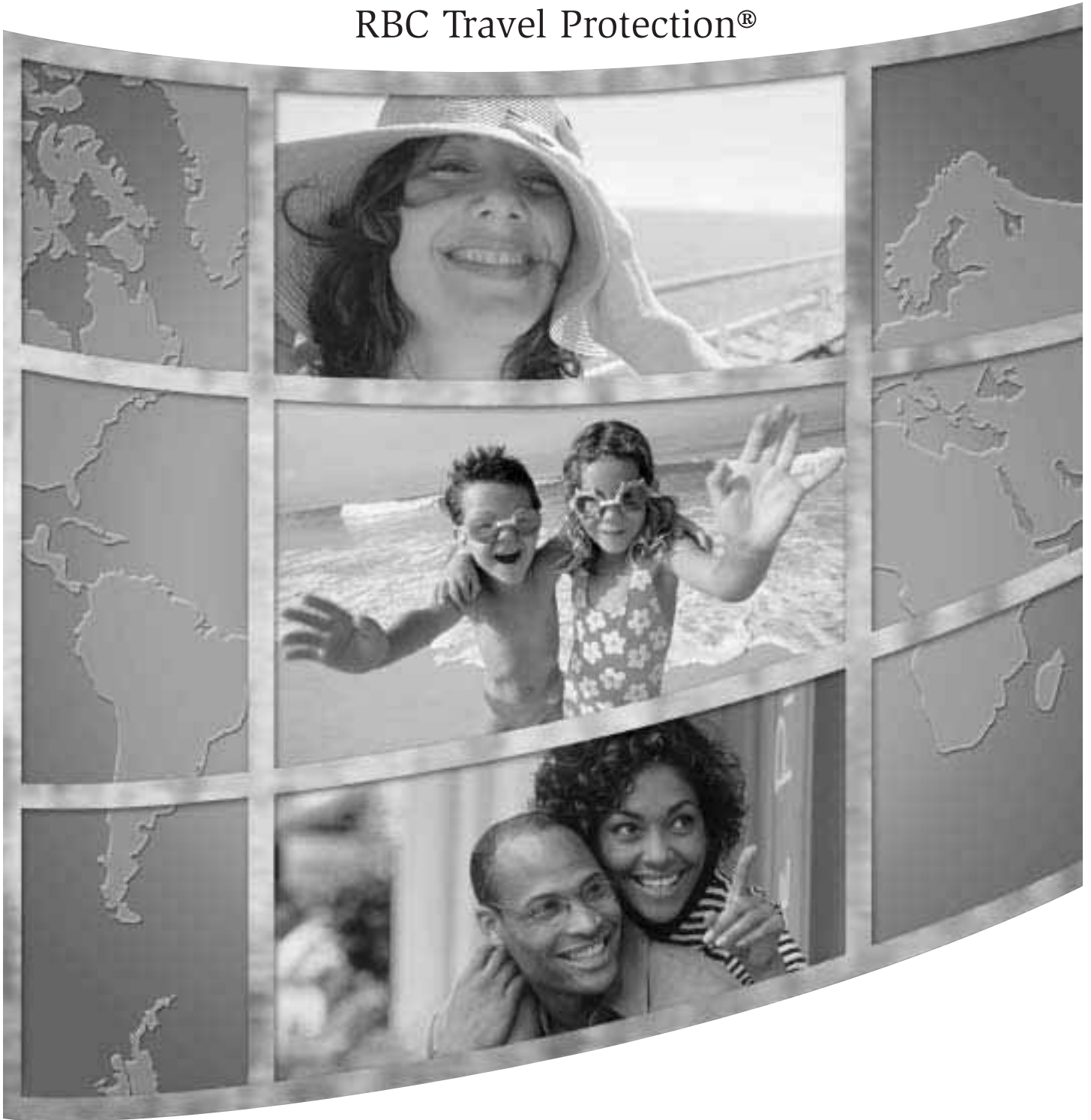




RBC Travel Protection®



**TRAVEL INSURANCE POLICY**



RBC  
Insurance

# RBC Travel Protection<sup>®</sup>

American Bankers Insurance Company of Florida  
11222 Quail Roost Drive,  
Miami, FL 33157-6596

In Witness Whereof, we have caused this policy to be executed and attested and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

SECRETARY

PRESIDENT

- Underwritten by American Bankers Insurance Company of Florida
  - Administered by The Liberty Marketing Corporation\*
  - Assistance services provided by The Liberty Marketing Corporation through Assured Assistance Inc.
- \* Doing business as:
- LMC Insurance Marketing Corporation in CA;
  - LMC Marketing Corporation in CO, MA, & MN;
  - LMC Agency in TX.

**Instructions:**

1. Please keep this policy in a safe place, and be sure to take it with *you* on *your trip*.
2. This policy has complete details of the package or plan *you* have chosen. Review it to familiarize *yourself* with *your* insurance benefits, conditions, and features.
3. *You'll* receive a confirmation form from *your* travel agent confirming the package or plan *you* have chosen and the *effective dates* of coverage. Please keep that form with *your* policy.
4. This policy contains wallet-cards with *our* *emergency* assistance phone numbers. Keep *your* wallet-card within easy reach during *your trip*.

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**Please Read This Important Information**

This policy contains the terms and conditions of several travel insurance packages or plans available from American Bankers Insurance Company of Florida. **Some of these terms and conditions may limit benefits and amounts payable to you.** Please read the policy carefully, noting the information for the travel insurance packages or plans for which a premium has been paid, and take this policy with *you* on *your trip*. *Your* insurance coverage is subject to the terms and conditions set out in this policy document.

**Maximum Limit of Liability**

*Our* maximum aggregate liability for all claims of all of *our* insureds who have been issued a policy due to the same occurrence, shall not exceed US\$10,000,000 (except the unforeseen *financial default* of any one travel supplier or common carrier under Risk #37 of *our* Cancellation & Interruption Insurance; see page 11). If the aggregate amount of benefit claims by all of *our* insureds under this policy exceeds the aggregate amount stated above, claims payments will be pro-rated in amount for all insureds. In such event, *you* would not receive the maximum benefit otherwise available under this policy for loss due to the same occurrence.

**Schedule of Benefits †**

*Your coverage underwritten by American Bankers Insurance Company of Florida  
includes the following insurance as indicated below.*

Assistance services through Assured Assistance Inc. are included in addition to all insurance coverages.

| <b>Coverages</b>  | <b>Deluxe Package</b>                               | <b>Standard Package</b>                     | <b>Cancellation &amp; Interruption Plan</b> |
|---|---|---|---|
| <b>BENEFITS</b>   | <b>MAXIMUM SUMS PAYABLE</b>                         |   |   |
| Assistance services   | INCLUDED  | INCLUDED                                    | INCLUDED                                    |
| Pre-existing medical condition exclusion waiver   | AVAILABLE   | NOT AVAILABLE                               | NOT AVAILABLE                               |
| <b>Cancellation &amp; Interruption Expenses</b>   |   |   |   |
| Trip Cancellation (Before Departure)<br>- Prepaid Travel Arrangements<br>- Transportation | Up to the<br>SUM INSURED                            | Up to the<br>SUM INSURED                    | Up to the<br>SUM INSURED                    |
| Trip Interruption (After Departure)<br>- Prepaid Travel Arrangements<br>- Transportation  | Up to 150% of<br>the SUM INSURED<br>(minimum \$500) | Up to<br>the SUM INSURED<br>(minimum \$500) | Up to<br>the SUM INSURED<br>(minimum \$500) |
| Cruise Cancellation benefit   | \$800   | \$800                                       | NOT AVAILABLE                               |
| Trip Delay<br>- Subsistence Allowance   | \$200/day<br>maximum \$400                          | \$100/day<br>maximum \$200                  | \$100/day<br>maximum \$200                  |
| <i>Terrorism coverage</i>   | INCLUDED  | NOT AVAILABLE                               | NOT AVAILABLE                               |
| <i>Financial default coverage</i>   | INCLUDED  | NOT AVAILABLE                               | NOT AVAILABLE                               |
| <b>Baggage &amp; Personal Effects</b>   | <b>As set out below</b>                             | <b>As set out below</b>                     | <b>NOT AVAILABLE</b>                        |
| Loss of or Damage to Baggage & Personal Effects   | \$1,000*  | \$500*                                      | -   |
| Delay of Baggage & Personal Effects   | \$150 / day<br>maximum \$450                        | \$75 / day<br>maximum \$225                 | -   |
| <b>Rental Car Physical Damage</b>   | <b>Up to a combined<br/>maximum of \$25,000</b>     | <b>NOT AVAILABLE</b>                        | <b>NOT AVAILABLE</b>                        |

\* The maximum for any one item or set of items is \$500.

† This chart is provided to confirm the maximum sums payable for the coverage purchased. Other benefits may be available. For complete information on risks insured, benefits, conditions, limitations and exclusions, please see the policy for details.

AGREEMENT – We will provide the insurance described in this policy in return for the premium and in compliance with all applicable provisions of this policy.

## Definitions

The following definitions apply when written in *italics* throughout this document.

**Accidental bodily injury** - bodily injury, for which benefits are provided, means *accidental bodily injury* sustained by the insured person which is the direct and independent cause of the loss and occurs while the insurance is in force.

**Acute Psychoses** – means a severe fundamental mental derangement characterized by defective or lost contact with reality.

**Caregiver** - the permanent, full-time person entrusted with the well-being of *your* dependant(s) and whose absence cannot reasonably be replaced.

**Commercial rental agency** - a car rental agency licensed under the law of its jurisdiction.

**Complications of Pregnancy** –

- conditions requiring medical treatment prior to or subsequent to the termination of pregnancy whose diagnoses are distinct from pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion, disease of the vascular, hemopoietic, nervous or endocrine systems, and similar medical and surgical conditions of comparable severity; but will not include false labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning sickness and similar conditions associated with the management of a difficult pregnancy not constituting a classifiable distinct complication of pregnancy;
- hyperemesis gravidarum and pre-eclampsia requiring *hospital* confinement, ectopic pregnancy that is terminated, and spontaneous termination of a pregnancy which occurs during a period of gestation in which a viable birth is not possible; and
- conditions requiring medical treatment after the termination of pregnancy whose diagnoses are distinct from pregnancy but which are adversely affected by pregnancy or caused by pregnancy.

**Departure point** - the place *you* depart from on the first day of *your* intended *travel period*.

**Doctor** - all providers of medical care and treatment when such services are within the scope of the provider's licensed authority and are provided pursuant to applicable laws. Such provider may not be *you* or *your traveling companion* or a member of *your immediate family*. A *doctor* does not include a naturopath, herbalist or homeopath.

**Effective date** -

- a) for Baggage & Personal Effects:  
the date on which *you* are scheduled to leave *your departure point*, as shown on *your insurance enrollment form*.
- b) for Cancellation & Interruption coverages:  
the date and time the required premium is paid, as shown on *your insurance application*.
- c) for *Rental Car Physical Damage*:  
the date on which *you* are scheduled to take possession of *your rental car*, as shown on *your insurance enrollment form*.

**Emergency** - an unforeseen event that occurs during the period of insurance coverage that makes it necessary to receive immediate treatment from a *doctor* or to be hospitalized.

**Financial Default** - the complete suspension of business by a tour  
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operator, cruise line or airline due to financial circumstances, whether or not a bankruptcy petition is filed.

**Hospital** - an establishment operated pursuant to law which is licensed or approved as a *hospital* by the responsible government agency, is primarily engaged in providing medical care and treatment of sick or injured persons on an in-patient basis for which a charge is made; and provides 24 hour nursing service by or under supervision of registered graduate professional nurses (R.N.'s).

*Hospital* does not include any military or veterans *hospital* or soldiers home or any *hospital* contracted for or operated by any national government or agency thereof for the treatment of members or ex-members of the armed forces, convalescent homes, convalescent, rest, or nursing facilities; or facilities primarily for the aged, drug or alcoholic rehabilitation, and those primarily affording custodial or educational care.

**Immediate family** - *spouse*, parent, legal guardian, step-parent, grandparent, grandchild, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, or son-in-law.

**Insurance enrollment form** - the printed form, computer printout or document provided by *your* travel agent which confirms the insurance coverage *you* have purchased. The *insurance enrollment form* forms part of the policy.

**Key employee** - an employee whose continued presence is critical to the ongoing affairs of the business during *your* absence.

**Medical condition** - *accidental bodily injury* or sickness (or a condition related to that *accidental bodily injury* or sickness), including disease, *acute psychoses* and *complications of pregnancy* occurring within the first 31 weeks of pregnancy.

**Medical questionnaire** - the form that contains questions that must be answered correctly at the time of *insurance enrollment form*, and that, once completed and signed, forms part of the policy. *Your medical condition* at the time of completion of the *medical questionnaire* determines the terms of coverage and/or the premium that applies to *you*. *You* must complete the *medical questionnaire* if *you* are applying for any coverage that includes Cancellation & Interruption, when the non-refundable portion of *your* prepaid travel arrangements exceeds \$10,000.

**Mountain climbing** - the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners and lead- or top-rope anchoring equipment.

**Passenger plane** - a certified multi-engined passenger aircraft provided by a regularly scheduled airline on any regularly scheduled *trip* or charter operated between licensed airports.

**Professional** - engaged in a specified activity for financial compensation.

**Rental car** - a *vehicle* rented by *you* from a *commercial rental agency* for *your* personal use under a written rental agreement. *Rental car* does not mean truck, van, bus, sport utility *vehicle* or any other automobile designed and manufactured primarily for off-road use (while used as such), motorcycle, moped, motorbike, recreational *vehicle*, all-terrain *vehicle*, camper or trailer, limousine, any automobile that is more than 20 years old or any of the following vehicles: Alfa Romeo, Aston Martin, Auburn, Avanti, Bentley, Bertone, BMC/Leyland, BMW M Series, Bradley, Bricklin, Cosworth, Citroen, Clenet, Daimler, De Lorean, Excalibre, Ferrari, Fiat, Iso, Jaguar, Jensen, Jensen Healy, Lamborghini, Lancia, Lotus, Maserati, MG, Morgan, Pantera,

Panther, Pininfarina, Porsche, Rolls Royce, Rover, Stutz, Sterling, Triumph, TVR, Yugo or any similar exotic automobile.

**Return date** - the earlier of:

- the date on which *you* are scheduled to return to *your departure point*, as shown on *your insurance enrollment form*, or
- the date *you* return to *your departure point*.

**Spouse** - the person who is legally married to *you* or *your traveling companion*, or has been living in a conjugal relationship with *you* or *your traveling companion* for a continuous period of at least one year and who resides in the same household as *you* or *your traveling companion*.

