

## Section A - Travel Arrangement Protection

### 1. TRIP CANCELLATION:

The Comprehensive Travel Protection Plan cancellation program provides a full refund less \$175 deductible, protection plan premium, processing fees, any peripheral packages (i.e. meal plans or party packages), and occupancy surcharges as described below up to 24 hours prior to scheduled departure time due to sickness, injury, or death to you or traveling companion, or life-threatening sickness, injury, or death to your immediate family member.

**"Immediate Family Member"** is defined as your (or your traveling companion's) spouse, spouse's child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparents, grandchildren, stepbrother, stepsister, stepparents, parents-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, guardian, or ward.

**"Traveling Companion"** is defined as a person whose name appears on the same travel arrangements and will share accommodations with you during your vacation.

### CONDITIONS:

1) CANCELLATION PROGRAM DOES NOT GUARD AGAINST OCCUPANCY SURCHARGES. Therefore, if one person cancels 21 days or more prior to departure, the remaining travelers must pay occupancy surcharges prior to departure. If one person cancels less than 21 days or less prior to departure, occupancy surcharges for the remaining travelers will be deducted from that person's refund.

2) WRITTEN NOTICE OF CANCELLATION MUST BE RECEIVED IN OUR OFFICE VIA REGISTERED MAIL, FAX TRANSMISSION, E-MAIL, OR OVERNIGHT COURIER SERVICE NO LATER THAN 24 HOURS FOLLOWING SCHEDULED DEPARTURE TIME. NO REFUNDS WILL BE ISSUED FROM VERBAL CANCELLATIONS. Contact information is as follows: Sun Coast Vacations, Attn. Travel Protection, 930 Commonwealth Avenue South, Boston, MA 02215; 888-777-4642; Fax: 617-232-5801; e-mail: [travelprotection@suncoastvacations.com](mailto:travelprotection@suncoastvacations.com). StudentCity.com, Inc., Attn. Travel Protection, 930 Commonwealth Avenue South, Boston, MA 02215; 800-293-1442; Fax: 617-232-2613; e-mail: [travelprotection@studentcity.com](mailto:travelprotection@studentcity.com). Also, written verification by a licensed medical doctor of sickness, injury, or death must be received in our office via registered mail, fax transmission, or overnight courier service no later than 24 hours after scheduled departure. All claims are subject to notarized verification of all correspondence by both claimant and licensed medical doctor; please allow up to 90 days for processing of claims.

Failure to adhere to these conditions invalidates the cancellation program and no refund will be issued.

### GENERAL EXCLUSIONS:

These exclusions apply to all benefits. In addition to any exclusions which apply to a particular benefit (called "Additional Exclusions"), this policy does not cover loss caused by:

(a) intentionally self-inflicted harm, suicide, or attempted suicide while sane or insane; (b) normal pregnancy or childbirth; (c) participation in professional athletic events, motor sport or motor racing including training or practice for the same; (d) mountain climbing; (e) acts of war; (f) terrorism; (g) military duty or service; (h) operating or learning to operate any aircraft, as pilot or crew; (i) air travel on any air-supported device, other than a regularly scheduled airline or air charter company; (j) loss or damage caused by detention, confiscation, or destruction by customs; (k) any unlawful acts, committed by the Insured or a Traveling Companion, whether insured or not; (l) nuclear reaction, radiation, or radioactive contamination; (m) civil disorder; (n) mental, psychological or nervous disorders including anxiety, depression, neurosis or psychosis; (o) if the Trip Departure Date and Trip Completion Date does not reflect your intent to start and end your trip on those dates; (p) if your tickets do not contain specific travel dates (open tickets); or (q) alcohol or substance abuse.

#### PRE-EXISTING MEDICAL CONDITION EXCLUSION APPLICABLE TO ALL COVERAGES

We will not pay for loss or expense incurred as the result of Injury or Sickness of an Insured or Family Member which manifests itself during the 60 days immediately preceding and including the Effective Date, unless the condition is controlled through the taking of prescription drugs or medication and remains controlled throughout the 60 day period. A sickness has manifested itself when: (a) medical care or treatment has been given; or (b) there exist symptoms which would cause a reasonably prudent person to seek diagnosis, care, or treatment.

