Virginia Surety Company, Inc.,
A Stock Company
175 W. Jackson Blvd., Chicago, Illinois 60604

Travel Protection Plan
Insurance Policy

TABLE OF CONTENTS

A. DEFINITIONS .................................................................................................................................................2
B. TERM OF COVERAGE ..................................................................................................................................3
C. BENEFITS .......................................................................................................................................................3
  Evacuation Medical Protection ....................................................................................................................3
  Medical Protection .......................................................................................................................................4
  Travel Accident Protection ..........................................................................................................................5
D. EXCLUSIONS .................................................................................................................................................6
E. GENERAL PROVISIONS ............................................................................................................................... 7

SCHEDULE OF BENEFITS

Policy Number: VSCAHWA
Policyholder: Your Name, Your Address, Your City, State, Zip

Policy Effective Date: As indicated in the Insuring Provisions section of the Policy
Date Coverage Begins: As indicated in the Insuring Provisions section of the Policy
Date Coverage Expires: As indicated in the Insuring Provisions section of the Policy
Coverage Premium: $59.00

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evacuation Medical Protection</td>
<td></td>
</tr>
<tr>
<td>Emergency Evacuation</td>
<td>$500,000 per plan term</td>
</tr>
<tr>
<td>Emergency Transportation of Family Member</td>
<td>$2,500 per plan term</td>
</tr>
<tr>
<td>(Includes Meals &amp; Accommodations)</td>
<td>$150/day; max. 5 days</td>
</tr>
<tr>
<td>Repatriation of Remains</td>
<td>$500,000 per plan term</td>
</tr>
</tbody>
</table>

| Medical Protection                           |                                 |
| Emergency Accident/Sickness Medical Expense  | $5,000 per plan term           |

| Travel Accident Protection (A&H)             |                                 |
| Accidental Death & Dismemberment Common      | $10,000 per plan term          |
| Carrier (Air Only)                           |                                 |
A. DEFINITIONS

Throughout this document, You and Your refer to the Policyholder indicated in above in the Schedule of Benefits. We, Us, and Our refer to Virginia Surety Company, Inc. (VSC).

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

**Accidental Injury** means Bodily Injury caused by an Accident (of external origin) occurring during a Trip being the direct and independent cause in the loss.

**Bodily Injury** means identifiable physical injury which: (a) is caused by an Accident, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by such injury, is the direct cause of death or dismemberment of You within twelve months from the date of the Accident.

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

**Covered Expenses** mean expenses which are for medically necessary services, supplies, care, or treatment; due to Sickness or Injury; prescribed, performed or ordered by a Physician; reasonable and customary charges; incurred while covered under this Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits, under each benefit.

**Covered Vehicle** means any vehicle registered to You while You are more than 50 miles from Your legal residence.

**Guest** means a person who is scheduled to travel on a Trip, has been provided Your Owner’s Credit by a Travel Protection Membership company owner, and whose Owner’s Credit has been applied to a Trip.

**Hospital** means a facility that:

a) holds a valid license if it is required by the law;

b) operates primarily for the care and treatment of sick or injured persons as in-patients;

c) has a staff of one or more Physicians available at all times;

d) provides twenty-four (24) hour nursing service and has at least one registered professional 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.

**Family Member** means children, step-children, children-in-law, parents, step-parents, parents-in-law, siblings, siblings-in-law, grandparents, grandchildren, legal or common law spouse, aunts, uncles, nieces, nephews, of You or Your Traveling Companion.

**Land/Sea Arrangements** means land and/or sea arrangements made by a Travel Protection Membership company, including any activities undertaken by You while You are on a Trip.

**Physician** means a licensed practitioner of medical, surgical or dental services acting within the scope of his/her license. The treating Physician may not be You, a Traveling Companion, or a Family Member.

**Policy** means this document. It describes the terms, conditions, and exclusions that apply to each benefit. The Policy is the entire agreement between You and Us. Representations or promises made by anyone that are not contained in this document are not a part of Your benefits. This Policy also includes any endorsements, riders, and amendments that are subsequently issued or attached.

**Scheduled Return Date** means the date on which You are originally scheduled to return to the point of origin or to a different final destination.
Sickness means an illness or disease which is diagnosed or treated by a Physician after the effective date of this Policy and while You are covered under this Policy.

Traveling Companion means person(s) booked to accompany You on a Trip.

Travel Supplier means a travel agency, tour operator, cruise line, airline or other organization that applies for coverage under the Policy and remits the required premium to Us.

