



# Individual Travel Insurance Policy

**FOR SERVICE, VISIT OR CALL:**

**www.accessamerica.com**  
**1-800-284-8300**

**FOR EMERGENCY ASSISTANCE  
DURING YOUR TRIP CALL:**

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

**1-804-281-5700**  
(Collect)



Don't forget to take this document with you!

## Your Travel Insurance Policy

Thank you for buying a travel insurance **plan** from Access America!

**Your plan** is described in the following documents:

- This policy, which explains how **our** travel insurance works.
- The *letter of confirmation* that came with **your** package, which tells **you** what coverage **your plan** includes and the limits.
- Any other information **you** receive with **your** package, including riders or other forms.

Please make sure **you** read these documents carefully. This policy may describe coverage **your plan** doesn't include. Make sure **you** refer to all of these documents to understand what **your plan** covers. Contact **us** immediately if **you** think there's a mistake on **your** letter of confirmation.

All dollar amounts in these documents are in US dollars.



### We can help!

Our assistance team can help **you** with problems 24 hours a day, almost anywhere in the world.

In the United States, Canada, Puerto Rico  
and the U.S. Virgin Islands  
All other locations, call collect

**1-800-654-1908**  
**1-804-281-5700**

Access America branded plans are underwritten by Jefferson Insurance Company, and administered by World Access Service Corp., a company of Mondial Assistance.

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## SECTION 1: OUR AGREEMENT WITH YOU

Your travel insurance plan (**your plan**) includes both insurance coverage and assistance services.

Throughout this document:

- **we, us** and **our** mean World Access Service Corp., Access America and Jefferson Insurance Company. Access America branded plans are underwritten by Jefferson Insurance Company and administered by World Access Service Corp., a company of Mondial Assistance
- **Jefferson** means Jefferson Insurance Company
- **you** and **your** mean the people listed on **your** letter of confirmation

All of the information about travel insurance in this document is subject to the terms and conditions of the policy underwritten by **Jefferson**. No one has the right to describe this travel insurance any differently than it has been described in this document, or to change or waive any of its provisions. **Our** coverage may be broader than described in this policy.

### About this agreement

This policy is a legal contract between **you** and **Jefferson**. **You** have a duty to make all reasonable efforts to minimize any loss.

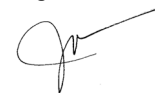
**We** have issued the policy and any attached riders based on **your** payment of the premium and on the information **you** included in **your** enrollment or other form. The statements **you** made in **your** enrollment or other form are representations and not warranties. **We** may use this information to void insurance, reduce benefits or defend **our** decision about a claim.

The headings in this policy are for convenience only.

### Satisfaction Guarantee

**We** will refund **your** insurance premium if **you** cancel **your plan** within 10 days of purchase and **you** haven't started **your trip** or filed a claim.

### Signed for Jefferson Insurance Company



Jon Ansell, President



Fred Faett, Secretary

Jefferson Insurance Company  
2805 North Parham Road, Richmond, VA 23294

## SECTION 2: WHAT THIS POLICY INCLUDES

This is a *named perils* travel insurance policy, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

The **plan you** purchased may not include all the coverage described here. Make sure **you** check **your** letter of confirmation to confirm **your** coverage and limits.

**Your plan** also includes assistance services, which are described in Section 5, *Help while traveling*.

Coverage*	When it applies	Page
	<b>Your trip is canceled or interrupted</b>	<b>5</b>
Trip cancellation	<b>Your trip</b> is canceled before <b>you</b> get started	
Trip interruption	<b>Your trip</b> is interrupted after <b>you've</b> left	
	<b>You get sick or hurt while traveling</b>	<b>8</b>
Emergency medical/dental	<b>You</b> have to pay for <b>emergency medical or dental care</b>	
	<b>You're delayed</b>	<b>10</b>
Travel delay	<b>Your</b> travel is delayed six hours or more	
	<b>Your baggage is lost, damaged, stolen or delayed</b>	<b>11</b>
Delayed baggage	<b>Your baggage</b> is delayed by a <b>common carrier</b>	
Lost, damaged or stolen baggage	<b>Your baggage</b> is lost, damaged or stolen	
	<b>Other coverage</b>	<b>12</b>
Existing medical condition coverage	<b>You</b> have an <b>existing medical condition</b>	

\* Underwritten by Jefferson Insurance Company

### How to read Section 2

<b>When it applies</b>	Tells <b>you</b> when <b>you're</b> eligible to make a claim. These situations and events are called <b>covered reasons</b> .
<b>What it covers</b>	Tells <b>you</b> the kinds of things <b>you</b> can be reimbursed for. <b>You'll</b> find out more in Section 6, <i>Claims information</i> .

