

CSA TRAVEL PROTECTION


 Guest Cancellation Insurance
Protect Your Investment

Every trip deserves protection. This plan provides coverage from certain unexpected events that can jeopardize your vacation investment. Purchase this plan today and travel with confidence!

PLAN CODE UN301-A

(AS OF 3/1/04)

 WRITE YOUR NAME HERE

 WRITE YOUR RESERVATION NUMBER HERE

FOR CERTIFICATE INQUIRIES OR CUSTOMER SERVICE, CALL:**(800) 554-9839****EMERGENCY ASSISTANCE****24 HOURS A DAY DURING YOUR TRIP, CALL:****IN THE U.S.****(866) 816-2068****COLLECT WORLDWIDE****(603) 328-1737**

This plan is administered by CSA Insurance Services.

SCHEDULE OF SERVICES AND COVERAGES**24-HOUR EMERGENCY HOTLINE SERVICES**

- Medical Referral
- Emergency Cash Transfer
- Legal Referral
- Emergency Prescription Refill Assistance

INSURANCE COVERAGES

COVERAGES	MAXIMUM LIMIT PER RESERVATION
Trip Cancellation	100% of Trip Cost Insured
Trip Interruption	100% of Trip Cost Insured
Travel Delay (Daily Limits Apply)	\$600
Emergency Assistance	\$50,000

This plan applies ONLY to those arrangements booked directly through your vacation rental company.

To purchase this plan, make payment no later than with your final trip payment.

To qualify for the Pre-Existing Conditions Exclusion Waiver, you must purchase with your initial trip deposit. Please refer to policy definitions.

No coverage is in force unless payment has been made for this plan. When the company named on your reservation confirmation receives your payment for this plan, this brochure becomes your Certificate of Insurance and Description of Services.

IMPORTANT: Keep this document and carry a copy with you when you travel. If you need to cancel your trip, contact the company named on your reservation confirmation immediately to cancel your reservation. No coverage is in force unless payment has been made for this plan.

YOUR SATISFACTION IS GUARANTEED

If you're not completely satisfied, simply return your Certificate of Insurance within ten (10) days of your application date, or receipt of this document, whichever is later, and include a letter indicating your desire to cancel. The letter and Certificate of Insurance should be sent to your vacation rental company. If you haven't already left on your trip, they'll give you a full refund.

After this ten-day period, the payment for this plan is non-refundable.

DESCRIPTION OF 24-HOUR EMERGENCY ASSISTANCE SERVICES

ASSISTANCE SERVICES WILL BE PROVIDED BY CSA'S DESIGNATED PROVIDER.

Available Services

Various 24-Hour Emergency Assistance Services are provided under the CSA Travel Protection packages. A description of all 24-Hour Emergency Assistance Services offered is contained in this document. The 24-Hour Emergency Assistance Services are only available to persons whose primary residence is in the United States or Canada. This plan is administered by CSA Insurance Services.

How to Call the 24-Hour Emergency Hotline

If you need emergency help for an available service, you can call toll-free 24 hours a day to (866) 816-2068 from within the United States, or call collect to (603) 328-1737 from anywhere else in the world. Please have ready your Plan Code, your location, a local telephone number, and details of the situation. The assistance provider will confirm your enrollment and assist you. If you cannot call collect from your location, dial direct and give the assistance coordinator your telephone number and location. The assistance coordinator will call you back promptly.

Seek local help if your emergency is immediate and life-threatening, and contact the assistance provider by calling the hotline as soon as reasonably possible.

Help services have been included in this program to provide, whenever possible, on-the-spot and immediate assistance for those unexpected problems that can arise during your trip.

There may be times when circumstances beyond the assistance provider's control hinder their endeavors to provide help services; they will, however, make all reasonable efforts to provide services and help resolve your problem.

The assistance provider's staff will do their best to refer you to appropriate providers. However, the assistance provider and CSA cannot be held responsible for the quality or results of any services provided by these independent practitioners.

Availability of Services

The 24-Hour Emergency Assistance Services become available when you actually start your trip. Services end the earliest of: midnight on the day the program expires; when you reach your return destination or when you complete your trip.

