

# Confirmation of Coverage

## iNext Comprehensive Policy

### Security Upgrade

*For the purposes of this coverage, a Trip shall mean travel outside your Home Country not to exceed 365 days.*

*The following benefits are underwritten by Nationwide with Assistance Services provided by Europ Assistance (EA):*

|                                       |                         |
|---------------------------------------|-------------------------|
| Medical Expense/Emergency Assistance  |                         |
| Accident Expense .....                | \$500,000               |
| Emergency Dental Expenses.....        | \$750                   |
| Sickness Expense.....                 | \$250,000               |
| Mental Health Benefits.....           | Included                |
| Deductible .....                      | \$0                     |
| Emergency Medical Evacuation .....    | \$1,000,000             |
| Repatriation of Remains .....         | \$50,000                |
| 24-Hour Assistance Services.....      | Included                |
| Baggage and Personal Effects .....    | \$2,000                 |
| Baggage Delay .....                   | \$200                   |
| Accidental Death & Dismemberment..... | \$20,000                |
| Trip Delay.....                       | \$50/Day - \$200 max    |
| Trip Delay Due to Quarantine.....     | \$250/day - \$2,500 max |

*The following benefits are underwritten by Inter-Hannover; separate terms and conditions apply:*

|  |           |
|--|-----------|
| Political and Natural Disaster Evacuation..... | \$100,000 |
|--|-----------|

In case of Emergencies while on your Trip, assistance services are provided by Europ Assistance USA ("EA"). EA provides medical, legal and travel assistance services, available 24 hours a day/365 days a year. A complete list of these services is included in your certificate/policy.

#### Customer Service and Claims Seven Corners

Have questions or need to report a claim? Call **Seven Corners** toll-free 24/7, 365 days a year:

**Within U.S.A. & Canada**  
1-877-852-6767

**Outside U.S.A. & Canada**  
1-317-582-2684

This is only a summary of benefits; full certificate of coverage follows and should be reviewed carefully. Exclusions and limitations may apply.



Nationwide Mutual Insurance Company  
One Nationwide Plaza  
MR-05-10  
Columbus, Ohio 43215

This Certificate of Coverage describes all of the travel insurance benefits, underwritten by Nationwide Mutual Insurance Company and herein referred to as the Company, and assistance services provided by Europ Assistance USA. The insurance benefits and assistance services vary from program to program. Please refer to the accompanying Confirmation of Coverage. It provides You with specific information about the program You purchased. Please contact the Plan Administrator immediately if You believe that the Confirmation of Coverage is incorrect.

This Certificate of Coverage is issued in consideration of the enrollment form and payment of any premium due. All statements in the enrollment forms are representations and not warranties. Only statements contained in a written enrollment form will be used to void insurance, reduce benefits or defend a claim.

All premium is non-refundable after a ten (10) day review period. In the event the premium paid for coverage is less than the required premium for coverage, benefits will be paid in direct proportion of the actual amount paid to the required premium due.

NO DIVIDENDS WILL BE PAYABLE UNDER THE GROUP POLICY.

The President and Secretary of Nationwide Mutual Insurance Company witness the Group Policy.

Handwritten signature of Mark A. Ciggi in black ink.

*President*

Handwritten signature of Robert W. Hornum in black ink.

*Secretary*

**TRAVEL PROTECTION CERTIFICATE**

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**NATIONWIDE MUTUAL INSURANCE COMPANY  
PASSENGER PROTECTION INSURANCE POLICY**

**GENERAL DEFINITIONS**

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

**Accidental Injury** means Bodily Injury caused by an accident being the direct and independent cause in the loss.

**Actual Cash Value** means purchase price less depreciation.

**Additional Expense** means any reasonable expenses for meals and lodging which were necessarily incurred as the result of a Hazard and which were not provided by the Common Carrier or other party free of charge.

**Bodily Injury** means identifiable physical injury which: is caused by an Accident, and is independent of disease or bodily infirmity.