**We can help!**



Tells **you** about related assistance services that are available to **you** worldwide. **You'll** find a complete list in Section 5, *Help while traveling*.



**Important**

Travel insurance doesn't cover everything. It's designed to protect **you** when there's a sudden, unexpected problem or event. Please see Section 3, *What this policy excludes*, for more information.

## YOUR TRIP IS CANCELED OR INTERRUPTED



**Important**

**You** need to contact **your travel suppliers** within 72 hours of canceling or interrupting **your trip** to qualify for the largest reimbursement possible. If **you** notify **your** suppliers later and get a smaller **refund**, **we** will not cover the difference. If **you're** seriously ill or injured, contact **your travel suppliers** as soon as **you** can.



**We can help!**

Need help sending an emergency message or getting flight information? See Section 5, *Help while traveling*, for a complete list of ways **we** can help.

## Trip cancellation and Trip interruption

**When it applies** **Your trip** is canceled before **you** get started, or interrupted after **you've** left, for one of the following **covered reasons**:

### **Health**

*Injury, illness or medical condition*

**You** or a **traveling companion** are seriously ill or injured.

Specific requirement

The **injury, illness** or **medical condition** must be disabling enough to make a reasonable person delay, cancel or interrupt their **trip**.

- A **doctor** must examine **you** or a **traveling companion** and advise **you** or a **traveling companion** to cancel or interrupt **your trip** before **you** cancel or interrupt it. If that isn't possible, a **doctor** must examine **you** within 72 hours of **your** cancellation or interruption.

A **family member** who isn't traveling with **you** is seriously ill or injured.

Specific requirement

- The **injury, illness or medical condition** must be considered life threatening, require hospitalization, or he or she must require **your** care.

*Death*

**You**, a **traveling companion** or **family member** dies.

Specific requirement

- A **traveling companion** or **family member's** death must occur before or during **your trip**.

*Quarantine*

**You** or a **traveling companion** are **quarantined**.

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### **Legal**

*Jury duty or court-ordered appearance*

**You're** summoned by a court order or subpoena to serve on a jury or appear in court.

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### **Environment**

*Home uninhabitable*

**Your primary residence** is **uninhabitable** because of a **natural disaster**, fire, flood, burglary or vandalism.

*Canceled services*

**Your** airline, cruise line, or tour operator or **travel supplier** stops offering all services for at least 24 consecutive hours where **you're** departing, arriving or making a connection because of:

- a **natural disaster**
- **severe weather**
- a strike

Specific requirements (all must apply)

- **Your travel supplier** doesn't offer **you** a substitute itinerary.
- The striking workers aren't employed by the supplier **you** purchased **your plan** or travel services from, or an affiliate of that supplier.

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### **Politics and violence**

*Hijacking*

**You** or a **traveling companion** are hijacked.

*Terrorism*

A **terrorist event** happens at **your** U.S. or foreign **destination** within 30 days of the day **you're** scheduled to arrive.

Specific requirement

## **What it covers**

For locations outside the United States, **you're** not covered if the foreign destination is on the US State Department's "do not travel" or "travel advisory" lists.

Please refer to **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

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### **Trip cancellation coverage**

*Non-refundable payments and deposits*

Payments and deposits **you** made before **your trip** was canceled, less any published **refunds you're** entitled to receive.

*Accommodation*

The extra cost of single **accommodation** if **you** prepaid for shared **accommodation** and a **traveling companion** canceled or interrupted their **trip** for a **covered reason** or was delayed for a **covered reason**.

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### **Trip interruption coverage**

*Prepaid expenses*

The unused part of **your** prepaid expenses, less any **refunds you** receive.

*Accommodation*

The extra cost of single **accommodation** if **you** prepaid for shared **accommodation** and a **traveling companion** canceled or interrupted their **trip** for a **covered reason** or was delayed for a **covered reason**.

*Transportation*

Reasonable transportation expenses for getting to:

- **your final destination** or a place where **you** can continue **your trip**, or
- **your original destination** another way, if **your** travel is delayed for 24 hours or more at the start of **your trip**.

*Expenses for the cost of staying longer than you planned*

Extra **accommodation** and transportation expenses because a **traveling companion** is hospitalized.

Special limit

- Maximum of \$100 a day for up to five days.

## YOU GET SICK OR HURT WHILE TRAVELING



### We can help!

Need help finding a **doctor** or getting emergency cash from home to pay for treatment? See Section 5, *Help while traveling*, for a complete list of ways **we** can help.