**Stable** - any *medical condition* or related condition (including any heart condition or any lung condition) for which there have been:

- no new treatment or new prescribed medication; and
- no changes in treatment or change in prescribed medication (including the amount of medication to be taken, how often it is to be taken, the type of medication or change in treatment frequency or type); and
- no new symptom, more frequent symptom or more severe symptom experienced; and
- no test result showing a deterioration; and
- no hospitalization or referral to a specialist (made or recommended) or the results of further investigations not yet completed,

for that *medical condition* or related condition (including any heart condition or any lung condition).

**Terrorism** - an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

**Travel period** - the period of time from *your departure* from *your departure point* up to and including *your scheduled return date*, as shown on *your insurance enrollment form*.

**Traveling companion** - the person who is sharing travel arrangements with *you*, to a maximum of three persons.

**Trip** - period between *your effective date* and *your return date*.

**Vehicle** - a private passenger automobile, minivan, mobile home, camper truck or trailer home, which *you* use during *your trip* exclusively for the transportation of passengers other than for hire. It can be either owned by *you* or leased by *you* from a *commercial rental agency*.

**We, us** and **our** refer to American Bankers Insurance Company of Florida

11222 Quail Roost Drive, Miami, FL 33157-6596.

**You, yourself** and **your** - the person named as the insured on the *insurance enrollment form* when the required insurance premium has been paid before the *effective date*.

## General Insurance Details

*Your* insurance coverage is subject to the terms set out in this document.

### How do you become insured?

*You* become insured and this policy becomes an insurance contract after completion of the following:

- *you* are named on *your* completed *insurance enrollment form*; and
- upon full payment of the required premium on or before *your effective date*.

### Who is eligible for coverage?

This insurance is available to persons who make travel arrangements through an agency and is valid only if *you* have purchased one of the following:

- a) Deluxe Package:
  - for the full duration of *your trip*; and
  - for the full value of the non-refundable portion of *your* prepaid travel arrangements (*you* must complete the *medical questionnaire* if that non-refundable portion exceeds \$10,000); and
  - for *Rental Car Physical Damage*, if *you* are renting a *vehicle* from a *commercial rental agency*.
- b) Standard Package:
  - for the full duration of *your trip*; and
  - for the full value of the non-refundable portion of *your* prepaid travel arrangements (*you* must complete the *medical questionnaire* if that non-refundable portion exceeds \$10,000).
- c) Cancellation & Interruption Plan:  
for the full value of the non-refundable portion of *your* prepaid travel arrangements (*you* must complete the *medical questionnaire* if that non-refundable portion exceeds \$10,000).

### When does your insurance start and end?

- 1 **Insurance starts** on *your effective date*.
- 2 **Insurance ends** on the earliest of:
  - a) the date of the cause of cancellation if *your trip* is cancelled before *your* date of departure from *your departure point*;
  - b) the date *you* return to *your* state or country of residence;
  - c) midnight of *your return date*;
  - d) 365 days after *your* date of departure from *your departure point*;
  - e)
    - the date and time the *commercial rental agency* reassumes control of the *rental car*; or
    - the date and time the rental contract expires, under *Rental Car Physical Damage*.

### When does your coverage automatically extend?

- 1 If *you* cannot complete *your trip* by *your return date* because of the delay of a common carrier in which *you* are scheduled to travel, *your* coverage will automatically extend for the delay period up to a maximum of 72 hours.
- 2 If *you* or *your traveling companion* are hospitalized on *your return date*, *your* coverage will automatically extend for the period of hospitalization and up to 5 days after discharge (not available under Cancellation & Interruption Insurance).

- 3 If *you* or *your traveling companion* are delayed beyond *your return date* because of a *medical condition* and are medically unable to travel, but are not hospitalized, *your coverage* will automatically extend up to a maximum of 5 days after *your return date* (not available under Cancellation & Interruption Insurance).
- 4 Regardless of the automatic extensions above, coverage will not continue beyond 365 days from *your departure* from *your departure point*.

**What if you decide to extend your trip?**

If *you* decide to extend *your trip*, any extension of *your coverage* is subject to *you* paying the required additional premium before *your original return date*.

The terms, conditions and exclusions of the extension policy apply to *you* during the extension period.

**What if you are not completely satisfied?**

If for any reason, *you* are not completely satisfied with the insurance coverage *you* have purchased from *us*, *you* may submit a request in writing to *your* travel agent for a refund of *your* premium provided that:

- *your* request is within 10 days of purchasing this insurance;
- *you* have not left on *your trip*, for which the insurance was issued; and
- *you* have not submitted a claim under this insurance.

**How do you get your premium refunded?**

- 1 All requests for premium refunds must be submitted to the travel agent from whom *you* purchased the insurance.
- 2 The premium *you* paid can be refunded only if *your trip* is cancelled before *you* depart on *your trip* and:
  - the supplier (tour operator, airline, etc.) cancels *your trip* and all penalties are waived; or
  - the supplier (tour operator, airline, etc.) changes the travel dates and *you* are unable to travel on these dates and all penalties are waived; or
  - *you* cancel *your trip* before any cancellation penalties are in effect.
- 3 Any insurance coverage, under the circumstance described above, under "What if *you* are not completely satisfied?".

**How do you submit a claim?**

- 1 When a cause of cancellation occurs before the date of departure from *your departure point*, *you* must:
  - a) cancel *your trip* with the travel agent or the carrier immediately, but no later than the business day following the cause of cancellation; and
  - b) advise *us* at the same time.

*Our* maximum liability is the amount or portion indicated in *your trip* contract that is non-refundable at the time of the cause of cancellation or on the next business day.
- 2 When *you* call:
  - *your* travel agent at the time of *trip* cancellation; or
  - Assured Assistance Inc. at the time of any other claim;

*you* are instructed how to file a claim. Otherwise, please refer to the instructions included with the Claim & Authorization form(s) enclosed with this document. If *you* need a form, please contact *our* Claims Administrator at: P.O. Box 19093, Greenville, SC 29602-9093

1-866-305-5757 or 1-866-800-9671 (fax)

- 3 We do not cover fees charged for completing a medical certificate.
- 4 *You* must file *your* claim with *us* within:
  - 30 days of the loss or damage in the case of a claim under *Rental Car* Physical Damage; or
  - 90 days of *your* return to *your departure point* in the case of a claim under any of *our* other coverages.

**Pre-Existing Medical Condition Exclusions**

In addition to the exclusions outlined below under "General Exclusions", the following exclusions apply to *you* and any member of *your immediate family*.

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- 1 a *medical condition* or related condition, if at any time in the 90 days before *your effective date*, that *medical condition* or related condition has not been *stable*;
- 2 a *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your effective date*;
- 3 a *medical condition* for which it was reasonable to expect treatment or hospitalization during *your trip*;
- 4 symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before *your effective date*; or
- 5 treatment or surgery for a specific condition, or a related condition, which caused *your doctor* to advise *you* not to travel.

**Pre-Existing Medical Condition Exclusion Waiver**

The exclusions related to *your pre-existing medical condition* will be waived ("Pre-Existing Medical Condition Exclusions", see page 6) if:

- *you* purchased Deluxe Package; and
- *you* purchased this insurance within 7 calendar days of the time of initial *trip* payment; and
- the non-refundable portion of *your* prepaid travel arrangements does not exceed \$10,000; and
- *you* are under 65 years of age; and
- *you* were medically able to travel at the time *you* purchased this insurance.

This is applicable to all coverages contained in the policy. In the event that a claim is filed, information concerning *your medical condition* must be provided to *our* Claims Administrator.

## General Exclusions

In addition to the exclusions outlined above under “Pre-Existing Medical Condition Exclusions”, under all coverages, this insurance does not pay for losses or expenses related directly or indirectly to any of the following. Such loss or expense is excluded regardless of any other cause or event contributing concurrently or in sequence to the loss or expense.

- 1 *Your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane);
- 2 the commission of an unlawful act, including the direct or indirect attempt to commit an unlawful act, by *you*, *your traveling companion*, or a member of *your immediate family*;
- 3 *your* abuse of drug, substance, medication or alcohol, or alcoholism or any *medical condition* directly or indirectly resulting from alcohol use, or deliberate non-compliance with prescribed medical therapy or treatment;
- 4 *your* mental, nervous or emotional disorders including anxiety, depression, neurosis or psychoses;
- 5 *your* participation as a *professional athlete* in a sporting event;
- 6 *your* participation in a motorized race or motorized speed contest, or *mountain climbing*;
- 7 a) routine pre-natal care, b) a child born during *your trip*, c) pregnancy, childbirth or complications of either, occurring in the 9 weeks before or after the expected date of delivery;
- 8 war (declared or not), act of foreign enemy or rebellion;
- 9 *terrorism* (except as specified under the Cancellation & Interruption section of this policy) or civil disorder;
- 10 piloting, learning to pilot or acting as a member of a crew of an aircraft;
- 11 air travel on any air-supported device, other than a *passenger plane*;
- 12 damage or loss caused by detention, confiscation or destruction by customs;
- 13 ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it; or
- 14 *your trip*, if *your* tickets do not:
  - indicate specific travel dates; or
  - reflect *your* intended *travel period*.

## Cancellation & Interruption Insurance

Cancellation & Interruption Insurance applies to *you*, if *you* purchased any of the following:

- Deluxe Package
- Standard Package
- Cancellation & Interruption Plan

### What if *your trip* is cancelled or interrupted?

If *you* must cancel *your trip* or *you* are unable to proceed with *your* travel plans because of one of the insured risks, **contact *your travel agent* as soon as *you* know *you* cannot travel, but no later than the business day following the cause of cancellation, since any additional penalties that *you* may incur by waiting are not covered.** Also, call *our* Claims Administrator who will instruct *you* on how to file a claim.

### When does the risk occur?

- Trip Cancellation – when the risk occurs BEFORE *your travel period*.
- Trip Interruption – when the risk occurs DURING *your travel period*.
- Trip Delay – when the risk occurs during *your travel period*, and results in *your* being delayed, beyond *your* scheduled *return date*, from returning to *your departure point*.

To determine the benefit(s) available to *you*:

- a) Identify the risk *you* have incurred under "What are *you* covered for?" in the chart below;
- b) Determine when the risk occurs under "What are *you* eligible for?" in the chart below;
- c) Find the letter corresponding to the benefit in the right-hand side of the chart under "What are *you* eligible for?"; and
- d) Match *your* benefit under "What are the benefits?" on page 10.

| What are <i>you</i> covered for? |   | What are <i>you</i> eligible for? |                                       |                     |
|----------------------------------|---|-----------------------------------|---------------------------------------|---------------------|
|                                  |   | Trip Cancellation*                | Trip Interruption                     | Trip Delay          |
| <b>MEDICAL CONDITION</b>         |   | <b>BENEFIT(S)</b>                 |                                       |                     |
| 1                                | <i>Your emergency medical condition.</i>  | A                                 | C and D, or<br>C and E, or<br>C and F | E and I             |
| 2                                | The admission to a <i>hospital</i> following an <i>emergency</i> of a member of <i>your immediate family</i> (who is not at <i>your destination</i> ), <i>your business partner</i> , <i>key employee</i> or <i>caregiver</i> .   | A                                 | C and E                               | not applicable      |
| 3                                | The <i>emergency medical condition</i> of a member of <i>your immediate family</i> (who is not at <i>your destination</i> ), <i>your business partner</i> , <i>key employee</i> or <i>caregiver</i> .   | A                                 | C and E                               | not applicable      |
| 4                                | The admission to a <i>hospital</i> of <i>your host</i> at destination, following an <i>emergency medical condition</i> .  | A                                 | C and E                               | not applicable      |
| 5                                | The <i>emergency medical condition</i> of <i>your traveling companion</i> .   | A or B                            | C and D, or<br>C and E, or<br>C and F | E and I             |
| 6                                | The <i>emergency medical condition</i> of <i>your traveling companion's immediate family member</i> , <i>business partner</i> , <i>key employee</i> or <i>caregiver</i> .   | A or B                            | C and E                               | not applicable      |
| 7                                | The <i>emergency medical condition</i> of <i>your immediate family member</i> who is at <i>your destination</i> .   | A                                 | C and E                               | E and I             |
| <b>PREGNANCY AND ADOPTION</b>    |   |                                   |                                       |                     |
| 8                                | <i>Complications of pregnancy</i> arising in the first 31 weeks of pregnancy involving <i>you</i> , or a member of <i>your immediate family</i> .   | A                                 | C and E                               | E and I             |
| 9                                | <i>Complications of pregnancy</i> arising in the first 31 weeks of pregnancy involving <i>your traveling companion</i> , or a member of <i>immediate family of your traveling companion</i> or <i>traveling companion's spouse</i> .  | A or B                            | C and E                               | E and I             |
| 10                               | <i>Your</i> or <i>your spouse's</i> pregnancy being diagnosed after <i>your travel arrangements</i> are booked, if <i>your departure from your departure point</i> is scheduled to take place in the 9 weeks before or after the expected date of delivery.   | A                                 | not applicable                        | not applicable      |
| 11                               | <i>Your traveling companion's</i> or <i>your traveling companion's spouse's</i> pregnancy being diagnosed after <i>your travel arrangements</i> are booked, if <i>your departure from your departure point</i> is scheduled to take place in the 9 weeks before or after the expected date of delivery. | A or B                            | not applicable                        | not applicable      |
| 12                               | The legal adoption of a child by <i>you</i> , when the actual date of that adoption is scheduled to take place during <i>your travel period</i> .   | A                                 | C and E                               | not applicable      |
| 13                               | The legal adoption of a child by <i>your traveling companion</i> , when the actual date of that adoption is scheduled to take place during <i>your travel period</i> .  | A or B                            | C and E                               | not applicable      |
| <b>DEATH</b>                     |   |                                   |                                       |                     |
| 14                               | <i>Your death</i> .   | A                                 | C and J, or<br>C and K, or<br>C and L | J, or<br>K, or<br>L |
| 15                               | The death of <i>your immediate family member</i> or friend (who is not at <i>your destination</i> ), <i>your business partner</i> , <i>key employee</i> or <i>caregiver</i> .   | A                                 | C and E                               | not applicable      |
| 16                               | The death of <i>your travelling companion</i> .   | A or B                            | C and E                               | E and I             |
| 17                               | The death of <i>your traveling companion's immediate family member</i> , <i>business partner</i> , <i>key employee</i> or <i>caregiver</i> .  | A or B                            | C and E                               | not applicable      |
| 18                               | The death of <i>your host</i> at destination, following an <i>emergency medical condition</i> .   | A                                 | C and E                               | not applicable      |
| 19                               | The death of <i>your immediate family member</i> or friend, who is at <i>your destination</i> .   | A                                 | C and E                               | E and I             |