## Section B - Post-Departure Insurance

### Definitions

**"Accident"** means an unexpected, unintended, unforeseeable event causing injury or property damage. The Accident must happen while the Insured is covered under the Policy.

**"Baggage"** means luggage and personal possessions, whether owned, borrowed, or rented, taken by the Insured on the trip.

**"Default"** means any failure of a provider of travel related services (including any tour operator) to provide the bargained-for travel services or to refund money due the Insured.

**"Destination"** means the place where the Insured expects to travel on his/her trip.

**"Doctor"** means a licensed practitioner of the healing arts, acting within the scope of his/her license. The treating doctor may not be the Insured, Family Member or Traveling Companion.

**"Family Member"** means a Traveling Companion(s), and the Insured's or Traveling Companion's spouse, child, spouse's child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparents, grandchild, step-brother, step-sister, step-parents, parents-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, legal guardian, or legal ward. It also means the Insured's business partner. (**"Business Partner"** means someone who is a majority stockholder, managing officer, or majority owner of the company.)

**"Hospital"** means a place that: (a) holds a valid license; (b) is run mainly for the care and treatment of sick or injured persons as inpatients; (c) has a staff of one or more Doctors available at all times; (d) provides 24-hour nursing service and has at least one registered nurse on duty at all times; (e) has organized diagnostic and surgical facilities, either on the premises or on a contract basis with another hospital; and (f) is not mainly a clinic, or facility for nursing, rest or convalescence, or a place for the aged, drug addicts, alcoholics or persons with mental or nervous disorders.

**"Injury"** is a bodily injury, caused by an Accident and resulting directly and independently of all other causes in loss covered by the policy. The Accident must happen while the Insured is covered under this policy. Also requires treatment by a doctor.

**"Insured"** means the person named by the tour operator as a participant in this insurance program.

**"Medical Expenses"** mean reasonable and necessary costs of treatment for injury or sickness which are provided by a medical doctor, dentist, or professional nurse on an emergency or urgent basis which are actually incurred by the Insured.

**"Return Destination"** is the place to which the Insured expects to return from his/her trip.

**"Sickness"** means an illness, disease or injury which requires treatment by a Doctor.

**"Strike"** means a stoppage of work (a) announced, organized and sanctioned by a Labor Union and (b) which interferes with the normal departure and arrival of a common carrier. Included in the definition of Strike is work slowdowns and sickouts.

**"Travel Agent"** means the Travel Agent, tour operator, or other entity from which the Insured purchases his/her coverage or travel arrangements, and includes all officers, employees, and affiliates of the Travel Agent or tour operator.

**"Traveling Companion"** is a person who accompanies you on the entire trip and is named on your application for coverage and shares accommodations with you for the entire trip.

**"Trip Completion Date"** is the date on which the Insured is scheduled to return to the point where the trip started, or to a different specified Return Destination.

**"Trip Departure Date"** is the date on which the Insured is originally scheduled to leave on his/her trip.

**"Unforeseen"** means not anticipated or expected and occurring after the effective date of the policy.

### Individual Insurance

Persons eligible for insurance under this policy are any traveler(s) who is a U.S. or Canadian resident who makes application for coverage and pays

the premium providing they have not already departed on their trip.

**Effective Date:** Tour Cost Trip Cancellation Benefit will be effective when premium is paid to Suncoast Vacations/StudentCity.com.

All other coverages will begin on the latest of: (a) the date the premium is paid; or (b) the date and time the Insured starts his/her trip; or (c) the scheduled Trip Departure Date.

**Termination Date:** All coverage ends on the earlier of: (a) the date the trip is completed; (b) the scheduled Trip Completion Date; (c) the Insured's arrival at the Return Destination on a round trip, or the destination on a one-way trip; or (d) cancellation of the trip covered by the policy. This policy covers trips up to 180 days in length.

**Extension of Coverage:** All coverage under the policy will be extended, if: (a) the Insured's entire trip is covered by the policy; and (b) the Insured's return is delayed by unforeseeable circumstances beyond his/her control.

If coverage is extended for the above reasons, coverage will end on the earlier of: (a) the date the Insured reaches his/her Return Destination; or (b) seven (7) days after the date the trip was scheduled to be completed.