## Emergency medical/dental

### When it applies

**You** have to pay for **emergency medical or dental care** for one of the following **covered reasons**:

- **you** have a sudden, unexpected **illness** or **injury** during **your trip** that's either life threatening or could cause serious and irreparable harm if it isn't treated
- **you** have an **injury** or infection, a lost filling or a broken tooth during **your trip** that requires immediate treatment by a **dentist**

Specific requirement

- The treatment is **medically necessary** and is provided by a **doctor, dentist, hospital** or **other licensed provider** during **your trip**.

### What it covers

Please refer to **your** letter of confirmation to confirm **your** coverage and limits in **your plan**, including any **deductible** for **outpatient** care that may apply to **your plan**.

*Reasonable and customary costs*

**Reasonable and customary costs** for supplies and services from a **doctor, dentist, hospital** or **other licensed provider**.



### Important

This is excess coverage only. If **you** have health insurance, **you** must submit **your** claim to that provider first. Any benefits **you** receive from **your** primary insurance provider or from any other excess coverage will be deducted from **your** claim.

If **you're** eligible for benefits or compensation through a government-funded program other than Medicaid, **you** don't qualify for this coverage.

### *Insurance with Other Insurers*

If there is other valid coverage, not with **Jefferson**, providing benefits for the same loss on a provision of service basis or on an expense incurred basis and of which **Jefferson** 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 **Jefferson** had notice bears to the total like amounts under all valid coverages for such loss, and for the return of such portion of the premiums

paid as shall exceed the pro-rata portion of the amount so determined. For the purpose of applying this provision when other coverage is on a provision of service basis, the "like amount" of such other coverage shall be taken as the amount which the services rendered would have cost in the absence of such coverage.

## Emergency medical transportation



### Important

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

**Your** emergency medical transportation limit is the total amount available for all covered services described below. Please check **your** letter of confirmation to confirm that **you** have this benefit in **your plan** and **your** total dollar limit.

**You** must make all emergency medical transportation arrangements described below through **us**. **We** can deny a claim for emergency transportation if **we** didn't authorize and arrange it.

### *Moving you to a hospital or medical clinic (Emergency medical evacuation)*

If **our** medical team and the **doctor** caring for **you** agree that a local care facility can't treat **your injury** or **illness**, **we'll** identify the nearest appropriate facility that can provide the care **you** need.

**We'll** only cover the cost of **your** emergency medical evacuation if **we** authorize and arrange:

- **your** transportation, and
- the medical escort (if **you** need one).

### *Bringing a friend or family member to you or getting your children home (transport to bedside or return of dependents)*

If **you're** told **you** will be hospitalized for more than seven days, **we'll** arrange for and cover the cost of an economy class round-trip ticket to bring a friend or **family member** to **you** if **you're** alone, or to send children under the age of 23 who are traveling with **you** home.

### *Getting you home after your care (medical repatriation)*

Once **you've** recovered enough to return home, **we'll** arrange for and cover the cost of an economy class ticket to get **you** home (less any **refunds** from **your** unused return trip tickets).

**We'll** only cover the cost of **your** medical repatriation if **we** authorize and arrange **your** transportation.

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

**We'll** cover the cost of reasonable and necessary services to transport **your** remains to **your place of residence**. **We** can also help the sending and receiving funeral homes coordinate with each other.

## YOU'RE DELAYED



### Important

You need to make reasonable efforts to continue **your trip** if you're delayed or you miss **your** flight or cruise. The coverage described here can help. Any **refunds** you receive from **your travel suppliers** will be deducted from **your** claim.



### We can help!

Need help rebooking **your** flight or arranging for alternative transportation? See Section 5, *Help while traveling*, for a complete list of ways **we** can help.

## Travel delay

### When it applies

Your travel is delayed for six or more consecutive hours for one of the following **covered reasons**.

#### *Strike or common carrier delay*

- **Your** departure is delayed by a **common carrier**.
- **Your** departure is delayed by an unannounced strike.

#### *Quarantine*

- **You** are **quarantined**.

#### *Natural disaster or severe weather*

- There's a **natural disaster**.

#### *Politics, violence or theft*

- **Your** passports, money or other travel documents are lost or stolen.
- **Your** travel is delayed by a hijacking.
- **Your** travel is delayed by civil disorder or unrest.

### What it covers

Please refer to **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

**You** can claim one of the following:

#### *Prepaid expenses*

The unused part of **your** prepaid expenses, less any **refunds** you receive.

or

#### *Meals, accommodation and transportation*

- Reasonable expenses for meals and **accommodation** while **you're** delayed.
- Reasonable additional transportation expenses.

#### Special limit

Maximum of \$150 per person per day, up to the limit shown on **your** letter of confirmation.