**Checked Baggage** means a piece of baggage for which a claim check has been issued to You by a Common Carrier.

**Common Carrier** means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

**Company** means Nationwide Mutual Insurance Company.

**Covered Expenses** shall mean expenses incurred by You which are for medically necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; reasonable and customary charges; incurred while insured under the Group Policy; and which do not exceed the maximum limits shown in the Confirmation of Coverage, under each stated benefit.

**Covered Trip** means any class of scheduled trips, tours or cruises You request coverage and remit the required premium.

**Domestic Partner** means a person with whom the Insured resides and can show evidence of cohabitation (including the shared responsibility for basic living expenses) for at least the previous six months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which the Insured resides.

**Economy Fare** means the lowest published rate for a round trip economy ticket.

**Effective Date** means 12:01 A.M. local time, at the location of the Insured, on the day after the required premium for such coverage is received by the Company or its authorized representative.

**Family Member** means the Insured's legal or common law spouse, ex-spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, or Domestic partner.

**Hazard** means:

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

**Hospital** means a facility that:

- a) holds a valid license if it is required by the law;
- b) operates primarily for the care and treatment of sick or injured persons as in-patients;
- c) has a staff of one or more Physicians available at all times;

- d) provides 24-hour nursing service and has at least one registered professional nurse on duty or call;
- e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and
- f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.

**Inclement Weather** means any severe weather condition that delays the scheduled arrival or departure of a Common Carrier.

**Insured** means the person who has enrolled for and paid for coverage under the Group Policy.

**Land/Sea Arrangements** means land and/or sea arrangements made by the Participating Organization

**Loss** means injury or damage sustained by You in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

**Medically Necessary** means a service or supply which: (a) is recommended by the attending Physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; (c) could not have been omitted without adversely affecting an Insured's condition or quality of medical care; (d) is delivered at the most appropriate level of care and not primary for the sake of convenience; and (e) is not considered experimental unless coverage for experimental services or supplies is required by law.

**Participating Organization** means a travel agency, tour operator, cruise line, airline or other organization that applies for coverage under the Group Policy and remits the required premium to the Company.

**Payments or Deposits** means the cash, check, or credit card amounts actually paid for the Insured's Trip. Payments made in the form of a certificate, voucher or discount are not Payments or Deposits as defined herein.

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

**Pre-Existing Condition** means an illness, disease, or other condition during the sixty (60) day period immediately prior to the Effective Date for which the Insured: 1) exhibited symptoms which would have caused one to seek care or treatment; or 2) received or received a recommendation for a test, examination, or medical treatment or 3) took or received a prescription for drugs or medicine. Item (3) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the sixty (60) day period before the Effective Date.

**Scheduled Departure Date** means the date on which You are originally scheduled to leave on the Trip.

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

**Sickness** means an illness or disease of the body which: 1) requires a physical examination and medical treatment by a Physician and 2) commences while the Insured's coverage is in effect. An illness or disease of the body which begins prior to the Effective Date of coverage is not a Sickness as defined herein and is not covered by the policy, unless it suddenly worsens or becomes acute after the Effective Date.

**Strike** means any unannounced labor disagreement that interferes with the normal departure and arrival of a Common Carrier.

**Traveling Companion** means person(s) named and traveling under the same reservation as You during the Covered Trip. Note, a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

**Travel Supplier** means tour operator, cruise line, airline, hotel, travel agency, etc. who has made the land and/or sea arrangements.

**Trip** means the date of travel shown on the Insured's Confirmation of Coverage for which the Insured purchased this plan.

**You or Your** refers to all persons listed on the Confirmation of Coverage under the program purchased by the Insured.

## GENERAL PROVISIONS

The following provisions apply to all coverages:

**WHEN YOUR COVERAGE BEGINS** – provided:

- (a) coverage has been elected; and
- (b) the required premium has been paid.

All coverage will begin at 12:01 A.M. local time, at the location of the Insured, on the Scheduled Departure Date.

**WHEN YOUR COVERAGE ENDS** – Your coverage will end at 11:59 P.M., local time on the date that is the earliest of the following:

- (a) the Scheduled Return Date as stated on the Confirmation of Coverage;
- (b) Three hundred sixty-five (365) days after Your Schedule Departure Date.