Medical Referral

If an emergency occurs during a trip that requires you to seek urgent medical advice, you should call the 24-Hour Hotline to obtain the names of local qualified doctors who speak your language. If additional medical services are required, the assistance provider is prepared to consult with the attending physician and provide such assistance as they believe to be in your best interest.

Emergency Cash Transfer

If your cash or traveler's checks are lost or stolen, or unanticipated emergency expenses are incurred, the assistance provider will, whenever possible, help arrange for an emergency cash transfer in currency, traveler's checks or other form acceptable to the assistance provider. These funds must come from your major credit card(s) or from family and/or friends.

Legal Referral

The assistance provider will provide travelers with access or referrals to the most conveniently located attorneys available during regular working hours. Assistance will also be provided in obtaining bail bonds in those geographical locations where such bonds are customarily issued. You are responsible for contracted legal fees.

Emergency Prescription Refill Assistance

The assistance provider will assist you, whenever possible, in obtaining a replacement of an existing prescription when your medication has been lost, stolen, or if you are in need of a refill. The prescription will be refilled by a licensed pharmacist or other authorized personnel in the country in which you are traveling. It will be replaced with the same brand of medication prescribed in the U.S., or the equivalent in the country in which you are traveling. The refill may require a visit to a local physician. You should be prepared to furnish the assistance provider with a copy of your original prescription and/or the name and phone number of your regular attending physician. Replacement medication and visit to a local physician will be at your expense.

ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE

Who is Eligible for Coverage?

A person who has arranged to take a Covered Trip, pays the required premium, and is a resident of the United States of America or Canada.

When Coverage Begins

All coverages (except Pre-Departure Trip Cancellation and Post-Departure Trip Interruption) will take effect on the later of:

1. The date the premium has been received by our authorized agent;
2. The date and time you start your Covered Trip; or
3. 12:01 A.M. Standard Time on the Scheduled Departure Date of your Covered Trip.

Pre-Departure Trip Cancellation coverage will take effect at 12:01 A.M. Standard Time after the date your premium is received by our authorized agent. Post-Departure Trip Interruption coverage will take effect on the Scheduled Departure Date of your Covered Trip if the required premium payment is received.

When Coverage Ends

Your coverage automatically ends on the earlier of:

1. The date the Covered Trip is completed;
2. The Scheduled Return Date;
3. Your arrival at the return destination on a round trip, or the destination on a one-way trip;
4. Cancellation of the Covered Trip covered by the Policy.

All coverages under the Policy will be extended if your entire Covered Trip is covered by the Policy and your return is delayed by unavoidable circumstances beyond your control.

If coverage is extended for the above reasons, coverage will end on the earlier of the date you reach your originally scheduled return destination or seven (7) days after the Scheduled Return Date.

SUMMARY OF COVERAGES

Trip Cancellation and Trip Interruption Benefits

Pre-Departure Trip Cancellation

We will pay a Pre-Departure Trip Cancellation Benefit, up to the amount in the Schedule, if you are prevented from taking your Covered Trip due to your, a Family Member's, Traveling Companion's, Domestic Partner's Sickness, Injury, or death, that occurs before departure on your Covered Trip. The Sickness or Injury must:

- a. Commence while your coverage is in effect under the Policy;
- b. Require the examination and/or treatment by a Physician, in person, at the time the Covered Trip is canceled; and
- c. In the written opinion of the treating Physician, be so disabling as to prevent you from taking your Covered Trip.

We will pay a benefit if you are prevented from taking your Covered Trip due to Other Covered Events, as defined, that occur before departure on your Covered Trip.

Pre-Departure Trip Cancellation Benefits

We will reimburse you, up to the amount in the Schedule, for the amount of forfeited, prepaid, non-refundable, and non-refunded, unused published payments or deposits that you paid for your Covered Trip. We will pay your additional cost as a result of a change in the per-person occupancy rate for prepaid travel arrangements if a Traveling Companion's Covered Trip is canceled and your Covered Trip is not canceled.

Post-Departure Trip Interruption

We will pay a Post-Departure Trip Interruption Benefit, up to the amount in the Schedule, if:

1. Your arrival on your Covered Trip is delayed beyond the Scheduled Departure Date; or

2. You are unable to continue on your Covered Trip after you have departed on your Covered Trip due to your, Family Member's, Traveling Companion's, Domestic Partner's Sickness, Injury, or death.