## YOUR BAGGAGE IS LOST, DAMAGED, STOLEN OR DELAYED



### Important

Any **refunds** you receive will be deducted from **your** claim.



### We can help!

Need help contacting local authorities or getting emergency cash from home? See Section 5, *Help while traveling*, for a complete list of ways **we** can help.

## Lost, damaged or stolen baggage

### When it applies

**Your baggage** is lost, damaged or stolen while **you're** traveling.

Specific requirements (all must apply)

- **You** take reasonable steps to keep **your baggage** safe and intact, and to recover it.
- **You** file a report giving a description of the property and its value with the appropriate local authorities, **common carrier**, hotel or tour operator within 24 hours of the loss.

### What it covers

Please refer to **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

#### *Actual price, actual cash value, repair or replacement (whichever is less)*

- *actual price* is the amount it would cost to buy a similar item
- *actual cash value* is the amount the item is worth based on its **current market value**. If **you** don't have an original receipt, **we'll** cover up to 75% of its **current market value**
- *repair or replacement* is the cost to repair or replace the item

#### Special limit

- Maximum \$500 in total for all jewelry, watches, gems, furs, cameras and camera equipment, camcorders, sporting equipment,

computers, radios and other electronic items. **You** need to provide original receipts for these items or they won't be covered.

## Delayed baggage

**When it applies** A **common carrier**, hotel or tour operator delays **your baggage** for 24 hours or more.

Specific requirement

- **You** report the loss and file a claim with the **common carrier**, hotel or tour operator.

**What it covers** Please refer to **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

*Reasonable essential items*

Reasonable essential items for **you** to use until **your baggage** arrives.

## OTHER COVERAGE



### Important

Please check **your** letter of confirmation to confirm **your** coverage and limits.

## Existing medical condition coverage

If **your plan** includes this coverage, **you**, a **traveling companion** or **family member** can have an **existing medical condition** and **you** will still be eligible for all coverage and assistance services, as long as:

- **you** purchased **your plan** within 14 days of making **your** first **trip** payment or first **trip** deposit
- **you** purchased *trip cancellation* coverage that covers the full cost of all **your** non-refundable **trip** arrangements
- **you** were a U.S. resident and medically able to travel on the day **you** purchased the **plan**, and
- the total cost of **your trip** is \$10,000 per person or less.

## SECTION 3: WHAT THIS POLICY EXCLUDES

### GENERAL EXCLUSIONS

**You** aren't covered for any loss that results directly or indirectly from any of the following general exclusions, unless they're included in Section 2, *What this policy includes*.

The following things if they affect **you**, a **traveling companion** or a **family member**, whether the **family member** is traveling with **you** or not:

- **existing medical conditions** (unless **you** have *existing medical condition* coverage)
- intentional self-harm or attempting or committing suicide (only applies to **you**)
- pregnancy, unless there are unforeseen complications or problems with the pregnancy
- fertility treatments, childbirth or elective abortion
- a mental or nervous health disorder (like anxiety, depression, neurosis, psychosis and others), or any related physical complications (physical complication means any physical symptom)
- intoxication or abuse by alcohol or the use or abuse of drugs except as prescribed by a Doctor or any related physical complications (physical complication means any physical symptom)

The following activities if **you**, a **traveling companion** or a **family member** participates in them, whether the **family member** is traveling with **you** or not:

- flying or learning to fly an aircraft as a pilot or crew member
- participating in or training for any professional or amateur sporting competition
- participating in extreme, high-risk sports like:
  - skydiving, hang gliding or parachuting
  - bungee jumping
  - caving
  - extreme skiing, heli-skiing or skiing outside marked trails
  - body contact sports (meaning any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate)
  - mountain climbing or any other high altitude activities
  - scuba diving below 120 feet (40 meters) or without a dive master

Loss due to the following events that affect the travel of **you**, a **traveling companion** or a **family member**:

- any problem or event that could have reasonably been foreseen or expected when **you** purchased **your plan**
- an **epidemic** or **pandemic**
- **natural disasters** like hurricanes, earthquakes, fires and floods
- air, water or other pollution, or the threat of a pollutant release
- war (declared or undeclared), acts of war, military duty, civil disorder or unrest
- **financial default**
- **unlawful acts**

## SECTION 4: WHO IS COVERED AND WHEN

### WHO IS COVERED BY YOUR PLAN

Your plan covers the people listed on your letter of confirmation.

### WHEN YOUR COVERAGE BEGINS AND ENDS

You're only eligible for coverage if we accept your request for insurance.

