

Karyna Shuliak



Thank you for your recent purchase of Allianz Travel Insurance. We are pleased that you have chosen to take us along on your upcoming trip!

This packet of information will help you use your travel insurance policy and includes:

- A summary of assistance services and benefits described below
- Your Letter of Confirmation of insurance benefits
- Your detailed Certificate of Insurance/Policy

#### Summary of Assistance Services and Benefits

You are entitled to important assistance services and benefits.

#### Service/Benefit

Concierge

24-Hour Hotline Assistance

To make the most of your assistance services and benefits please:

- Read the detailed Certificate of Insurance/Policy.
- Download the TravelSmart app for a listing of hospitals and clinics for your destination(s) available at both the App Store and Google Play.
- If you require emergency medical care while traveling, please call our office for assistance before engaging any expense.
- Save or photograph all receipts in the event you need to file a claim. Claims may be electronically filed at [www.allianztravelinsurance.com](http://www.allianztravelinsurance.com) .



# Letter of Confirmation

August 26, 2015

Karyna Shuliak

Dear Karyna Shuliak,

Thank you for choosing Allianz Global Assistance to protect your travel investment.

Please make sure you read this *Letter of Confirmation*, your enclosed *Policy*, and any other attached documents, including riders or other forms carefully. Because the *Policy* may describe coverage not included in your plan, be sure to look at all of the documents to understand your specific coverage. Contact us immediately if you think there is a mistake in your *Letter of Confirmation*.

This Letter of Confirmation and the enclosed *Policy* contains important information on the insurance plan you purchased.

We recommend that if you are traveling for your event, you take copies of these documents with you. If you did not receive a *Policy*, or would like another copy, please call 1-800-284-8300.

### Information About Your Plan

Name of your plan:	Annual Executive Plan
Policy identification number:	[REDACTED]
Number of people insured:	1
Who it insures:	Karyna Shuliak
Date of purchase:	August 26, 2015
Plan effective date:	August 27, 2015 - August 27, 2016
Travel dates:	
Total cost for all travelers:	\$459.00
Amount paid:	\$459.00

Changes to your travel plans may require changes to your coverage. If your plans change please contact Allianz Global Assistance.

Thanks again for purchasing a travel insurance plan from Allianz Global Assistance. Have a safe and pleasant trip!

Sincerely,

Mark Henson  
Vice President of Travel Operations  
AGA Service Company

To modify your policy or file a claim, please visit:  
[www.allianztravelinsurance.com](http://www.allianztravelinsurance.com)

Form No. 52.201.LOC.02.NY PC / Form No. 52.201.LOC.02.NY AH

Please detach the card to the right, fold, and carry with you.

Global Assistance



Name: Karyna Shuliak  
Policy No.: [REDACTED]

### Emergency Assistance Card

For emergency assistance during your trip call:  
**1-888-358-2754**    **1-804-281-5700**  
(From U.S.)            (Outside the U.S.) / (Collect)

For benefit information call:  
**1-888-358-2754**  
(From U.S.)

To modify your policy or file a claim, please visit:  
**[www.allianztravelinsurance.com](http://www.allianztravelinsurance.com)**

9950 Mayland Drive, Richmond, VA 23233

Your plan includes the following coverage, up to the limits shown. Please see your *Policy* for information about how our insurance works.

Benefit	Coverage Limits*
Baggage Coverage	\$1,000.00
Baggage Delay Coverage	\$1,000.00
Business Equipment Coverage	\$1,000.00
Business Equipment Rental Coverage	\$1,000.00
Change Fee Coverage	\$250.00
Emergency Medical Transportation	\$250,000.00
Emergency Medical and Dental	\$50,000.00
Trip Cancellation Protection	\$5,000.00
Travel/Trip Delay Coverage	\$1,500.00
Trip Interruption Protection	\$5,000.00
Travel Accident Coverage	\$50,000.00

\*USD per person unless noted otherwise

### Please Note

- If your policy includes Trip Cancellation/Trip Interruption, these benefits are per policy per year. Additional travel insurance, on a per trip basis, may also be purchased when booking your next trip.
- Emergency Medical and Dental Benefits are primary.
- For Emergency Medical and Dental benefits there is no deductible.
- There is a \$500 maximum for all covered dental expenses.
- AGA Service Company is the licensed producer and administrator for this plan.
- Insurance coverage is provided under Form No. 52.201.401.NY PC and 52.201.008.NY AH issued by BCS Insurance Company.

TI\_BCS\_LOC\_P\_400\_003\_NY \* TI\_BCS\_401\_03\_P\_NY\_V2S \* 52\_201\_OE\_01 \* BCSPRIVNOT \* \* \* \* \*

Allianz Travel Insurance

# Individual Travel Insurance Policy

FOR SERVICE, VISIT OR CALL:  
[www.allianztravelinsurance.com](http://www.allianztravelinsurance.com)  
1-800-284-8300

FOR EMERGENCY ASSISTANCE  
DURING YOUR TRIP CALL:

1-800-654-1908  
(From U.S.)

1-804-281-5700  
(Collect)

Don't forget to  
take this document  
with you!

Global Assistance

Allianz 



Allianz Global Assistance and Allianz Travel Insurance branded plans are underwritten by BCS Insurance Company. AGA Service Company is the licensed producer for this plan.

©2015 AGA Service Company TI\_BCS\_401\_03\_P\_NY\_V2S

## INSURING CLAUSE

BCS Insurance Company, herein referred to as the Company, will pay You the insurance benefits described in this Policy. Please refer to the accompanying Letter of Confirmation. It provides You with specific information about the plan You purchased. Please contact Us immediately if You believe that the Letter of Confirmation is incorrect.

## RENEWAL CONDITIONS

This Policy is issued for a single term and is non-renewable.

## PLEASE READ THIS POLICY CAREFULLY FOR FULL DETAILS.

This Policy is a legal contract. The entire contract consists of this Policy; any Endorsements or Riders attached to it; and the Letter of Confirmation. Capitalized words are defined terms. Please see the Definitions section.

## PLAN FEATURES TABLE OF CONTENTS

- Part I. Effective Date
- Part II. Termination Date
- Part III. General Exclusions
- Part IV. Description of Travel Insurance Coverages
- Part V. General Provisions
- Part VI. Claims Filing Procedures
- Part VII. Definitions

Signed for BCS Insurance Company, 2 MidAmerica Plaza,  
Suite 200, Oakbrook Terrace, IL 60181.

HFBlacham, III  
PRESIDENT

Tony Huch  
SECRETARY

52.201.401.NY PC

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## Part I. EFFECTIVE DATE

**Coverage Term:** The Coverage Term shall start at 12:01 A.M. on the date shown on Your Letter of Confirmation, subject to payment of the premium due. The Coverage Term ends at 12:01 A.M. on the 366<sup>th</sup> day after the date the Coverage Term starts.

**Effective Date:** The Trip Cancellation coverage is in effect for each Trip made during the Coverage Term. Other insurance coverages are in effect during each Trip made during the Coverage Term, effective on each Trip's Scheduled Departure Date and upon Your leaving your residence, place of employment, lodging or other location from which You directly start Your Trip.

No coverage is in effect for any Trip that is made by mass transit, taxi, limousine service, personal automobile, bus, commuter rail or airline service, including inter-urban rail service by Amtrak unless the Trip is scheduled:

1. to take You at least 100 miles from Your residence, place of employment, lodging or other location from which You directly start Your Trip;
2. the scheduled Trip must not exceed 45 days length at the time of booking.