**EXTENDED COVERAGE** - Coverage will be extended under the following conditions, should they occur during the journey to the return destination or to a different destination:

- (a) If You are a passenger on a scheduled Common Carrier that is unavoidably delayed up to five (5) days in reaching the final destination, coverage will be extended for the period of time needed to arrive at the final destination.

**ARBITRATION** - Notwithstanding anything in the Group Policy to the contrary, any claim arising out of or relating to this contract, or its breach, will be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally.

However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Group Policy and relating to the same loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

**LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving proof of loss.

**CONTROLLING LAW** - Any part of the Group Policy that conflicts with the state law where the Group Policy is issued is changed to meet the minimum requirements of that law.

**SUBROGATION** - To the extent the Company pays for a loss suffered by You, the Company will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company.

The following provisions will apply to Trip Delay, Accidental Death & Dismemberment, Emergency Sickness Medical Expense, Emergency Accident Medical Expense, Emergency Evacuation and Repatriation of Remains:

**PAYMENT OF CLAIMS** - The Company, or its designated representative, will pay a claim after receipt of acceptable proof of loss. Benefits for loss of life are payable to Insured's beneficiary. If a beneficiary is not otherwise designated by the Insured, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

- (a) the Insured's spouse;
- (b) the Insured's child or children jointly;
- (c) an Insured's parents jointly if both are living or the surviving parent if only one survives;
- (d) an Insured's brothers and sisters jointly; or
- (e) the Insured's estate.

All other claims will be paid to the Insured. In the event the Insured is a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to the Insured's legal guardian, committee or other qualified representative.

All or a portion of all other benefits provided by the Group Policy may, at the option of the Company, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to the Insured.

Any payment made in good faith will discharge the Company's liability to the extent of the claim.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other Insurance Policies. In no event will the Company reimburse the Insured for an amount greater than the amount paid by the Insured.

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

**PROOF OF LOSS** - The Claimant must send the Company, or its designated representative, proof of loss within ninety (90) days after a covered loss occurs or as soon as reasonably possible.

**PHYSICAL EXAMINATION AND AUTOPSY** - The Company, or its designated representative, at their own expense, have the right to have You examined as often as reasonable necessary while a claim is pending. The Company, or its designated representative, also has the right to have an autopsy made unless prohibited by law.

The following provisions apply to Baggage/Personal Effects and Baggage Delay coverages:

**TIME OF PAYMENT OF CLAIMS:** Benefits 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 monthly and any balance remaining unpaid upon the termination of liability, will be paid immediately upon receipt of due written proof.

All claims shall be paid within 30 days following receipt by the Company of due proof of loss. Failure to pay within such period shall entitle the claimant to interest at the rate of 9 percent per annum from the 30th day after receipt of such proof of loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. You or Your assignee shall be notified by the Company or designated representative of any known failure to provide sufficient documentation for a due proof of loss within 30 days after receipt of the claim. Any required interest payments shall be made within 30 days after the payment. The following provisions apply to Baggage/Personal Effects and Baggage Delay coverages:

**NOTICE OF LOSS** - If Your property covered under the Group Policy is lost, stolen or damaged, You must:

- (a) notify the Company, or its authorized representative as soon as possible;
- (b) take immediate steps to protect, save and/or recover the covered property;
- (c) give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;
- (d) notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

**PROOF OF LOSS** - You must furnish the Company, or its designated representative, with proof of loss. This must be a detailed sworn statement. It must be filed with the Company or its designated representative within ninety (90) days from the date of loss. Failure to comply with these conditions shall invalidate any claims under the Group Policy.

**SETTLEMENT OF LOSS** - Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Company and the Company has determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable proof of loss and the value involved to the Company.

**VALUATION** - The Company will not pay more than the actual cash value of the property at the time of loss. Damage will be estimated according to actual cash value with proper deduction for depreciation as determined by the Company. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

**DISAGREEMENT OVER SIZE OF LOSS:** If there is a disagreement about the amount of the loss either You or the Company can make a written demand for an appraisal. After the demand, You and the Company will each select Your own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by You is paid by You. The Company will pay the appraiser they choose. You will share equally with the Company the cost for the arbitrator and the appraisal process.