Your plan's effective date depends on how you purchased it.

if you purchased	it's effective:
in person	the day and time you purchase your plan
by mail	the day after your enrollment or other form is postmarked
over the phone	the day after you place your telephone order
by fax	the day after we receive your fax
online	the day after we receive your online order

*Trip cancellation* coverage begins on your plan's effective date, as long as we receive your premium before you cancel your trip or make a claim.

All other coverage begins on your scheduled departure date, as long as we've received your payment. Your departure and return dates are counted as two separate days of travel when we calculate the duration of your trip.

Your coverage ends on the earliest of:

- the day you're scheduled to return
- the day you actually return, if you come back earlier
- the day and time you cancel your trip

If your return travel is delayed for a covered reason, we'll extend your coverage until you can get home.

Your plan can't be renewed.

You aren't eligible for reimbursement under any coverage if:

- your common carrier tickets don't show departure and return dates
- the departure and return dates on your enrollment or other form don't represent when you actually intended to travel

### SPECIFIC EXCLUSIONS

You aren't covered for any loss that results directly or indirectly from any of the following specific exclusions unless they're included in Section 2, *What this certificate includes*.

#### Trip cancellation and trip interruption coverage

- travel bulletins or alerts
- government prohibitions or regulations

#### Lost, damaged or stolen baggage coverage

- intentional loss of or damage to equipment
- defective materials or workmanship
- ordinary wear and tear

These items aren't covered:

- animals
- cars and accessories, motorcycles and motors, aircraft, boats and other vehicles
- bicycles, skis and snowboards (unless they're checked with a common carrier)
- eyeglasses, sunglasses and contact lenses
- hearing aids, artificial teeth and limbs
- wheelchairs and other mobility devices
- consumables, medicines, perfumes, cosmetics and perishables
- tickets, passports, deeds and other documents
- money, credit cards, securities, bullion, stamps and keys
- rugs and carpets
- property for business or trade
- baggage when it is:
  - shipped as freight
  - sent before your scheduled departure date
  - left in or on a car trailer
  - left in an unlocked car

## SECTION 5: HELP WHILE TRAVELING

If **you** need help while traveling, **our** assistance team is available 24 hours a day.

**Our** services are here to help make challenging situations a little easier. With **our** global reach, **we** can get **you** in touch with licensed medical and legal professionals and other kinds of help.



### Important

Please note that the General exclusions for **your plan** also apply to **our** assistance services. **You'll** find the list of these exclusions in Section 3, *What this certificate excludes*.

## HOW TO REACH US

In the United States, Canada, Puerto Rico and U.S. Virgin Islands, call **1-800-654-1908**  
All other locations, call collect **1-804-281-5700**  
If **you** can't call collect, **we'll** call **you** back.

Please have this information ready when **you** call:

- **your** name, location and phone number
- **your** policy identification number

## MEDICAL ASSISTANCE

### *Finding a doctor, dentist or medical facility*

If **you** need care from a **doctor, dentist** or medical facility while **you're** traveling, **we** can help **you** find one.

### *Paying or guaranteeing your hospital bill*

If **you** need to be admitted to a **hospital** as an **inpatient** for longer than 24 hours, **we** can guarantee or advance payments up to the limit of **your emergency medical/dental coverage** (described in Section 2).

### *Monitoring your care*

If **you're** hospitalized, **our** medical staff will stay in contact with **you** and the **doctor** caring for **you**. **We** can also notify **your** family and **your doctor** back home of **your illness** or **injury** and update them on **your** status.

## LEGAL ASSISTANCE

### *Finding a legal advisor*

**We** can help **you** find local legal advice if **you** need it while **you're** traveling.

### *Arranging a cash transfer*

If **you** need to pay legal fees, **we** can arrange to transfer funds from **your** family or friends.

## TRAVEL AND DOCUMENT ASSISTANCE

### *Replacing lost travel tickets*

If **your** tickets are lost or stolen, **we** can contact the airline or other **common carrier**, and can help **you** with **your** travel arrangements if **your trip** is interrupted.

### *Replacing lost passports and other travel documents*

If **your** passport or other travel documents are lost or stolen, **we** can help **you** reach the appropriate authorities, contact **your** family or friends, and assist **you** in getting **your** documents replaced.

## OTHER ASSISTANCE SERVICES

### *Getting flight information*

If **you** miss **your** flight or it's canceled, **we** can give **you** arrival and departure times for other flights that will get **you** to **your** connecting flight or final **destination**.

### *Getting emergency cash*

If **your** cash is lost or stolen or **you** need extra money to pay for unexpected expenses, **we** can arrange to transfer funds from **your** family or friends.

