATRIATION OF REMAINS

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

Emergency Medical Evacuation

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

Medically Necessary Repatriation

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

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

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

Transportation must be via the most direct and economical route.

Hospital of Choice: You may choose to be transported to a Hospital in a city within the United States of America other than the city of Your primary place of residence. The maximum amount payable is limited to the cost of transportation to Your primary place of residence.

Repatriation of Remains

Benefits will be paid for covered Repatriation Expenses incurred, up to the Maximum Benefit Amount shown in the Schedule of Benefits, to return Your body to Your city of primary residence in the United States of America if You die during Your Trip.

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

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

Additional Medical Evacuation Benefits:

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

Transportation of Dependent Children: If You die or are hospitalized for more than7 days, We will pay, up to the cost of a single one-way Economy Transportation ticket (less the value of applied credit from any unused return travel tickets) per person, to return Your Dependent children (and any accompanying minor persons under Your care) who are left unattended by Your death or hospitalization to their home (with an attendant, if considered necessary by Us or Our Program Assistance Provider.

POLITICAL OR SECURITY EVACUATION

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

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

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

POLITICAL OR SECURITY EVACUATION COVERAGE DEFINITIONS

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

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

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

POLITICAL OR SECURITY EVACUATION COVERAGE CONDITIONS AND LIMITATIONS

1. The benefits and services described herein are provided to You only if Our Program Assistance Provider arranges or coordinates Your evacuation.
2. We will not pay for any loss or expense recoverable under any other insurance or through an employer.
3. Our Program Assistance Provider has sole discretion regarding the means, methods and timing of a Political or Security Evacuation. However, the decision to travel is Your sole responsibility.
4. You will be responsible for all transportation and living costs while located at the safe haven.
5. We are not responsible for the availability, timing, quality, results of, or failure to provide any service caused by conditions beyond our control. This includes Our inability to provide You an evacuation or any additional services when the rendering of such evacuation or service is prohibited by United States of America law, local laws or regulatory agencies. A Political or Security Evacuation is not covered from Afghanistan, Iraq, Somalia, Chechnya, Democratic Republic of the Congo, Iran, Israel West Bank, Israel Gaza Strip, Ivory Coast, Lebanon, Libya, North Korea, Sudan or Syria.
6. We will not pay any costs or expenses arising from:
   a. Political or Security Evacuation from Your Home Country.
   b. Political or Security Evacuation when the Political or Security Event precedes Your arrival in the Host Country.

c. Political or Security Evacuation when the evacuation notice has been issued or posted by the recognized government of Your Home Country or the Host Country for a period of more than seven (7) days and You have failed to notify Our Program Assistance Provider regarding Your need to be evacuated.

d. the actual or threatened use or release of any nuclear, chemical or biological weapon or device, or exposure to nuclear reaction or radiation, regardless of contributory cause.

7. We will not pay for more than one (1) Political or Security Evacuation from a country or territory per individual per Trip.

8. We will not pay for any loss or expense arising from or attributable to: a) fraudulent or criminal acts committed or attempted by You; b) alleged violation of the laws of the country You are visiting, unless We determine such allegations to be fraudulent; or c) failure to maintain required documents or visas.

9. We will not pay for any loss or expense arising from or attributable to: a) debt, insolvency, business or commercial failure; b) the repossession of any property; or c) Your non-compliance with a contract, license or permit.

10. We will not pay for any loss or expense arising from or due to liability assumed by You under any contract.

COVERAGE FOR YOUR BELONGINGS AND PROPERTY OF OTHERS

BAGGAGE AND PERSONAL EFFECTS

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

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

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

Valuation and Payment of Loss:

The lesser of the following amounts will be paid:

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

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

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 sporting equipment.

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

BAGGAGE DELAY

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

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

OPTIONAL SPORTS AND BUSINESS EQUIPMENT RENTAL

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

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

For claimed items without original receipts, payment of loss will be calculated based upon 75% of the Actual Cash Value at the time of loss, not to exceed $250 per item for Business Equipment or sports equipment.

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

We will not provide benefits for any loss or damage to:
1) animals;
2) automobiles and automobile equipment; boats or other vehicles or conveyances; motorcycles; trailers; motors; or aircraft;
3) bicycles, except when checked as baggage with a Common Carrier;
4) household effects and furnishings; antiques and collector items;
5) eyeglasses, sunglasses, contact lenses, artificial teeth, dentures, dental bridges, or retainers, or other orthodontic devices or hearing aids;
6) artificial limbs or other prosthetic devices;
7) keys, money, and credit cards (except as otherwise specifically covered herein); securities, stamps, tickets, and documents (except as coverage is otherwise specifically provided herein);
8) sporting equipment if the loss results from the use thereof.

We will not provide benefits for any loss or damage caused by or resulting from:
1) breakage of brittle or fragile articles;
2) wear and tear or gradual deterioration;
3) confiscation or appropriation by order of any government or custom's rule;
4) theft or pilferage while left in any unlocked or unattended vehicle;
5) property illegally acquired, kept, stored or transported;
6) Your negligent acts or omissions;
7) property shipped as freight or shipped prior to the Scheduled Departure Date;
8) electrical current, including electric arcing that damages or destroys electrical devices or appliances;
9) insects, vermin or inherent vice.

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

OPTIONAL RENTAL CAR DAMAGE

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

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

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

The following exclusions and limitations apply to Rental Car Damage:

We do not cover loss arising from or due to:

1. any obligation of You, a Traveling Companion or Family Member traveling with You assumed under any agreement (except insurance collision deductible);
2. rentals of trucks, campers, trailers, motor bikes, motorcycles, off-road vehicles, recreational vehicles or Exotic Vehicles;
3. any loss that occurs if You or anyone traveling with You are in violation of the rental agreement;
4. failure to report the loss to the proper local authorities and the rental car company;

5. damage to any other vehicle, structure or person as a result of a covered loss;
6. any loss as the result of or attributed to driving the Rental Car: while under the influence of alcohol or any illegal substance or the abuse of a legal substance; while using any medication that recommends abstinence from driving; in a speed competition; for compensation for hire; for illegal trade purposes, or transporting contraband;
7. any loss as the result of physical damage or loss attributed to: mechanical failure or breakdown of the Rental Car; wear and tear, gradual deterioration, corrosion, rust or freezing; any neglect or abuse of the Rental Car; any dishonest act or conversion; any consequence of war (declared or otherwise); or contamination by a radioactive material.