Trip means Land/Sea Arrangements and shall include flight connections to join or depart such Land/Sea Arrangements provided such flights are scheduled to commence within one (1) day of the Land/Sea Arrangements.

You or Your means a Travel Protection Membership company owner, Traveling Companion or Guest who has paid the required premium for the Policy.

B. TERM OF COVERAGE

EMERGENCY EVACUATION:

Coverage will take effect at 12:01 A.M. local time at Your location provided:
   a) coverage has been elected; and
   b) the required premium has been paid. Coverage will terminate on the earlier of the following:
      1) the date the Policy is terminated, but if You purchased the Policy prior to the date of termination Your Policy will remain in effect for the stated term; or
      2) When You are less than one-hundred (100) miles from Your legal residence; or
      3) A Trip that exceeds ninety (90) days.

ALL OTHER COVERAGES:

Coverages and services provided take effect a 12:01a.m. local time on the day each of the Trip commences and terminates on the earlier of the following:
   a) Your return to Your origination point;
   b) 11:59 p.m. local time at Your location on the day a Trip is scheduled to be completed;
   c) The date You cancel the Trip.

C. BENEFITS

Evacuation Medical Protection

This section applies any time You are more than 100 miles from Your legal residence:

1. Emergency Evacuation

We will pay benefits for Covered Expenses incurred, up to the limits indicated on the Schedule of Benefits, if an Accidental Injury or Sickness commencing during the course of a trip and is ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants an Emergency Evacuation.

Emergency Evacuation means:
   a) Your medical condition warrants immediate transportation from the place where You are Injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;
   b) after being treated at a local Hospital, Your medical condition warrants transportation to the United States or Canada where You reside, to obtain further medical treatment or to recover; or
   c) both (a) and (b), above.

Covered Expenses are reasonable and customary expenses for necessary transportation, related medical services and medical supplies incurred in connection with Your Emergency Evacuation. All transportation arrangements made for Your evacuation must be by the most direct and economical route possible. Expenses for transportation must be:
2. **Emergency Transportation of Family Member**

If You are in the Hospital for more than seven (7) days following a covered Emergency Evacuation, We will return Your dependents, up to the limits indicated on the Schedule of Benefits, who are under eighteen (18) years of age and accompanying You on a trip, to their home, with an attendant if necessary. If You are in a Hospital alone for more than seven (7) consecutive days, upon Your request will bring a person, chosen by You, for a single visit to and from Your bedside. Coverage also includes reasonable meals and/or additional accommodations, up to the limits indicated on the Schedule of Benefits.

**All transportation must be authorized and arranged by the Us or Our authorized representative.**

We will not cover any expenses provided by another party at no cost to You or already included within the cost of the trip.

3. **Repatriation of Remains**

We will pay the reasonable Covered Expenses incurred to return Your body to the United States or Canada if You die during a trip. This will not exceed the maximum shown on the Schedule.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, casket for transport and transportation.

---

**Medical Protection**

This section applies any time You are on a Trip that is booked by a Travel Protection Membership company or its affiliates:

1. **Emergency Accident and Sickness Medical Expense**

We will pay benefits up to the maximum shown above in the Schedule, if You, Your Family Members, and Your Traveling Companions traveling with You incur covered medical expenses (as defined below) as a result of Emergency Treatment of an Accidental Injury or Sickness that first manifests itself during a Trip.

Emergency Treatment means necessary medical treatment, including services and supplies, which must be performed during a Trip due to the serious and acute nature of the Accidental Injury or Sickness.

Covered medical expenses are necessary services and supplies that are recommended by the attending Physician. They include but are not limited to:

a) the services of a Physician;

b) charges for Hospital confinement and use of operating rooms;

c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;

d) ambulance service; and

e) drugs, medicines, prosthetics and therapeutic services and supplies.

We will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges mean charges commonly used by Physicians in the locality in which care is furnished. We will not cover any expenses provided by another party at no cost to You or already included within the cost of a Trip.
If You are hospitalized due to an Accidental Injury or Sickness which first occurred during the course of the a Trip beyond the date of the Scheduled Return Date, coverage will be extended until You are released from the Hospital or until maximum benefits under the Policy have been paid.

**Excess Insurance Limitation**
The insurance provided by this Policy shall be in excess of all other valid and collectible insurance or indemnity. 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.