### *Delivering emergency messages*

**We** can help **you** get an urgent message to someone back home. **We'll** try calling up to three times within 24 hours and confirm whether **we** were able to reach the person **you** asked **us** to contact.

### **About our assistance services**

**Our** goal is to help **you** with **your** problem no matter where **you're** traveling.

**We'll** make all reasonable efforts to help **you** as **we've** described, but there may be times when **we** aren't able to resolve **your** problem for reasons that are beyond **our** control.

**We** will always do **our** best to refer **you** to appropriate professionals, but please be aware that they are independent providers and **we** can't be held responsible for the results of any services they provide.

## SECTION 6: CLAIMS INFORMATION

### HOW TO MAKE A CLAIM

Making a claim is easy – just visit [www.accessamerica.com/claims](http://www.accessamerica.com/claims), email or call **us** and **we'll** be happy to help. Once **you** notify us that you have a claim, **we** will provide **you** with claim forms for filing proof of loss within 15 days of your notice.

#### Go online to:

- find out what forms and documentation **you** need
- download a claims form and mail it in
- file a claim electronically and track its progress

#### Email or call to:

- find out what forms and documentation **you** need
- file a claim and check its progress

#### Claims inquiry:

- **Website:** [www.accessamerica.com/claims](http://www.accessamerica.com/claims)
- **Email:** [claimsinquiry@accessamerica.com](mailto:claimsinquiry@accessamerica.com)
- **Telephone:** 1-800-334-7525

### IMPORTANT INFORMATION ABOUT CLAIMS

**You** have 90 days from the date of **your** loss to submit **your** claim to **us**. If **you** cannot submit proof of **you** loss within 90 days, it must be given as soon as reasonably possible, but not longer than 12 months unless **you** were legally incapacitated.

#### Assignment

**You** can assign **your** rights under **your plan** by notifying **us** in writing.

#### About beneficiaries

If you die, all benefits will be paid to your estate.

#### Duplicate coverage

If **you're** covered by another policy that **we've** issued with the same or similar coverage, **we'll** use the terms and conditions of the policy that pays the most. **We'll** also refund any premium **you've** paid for duplicate coverage.

#### Maximum coverage

The most that will be paid per **trip** for all losses resulting from the same event or problem is \$500,000 to a single person.

#### Medical examinations and autopsy

**We** have the right to have **you** medically examined as reasonably necessary to make a decision about **your** medical claim. If someone covered by **your plan** dies, **we** may also require an autopsy (except where prohibited by law). **We** will cover the cost of these medical examinations or autopsies.

#### Recovery

**We** have the right to recover any amount **you** receive that exceeds the total amount of **your** loss.

#### Subrogation

When someone is responsible for **your** loss, **we** have the right to recover any payments **we've** made to **you** or someone else in relation to **your** claim, as permitted by law. Everyone eligible to receive payment for a claim submitted to **us** must cooperate with this process, and must refrain from doing anything that would adversely affect **our** rights or the rights of **Jefferson** to recover payment.

#### About fraud

Fraud is illegal. **We** will deny **your** claim if:

- what **you** told **us** on **your** enrollment or other form is deliberately misleading or inaccurate
- **you** intentionally file a claim that includes false information or deliberately conceals material facts. This may be a crime subject to criminal prosecution and civil penalties, and **you** may be liable for the stated value of the claim.

#### Resolving disputes

If **you** disagree with **our** decision about a claim, **you** can request to go to arbitration through the American Arbitration Association. If **we** agree, **you** can submit a dispute to desk arbitration, as long as:

- **you** submit it at least 60 days, but no more than three years, after **you've** filed **your** entire claim with **us**, and
- it complies with the American Arbitration Association's rules at the time **you** submit it.

Arbitration must be by mutual consent by all parties. The arbitration must take place in Oregon unless another method is agreed to by all parties at the time of the dispute.



#### Important

This is a *named perils* travel insurance certificate, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

**We'll** only pay for reasonable, appropriate expenses that are covered by the **plan** **you** purchased. Please check **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