| <b>GOVERNMENT ADVISORIES</b>          |   |                |                        |                |
|---------------------------------------|---|----------------|------------------------|----------------|
| 20                                    | An act of <i>terrorism</i> , which occurs after the purchase of <i>your</i> insurance, within the foreign city originally ticketed for a period that includes <i>your travel period</i> and <i>you</i> are scheduled to arrive within 30 days following the incident, when <i>you</i> are covered under Deluxe Package. The act of <i>terrorism</i> must be documented by the United States Department of State or reported by the major print media (such as Associated Press, The Wall Street Journal or Reuters News Service). | A              | C and E, or<br>C and F | not applicable |
| <b>EMPLOYMENT AND OCCUPATION</b>      |   |                |                        |                |
| 21                                    | A transfer by the employer with whom <i>you</i> or <i>your spouse</i> is employed on <i>your effective date</i> , which requires the relocation of <i>your principal residence</i> .  | A              | C and E                | not applicable |
| 22                                    | A transfer by the employer with whom <i>your traveling companion</i> is employed on <i>your effective date</i> , which requires the relocation of his/her principal residence.  | A or B         | C and E                | not applicable |
| 23                                    | The termination or layoff from <i>your</i> or <i>your spouse's</i> employment from which <i>you</i> or <i>your spouse</i> have been employed for at least five continuous years. The termination or layoff must occur after <i>your effective date</i> .  | A              | C and E                | not applicable |
| 24                                    | The termination or layoff from <i>your traveling companion's</i> employment from which <i>your traveling companion</i> has been employed for at least five continuous years. The termination or layoff must occur after <i>your effective date</i> .  | A or B         | C and E                | not applicable |
| 25                                    | Having <i>your</i> personal leave revoked within 10 days prior to <i>your</i> date of departure, provided <i>you</i> are on Active Military Duty in the United States Armed Forces (as long as such revocation is in writing by a superior officer and is not due to war-related situations, invocation of the War Power Act, base or unit mobilization, unit reassignment for any reason, or disciplinary action).   | A              | C and E                | not applicable |
| 26                                    | Having <i>your traveling companion's</i> personal leave revoked within 10 days prior to <i>your</i> date of departure, provided <i>your traveling companion</i> is on Active Military Duty in the United States Armed Forces (as long as such revocation is in writing by a superior officer and is not due to war-related situations, invocation of the War Power Act, base or unit mobilization, unit reassignment for any reason, or disciplinary action).   | A or B         | C and E                | not applicable |
| 27                                    | The personal reassignment (whether temporary or permanent) of <i>you</i> or <i>your spouse</i> within 10 days prior to <i>your</i> departure date, provided <i>you</i> or <i>your spouse</i> is on Active Military Duty in the United States Armed Forces.  | A              | C and E                | not applicable |
| <b>DELAYS AND CRUISE CANCELLATION</b> |   |                |                        |                |
| 28                                    | Delay of <i>your trip</i> , due to unannounced strikes, natural disasters or weather conditions, resulting in the complete cessation of services by an airline, tour operator, wholesaler or cruise line, which forms part of <i>your trip</i> , for a period of at least 24 consecutive hours.   | A              | C and E                | not applicable |
| 29                                    | Delay of a private automobile resulting from the mechanical failure of that automobile, weather conditions, a traffic accident, or an emergency police-directed road closure, causing <i>you</i> to miss a connection resulting in the interruption of <i>your</i> travel arrangements, provided the automobile was scheduled to arrive at the point of departure at least 2 hours before the scheduled time of departure.  | not applicable | C and F                | E              |
| 30                                    | The cancellation of <i>your</i> cruise: <ul style="list-style-type: none"> <li>• prior to <i>your</i> departure from <i>your departure point</i>, or</li> <li>• after <i>your</i> departure from <i>your departure point</i>, but prior to the departure of the cruise ship</li> </ul> due to the mechanical failure, grounding or quarantine of the cruise ship, or the repositioning of the cruise ship due to weather conditions, when <i>you</i> are covered under Deluxe or Standard Package.                                | G              | H                      | not applicable |

| OTHER RISKS |   |        |                           |
|-------------|---|--------|---------------------------|
| 31          | A natural disaster that renders <i>your</i> principal residence uninhabitable or <i>your</i> place of business inoperative.   | A      | C and E<br>not applicable |
| 32          | A natural disaster that renders <i>your traveling companion's</i> principal residence uninhabitable or his/her place of business inoperative.   | A or B | C and E<br>not applicable |
| 33          | <i>Your</i> being quarantined or hijacked.  | A      | C and E<br>E              |
| 34          | The quarantine or hijacking of <i>your traveling companion</i> .  | A or B | C and E<br>E              |
| 35          | <i>You</i> being a) called for jury duty, b) subpoenaed as a witness, or c) required to appear as a defendant in a civil suit, during <i>your travel period</i> .   | A      | C and E<br>not applicable |
| 36          | <i>Your traveling companion</i> being a) called for jury duty, b) subpoenaed as a witness, or c) required to appear as a defendant in a civil suit, during <i>your travel period</i> .  | A or B | C and E<br>not applicable |
| 37          | Unforeseen <i>financial default</i> or bankruptcy of any tour operator, cruise line or airline carrier whose services or products form all or part of <i>your trip</i> , when <i>you</i> are covered under Deluxe Package and purchased this insurance within 7 calendar days of the time of initial <i>trip</i> deposit. | A      | C and E<br>E              |

\* The section does not apply to *you* if the sum insured prior to departure under *your* Package is \$0.

### What are the benefits?

**Prepaid travel arrangements** – Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks (as outlined above in points 1 to 37) up to the amount specified in the Schedule of Benefits on page 3 for:

- A** the non-refundable portion of *your* prepaid travel arrangements.
- B** the extra cost of the next occupancy charge, if you choose to travel as originally planned.
- C** the non-refundable unused portion of *your* prepaid travel arrangements, excluding the cost of prepaid unused transportation back to *your departure point*.

**Transportation** – Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks (as outlined above in points 1 to 37) up to the amount specified in the Schedule of Benefits on page 3 for:

- D** *your* economy class transportation via the most cost effective route to rejoin a tour or group.
- E** *your* economy class transportation via the most cost effective route to *your departure point*.
- F** *your* one-way economy air fare via the most cost effective route to *your* next destination (in- and outbound).

**Cruise cancellation benefit** – If *you* are covered under Deluxe or Standard Package, reimbursement to *you* up to the amount specified in the Schedule of Benefits on page 3 for the lesser of the following, toward the expenses *you* actually incur as a result of risk insured #30 (cruise cancellation):

- G**
  - the change fee charged by the airline carrier(s) involved, when such an option is available to *you*; or
  - up to \$800 for *your* non-refundable prepaid airfare that is not part of *your* cruise package.
- H**
  - the change fee charged by the airline carrier(s) involved, when such an option is available to *you*; or
  - up to \$800 for the extra cost of *your* one-way economy airfare on a commercial flight via the most cost effective route to return *you* to *your departure point*.

**Subsistence allowance** – Reimbursement to *you* of the expenses *you* actually incur, up to the amount specified in the Schedule of Benefits on page 3, as a result of one of the insured risks (as outlined above in points 1 to 37), when pre-authorized through Assured Assistance Inc.:

- I** *your* commercial accommodations and meals, essential telephone calls and taxi fares, due to a trip delay.

**Repatriation of *your* remains** – Reimbursement of *your* expenses actually incurred as a result of one of the insured risks (as outlined above in points 1 to 37):

- J** the transportation of *your* remains in the common carrier's standard transportation container to *your departure point*, and up to \$3,000 for the preparation of *your* remains and for the cost of the common carrier's standard transportation container.
- K** up to \$2,000 for the cremation of *your* remains at the location where *your* death occurred and the transportation of *your* remains to *your departure point*.
- L** up to \$3,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$2,000 for the burial of *your* remains at the location where *your* death occurred.

### What is not covered?

In addition to the exclusions outlined under “Pre-Existing Medical Condition Exclusions” on page 6 and “General Exclusions” on page 7, this insurance does not cover expenses or benefits arising from or related to:

- 1 cancellation or interruption when *you* are aware or should be aware, on the *effective date*, of any reason that might reasonably prevent *you* from traveling as booked;
- 2 a *trip* undertaken to visit or attend an ailing person, when the *medical condition* or death of that person is the cause of the claim;
- 3 prepaid travel arrangements for which a Cancellation & Interruption Insurance premium was not paid prior to any cancellation penalties taking effect for those travel arrangements;
- 4 a *medical condition* that arises during a *trip* undertaken with the prior knowledge that surgery or treatment will be sought or required for that *medical condition* or a related condition during the *trip*;
- 5 the non-issuance of a travel visa due to late visa application;
- 6 *your* changing of the scheduled time of a medical test or

- 7 surgery that was originally scheduled before *your trip*;
- 7 travel arrangements changed or cancelled by a tour operator, airline, cruise line, wholesaler or common carrier except as provided elsewhere in this policy;
- 8 carrier caused delays, except as provided elsewhere in this policy;
- 9 *financial default* by the person or agency from whom you bought the coverage or purchased *your* travel arrangements;
- 10 the financial circumstances of *you*, *your traveling companion* or a member of *your* or *your traveling companion's immediate family*;
- 11 the failure of any tour operator, airline, cruise line, wholesaler, common carrier, yacht charter company, person or agency to provide the bargained-for travel arrangements.
- 12 any act of *terrorism*, if there has been a documented or reported incident of any act of *terrorism* issued by the United States Department of State or reported by the major print media (such as Associated Press, The Wall Street Journal or Reuters News Service) for the country, city or region originally ticketed in the 183 days prior to the purchase of *your* insurance.
- 13 any government regulation or prohibition except as provided elsewhere in this policy; or
- 14 any business or contractual obligations of *you*, *your traveling companion* or a member of *your* or *your traveling companion's immediate family*, except for termination, layoff or transfer by the employer as covered under benefits #21 to #27 on page 9.
- 15 *financial default*:
  - if *you* did not purchase this insurance within 7 calendar days of the time of initial *trip* payment; or
  - occurring on, or before 7 calendar days from, *your effective date*.
- 16 *financial default* of a travel supplier that is identified by *us* as a travel supplier for which *we* will not provide coverage. A list of all travel suppliers for which *we* will not provide coverage is available:
  - through your travel agent;
  - by calling us toll-free at 1-866-307-5757, or
  - by visiting our web site at [www.rbctravelprotection.com](http://www.rbctravelprotection.com)

If the non-refundable portion of *your* prepaid travel arrangements exceeds \$10,000, *you* must complete the *medical questionnaire* and the following exclusion also applies.

- 17 This insurance does not pay for any expenses incurred directly or indirectly as a result of *your immediate family* member or *your traveling companion's medical condition* or related condition, if at any time in the 90 days before *your effective date*, *your immediate family* member or *your traveling companion's medical condition* or related condition has not been *stable*.

If the answer to any portion of the *medical questionnaire* is YES, the following exclusion applies to *you*.

- 18 This insurance does not pay for any expenses incurred directly or indirectly as a result of *your medical condition* or related condition, if at any time in the 180 days before *your effective date*, *you* have:
  - taken medication, been prescribed medication, or received treatment for that *medical condition* or related condition;
  - or

- experienced a deterioration of, or sought treatment for, that *medical condition* or related condition.

#### What conditions apply?

- 1 When a cause of cancellation occurs before the date of departure from *your departure point*, *you* must:
  - a) cancel *your trip* with the travel agent or the carrier immediately, but no later than the business day following the cause of cancellation; and
  - b) advise *us* at the same time.

*Our* maximum liability is the amount or portion indicated in *your trip* contract that is non-refundable at the time of the cause of cancellation or on the next business day.
- 2 For any benefit to be payable under Risk # 37, the travel supplier must not be on *our* list of suppliers for which *we* will not provide coverage. A list of all travel suppliers for which *we* will not provide coverage is available:
  - through *your* travel agent;
  - by calling *us* toll-free at 1-866-307-5757, or
  - by visiting *our* web site at [www.rbctravelprotection.com](http://www.rbctravelprotection.com)
- 3 *Our* maximum aggregate liability for all claims of all of *our* insureds who have been issued a policy, due to the unforeseen *financial default* of any one travel supplier or common carrier under Risk #37, shall not exceed US\$10,000,000. Claims for any benefit payable under Risk #37 for any one travel supplier or common carrier will not be processed for payment until the time granted under the policy for filing claims has expired. If the aggregate amount of benefit claims under Risk #37 for any one travel supplier or common carrier by all of *our* insureds under this policy exceeds the aggregate amount stated above, claims payments will be pro-rated in amount for all insureds. In such event, *you* would not receive the maximum benefit otherwise available under this policy for loss due to Risk #37.
- 4 This insurance is subject to the General Conditions outlined in this policy on page 13.

#### Baggage & Personal Effects Insurance

Baggage & Personal Effects Insurance applies to *you*, if *you* purchased any of the following:

- Deluxe Package
- Standard Package

#### What risks are insured?

This policy covers direct physical loss of, or damage to, the baggage and personal effects *you* own and use during *your trip*.

#### What are the benefits?

Reimbursement of *your* losses up to the amount specified in the Schedule of Benefits on page 3, for:

- 1 Reimbursement of any direct loss for the replacement of one or more of the following documents: passport, driver's license, birth certificate or travel visa, in the event any one of these is lost or stolen, subject to a maximum of \$100.
- 2 Reimbursement of up to the amount specified in the Schedule of Benefits on page 3, for necessary toiletries and clothing when *your* checked baggage is delayed by the carrier for 24 hours or more:
  - while en route and before returning to *your departure point*, and
  - *you* are covered by Deluxe or Standard Package.

Coverage for this benefit ends on the date that *you* arrive at the

- final destination on the return portion of *your trip*.
- 3 Reimbursement of *your* losses due to the unauthorized use of *your* credit cards, provided *you* have complied with all the conditions imposed by the credit card companies, subject to a maximum of \$100.
  - 4 The administrative fees required to reissue lost airline tickets, subject to a maximum of \$100.

### What is not covered?

In addition to the exclusions outlined under “General Exclusions”, this insurance does not cover:

#### Property Excluded

- 1 money; stamps; stocks and bonds; postal or money orders; tickets; securities and documents; animals; perishables; consumables; bicycles, skis and snowboards except while checked as baggage with a common carrier, aircraft, boats or any other motor vehicles or conveyances; household effects and furnishings; artificial teeth and limbs; hearing aids; eye glasses; sunglasses; contact lenses; *professional* or occupational items; antiques and collector items; breakage of brittle or fragile articles; property shipped as freight, or shipped prior to *your* departure date; property illegally acquired, kept, stored or transported.
- 2 credit cards, except as provided elsewhere in this policy.

#### Perils Excluded

- 1 any claim arising from loss:
  - a) caused by wear and tear, deterioration, defect or mechanical breakdown;
  - b) caused by *your* imprudent act or omission;
  - c) of articles specifically insured on a valued basis by another insurer while this insurance is in effect; or
- 2 any other loss caused by the delay, physical loss of, or damage to, *your* baggage and personal effects.