### General Exclusions

These exclusions apply to all benefits. In addition to any exclusions which apply to a particular benefit (called "Additional Exclusions"), this policy does not cover loss caused by:

(a) intentionally self-inflicted harm, suicide, or attempted suicide while sane or insane; (b) normal pregnancy or childbirth; (c) participation in professional athletic events, motor sport or motor racing including training or practice for the same; (d) mountain climbing; (e) acts of war; (f) terrorism; (g) military duty or service; (h) operating or learning to operate any aircraft, as pilot or crew; (i) air travel on any air-supported device, other than a regularly scheduled airline or air charter company; (j) loss or damage caused by detention, confiscation, or destruction by customs; (k) any unlawful acts, committed by the Insured or a Traveling Companion, whether insured or not; (l) nuclear reaction, radiation, or radioactive contamination; (m) civil disorder; (n) mental, psychological or nervous disorders including anxiety, depression, neurosis or psychosis; (o) if the Trip Departure Date and Trip Completion Date does not reflect your intent to start and end your trip on those dates; (p) if your tickets do not contain specific travel dates (open tickets); or (q) alcohol or substance abuse.

#### PRE-EXISTING MEDICAL CONDITION EXCLUSION APPLICABLE TO ALL COVERAGES

We will not pay for loss or expense incurred as the result of Injury or Sickness of an Insured or Family Member which manifests itself during the 60 days immediately preceding and including the Effective Date, unless the condition is controlled through the taking of prescription drugs or medication and remains controlled throughout the 60 day period. A sickness has manifested itself when: (a) medical care or treatment has been given; or (b) there exist symptoms which would cause a reasonably prudent person to seek diagnosis, care, or treatment.

MAXIMUM LIMIT OF LIABILITY: All limits are applied per trip. Our maximum limit of liability resulting from the same occurrence will be \$10,000,000 under the TGP series of policies. If loss for all Insureds from such an occurrence exceeds \$10,000,000 we will pay each Insured that proportion of the Benefits stated which \$10,000,000 bears to the total loss of all persons we insure under all travel and flight insurance in force, under the TGP series of policies. We will pay no more than \$250,000 per occurrence, under the TGP series of policies, to or on account of any person insured under the TGP series of policies.

### Trip Interruption

We will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits if a trip is delayed or interrupted due to any of the following unforeseen reasons: (a) Unforeseen Sickness, Injury, or death of an Insured or Family Member. Injury or Sickness must be so disabling as to reasonably cause a trip to be delayed, canceled or interrupted; (b) weather conditions causing delay or cancellation of travel; (c) your home being made uninhabitable by fire, flood, vandalism, burglary or natural disaster; (d) your being subpoenaed, required to serve on jury duty, hijacked or

quarantined; or (e) being involved in or delayed due to a traffic accident en route to departure. This coverage does not cover loss caused by: (i) carrier-caused delays including an announced, organized, sanctioned union labor Strike that affects public transportation, unless the policy effective date is prior to when the Strike is foreseeable. A Strike is foreseeable on the date labor union members vote to approve a Strike; (ii) travel arrangements canceled or changed by an airline, cruise line, or tour operator, unless the cancellation is the result of bad weather; (iii) changes in plans by the Insured, a Family Member or Traveling Companion, for any reason; (iv) financial circumstances of the Insured, a Family Member, or a Traveling Companion; (v) any business or contractual obligations of the Insured, a Family Member or a Traveling Companion; (vi) Default by the person, agency, or tour operator from whom the Insured bought his/her coverage or purchased his/her travel arrangements; (vii) any government regulation or prohibition; (viii) an event or circumstance which occurs prior to the effective date of coverage.

**Trip Interruption Benefits:** We will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits for trips that have been interrupted or delayed, due to the reasons shown at the beginning of this section.

We will pay for the following: (a) forfeited, non-refundable prepaid deposits or payments, or unused prepaid payments or deposits for the Insured's trip if the Insured's trip is interrupted; or (b) additional transportation expenses incurred by the Insured, either (i) to the Return Destination; or (ii) from the place that the Insured left the trip to the place that the Insured may rejoin the trip; (c) additional transportation expenses incurred by the Insured to reach the original Trip Destination if the Insured is delayed, and leaves after the Trip Departure Date. However, the benefit payable under (b) and (c) above will not exceed the cost of economy airfare (or first class if the Insured's original tickets were first class) by the most direct route, less any refunds paid or payable; (d) the Insured's additional cost as a result of a change in the per-person occupancy rate for prepaid travel arrangements if a Traveling Companion's trip is interrupted, and the Insured's trip is continued.