## Part II. TERMINATION DATE

**Termination of Coverage for a Trip:** All coverages with respect to a given Trip end on the earliest of:

1. Your arrival at Your residence, place of employment, lodging or other location at Your return destination to which You go directly following Your Trip;
2. Your return date;
3. cancellation of the Trip;
4. 12:01 A.M. on the 46<sup>th</sup> day after the date You started Your Trip; or
5. at 12:01 A.M. on the 366<sup>th</sup> day after the Coverage Term starts.

**Extension of Coverage for a Trip:** All coverages will be extended with respect to a given Trip provided:

1. Your entire Trip falls within a Coverage Term; and
2. Your return is delayed by an event beyond Your control.

If coverage is extended, coverage will end on the earlier of Your arrival at Your residence, place of employment, lodging or other location at the return destination to which the insured directly goes following the Trip; or seven days after the return date.

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**Termination of Annual Coverage:** Premium is paid on an annual basis. Your insurance will continue in effect until 12:01 A.M. on the 366<sup>th</sup> day after the date of the Coverage Term starts as shown on Your Letter of Confirmation.

### Part III. GENERAL EXCLUSIONS

These exclusions apply to the following benefits: Trip Cancellation and Interruption Protection, Change Fee Coverage, Frequent Traveler/Loyalty Program Coverage, Travel Delay Coverage, Baggage Coverage, Baggage Delay Coverage, Business Equipment Coverage, and Business Equipment Rental Coverage.

In addition to any exclusions that apply to a particular benefit, no coverage is provided for any loss arising directly or indirectly out of or as a result of the following:

1. Intentionally self-inflicted harm, suicide or attempted suicide by You, Your Traveling Companion or Your Family Member;
2. Normal Pregnancy (unless as specifically covered), fertility treatments, Childbirth or elective abortion, other than unforeseen complications of pregnancy, of You, a Traveling Companion, or a Family Member;
3. Mental or nervous health disorders, including but not limited to: anxiety, depression, neurosis or psychosis; or physical complications resulting from the mental or nervous health disorder related thereto of You, a Traveling Companion or a Family Member;
4. Alcohol or substance abuse or use (unless administered on the advice of a Physician); or conditions or physical complications related thereto of You, a Traveling Companion or a Family Member;
5. War (whether declared or undeclared), acts of war, military duty (unless as specifically covered), civil disorder or unrest (except as provided for in Travel Delay);
6. Participation in professional or amateur sporting events (including training);
7. All extreme, high risk sports including but not limited to: bodily contact sports; skydiving; hang gliding, bungee jumping, parachuting; mountain climbing or any other high altitude activities, caving, heli-skiing, extreme skiing, or any skiing outside marked trails;
8. Scuba diving (unless accompanied by a dive master and not deeper than 130 feet);
9. Operating or learning to operate any aircraft as pilot or crew;

10. Nuclear reaction, radiation or radioactive contamination;
11. Natural disasters (unless as specifically covered);
12. Epidemic;
13. Pollution or threat of pollutant release; or
14. Any commission of or attempt to commit a felony by You, Family Members, or Traveling Companions, whether they are insured or not.

These plans do not cover You:

1. If the purpose of the travel is to receive medical care, medication or treatment;
2. If You are not a resident of the USA;
3. If the stated Trip departure and return dates do not reflect Your intended departure and return dates;
4. If the tickets and rental contract do not indicate the travel dates;
5. If You give incorrect data or facts; or
6. If the loss is not submitted to Us within 120 days from the date of loss, except as otherwise prohibited by law.

### PRE-EXISTING CONDITIONS EXCLUSION AND WAIVER

This exclusion applies to Trip Cancellation and Interruption Coverage, and to those travel assistance services related to medical problems.

The plan does not cover losses or expenses if they result from:

1. Any injury to You, a Traveling Companion, or a Family Member occurring prior to the effective date of Your insurance; or
2. Any illness occurring to You, a Traveling Companion, or a Family Member during the 120 days prior to the effective date of Your insurance for which: (a) medical diagnosis or treatment by a Physician has been sought or advised or for which symptoms exist which would cause a prudent person to seek diagnosis, care, or treatment or (b) require taking prescribed drugs or medicine unless the illness remains controlled without any change in the required prescription.

For the purposes of determining any Pre-existing Conditions, the effective date of Your insurance will be Your Trip Cancellation Coverage effective date, if Trip Cancellation Coverage is purchased. If no Trip Cancellation Coverage is purchased, it will be Your Trip departure date.

You have purchased a plan where Pre-existing Conditions are waived. We cover Pre-existing Conditions provided:

1. On the date of purchase of insurance, You were medically able to travel and You had not filed a claim for Trip Cancellation due to a pre-existing illness within 120 days prior to the purchase of insurance;
2. The total Trip cost is \$10,000 per person or less; and
3. On the date of purchase of insurance, You are a resident of the United States.

If You do not meet the above criteria, You may still be covered for Trip Cancellation or Trip Interruption caused by reasons other than those related to a Pre-existing Condition.

### Part IV. DESCRIPTION OF TRAVEL INSURANCE COVERAGES (what is covered)

The following insurance benefits are designed to protect You against situations or losses that result from sudden and unexpected conditions or events. The benefits do not cover foreseeable events on the date of insurance purchase. Please be aware that this stipulation may be applied to policies purchased with the Pre-existing Conditions Exclusion Waiver.

### TRIP CANCELLATION AND INTERRUPTION COVERAGE

Trip Cancellation Coverage provides benefits for loss(es) You incur for Trips canceled up to the time and date of departure. Trip Interruption Coverage provides benefits for loss(es) You incur for Trips that are interrupted or delayed after the time and date of departure.

For all covered reasons outlined below, You must notify the appropriate travel supplier(s) of Your cancellation or interruption within 72 hours of the occurrence, unless the condition prevents it, then as soon as reasonably possible. Otherwise the right to compensation will lapse.

A maximum benefit of up to the amount indicated on Your Letter of Confirmation is provided to cover certain expenses as listed below which result from the cancellation of Your Trip due to:

1. Any serious Injury or any unforeseen serious medical condition:
  - a. Occurring to You or a Traveling Companion, which is so disabling as to cause a reasonable person to delay, cancel, or interrupt their Trip;

- b. Occurring to a Family Member that is considered life threatening or requiring hospitalization; or
- c. Occurring to a Family Member requiring Your care.
- For Trip Cancellation benefits: an actual examination by a Physician must take place within 72 hours of the cancellation. For Trip Interruption benefits: this examination must take place during Your Trip. This Physician may not be a member of Your or Your Traveling Companion's family or yourself, or a Family Member of the person whose condition caused the cancellation or interruption.
2. Your death, the death of a Family Member or a Traveling Companion if the death occurs within 30 days prior to Your Scheduled Departure Date or during Your Trip.
  3. Strikes, natural disasters, severe weather or FAA mandated shutdown resulting in the complete cessation of services by the airline, the tour operator or the cruise line for at least 24 consecutive hours or a road closure causing a delay in reaching Your destination for at least 12 consecutive hours. The Company will not cover losses resulting from strikes of the person, organization, agency, or tour operator, or their affiliate companies, that solicited this coverage and/or Your insured travel arrangements to You.
  4. You or a Traveling Companion being hijacked, carjacked or quarantined.
  5. You are required to serve on a jury, served with a court order or subpoena.
  6. Your Primary Residence being made uninhabitable by fire, flood, burglary, vandalism, or natural disasters.
  7. You or a Traveling Companion being directly involved in a traffic Accident that causes either: a) a medical emergency for You or a Traveling Companion; or b) damage to the automobile, which creates an immediate need for repair to ensure the safety of the passengers.
  8. Terrorist Acts committed by organized terrorist groups (recognized as such by the U.S. State Department) that result in property damage, Injury or loss of life. The incident must take place in a domestic or foreign city in which You are scheduled to arrive within 30 days following the incident and Your tour operator (if applicable) must not have offered a substitute itinerary.