### What conditions apply?

- 1 The principal sums are shown in the Schedule of Benefits chart contained in this policy on page 3.
- 2 In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item covered under this insurance, *you* must:
  - a) immediately notify and obtain supporting documentary evidence from the police or, if the police are not available, the hotel manager, tour guide or transportation authorities,
  - b) promptly take all reasonable precautions to protect, save and/or recover the property; and
  - c) notify *us* immediately upon *your* return to *your departure point*.

Failure to comply with this condition will invalidate any claim under this insurance.

- 3 If the insured property is under check of a common carrier and delivery is delayed, this insurance will continue until such property is delivered by the common carrier.
- 4
  - a) *We* are not liable beyond the actual cash value of the property at the time of loss.
  - b) *We* have the option to repair or replace any damaged or lost property with other of like kind, quality and value and to require submission of the property for appraisal of damage.
- 5 The maximum sum insured per person does not exceed \$1,000 in the aggregate of all coverages issued by *us*.
- 6 If an article which is part of a set is lost or damaged, the

measure of loss or damage to such article is a reasonable and fair proportion of the total value of the set, but not the total loss of or damage to the set.

- 7 This coverage is in excess of any coverage provided by a common carrier.
- 8 This insurance is subject to the General Conditions outlined in this policy on page 13.

### Rental Car Physical Damage Insurance

*Rental Car* Physical Damage Insurance applies to *you*, if *you* purchased any of the following:

- Deluxe Package

### What risks are insured?

Loss for which *you* may be liable, resulting from physical loss or damage anywhere in the world to a *rental car*, that *you* rent from a *commercial rental agency*, solely while the *rental car* is under:

- a) *your* care, custody and control, or
- b) the care, custody or control of a person permitted to operate the *rental car* under the rental agreement.

Coverage does not apply in countries or states where the sale of this insurance is prohibited by law.

### What must you do when there is loss or damage to the rental car?

- a) *You* must immediately contact Assured Assistance Inc. and the *commercial rental agency* to report full details of any loss or damage which occurs during the rental period.
- b) In the event of an accident, malicious act, burglary, robbery or theft *you* must immediately report to the police or other authorities having jurisdiction, full details as required by law.

Failure to report the loss will invalidate any claim under this insurance.

### What is the coverage amount?

The total amount payable for all benefits is up to the amount specified in the Schedule of Benefits on page 3.

### What are the benefits?

- 1 The liability imposed upon *you* by law or assumed by *you* under the car rental agreement, if there is physical damage to the *rental car*.
- 2 This insurance covers the lesser of:
  - (a) the reasonable and customary cost for the area in which the service is rendered, of repairs and rental charges while the *rental car* is being repaired, or
  - (b) the actual cash value of the *rental car*.

This insurance is in excess of any other applicable insurance coverage.

### What is not covered?

In addition to the exclusions outlined under “General Exclusions” on page 7, this insurance does not cover:

- 1 liability other than for loss of or damage to the *rental car*;
- 2 any obligation *you* assume under any agreement (except *your* insurance collision deductible);
- 3 expenses assumed, waived or paid by the *commercial rental agency* or its insurers or payable under any other insurance;
- 4 contents of the *rental car*;

- 5 loss or damage arising from, caused by or contributed to by driving or operation of the *rental car* by *you* or any other person:
  - a) while under the influence of intoxicating substances, or
  - b) in a speed test or contest, or
  - c) while carrying passengers for compensation or hire, while being used for commercial delivery or transporting contraband or illegal trade, or
  - d) in violation of the terms of the car rental agreement; or
- 6 loss or damage arising from, caused by, or contributed to by:
  - a) mechanical fracture or breakdown of any part of the *rental car*, or
  - b) rusting, corrosion, wear and tear, gradual deterioration, inherent defect, or freezing, but the insurer will be liable for resulting loss or damage which is insured hereunder.

**What conditions apply?**

- 1 This insurance is valid only if *you* book *your* car rental with the travel agent with whom *you* have booked *your* trip.
- 2 If required by the *commercial rental agency*, *you* must:
  - a) examine the *rental car* and record, in writing, all existing damages before acceptance of the *rental car*, and
  - b) keep a copy of this written record of pre-existing damages for submission to *us* in the event of a claim.
- 3 *You* must not undertake any repairs other than those that are immediately necessary for the protection of the *rental car* from further loss or damage nor remove any physical evidence of the loss or damage without *our* consent.
- 4 This insurance is subject to the General Conditions outlined in this policy on page 13.

**General Conditions**

**When we may render your policy void:**

- If *you* fail to meet the eligibility conditions as outlined under “Who is eligible for coverage?” *we* may render *your* policy void and *our* liability is limited to a refund of the premium paid.

**Concealment, Fraud and Material Misrepresentation Clause:**

- No coverage will be provided and this policy will be cancelled if, whether before or after a loss, *you* have:
  - intentionally concealed or misrepresented any material fact or circumstance;
  - engaged in fraudulent conduct; or
  - made false statements; concerning this insurance.

**Claim & Authorization form and submission of proper documentation:**

- *We* will furnish *you* with Claim & Authorization forms within thirty (30) days after receiving notice of *your* loss. *You* will submit *your* completed Claim & Authorization form to *us* within 60 days or as soon as reasonably possible.

**Your responsibilities:**

- When making a claim under this insurance, *you* must provide the applicable documents *we* require. Failure to provide the applicable documentation will invalidate *your* claim.

- *You* must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when *we* determine that the amount is not payable under the terms of *your* policy.
- During the processing of a claim under this insurance, *we* may require *you* to undergo a medical examination by one or more *doctors* selected by *us* and at *our* expense.

**Cooperation Clause:**

- *You* agree to cooperate and assist *us* in any matter concerning a claim or suit.

**Examination Under Oath Clause:**

- As often as *we* reasonably require, *you* will:
  - show the damaged property;
  - provide *us* with records and documents *we* request and permit *us* to make copies; and
  - submit to examination under oath, while not in the presence of any other insured person, and sign the same.

**Co-ordination of benefits:**

- All benefits payable to *you* under any of the coverages described in this policy are in excess of the benefits for the same or similar benefits payable to *you* by any other insurer.
- This coverage is in excess to any other insurance coverage *you* may have available to *you*. If *you* are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to *you* by all insurers cannot exceed the actual expense that *you* have incurred.

**Payment of benefits and limitations:**

- *We* will pay the expenses covered under this insurance to *you* or to the provider of the service(s).
- If *you* are insured under more than one of *our* policies, the total amount paid to *you* cannot exceed the actual expense which *you* have incurred and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy.
- If *you* are eligible for the subsistence allowance benefit, the maximum *you* are entitled to is the largest amount specified in the Schedule of Benefits for any one event.
- *Our* maximum aggregate liability for all claims of all of *our* insureds who have been issued a policy form, due to the unforeseen *financial default* of any one travel supplier or common carrier under Risk #37, shall not exceed US\$10,000,000. Claims for any benefit payable under Risk #37 as to any one travel supplier or common carrier will not be processed for payment until the time granted under the policy for filing claims has expired. If the aggregate amount of benefit claims under Risk #37 with regard to any one travel supplier or common carrier by all of *our* insureds under this policy form exceeds the aggregate amount stated above, claims payments will be pro-rated in amount as to all insureds. In such event, *you* would not receive the maximum benefit otherwise available under this policy for loss due to Risk #37.

- Payment, reimbursement and amounts shown throughout this policy are in U.S. dollars. If currency conversion is necessary, we will use the exchange rate on the date the last service was rendered to you. This insurance will not pay for any interest.
- Throughout this document, any reference to age refers to your age on the date of *insurance enrollment form*.
- We and our agents, Assured Assistance Inc. and their agents, are not responsible for the availability, quality or results of any medical treatment or of any transportation or of your failure to obtain medical treatment.

**Appraisal Clause:**

- In the case of a disagreement between you and us concerning the value of the insured property or the amount of the loss, either party may make written demand for an appraisal of the loss. In this event, each party will select a competent and impartial appraiser. The two appraisers will select an umpire. If they cannot agree, they may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the value of the item and amount of loss. If they fail to agree, they will submit their differences to the umpire.

A decision agreed to by any two will be binding. Each party will:

- pay its chosen appraiser; and
- bear the other expenses of the appraisal and umpire equally.

The appraisal shall be completed within sixty (60) days of the selection of the independent appraisers.

**Arbitration Clause Endorsement:**

- It is understood and agreed that the policy is qualified with respect to the following:

Any and all disputes, controversies or claims of any kind and nature between the parties hereto, arising out of or in any way related to the validity, interpretation, performance or breach of any provision of the policy and upon which a settlement has not been reached by the parties, shall be resolved, exclusively, by arbitration in accordance with the Federal Arbitration Act (9 U.S.C. SECTION 1 ET SEQ).

- The policyholder shall appoint one arbitrator. The insurer shall appoint an arbitrator. The two arbitrators appointed shall together pick a third arbitrator. Any decision of the arbitrators shall be by majority vote. In all other respects, the rules and procedures of the American Arbitration Association's Commercial Arbitration Rules shall govern the arbitration proceeding, except to the extent that such rules and procedures conflict with the Federal Arbitration Act. Arbitration shall be held in the city and state where the policyholder(s) resides, unless otherwise agreed, in writing, by the parties. In no event shall the arbitrators grant any relief not available in the courts of the state where the policy is issued.

Judgment upon the arbitration award shall be entered in a court of general jurisdiction in the state where the policyholder(s) resides. Appeals may be taken from the arbitrators' decision only in accordance with the Federal Arbitration Act.

The parties understand that (1) discovery in an arbitration proceeding may be more limited than and different from that in a court proceeding, (2) the arbitrators are not required to state the basis of their decision or to issue any findings of fact, and (3) both party's right to appeal or seek modification of rulings by the arbitrators may be limited.

All other terms and conditions of this policy remain the same.

**Your contract:**

- The policy, the insurance application and any endorsement to any of those documents is the entire contract between you and us. Your rights and those of any *traveling companion* are contained solely in the contract. No agent has the authority to change the contract or to waive any of its provisions. No change in the contract will be valid unless authorized in writing by one of our officers and attached to the contract. Despite any other provision of this contract, mandated benefits will be provided in compliance with the applicable state insurance statute(s) to which this contract is subject. If there is a conflict between a provision of the contract and applicable state insurance statute(s), we will interpret the contract to conform to the applicable state insurance statute(s).

**Conformity of State Statutes Clause:**

This policy is amended to comply with the statutes of the jurisdiction where it is issued and on the *effective date*.

## Assurant Solutions Privacy Policy

The trust of our customers is Assurant Solutions's most valuable asset. Assurant Solutions safeguards that trust by keeping nonpublic personal information about customers in a secure environment and using that information in accordance with this Privacy Policy.

This Privacy Policy includes examples of the types of nonpublic personal information we collect and the kind of companies with whom we share such information. These examples are illustrative and should not be considered a complete inventory of our information collection, use and sharing practices. In addition, you may have other privacy protections under some state laws. We will comply with applicable state laws regarding information about you. For example, certain state laws may restrict the types of information we may disclose about you or require us to provide you with additional notices.

Please note that this Privacy Policy will not apply to your relationships with other financial service providers, such as banks, credit card issuers, finance companies and independent insurance agents that are not a part of the Assurant Solutions companies listed below. Their privacy policies will govern how they collect, use and disclose personal information that you allow them to access.

### Information We May Collect

Assurant Solutions may collect non-public personal information about you from the following sources:

- Information we receive from you (or is provided to us on your behalf) on applications and other forms, such as your name, address, telephone number, employer, and income;
- Information about your transactions with the companies of Assurant Solutions or other non-affiliated parties, such as your name, address, telephone number, age, credit card usage, insurance coverage, transaction history, claims history and premiums;
- Information from consumer reporting agencies, public records and data collection agencies, such as your obligations with others and your credit worthiness; and
- Information from health care providers, such as doctors and hospitals to determine your past or present health condition. Health information will be collected as we deem appropriate to determine eligibility for coverage, to process claims, to prevent fraud, and as authorized by you, or as otherwise permitted or required by law. Please note we collect health information only to administer a product or service, such as life or disability insurance, you requested. For example, if you purchased involuntary unemployment insurance or an extended service product from one of our companies, we do not collect health information to administer the product.

### Information We May Disclose and To Whom We May Disclose Information

The non-public personal information Assurant Solutions may collect as described above may be disclosed in order to deliver products and services to you, provide customer service or administer your account.

- **Disclosures Permitted by Law**

Assurant Solutions may disclose all of the nonpublic personal information described above, as permitted by law. For example, we may use affiliated and non-affiliated parties to perform services for us, such as providing customer assistance, handling claims, protecting against fraud and maintaining software for us. We also may disclose information in response

to requests from law enforcement agencies or State insurance authorities.

- **Disclosures for Joint Marketing and Servicing**

In addition, we may disclose all of the nonpublic personal information we collect as described above, with the exception of health information, to companies that perform marketing services on our behalf (for example, financial service providers, such as banks, and credit card issuers; non-financial companies, such as direct marketers and mail houses; and others, such as membership organizations) or to other financial institutions, such as banks and credit card issuers, with whom we have joint marketing agreements. We also may share such information among the companies of the Assurant Solutions to perform marketing services on our behalf or to offer you other Assurant Solutions products and services that we think may be of interest to you.

### What Information is collected?

We gather and use personal information to provide you with the insurance products and related services you have requested, or to offer you additional products and services. Most of the information we collect is voluntarily provided directly from you. For example, we may collect personal information from applications or other forms completed by you, and from your transactions with us. We may also collect information from consumer reporting agencies.

When you request products or services, we will ask you to provide only the information that enables us to complete your request, to provide better service or to offer you products and services we believe you might be interested in.

### Information Regarding Former Customers

Assurant Solutions does not disclose nonpublic personal information about former customers or customers with inactive accounts, except in accordance with this Privacy Policy.

### Our Security Procedures

Assurant Solutions restricts access to nonpublic personal information about you to those employees whom we determine have a legitimate business purpose to access such information in connection with the provision of products or services to you. We employ security techniques designed to protect our customer data. We provide training and communications programs designed to educate employees about the meaning and requirements of our strict standards for data security and confidentiality.

### Changes to this Privacy Policy

We reserve the right to modify or supplement this Privacy Policy at any time. If we make material changes, we will provide current customers with a revised notice that describes our new practices.

The companies of Assurant Solutions, listed below, value their relationship with you and appreciate the opportunity to bring you world class products and services. Should you have any questions regarding this Privacy Policy, please write to us at Assurant Solutions Privacy Office, 260 Interstate North Circle, Atlanta, Georgia 30339.