For item 1 above, the Sickness or Injury must:

- a. Commence while your coverage is in effect under the Policy;
- b. For item 2 above, commence while you are on your Covered Trip and your coverage is in effect under the Policy; and
- c. For both items 1 and 2 above, require the examination and/or treatment by a Physician, in person, at the time the Covered Trip is interrupted or delayed; and
- d. In the written opinion of the treating Physician, be so disabling as to delay your arrival on your Covered Trip or to prevent you from continuing your Covered Trip.

We will pay a benefit if:

1. Your arrival on your Covered Trip is delayed beyond the Scheduled Departure Date; or
2. You are unable to continue on your Covered Trip after you have departed on your Covered Trip due to Other Covered Events, as defined.

Post-Departure Trip Interruption Benefits

We will reimburse you, less any refund paid or payable, for unused land travel arrangements, plus one of the following:

1. The additional transportation expenses by the most direct route from the point you interrupted your Covered Trip:
 - a. To the next scheduled destination where you can catch up to your Covered Trip; or
 - b. To the final destination of your Covered Trip; or
2. The additional transportation expenses incurred by you by the most direct route to reach your original Covered Trip destination if you are delayed and leave after the Scheduled Departure Date.

However, the benefit payable under 1 and 2 above will not exceed the cost of a one-way economy airfare (or first class, if the original tickets were first class) by the most direct route less any refunds paid or payable for your unused original tickets.

3. Your additional cost as a result of a change in the per-person occupancy rate for prepaid travel arrangements if a Traveling Companion's Covered Trip is interrupted and your Covered Trip is continued.

Travel Delay

If your Covered Trip is delayed for 12 hours or more, we will reimburse you, up to \$200 per day to the maximum of \$600 for reasonable additional expenses incurred by you for hotel accommodations, meals, telephone calls and local transportation while you are delayed. We will not pay benefits for expenses incurred after travel becomes possible.

Travel Delay must be caused by or result from:

1. Common Carrier delay; or
2. Loss or theft of your passport(s), travel documents or money; or
3. Quarantine; or
4. Hijacking; or
5. Natural disaster or adverse weather; or
6. You being directly involved in a documented traffic accident while you are en route to departure; or
7. Unannounced strike; or
8. A civil disorder; or
9. Your, a Family Member traveling with the Insured, a Domestic Partner traveling with the Insured or a Traveling Companion's Injury or Sickness; or
10. A Family Member traveling with the Insured, Domestic Partner's traveling with the Insured, or a Traveling Companion's death.

Emergency Assistance Benefits

We will pay this benefit, up to the amount on the Schedule, for the following Covered Expenses incurred by you, subject to the following:

1. Covered Expenses will only be payable at the Usual and Customary level of payment;
2. Benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Covered Trip;
3. Benefits payable as a result of incurred Covered Expenses will only be paid after benefits have been paid under any Other Valid and Collectible Group Insurance in effect for you. We will pay that portion of Covered Expenses which exceeds the amount of benefits payable for such expenses under your Other Valid and Collectible Group Insurance.

Please refer to the Definitions for an explanation of Pre-Existing Conditions which are excluded under the Emergency Assistance Benefits.

Covered Expenses:

1. Expenses incurred by you for Physician-ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable Hospital, when you are critically ill or injured and no suitable local care is available, subject to the Program Medical Advisor's prior approval;

2. Expenses incurred for non-emergency medical evacuation, including medically appropriate transportation and medical care en route, to a Hospital or to your place of residence in the United States of America or Canada, when deemed medically necessary by the attending Physician, subject to the Program Medical Advisor's prior approval;

3. Expenses for transportation not to exceed the cost of one round-trip economy class airfare to the place of hospitalization for one person chosen by you, provided that you are traveling alone and are hospitalized for more than 10 days;

4. Expenses for transportation not to exceed the cost of one-way economy class airfare to your place of residence in the United States of America or Canada, including escort expenses, if you are 18 years of age or younger and left unattended due to the death or hospitalization of an accompanying adult(s), subject to the Program Medical Advisor's prior approval;

5. Expenses for one-way economy class airfare (or first class, if your original tickets were first class) to your place of residence in the United States of America or Canada, from a medical facility to which you were previously evacuated, less any refunds paid or payable from your unused transportation tickets, if these expenses are not covered elsewhere in the Policy;

6. Repatriation expenses for preparation and air transportation of your remains to your place of residence in the United States of America or Canada, or up to an equivalent amount for a local burial in the country where death occurred, if you die while outside the United States of America or Canada.