For foreign Terrorism coverage only, coverage for travel to or through countries in which such a documented or reported incident has occurred during the 30 days prior to purchase of the insurance is excluded. Losses resulting due to the issuance of travel advisories, bulletin or alerts; war or acts thereof; civil disorder, riot or unrest; bomb scares or threats of terrorist activity; or Terrorist Acts against any Common Carrier (e.g., airline or cruise line) are not covered.

9. You or a Traveling Companion, who are on Active Military Duty in the United States Armed Forces:
  - a. having Your personal leave revoked within 10 days prior to Your departure date (as long as such revocation is in writing by a superior officer and is not due to war-related situations, invocation of the War Powers Act, base or unit mobilization, unit reassignment for any reason, or disciplinary action); or
  - b. are personally reassigned within 10 days prior to Your departure date, whether temporary or permanent.
10. You or a Traveling Companion being the victim of a Felonious Assault within 10 days prior to Your departure date or during Your Trip. A Felonious Assault may not be inflicted by You, a Family Member, Traveling Companion or Traveling Companion's Family Member.
11. You or Your Traveling Companion, after having been with the same employer for at least three continuous years, are terminated or laid off, through no fault of Your own, after Your effective date of coverage.
12. Your family or friends living abroad with whom You were planning to stay, are unable to accommodate You due to life threatening Illness, life threatening Injury or death of one of them.
13. A covered Travel Delay that results in the loss of more than 50% of Your scheduled Trip length.
14. Theft of Your automobile that results in Your inability to take or continue Your Trip.
15. For Trip Cancellation only: Your Normal Pregnancy, as long as the pregnancy occurs after Your effective date of coverage that can be verified by medical records.
16. For Trip Cancellation only: You will be attending a Family Member's Childbirth at the time the covered Trip is scheduled to take place as long as the pregnancy occurs after the effective date of coverage that can be verified by medical records.

17. You or a Traveling Companion become legally separated or divorced after the purchase of insurance and prior to the departure date, provided that the Insurance was purchased within 14 calendar days of the initial Trip deposit or payment.

Coverage is for:

1. Forfeited, published, Trip payments or deposits incurred as a result of cancellation penalties for which You are not eligible to receive a Refund;
2. For Trip Interruption, the pro-rated portion of the pre-paid Trip missed;
3. The additional cost resulting from a change in the per-person occupancy rate for prepaid travel arrangements if a Traveling Companion's Trip is canceled or interrupted for one of the above covered reasons and Yours is not;
4. Reasonable, additional accommodation and transportation expenses up to \$100 per day up to a maximum of five days if a covered Traveling Family Member or Traveling Companion must remain hospitalized;
5. Reasonable, additional travel costs for You to reach Your original destination if You must depart after Your planned departure date due to one of the above reasons; or
6. Reasonable, additional transportation expenses needed to reach the scheduled termination point of Your Trip or to travel from the place Your Trip was interrupted to the place where You can rejoin Your Trip and the unused portion of any non-refundable land, sea and air arrangements that were paid as part of Your Trip.

The benefits paid under 5 and 6 above will not exceed the cost of economy airfare by the most direct route on the next available carrier, less any Refunds paid to You.

Trip Cancellation/Interruption benefits do not cover loss(es) due to:

1. Any General Exclusion or Pre-existing Condition;
2. You or a Traveling Companion: a) making changes to personal plans; b) having a business or contractual obligation; c) being unable to obtain necessary travel documents; or d) being detained or having property confiscated by any Customs authority;
3. Carrier caused delays (including bad weather) unless as covered above;

4. Prohibition or regulation by any government; or
5. Travel arrangements canceled by the airline, cruise line or tour operator.

Please refer to Your Letter of Confirmation for the maximum coverage amount available under Your plan.

#### **CHANGE FEE COVERAGE**

A maximum benefit of up to the amount indicated on Your Letter of Confirmation is provided to cover for loss(es) You incur if You have to change the dates of Your airline ticket for the covered reasons stated below:

1. A medical emergency (requires an actual examination by a Physician) occurring to You, a Traveling Companion or a Family Member; or
2. You or a Traveling Companion being delayed by bad weather while en route to a departure provided the car was scheduled to arrive at the point of departure at least two hours before the scheduled time of departure.

No coverage will be provided for loss(es) due to any General Exclusion.

Please refer to Your Letter of Confirmation for the maximum coverage amount available under Your plan.

#### **FREQUENT TRAVELER/LOYALTY PROGRAM COVERAGE**

If You used frequent traveler awards (frequent flyers miles or hotel rewards) for any part of a Trip, the Company will pay the fees incurred by You for re-depositing those awards in Your account if the Trip is canceled for any of the reasons under Trip Cancellation and Interruption Coverage.

Please refer to Your Letter of Confirmation for the maximum coverage amount available under Your plan.

#### **TRAVEL DELAY COVERAGE**

Coverage under the plan will pay on a one-time basis up to the maximum amount listed on Your Letter of Confirmation for reasonable, additional accommodation and traveling expenses due to a departure delay of six or more hours. Prepaid expenses are not covered. Expenses must be incurred by You. Payments for additional expenses will not exceed \$150 per day per person for all persons insured under Your Policy as named on Your Letter of Confirmation.

Covered reasons for Travel Delay are:

1. Carrier caused delay (including bad weather);
2. Lost or stolen passports, money, or travel documents;
3. Quarantine;
4. Hijacking;
5. Unannounced strikes;
6. Natural disaster;
7. Civil disorder or unrest; or
8. Severe storms that cause a route closing validated by the National Weather Service records and local Department of Transportation records.

No coverage will be provided for loss(es) due to any General Exclusion.

Please refer to Your Letter of Confirmation for the maximum coverage amount available under Your plan.

#### **BAGGAGE COVERAGE**

Coverage is secondary to any coverage provided by a Common Carrier or hotel, if any.

If Baggage is lost, damaged or stolen, the Company will pay the loss, up to the maximum amount indicated on Your Letter of Confirmation, provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. Notwithstanding the foregoing, We will cover up to a maximum amount of \$500 for any and all jewelry, watches, gems, furs, cameras, and camera equipment, camcorders, sporting equipment, computers, radios and other electronic items and only when original receipts are provided.

You must notify the appropriate local authorities at the place the loss occurred and inform them of the value and description of Your property within 24 hours after the loss. Finally, You must file written proof of loss with the Company within 120 days from the date of loss, except as otherwise prohibited by law, attaching copies of airline, cruise line or Common Carrier claim forms, original police reports, an itemization and description of lost items and their estimated value, and all receipts, credit card statements, canceled checks, photos, or other appropriate documentation as may be required.

Property or losses not covered:

1. Losses incurred as a result of any General Exclusion;
2. Animals;
3. Automobiles and equipment, motorcycles and motors;

4. Bicycles, skis, snowboards (except when checked with a Common Carrier);
5. Aircraft, boats or any other vehicles or conveyances;
6. Eyeglasses, sunglasses, contact lenses, hearing aids, artificial teeth and limbs;
7. Tickets, keys, money, securities, bullion, stamps, credit cards, documents (travel or otherwise) and deeds;
8. Property shipped as freight or shipped prior to Your Trip departure date;
9. Rugs or carpets of any type;
10. Perishables, medicines, perfumes, cosmetics and consumables;
11. 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;
12. Property that is left in or on a car trailer;
13. Property that is left in a vehicle if the vehicle is not properly secured; or
14. Damage to the property resulting from defective materials or workmanship, ordinary wear and tear, and normal deterioration.