Email us your questions at [theprivacyoffice@assurant.com](mailto:theprivacyoffice@assurant.com)

American Bankers Insurance Company of Florida, NAIC #10111  
American Security Insurance Company in the state of MN, NAIC #42978

### **Worldwide Emergency Assistance**

Assistance services for RBC Travel Protection<sup>®</sup> are provided by Assured Assistance Inc.

Assured Assistance Inc. is a multilingual worldwide emergency medical assistance company that acts on behalf of The Liberty Marketing Corporation for the benefit of policyholders. The professionals at Assured Assistance Inc. are available 24 hours a day, 7 days a week in the event of an emergency, or in the event you need assistance with any of the following:

#### **Medical Services**

- In-house multilingual coordinators, registered nurses and physicians
- Referrals to generalists, specialists and paramedical personnel
- Help arrange referral to a medical specialist
- Monitoring of the care you receive
- Medical supply arrangements
- Validation and clarification of medical coverage
- Liaison between you and the insurance company regarding your coverage

#### **Transportation Services**

- Assistance in arranging special emergency medical transportation such as an air ambulance or commercial evacuation arrangements to the nearest suitable facility, if requested by your treating physician
- Ground ambulance services
- Arrange for accompaniment by qualified medical or nursing attendants, if advised by your treating physician
- Travel arrangements and escorts for unattended minor children
- Travel arrangements for family required at a patient's bedside
- Return transportation of traveling companion
- Arrange additional accommodation and travel bookings in an emergency
- Visa arrangements for emergency evacuations
- Arrange for the transportation of your mortal remains in the event of your death
- Assistance with lost tickets and luggage
- Arrange the return of your vehicle in an emergency

#### **Personal and Legal Services**

- 24-hour access: toll-free in North America, and collect from anywhere in the world
- Multilingual worldwide emergency assistance
- Retention and transmission of urgent messages either by e-mail or by telephone
- Emergency interpretation services
- Assistance with lost travel documents
- Assistance with replacement of lost or stolen medication
- Assistance with cancelling lost credit cards
- Assistance with arranging emergency cash advances
- Legal referrals
- Bail bond transfers
- Coordinate financial arrangements with other insurance providers, on your behalf

#### **Travel Advice**

- Pre-trip access to passport, visa, inoculation and vaccine requirements
- Travel advisories
- Medical advisories
- Consulate and embassy contacts
- Weather information
- Currency exchange information

For complete details, please read your policy.

Underwritten by American Bankers Insurance Company of Florida  
Administered by The Liberty Marketing Corporation

<sup>®</sup> Registered trade-marks of Royal Bank of Canada. RBC Insurance is a registered trademark of Royal Bank of Canada. Used under license by American Bankers Insurance Company of Florida.

# American Bankers Insurance Company of Florida

11222 Quail Roost Drive, Miami, FL 33157-6597

## ACCIDENT ONLY COVERAGE REQUIRED OUTLINE OF COVERAGE

(1) **Read Your Policy Carefully** – This outline of coverage provides a very brief description of the important features of *your* policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both *you* and *your* insurance company. It is, therefore, important that *you* READ *YOUR POLICY CAREFULLY!*

(2) **Accident Only Coverage** – Policies of this category are designed to provide, to persons insured, payment for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the policy. Coverage also provides Emergency Sickness Benefits. Coverage is not provided for basic *hospital*, basic medical-surgical, or major-medical expenses.

(3) **Benefits** – This insurance covers medical expenses related to the following when required as part of the *emergency treatment* and ordered by a *doctor* during *your trip*:

- a) *emergency treatment*, other than dental treatment;
- b) the services of a licensed private duty nurse while *you* are hospitalized;
- c) the lesser of the rental or purchase of a *hospital*-type bed, a wheelchair, brace, crutches and other medical appliances;
- d) X-rays; and
- e) *prescription drugs*, except when *you* need them to continue to stabilize a condition which *you* had before *your trip*, or a chronic condition.
- f) If *you* have an *emergency medical condition* during *your trip*, we will pay for eligible medical expenses incurred by *you* within one year from the date of the *emergency medical condition* provided initial treatment was received during *your trip*. The *emergency medical condition* must begin while *you* are covered under the policy.

Benefit under this benefit and those that follow are payable for up to \$50,000 per covered person per *trip*.

### Other emergency services

This insurance covers expenses for *emergency treatment* by a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath. Benefit amounts payable are shown in *your* policy's Schedule of Benefits.

### Ambulance

This insurance covers *you* for local ground ambulance service to a *hospital*, *doctor* or medical service provider in an *emergency*. We will pay for local taxi fare in lieu of local ground ambulance service, where an ambulance is medically required but not available. Benefit amounts payable are shown in *your* policy's Schedule of Benefits.

### Subsistence allowance

This insurance covers *your* reimbursement for additional costs of *your* commercial accommodation and meals, essential telephone calls and taxi fares, if, upon *doctor's* advice *you*, or *your traveling companion*, is relocated to receive medical attention, or *you* are delayed beyond *your return date* in order to receive *emergency treatment* or because *your traveling companion* requires *emergency treatment* for an *emergency medical condition* covered under this insurance. This subsistence allowance is subject to pre-authorization through Assured Assistance Inc. Benefit amounts payable are shown in *your* policy's Schedule of Benefits.

### Emergency dental treatment

This insurance covers dental expenses when required as *emergency treatment* and ordered by or received from a licensed dentist. Only *emergency* dental expenses incurred during *your trip* are covered. Benefit amounts payable are shown in *your* policy's Schedule of Benefits.

### **Return of vehicle**

If, as a result of a medical *emergency* during *your trip*, *you* are unable to return a *vehicle* to its point of origin, this insurance covers the reasonable and customary costs for the area in which the service is rendered for a commercial agency to return the *vehicle* to *your* residence or to a *commercial rental agency*, when pre-authorized through Assured Assistance Inc. Benefit amounts payable are shown in *your* policy's Schedule of Benefits.

(4) **Exclusions** – Loss due to following, either directly or indirectly, is not covered under this policy:

- 1 *Your* intentional self-inflicted injury, suicide or attempt to commit suicide;
- 2 the commission of an unlawful act, including the direct or indirect attempt to commit an unlawful act, by *you*, *your traveling companion*, or a member of *your immediate family*;
- 3 *your* being intoxicated, or under the influence of any narcotic unless administered on the advice of a physician;
- 4 *your* mental, nervous or emotional disorders including neurosis or psychoses;
- 5 *your* participation as a *professional athlete* in a sporting event;
- 6 *your* participation in a motorized race or motorized speed contest, or *mountain climbing*;
- 7 *your* participation in any military maneuver or training exercise;
- 8 a) routine pre-natal care or b) normal pregnancy, childbirth or miscarriage;
- 9 loss sustained or expenses incurred while on active duty as a member of the armed forces of any nation, or losses sustained or expenses incurred as a result of war (declared or not);
- 10 participation in a riot or insurrection;
- 11 piloting, learning to pilot or acting as a member of a crew of an aircraft;
- 12 air travel on any air-supported device, other than a *passenger plane*;
- 13 *your trip*, if *your* tickets do not:
  - indicate specific travel dates; or
  - reflect *your* intended *travel period*.
- 14 this policy will not pay in duplication of Motor Vehicle First Party benefits or Workers Compensation, Employer's Liability, Occupational Disease, disability or other similar law; or
- 15 cosmetic surgery, except when necessitated by covered sickness or injury.

### **Pre-Existing Medical Condition Exclusions**

This insurance does not pay for any expenses incurred directly or indirectly as a result of a condition for which medical advice or treatment was recommended by a physician or received from a physician within the 90 day period preceding the *effective date* of the coverage of the insured person, including:

- 1 a *medical condition* or related condition, if at any time in the 90 days before *your effective date*, that *medical condition* or related condition has not been *stable*;
- 2 a *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your effective date*; and
- 3 treatment or surgery for a specific condition, or a related condition, which caused *your doctor* to advise *you* not to travel.

### **PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER**

The exclusions related to *your* pre-existing *medical condition* will be waived ("Pre-Existing Medical Condition Exclusions", see page 6) if:

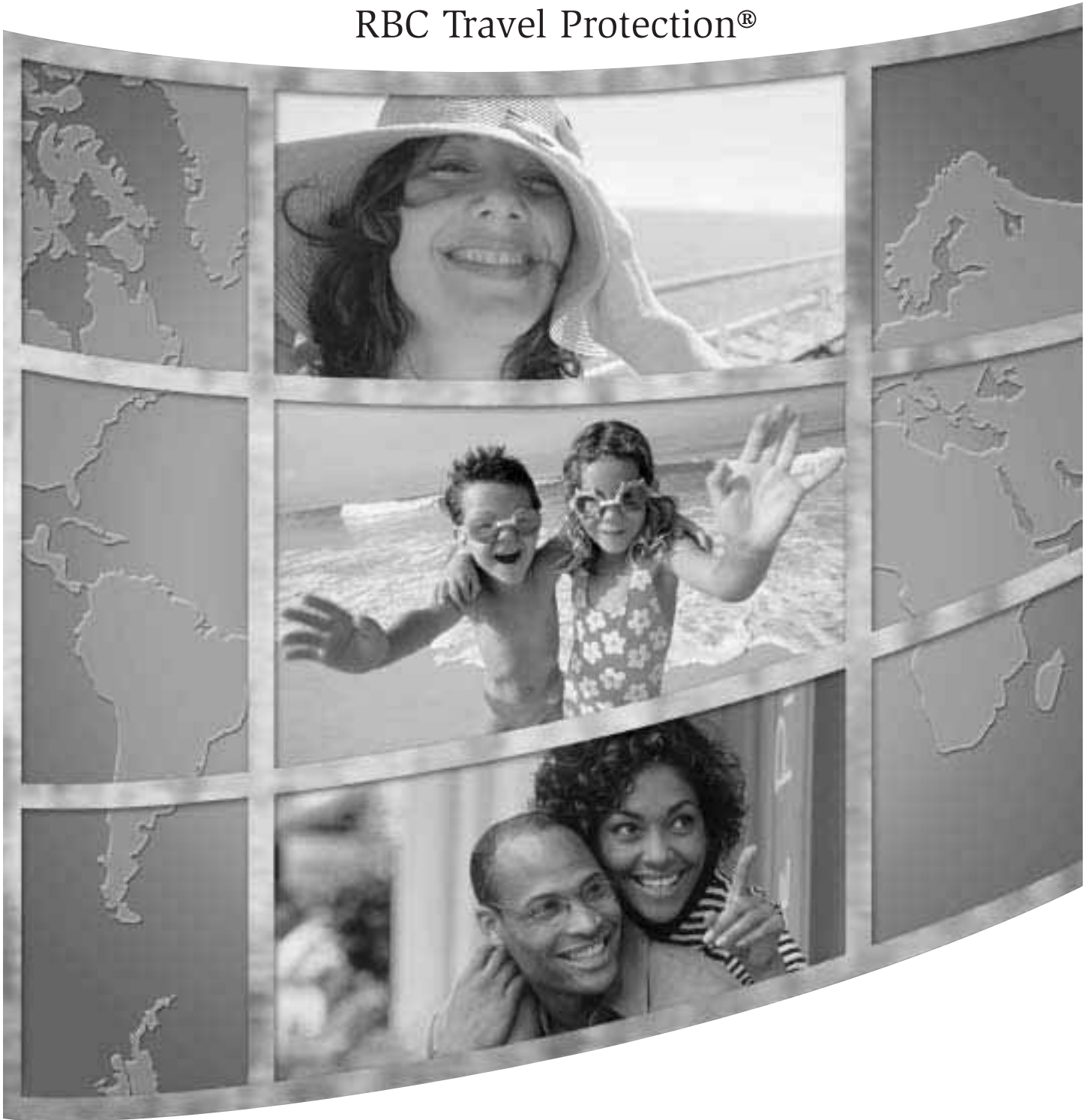
- *you* purchased Deluxe Package; and
- *you* purchased this insurance within 7 calendar days of the time of initial *trip* payment; and
- *you* are under 65 years of age; and
- *you* were medically able to travel at the time *you* purchased this insurance.

This is applicable to all coverages contained in the policy. In the event that a claim is filed, information concerning *your medical condition* must be provided to *our* Claims Administrator.

(5) **Renewability** – This policy is issued for a single stated term and is non-renewable.



RBC Travel Protection®



**ACCIDENT ONLY POLICY**



RBC  
Insurance

RBC Travel Protection®

## Accident Only Policy

**This is a Limited Benefit Policy. Read it Carefully.**

### **SINGLE TERM NON-RENEWABLE POLICY**

This Policy, providing Accident Only and Emergency Sickness Benefits, is issued for a single term as stated herein and is non-renewable.

This Policy is non-participating.

**Notice to Buyer: This policy may not cover all of your medical expenses.**

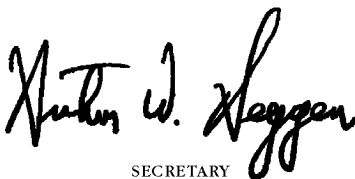
#### **What if *you* are not completely satisfied?**

If for any reason, *you* are not completely satisfied with the insurance coverage *you* have purchased from *us*, *you* may submit a request in writing to *your* travel agent for a refund of *your* premium provided that:

- *your* request is within 10 days of purchasing this insurance;
- *you* have not left on *your trip*, for which the insurance was issued; and
- *you* have not submitted a claim under this insurance.

**American Bankers Insurance Company of Florida  
11222 Quail Roost Drive, Miami, FL 33157-6596**

In Witness Whereof, we have caused this policy to be executed and attested and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

  
SECRETARY

  
PRESIDENT

- Underwritten by American Bankers Insurance Company of Florida
- Administered by The Liberty Marketing Corporation\*
- Assistance services provided by The Liberty Marketing Corporation through Assured Assistance Inc.
- \* Doing business as:
  - LMC Insurance Marketing Corporation in CA;
  - LMC Marketing Corporation in CO, MA, & MN;
  - LMC Agency in TX.