### Travel Delay

We will reimburse up to \$100 a day to the Maximum Limit shown on the Schedule of Benefits if the Insured's trip is delayed for more than 12 hours for reasonable, additional accommodation and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable for only one delay for all Insureds. Travel Delay must be caused by: (a) carrier delay; or (b) lost or stolen passport, travel documents or money; or (c) quarantine; or (d) natural disaster; or (e) Injury or Sickness of the Insured or Traveling Companion.

### Loss of Baggage and Travel Documents

We will reimburse this benefit, up to the Maximum Limit shown on the Schedule of Benefits. We will pay all direct loss due to Accident to the Insured's Baggage, passports and visas during the Insured's trip. We will also pay for loss due to unauthorized use of the Insured's credit cards, if the Insured has complied with all credit card conditions imposed by the credit card companies.

**Continuation of Coverage:** If the covered Baggage, passports and visas are in the charge of a charter or common carrier, and delivery is delayed, this coverage will continue until such property is delivered to the Insured. This coverage does not include loss caused by the delay.

**Property Not Covered:** We will not pay for damage or loss of: (a) animals; (b) property used in trade, business, or for the production of income; (c) motor vehicles, aircraft, and other conveyances; (d) artificial limbs, false teeth, any type of eyeglasses, sunglasses or contact lenses; (e) tickets, except for administrative fees required to reissue tickets; (f) money, stamps, stocks and bonds, postal or money orders; (g) property shipped as freight, or shipped prior to the Trip Departure Date; (h) credit cards, except as noted above; (i) contraband; (j) hearing aids.

**Special Limitation:** We will not pay more than \$500 for the first item and, thereafter, no more than \$250 per item up to the limit of coverage as defined in the Schedule of Benefits. Items over \$150 must be accompanied by origi-

nal receipts. If receipts are not provided, benefits may be reduced.

**Additional Exclusions:** We will not pay this loss due to: (a) defective materials or craftsmanship; or (b) normal wear and tear; or (c) deterioration; or (d) rodents, animals or insects.

**Payment of Loss:** We will pay, in cash, the cost of repair or replacement of the Insured's damaged Baggage, less depreciation; or at our option we may repair or replace the Insured's Baggage. We will notify the Insured within 30 days after we receive his/her proof of loss. We may take all or part of the damaged Baggage at the appraised or agreed value. In the event of a loss to a pair or set of items, we may at our option: (a) repair or replace any part to restore the pair or set to its value before the loss; or (b) pay the difference between the value of the property before and after the loss.

### Baggage Delay

We will reimburse up to the Maximum Limit shown on the Schedule of Benefits for the cost of reasonable, additional clothing and personal articles purchased by the Insured during the trip, if the Insured's Baggage is delayed for more than 24 hours. Incurred expenses must be accompanied by receipts. This does not apply if baggage is delayed after the Insured reaches his/her return destination.

### Medical Expense Benefit

We will pay this benefit, up to the Maximum Limit shown on the Schedule of Benefits. We will pay for medical expenses incurred by the Insured within one year from the date of Injury or Sickness provided initial treatment was received during the trip. The Injury must occur or Sickness must begin while the Insured is covered by the policy.

**Covered Expenses:** We will pay the Insured's reasonable and necessary medical and surgical expenses. We will pay emergency dental treatment only during a trip. Dental coverage does not apply if treatment or expenses are incurred after the Insured has reached their return destination regardless of the reason. The treatment must be given by a Doctor or dentist. We will pay for professional nursing, Hospital charges, X-ray, and ambulance services and prosthetic devices.

If you are covered by any other group, blanket health, accident insurance, or assistance plan, and would, as a result, receive total benefits in excess of the expenses actually incurred, the benefits we will pay will be reduced by such excess. We also will not pay for amounts paid or payable under any Workers' Compensation, disability benefit or similar law, or any services provided by the Insured or a Family Member.