**BENEFITS**

**TRIP DELAY**

The Company will reimburse You for Covered Expenses on a one-time basis, up to the maximum shown in the Confirmation of Coverage, if You are delayed en route to or from the Covered Trip for twelve (12) or more hours due to a defined Hazard:

Covered Expenses include:

- a) Any reasonable additional expenses incurred;
- b) An Economy Fare from the point where the You ended Your Covered Trip to a destination where You can catch up to the Covered Trip; or
- c) A one-way Economy Fare to return You to Your originally scheduled return destination.

**ACCIDENTAL DEATH AND DISMEMBERMENT**

The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Covered Trip, sustain a loss shown in the Table below. The loss must occur within one hundred eighty (180) days after the date of the Accident causing the loss.

The Principal Sum is shown on the Confirmation of Coverage. If more than one loss is sustained, as the result of an Accident, the amount payable shall be the largest amount of a sustained loss shown in the Table of Losses.

| <b>TABLE OF LOSSES</b>                   |                              |
|--|------------------------------|
| Loss of:                                 | Percentage of Principal Sum: |
| Life                                     | 100%                         |
| Both hands or both feet                  | 100%                         |
| Sight of both eyes                       | 100%                         |
| One hand and one foot                    | 100%                         |
| Either hand or foot and sight of one eye | 100%                         |
| Either hand or foot                      | 50%                          |
| Sight of one eye                         | 50%                          |
| Speech and hearing in both ears          | 100%                         |
| Speech                                   | 50%                          |
| Hearing in both ears                     | 50%                          |
| Thumb and index finger of same hand      | 25%                          |

"Loss" with regard to:

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

**EXPOSURE**

The Company will pay benefits for covered losses that result from Your being unavoidably exposed to the elements due to an Accident. The loss must occur within 365 days after the event that caused the exposure.

## DISAPPEARANCE

The Company will pay benefits for loss of life if Your body cannot be located one year after Your disappearance due to an Accident.

## ACCIDENTAL DEATH AND DISMEMBERMENT COMMON CARRIER (AIR ONLY)

The Company will pay benefits for Accidental Injuries resulting in a Loss as described in the Table of Losses below, that occurs while You are riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the transportation of passengers for hire during the Trip. The Loss must occur within one hundred eighty (180) days after the date of the Accident causing the Loss.

The Principal Sum is shown on the Confirmation of Coverage. If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount shown in the Table of Losses.

| <b>TABLE OF LOSSES</b>                   |                              |
|--|------------------------------|
| Loss of:                                 | Percentage of Principal Sum: |
| Life                                     | 100%                         |
| Both hands or both feet                  | 100%                         |
| Sight of both eyes                       | 100%                         |
| One hand and one foot                    | 100%                         |
| Either hand or foot and sight of one eye | 100%                         |
| Either hand or foot                      | 50%                          |
| Sight of one eye                         | 50%                          |
| Speech and hearing in both ears          | 100%                         |
| Speech                                   | 50%                          |
| Hearing in both ears                     | 50%                          |
| Thumb and index finger of same hand      | 25%                          |

"Loss" with regard to:

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

## EXPOSURE

The Company will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an Accident of an air conveyance operated under a license for the transportation of passengers for hire during the Trip. The Loss must occur within three hundred sixty-five (365) days after the event that caused the exposure.

## DISAPPEARANCE

The Company will pay benefits for Loss of life if Your body cannot be located within three hundred sixty-five (365) days after Your disappearance due to forced landing, stranding, sinking, or wrecking of an air conveyance operated under a license for the transportation of passengers for hire during the Trip in which You were a passenger.

## EMERGENCY SICKNESS MEDICAL EXPENSE

The Company will pay benefits up to the maximum shown on the Confirmation of Coverage, if You incur Covered Medical Expenses as a result of Emergency Treatment of a Sickness that first manifests itself during the Covered Trip.

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

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

- a) the services of a Physician;
- b) charges for Hospital confinement and use of operating rooms;
- c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory

- tests;
- d) ambulance service;
- e) drugs, medicines, prosthetics and therapeutic services and supplies.