**Instructions:**

- 1 Please keep this policy in a safe place, and be sure to take it with *you* on *your trip*.
- 2 This policy has complete details of the package or plan *you* have chosen. Review it to familiarize *yourself* with *your* insurance benefits, conditions, and features.
- 3 *You'll* receive a confirmation form from *your* travel agent confirming the package or plan *you* have chosen and the *effective dates* of coverage. Please keep that form with *your* policy.
- 4 This policy contains wallet-cards with *our* *emergency* assistance phone numbers. Keep *your* wallet-card within easy reach during *your trip*.

| <b>What's inside:</b>  |          |
|--|----------|
| Schedule of Benefits .....                                   | <b>3</b> |
| Definitions .....  | <b>4</b> |
| General Insurance Details .....                              | <b>5</b> |
| How do <i>you</i> become insured? .....                      | <b>5</b> |
| Who is eligible for coverage? .....                          | <b>5</b> |
| When does <i>your</i> insurance start and end? .....         | <b>5</b> |
| When does <i>your</i> coverage automatically extend? .....   | <b>5</b> |
| What if <i>you</i> decide to extend <i>your trip</i> ? ..... | <b>5</b> |
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| Pre-Existing Medical Condition Exclusions.....               | <b>6</b> |
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| Flight and Travel Accident Insurance .....                   | <b>8</b> |
| General Conditions .....                                     | <b>9</b> |

**Please Read This Important Information**

This policy contains the terms and conditions of several travel insurance packages or plans available from American Bankers Insurance Company of Florida. **Some of these terms and conditions may limit benefits and amounts payable to you.** Please read the policy carefully, noting the information for the travel insurance packages or plans for which a premium has been paid, and take this policy with *you* on *your trip*. *Your* insurance coverage is subject to the terms and conditions set out in this policy document.

**Maximum Limit of Liability**

*Our* maximum aggregate liability for all claims of all of *our* insureds who have been issued a policy due to the same occurrence, shall not exceed US\$10,000,000. If the aggregate amount of benefit claims by all of *our* insureds under this policy exceeds the aggregate amount stated above, claims payments will be pro-rated in amount for all insureds. In such event, *you* would not receive the maximum benefit otherwise available under this policy for loss due to the same occurrence.

**Schedule of Benefits †**

Your coverage underwritten by American Bankers Insurance Company of Florida includes the following insurance as indicated below and depending upon the package that you have selected. Assistance services through Assured Assistance Inc. are included in addition to all insurance coverages.

| <b>Coverages</b>   | <b>Deluxe Package</b>  | <b>Standard Package</b>                                      |
|--|--|--|
| <b>BENEFITS</b>  | <b>MAXIMUM SUMS PAYABLE</b>                                  |  |
| Assistance services  | INCLUDED   | INCLUDED   |
| Pre-existing medical condition exclusion waiver  | AVAILABLE  | NOT AVAILABLE  |
| <b>Emergency Medical Expenses</b>  | <b>As set out below up to a combined maximum of \$50,000</b> | <b>As set out below up to a combined maximum of \$50,000</b> |
| <i>Emergency Medical Expenses</i>  | \$50,000   | \$50,000   |
| <i>Other Emergency Services</i>  | \$250 per profession   | \$250 per profession   |
| Ambulance  | \$10,000   | \$10,000   |
| Subsistence Allowance  | \$200 per day<br>maximum \$1,000                             | \$100 per day<br>maximum \$500                               |
| <i>Emergency Dental Treatment</i>  | Expenses during trip – maximum \$500                         | Expenses during trip – maximum \$500                         |
| Return of <i>Vehicle</i>   | Maximum \$1,000  | Maximum \$1,000  |
| <b>Emergency Medical Transportation</b>  | <b>Up to a combined maximum of \$300,000</b>                 | <b>Up to a combined maximum of \$300,000</b>                 |
| Bedside Companion's Subsistence Allowance  | \$300  | \$300  |
| Return of Children and escort for children to their <i>departure point</i>   | \$20,000   | \$20,000   |
| <b>Flight Accident and Travel Accident</b>   | <b>As set out below up to a combined maximum of \$5,000</b>  | <b>As set out below up to a combined maximum of \$5,000</b>  |
| Death, double <i>dismemberment, loss of sight</i> of both eyes or complete and irrecoverable loss of speech or hearing** | \$5,000  | \$5,000  |
| Single <i>dismemberment AND loss of sight</i> of one eye**   | \$5,000  | \$5,000  |
| Single <i>dismemberment OR loss of sight</i> of one eye**  | \$2,500  | \$2,500  |

\*\* You are entitled to a maximum of the largest amount specified for one of these benefits.

† This chart is provided to confirm the maximum sums payable for the coverage purchased. Other benefits may be available. For complete information on risks insured, benefits, conditions, limitations and exclusions, please see the policy for details.

AGREEMENT – We will provide the insurance described in this policy in return for the premium and in compliance with all applicable provisions of this policy.

### Definitions

The following definitions apply when written in *italics* throughout this document.

**Accidental bodily injury** - bodily injury, for which benefits are provided, means *accidental bodily injury* sustained by the insured person which is the direct and independent cause of the loss and occurs while the insurance is in force.

**Acute Psychoses** – means a severe fundamental mental derangement characterized by defective or lost contact with reality.

**Children** - unmarried persons who are dependent on *you* for support, *children* who are under court order to be covered by *you*, and adopted *children* from the time of placement who are dependent on *you* for support and who are:

- under 21 years of age; or
- under 26 years of age if full-time students; or
- mentally or physically handicapped and over 20 years of age; and

who travel with *you* or who join *you* during *your trip* and for whom *you* have primary responsibility during *your trip*. Newborn *children* born to *you* while *you* are on *your trip* are covered for *emergency treatment* from the moment of birth. *You* must notify *us* of the birth. No coverage is provided for newborns for Flight Accident and Travel Accident Benefits.

**Commercial rental agency** - a car rental agency licensed under the law of its jurisdiction.

#### **Complications of Pregnancy** –

- conditions requiring medical treatment prior to or subsequent to the termination of pregnancy whose diagnoses are distinct from pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion, disease of the vascular, hemopoietic, nervous or endocrine systems, and similar medical and surgical conditions of comparable severity; but will not include false labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning sickness and similar conditions associated with the management of a difficult pregnancy not constituting a classifiable distinct complication of pregnancy;
- hyperemesis gravidarum and pre-eclampsia requiring hospital confinement, ectopic pregnancy that is terminated, and spontaneous termination of a pregnancy which occurs during a period of gestation in which a viable birth is not possible; and
- conditions requiring medical treatment after the termination of pregnancy whose diagnoses are distinct from pregnancy but which are adversely affected by pregnancy or caused by pregnancy.

**Departure point** - the place *you* depart from on the first day of *your* intended *travel period*.

**Dismemberment** - total and permanent loss of function due to *accidental bodily injury*.

**Doctor** - all providers of medical care and treatment when such services are within the scope of the provider's licensed authority and are provided pursuant to applicable laws. Such provider may not be *you* or *your traveling companion* or a member of *your immediate family*. A *doctor* does not include a naturopath, herbalist or homeopath.

#### **Effective date** -

- d) for *Emergency Medical* coverage:  
the date on which *you* are scheduled to leave *your departure point*, as shown on *your insurance enrollment form*.
- e) for Flight Accident:  
the date and time of the flight as shown on *your* transportation ticket.
- f) for Travel Accident:  
the date and time *you* depart on *your trip*.

**Emergency** - an unforeseen event that occurs during the period of insurance coverage that makes it necessary to receive immediate treatment from a *doctor* or to be hospitalized.

**Emergency treatment** - medical treatment or surgery for an *emergency*, that is required for the immediate relief of an acute symptom. The treatment or surgery must be:

- a) ordered by or received from a *doctor* during *your trip*; or
- b) received in a *hospital* during *your trip*; or
- c) received from a licensed physiotherapist, chiropractor, chiroprapist, podiatrist or osteopath, as a result of an *emergency* that occurs during *your trip*.

**Hospital** - an establishment operated pursuant to law which is licensed or approved as a *hospital* by the responsible government agency, is primarily engaged in providing medical care and treatment of sick or injured persons on an in-patient basis for which a charge is made; and provides 24 hour nursing service by or under supervision of registered graduate professional nurses (R.N.'s). *Hospital* does not include any military or veterans *hospital* or soldiers home or any *hospital* contracted for or operated by any national government or agency thereof for the treatment of members or ex-members of the armed forces, convalescent homes, convalescent, rest, or nursing facilities; or facilities primarily for the aged, drug or alcoholic rehabilitation, and those primarily affording custodial or educational care.

**Immediate family** - *spouse*, parent, legal guardian, step-parent, grandparent, grandchild, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, or son-in-law.

**Infant** - a person who was born before *your effective date*, is over 14 days old and under 2 years of age, is *your immediate family* member and travels with *you* during *your trip*.

**Insurance enrollment form** - the printed form, computer printout or document provided by *your* travel agent which confirms the insurance coverage *you* have purchased. The *insurance enrollment form* forms part of the policy.

**Loss of sight** - due to *accidental bodily injury* an insured person is determined to be legally blind.

**Medical condition** - *accidental bodily injury* or sickness (or a condition related to that *accidental bodily injury* or sickness), including disease, *acute psychoses* and *complications of pregnancy*.

**Mountain climbing** - the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners and lead- or top-rope anchoring equipment.

**Passenger plane** - a certified multi-engined passenger aircraft provided by a regularly scheduled airline on any regularly scheduled *trip* or charter operated between licensed airports.

**Prescription drug** - drug or medicine that can only be issued upon the prescription of a *doctor* or licensed dentist and is dispensed by a licensed pharmacist.

**Professional** - engaged in a specified activity for financial compensation.

**Return date** - the earlier of:

- the date on which *you* are scheduled to return to *your departure point*, as shown on *your insurance enrollment form*, or
- the date *you* return to *your departure point*.

**Spouse** - the person who is legally married to *you* or *your traveling companion*, or has been living in a conjugal relationship with *you* or *your traveling companion* for a continuous period of at least one year and who resides in the same household as *you* or *your traveling companion*.

**Stable** - any *medical condition* or related condition (including any heart condition or any lung condition) for which there have been:

- no new treatment or new prescribed medication; and
- no changes in treatment or change in prescribed medication (including the amount of medication to be taken, how often it is to be taken, the type of medication or change in treatment frequency or type); and
- no test result showing a deterioration; and
- no hospitalization or referral to a specialist (made or recommended) or the results of further investigations not yet completed,

for that *medical condition* or related condition (including any heart condition or any lung condition).

**Travel period** - the period of time from *your* departure from *your departure point* up to and including *your* scheduled *return date*, as shown on *your insurance enrollment form*.

**Traveling companion** -

- a) under Flight & Travel Accident coverage: the person who is sharing travel arrangements with *you*, to a maximum of three persons.
- b) under *Emergency Medical* coverage: the person who is sharing travel arrangements with *you*, to a maximum of three persons, and who is covered under *our Emergency Medical* coverages.

**Trip** - period between *your effective date* and *your return date*.

**Vehicle** - a private passenger automobile, minivan, mobile home, camper truck or trailer home, which *you* use during *your trip* exclusively for the transportation of passengers other than for hire. It can be either owned by *you* or leased by *you* from a *commercial rental agency*.

**We, us** and **our** refer to American Bankers Insurance Company of Florida

11222 Quail Roost Drive, Miami, FL 33157-6596.

**You, yourself** and **your** refer to:

- a) the person named as the insured on the *insurance enrollment form* when the required insurance premium has been paid before the *effective date*, and
- b) *infants*, under the terms of *our Emergency Medical* coverage when traveling with an *immediate family* member covered under Deluxe or Standard Package.

- *you* are named on *your* completed *insurance enrollment form*; and
- upon full payment of the required premium on or before *your effective date*.

### Who is eligible for coverage?

This insurance is available to persons who make travel arrangements through an agency and is valid only if *you* have purchased insurance for the full duration of *your trip*.

### When does *your* insurance start and end?

- 1 **Insurance starts** on *your effective date*.
- 2 **Insurance ends** on the earliest of:
  - a) the date *you* return to *your* state or country of residence;
  - b) midnight of *your return date*;
  - c) 365 days after *your* date of departure from *your departure point*;

If *you* are covered under *our Emergency Medical* coverage and *you* have an *emergency medical condition* during *your trip*, we will pay for eligible medical expenses incurred by *you* within one year from the date of the *emergency medical condition*, provided initial treatment was received during *your trip*. The *emergency medical condition* must begin while *you* are covered under the policy.

### When does *your* coverage automatically extend?

- 1 If *you* cannot complete *your trip* by *your return date* because of the delay of a common carrier in which *you* are scheduled to travel, *your* coverage will automatically extend for the delay period up to a maximum of 72 hours.
- 2 If *you* or *your traveling companion* are hospitalized on *your return date*, *your* coverage will automatically extend for the period of hospitalization and up to 5 days after discharge.
- 3 If *you* or *your traveling companion* are delayed beyond *your return date* because of a *medical condition* and are medically unable to travel, but are not hospitalized, *your* coverage will automatically extend up to a maximum of 5 days after *your return date*.
- 4 Regardless of the automatic extensions above, coverage will not continue beyond 365 days from *your* departure from *your departure point*.

### What if *you* decide to extend *your trip*?

If *you* decide to extend *your trip*, any extension of *your* coverage is subject to the following conditions:

- 1
  - a) If *you* have not had a *medical condition* under *your* existing coverage, *you* must request the extension by contacting *your* travel agent before *your return date*.
  - b) If *you* have had a *medical condition* under *your* existing coverage, *you* must request the extension by contacting Assured Assistance Inc. before *your return date*, and the extension is subject to *our* approval.
- 2 *You* must pay the required additional premium before *your* original *return date*.

The terms, conditions and exclusions of the extension policy apply to *you* during the extension period.

### How do *you* get *your* premium refunded?

- 1 All requests for premium refunds must be submitted to the travel agent from whom *you* purchased the insurance.
- 2 Prior to departure on *your trip*, the total premium *you* paid can be refunded only if *your trip* is cancelled before *you* depart on *your trip*.
- 3 After departure on *your trip*, if *you* return to *your departure*

## General Insurance Details

*Your* insurance coverage is subject to the terms set out in this document.

### How do *you* become insured?

*You* become insured and this policy becomes an insurance contract after completion of the following:

*point* before *your return date*, the premium *you* paid for the unused portion can be refunded, if *you*:

- provide proof of *your* date of return; and
  - do not have a claim under the insurance.
- 4 Any insurance coverage, under the circumstance described above, under "What if *you* are not completely satisfied?".

#### **How do you submit a claim?**

- 1 When *you* call Assured Assistance Inc. at the time of *your* claim, *you* are instructed how to file a claim. Otherwise, please refer to the instructions included with the Claim & Authorization form(s) enclosed with this document. If *you* need a form, please contact *our* Claims Administrator at: P.O. Box 19093, Greenville, SC 29602-9093 1-866-305-5757 or 1-866-800-9671 (fax)
- 2 We do not cover fees charged for completing a medical certificate.
- 3 *You* must file *your* claim with *us* within 90 days of *your* return to *your departure point* in the case of a claim under any of *our* coverages.

#### **Pre-Existing Medical Condition Exclusions**

In addition to the exclusions outlined below under "General Exclusions", the following exclusions apply to *you* and any member of *your immediate family*.