*Travel Accident Protection*

This section applies any time You are on a Trip that is booked by a Travel Protection Membership company or its affiliates:

1. **Accidental Death & Dismemberment Common Carrier (Air Only)**

You, Your Family Members and Your Traveling Companions traveling with You sustain an Injury during a Trip, We will pay benefits for Your loss, described in the below Table of Losses, resulting directly from an Accidental Injury that occurs while You are riding as a passenger in or on, boarding or alighting from, any air Common Carrier during Your Trip; or after being struck or run down by an aircraft. Such Loss must occur within one hundred eighty (180) days after the date of the Accident causing the Loss.

Coverage is limited to the principal sum shown on the Schedule of Benefits multiplied by the appropriate percentage shown in the below Table of Losses.

If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount payable for all of the sustained Losses arising from this one Accident.

**TABLE OF LOSSES**

<table>
<thead>
<tr>
<th>Loss of:</th>
<th>Percentage of Principal Sum:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100%</td>
</tr>
<tr>
<td>Both hands or both feet</td>
<td>100%</td>
</tr>
<tr>
<td>Sight of both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>One hand and one foot</td>
<td>100%</td>
</tr>
<tr>
<td>Either hand or foot and sight of one eye</td>
<td>100%</td>
</tr>
<tr>
<td>Either hand or foot</td>
<td>50%</td>
</tr>
<tr>
<td>Sight of one eye</td>
<td>50%</td>
</tr>
<tr>
<td>Speech and one: hand, foot or sight of one eye</td>
<td>100%</td>
</tr>
<tr>
<td>Speech</td>
<td>50%</td>
</tr>
<tr>
<td>Hearing in both ears</td>
<td>50%</td>
</tr>
<tr>
<td>Thumb and index finger of same hand</td>
<td>25%</td>
</tr>
</tbody>
</table>

“Loss” with regard to:
1. hand or foot, means actual complete severance through and above the wrist or ankle joints;
2. eye means an entire and irrecoverable loss of sight;
3. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

**EXPOSURE:** We will pay benefits for covered losses, which result from You being unavoidably exposed to the elements due to an Accident occurring during Your Trip while You are riding as a passenger in or on, boarding or alighting from, any Common Carrier. The Loss must occur within three hundred sixty five (365) days after the Accident that caused the exposure.
DISAPPEARANCE: We will pay benefits for loss of life if Your body cannot be located one (1) year after Your disappearance due to forced landing, stranding, sinking, or wrecking of an air conveyance operated under a license for the transportation of passengers for hire during a Trip in which You were a passenger.

Pre-Existing Conditions
We will not pay for any claims arising from any injury, Sickness, or other condition (including an condition from which death ensues) affecting You, a Traveling Companion, or a Family Member which, within a twelve (12) month period before Your coverage began under this Policy: (a) first manifested itself, or exhibited symptoms which would have caused one to seek diagnosis, care, or treatment; (b) required taking prescribed drugs or medicine unless the condition for which the prescribed drug or medicine taken remained controlled without any change in the required prescription; or (c) required treatment or treatment was recommended by a Physician.

Once Your initial twelve (12) month Policy term is completed, if You reapply for the Policy with no lapse between Policy terms and the required premium is paid, the pre-existing exclusion is waived for the remainder of Your coverage under this Policy. If there is any lapse in coverage at any time in Your Policy term or between Policy terms, the pre-existing exclusion is reactivated and applies once again for a new twelve (12) month period prior to the new effective date of coverage under this Policy.

D. EXCLUSIONS

The following exclusions apply to Evacuation Medical Protection:

Naturally, as with any Policy, limitations exist. These exclusions enable us to provide a broad range of benefits at an economical cost to You, without the necessity of medical questionnaires, and to supplement Your existing insurance plans.

This Policy Does Not Cover Any Loss Caused by or Resulting From:
• Suicide or attempted suicide while sane or insane;
• intentionally self-inflicted injuries;
• Sickness or disease except as provided for in this Policy; war or any act of war whether declared or not; while serving as a member of the armed services;
• while or as a result of riding in any device for aerial navigation other than as provided for in this Policy;
• participation in any professional, semi-professional, or inter-scholastic team sports;
• alcoholism or drug addiction;
• participation any felonious act or attempt thereat;
• scuba diving (unless accompanied by a dive master and not deeper than thirty (30) feet);
• skydiving;
• hang gliding; parachuting;
• contests of speed;
• Participating in bodily contact sports (Bodily contact sports includes lacrosse, soccer, football, rugby, field hockey, ice hockey, wrestling, basketball, martial arts and boxing);
• elective surgery;
• dental treatment except as a result of Injury to sound natural teeth;
• elective abortion;
• normal pregnancy;
• mental or nervous disorders; or
• curtailment or delayed return for other than covered reasons.