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

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

OPTIONAL HAZARDOUS SPORTS COVERAGE

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

OPTIONAL BAGGAGE UPGRADE

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

1. the Excess Insurance Provision does not apply to Baggage and Personal Effects; and
2. Benefits will be paid up to the Maximum Benefit Amount shown in the Schedule of Benefits under the Baggage Delay coverage, if Your checked Baggage is delayed or misdirected by a Common Carrier for more than six (6) hours, while on Your Trip (except for travel to Your final return destination or place of residence).

SECTION II - DEFINITIONS

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

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

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

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

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

"Business Equipment" means property used in trade, business, or for the production of income; or offered for sale or trade or components of goods offered for sale or trade.

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

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

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

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

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

"Dependent" means lawful spouse, Your children including an unmarried child, stepchild, legally adopted child or foster child who is: (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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

"Pre-Existing Condition" means an illness, disease, or other condition during the 60 day period immediately prior to the Effective Date of Your coverage for which You or Your Traveling Companion, Business Partner or Family Member: 1) received or received a recommendation for a test, examination, or medical treatment; or 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60 day period before Your coverage is effective under this policy.

"Program Assistance Provider" means On Call International.

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

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

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

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

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

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

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

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

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

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

"Trip" means a scheduled trip of 180 days or less in length; 1) for which coverage is elected and the premium paid and all Travel Arrangements are arranged prior to the Scheduled Departure Date; and 2) is 100 miles or more from Your primary residence.

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

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

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

SECTION III - 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;

   Waiver of the Pre-Existing Condition Exclusion

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

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

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

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

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

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

SECTION IV – COVERAGE PROVISIONS

Who Is Eligible For Coverage

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

When Coverage Begins and Ends

When Coverage Begins:

Trip Cancellation:

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 RoamRight.

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

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

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

When Coverage Ends:

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

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.

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.

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

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

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

Where to Report a Claim:

Arch Insurance Company

Executive Plaza IV

11350 McCormick Rd., Suite 102

Hunt Valley, MD 21031

Phone: 1-855-762-6252

Fax: 1-443-279-2901

Email: claims@roamright.com

Website: www.roamright.com

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

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

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

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

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

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

All or a portion of all benefits provided by the 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, Optional Accidental Death and Dismemberment, Emergency Accident and Sickness Medical Expense, Medical Evacuation and Repatriation of Remains) 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.

Subrogation: If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We will be subrogated to that right. You shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss.

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

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.

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 directly or indirectly to the benefit of any carrier or other bailee.

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.

PRO PLUS PROGRAM
STATE EXCEPTIONS

Alabama Residents
Form #: 05 LTP0041 01 11 13

Under **Section VI – General Provisions, Legal Actions** is deleted and replaced as follows:

Legal Actions: The time period by which a legal action relating to this policy must be filed is governed by Alabama law.

Arkansas Residents
Form #: 05 LTP0041 04 10 13

Under **Section VI – General Provisions, Legal Actions** is deleted and replaced as follows:

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 5 years after the time required for giving proof of loss. This 5 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.

Under **Section VI – General Provisions, Subrogation** is deleted and replaced as follows:

Subrogation: If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We will be subrogated to that right. You shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss. We are entitled to recovery only after You have been fully compensated for the covered loss.

California Residents
Form #: 05 LTP0041 05 04 14

Under **SECTION II - DEFINITIONS**, the following definitions are deleted and replaced as follows:

"**Domestic Partner**" means an opposite or same-sex partner who is at least eighteen (18) years of age and qualifies as a domestic partner under state law.

"**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 proximate cause of loss and must not be caused by, or result from, Sickness.

"Pre-Existing Condition" means an illness, disease, or other condition during the 60 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 from a licensed medical professional for a test, examination, or medical treatment; or 2) took or received a prescription administered by a licensed medical professional for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60 day period before Your coverage is effective under this policy.

Under **SECTION V - CLAIMS PROVISIONS**, the **Proof of Loss** provision is deleted and replaced as follows:

Proof of Loss: Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

Under **SECTION V - CLAIMS PROVISIONS**, the following will appear as the 1st paragraph in the **Payment of Claims** provision:

Benefits payable under this policy will be paid immediately upon receipt of due written proof of loss.

Under **SECTION V - CLAIMS PROVISIONS**, the following will appear as the last paragraph in the **Payment of Claims** provision:
Unless the Insured makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Insured 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.

Under **SECTION VI - GENERAL PROVISIONS**, the following will appear as the 1st provision:

Entire Contract, Changes: This policy, including the Declarations, Schedule of Benefits or Confirmation of Benefits, endorsements and attached papers, if any, constitute the entire contract of insurance. No change in this policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or to waive any of its provisions.

Under **SECTION VI - GENERAL PROVISIONS**, the **Physician Examination and Autopsy** provision will always appear.

Under **SECTION VI - GENERAL PROVISIONS**, the **Concealment and Misrepresentation** provision is deleted and replaced as follows:

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 intentionally concealed or misrepresented.

Under **Section VI – General Provisions Proof of Loss** for **Baggage/Personal Effects and Baggage Delay coverages** is deleted and replaced as follows**:**

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 furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

Optional Electronic Delivery: If You choose Optional Electronic Delivery at the time of purchase, 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.

WRITTEN NOTICE TO CALIFORNIA RESIDENTS REGARDING TRAVEL INSURANCE PURCHASE

NOTICE: This plan contains disability insurance benefits or health insurance benefits, or both, that only apply during the covered trip. You may have coverage from other sources that already provides you with these benefits. You should review your existing policies. If you have any questions about your current coverage, call your insurer or health plan.

Colorado Residents
Form #: 05 LTP0070 06 06 17

The following notice will appear at the bottom of the front page of the Policy:
"THIS IS A SUPPLEMENTAL POLICY THAT IS NOT INTENDED TO PROVIDE THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE AFFORDABLE CARE ACT (ACA). UNLESS YOU HAVE ANOTHER PLAN (SUCH AS MAJOR MEDICAL COVERAGE) THAT PROVIDES MINIMUM ESSENTIAL COVERAGE IN ACCORDANCE WITH THE ACA, YOU MAY BE SUBJECT TO A FEDERAL TAX PENALTY. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE."