The plan will pay the lesser of:

1. The actual purchase price of a similar item; or
2. The Actual Cash Value of the item at the time of loss, which includes deduction for depreciation (for items without receipts, the plan will pay up to 75% of the determined depreciated value); or
3. The cost to repair or replace the item.

Please refer to Your Letter of Confirmation for the maximum coverage amount available under Your plan.

#### **BAGGAGE DELAY COVERAGE**

If Your personal Baggage is delayed or misdirected for at least 24 hours by a Common Carrier, the plan will reimburse You on a one-time basis for the reasonable, additional purchase of essential items. Verification of the delay by the Common Carrier and receipts for the emergency purchases must accompany any claim.

No coverage will be provided for loss(es) due to any General Exclusion.

Please refer to Your Letter of Confirmation for the maximum coverage amount available under Your plan.

## BUSINESS EQUIPMENT COVERAGE

Coverage is secondary to any coverage provided by the Common Carrier.

If Your business equipment is lost by the Common Carrier, or damaged, or stolen, We will pay up to the amount on Your Letter of Confirmation provided You have taken all reasonable measures to protect, save and recover Your property at all times.

Property or losses not covered:

1. Losses incurred as a result of any General Exclusion;
2. Items other than business equipment;
3. Intentional Acts;
4. Gross negligence or willful and wanton conduct;
5. Business equipment shipped as freight or shipped prior to Your Scheduled Departure Date;
6. Business equipment that is left in or on a vehicle or a car trailer;
7. Business equipment that is lost by a Common Carrier and the loss is not reported to the Common Carrier within 24 hours after the loss and a claim is not filed with the Common Carrier;
8. Business equipment that is stolen and the theft is not reported to the appropriate authorities; or
9. Damage to the business equipment resulting from defective materials or workmanship, ordinary wear and tear and normal deterioration.

If Your business equipment is lost or stolen or damaged, the plan will pay the lesser of:

1. The cost to repair the item if damaged; or
2. An amount based on the age of the item as follows:

If up to 12 months old	90% of the purchase price
If up to 24 months old	50% of the purchase price
If up to 48 months old	25% of the purchase price
Over 48 months old	0%

A police report is required for any stolen business equipment claim. A Common Carrier report is required for any business equipment claim due to the equipment being lost or damaged by a Common Carrier. In addition, damaged business equipment may require inspection by Us prior to claims payment and should be kept as proof of loss.

Please refer to Your Letter of Confirmation for the maximum coverage amount available under Your plan.

## BUSINESS EQUIPMENT RENTAL COVERAGE

If Your business equipment is damaged, lost or delayed by the Common Carrier for 12 hours or more, or stolen, the plan will reimburse You on a one-time basis for the reasonable costs of renting business equipment during Your Trip up to the amount indicated on Your Letter of Confirmation.

A police report is required if Your business equipment is stolen. A Common Carrier report is required for proof of damage by, delay by or being lost by the Common Carrier.

No coverage will be provided for loss(es) due to any General Exclusion.

Please refer to Your Letter of Confirmation for the maximum coverage amount available under Your plan.

## Part V. GENERAL PROVISIONS RELATED TO INSURANCE COVERAGES

1. All suits, actions or legal proceedings arising from the plans, benefits, or services provided through the plans (collectively "Controversies") may be submitted to binding desk arbitration in accordance with the rules then applying to the American Arbitration Association. Such arbitration must be upon mutual agreement. No request for arbitration can be brought to recover benefits until 60 days have elapsed following submission of Your entire claim to Us. No action in any form can be brought after three years from the date Your claim was submitted to Us.
2. No agent or other person has authority to accept or make representations or information or alter, modify or waive any of the provisions of this Policy.
3. In the event that You are covered under another policy issued by the Company that provides the same or similar coverage, the Company will refund any premium for the duplicate Policy that You choose.
4. Misrepresentations and Fraud: Coverage shall be void if, whether before or after a loss, the insured has concealed or misrepresented any material fact or circumstance concerning this Policy or the subject thereof, or the interest of the insured therein, or if the insured commits fraud or false swearing in connection with any of the foregoing. All statements made by the insured for the issuance of any Policy shall be deemed representations and not warranties. After two years from the date of issue of this Policy no misstatements, except fraudulent

misstatements, made by the insured shall be used to void the Policy or to deny a claim for loss incurred or disability (as defined in the Policy) commencing after the expiration of such two year period.

5. On the Policy effective date shown in the Letter of Confirmation, if any provision conflicts with the laws of the State in which You reside, it shall be deemed amended to conform to law.
6. Appraisal: In case You and We shall fail to agree as to the Actual Cash Value or the amount of loss, then, on the written demand of either, each shall select a competent and disinterested appraiser and notify the other of the appraiser selected within twenty days of such demand. The appraisers shall first select a competent and disinterested umpire; and failing for fifteen days to agree upon such umpire, then upon Your or Our request, such umpire shall be selected by a judge of a court of record in the state in which the property covered is located. The appraisers shall then appraise the loss, stating separately Actual Cash Value and loss to each item; and, failing to agree, shall submit their differences, only, to the umpire. An award in writing, so itemized, of any two when filed with Us shall determine the amount of Actual Cash Value and loss. Each appraiser shall be paid by the party selecting him and the expenses of appraisal and umpire shall be paid by the parties equally.

**Assignment:** You may assign Your interest under the Policy by giving Us written notice of such assignment. The assignment will not be effective until We receive the written notice. We do not assume any responsibility for the validity of any assignment.

**Cancellation by Insured:** The insured may cancel this Policy at any time by written notice delivered or mailed to the insurer, 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. The earned premium shall be computed by the use of the short-rate table last filed with the state official having supervision of insurance in the state where the insured resided when the Policy was issued. Cancellation will be without prejudice to any claim originating prior to the effective date of the cancellation.

**Physical Examinations and Autopsy:** The Company has the right to physically examine You as often as reasonably needed while a claim is pending. The Company may also require an autopsy in the case of death, where it is not forbidden by law. The Company will bear all costs for these.

**Non-renewable:** This Policy is issued for a single term and is non-renewable.

#### Part VI. CLAIM FILING PROCEDURES

To obtain a claim form, visit Our website [www.allianztravelinsurance.com](http://www.allianztravelinsurance.com) or call 1-800-334-7525 24 hours a day, seven days a week. All benefits will be paid in United States dollars.

1. Written notice of claim must be given within 120 days after a covered loss starts or as soon as reasonably possible. Notice must include Your name and the Policy Number. 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.
2. We, upon receipt of a notice of claim, will furnish to the insured such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and extent of the loss for which claim is made.
3. Payment will be made immediately upon receipt of due written proof of loss.

We will need certain information from You in the event You need to file a claim. This documentation will include, but is not limited to, the following:

#### General Documentation

1. Receipts and itemized bills for all expenses.
2. Original of any Refunds or expense allowances received from Your tour operator, travel agency, Common Carrier or other entity.

#### Trip Cancellation, Trip Interruption, Change Fee and Frequent Traveler/Loyalty Program Claims

1. Any appropriate documentation that officially explains the cause of Your Trip cancellation or interruption. Any explanation of diagnosis along with Your original itemized bills, receipts, and proof of other insurance payments.
2. Original unused tickets, copies of invoices, proof of payments, and other documents that substantiate the cost or occurrence of the Trip cancellation or interruption.
3. Documentation of Refunds received from the travel supplier(s) and/or Common Carrier(s).
4. Copy of the supplier's literature that describes penalties.
5. A letter from the tour operator or an itemized bill from the travel agent stating the non-refundable amounts of the Trip costs.