The following exclusions apply to Medical Protection and Travel Accident Protection:

This Policy Does Not Cover Any Loss Caused by or Resulting From:
• Pre-Existing Conditions as defined above;
• suicide or attempted suicide while sane or insane;
• intentionally self-inflicted injuries;
• Sickness or disease except as provided for in this Policy;
• war or any act of war whether declared or not;
• while serving as a member of the armed services;
• while or as a result of riding in any device for aerial navigation other than as provided for in this Policy;
• participation in any professional, semi-professional, or inter-scholastic team sports;
• alcoholism or drug addiction;
• participation any felonious act or attempt thereat;
• scuba diving (unless accompanied by a dive master and not deeper than thirty (30) feet);
• skydiving; hang gliding;
• parachuting; speeds of contest;
• Participating in bodily contact sports (Bodily contact sports includes lacrosse, soccer, football, rugby, field hockey, ice hockey, wrestling, basketball, martial arts and boxing);
• elective surgery;
• dental treatment except as a result of Injury to sound natural teeth;
• elective abortion;
• normal pregnancy;
• mental or nervous disorders; or
• curtailment or delayed return for other than covered reasons.

E. GENERAL PROVISIONS

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

Cancellation & Non-Renewal: If You are not completely satisfied with the insurance, You must notify Us or Our designated representative within fourteen (14) days of the purchase, and We will send You a full refund of Coverage Premium provided You have not already departed on a Trip or filed a claim.

This Policy is a short-term Trip Policy and is issued for the specific term shown on the attached Schedule of Benefits. This Policy is not renewable.

Clerical Errors: We will not deny or cancel coverage because of clerical error by Us. After an error is found, We will take appropriate action. This may include adjusting, collecting or refunding premium.

Conformity Of Statute: Terms of this Description of Coverage that are in conflict with the statutes of the State in which it is issued are automatically changed to conform to minimum requirements of such statutes

Excess Coverage: The benefits in this Policy are secondary to any coverage provided by any other party and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.

Legal Actions: No legal action for a claim can be brought against Us until sixty (60) days after We receive proof of loss. No legal action for a claim can be brought against Us more than three (3) years after the time required for giving proof of loss.

Notice Of Claim: Written notice of claim must be given by the Claimant (either You or someone acting for You) to We or its designated representative within twenty (20) days after a covered loss first begins or as soon as reasonably possible. Notice should include the Your name, the Participating Organization’s name and the Policy number. Notice should be sent to the Insurer’s administrative office, at the address shown on the cover page of the Policy, or to the Insurer's designated representative.

No Benefit To Others: This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.
Payment Of Claims: The Insurer, or its designated representative, will pay a claim after receipt of acceptable proof of loss. Benefits for loss of life are payable to Your 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 claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, We may make arrangement to pay claims to the Your legal guardian, committee or other qualified representative.

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

Any payment made in good faith will discharge the Insurer's liability to the extent of the claim. The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other Insurance Policies. In no event will We reimburse You for an amount greater than the amount paid by You.

Time Payment of Claims: Indemnities payable under this Policy for any loss will be paid immediately upon receipt of due written proof of such loss. All claims shall be paid within thirty (30) days following receipt by Us of due proof of loss. Failure to pay within such period shall entitle You to interest at the rate of [nine percent (9%)] per annum at the expiration of each four (4) weeks during the continuance of the period for which We are liable, provided that interest amounting to less than one dollar need not be paid. Any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

Physical Examination And Autopsy. The Insurer, or its designated representative, at their own expense, have the right to have You examined as often as reasonable necessary while a claim is pending. The Insurer, or its designated representative, also has the right to have an autopsy made unless prohibited by law.

Premium: The required premium must be paid to the Travel Supplier or its authorized representative prior to the Scheduled Departure Date of a Trip.

Proof of Loss: The claimant must send Us, or Our designated representative, proof of loss within one hundred and eighty (180) days or as soon as reasonably possible days after a covered loss occurs or as soon as 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.

Salvage: If salvage is requested, it must be sent to the administrator at Your expense. Failure to remit requested salvage may result in denial of the claim.