In **SECTION II – DEFINITIONS, the Dependent definition is deleted and replaced as follows:**

"Dependent" means a spouse, A PARTNER IN A CIVIL UNION, Domestic Partner, and unmarried child under nineteen years of age, an unmarried child who is a full-time student under twenty-four years of age and who is financially dependent upon the parent, and an unmarried child of any age who is medically certified as disabled and dependent upon the parent.

In **SECTION III – POLICY LIMITATIONS AND EXCLUSIONS, the exclusion referencing suicide is deleted and replaced as follows:**

2. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane;

In **SECTION VI - GENERAL PROVISIONS, the following is added to appear as the 1st provision:**

Conformity with Colorado Amended Regulation 4-2-34: The following is a directory which cross-references the section names in 5.B. with those appearing in this Policy:

1. Schedule of Benefits;
2. Title (Cover Page);
3. Contact Us – cross reference is SECTION V – CLAIMS PROVISIONS;
4. Table of Contents – cross reference is Cover Page;
5. Eligibility – N/A as all are eligible;
6. N/A – not a managed care plan;
7. Benefits/Coverage – cross reference is SECTION I – COVERAGES;
8. Regarding Limitations and Exclusions – cross reference is SECTION III – POLICY LIMITATIONS AND EXCLUSIONS;
9. N/A – no members, not a managed care plan;
10. Claims Procedures – cross reference is SECTION V – CLAIMS PROVISIONS;
11. General Policy Provisions – cross reference is SECTION VI – GENERAL PROVISIONS;
12. N/A – no termination;
13. Appeals and Complaints – cross reference is SECTION V – CLAIMS PROVISIONS;
14. N/A – no policy or rate changes;
15. Definitions – cross reference is SECTION II – DEFINITIONS.

Connecticut Residents
Form #: 05 LTP0041 07 04 14

Under **Section III – Policy Limitations and Exclusions,** the following exclusion has been deleted and replaced as follows:

9. being Intoxicated;

The following exclusion has been added to **Section III – Policy Limitations and Exclusions**:

16. No indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by his Physician for the Insured.

Under **Section VI – General Provisions, Subrogation** is deleted and replaced as follows:

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, as permitted by law. You shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss.

Under **Section VI – General Provisions, Electronic Delivery** is deleted and replaced as follows:

Optional Electronic Delivery: If You choose Optional 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.

Under **Section VII – Coordination of Benefits**, the **Applicability** provision is deleted and replaced as follows:

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. This provision does not apply to Accidental Death and Dismemberment, Medical Expense, Emergency Assistance and Medical Evacuation coverages.

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.

District of Columbia Residents
Form #: 05 LTP0041 09 07 13

Under **Section II – Definitions, Domestic Partner** is deleted and replaced as follows:

"Domestic Partner" means an opposite or same-sex partner who is at least eighteen (18) years of age and is registered with a state or local registry. If not registered, 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.

Under **Section II – Definitions, Medically Necessary** is deleted and replaced as follows:

"Medically Necessary" means a service which is appropriate and consistent with the treatment of the condition in accordance with accepted standards of community practice. The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the policy.

Georgia Residents
Form #: 05 LTP0041 11 06 13

Under **Section I – Coverages,** the following **"Other Covered Event"** is deleted and replaced as follows**:**

g. You or Your Traveling Companion who are military, police or fire personnel and purchased coverage at the time the Payments or Deposits were made for the Trip, are called into emergency service to provide aid or relief for a Natural Disaster;

Under **Section VI – General Provisions, Concealment and Misrepresentation** is deleted and replaced as follows:

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

Idaho Residents
Form # 00 LTP R0090 13 07 19

Under **Section VI – General Provisions**, **Electronic Delivery** is deleted and replaced as follows:

Optional Electronic Delivery: If You choose Optional 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.

Illinois Residents
Form #: 05 LTP0041 14 10 13

Under **Section I – Coverages, Emergency Accident & Sickness Medical Expense**, the definition of **Emergency Condition** is deleted and replaced as follows:

"Emergency Condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including but not limited to, severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
1. placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or the unborn child) in a serious jeopardy;
2. serious impairment to bodily functions;

3. serious dysfunction of any bodily organ.

The severe or acute symptoms must occur while on Your Trip.

Under **Section I, Coverages, Political or Security Evacuation,** the **Political or Security Evacuation Coverage Conditions and Limitations**, **6d. and 8** is deleted and replaced as follows:

d. the actual or threatened use or release of any chemical or biological weapon or device, or exposure to radiation, regardless of contributory cause.

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 such allegations are fraudulent; or c) failure to maintain required documents or visas.

Under **Section I, Coverages, BAGGAGE AND PERSONAL EFFECTS,** the first paragraph under **Items Subject to Special Limitations**, is deleted and replaced as follows:

Items Subject To Special Limitations: We will reimburse You up to $500 in total on all jewelry; precious or semi-precious stones; watches; articles containing 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 sporting equipment.

Under **Section I, Coverages, Rental Car Damage**, **Exclusions and Limitations, Items 6 and 7**, are deleted and replaced as follows:

6. any loss as the result of or attributed to driving the Rental Car: while under the influence of alcohol or any illegal substance or the abuse of a legal substance; while using any medication that recommends abstinence from driving; for compensation for hire; for illegal trade purposes, or transporting contraband;

7. any loss as the result of physical damage or loss attributed to: mechanical failure or breakdown of the Rental Car; wear and tear, gradual deterioration, corrosion, rust or freezing; any neglect or abuse of the Rental Car; any dishonest act or conversion; or any consequence of war (declared or otherwise).

Under **Section II – Definitions**, **Complications of Pregnancy** is deleted and replaced as follows:

"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.

Under **Section II – Definitions**, **Dependent** is deleted and replaced as follows:

"Dependent" means lawful 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 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.

Under **Section II – Definitions**, **Family Member** is deleted and replaced as follows:

"Family Member" means any of the following: Your or Your Traveling Companion's legal spouse (or common-law or 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, Domestic Partner, Caregiver, or Child Caregiver.

Under **Section II – Definitions**, **Injury** is deleted and replaced as follows:

"**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 disease or bodily infirmity.

Under **Section II – Definitions**, **Intoxicated** is deleted and replaced as follows:

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

Under **Section II – Definitions**, **Uninhabitable** is deleted and replaced as follows:

"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.