## SECTION 7: DEFINITIONS

<b>Accident</b>	An unexpected and unintended event that causes <b>injury</b> , property damage or both.
<b>Accommodation</b>	A hotel or other kind of lodging where <b>you</b> make a reservation and pay a fee.
<b>Assault</b>	Physical assault that requires treatment in a <b>hospital</b> .
<b>Baggage</b>	Personal property <b>you</b> take on <b>your trip</b> and the suitcases or other kinds of containers <b>you</b> use to carry them.
<b>Car or rental car</b>	A <b>car</b> or other vehicle designed for use on public roads that <b>you</b> own or that <b>you've</b> rented for the period of time shown in a <b>rental car agreement</b> . <b>Rental cars</b> don't include: <ul style="list-style-type: none"> <li>• trucks</li> <li>• campers, trailers and recreational vehicles</li> <li>• motorcycles, motorbikes and all-terrain vehicles</li> <li>• off-road vehicles</li> <li>• vehicles that are older than 20 years</li> <li>• vehicles that haven't been manufactured in the last 10 years</li> <li>• vehicles that don't have to be licensed</li> <li>• vehicles that are rented for commercial or livery purposes, including limousines</li> <li>• vehicles that have a manufacturer's suggested retail price of more than \$75,000</li> <li>• other conveyances</li> </ul>
<b>Common carrier</b>	A company that's licensed to carry passengers on land, water or in the air for a fee, not including car rental companies.
<b>Covered reasons</b>	The specific situations and events that are covered by this certificate.
<b>Current market value</b>	The dollar amount an item could reasonably be sold for, based on its original price, age and current condition.
<b>Deductible</b>	The dollar amount <b>you</b> must contribute to the loss.
<b>Dentist</b>	Someone who is licensed and legally entitled to practice dentistry or dental surgery. This can't be <b>you</b> , a <b>traveling companion</b> , any member of either of your <b>immediate families</b> , or any member of the sick or injured person's <b>immediate family</b> .
<b>Destination</b>	A place more than 100 miles from <b>your primary residence</b> where <b>you</b> spend more than 24 hours of <b>your trip</b> .
<b>Doctor</b>	Someone who is legally entitled to practice medicine, and is licensed if required. This can't be <b>you</b> , a <b>traveling companion</b> , any member of either of your <b>immediate families</b> , or any member of the sick or injured person's <b>immediate family</b> .

<b>Domestic partner</b>	A person <b>you've</b> lived with in a spousal relationship for at least 12 consecutive months who is 18 years or older. <b>You</b> must be able to show evidence that <b>you've</b> lived together for 12 consecutive months.
<b>Emergency medical and/or dental care</b>	Medical and dental services, supplies and charges that are for a health emergency. It doesn't include things like: <ul style="list-style-type: none"> <li>• elective cosmetic surgery or cosmetic footcare</li> <li>• physical exams</li> <li>• allergy treatments (unless life threatening)</li> <li>• hearing aids, eyeglasses and contact lenses</li> <li>• palliative care</li> <li>• experimental treatment</li> </ul>
<b>Epidemic</b>	An outbreak of a contagious disease that spreads rapidly and widely and that is identified as an epidemic by The Centers for Disease Control and Prevention (CDC).
<b>Existing medical condition</b>	An <b>illness</b> or <b>injury</b> that <b>you</b> , a <b>traveling companion</b> or <b>family member</b> were seeking or receiving treatment for or had symptoms of on the day <b>you</b> purchased <b>your plan</b> , or at any time in the 120 days before <b>you</b> purchased it. <p><b>You</b>, a <b>traveling companion</b> or <b>family member</b> are considered to have an <b>existing medical condition</b> if <b>you</b>, a <b>traveling companion</b> or <b>family member</b>:</p> <ul style="list-style-type: none"> <li>• saw or were advised to see a <b>doctor</b></li> <li>• had symptoms that would cause a prudent person to see a <b>doctor</b></li> <li>• were taking prescribed medication for the condition or the symptoms, unless the condition or symptoms are effectively controlled by the prescription, and the prescription hasn't changed</li> </ul>
<b>Family member</b>	Any of the following people, whether or not they're traveling with <b>you</b> : <ul style="list-style-type: none"> <li>• spouses and common-law, civil union and <b>domestic partners</b></li> <li>• parents and step-parents</li> <li>• children and step-children (including adopted or soon to be adopted children)</li> <li>• siblings</li> <li>• grandparents and grandchildren</li> <li>• the following in-laws: mother, father, son, daughter, brother, sister</li> <li>• aunts, uncles, nieces and nephews</li> <li>• legal guardians and wards</li> <li>• business partners</li> <li>• paid, live-in caregivers</li> <li>• service animals (as defined by the Americans with Disabilities Act)</li> </ul> <p><b>Immediate family members</b> are:</p> <ul style="list-style-type: none"> <li>• spouses and common-law, civil union and <b>domestic partners</b></li> <li>• parents and step-parents</li> <li>• children and step-children (including adopted or soon to be</li> </ul>