DEFINITIONS

In this Policy, "you", "your" and "yours" refer to the Insured. "We", "us" and "our" refer to the company providing this insurance coverage. In addition, certain words and phrases are defined as follows:

ACCIDENT means a sudden, unexpected, unintended and external event, which causes Injury.

COMMON CARRIER means any land, water or air conveyance operated under a license for the transportation of passengers for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

COVERED TRIP means a period of round-trip travel away from Home to a destination outside your city of residence; the purpose of the trip is business or pleasure and is not to obtain health care or treatment of any kind; the trip has defined departure and return dates specified when the Insured enrolls; the trip does not exceed 105 days.

DOMESTIC PARTNER means a person who is at least eighteen (18) years of age and you can show:

1. Evidence of financial interdependence, such as joint

bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations;

2. Evidence of cohabitation for at least the previous six (6) months; and

3. An affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

ELECTIVE TREATMENT AND PROCEDURES means any medical treatment or surgical procedure that is not medically necessary including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by us to be research or experimental or that is not recognized as a generally accepted medical practice.

FAMILY MEMBER includes your or the Traveling Companion's dependent, spouse, child, spouse's child, son-in-law, daughter-in-law, parent(s), sibling(s), brother, sister, grandparent(s), grandchild, step-brother, step-sister, step-parent(s), parent(s)-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, guardian, Domestic Partner, foster child, or ward.

FINANCIAL INSOLVENCY means the total cessation or complete suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, or the total cessation or complete suspension of operations following the filing of a bankruptcy petition, whether voluntary or involuntary, by a tour operator, cruise line, airline or other supplier of travel services which is duly licensed in the state(s) of operation other than the organization, agency or firm from whom you directly purchased or paid for your Covered Trip.

HOME means your primary or secondary residence.

HOSPITAL means an institution which meets all of the following requirements:

1. It must be operated according to law;
2. It must give 24-hour medical care, diagnosis and treatment to the sick or injured on an inpatient basis;
3. It must provide diagnostic and surgical facilities supervised by Physicians;
4. Registered nurses must be on 24-hour call or duty; and
5. The care must be given either on the hospital's premises or in facilities available to the hospital on a pre-arranged basis.

A Hospital is not: a rest, convalescent, extended-care, rehabilitation or other nursing facility; a facility which primarily treats mental illness, alcoholism, or drug addiction (or any ward, wing or other section of the hospital used for such purposes); or a facility which provides hospice care (or wing, ward or other section of a hospital used for such purposes).

INJURY means bodily harm caused by an Accident which:

1. Occurs while your coverage is in effect under the Policy; and

2. Requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

INSURED means an eligible person who arranges a Covered Trip and pays any required premium.

OTHER COVERED EVENTS means only the following unforeseeable events or their consequences, which occur while coverage is in effect under this Policy:

1. Common Carrier delays resulting from inclement weather, or mechanical breakdown or organized labor strikes that affect public transportation;
2. Arrangements cancelled by an airline, cruise line, or tour operator, resulting from inclement weather, mechanical breakdown of the aircraft, ship or boat on which the Insured is scheduled to travel, or organized labor strikes that affect public transportation.