This insurance does not pay for any expenses incurred directly or indirectly as a result of a condition for which medical advice or treatment was recommended by a physician or received from a physician within the 90 day period preceding the *effective date* of the coverage of the insured person, including:

- 1 a *medical condition* or related condition, if at any time in the 90 days before *your effective date*, that *medical condition* or related condition has not been *stable*;
- 2 a *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your effective date*; and
- 3 treatment or surgery for a specific condition, or a related condition, which caused *your doctor* to advise *you* not to travel.

#### **Pre-Existing Medical Condition Exclusion Waiver**

The exclusions related to *your pre-existing medical condition* will be waived ("Pre-Existing Medical Condition Exclusions", see page 6) if:

- *you* purchased Deluxe Package; and
- *you* purchased this insurance within 7 calendar days of the time of initial *trip* payment; and
- *you* are under 65 years of age; and
- *you* were medically able to travel at the time *you* purchased this insurance.

This is applicable to all coverages contained in the policy. In the event that a claim is filed, information concerning *your medical condition* must be provided to *our* Claims Administrator.

#### **General Exclusions**

In addition to the exclusions outlined above under "Pre-Existing Medical Condition Exclusions", under all coverages, this insurance does not pay for losses or expenses related directly or indirectly to any of the following. Such loss or expense is excluded regardless of any other cause or event contributing concurrently or in sequence to the loss or expense.

- 1 *Your* intentional self-inflicted injury, suicide or attempt to commit suicide;
- 2 the commission of an unlawful act, including the direct or indirect attempt to commit an unlawful act, by *you*, *your traveling companion*, or a member of *your immediate family*;
- 3 *you* being intoxicated, or under the influence of any narcotic unless administered on the advice of a physician;
- 4 *your* mental, nervous or emotional disorders including neurosis or psychoses;
- 5 *your* participation as a *professional* athlete in a sporting event;
- 6 *your* participation in a motorized race or motorized speed contest, or *mountain climbing*;
- 7 *your* participation in any military maneuver or training exercise;
- 8 a) routine pre-natal care or b) normal pregnancy, childbirth or miscarriage;
- 9 loss sustained or expenses incurred while on active duty as a member of the armed forces of any nation, or loss sustained or expenses incurred as a result of war (declared or not);
- 10 participation in a riot or insurrection;
- 11 piloting, learning to pilot or acting as a member of a crew of an aircraft;
- 12 air travel on any air-supported device, other than a *passenger plane*;
- 13 *your trip*, if *your* tickets do not:
  - indicate specific travel dates; or
  - reflect *your* intended *travel period*; or
- 14 this policy will not pay in duplication of Motor Vehicle First Party benefits or Workers Compensation, Employer's Liability, Occupational Disease, disability or other similar law; or
- 15 cosmetic surgery, except when necessitated by covered sickness or injury.

#### **Emergency Medical Insurance**

*Emergency Medical Insurance* applies to *you*, if *you* purchased a Deluxe or Standard Package.

#### **What should you do in a medical emergency?**

If *you* become injured or sick while on *your trip*, contact Assured Assistance Inc. - 24 hours a day, 7 days a week - at:

|                  |                                       |
|------------------|---------------------------------------|
| 1-866-896-5702   | (toll-free from the USA & Canada)     |
| 001-800-514-3573 | (toll-free from Mexico)               |
| (905) 816-1022   | (collect from anywhere)               |
| 1-888-298-6340   | (toll-free fax from the USA & Canada) |
| (905) 813-4719   | (fax from anywhere)                   |

If *your medical condition* prevents *you* from calling, call as soon as is medically possible or, as an alternative, someone else may call on *your* behalf.

## What risks are insured?

This insurance covers the reasonable and customary medical expenses for the area in which the service is rendered, that you actually incur, up to the maximum sum insured for necessary medical care or surgery, once you have left your *departure point*, as part of the *emergency treatment* arising from a *medical condition*.

## What are the benefits?

### Medical Expenses

The total amount payable, for benefits 1 through 6 outlined below is not to exceed the maximum benefit amount specified in the Schedule of Benefits on page 3 for *Emergency Medical Expenses*.

#### 1 Emergency Medical Expenses

This insurance covers medical expenses, up to the amount specified in the Schedule of Benefits on page 3, related to the following when required as part of the *emergency treatment* and ordered by a *doctor* during *your trip*:

- a) *emergency treatment*, other than dental treatment;
- b) the services of a licensed private duty nurse while you are hospitalized;
- c) the lesser of the rental or purchase of a *hospital-type bed*, a wheelchair, brace, crutches and other medical appliances;
- d) X-rays; and
- e) *prescription drugs*, except when you need them to continue to stabilize a condition which you had before *your trip*, or a chronic condition.
- f) If you have an *emergency medical condition* during *your trip*, we will pay for eligible medical expenses incurred by you within one year from the date of the *emergency medical condition* provided initial treatment was received during *your trip*. The *emergency medical condition* must begin while you are covered under the policy.

#### 2 Other emergency services

This insurance covers expenses for *emergency treatment* by a licensed physiotherapist, chiropractor, chiropractist, podiatrist or osteopath, to a maximum of the amount specified in the Schedule of Benefits on page 3.

#### 3 Ambulance

This insurance covers you for local ground ambulance service to a *hospital*, *doctor* or medical service provider in an *emergency*, up to the amount specified in the Schedule of Benefits on page 3. We will pay for local taxi fare in lieu of local ground ambulance service, where an ambulance is medically required but not available.

#### 4 Subsistence allowance

- a) This insurance covers your reimbursement for additional costs of your commercial accommodation and meals, essential telephone calls and taxi fares, if, upon *doctor's* advice:
  - you, or your *traveling companion*, is relocated to receive medical attention, or
  - you are delayed beyond your *return date* in order to receive *emergency treatment* or because your *traveling companion* requires *emergency treatment*, for an *emergency medical condition* covered under this insurance.

- b) The subsistence allowance is up to the amount specified in the Schedule of Benefits on page 3.
- c) This subsistence allowance is subject to pre-authorization through Assured Assistance Inc.

#### 5 Emergency dental treatment

This insurance covers dental expenses when required as *emergency treatment* and ordered by or received from a licensed dentist, up to the amount specified in the Schedule of Benefits on page 3.

Only *emergency* dental expenses incurred during *your trip* are covered.

#### 6 Return of vehicle

If, as a result of a medical *emergency* during *your trip*, you are unable to return a *vehicle* to its point of origin, this insurance covers the reasonable and customary costs for the area in which the service is rendered, up to the amount specified in the Schedule of Benefits on page 3, for a commercial agency to return the *vehicle* to your residence or to a *commercial rental agency*, when pre-authorized through Assured Assistance Inc.

### Medical Transportation

The total amount payable for benefits 7 through 10 outlined below is not to exceed the maximum benefit amount specified in the Schedule of Benefits on page 3 for *Emergency Medical Transportation*.

#### 7 Emergency Medical Transportation

- a. If the local attending *doctors* certify to us in writing that adequate medical facilities are not available locally, we will arrange for your *emergency* medical transportation by whatever means medically appropriate, including any extra transportation expenses and under the appropriate medical supervision, to the nearest facility capable of providing adequate care, up to the amount specified in the Schedule of Benefits on page 3.
- b. This benefit is subject to pre-authorization through Assured Assistance Inc.

#### 8 Bedside companion's travel to your bedside

- a) If you are traveling alone and are hospitalized for more than 3 days during *your trip* and a bedside companion is required, this insurance covers:
  - the cost of a return economy air fare on a commercial flight via the most cost effective route; and
  - commercial accommodation and meals for the bedside companion,up to the amount specified in the Schedule of Benefits on page 3.
- b) If you are over age 20 and physically handicapped, or under age 21 and dependent on your bedside companion for support, this insurance provides this benefit to you as soon as you are admitted to a *hospital*.
- c) This benefit is subject to pre-authorization through Assured Assistance Inc.

#### 9 Return of children and escort for children to their departure point

If *children* insured under the Deluxe or Standard Package travel with you or join you during *your trip* and you are hospitalized for more than 24 hours or you must return to your U.S. state of residence because of your *emergency*

*medical condition* covered under this insurance, this insurance covers:

- a) the extra cost of a one-way economy air fare on a commercial flight via the most cost effective route for the return of those *children* to their *departure point*; and
- b) the cost of a return economy air fare via the most cost effective route on a commercial flight for an escort, if the airline requires that the *children* be escorted, up to the amount specified in the Schedule of Benefits on page 3.

## 10 Repatriation

If, during *your trip*, you die from a *medical condition* covered under this insurance, the insurance covers:

- a) the transportation of *your* remains in the common carrier's standard transportation container to *your departure point*, and up to \$3,000 for the preparation of *your* remains and for the cost of the common carrier's standard transportation container, or
- b) up to \$2,000 for the cremation of *your* remains in the location where *your* death occurred and the transportation of *your* remains to *your departure point*, or
- c) up to \$3,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$2,000 for the burial of *your* remains at the location where *your* death occurred.

### What is not covered?

In addition to the exclusions outlined under "Pre-Existing Medical Condition Exclusion" on page 6 and "General Exclusions" on page 6, this insurance does not cover expenses or benefits arising from or related to:

- 1 any treatment that is not *emergency treatment*;
- 2 a *medical condition* or related condition that arises during a *trip* you undertake with the knowledge that you will require or seek treatment or surgery for that *medical condition* or a related condition during *your trip*;
- 3 routine care of a chronic condition;
- 4 treatment or surgery for a specific condition, or a related condition, which you contracted during *your trip* in a country for which the U.S. government had issued a travel warning before *your effective date*;
- 5 any portion of the benefits that require pre-authorization through Assured Assistance Inc. if such benefits were not pre-authorized through Assured Assistance Inc.;
- 6 any portion of benefits that are payable under any Worker's Compensation, Employer's Liability, Occupational Disease, disability or other similar law; or
- 7 routine dental treatment.

### What conditions apply?

This insurance is subject to the General Conditions outlined in this policy on page 9.

## Flight and Travel Accident Insurance

Flight and Travel Accident Insurance applies to you, if you purchased any of the following:

- Deluxe Package
- Standard Package

### What risks are insured?

*Your accidental bodily injuries*, resulting in *your dismemberment*, *loss of sight*, or complete and irrecoverable loss of speech or

hearing within 12 consecutive calendar months from the date of the accident.

This policy also covers *your accidental bodily injuries* resulting in *your death*.

### What are the benefits?

We will pay the greater of these benefits for all losses resulting from an accident:

- 1 100% of the principal sum for death, double *dismemberment*, *loss of sight* of both eyes or complete and irrecoverable loss of speech or hearing; or
- 2 100% of the principal sum for single *dismemberment* and *loss of sight* of one eye; or
- 3 50 % of the principal sum for single *dismemberment* or *loss of sight* of one eye.

The principal sums are shown in the Schedule of Benefits chart contained in this policy on page 3.

### What is not covered?

In addition to the exclusions outlined under "General Exclusions", this insurance does not cover loss caused by or arising from:

- 1 participation in any military maneuver or training exercise; or
- 2 participation in bodily contact sports, hang-gliding, parachuting, skydiving or bungee jumping.

### What conditions apply?

If you are covered under Travel Accident Insurance, conditions 1 to 3 below apply to you.

If you are covered under Flight Accident Insurance, conditions 1 to 6 below apply to you.

- 1 This insurance is subject to the General Conditions outlined in this policy.
- 2 If *your* body has not been found after 1 year following the accident covered under this insurance, or the forced landing, destruction or disappearance of the *passenger plane* on which you are riding during *your trip*, then we will pay 100% of the principal sum to *your* estate, unless otherwise specified in *your insurance enrollment form*.
- 3 The total benefits payable for one or more accidents will not exceed the applicable principal sum as shown in the Schedule of Benefits chart contained in this policy on page 3.
- 4 Coverage applies while you are riding, boarding or de-boarding as a ticketed passenger on a *passenger plane* or in a land or water conveyance provided by the airline or airport authority as a substitute for a *passenger plane*, during *your trip*.
- 5 This insurance starts on *your effective date*. It ends either upon completion of the airline *trip* or upon expiration of the transportation ticket or upon surrender of the transportation ticket for refund or credit.
- 6 *Your trip* must take place on a *passenger plane*, between the *departure point* and the destination shown in the *insurance enrollment form* and return to the *departure point* if a round *trip* ticket is obtained before leaving the *departure point*. At the time you sustain the *accidental bodily injuries*, you must be traveling on a ticket or pass covering the whole airline *trip* issued to you for transportation on a *passenger plane*. If the ticket is issued to you aboard such *passenger plane* after leaving the *departure point* but before reaching the first scheduled stop, it will be deemed to have been issued before leaving the *departure point*.

## General Conditions

### When we may render your policy void:

- If you fail to meet the eligibility conditions as outlined under “Who is eligible for coverage?” we may render your policy void and our liability is limited to a refund of the premium paid.

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

**Time Limit on Certain Defenses:** (a) After three years from the date of issue of this policy, no misstatements, except fraudulent misstatements, made by the applicant in the application for such policy shall be used to void the policy or to deny a claim for loss incurred or disability (as defined in the policy) commencing after the expiration of such three year period. (b) No claim for loss incurred or disability (as defined in the policy) commencing after 90 days from the date of issue of this policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the *effective date* of coverage of this policy, subject to any pre-existing condition waiver.

**Grace Period:** Payment of premium is a one-time payment. If for any reason, you are not completely satisfied with the insurance coverage you have purchased from us, you may submit a request in writing to your travel agent for a refund of your premium provided that:

- your request is within 10 days of purchasing this insurance;
- you have not left on your trip, for which the insurance was issued; and
- you have not submitted a claim under this insurance.

**Reinstatement:** This policy cannot lapse due to non-payment of renewal premium due to the fact that payment of premium is a one-time payment for this single term non-renewable policy.

**Notice of Claim:** Written notice of claim must be given to the insurer within twenty days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the insured or the beneficiary to the insurer at: Claims Administrator, P. O. Box 19093, Greenville, SC 29602-9093, 1-866-305-5757 or 1-866-800-9671 (fax), or to any authorized agent of the insurer, with information sufficient to identify the insurer, shall be deemed notice to the insurer.

**Claim Forms:** The insurer, upon receipt of a notice of claim, will furnish to the claimant such standard claim forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within fifteen days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

**Proofs of Loss:** Written proof of loss must be furnished to the

insurer at its said office in case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss within ninety days after the termination of the period for which the insurer is liable and in case of claim for any other loss within ninety days after the date of such loss. Failure to furnish such proof within the time frame 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.

**Time Payment of Claims:** Indemnities payable under this policy for any loss other than loss for which this policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which this policy provides periodic payment will be paid immediately upon receipt of due written proof. Any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

**Payment of Claims:** Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the insured. Any other accrued indemnities unpaid at the insured's death may, at the option of the insurer, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the insured.