Subrogation: To the extent We pay for a loss suffered by You, We will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help Us preserve Our rights against those responsible for the loss and must do everything necessary to secure these rights and must do nothing that would jeopardize them. This may involve signing any papers and taking any other steps We may reasonably require. If We take over Your rights, You may have to sign an appropriate subrogation form supplied by Us.

[John Smith] [Jane Smith]
Secretary President
Virginia Surety Company, Inc.,
A Stock Company
175 W. Jackson Blvd., Chicago, Illinois 60604

Travel Protection Plan
Insurance Policy

TABLE OF CONTENTS

A. DEFINITIONS .................................................................................................................................................2
B. TERM OF COVERAGE ..................................................................................................................................3
C. BENEFITS .......................................................................................................................................................3
   Travel Arrangement Protection ...................................................................................................................3
   Baggage Protection......................................................................................................................................3
D. EXCLUSIONS .................................................................................................................................................4
E. GENERAL PROVISIONS............................................................................................................................... 5

SCHEDULE OF BENEFITS

Policy Number: VSCPCWA
Policyholder: Your Name, Your Address, Your City, State, Zip

Policy Effective Date: As indicated in the Insuring Provisions section of the Policy
Date Coverage Begins: As indicated in the Insuring Provisions section of the Policy
Date Coverage Expires: As indicated in the Insuring Provisions section of the Policy
Coverage Premium: $59.00

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel Arrangement Protection</td>
<td></td>
</tr>
<tr>
<td>Trip Delay</td>
<td>$200/day; $600 per plan term</td>
</tr>
<tr>
<td>Baggage Protection</td>
<td></td>
</tr>
<tr>
<td>Baggage/Personal Effects</td>
<td>$1,000 per plan term</td>
</tr>
<tr>
<td>Baggage Delay</td>
<td>$100 per plan term</td>
</tr>
</tbody>
</table>
A. DEFINITIONS

Throughout this document, You and Your refer to the Policyholder indicated in above in the Schedule of Benefits. We, Us, and Our refer to Virginia Surety Company, Inc. (VSC).

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

Accidental Injury means Bodily Injury caused by an Accident (of external origin) occurring during a Trip being the direct and independent cause in the loss.

Bodily Injury means identifiable physical injury which: (a) is caused by an Accident, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by such injury, is the direct cause of death or dismemberment of You within twelve months from the date of the Accident.

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

Covered Expenses mean expenses which are for medically necessary services, supplies, care, or treatment; due to Sickness or Injury; prescribed, performed or ordered by a Physician; reasonable and customary charges; incurred while covered under this Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits, under each benefit.

Covered Vehicle means any vehicle registered to You while You are more than 50 miles from Your legal residence.

Guest means a person who is scheduled to travel on a Trip, has been provided Your Owner’s Credit by a Travel Protection Membership company owner, and whose Owner’s Credit has been applied to a Trip.

Hospital means a facility that:
   a) holds a valid license if it is required by the law;
   b) operates primarily for the care and treatment of sick or injured persons as in-patients;
   c) has a staff of one or more Physicians available at all times;
   d) provides twenty-four (24) hour nursing service and has at least one registered professional 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.

Family Member means children, step-children, children-in-law, parents, step-parents, parents-in-law, siblings, siblings-in-law, grandparents, grandchildren, legal or common law spouse, aunts, uncles, nieces, nephews, of You or Your Traveling Companion.

Hazard means: a) Any delay of a Common Carrier (including Inelement Weather); b) Any delay by a traffic accident en route to a departure, in which the You or Your Traveling Companion is not directly involved; c) Any delay due to lost or stolen passports, travel documents or money, quarantine, hijacking, unannounced strike, natural disaster, civil commotion or riot.; d) A closed roadway causing cessation of travel to Your destination (substantiated by the department of transportation, state police, etc).

Land/Sea Arrangements means land and/or sea arrangements made by a Travel Protection Membership company, including any activities undertaken by You while You are on a Trip.

Physician means a licensed practitioner of medical, surgical or dental services acting within the scope of his/her license. The treating Physician may not be You, a Traveling Companion, or a Family Member.

Policy means this document. It describes the terms, conditions, and exclusions that apply to each benefit. The Policy is the entire agreement between You and Us. Representations or promises made by anyone that are not contained in TSP-B-IND-PC (9.09)
this document are not a part of Your benefits. This Policy also includes any endorsements, riders, and amendments that are subsequently issued or attached.