Items 1 and 2 above are subject to the following conditions:

- a. The scheduled carrier connecting times must meet airline required legal minimum connect times; and
 - b. The scheduled time between arrival at the Scheduled Trip Departure City and the scheduled tour or cruise departure must be two (2) hours or longer.
3. Adverse weather or natural disaster resulting in the obstruction of public roadways, or curtailment of public transportation, which prevents your ability to arrive at your destination.
4. A change in plans by you, a Family Member traveling with you, or Traveling Companion resulting from one of the following events which occurs while coverage is in effect under this Policy:
- a. Being directly involved in a documented traffic accident while en route to departure;
 - b. Being hijacked, quarantined, required to serve on a jury, or required by a court order to appear as a witness in a legal action, provided you, a Family Member traveling with you or a Traveling Companion is not 1) a party to the legal action, or 2) appearing as a law enforcement officer;
 - c. Your Home made uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster;
 - d. Being called into active military service to provide aid or relief in the event of a natural disaster;
 - e. A documented theft of passports or visas;
 - f. A Terrorist Act which occurs in your departure city or in a city which is a scheduled destination for your Covered Trip provided the Terrorist Act occurs within 30 days of the Scheduled Departure Date for your Covered Trip;

g. A cancellation of your Covered Trip if your arrival on the Covered Trip is delayed and causes you to lose 50% or more of the scheduled Covered Trip duration due to the reasons covered under the Travel Delay Benefit.

OTHER VALID AND COLLECTIBLE GROUP INSURANCE

means any group policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a Covered Expense.

PHYSICIAN means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a Traveling Companion, or a Family Member of yours.

POLICY means the contract issued to the Policyholder providing the benefits specified herein.

PRE-EXISTING CONDITION means an illness, disease, or other condition during the 60-day period immediately prior to your effective date for which you or your Traveling Companion, Domestic Partner or Family Member scheduled or booked to travel with you:

1. Received, or received a recommendation for a diagnostic test, examination, or medical treatment; or
2. Took or received a prescription for drugs or medicine.

Item 2 of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60-day period before coverage is effective under this Policy.

SCHEDULED DEPARTURE DATE means the date on which you are originally scheduled to leave on your Covered Trip.

SCHEDULED RETURN DATE means the date on which you are originally scheduled to return to the point where the Covered Trip started or to a different final destination.

SCHEDULED TRIP DEPARTURE CITY means the city where the scheduled tour or cruise on which you are to participate originates.

SICKNESS means an illness or disease of the body which: requires examination and treatment by a Physician, and commences while the insurance is in effect.

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

TRAVELING COMPANION means a person whose name(s) appear(s) with you on the same Covered Trip arrangement and who, during the Covered Trip, will accompany you.

USUAL AND CUSTOMARY CHARGE means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered and the MDR (Medical Data Research) schedule of fees valued at the 100th percentile.

GENERAL POLICY EXCLUSIONS

The following exclusion applies to the Emergency Assistance, Trip Cancellation, Trip Interruption, and Travel Delay coverages:

1. We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, as defined in the policy, including death that results therefrom. This Exclusion does not apply to benefits under covered expenses items 1 and 2 (emergency medical evacuation) or item 6 (repatriation of remains) of the Emergency Assistance Benefits coverage.

The following exclusion applies to all coverages:

2. We will not pay for any loss under the Policy, caused by, or resulting from:

- a. Your, Traveling Companion's, Domestic Partner's or Family Member's suicide, attempted suicide, or intentionally self-inflicted injury, booked to travel with you, while sane or insane (while sane in CO and MO);
- b. Mental, nervous, or psychological disorders;
- c. Being under the influence of drugs or intoxicants, unless prescribed by a Physician;
- d. Normal pregnancy or resulting childbirth or elective abortion;
- e. Participation as a professional in athletics;
- f. Participation in organized amateur and interscholastic athletic or sports competition or events;
- g. Riding or driving in any motor competition;
- h. Declared or undeclared war, or any act of war;
- i. Civil disorder (does not apply to Travel Delay);
- j. Service in the armed forces of any country;
- k. Nuclear reaction, radiation or radioactive contamination;

- l. Operating or learning to operate any aircraft, as pilot or crew;
- m. Mountain climbing, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air-supported device, other than on a regularly scheduled airline or air charter company;
- n. Any unlawful acts, committed by you, a Traveling Companion (whether insured or not), Domestic Partner traveling with you;
- o. Any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law;
- p. A loss or damage caused by detention, confiscation or destruction by customs;
- q. Elective Treatment and Procedures;
- r. Medical treatment during or arising from a Covered Trip undertaken for the purpose or intent of securing medical treatment;
- s. Financial Insolvency of the person, organization or firm from whom you directly purchased or paid for your Covered Trip;
- t. Bankruptcy, Financial Insolvency, default or failure to supply services by a travel supplier;
- u. Business, contractual or educational obligations of you, a Family Member, Domestic Partner, or Traveling Companion;
- v. Failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements;
- w. A loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the Policy is not in effect for you.