Under **Section III, Policy Limitations and Exclusions**, the following exclusions are deleted in their entirety:

2. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane;

5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);

6. participating as a professional in a stunt, athletic or sporting event or competition;
7. participating in skydiving or parachuting, hang gliding, bungee cord jumping, extreme skiing, skiing outside marked trails or heli-skiing, any race or speed contests, scuba diving if the depth exceeds 130 feet or if You are not PADI or NAUI certified to dive and a dive master is not present during the dive; spelunking or bodily contact sports;

Under **Section III, Policy Limitations and Exclusions,** the following exclusions are revised to appear as follows:

3. war (whether declared or undeclared), acts of foreign enemies, hostilities between nations not including a Terrorist Incident, or civil war;

9.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;

Under **Section V, Claims Provisions**, the following provision is added:

Time of Payment of Claims: All claims and indemnities payable under the terms of a policy of accident and health insurance shall be paid within 30 days following receipt of due proof of loss. Failure to pay within such period shall entitle the insured to interest at the rate of 9 percent per annum from the 30th day after receipt of such proof of loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid.

Under **Section VI, General Provisions, Legal Actions** is deleted and replaced as follows:

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.

Under **Section VI, General Provisions, Concealment and Misrepresentation** is deleted and replaced as follows:

Concealment and Intentional 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.

Under **Section VI, General Provisions,** the following provisions must be added:

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.

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.

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.

Under **Section VI – General Provisions**, **Electronic Delivery** is deleted and replaced as follows:

Optional Electronic Delivery: If You choose Optional 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.

Under **Section VI, General Provisions, Benefit to bailee**, is deleted and replaced as follows:

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

Under **Section VII, Coordination of Benefits, Right of Recovery** is deleted and replaced as follows:

Right of Recovery

If a covered person recovers expenses for sickness or injury that occurred due to the negligence of a third party, we have the right to first reimbursement for all benefits we paid from any and all damages collected from the negligent third party for those same expenses whether by action at law, settlement, or compromise, by the covered person, the covered person's parents if the covered person is a minor, or the covered person's legal representative as a result of that sickness or injury. You are required to furnish any information or assistance, or provide any documents that we may reasonably require in order to exercise our rights under this provision. This provision applies whether or not the third party admits liability.

Kansas Residents
Form #: 05 LTP0041 17 12 13

The following disclaimer has been added to page 1 the policy:

THIS IS A LIMITED POLICY.
PLEASE READ IT CAREFULLY
THIS POLICY DOES NOT COVER PRE-EXISTING CONDITIONS
UNLESS THE PRE-EXISTING CONDITIONS WAIVER IS APPLICABLE

The “Free Look Period” shown on page 1 is deleted and replaced as follows:

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

Under **Section I – Coverages**, the following **Baggage/Personal Effects** provisions are deleted and replaced as follows:

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; sports equipment.

Under **Section II – Definitions**, the following definition is deleted and replaced as follows:

“Usual and Customary” means the most frequently charged fee amount, in the absence of insurance, of the health care provider in the same geographic locality for comparable charges for a similar treatment, supply or service. We will determine the Usual

and Customary fee amount based on the Medical Data Research (MDR) survey of prevailing fees updated every six months on the basis of the most current codes and nomenclature developed and maintained by MDR.

Under **Section II – Definitions**, the following definition has been added:

"**Mental, Nervous or Psychological Disorder**" means a mental, nervous or psychological health condition including, but not limited to: anxiety; depression; neurosis; phobia; psychosis; or any related physical manifestation.

Under **Section II – Definitions**, the definition of **"Domestic Partner"** and any references contained in the policy are deleted in its entirety.

Under **Section III – Policy Limitations and Exclusions**, Exclusion 11. is deleted in its entirety.

Under **Section III – Policy Limitations and Exclusions**, the following exclusion is deleted and replaced as follows:

15.Mental, Nervous or Psychological Disorder (This exclusion does not apply to any medical benefits, or if You qualify for the Waiver of the Pre-Existing Condition Exclusion).

The following provision has been added after **Section IV – Coverage Provisions, When Coverage Ends:**

Cancellation by Insured*:* You may cancel this policy at any time by written notice delivered or mailed to Us, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or death of the insured, We will promptly return the unearned portion of any premium paid on a short rate basis. Cancellation will be without prejudice to any claim originating prior to the effective date of the cancellation.

Under **Section V – Claims Provisions**, the **Your duties in event of a loss** provision for **Medical Expenses** is deleted in its entirety.

Under **Section V – Claims Provisions**, **Payment of Claims** the following provision is added:
Time of Payment of Claims: For claims brought under the EMERGENCY ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFIT, and/or, when included, benefits for expenses incurred for emergency dental treatment, We, or Our designated representative, will pay the claim immediately upon receipt of due written acceptable proof of loss.

For all other claims, We, or Our designated representative, will pay the claim within 30 calendar days after receipt of due written acceptable proof of loss, in accordance with K.S.A. 40-2, 126.

Under **Section V – Claims Provisions**, **Payment of Claims** is deleted and replaced as follows:

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.

Under **Section VI – General Provisions**, **Legal Actions** is deleted and replaced as follows:

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 5 years after the time required for giving proof of loss. This 5 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.

Under **Section VI – General Provisions**, **Concealment and Misrepresentation** is deleted and replaced as follows:

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. For the purposes of this provision, fraud means knowingly and with intent to defraud, You present, cause to be presented or prepare with knowledge or believe to an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy, or a claim for payment or other benefit pursuant to an insurance policy which You know to contain materially false information concerning any fact material thereto; or You conceal, for the purpose of misleading, information concerning any fact material thereto.

Under **Section VI – General Provisions**, **Subrogation** is deleted and replaced as follows:

Subrogation: If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We will be subrogated to that right. You shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss. This Subrogation provision does not apply to covered medical, surgical, hospital or funeral expenses under this policy.

Section VII – Coordination of Benefits is deleted in its entirety.

Louisiana Residents
Form #: 05 LTP0041 19 11 13

Under **Section II – Definitions, "Domestic Partner"** is deleted in its entirety.

Under **Section V – Claims Provisions, Proof of Loss** is deleted and replaced as follows:

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. For losses that arise due to a catastrophic event for which a state of disaster or emergency was declared pursuant to law by civil officials, the time limit for submission of proof of loss is 180 days after the date of the loss.