The Company will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges mean charges commonly used by Physicians in the locality in which care is furnished. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

If You are hospitalized due to a Sickness which first occurred during the course of the scheduled Trip beyond the date of the Scheduled Return Date, coverage will be extended until You are released from the Hospital or until maximum benefits under the Group Policy have been paid.

### **EMERGENCY ACCIDENT MEDICAL EXPENSE**

The Company will pay benefits up to the maximum shown on the Confirmation of Coverage, if You incur Covered Medical Expenses for Emergency Treatment of an Accidental Injury that occurs during the Covered Trip.

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

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

- a) the services of a Physician;
- b) charges for Hospital confinement and use of operating rooms;
- c) charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- d) ambulance service;
- e) drugs, medicines, prosthetic and therapeutic services and supplies.

The Company will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by Physicians in the locality in which care is furnished. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

The Company will pay benefits, up to \$750.00, for emergency dental treatment for Accidental Injury to sound natural teeth.

If You are hospitalized due to an Accidental Injury which first occurred during the course of the scheduled Trip beyond the date of the Scheduled Return Date, coverage will be extended until You are released from the Hospital or until maximum benefits under the Group Policy have been paid.

### **EMERGENCY EVACUATION AND REPATRIATION OF REMAINS**

#### **EMERGENCY EVACUATION**

The Company will pay benefits for Covered Expenses incurred, up to the maximum shown on the Confirmation of Coverage, if an Accidental Injury or Sickness commencing during the course of the Covered Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants the Your Emergency Evacuation.

Emergency Evacuation means:

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

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

- (a) recommended by the attending Physician;
- (b) required by the standard regulations of the conveyance transporting You; and
- (c) authorized in advance by the Company or its authorized representative.

Transportation of Dependent Children: If the Insured is in the Hospital for more than seven (7) consecutive days following a covered Emergency Evacuation, the Company will return the Insured's dependents, who are under eighteen (18) years of age and accompanying him/her on the scheduled Trip, to their home, with an attendant if necessary.

Transportation to Join the Insured: If the Insured is traveling alone and is in a Hospital alone for more than seven (7) consecutive days, upon request the Company will bring a person, chosen by the Insured, for a single visit to and from the Insured's bedside.

Transportation services are provided if authorized in advance by the assistance provider, and are limited to necessary economy fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to the Insured or already included within the cost of the Trip.

### **REPATRIATION OF REMAINS**

The Company will pay the reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the Covered Trip. This will not exceed the maximum shown on the Confirmation of Coverage.

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

## **BAGGAGE/PERSONAL EFFECTS**

The Company will reimburse You, up to the maximum shown on the Confirmation of Coverage, for loss, theft or damage to baggage and personal effects, provided the Insured has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany You during the Covered Trip.

This coverage is secondary to any coverage provided by a Common Carrier.

There will be a per article limit shown on the Confirmation of Coverage.

There will be a combined maximum limit shown on the Confirmation of Coverage for the following: jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; personal computers, cameras and their accessories and related equipment.

The Company will pay the lesser of the following:

- (a) Actual Cash Value at time of loss, theft or damage to baggage and personal effects, less depreciation as determined by the Company; or
- (b) the cost of repair or replacement.

### **EXTENSION OF COVERAGE**

If You checked Your property with a Common Carrier and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the Common Carrier delivers the property.

## **BAGGAGE DELAY (Outward Journey Only)**

The Company will reimburse You for the expense of necessary personal effects, up to the maximum shown on the Confirmation of Coverage, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than twenty-four (24) hours, while on a Covered Trip.

You must be a ticketed passenger on a Common Carrier.

Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchases must accompany any claim.