Scheduled Return Date means the date on which You are originally scheduled to return to the point of origin or to a different final destination.

Sickness means an illness or disease which is diagnosed or treated by a Physician after the effective date of this Policy and while You are covered under this Policy.

Traveling Companion means person(s) booked to accompany You on a Trip.

Travel Supplier means a travel agency, tour operator, cruise line, airline or other organization that applies for coverage under the Policy and remits the required premium to Us.

Trip means Land/Sea Arrangements and shall include flight connections to join or depart such Land/Sea Arrangements provided such flights are scheduled to commence within one (1) day of the Land/Sea Arrangements.

You or Your means a Travel Protection Membership company owner, Traveling Companion or Guest who has paid the required premium for the Policy.

B. TERM OF COVERAGE

Coverages and services provided take effect at 12:01 a.m. local time on the day each of the Trip commences and terminates on the earlier of the following:
   a) Your return to Your origination point;
   b) 11:59 p.m. local time at Your location on the day a Trip is scheduled to be completed;
   c) The date You cancel the Trip.

C. BENEFITS

Travel Arrangement Protection

This section applies any time You are on a Trip that is booked by a Travel Protection Membership company or its affiliates:

1. Trip Delay

   We will reimburse You, Your Family Members and Traveling Companions traveling with You for Covered Expenses on a one-time basis, up to the maximum shown above in the Schedule of Coverages, if You are delayed en route to or from a Trip for twelve (12) or more hours due to a defined Hazard.

   Covered Expenses Include:
   a) Any prepaid, unused, non-refundable land and water accommodations;
   b) Any reasonable additional expenses incurred;
   c) An economy fare from the point where You ended Your Trip to a destination where You can catch up to Your Trip; or
   d) A one-way Economy Fare to return You to Your originally scheduled return destination.

Baggage Protection

This section applies any time You are on a Trip that is booked by a Travel Protection Membership company or its affiliates:

1. Baggage/Personal Effects

   We will reimburse, up to the maximum shown above in the Schedule, for You, Your Family Members and Your Traveling Companions traveling with You during Your Trip, for loss, theft, or damage to baggage and personal
effects. We will pay the lesser of the following: original cash value of the items less depreciation as determined by Us; or cost of repair or replacement. The maximum benefit per article is $200. There will be a combined maximum of $400 for the following: jewelry; watches; articles consisting in whole or in part silver, gold or platinum; furs, articles trimmed with or made mostly of fur; and cameras and their related equipment.

2. **Baggage Delay**

You will be reimbursed for expenses of necessary personal effects, up to the maximum shown above in the Schedule, for You and Your Family Members and Your Traveling Companions traveling with You during Your Trip if checked baggage is delayed or misdirected by an airline for more than twenty-four (24) hours from the time You were scheduled to arrive at the destination stated on Your ticket. You must be ticketed Guest on an airline.

### D. EXCLUSIONS

The following exclusions apply to **Baggage/Personal Effects**:

Any loss or damage to:
- animals;
- automobiles and automobile equipment;
- boats or other vehicles or conveyances;
- trailers; motors; motorcycles;
- aircraft; bicycles (except when checked as baggage with a Common Carrier);
- household effects and furnishing;
- antiques and collectors items;
- eye glasses, sunglasses or contact lenses;
- artificial teeth and dental bridges;
- hearing aids;
- prosthetic limbs;
- keys, money, securities and documents;
- tickets;
- credit cards;
- professional or occupational equipment or property;
- personal computers; or
- sporting equipment if loss or damage results from the use thereof.

Any loss caused by or resulting from the following is excluded:
- breakage of brittle or fragile articles;
- wear and tear or gradual deterioration;
- insects or vermin;
- inherent vice or damage while the article is actually being worked upon or processed;
- confiscation or expropriation by order of any government;
- radioactive contamination;
- war or any act of war whether declared or not;
- theft or pilferage while left unattended in any vehicle;
- mysterious disappearance;
- property illegally acquired, kept, stored or transported;
- insurrection or rebellion;
- imprudent action or omission; and
- property shipped as freight or shipped prior to the Scheduled Departure Date.

### E. GENERAL PROVISIONS
**Benefit to Bailee:** This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

**Cancellation & Non-Renewal:** If You are not completely satisfied with the insurance, You must notify Us or Our designated representative within fourteen (14) days of the purchase, and We will send You a full refund of Coverage Premium provided You have not already departed on a Trip or filed a claim.