### Emergency Medical Transportation

We will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits. We will arrange for emergency medical transportation services required by the Insured as the result of an Injury or Sickness during a trip.

**Covered Expenses:** We will arrange and pay: (a) reasonable and necessary medical services required for evacuation to the nearest adequate medical facility or home if medically required. This service will be arranged only if the Insured's Doctor determines that adequate medical treatment is not locally available; (b) up to \$5,000 for reasonable and necessary escort expenses incurred by Insured, if the Insured is disabled during a trip, and an escort is recommended, in writing, by a Doctor; (c) reasonable and necessary services for transportation of the Insured's remains to his/her place of residence if he/she dies during a trip. Service must be provided by a provider designated by us. Timely notification by the Insured to our designated provider is required.

**Additional Benefit:** In addition to the above Covered Expenses, if we have previously evacuated an Insured to a medical facility, we

will pay his/her airfare costs from that facility to the Insured's Return Destination, within one year from the Insured's original Trip Completion Date, less refunds from the Insured's unused transportation tickets. Airfare costs will be economy, or first class if the Insured's original tickets are first class. This benefit is available only if it is not provided under another coverage in this policy.

**Additional Exclusions:** We also will not pay for services arranged without our prior consent or approval. If services provided are covered under any Worker's Compensation, disability law, or health or accident insurance policy, then the Insured shall assign to us his/her rights to those benefits, to the extent they are provided. We may require autopsy where lawful. Timely notification by the Insured to our designated provider is required.

## Accidental Death and Dismemberment

We will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits if: (a) the Insured is injured in an Accident which happens while he/she is on a trip and covered under the policy; and (b) he/she suffers one of the losses listed below, within 180 days of the Accident. The Principal Sum is shown on the Schedule of Benefits.

Loss:	Percentage of Principal Sum Payable
Life	100%
Both hands or feet, or sight of both eyes	100%
One hand and one foot	100%
One hand or one foot and sight of one eye	100%
One hand	50%
One foot	50%
Sight of One Eye	50%

If the Insured suffers more than one loss from an Accident, we will pay only for the loss with the larger benefit.

Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight of an eye means complete and irrecoverable loss of sight.

**Disappearance:** If the Insured's body is not found within one year of the disappearance, forced landing, stranding, wrecking, or sinking of a conveyance in which he/she was an occupant, he/she will be presumed dead.

**Additional Exclusion:** We will not pay for loss caused by or resulting from Sickness of any kind. We may require autopsy where lawful.

## Travel Guard® Assistance

All benefits provided are service benefits, not financial benefits. Any costs associated with benefits not purchased will be paid by the named Insured.

### 24-HOUR MEDICAL ASSISTANCE

**24-Hour Medical Monitoring:** Physicians monitor your condition by maintaining close contact with the attending physicians, your family doctor and family members.

**Medical Evacuation:** Arrangements for any and all means necessary to transport you back home when medically necessary.

**Emergency Medical Payments:** If a hospital demands a cash deposit or settlement prior to leaving, we will assist in arranging the advancement of funds to cover on-site medical expenses.

**Prescription Assistance:** Replacement of lost or stolen medication, through a local pharmacy or special courier.

**Transportation of Dependents:** In the event of hospitalization, arrangements will be made for unattended minors traveling with you to be flown home.

**Family Visit:** If you are hospitalized for ten or more days, we will arrange transportation for a family member or close friend to visit you.

**Transportation of Mortal Remains:** In the event of death while traveling, arrangements for the return of remains to the place of burial.

### 24-HOUR LEGAL ASSISTANCE

In a legal emergency, referral to a local legal advisor and advance of funds for bail and legal fees.

### 24-HOUR TRAVEL ASSISTANCE

**Travel Documents Assistance:** We will help retrieve, report, and reissue lost or stolen travel documents.

**Emergency Cash Transfer:** We will facilitate the transfer of funds from your U.S. bank or credit card or from the account or credit card of a family member.