## LIMITATIONS AND EXCLUSIONS

The following exclusions apply to Trip Delay, Accidental Death & Dismemberment, Emergency Sickness Medical Expense, Emergency Accident Medical Expense, Emergency Evacuation and Repatriation of Remains:

Loss caused by or resulting from:

1. Pre-Existing Conditions, as defined in the Definitions section;
2. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
3. participation in any military maneuver or training exercise;
4. piloting or learning to pilot or acting as a member of the crew of any aircraft;
5. participation as a professional in athletics;
6. commission or the attempt to commit a criminal act;
7. participating in skydiving; hang-gliding; parachuting; mountaineering; any race; bungee cord jumping; speed contests (speed contest shall not include any of the regatta races); scuba diving, unless You are certified to dive; spelunking or caving; heliskiing; extreme skiing/snowboarding;
8. dental treatment except as a result of an injury to sound natural teeth limited to \$750;
9. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
10. curtailment or delayed return for other than covered reasons;
11. traveling for the purpose of securing medical treatment;
12. services not shown as covered;
13. care or treatment that is not medically necessary;
14. Injury or Sickness when traveling against the advice of a Physician;
15. cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child.
16. The Policy does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto.

The following exclusions apply to Baggage/Personal Effects and Baggage Delay:

The Company will not provide benefits for any loss or damage to:

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers;
5. motors;
6. motorcycles;
7. aircraft;
8. bicycles (except when checked as baggage with a Common Carrier);
9. household effects and furnishing;
10. antiques and collector's items;
11. eye glasses, sunglasses or contact lenses;
12. artificial teeth and dental bridges;
13. hearing aids;
14. prosthetic limbs;
15. prescribed medications;
16. keys, money, stamps, securities and documents;
17. tickets;
18. credit cards;
19. professional or occupational equipment or property, whether or not electronic business equipment;
20. telephones, computer hardware or software;
21. sporting equipment if loss or damage results from the use thereof.

Any loss caused by or resulting from the following is excluded:

1. breakage of brittle or fragile articles;
2. wear and tear or gradual deterioration;
3. insects or vermin;

4. inherent vice or damage while the article is actually being worked upon or processed;
5. confiscation or expropriation by order of any government;
6. radioactive contamination;
7. war or any act of war whether declared or not;
8. theft or pilferage while left unattended in any vehicle;
9. mysterious disappearance;
10. property illegally acquired, kept, stored or transported;
11. insurrection or rebellion;
12. imprudent action or omission;
13. property shipped as freight or shipped prior to the Scheduled Departure Date.

## STATE MANDATED LANGUAGE GROUP CERTIFICATE SRTC 2500

### MISSOURI

Form SRTC-2200 MO

#### If you reside in the state of MISSOURI:

1. In the Definitions Section:

The definition of Accidental Injury is amended to read: **Accidental Injury** means Bodily Injury caused by an Accident being the direct and independent cause in the Loss.

The definition of Hospital is amended to read: **Hospital** means a facility that:

(a) holds a valid license if it is required by the law; (b) operates primarily for the care and treatment of sick or injured persons as in-patients; (c) has a staff of one or more Physicians available at all times; (d) provides 24 hour nursing service and has at least one registered professional nurse on duty or call; (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and (f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution. Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

2. The Subrogation provision and the Arbitration provision are deleted in their entirety.

3. With regard to the medical expense and Accidental Death and Dismemberment Benefits, the Legal Actions provision is amended to read: **LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving proof of Loss.

With regard to all other benefits, the Legal Actions provision is amended to read: **LEGAL ACTIONS** -

No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than ten (10) years after the time required for giving proof of Loss.

4. The section entitled Limitations and Exclusions is amended as follows: The exclusions related to the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination or Loss or damage (including death or injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto are amended so that they do not apply if considered a Terrorist Act.

5. With regard to medical expenses, the Payment of Claims provision is amended by the addition of the following provision: If You utilize a public hospital or clinic, and such hospital or clinic submits a claim for benefits, whether or not such person has made an assignment of benefits, the Company will pay the benefits provided by the Policy directly to the hospital or clinic. If, however, a claim for benefits provided by the Policy is paid and then such Public hospital or clinic files a claim for benefits, the Company will not be liable for the duplicate payment of such benefits to such hospital or clinic.

6. With regard to Proofs of Loss for the medical expense and Accidental Death and Dismemberment benefits, the provision is amended to read: **PROOF OF LOSS:** Written proof of Loss must be furnished to the Company within 90 days after the date of such Loss. Failure to furnish such proof within such time shall not invalidate nor reduce any claim if it was not reasonably possible to furnish such 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 of the claimant, later than one year from the time proof is otherwise required.