WAIVER OF THE PRE-EXISTING CONDITION EXCLUSION

The Pre-Existing Condition Exclusion is waived provided you meet all of the following requirements:

1. The premium for the coverage is received with your initial Covered Trip deposit for your Covered Trip; and
2. You are not disabled from travel at the time you pay your premium.

GENERAL PROVISIONS

Concealment or Fraud We do not provide coverage if you have intentionally concealed or misrepresented any material fact or circumstance relating to the coverage.

Conformity to Law Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

Duplication of Coverage You may only purchase one certificate from us for each Covered Trip. If you do

purchase more than one certificate for a specific Covered Trip, the Maximum Limit of Coverage payable will be as specified in the certificate with the highest level of benefits. We will refund premium received from you under any other certificate.

Examination Under Oath As often as we may reasonably require, you or any person making a claim under the Policy must submit to examination under oath.

Maximum Limit of Coverage The Maximum Benefit Amount for each claim is listed in the Schedule, subject to the individual benefit amount and the company's Maximum Limit of Liability. The total limit of our liability for any one covered event, in which two or more persons submit a claim, is subject to the individual benefit amount and the company's Maximum Limit of Liability. In the event of multiple claims by you for one event, the available funds will be distributed in order of notice of claim by each Insured subject to the above limitations.

Our Right to Recover From Others We have the right to recover any payments we have made from anyone who may be responsible for the loss. You and anyone else we insure must sign any papers and do whatever is necessary to transfer this right to us. You and anyone else we insure will do nothing after the loss to affect our right.

WHERE TO PRESENT A CLAIM

All claims should be presented to the Program Administrator:

CSA Travel Protection
P.O. Box 939057
San Diego, CA 92193-9057
(800) 858-5462 (Toll-Free)

CLAIMS PROVISIONS

Notice of Claim We must be given written notice of claim within 90 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and enough information to identify him or her.

Proof of Loss Written Proof of Loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written Proof of Loss within the time allowed. In any event, you must give us written Proof of Loss within twelve (12) months after the date the loss occurs unless you are legally incapacitated.

Physical Examination and Autopsy At our expense, we have the right to have you examined as often as necessary while a claim is pending. At our expense, we may require an autopsy unless the law or your religion forbids it.

Legal Actions No legal action may be brought to recover on the Policy within 60 days after written Proof of Loss has

been given. No such action will be brought after three years from the time written Proof of Loss is required to be given. If a time limit of the Policy is less than allowed by the laws of the state where you live, the limit is extended to meet the minimum time allowed by such law.

Payment of Claims Benefits for loss of life will be paid to your estate, or if no estate, to your beneficiary. All other benefits are paid directly to you, unless otherwise directed. Any accrued benefits unpaid at your death will be paid to your estate, or if no estate, to your beneficiary. If you have assigned your benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

TRAVEL INSURANCE IS UNDERWRITTEN BY:

Stonebridge Casualty Insurance Company, Columbus, Ohio; NAIC # 10952 (all states except as otherwise noted) Policy/Certificate Form series TAHC5000/TAHC2000. In AK, form # TAHC3000JCP.AK. In NH, PA and TN, Policy/Certificate Form series TAHC5100 and TAHC5200. In NY, form # GP26000JCP. In OH, WY, Policy Form #'s TAHC5100IPS and TAHC5200IPS.

Monumental General Casualty Company, Baltimore, Maryland; NAIC # 31232 (CA, CT, HI, IL, IN, MS, NE, OK, RI, SD and VA) under Policy Form series TAHC2000/TAHC5000. In LA and TX, Policy Form #'s TAHC2000.GPC and TAHC2100.GPC. In KS, OR and WA, Policy Form # TAHC2000IPC and TAHC2100IPC.