#### Travel Delay Claims

Original police, Common Carrier or other report that verifies the cause and duration of the delay.

#### Baggage Claims

1. Original claim determination from the Common Carrier, if applicable.
2. Original police report or other report of local authorities.
3. Original receipts and list of stolen, lost or damaged items.
4. Proof of loss providing amount of loss, date, time and cause of loss.

#### Baggage Delay Claims

Proof from the Common Carrier that personal Baggage was delayed or misdirected for at least 24 hours.

#### Part VII. DEFINITIONS

**Accident** means an unexpected, unintended, unforeseeable event causing Injury.

**Active Military Duty** means serving in the United States Armed Forces on a full-time basis, not including the United States Armed Forces Reserves.

**Actual Cash Value** means the amount an item is determined to be worth based on its market value, age and condition at the time of loss.

**Baggage** means luggage and personal possessions, whether owned, borrowed or rented, taken by You on the Trip.

**Common Carrier** means an entity licensed to carry passengers for hire on land, water or air, excluding vehicle rental companies.

**Coverage Period** means the time during which benefits are payable hereunder, beginning on the effective date and ending on the termination date.

**Covered Service** means a service or supply specified herein for which benefits will be provided.

**Family Member** means Your husband or wife; birth or adoptive parent, child or sibling; stepparent; stepchild; stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

**Felonious Assault** is an act of violence against You or a Traveling Companion requiring medical treatment in a Hospital.

**Hospital** means a short-term, acute, general hospital, which:

1. is primarily engaged in providing, by or under the continuous supervision of Physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
2. has organized departments of medicine and major surgery;
3. has a requirement that every patient must be under the care of a Physician or dentist;
4. provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
5. if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97 (42 USCA 1395x(k));
6. is duly licensed by the agency responsible for licensing such Hospitals; and
7. is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational or rehabilitative care.

**Illness** means a sickness, infirmity or disease that causes a loss that begins during a Coverage Period and is not a Pre-existing Condition.

**Injury** means bodily Injury caused by an Accident, directly and independently of all other causes and sustained on or after the effective date of this coverage and before the termination date. Benefits for Injury will not be paid for any loss caused by sickness or other bodily diseases or infirmity.

**Normal Pregnancy or Childbirth** means a pregnancy or Childbirth that is free of complications or problems.

**Physician** means a licensed practitioner of the healing arts who is legally entitled to practice medicine in the applicable field for which services are delivered.

**Pre-existing Conditions** means:

1. Any injury occurring to You, a Traveling Companion, or a Family Member prior to the effective date of Your insurance; or
2. Any illness occurring to You, a Traveling Companion, or a Family Member during the 120 days prior to the effective date of Your insurance for which: a) medical diagnosis or treatment by a Physician has been sought or advised or for which symptoms exist which would cause a prudent person to seek diagnosis, care or treatment; or b) require taking prescribed drugs or medicine unless the illness remains controlled without any change in the required prescription.

**Primary Residence** means a person's fixed, permanent and principal home for legal and tax purposes.

**Refund** means:

1. Money returned to You by the travel agent, tour operator, airline, cruise line or other travel supplier;
2. Any credit or voucher for future travel provided to You by the travel agent, tour operator, airline, cruise line or other travel supplier; or
3. Any credits, recoveries or reimbursements from Your employer, another insurance company, a credit card issuer or any other institution.

**Scheduled Departure Date** means the date You have selected to begin travel as shown on Your Letter of Confirmation and for which paid travel arrangements have been made.

**Terrorism or Terrorist Act** means the unsanctioned and illegal use of force that caused destruction of property, Injury, or death by an individual or group for the express or implied purpose of achieving a political, ethnic, or religious goal or result. Terrorism does not include general civil protest, unrest, rioting, or an act of war.

**Traveling Companion** is a person traveling with You and who shares the same accommodations as You.

**Traveling Family Member** is Your spouse, and any of Your unmarried children under age of 23, including step-children or legally adopted children, or grandparents and grandchildren when traveling together without a parent. Any unmarried child, regardless of age, who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation or physical handicap and became so incapable prior to age 23, shall be eligible for coverage.

**Trip** means:

1. a period of round-trip travel to and from a destination that is at least 100 miles from Your main place of residence; and
2. such travel is not to obtain health care or treatment of any kind.

**We, Us or Our** refers to BCS Insurance Company and its agents.

**You or Your** refers to all persons listed on the Letter of Confirmation under the plan purchased.

**INSURING CLAUSE**

BCS Insurance Company, herein referred to as the Company, will pay You the insurance benefits described in this Policy. Please refer to the accompanying Letter of Confirmation. It provides You with specific information about the plan You purchased. Please contact Us immediately if You believe that the Letter of Confirmation is incorrect.

**RENEWAL CONDITIONS**

This Policy is issued for a single term and is non-renewable.

**PLEASE READ THIS POLICY CAREFULLY FOR FULL DETAILS.**

This Policy is a legal contract. The entire contract consists of this Policy; any Endorsements or Riders attached to it; and the Letter of Confirmation. Capitalized words are defined terms. Please see the Definitions section.

**PLAN FEATURES**

**TABLE OF CONTENTS**

- Part I. Effective Date
- Part II. Termination Date
- Part III. General Exclusions
- Part IV. Description of Travel Insurance Coverages
- Part V. General Provisions
- Part VI. Claims Filing Procedures
- Part VII. Definitions

Signed for BCS Insurance Company, 2 MidAmerica Plaza, Suite 200, Oakbrook Terrace, IL 60181.

  
PRESIDENT

  
SECRETARY

### Part I. EFFECTIVE DATE

Insurance coverage shall be effective at 12:01 A.M. on the date the scheduled Trip begins. In no event will coverage be effective if all premiums due have not been received prior to the Scheduled Departure Date or prior to the date You cancel Your Trip or it is canceled for any reason.

### Part II. TERMINATION DATE

Coverage ends earliest of: a) at midnight on the date of return selected; b) upon return to Your city of residence; c) when the Trip is canceled; or d) the 45th day of the Trip. If return is delayed for any covered reason, coverage is extended until You are able to return to Your city of residence. The day You depart and the day You return are counted and included as separate days when determining duration of coverage.

### Part III. GENERAL EXCLUSIONS

These exclusions apply to the following benefits: Emergency Medical and Dental Coverage, Emergency Medical Transportation Coverage, Flight Insurance Coverage and Travel Accident Coverage. In addition to any exclusions that apply to a particular benefit, no coverage is provided for any loss arising directly or indirectly out of or as a result of the following:

1. Your intentionally self-inflicted injury, suicide or attempted suicide;
2. Your Normal Pregnancy;
3. Your mental or emotional disorders, alcoholism or drug addiction;
4. You being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician;
5. War or acts of war (whether declared or undeclared), service in the Armed Forces or units auxiliary thereto (unless as specifically covered), Your participation in a riot or insurrection; or
6. Your commission of a felony, attempt to commit a felony or to which a contributing cause was You being engaged in an illegal occupation.

### PRE-EXISTING CONDITIONS EXCLUSION AND WAIVER

This exclusion applies to Emergency Medical and Dental Coverage, Emergency Medical Transportation Coverage and to those travel assistance services related to medical problems.

The plan does not cover losses or expenses if they result from:

1. The existence of symptoms which would ordinarily cause a prudent person to seek diagnosis, care or treatment within a 120 day period preceding the effective date of the coverage of the insured person; or
2. A condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a 120 day period preceding the effective date of coverage of the insured person.

For the purposes of determining any Pre-existing Conditions, the effective date of Your insurance will be Your Trip departure date.