**Emergency Message Center:** Transmission of emergency messages to family and business associates.

**Interpretation Services:** We provide emergency language support or referral to the appropriate local services.

## Payment of Claims

### Section A:

**For trip cancellation claims, contact Sun Coast Vacations,** Attn: Travel Protection, 930 Commonwealth Avenue South, Boston, MA 02215; 888-777-4642; Fax: 617-232-5801; email: travelprotection@suncoastvacations.com. **StudentCity.com, Inc.,** Attn: Travel Protection, 930 Commonwealth Avenue South, Boston, MA 02215; 800-293-1443; Fax: 617-232-2613; email: travelprotection@studentcity.com.

### Section B:

**For all other claims, please refer to product number: 007649.**

**Claim Procedures: Notice of Claim:** If any covered loss occurs or begins, written notice must be sent to us as soon after that as is reasonably possible. This notice should state the Insured's name, what coverage the loss was under (i.e. Medical Expense), the name of the company that arranged the trip (i.e. tour operator, cruise line or charter operator), the trip dates and the amount that you paid. We will then send you a claim form to complete relative to your specific loss. This notice should be sent to INSURE AMERICA®, 1145 Clark Street, Stevens Point, WI 54481 (Telephone: 715-345-0505).

**Claim Procedures: Proof of Loss:** The claim forms must be sent back to us no more than 60 days after a covered loss occurs or ends, or as soon after that as is reasonably possible. If we have not provided claim forms within 15 days after the notice of claim, other proofs of loss should be sent to us by the date claim forms would be due. This proof of loss should include written proof of the occurrence, type and amount of loss.

**Payment of Claims: When Paid:** Claims will be paid as soon as we receive complete proof of loss.

**Payment of Claims: To Whom Paid:** Benefits paid on account of an Insured's death will be paid to the beneficiary he/she has chosen. This choice must be in writing and filed with us, or filed with you or your administrator if we have agreed in advance. If the Insured has not chosen a beneficiary, or if there is no beneficiary alive when he/she dies, we will pay this benefit: 1) To his/her spouse, if living; 2) If not, in equal shares to his/her living children; 3) If there are none, in equal shares to his/her living parents; 4) If there are none, in equal shares to his/her living brothers and sisters; 5) If there are none, to his/her estate.

If a benefit is payable to the Insured's estate, or to a minor or other person who is incapable of giving a valid release, we may pay up to \$500 to a relative or other person who has assumed care or custody of the Insured. Any payment we make in good faith fully discharges us to the extent of that payment.

All other benefits, will be payable to the Insured. However, if he/she has assigned his/her benefits, we will honor the assignment, if we have a signed copy of the assignment. A payment made pursuant to such an assignment shall discharge us from further liability under this policy to the extent of such payment. Under no circumstances shall we be responsible for the validity or sufficiency of any such assignment.

## General Provisions

**Payment of Premium** - Coverage is not effective unless all premium due has been paid to Travel Guard prior to a date of loss or insured occurrence.

**Legal Actions** - No one may sue for benefits less than 60 days after due proof of loss is submitted, nor more than 12 months (or the minimum period of time permitted by state law, if greater) after the date claim forms are due. **Choice of Law** - The terms, conditions, and provisions of this policy are governed by the substantive law of the State of Wisconsin, and all disputes hereunder shall be governed and determined by the law of the State of Wisconsin.

**Dispute Resolution** - All suits, actions or legal proceedings seeking determination of the rights and liabilities of the parties under this policy shall be submitted to binding arbitration in accordance with the rules maintained by the American Arbitration Association. A written demand for arbitration hereunder must be made by the Insured and served upon us at 1145 Clark Street, Stevens Point, WI 54481, on or before three years from the date of the insured occurrence or be barred. No demand for arbitration can be brought to recover benefits unless 60 days have elapsed following written submission to us of the proof of loss information required above.

**Transfer of Coverage** - Coverage under the policy cannot be transferred by the Insured to anyone else without prior written consent.

**Acts of Agents** - No agent or any person or entity has authority to accept service of the required proof of loss or demand arbitration on our behalf nor to alter, modify or waive any of the provisions of this policy.

**Concealment or Fraud** - We do not provide coverage for the Insured if the Insured has intentionally concealed or misrepresented any material fact or circumstance relating to this policy or claim.

**Examination Under Oath** - As often as we may require, the Insured must submit to examinations under oath, and provide us with receipts, proofs of purchases, or other records.