	<ul style="list-style-type: none"> <li>• adopted children)</li> <li>• siblings</li> <li>• grandparents and grandchildren</li> </ul>
<b>Financial default</b>	A complete cessation of operations because of financial circumstances, with or without filing for bankruptcy protection.
<b>Hospital</b>	<p>A facility whose primary function is to diagnose and treat sick and injured people under the supervision of <b>doctors</b>. It must:</p> <ul style="list-style-type: none"> <li>• have organized departments of medicine and major surgery, on site or off site through a pre-arranged contract provide 24 hour nursing service supervised or provided by registered nurses</li> <li>• be compensated by patients or their insurance providers for performing these services, and</li> <li>• be licensed where required.</li> </ul>
<b>Illness</b>	Sickness, infirmity or disease. It doesn't include conditions <b>you</b> already had or knew about when <b>you</b> purchased <b>your plan</b> (see <b>existing medical condition</b> ).
<b>Injury</b>	Physical harm directly caused by an <b>accident</b> or <b>assault</b> , without other contributing causes.
<b>Inpatient</b>	Someone who receives medical or dental treatment while registered as a bed patient in a <b>hospital</b> or <b>other licensed provider</b> . Room and board is charged for the patient's stay, in addition to charges for medical treatment and care.
<b>Medical condition</b>	<p>A physical condition <b>you</b> have, or have symptoms of, that <b>you</b>:</p> <ul style="list-style-type: none"> <li>• have seen or been advised to see a <b>doctor</b> about</li> <li>• have symptoms of that would cause a prudent person to see a <b>doctor</b></li> <li>• are taking prescribed medication for</li> </ul>
<b>Medically necessary</b>	Treatment that's appropriate for <b>your illness</b> or <b>injury</b> , consistent with <b>your</b> symptoms, and that can safely be provided to <b>you</b> . It meets the standards of good medical practice and isn't for <b>your</b> convenience or the provider's convenience.
<b>Natural disaster</b>	A large-scale extreme weather or environmental event that damages property, disrupts transportation or endangers people. Examples include: earthquake, fire, flood, hurricane, or volcanic eruption.
<b>Other licensed provider</b>	A person or entity that isn't a <b>doctor</b> or <b>hospital</b> but provides medical or dental services, and is licensed where required.
<b>Outpatient</b>	Someone who receives medical or dental treatment but doesn't have to stay at a <b>hospital</b> for overnight care.
<b>Pandemic</b>	An <b>epidemic</b> over a wide geographic area that affects a large portion of the population.
<b>Primary residence</b>	<b>Your</b> permanent, fixed address and primary residence for legal and tax

purposes. **We** call the place **your** primary residence is located **your place of residence**.

<b>Quarantine</b>	Mandatory isolation or restrictions on where <b>you</b> can go, intended to stop a contagious disease from spreading.
<b>Reasonable and customary costs</b>	What customers would usually be charged for a specific service in a particular geographic area. The charges are appropriate to the availability of the service, and of skilled and licensed service providers.
<b>Refund</b>	Cash or a credit or voucher for future travel that <b>you</b> get from a travel agent, tour operator, airline, cruise line or other <b>travel supplier</b> , or any credit, recovery or reimbursement <b>you</b> get from <b>your</b> employer, another insurance company, a credit card issuer or any other entity.
<b>Scheduled departure date</b>	The day and time <b>you</b> listed on <b>your</b> enrollment or other form as the day and time <b>you</b> plan to start <b>your trip</b> . <b>You</b> have paid for travel that starts on this date.
<b>Severe weather</b>	Hazardous weather conditions, like fog, a hailstorm or severe rainstorm, a blizzard, or an ice storm.
<b>Terrorist event</b>	When an organized terrorist group, as defined by the U.S. State Department, injures or kills people or damages property to achieve a political, ethnic or religious goal or result. Terrorist events don't include general civil protest, unrest, rioting or acts of war.
<b>Travel supplier</b>	A travel agent, tour operator, airline, cruise line or other travel service provider.
<b>Traveling companion</b>	A person traveling with <b>you</b> whose name appears with <b>yours</b> on the same <b>trip</b> arrangement and who will accompany <b>you</b> on <b>your trip</b> . A group or tour leader is not considered a <b>traveling companion</b> unless <b>you</b> are sharing the same room with the group or tour leader.
<b>Trip</b>	Round-trip or one-way travel to and from a place at least 100 miles from <b>your</b> home. It can't include travel to receive health care or medical treatment of any kind, or commuting to and from work.
<b>Unlawful acts</b>	Felonies committed by <b>you</b> , a <b>traveling companion</b> or a <b>family member</b> , even if the <b>family member</b> isn't covered by <b>your plan</b> .
<b>Uninhabitable</b>	A <b>natural disaster</b> , fire, flood, burglary or vandalism causes enough damage to make a reasonable person find their home unfit for use.

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