You have purchased a plan where Pre-existing Conditions are waived. We cover Pre-existing Conditions provided:

1. The insurance was purchased; and
2. The total Trip cost is \$10,000 per person or less.

### Part IV. DESCRIPTION OF TRAVEL INSURANCE COVERAGES (what is covered)

The following insurance benefits are designed to protect You against situations or losses that result from sudden and unexpected conditions or events. The benefits do not cover foreseeable events on the date of insurance purchase. Please be aware that this stipulation may be applied to policies purchased with the Pre-existing Conditions Exclusion Waiver.

### EMERGENCY MEDICAL AND DENTAL COVERAGE

A maximum benefit of up to the amount listed on Your Letter of Confirmation is provided for covered Emergency Medical or Dental Coverage expenses incurred as a result of accidental Injury or Illness occurring during a Trip within the Coverage Period.

We will only pay Reasonable and Customary Charges for health care services or supplies provided by Physicians, licensed dentists, Hospitals, and Other Licensed Providers that are received during Your Trip which are Medically Necessary for:

1. Emergency Medical Care; and
2. Emergency Dental Care.

Coverage is not provided for:

1. Expenses incurred as a result of any General Exclusion;
2. Cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect;
3. Foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet;
4. Dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly;
5. Eyeglasses, hearing aids, and examination for the prescription or fitting thereof;
6. Treatment given by a Family Member, whether or not a licensed provider;
7. Benefits provided under Medicare or other governmental program (except Medicaid), any state or Federal workers' compensation, employers' liability or occupational disease law; or
8. Treatment provided in a government hospital.

Please refer to Your Letter of Confirmation for the maximum coverage amount available under Your plan.

### EMERGENCY MEDICAL TRANSPORTATION COVERAGE

#### Important

If Your emergency is immediate and life threatening, seek local emergency care at once.

Your emergency medical transportation limit is the total amount available for all Covered Services described below. Please refer to Your Letter of Confirmation to confirm that You have this benefit in Your plan and Your total dollar limit.

You or Your representative must contact Us and We must make all transportation arrangements in advance. We will not pay for any of the services listed in this section if We didn't authorize and arrange it, unless any delay, during life threatening or other emergencies that warrant emergency medical transportation for treatment, would cause further injury or death.

### **Moving You to a Hospital or medical clinic (emergency medical evacuation)**

If You're seriously ill or injured during Your Trip and Our medical team determines that the local medical facilities are unable to provide appropriate medical treatment:

- Our medical team will consult with the local doctor;
- We'll identify the closest appropriate facility, make arrangements and pay to transport You to that facility; and
- We'll arrange and pay for a Medical Escort if We determine one is necessary.

### **Getting You home after Your care (medical repatriation)**

If You're seriously ill or injured during Your Trip, under the care of a local doctor and unable to continue Your Trip, medical repatriation takes place once Our medical team determines that You are medically stable to return home via commercial transportation carrier, such as a scheduled passenger airline.

We'll:

- arrange and pay (less any refunds for unused tickets) for You to be transported via a commercial transportation carrier in the same class of service that You were booked for Your Trip. The transportation will be to one of the following:
  - Your primary residence;
  - a location of Your choice in the United States; or
  - a medical facility near Your primary residence or city of Your choice in the United States. We'll take Your request into consideration as long as the medical facility will accept You as a patient and is approved as medically appropriate for Your continued care by Our medical director.
- arrange and pay for a Medical Escort if Our medical team determines a Medical Escort is necessary.

### **Bringing a friend or Family Member to You (transport to bedside)**

If You're told You will be hospitalized for more than seven days during Your Trip, We'll transport a friend or Family Member to stay with You. We'll arrange and pay for round-trip transportation in economy class on a common carrier.

### **Getting Your children home (return of dependents)**

If You're told You will be hospitalized for more than seven days during Your Trip, We'll arrange for and pay (less any refunds for unused tickets) to transport Your children under the age of 23 who are traveling with You to one of the following:

- Your primary residence; or
- a location of Your choice in the United States.

Transportation will be on a common carrier in the same class of service they were originally booked.

### **Transporting Your remains (repatriation of remains)**

We'll arrange and pay for the reasonable and necessary services to transport Your remains to one of the following:

- a funeral home near Your primary residence; or
- a funeral home located in the United States.

We'll also assist the sending and receiving funeral homes coordinate with each other.

This benefit does not include funeral, burial or cremation expenses or related containment expenses for items such as a coffin, urn or vault.

Your representative must contact Us in advance to make these arrangements. If this is not possible, Your representative must contact Us within a reasonable time, but no later than one year after the transportation.

### **FLIGHT INSURANCE COVERAGE**

Coverage is effective for the flights for which this plan was purchased. Coverage applies while You are riding, boarding or alighting as a fare-paying passenger on a flight provided by a scheduled airline on any scheduled Trip or charter.

The loss must occur within 365 days of the covered Accident. The plan will pay the full amount (as listed on Your Letter of Confirmation), in a lump sum, for loss of life or any combination of two eyes, hands or feet; and one-half of the amount for loss of one eye, hand or foot. Loss of eye means total and irrecoverable loss of entire sight; and loss of hand or foot means the actual complete and permanent severance at or above the wrist or ankle joint. Death or loss must be a direct result of the Accident sustained during the Coverage Period.

Benefits will be payable for only one loss, that being the greatest amount. Benefits are payable to You or, if applicable, to Your estate unless You have named a beneficiary.

This coverage does not include loss caused by or resulting from any of the following:

1. Any General Exclusion;
2. Disease or Illness; or
3. Travel on any device for aerial navigation except as specially provided for in this coverage.

Please refer to Your Letter of Confirmation for the maximum coverage amount available under Your plan.

### **TRAVEL ACCIDENT COVERAGE**

This benefit provides coverage for a loss due to a covered Accident. The loss must occur within 365 days of the covered Accident. The plan will pay the full amount (as listed on Your Letter of Confirmation), in a lump sum, for loss of life or any combination of two eyes, hands or feet; and one half of the amount for loss of one eye, hand or foot. Loss of eye means total and irrecoverable loss of entire sight; and loss of hand or foot means the actual complete and permanent severance at or above the wrist or ankle joint. Death or loss must be a direct result of the Accident sustained during the Coverage Period.

Benefits will be payable for only one loss, that being the greatest amount. Benefits are payable to You or, if applicable, to Your estate unless You have named a beneficiary.

No coverage will be provided for loss due to any General Exclusion, or for any loss due to air travel except while You are riding, boarding or alighting as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.

Please refer to Your Letter of Confirmation for the maximum coverage amount available under Your plan.

**NEW YORK MANDATES:** Under New York Law, certain mandated benefits are required to be provided under a medical expense policy. We will pay benefits as applicable to this program for such mandates.

### **Part V. GENERAL PROVISIONS RELATED TO INSURANCE COVERAGES**

1. All suits, actions or legal proceedings arising from the plans, benefits, or services provided through the plans (collectively "Controversies") may be submitted to binding desk arbitration in accordance with the rules then applying to the American Arbitration Association. Such arbitration must be upon mutual agreement. No request for arbitration can be brought to recover benefits until 60 days have elapsed following submission of Your entire claim to Us. No action in any form can be brought after three years from the date Your claim was submitted to Us.
2. No agent or other person has authority to accept or make representations or information or alter, modify or waive any of the provisions of this Policy.
3. In the event that You are covered under another policy issued by the Company that provides the same or similar

coverage, the Company will refund any premium for the duplicate Policy that You choose.