Under **Section V – Claims Provisions, Payment of Claims** the following provision has been added:

We will pay the claim within 30 days after receipt of acceptable proof of loss.

Under **Section VI – General Provisions, Concealment and Misrepresentation** is deleted and replaced as follows:

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 intentionally concealed or misrepresented. Fraud or misrepresentation with the intent to deceive after coverage is in force is grounds for cancellation and grounds to deny coverage for benefits related to such fraud, concealment or misrepresentation. Coverage for other benefits will continue until the cancellation is effective.

Under **Section VI – General Provisions, Subrogation** is deleted and replaced as follows:

Subrogation: If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We will be subrogated to that right. You shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss however, Our right to recover is subordinate to Your right to be fully compensated.

Under **Section VI – General Provisions Proof of Loss** for **Baggage/Personal Effects and Baggage Delay coverages** is deleted and replaced as follows**:**

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, or as soon as reasonably possible. Failure to comply with these conditions shall invalidate any claims under this policy.

Maine Residents
Form #: 05 LTP0041 20 11 13

The "Free Look Period" shown on page 1 is deleted and replaced as follows:

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

Under **Section VI – General Provisions, Legal Actions** is deleted and replaced as follows:

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.
Any post-judgment interest for a claim brought against Us will be paid outside the policy limits and in accordance with Maine law.

Under **Section VI – General Provisions, Concealment and Misrepresentation** is deleted and replaced as follows:

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

Under **Section VI – General Provisions,** the following provisions have been added to the policy:

Cancellation: We may not cancel this policy except for one or more of the following reasons:

a) nonpayment of premium;
b) fraud or material misrepresentations made by or with Your knowledge in obtaining the policy, continuing the policy or in presenting a claim under the policy;
c) substantial change in the risk which increases the risk of loss after insurance coverage has been issued or renewed, including but not limited to, an increase in exposure due to rules, legislation or court decision;
d) failure to comply with reasonable loss control recommendations;
e) substantial breach of contractual duties, conditions or warranties; or

The Maine Insurance Code requires that the foregoing cancellation provisions appear in all casualty insurance policies. Notwithstanding the above, this policy is non-cancellable by either party.

Nonrenewable: This is a nonrenewable policy.

Maryland Residents
Form #: 05 LTP0041 21 10 13

Under **Section VI – General Provisions, Concealment and Misrepresentation** is deleted and replaced as follows:

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

Michigan Residents
Form # 05 LTP0071 23 05 18

The "Free Look Period" shown on page 1 is deleted and replaced as follows:

If You are not satisfied for any reason, You may cancel insurance under this policy by giving notice to RoamRight within 14 days after receipt. Your premium will be refunded, provided You have not already departed on the Trip or filed a claim. When so cancelled, all coverages under this Policy are void from the beginning.

Minnesota Residents
Form # 05 LTP0041 24 11 13

Under **Section II – Definitions, Dependent** is deleted and replaced as follows:

"Dependent" means lawful spouse, Your children including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age 19; or (2) who is at least age 19 but less than age 26 and who regularly attends an accredited school or college.

Under **Section III – Policy Limitations and Exclusions**, the following exclusions are deleted and replaced as follows:

7. participating in skydiving or parachuting, hang gliding, bungee cord jumping, extreme skiing, skiing outside marked trails or heli-skiing, any organized race or organized 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;

9. being under the influence of narcotics unless taken as administered or prescribed by a Physician;

Under **Section V - Claims Provisions, Claim Forms,** the first paragraph is deleted and replaced as follows**:**

Claim Forms: You may notify Us or Our designated representative, of a claim by filing proof of loss at www.roamright.com. If You are unable to access the electronic claim forms within 15 days, please contact Us or Our designated representative, for alternative ways to fulfill proof of loss requirements.

Under **Section VI – General Provisions, Concealment and Misrepresentation** is deleted and replaced as follows:

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, with the intent to deceive and defraud.

Under **Section VI – General Provisions, Subrogation** is deleted and replaced as follows:

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 not do anything after the loss to prejudice Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss.

Our rights do not apply against any person insured under any other Policy or coverage part issued by Us with respect to the same occurrence or loss if the loss or occurrence arose out of non-intentional acts of such person.

Under **Section VI – General Provisions, Electronic Delivery** is deleted and replaced as follows:

Optional Electronic Delivery: If you choose Optional 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.

Mississippi Residents
Form #: 05 LTP0041 25 10 13

The following provision on Page 1 of the policy, has been deleted and replaced as follows:

This policy describes the travel insurance benefits underwritten by Arch Insurance Company, herein referred to as the "Company" or as "We", "Us" and "Our". No change to this policy shall be valid unless approved by the Company and no agent has authority to change the policy or waive any of its provisions. Please refer to the Schedule of Benefits shown on the Declarations, Schedule of Benefits or Confirmation of Benefits, which provides the Insured, also referred to as "You" or "Your", with specific information about the program You purchased.

Under **Section V – Claims Provisions, Proof of Loss** is deleted and replaced as follows:

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

Under **Section V – Claims Provisions, Payment of Claims** is deleted and replaced as follows:

Payment of Claims: We or Our designated representative, will pay a claim after receipt of acceptable proof of loss within twenty-five (25) days for claims submitted electronically and thirty-five (35) days for claims submitted in a format other than electronic. If payment is not made in these timeframes for all or portion(s) of a submitted claim, We will provide the claimant with the reason(s) why the claim is not payable or the additional information necessary to process the balance of the claim. Once the claimant provides Us with any additional information requested, the balance of the claim will then be paid within twenty (20) days of receipt by Us of the requested additional satisfactory documentation. If a claim is not denied by Us for valid reasons within the above stated timeframes or payment is not made within these timeframes, interest shall accrue on the portion of the unpaid claim at the rate of one and one-half percent (1 ½ %) per month from the date payment was due until final claim settlement or adjudication.

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 Your age has been misstated, all amounts payable under this policy shall be what the actual premium paid would have purchased at the correct age.

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.

Under **Section VI – General Provisions, Concealment and Misrepresentation** is deleted and replaced as follows:

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 fraudulently concealed or misrepresented.

Missouri Residents
Form #: 05 LTP0041 26 12 13

Under **Section II – Definitions,** the following definition is deleted and replaced as follows:

"Hospital" means a facility that:

(a) Is a legally constituted institution that operates pursuant to law;

(b) operates primarily for the care and treatment of sick or injured persons on a resident or in-patient basis;

(c) operates under the supervision of one (1) or more licensed Physicians;

(d) provides 24 hour nursing service and has at least one registered nurse on duty or call;

(e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and

(f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged or similar institution.