This Policy is a short-term Trip Policy and is issued for the specific term shown on the attached Schedule of Benefits. This Policy is not renewable.

**Clerical Errors:** We will not deny or cancel coverage because of clerical error by Us. After an error is found, We will take appropriate action. This may include adjusting, collecting or refunding premium.

**Conformity Of Statute:** Terms of this Description of Coverage that are in conflict with the statutes of the State in which it is issued are automatically changed to conform to minimum requirements of such statutes

**Excess Coverage:** The benefits in this Policy are secondary to any coverage provided by any other party and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.

**Legal Actions:** No legal action for a claim can be brought against Us until sixty (60) days after We receive proof of loss. No legal action for a claim can be brought against Us more than three (3) years after the time required for giving proof of loss.

**Notice Of Claim:** Written notice of claim must be given by the Claimant (either You or someone acting for You) to We or its designated representative within twenty (20) days after a covered loss first begins or as soon as reasonably possible. Notice should include the Your name, the Participating Organization’s name and the Policy number. Notice should be sent to the Insurer’s administrative office, at the address shown on the cover page of the Policy, or to the Insurer's designated representative.

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

**Payment Of Claims:** The Insurer, or its designated representative, will pay a claim after receipt of acceptable proof of loss. Benefits for loss of life are payable to Your 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 claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, We may make arrangement to pay claims to the Your legal guardian, committee or other qualified representative.

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

Any payment made in good faith will discharge the Insurer's liability to the extent of the claim. The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other Insurance Policies. In no event will We reimburse You for an amount greater than the amount paid by You.

**Time Payment of Claims:** Indemnities payable under this Policy for any loss will be paid immediately upon receipt of due written proof of such loss. All claims shall be paid within thirty (30) days following receipt by Us of due proof of loss. Failure to pay within such period shall entitle You to interest at the rate of [nine percent (9%)] per annum at the expiration of each four (4) weeks during the continuance of the period for which We are liable, provided that interest amounting to less than one dollar need not be paid. Any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.
**Physical Examination And Autopsy.** The Insurer, or its designated representative, at their own expense, have the right to have You examined as often as reasonable necessary while a claim is pending. The Insurer, or its designated representative, also has the right to have an autopsy made unless prohibited by law.

**Premium:** The required premium must be paid to the Travel Supplier or its authorized representative prior to the Scheduled Departure Date of a Trip.

**Proof of Loss:** The claimant must send Us, or Our designated representative, proof of loss within one hundred and eighty (180) days or as soon as reasonably possible days after a covered loss occurs or as soon as 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.

**Salvage:** If salvage is requested, it must be sent to the administrator at Your expense. Failure to remit requested salvage may result in denial of the claim.

**Subrogation:** To the extent We pay for a loss suffered by You, We will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help Us preserve Our rights against those responsible for the loss and must do everything necessary to secure these rights and must do nothing that would jeopardize them. This may involve signing any papers and taking any other steps We may reasonably require. If We take over Your rights, You may have to sign an appropriate subrogation form supplied by Us.

[John Smith] [Jane Smith]
Secretary President

____________________________ ____________________________
Emergency Roadside Assistance

**EXPLANATION OF ROADSIDE ASSISTANCE SERVICES**

*Emergency Roadside Assistance* is available 24 hours a day, 365 days a year. You will only have to pay for any non-covered expenses or covered costs in excess of Your $500 per occurrence maximum. Service must be a covered benefit under the terms and conditions of this contract and applies to any time You are more than 50 miles from Your legal residence and is available only for the specific Covered Vehicle. **Covered Vehicle** means only that vehicle which is registered or rented to a WorldMark member during the effective travel policy term which is rated ¾ ton in weight or less, not used for racing, dealer services, dealer loaners, taxi, limousine, shuttle, delivery, hauling, towing, road repair service, construction service, snow removal, or as a public livery vehicle, or any other commercial use.

All of the services provided are described herein and are applicable throughout the United States, Canada and Mexico.

All 24 Hour Roadside Assistance services are provided by Brickell Financial Services Motor Club, Inc. dba Road America Motor Club, administrative offices at 7300 Corporate Center Drive, Suite 601, Miami, FL. 33126. For Mississippi and Wisconsin customers, services are provided by Brickell Financial Services Motor Club. For California customers, services are provided by Road America Motor Club, Inc.