- Misrepresentations and Fraud: Coverage shall be void if, whether before or after a loss, the insured has concealed or misrepresented any material fact or circumstance concerning this Policy or the subject thereof, or the interest of the insured therein, or if the insured commits fraud or false swearing in connection with any of the foregoing. All statements made by the insured for the issuance of any Policy shall be deemed representations and not warranties. After two years from the date of issue of this Policy no misstatements, except fraudulent misstatements, made by the insured shall be used to void the Policy or to deny a claim for loss incurred or disability (as defined in the Policy) commencing after the expiration of such two year period.
- On the Policy effective date shown in the Letter of Confirmation, if any provision conflicts with the laws of the State in which You reside, it shall be deemed amended to conform to law.

**Assignment:** You may assign Your interest under the Policy by giving Us written notice of such assignment. The assignment will not be effective until We receive the written notice. We do not assume any responsibility for the validity of any assignment.

**Cancellation by Insured:** The insured may cancel this Policy at any time by written notice delivered or mailed to the insurer, 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. The earned premium shall be computed by the use of the short-rate table last filed with the state official having supervision of insurance in the state where the insured resided when the Policy was issued. Cancellation will be without prejudice to any claim originating prior to the effective date of the cancellation.

**Physical Examinations and Autopsy:** The Company has the right to physically examine You as often as reasonably needed while a claim is pending. The Company may also require an autopsy in the case of death, where it is not forbidden by law. The Company will bear all costs for these.

#### Part VI. CLAIM FILING PROCEDURES

To obtain a claim form, visit Our website [www.allianztravelinsurance.com](http://www.allianztravelinsurance.com) or call 1-800-334-7525 24

hours a day, seven days a week. All benefits will be paid in United States dollars.

- Written notice of claim must be given to the insurer within twenty days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the insured or the beneficiary to the insurer at [www.allianztravelinsurance.com](http://www.allianztravelinsurance.com), by calling 1-800-334-7525, or to any authorized agent of the insurer or to any authorized broker, with information sufficient to identify the insured, shall be deemed notice to the insurer.
- We, upon receipt of a notice of claim, will furnish to the insured such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and extent of the loss for which claim is made.
- Payment will be made immediately upon receipt of due written proof of loss.
- Written proof of loss must be furnished to the insurer at its said office in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss within ninety days after the termination of the period for which the insurer is liable and in case of claim for any other loss within one hundred twenty days after the date of such 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.

We will need certain information from You in the event You need to file a claim. This documentation will include, but is not limited to, the following:

#### General Documentation

- Receipts and itemized bills for all expenses.
- Original of any refunds or expense allowances received from Your tour operator, travel agency, common carrier or other entity.

#### Emergency Medical and Dental Claims

Any explanation of diagnosis(es) along with Your original itemized bills and receipts.

#### Flight Insurance Claims

Copy of death certificate.

#### Travel Accident Claims

- Copy of death certificate.
- Any explanation of diagnosis(es) along with Your original itemized bills and receipts.

#### Part VII. DEFINITIONS

**Accident** means an unexpected, unintended, unforeseeable event causing Injury.

**Complications of Pregnancy** means conditions requiring hospital stays (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, and shall 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; and nonelective caesarean 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.

**Coverage Period** means the time during which benefits are payable hereunder, beginning on the effective date and ending on the termination date.

**Covered Service** means a service or supply specified herein for which benefits will be provided.

**Emergency Dental Care** means the services or supplies provided by a licensed dentist, Hospital or Other Licensed Provider that are medically and immediately necessary to treat dental problems resulting from Injury, infection, breakage to tooth surface or loss of filling.

**Emergency Medical Care** means the services or supplies provided by a Physician, Hospital or Other Licensed Provider that are Medically Necessary to treat any covered medical illness or Injury that is acute (onset is sudden and unexpected) and:

- placing the health of the person afflicted with such condition in serious jeopardy, or in the case of a

behavioral condition placing the health of such person or others in serious jeopardy;

2. serious impairment to such person's bodily functions;
3. serious dysfunction of any bodily organ or part of such person;
4. or serious disfigurement of such person.

**Family Member** means Your husband or wife; birth or adoptive parent, child or sibling; stepparent; stepchild; stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

**Hospital** means a short-term, acute, general Hospital, which:

1. is primarily engaged in providing, by or under the continuous supervision of Physicians, to Inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
2. has organized departments of medicine and major surgery;
3. has a requirement that every patient must be under the care of a Physician or dentist;
4. provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
5. if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97 (42 USCA 1395x(k));
6. is duly licensed by the agency responsible for licensing such Hospitals; and
7. is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational or rehabilitative care.

**Illness** means a sickness, infirmity or disease that causes a loss that begins during a Coverage Period and is not a Pre-existing Condition.

**Injury** means bodily Injury caused by an Accident, directly and independently of all other causes and sustained on or after the effective date of this coverage and before the termination date. Benefits for Injury will not be paid for any loss caused by sickness or other bodily diseases or infirmity.

**Inpatient** means a person who is treated as a registered bed patient in a Hospital or Other Licensed Provider and for whom a room and board charge is made.

**Medical Escort** means a professional person contracted by Our medical team to accompany a seriously ill or injured person while they are being transported. A Medical Escort is

trained to provide medical care to the person being transported. A friend or Family Member cannot be a Medical Escort.

**Medically Necessary** means the services or supplies provided by a Hospital, Physician or Other Licensed Provider that are required to identify or treat Your Illness or Injury and which, as determined by Us, are:

1. consistent with the symptoms or diagnosis and treatment of Your condition, disease, Illness, ailment or Injury;
2. appropriate with regard to standards of good medical practice;
3. not solely for the convenience of You, a Physician or other provider; and
4. the most appropriate supply or level of service that can be safely provided to You.

When applied to the care of an Inpatient, it further means that Your medical symptoms or condition requires that the services cannot be safely provided to You as an Outpatient.

**Normal Pregnancy or Childbirth** means free of any Complications of Pregnancy.

**Other Licensed Providers** means any person or entity other than a Hospital or Physician which is licensed, where required, to render medical or dental services.

**Outpatient** means a person who receives medical or dental services or supplies while not an Inpatient.

**Physician** means a licensed practitioner of the healing arts who is legally entitled to practice medicine in the applicable field for which services are delivered.

**Pre-existing Conditions** means:

1. The existence of symptoms which would ordinarily cause a prudent person to seek diagnosis, care or treatment within a 120 day period preceding the effective date of the coverage of the insured person; or
2. A condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a 120 day period preceding the effective date of coverage of the insured person.

**Reasonable and Customary Charge** means the amount charged for a specific service in a particular geographic area as determined by contacting comparable medical professional(s) in the same geographic area for the usual charge of similar services. Your health care provider may charge more than the established Reasonable and Customary costs and these additional charges may not be covered by the Policy.

**Scheduled Departure Date** means the date You have selected to begin travel as shown on Your Letter of

Confirmation and for which paid travel arrangements have been made.

**Traveling Companion** is a person traveling with You and who shares the same accommodations as You.

**Trip** means a period of round-trip travel to and from a destination that is at least 100 miles from Your main place of residence.

**We, Us or Our** refers to BCS Insurance Company and its agents.

**You or Your** refers to all persons listed on the Letter of Confirmation under the plan purchased.

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## TRAVEL ASSISTANCE SERVICES PROVIDED BY AGA SERVICE COMPANY

Our goal is to provide immediate help for common travel problems almost everywhere in the world. However, despite our best efforts, situations arise which are beyond our control and under these circumstances, we can only promise to make every reasonable effort to help you resolve your problems. The hotline center staff will do its best to refer you to appropriate medical and legal providers. However, we cannot be held responsible for the quality of results of any medical or legal services provided by these independent practitioners.