Under **Section III – Policy Limitations and Exclusions**, the following exclusion are deleted and replaced as follows:

2. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane;

Under **Section V – Claims Provisions, Notice of Claims** is deleted and replaced as follows:

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. However, no claim will be denied based upon Your failure to provide notice within such specified time, unless the failure operates to prejudice the rights of the Company, as per Missouri regulation 20CSR100-1.020.

Under **Section V – Claims Provisions, Proof of Loss** is deleted and replaced as follows:

Proof of Loss: You must furnish the Company, or its designated representative, with proof of loss. This must be a detailed statement. It must be filed with the Company or its designated representative within ninety (90) days from the date of loss and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

Failure to give notice within such time will not invalidate or reduce any valid claim if it is shown not to have been reasonably possible to give such notice and that notice was then given as soon as reasonably possible thereafter.

Under **Section VI – General Provisions, Legal Actions** is deleted and replaced as follows:

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 10 years after the time required for giving proof of loss. This 10 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.

Under **Section VI – General Provisions, Electronic Delivery** is deleted and replaced as follows:

Optional Electronic Delivery: If You choose Optional Electronic Delivery, an available option when You purchase the policy, this means per MO 379.011.3(1) that You have affirmatively consented 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, and have not withdrawn that consent. However, this consent can be withdrawn at any time. If the Optional Electronic Delivery option is not chosen, any and all documentation, per MO 379.011.1(2), will be delivered in paper or other non-electronic form at no additional cost to the Insured.

North Dakota Residents
Form #: 05 LTP0041 35 11 13

Under **Section II – Definitions, Dependent** is deleted and replaced as follows:

"Dependent" means lawful spouse, Your children including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age 23 and primarily dependent on You for support and maintenance; or (2) who is at least age 23 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.

Oklahoma Residents
Form #: 05 LTP0041 37 11 13

The "Free Look Period" shown on page 1 is deleted and replaced as follows:

If You are not satisfied for any reason, You may cancel insurance under this policy by giving notice to RoamRight within 14 days after receipt. Your premium will be refunded, provided You have not already departed on the Trip or filed a claim. When so returned, all coverages under this Policy are voidable from the beginning.

The following Fraud Warning has been added to page 1 of the policy.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information, is guilty of a felony.

Under **Section IV- Coverage Provisions**, **When Coverage Ends for: Trip Cancellation** is deleted and replaced as follows:

When Coverage Ends: Trip Cancellation: Your coverage automatically ends at 12:01 a.m. standard time 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.

Under **Section IV- Coverage Provisions**, **When Coverage Ends for All Other Coverages:** is deleted and replaced as follows:

All Other Coverages: Your coverage automatically ends on the earlier of: 1) 12:01 a.m. standard time the day after the Trip is completed; 2)12:01 a.m. standard time the day after Your 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.

Under **Section VI – General Provisions, Concealment and Misrepresentation** is deleted and replaced as follows:

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

Oregon Residents
Form #: 05 LTP0041 38 06 13

Under **Section I – Coverages,** the following **"Other Covered Events"** are deleted and replaced as follows**:**

g. You or Your Traveling Companion who are military, police or fire personnel being called into emergency service to provide aid or relief for a Natural Disaster or a Terrorist Incident;

Under **Section I – Coverages, POLITICAL OR SECURITY EVACUATION COVERAGE CONDITIONS AND LIMITATIONS** is deleted and replaced as follows**:**

POLITICAL OR SECURITY EVACUATION COVERAGE CONDITIONS AND LIMITATIONS

1. The benefits and services described herein are provided to You only if Our Program Assistance Provider arranges or coordinates Your evacuation.
2. We will not pay for any loss or expense recoverable under any other insurance or through an employer.
3. You will be responsible for all transportation and living costs while located at the safe haven.
4. We are not responsible for the availability, timing, quality, results of, or failure to provide any service caused by conditions beyond our control. This includes Our inability to provide You an evacuation or any additional services when the rendering of such evacuation or service is prohibited by United States of America law, local laws or regulatory agencies. A Political or Security Evacuation is not covered from Afghanistan, Iraq, Somalia, Chechnya, Democratic Republic of the Congo, Iran, Israel West Bank, Israel Gaza Strip, Ivory Coast, Lebanon, Libya, North Korea, Sudan or Syria.
5. 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. is deleted and replaced as follows: Political or Security Evacuation when the evacuation notice has been issued or posted by the recognized government of Your Home Country or the Host Country for a period of more than seven (7) days and You have failed to notify Our Program Assistance Provider regarding Your need to be evacuated.
   d. the actual or threatened use or release of any nuclear, chemical or biological weapon or device, or exposure to nuclear reaction or radiation, regardless of contributory cause.
6. We will not pay for more than one (1) Political or Security Evacuation from a country or territory per individual per Trip.
7. 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.
8. 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.
9. We will not pay for any loss or expense arising from or due to liability assumed by You under any contract.

Under **Section II – Definitions, Domestic Partner** is deleted and replaced as follows:

"Domestic Partner" means an individual joined in a Domestic Partnership.

Under **Section II – Definitions, Domestic Partnership** has been added to the policy:

"**Domestic Partnership**" means a civil contract entered into in person between two individuals of the same sex who are at least 18 years of age, who are otherwise capable and at least one of whom is a resident of Oregon.

Under **Section II – Definitions, Hospital** is deleted and replaced as follows:

"Hospital" means (a) a place which is licensed or recognized as a general hospital by the proper authority of the state or jurisdiction 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. 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.

"Physician" means a qualified licensed doctor of medicine or dental practitioner in the jurisdiction where the services are rendered or a Christian Science Practitioner, and where statutorily authorized may include a licensed health care provider practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality, who is not: (a) an Insured, a Traveling Companion or an immediate Family Member of an Insured or an Insured's spouse; (b) a person living in an Insured's household.

Under **Section II – Definitions, Terrorist Incident** is deleted and replaced as follows:

"Terrorist Incident" means an incident deemed a terrorist attack by the government in the jurisdiction where the incident took place or act of violence, other than civil disorder (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. Terrorist Incident means an incident that occurs in a foreign location on the U.S. State Department's Do Not Travel list.