**Physical Examinations and Autopsy:** The insurer at its own expense shall have the right and opportunity to examine the person of the insured when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

**Legal Actions:** No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expirations of three years after the time written proof of loss is required to be furnished.

**Change of Beneficiary:** Unless the insured makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the insured and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this policy or to any change of beneficiary or beneficiaries, or to any other changes in this policy.

**Insurance With Other Insurers:** If there be other valid coverage, not with this insurer, providing benefits for the same loss on a provision of service basis or on an expense incurred basis and of which this insurer has not been given written notice prior to the occurrence or commencement of loss, the only liability under any expense incurred coverage of this policy shall be for such proportion of the loss as the amount which would otherwise have been payable hereunder plus the total of the like amounts under all such other valid coverages for the same loss of which this insurer had notice bears to the total like amounts under all valid coverage for such loss, and for the return of such portion of the premiums

paid as shall exceed the pro-rata portion for the amount so determined.

**Arbitration Clause Endorsement:**

- It is understood and agreed that the policy is qualified with respect to the following:  
  
Any and all disputes, controversies or claims of any kind and nature between the parties hereto, arising out of or in any way related to the validity, interpretation, performance or breach of any provision of the policy and upon which a settlement has not been reached by the parties, may be resolved by arbitration in accordance with the Federal Arbitration Act (9 U.S.C. SECTION 1 ET SEQ).
- The policyholder shall appoint one arbitrator. The insurer shall appoint an arbitrator. The two arbitrators appointed shall together pick a third arbitrator. Any decision of the arbitrators shall be by majority vote. In all other respects, the rules and procedures of the American Arbitration Association's Commercial Arbitration Rules shall govern the arbitration proceeding, except to the extent that such rules and procedures conflict with the Federal Arbitration Act. Arbitration shall be held in the city and state where the policyholder(s) resides, unless otherwise agreed, in writing, by the parties. In no event shall the arbitrators grant any relief not available in the courts of the state where the policy is issued. Judgment upon the arbitration award shall be entered in a court of general jurisdiction in the state where the policyholder(s) resides. Appeals may be taken from the arbitrators' decision only in accordance with the Federal Arbitration Act.

The parties understand that (1) discovery in an arbitration proceeding may be more limited than and different from that in a court proceeding, (2) the arbitrators are not required to state the basis of their decision or to issue any findings of fact, and (3) both party's right to appeal or seek modification of rulings by the arbitrators may be limited. This arbitration provision is voluntary and non-binding.

All other terms and conditions of this policy remain the same.

**Conformity of State Statutes Clause:**

This policy is amended to comply with the statutes of the jurisdiction where it is issued and on the *effective date*.

## Assurant Solutions Privacy Policy

The trust of our customers is Assurant Solutions's most valuable asset. Assurant Solutions safeguards that trust by keeping nonpublic personal information about customers in a secure environment and using that information in accordance with this Privacy Policy.

This Privacy Policy includes examples of the types of nonpublic personal information we collect and the kind of companies with whom we share such information. These examples are illustrative and should not be considered a complete inventory of our information collection, use and sharing practices. In addition, you may have other privacy protections under some state laws. We will comply with applicable state laws regarding information about you. For example, certain state laws may restrict the types of information we may disclose about you or require us to provide you with additional notices.

Please note that this Privacy Policy will not apply to your relationships with other financial service providers, such as banks, credit card issuers, finance companies and independent insurance agents that are not a part of the Assurant Solutions companies listed below. Their privacy policies will govern how they collect, use and disclose personal information that you allow them to access.

### Information We May Collect

Assurant Solutions may collect non-public personal information about you from the following sources:

- Information we receive from you (or is provided to us on your behalf) on applications and other forms, such as your name, address, telephone number, employer, and income;
- Information about your transactions with the companies of Assurant Solutions or other non-affiliated parties, such as your name, address, telephone number, age, credit card usage, insurance coverage, transaction history, claims history and premiums;
- Information from consumer reporting agencies, public records and data collection agencies, such as your obligations with others and your credit worthiness; and
- Information from health care providers, such as doctors and hospitals to determine your past or present health condition. Health information will be collected as we deem appropriate to determine eligibility for coverage, to process claims, to prevent fraud, and as authorized by you, or as otherwise permitted or required by law. Please note we collect health information only to administer a product or service, such as life or disability insurance, you requested. For example, if you purchased involuntary unemployment insurance or an extended service product from one of our companies, we do not collect health information to administer the product.

### Information We May Disclose and To Whom We May Disclose Information

The non-public personal information Assurant Solutions may collect as described above may be disclosed in order to deliver products and services to you, provide customer service or administer your account.

- **Disclosures Permitted by Law**

Assurant Solutions may disclose all of the nonpublic personal information described above, as permitted by law. For example, we may use affiliated and non-affiliated parties to perform services for us, such as providing customer assistance, handling claims, protecting against fraud and maintaining software for us. We also may disclose information in response

to requests from law enforcement agencies or State insurance authorities.

- **Disclosures for Joint Marketing and Servicing**

In addition, we may disclose all of the nonpublic personal information we collect as described above, with the exception of health information, to companies that perform marketing services on our behalf (for example, financial service providers, such as banks, and credit card issuers; non-financial companies, such as direct marketers and mail houses; and others, such as membership organizations) or to other financial institutions, such as banks and credit card issuers, with whom we have joint marketing agreements. We also may share such information among the companies of the Assurant Solutions to perform marketing services on our behalf or to offer you other Assurant Solutions products and services that we think may be of interest to you.

### What Information is collected?

We gather and use personal information to provide you with the insurance products and related services you have requested, or to offer you additional products and services. Most of the information we collect is voluntarily provided directly from you. For example, we may collect personal information from applications or other forms completed by you, and from your transactions with us. We may also collect information from consumer reporting agencies.

When you request products or services, we will ask you to provide only the information that enables us to complete your request, to provide better service or to offer you products and services we believe you might be interested in.

### Information Regarding Former Customers

Assurant Solutions does not disclose nonpublic personal information about former customers or customers with inactive accounts, except in accordance with this Privacy Policy.

### Our Security Procedures

Assurant Solutions restricts access to nonpublic personal information about you to those employees whom we determine have a legitimate business purpose to access such information in connection with the provision of products or services to you. We employ security techniques designed to protect our customer data. We provide training and communications programs designed to educate employees about the meaning and requirements of our strict standards for data security and confidentiality.

### Changes to this Privacy Policy

We reserve the right to modify or supplement this Privacy Policy at any time. If we make material changes, we will provide current customers with a revised notice that describes our new practices.

The companies of Assurant Solutions, listed below, value their relationship with you and appreciate the opportunity to bring you world class products and services. Should you have any questions regarding this Privacy Policy, please write to us at Assurant Solutions Privacy Office, 260 Interstate North Circle, Atlanta, Georgia 30339.

Email us your questions at [theprivacyoffice@assurant.com](mailto:theprivacyoffice@assurant.com)

American Bankers Insurance Company of Florida, NAIC #10111  
American Security Insurance Company in the state of MN, NAIC #42978

## **Worldwide Emergency Assistance**

Assistance services for RBC Travel Protection<sup>®</sup> are provided by Assured Assistance Inc.

Assured Assistance Inc. is a multilingual worldwide emergency medical assistance company that acts on behalf of The Liberty Marketing Corporation for the benefit of policyholders. The professionals at Assured Assistance Inc. are available 24 hours a day, 7 days a week in the event of an emergency, or in the event you need assistance with any of the following:

### **Medical Services**

- In-house multilingual coordinators, registered nurses and physicians
- Referrals to generalists, specialists and paramedical personnel
- Help arrange referral to a medical specialist
- Monitoring of the care you receive
- Medical supply arrangements
- Validation and clarification of medical coverage
- Liaison between you and the insurance company regarding your coverage

### **Transportation Services**

- Assistance in arranging special emergency medical transportation such as an air ambulance or commercial evacuation arrangements to the nearest suitable facility, if requested by your treating physician
- Ground ambulance services
- Arrange for accompaniment by qualified medical or nursing attendants, if advised by your treating physician
- Travel arrangements and escorts for unattended minor children
- Travel arrangements for family required at a patient's bedside
- Return transportation of traveling companion
- Arrange additional accommodation and travel bookings in an emergency

- Visa arrangements for emergency evacuations
- Arrange for the transportation of your mortal remains in the event of your death
- Assistance with lost tickets and luggage
- Arrange the return of your vehicle in an emergency

### **Personal and Legal Services**

- 24-hour access: toll-free in North America, and collect from anywhere in the world
- Multilingual worldwide emergency assistance
- Retention and transmission of urgent messages either by e-mail or by telephone
- Emergency interpretation services
- Assistance with lost travel documents
- Assistance with replacement of lost or stolen medication
- Assistance with cancelling lost credit cards
- Assistance with arranging emergency cash advances
- Legal referrals
- Bail bond transfers
- Coordinate financial arrangements with other insurance providers, on your behalf

### **Travel Advice**

- Pre-trip access to passport, visa, inoculation and vaccine requirements
- Travel advisories
- Medical advisories
- Consulate and embassy contacts
- Weather information
- Currency exchange information

For complete details, please read your policy.

Underwritten by American Bankers Insurance Company of Florida  
Administered by The Liberty Marketing Corporation

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**SECTION E****PATIENT'S INFORMATION**

TO ALL DOCTORS AND OTHER MEDICAL PROFESSIONALS, HOSPITALS AND OTHER MEDICAL CARE INSTITUTIONS AND TO INSURERS, MEDICAL OR HOSPITAL SERVICE AND PREPAID HEALTH PLANS, EMPLOYERS AND GROUP POLICY HOLDERS, CONTRACT HOLDERS OR BENEFIT PLAN ADMINISTRATORS, LAW ENFORCEMENT AGENCIES, CORONERS, MEDICAL EXAMINERS: YOU ARE AUTHORIZED TO GIVE THE LIBERTY MARKETING CORPORATION, ASSURED ASSISTANCE INC. AND AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA AND (IF MN RESIDENT) AMERICAN SECURITY INSURANCE COMPANY, ITS AFFILIATES, REINSURERS, ANY AGENT, CONSUMER REPORTING AGENCY OR INDEPENDENT CLAIMS ADMINISTRATOR ACTING ON BEHALF OF THE LIBERTY MARKETING CORPORATION, ASSURED ASSISTANCE INC. AND AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA AND (IF MN RESIDENT) AMERICAN SECURITY INSURANCE COMPANY, WITH ANY INFORMATION CONCERNING INSURANCE COVERAGE, MEDICAL CARE, ADVICE, TREATMENT OR SUPPLIES, INCLUDING PSYCHIATRIC RECORDS, OR ANY OTHER INFORMATION THAT MAY AFFECT THE REQUEST FOR BENEFITS SUBMITTED.

A COPY OF THIS AUTHORIZATION SHALL HAVE THE SAME AUTHORITY AS THE ORIGINAL.

INSURED'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PATIENT, PATIENT'S GUARDIAN OR NEXT OF KIN (IF DIFFERENT FROM NAMED INSURED) \_\_\_\_\_

**WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals, for the purposes of misleading, information concerning any fact materials thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties.

**CA residents only:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**D.C. residents only:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FL residents only:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KY residents only:** Any person who knowingly and with intent to defraud any insurance company, or other person files a claim for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NJ residents only:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NM residents only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss for benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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

**TX residents only:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

This Policy is issued for a single term as stated herein and is non-renewable.  
This Is a Limited Benefit Policy – Read It Carefully

Underwritten by American Bankers Insurance Company of Florida  
Administered by The Liberty Marketing Corporation

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**PLEASE SEND CLAIM FORMS TO THE FOLLOWING ADDRESS:**

The Liberty Marketing Corporation  
Greenville, SC 29602-9093  
P.O. Box 19093  
Telephone Number: 1-866-305-5757  
Fax Number : 1-866-800-9671

**SECTION F**

**DOCTOR'S STATEMENT (TO BE COMPLETED BY ATTENDING DOCTOR ONLY)**

Full Name of patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis related to claim: 1. \_\_\_\_\_ ICD Code: \_\_\_\_\_ Date: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_  
(List this in order of severity) 2. \_\_\_\_\_ ICD Code: \_\_\_\_\_ Date: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_  
3. \_\_\_\_\_ ICD Code: \_\_\_\_\_ Date: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

1. Is this a new condition?  Yes  No If "No", on what date was this condition first diagnosed? ..... Date: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

2. Date of first consultation for present onset: ..... Date: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

3. Has the patient received treatment, advice or referral for this condition in the last year?  Yes  No  
a) If "Yes", please provide all dates: ..... Date: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

b) Name of referred Doctor (if applicable): \_\_\_\_\_

4. If patient was referred to you, provide name and phone number of referring doctor: \_\_\_\_\_

5. Does the patient take ongoing medication for this condition?  Yes  No

If "Yes", please provide names: \_\_\_\_\_

6. When was medication last altered? ..... Date: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_  
Why? \_\_\_\_\_

7. Date medication first prescribed: ..... Date: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

8. a) Did patient make you aware of travel plans?  Yes  No Please specify when: ..... Date: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

b) Did patient receive medical approval from you for the trip?  Yes  No

9. If condition was due to pregnancy, what was the expected date of delivery? ..... Date: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

10. If condition was due to an accident, what was the date of occurrence? ..... Date: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

11. Were follow up treatments required?  Yes  No Please specify dates: ..... Date: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

12. Was the patient hospitalized?  Yes  No from \_\_\_\_\_ to \_\_\_\_\_

Name of Hospital \_\_\_\_\_

13. a) In your professional opinion, from what date did this condition preclude travel for the patient or a family member? ..... Date: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

b) On what date was the patient or family member advised to cancel the trip? ..... Date: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

c) On what date was this condition stable enough to permit travel? ..... Date: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

Name of Attending Doctor (print): \_\_\_\_\_

Signature of Attending Doctor \_\_\_\_\_ Date: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Tax ID/IRS# \_\_\_\_\_

The insured is responsible for any fees charged for the completion of this medical certificate.

Attending Doctor's Stamp

**PLEASE SEND THESE DOCUMENTS:**

- |   |   |
|---|---|
| 1) FULLY COMPLETED CLAIM FORM (REQUIRED)                | 2) PROOF OF TRAVEL INSURANCE (REQUIRED)               |
| 3) RECEIPTS SHOWING AMOUNTS PAID (REQUIRED)             | 4) DETAILS OF CANCELLATION PENALTIES/FEEES (REQUIRED) |
| 5) PROOF OF REFUNDS RECEIVED (AS APPLICABLE)            | 6) DEATH CERTIFICATE (AS APPLICABLE)                  |
| 7) DOCUMENTARY EVIDENCE OF RISK INSURED (AS APPLICABLE) | 8) UNUSED TICKETS (AS APPLICABLE)                     |