### If you are in trouble and need help:

1. Call the hotline. From the U.S. call **1-800-654-1908**.

From all other locations call collect to **1-804-281-5700**.

If your emergency is immediate and life threatening, seek local emergency assistance at once and contact the hotline as soon as possible.

2. Have the following information ready for the hotline coordinator:

- a. Your name and ID number; and
- b. Your location and local telephone number.

The hotline coordinator will confirm your enrollment and provide you with assistance.

**Note:** In some countries it may not be possible to call collect. If you must phone the hotline directly, give your location and phone number to the hotline coordinator who will call you back.

### Medical Assistance

If you have medical problems and are unable to find local care, we will refer you to a local physician, dentist, Hospital, medical facility or other appropriate resource, when available.

### Medical Consultation and Monitoring

If you are hospitalized, the hotline center medical staff will keep in frequent contact with you and your local physician to get information on the care you are receiving and to determine the need for further assistance. We will also contact your personal physician and family at home, if necessary.

### On-Site Hospital Payments

We will advance payments to Hospitals or guarantee payments to secure your Medically Necessary admission to a Hospital. You must have the Emergency Medical & Dental Benefits and the maximum guarantee will be up to the limits specific in the Letter of Confirmation.

### Definitions

**Hospital** means a provider that is a short-term, acute, general Hospital that:

1. is a duly licensed institution;
2. in return for compensation from its patients, is primarily engaged in providing inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under supervision of physicians;
3. has organized departments of medicine and major surgery;
4. provides 24-hour nursing service by or under the supervision of registered graduate nurses; and
5. is not other than incidentally: a) a skilled nursing facility, nursing home, custodial care home, health resort, spa or sanatorium, place for rest, place for the aged, place for the provision of rehabilitation care; b) a place for the treatment of mental illness; c) a place for the treatment of alcoholism or drug abuse; d) a place for the provision of hospice care; or e) a place for the treatment of pulmonary tuberculosis.

**Medically Necessary** means the services or supplies provided by a Hospital, physician or other licensed provider that are required to identify or treat your illness or injury and which, as determined by us, are:

1. consistent with the symptom or diagnosis and treatment of your condition, disease, illness, ailment or injury;
2. appropriate with regard to standards of good medical practice;
3. not solely for the convenience of you, a physician or other provider; and
4. the most appropriate supply or level of service that can be safely provided to you.

When applied to the care of an inpatient, it further means that your medical symptoms or condition requires that the services cannot be safely provided to you as an outpatient.

### Travel Document and Ticket Replacement Assistance

The plan provides you with information to assist in obtaining replacements of lost passports or other important travel documents. We also help you to replace lost airline and other travel tickets and will assist you in obtaining money for this purpose. These funds will come from your family or friends. We will make all the necessary arrangements for you, including assisting you to return home if your trip is interrupted.

### Legal Assistance

If you have legal problems, our hotline center staff will help you find a local legal advisor. If you require the posting of bail or immediate payment of legal fees, we will help arrange a cash transfer from your family or friends.

### Emergency Cash Transfer

If your cash or traveler's checks are lost or stolen, or if you need funds for the immediate payment of unanticipated expenses, we will help arrange to have emergency cash (in currency, traveler's checks or any other form acceptable to us) transmitted to you from your family or friends. Our hotline center staff will make all the necessary arrangements for you.

### Emergency Message Center

In the event of an emergency, call the hotline center, identify yourself by your ID number, and give the hotline coordinator your message. We will make at least 3 attempts in 24 hours to reach your requested party, and we will provide you with an update on the disposition of our attempts to deliver the message. (We are not responsible for delivery of a message if the recipient cannot be reached). This service can be used for trips anywhere in the world.

### Flight Information

If you are faced with a canceled or missed flight, just call the hotline center for 24-hour information on alternate flights. We can provide you with scheduled departure and arrival times of alternate, direct flights only. We do not book reservations or pay for tickets. This service can be used on trips within the U.S., Canada, the Caribbean and Mexico only.

### CONCIERGE SERVICES

While on your covered trip, we can help make your vacation more memorable. Please contact us for:

- Restaurant and local event information
- Emergency and after hours hotel information and reservations
- Golf tee times, information, referrals and reservations

**All of our concierge benefits are service benefits, not financial benefits. Any costs associated with the services are paid by you.**

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**BCS INSURANCE COMPANY**  
**(A Stock Company)**

**ENDORSEMENT**

**Required to Work Coverage**

The Policy to which this endorsement is attached is amended to include the following

**I. Part V. DESCRIPTION OF TRAVEL INSURANCE BENEFITS (what is covered), the following Covered reasons are added to the Trip cancellation and Trip Interruption coverage.**

1. You or a Traveling Companion are required to work during Your scheduled Trip. You must demonstrate proof of requirement to work, such as a notarized statement signed by an officer of Your employer.
2. Your company being made unsuitable for business by fire, flood, burglary, vandalism or natural disasters.
3. Your company being directly involved in a merger or acquisition. You must be an active employee of the company that is merging and You must be involved in such an event.

**II. The following limitation provision is deleted in its entirety:**

Trip Cancellation/Interruption benefits do not cover loss(es) due to:

1. Any General Program Exclusion or Pre-Existing Condition;
2. You or a Traveling Companion: a) making changes to personal plans; b) having a contractual obligation; c) being unable to obtain necessary travel documents; or d) being detained or having property confiscated by any Customs authority;
3. Carrier caused delays (including bad weather) unless as covered above;
4. Prohibition or regulation by any government (unless as specifically covered above); or
5. Travel arrangements cancelled by an airline, cruise line, or tour operator.

**and replaced with the following:**

Trip Cancellation/Interruption benefits do not cover loss(es) due to:

1. Any General Program Exclusion or Pre-Existing Condition;
2. You or a Traveling Companion: a) making changes to personal plans; b) being unable to obtain necessary travel documents; or c) being detained or having property confiscated by any Customs authority;
3. Carrier caused delays (including bad weather) unless as covered above;
4. Prohibition or regulation by any government (unless as specifically covered above); or
5. Travel arrangements cancelled by an airline, cruise line, or tour operator.

There are no other changes to the Policy.

BCS Insurance Company

  
PRESIDENT

## BCS Insurance Company Privacy Notice

BCS respects the privacy of its customers and former customers and protects the security and confidentiality of their nonpublic personal information. To safeguard our customers' confidential information, we comply with all applicable laws and regulations and have instituted our own policies to: (1) insure the security and confidentiality of customer records and information; (2) protect against any anticipated threats or hazards to the security or integrity of such records; and (3) protect against unauthorized access to or use of such records or information which could result in substantial harm or inconvenience to any customer.

### **BCS PRIVACY POLICY:**

#### **Policies and practices with respect to disclosing your nonpublic personal information:**

We do not disclose any nonpublic personal financial information about our customers or former customers to anyone, except as permitted by law.

#### **Categories of nonpublic personal information that we collect:**

We collect nonpublic personal financial information about you from the following sources: (1) information we receive from you on applications or other forms; (2) information about your transactions with us, our affiliates, or others, and; (3) information we receive from a consumer reporting agency.

#### **Policies we maintain to protect the confidentiality and security of nonpublic personal information:**

We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal financial information. We restrict access to your nonpublic personal information to employees who need it to provide information or services to you.

AGA Service Company d/b/a Allianz Global Assistance is the administrator of this insurance policy on behalf of BCS Insurance Company. We will adhere to at least the same standards for handling and protecting your data as described above. For more information about how we handle and protect your data, please see our privacy policy, located at <http://www.allianzassistance.com/privacy> or contact us at: Allianz Global Assistance, ATTN: Chief Privacy Officer, P. O. Box 72031, Richmond, VA 23255-2031.

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