The following exclusion has been added to **Section III – Policy Limitation and Exclusions:**

17. a Terrorist Incident that occurs in a foreign location on the U.S. State Department's Do Not Travel list.

Under **Section VI – General Provisions, Concealment and Misrepresentation** is deleted in its entirety.

Section VII – Coordination of Benefits is deleted in its entirety.

South Carolina Residents
Form #: 05 LTP0041 41 07 13

Under **Section V – Claims Provisions, Notice of Claim** is deleted and replaced as follows:

Notice of Claim: Notice of claim must be reported to Us within 20 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 Your name and the policy number.

Under **Section V – Claims Provisions, Proof of Loss** is deleted and replaced as follows:

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. If it was not reasonably possible to give written proof in the time required, We may not reduce or deny the claim for this reason if the proof is filed as soon as 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.

Under **Section VI – General Provisions, Legal Actions** is deleted and replaced as follows:

Legal Actions: No legal action for a claim can be brought against Us until 60 days after We receive written proof of loss. No legal action for a claim can be brought against Us more than 6 years after the time required for giving written proof of loss. This 6 year time period is extended from the date written proof of loss is filed and the date the claim is denied in whole or in part.

Section VI – General Provisions, Physician Examination and Autopsy is deleted and replaced as follows:

Physician Examination and Autopsy: We, at Our expense, may have You examined when and as often as is reasonable while the claim is pending. In cases of death of the Insured, We may have an autopsy done (at Our expense) during the period of contestability where it is not forbidden by law. The autopsy must be performed in South Carolina.

The following provision has been added under **Section VI – General Provisions**:

Conformity with State Statutes:
Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which You reside, on that date is amended to conform to the minimum requirements of such laws.

South Dakota Residents
Form #: 05 LTP0041 42 11 13

Under **Section II – Definitions, Domestic Partner** is deleted and replaced as follows:

"Domestic Partner" where permitted by law 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 6 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.

Under **Section III – Policy Limitations and Exclusions**, the following exclusions are deleted and replaced as follows:

9. being Intoxicated or under the influence of any controlled substance unless taken as administered or prescribed by a Physician if committing a felony;
10. the commission of or being engaged in a felony or being engaged in an illegal occupation;

Under **Section VI – General Provisions, Legal Actions** is deleted and replaced as follows:

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 6 years after the time required for giving proof of loss. This 6 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.

The **Excess Insurance** provision under **Section VI – General Provisions** is deleted in its entirety.

Section VII – Coordination of Benefits is deleted in its entirety.

Tennessee Residents
Form #: 05 LTP0041 43 06 13

The following Company toll free phone number has been added to Page 1 of the policy:

Arch Insurance Company
Administrative Office: Harborside Three
210 Hudson Street, Suite 300
Jersey City, NJ 07311-1107
Toll Free Number: 1-866-413-5550

Under **Section I – Coverages, EMERGENCY ACCIDENT & SICKNESS MEDICAL EXPENSE**, the first paragraph is deleted and replaced as follows:

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 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.

Under **Section II – Definitions,** the following definitions are deleted and replaced as follows:

"Accident" means a sudden, unexpected, unintended 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.

"Complications of Pregnancy" means 1. conditions, requiring hospital confinement (when the pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, but shall not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and 2. 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.

"Dependent" means lawful spouse, Your children including an unmarried child, stepchild, legally adopted child or foster child who is up to the age 24 and primarily dependent on You for support and maintenance.

"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 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.

Under **Section V – Claims Provisions, Proof of Loss** is deleted and replaced as follows:

Proof of Loss: Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Failure to furnish proof of loss within the time required shall not invalidate or reduce any claim if it was not reasonably possible to give proof of loss within such time. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

Section V – Claims Provisions, Payment of Claims is deleted and replaced as follows:

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. Payment of claims to a minor will be limited to $1,000 for Loss of life benefits. 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.

Under **Section VI – General Provisions, Subrogation** is deleted and replaced as follows:

Subrogation: If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We will be subrogated to that right. You shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss. Such recovery by Us shall allow You to recover legal fees You incurred in a Third Party situation.

Texas Residents
Form #s:
05 LTP0041 44A 08 13 &
05 LTP0041 44B 10 13

The following disclosure has been added to page 1 of the policy:

This policy is not automobile liability insurance and does not comply with any financial responsibility law. Your personal automobile insurance policy may or may not provide coverage for Your responsibility for the loss of or damage to a rented vehicle during the rental term. Before deciding whether to purchase this policy, You may wish to determine whether Your automobile insurance policy provides You with coverage for rental vehicle damage or loss. If You file a claim under Your personal automobile insurance policy, Your insurance company may choose not to renew your policy at Your renewal date, but Your insurance company may do so only if You are at fault for the claim.

Under **Section IV- Coverage Provisions**, **When Coverage Ends**, the following provision has been added:

Coverage will not end solely because a person becomes an elected official.

Under **Section V – Claims Provisions, Notice of Claim** is deleted and replaced as follows:

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.

No later than the 15th day after receipt of such notice of a claim, We will: a) acknowledge receipt of the claim; b) commence any investigation of the claim; and c) request from You all items, statements, and forms that We reasonably believe, at that time, will be required from You. Additional requests may be made if during the investigation of the claim such additional requests are necessary. If acknowledgement of the claim is not made in writing, We will make a record of the date, means, and content of the acknowledgement.

Under **Section V – Claims Provisions, Claim Acceptance or Rejection** provision has been added:

Claim Acceptance or Rejection: We will notify You in writing, of the acceptance or rejection of the claim no later than the 15th Business Day after the date We receive all items, statements, and forms required by Us, in order to secure final proof of loss. If We reject the claim, We will inform You of the reasons for the rejection. If We are unable to accept or reject the claim within 15 Business Days after the date We receive all items, statements, and forms required by Us, We will notify You within such 15 Business Day period. The notice provided will give the reasons why We need additional time. No later than the 45th day after the date We notify You of the need for additional time to investigate a claim, We will accept or reject the claim.

“Business Day” means a day other than a Saturday, Sunday, or holiday recognized by the State.

Under **Section V – Claims Provisions, Payment of Claims** is deleted and replaced as follows:

Payment of Claims: 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.

If We notify You that We will pay a claim or part of a claim, We will pay the claim no later than the fifth Business Day after the notice has been made. If payment of the claim or part of the claim is conditioned on the performance of an act by You, We will pay the claim not later than the fifth Business Day after the date the act is performed.