**Our Recovery Rights** - In the event of a payment under this policy, we are entitled to all the rights of recovery that the Insured, or the person to whom payment was made, has against another. The Insured must sign and deliver to us any legal papers relating to that recovery, do whatever is necessary to help us exercise those rights, and do nothing after loss to harm our rights. When an Insured has been paid benefits under this policy by us and also recovers from another, the amount recovered from the other shall be held in trust for us by the Insured and reimbursed to us the extent of our payment.

**Termination of the Policy** - Termination of the policy will not affect a claim for loss which occurs while the policy is in force.

**Notice to Florida residents:** The benefits of the policy providing your coverage are governed by the law of a state other than Florida.

**Notice to New York residents:** Not subject to the filing and/or approval requirements of New York State Insurance law and regulations with respect to policy and/or contract forms and rates.

**Notice to Texas residents:** This policy may provide a duplication of coverage already provided by your personal auto insurance, homeowner's, personal liability policy or other source of coverage.

## — End of Certificate —



Underwritten by:  
Insurance Company of North America  
One of the ACE Group of Insurance  
and Reinsurance Companies

ace usa

## IF YOU HAVE QUESTIONS REGARDING:

### SECTION A

- Suncoast Vacations Trip Cancellation Program, call 1-888-777-4642.
- StudentCity.com Trip Cancellation Program, call 1-800-293-1443.

### SECTION B

- INSURE AMERICA® Insurance, call 1-888-826-1300 or 715-345-0505, use product #007649.

### Blanket Travel Accident Insurance

This certificate describes the benefits and basic provisions of the policy. You should read it with care so you will understand your coverage. The policy is the only contract under which benefits are paid.

PLEASE READ YOUR CERTIFICATE CAREFULLY!

### TRUSTEE OF THE TRAVEL GUARD

### BLANKET INSURANCE TRUST (THE POLICYHOLDER)

The ACE USA Company, which has issued Policies TGP-1, TGP-2, TGP-2a and TGP-3 certifies that you, the Insured(s) named in the Individual Application, (each herein called the Insured), are covered by the Group Policy. This coverage is subject to the exclusions shown and all other terms of the Policy. This certificate replaces any and all certificates which may have been issued to you in the past under the Policy. We reserve the right to reject a claim if any information was false or omitted from your application.

*Dennis B. Reding*  
Dennis B. Reding, President



## — What to do if a problem occurs —

Always call TGA immediately and identify yourself by giving your Assistance Group #260.

When calling from the U.S., 1-888-826-1300.  
When calling from abroad, call collect 715-345-0505.

We will coordinate your assistance needs  
with the appropriate TGA Center.

Services are payable up to the amount of coverage in the insurance policy provided by TRAVEL GUARD® and/or INSURE AMERICA®. Failure to call TRAVEL GUARD® Assistance may invalidate any payments applicable on your claim. TGA shall not be responsible for the availability, quality, or results of any medical treatment or the failure of the insured person to obtain medical treatment.

007649-CT 1/01 ©TRAVEL GUARD® International 9/01



## Passenger Travel

## PROTECTION PLAN FOR VACATION YEAR 2002

## Schedule of Benefits

Section A - Underwritten by Suncoast Vacations/ StudentCity.com Pre-Departure Tour Cost Trip Cancellation Program

Section B - Underwritten by Insure America Post-Departure Insurance

- \$ \$500 Trip Interruption
- 🕒 \$200 Travel Delay
- 🧳 \$300 Baggage & Travel Documents
- 🕒 \$150 Baggage Delay
- ♿ \$5,000 Accident Medical Expense
- ♿ \$5,000 Sickness Expense
- 🚑 \$20,000 Emergency Assistance
- 👤 \$10,000 Accidental Death & Dismemberment
- 📞 TRAVEL GUARD® Assistance

## IF YOU HAVE QUESTIONS REGARDING:

- Section A: Suncoast Vacations Trip Cancellation Program, call 1-888-777-4642.
- Section A: StudentCity.com Trip Cancellation Program, call 1-800-293-1443.
- Section B: INSURE AMERICA® Post-Departure Insurance, call 1-888-826-1300, use product #007649.



This is your  
Certificate of Insurance.