Just call the **TOLL-FREE NUMBER, 1-866-608-2425**, and a service Vehicle will be dispatched to Your assistance. **Important:** Please be with Your Covered Vehicle when the service provider arrives, as they cannot service an unattended Vehicle. **Note:** Only one service call for the same cause will be covered during any seven-day period.

**Covered Services include:**

1. **Towing Assistance** - When towing is necessary, Your Covered Vehicle will be towed to the nearest qualified service facility.
2. **Flat Tire Assistance** – Service consists of the removal of the flat tire and its replacement with the spare tire;
3. **Fuel, Oil, Fluid and Water Delivery Service** - An emergency supply of fuel, oil, fluid and water will be delivered if You are in immediate need. You must pay for the fluid when it is delivered.
4. **Lock-out Assistance** – If Your keys are locked inside a compartment of Your Covered Vehicle, assistance will be provided to supply assistance in gaining entry into the locked compartment.
5. **Battery Assistance** – If battery failure occurs, a jump start will be provided to start Your Covered Vehicle.
6. **Collision Assistance** – If Your Covered Vehicle is involved in a collision, towing assistance will be provided when needed to direct the Vehicle to the nearest qualified repair facility.

The following items are not included as part of the emergency roadside assistance benefit:

Cost of parts, replacement keys, fluids, cost of fuel, material, additional labor relating to towing, or the cost of installation of products. Non-emergency mounting or removing of any tires, snow tires, off-road tires, or similar items. Tire Repair at any location other than a roadside disablement site. Service for any Vehicles in tow. Any and all taxes or fines. Damage or disablement due to fire, flood, terrorism or vandalism. Winching, Extrication, Towing from, service or repair work performed at a service station, garage or repair shop. Service on a Covered Vehicle that is not in a safe condition to be towed. Non-emergency towing or other non-emergency service. Impound towing or towing by other than an authorized service provider; Vehicle storage charges; a second tow for the same disablement. Towing or service on roads not regularly maintained, such as sand beaches, open fields, forests, and areas designated as not passable due to construction, etc. Towing at the direction of a law enforcement officer relating to traffic obstruction, impoundment, abandonment, illegal parking, or other violations of law. Coverage shall not be provided in the event of emergencies resulting from the use of intoxicants or narcotics, or the use of the Covered Vehicle in the commission of a felony. Repeated service calls for a Covered Vehicle in need of routine maintenance or repair. Only one disablement for the same cause during any seven-day period will be accepted. Services obtained independently of Road America. This is not a Reimbursement Service. Enrollment Procedure
ADDITIONAL NOTES:

Insuring Provisions are located in Section B: Term of Coverage

Please Note: All references to “Authorized Representatives” are to On Call International.
   All references to “Travel Protection Membership company or its affiliates” are to WorldMark Travel Secure and its affiliates (WorldMark the Club, WorldMark South Pacific, RCI, Wyndham Travel, and Interval International)

For questions related to pre-existing conditions exclusions and emergency medical and travel assistance services, please contact WorldMark Travel Secure at 866-816-2109 for more information.

Claims Procedure

All Claims: Report Your claim in writing as soon as possible to WorldMark TravelSecureSM Administrators at 866-816-2109. Provide the policy number above, Your Trip dates and details describing the nature of Your loss. Upon receipt of this information, WorldMark TravelSecure Administrators will promptly forward You the appropriate claim form to complete.

IMPORTANT: In order to facilitate prompt claims settlement upon Your return, be sure to obtain as applicable: detailed medical statement from Physicians in attendance where the Accident or Sickness occurred; receipts for medical services and supplies; receipts from the Hospital; or police reports or claims reports from parties responsible (i.e., airline, etc.) for loss, theft, damage, or delay. In the event of a baggage claim, receipts for any lost or damaged items will be required as well as verification of loss (airline reports, police reports, etc.). In the event of a baggage delay, receipts for any additional Covered Expenses will be required as well as verification of the delay.

SPECIAL CONDITIONS: You must advise WorldMark TravelSecure Administrators as soon as possible in the event of a claim. The Insurer will not pay benefits for any additional charges incurred that would not have been charged had You notified these parties as soon as reasonably possible.

Please Note: Benefits will not be paid for expenses not refunded due to insolvency of any company.

TO ACCESS EMERGENCY 24 HOUR ASSISTANCE, CALL:
On Call International’s Operation Center at:
  1 – 866- 816-2109
Or Call Collect:
  1 – 603-898-9159