Under **Section V – Claims Provisions,** the following provision has been added:

In the event of a weather-related catastrophe or major Natural Disaster, as defined by the commissioner, the claim handling deadlines imposed under Section V – Claims Provisions are extended for an additional 15 days.

Under **Section VI – General Provisions, Legal Actions** is deleted and replaced as follows:

Legal Actions: No legal action for a claim can be brought against Us more than two years and one day after the loss starting from the date the claim is denied in whole or in part.

Under **Section VI – General Provisions,** the following provisions have been added to the policy:

Cancellation: This policy may not be cancelled based solely on the fact that the You are an elected official. If the policy has been in effect for 60 days or less, We may cancel for any reason. If the policy has been in effect for more than 60 days, We may cancel for the following reasons:

a) nonpayment of premium;
b) fraud in obtaining coverage under this policy;
c) an increase in hazard within Your control which would produce an increase in the rate;
d) loss of Our reinsurance covering all or part of the risk covered by this policy; or
e) We are placed in supervision, conservatorship, or receivership, if the cancellation is approved or directed by the supervisor, conservator or receiver.

We shall mail or deliver written notice of cancellation to You at the address shown in the Declarations, Schedule of Benefits or Confirmation of Benefits at least 10 days prior to the effective date of cancellation. The mailing of such notice shall be sufficient notice of cancellation.

Nonrenewable: This is a nonrenewable policy.

Utah Residents
Form #: 05 LTP0041 45 10 13

The "Free Look Period" shown on page 1 is deleted and replaced as follows:

If You are not satisfied for any reason, You may return Your policy to RoamRight within 30 days after receipt. Your premium will be refunded, provided You have not already departed on the Trip or filed a claim. When so returned, all coverages under the policy are void from the beginning.

Under **Section I – Coverages, EMERGENCY ACCIDENT & SICKNESS MEDICAL EXPENSE,** the definition of **"Emergency Condition"** is deleted and replaced as follows:

"Emergency Condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, who possesses an average knowledge of medicine and health, would reasonably expect the absence of immediate medical attention at a Hospital Emergency Department to result in:
a) placing the insured's health, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy;
b) serious impairment to bodily functions;
c) serious dysfunction of any bodily organ or part.

Under **Section I – Coverages, EMERGENCY ACCIDENT & SICKNESS MEDICAL EXPENSE,** the definition of **"Hospital Emergency Department"** has been added:

"Hospital Emergency Department" means that area of a hospital in which emergency services are provided on a 24-hour-a-day basis.

Under **Section I – Coverages, ACCIDENTAL DEATH AND DISMEMBERMENT; Exposure and Disappearance** is deleted and replaced as follows**:**

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 and it is reasonable to assume death occurred, it will be presumed, that You suffered Loss of life and payment will be made within thirty (30) days after a proof of loss has been received by Us and which is satisfactory to Us.

Under **Section II – Definitions,** the following definitions are deleted and replaced as follows:

"Complications of Pregnancy" means acute nephritis, nephrosis, cardiac decompensation, ectopic pregnancy which is terminated, a spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible, puerperal infection, eclampsia, pre-eclampsia and toxemia. Complications of Pregnancy does not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, and similar conditions of comparable severity associated with the management of a difficult 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 is primarily dependent on You for support and maintenance.

Under **Section III – Policy Limitations and Exclusions**, the following exclusion is deleted and replaced as follows:

10.Your commission of or attempt to commit a felony or being engaged in an illegal occupation;

Dispute Resolution is deleted from **Section I – Coverages, Security Deposit Waiver,** and moved to **Section IV, Coverage Provisions:**

Dispute Resolution Any matter in dispute between You and Us may be subject to arbitration as an alternative to court action pursuant to the Federal Rules of Civil Procedure, a copy of which is available on request from Us. Any decision reached by arbitration shall be binding upon both You and Us, The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

Under **Section V – Claims Provisions, Proof of Loss** is deleted and replaced as follows:

Proof of Loss: Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Failure to give notice or file proof of loss as required does not bar recovery under the policy if We fail to show We were prejudiced by the failure.

Under **Section VI – General Provisions, Concealment and Misrepresentation** is deleted and replaced as follows:

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

Under **Section VI – General Provisions, Proof of Loss** for **Baggage/Personal Effects and Baggage Delay coverages** is deleted and replaced as follows:

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 or as soon as is reasonably possible. Failure to give notice or file proof of loss as required does not bar recovery under the policy if We fail to show that We were prejudiced by the failure.

Section VII – Coordination of Benefits is deleted in its entirety.

Wisconsin Residents
Form #: 05 LTP0041 50 11 13

Under **Section VI – General Provisions, Subrogation** is deleted and replaced as follows:

Subrogation: If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We will be subrogated to that right. You shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss.

You must be made whole, taking into account comparative negligence, before We may retain any amounts We have recovered.

Wyoming Residents
Form #: 05 LTP0041 51 11 13

Under **Section VI – General Provisions, Legal Actions** is deleted and replaced as follows:

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 4 years after the loss. This 4 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.

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

IMPORTANT NOTICE TO ALL TEXAS POLICYHOLDERS

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Arch Insurance Group's toll-free telephone number for information or to make a complaint at:

1-866-413-5550

You may also write to Arch Insurance Group at:

Arch Insurance Group
Harborside 3
210 Hudson Street, Suite 300
Jersey City, NJ 07311-1107

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149091
Austin, TX 78714-9091
Fax: (512) 490-1007
Web: http://www.tdi.texas.gov
E-mail: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES:
Should you have a dispute concerning your premium or about a claim you should contact the Arch Insurance Group first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:
This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de Arch Insurance Group para informacion o para someter una queja al:

1-866-413-5550

Usted también puede escribir a Arch Insurance Group:

Arch Insurance Group
Harborside 3
210 Hudson Street, Suite 300
Jersey City, NJ 07311-1107

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149091
Austin, TX 78714-9091
Fax: (512) 490-1007
Web: http://www.tdi.texas.gov
E-mail: ConsumerProtection@tdi.texas.gov

DISPUTAS SOBRE PRIMAS O RECLAMOS:
Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el Arch Insurance Group primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

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 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 **not 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. Please review your policy for full terms, conditions, limitations and exclusions.*