With regard to all other benefits, the Proofs of Loss Provision is amended to read: **PROOF OF LOSS** - You must furnish the Company, or its designated representative, with proof of Loss. This must be a detailed sworn statement. It must be filed with the Company, or its designated representative within ninety (90) days from the date the Company requests such proof of

Loss. Failure to comply with these conditions shall invalidate any claims under the Policy. However, no claim will be denied based upon Your failure to provide notice within the specified time frame, unless this failure operates to prejudice the Company's rights, as per 20CSR100-1.020.

#### **PENNSYLVANIA**

Form SRTC-2200-PA

##### **If you reside in the state of PENNSYLVANIA:**

1. With regard to the Accidental Death and Dismemberment Benefit, the second sentence of the first paragraph is amended to read: With the exception of Loss of life, the Loss must occur within 181 days after the date of the Accident causing the Loss. For Loss of life, the death must be directly caused by an Accident that occurs while insurance under the policy is in effect.

#### **VIRGINIA**

Form SRTC-2200 VA

##### **If you reside in the state of VIRGINIA:**

1. Under the section entitled "General Provisions" the following changes are made:

The provision entitled "Subrogation" is amended to read: **SUBROGATION** - To the extent the Company pays for a Loss suffered by You, the Company will take over the rights and remedies You had relating to the Loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the Loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company. (This provision does not apply to the Emergency Accident & Sickness Medical Expense Benefit.)

#### **TRAVEL ASSISTANCE SERVICES:**

iNext includes the following Services which are available to You for and during Your Covered Trip:

- Medical evacuation
- Rebooking Services
- Medically necessary repatriation
- Repatriation of remains
- Medical or legal referral
- Hospital admission assistance
- Translation service
- Lost Baggage retrieval
- Lost Document Assistance
- Worldwide Medical information
- Passport / Visa information
- Emergency cash advance
- Prescription drug / eyeglass replacement
- Legal Referral/Bail bond
- Embassy & Consular Services

**NOTE: Any expenses incurred for services rendered while not on an iNext Covered Trip will be Your responsibility.**

Services are provided by an independent organization and not by Nationwide Mutual Insurance Company or its affiliated companies. There may be times when circumstances beyond the assistance company's control hinder their endeavors to provide travel assistance services. They will, however, make all reasonable efforts to provide travel assistance services and help You resolve Your emergency situation.

# Nationwide<sup>®</sup> Privacy Statement

## Thank you for choosing Nationwide

Our privacy statement explains how we collect, use, share, and protect your personal information. So just how do we protect your privacy? In a nutshell, we respect your right to privacy and promise to treat your personal information responsibly. It's as simple as that. Here's how.

## Confidentiality and security

We follow all data security laws. We protect your information by using physical, technical, and procedural safeguards. We limit access to your information to those who need it to do their jobs. Our business partners are legally bound to use your information for permissible purposes.

## Collecting and using your personal information

We collect personal information about you when you ask about or buy one of our products or services. The information comes from your application, business transactions with us, consumer reports, medical providers, and publicly available sources. Please know that we only use that information to sell, service, or market products to you.

We may collect and use the following types of information:

- Name, address, and Social Security number
- Assets and income
- Account and policy information
- Credit reports and other consumer report information
- Family member and beneficiary information
- Public information

## Sharing your information for business purposes

We share your information with other Nationwide companies and business partners. When you buy a product, we share your personal information for everyday purposes. Some examples include mailing your statements or processing transactions that you request. You cannot opt out of these. We also share your information where federal and state law requires.

## Sharing your information for marketing purposes

We don't sell your information for marketing purposes. We have chosen not to share your personal information with anyone except to service your product. So there's no reason for you to opt out. If we change our policy, we'll tell you and give you the opportunity to opt out before we send your information.

## Using your medical information

We sometimes collect medical information. We may use this medical information for a product or service you're interested in, to pay a claim, or to provide a service. We may share this medical information for these business purposes if required or permitted by law. But we won't use it for marketing purposes unless you give us permission.

## Accessing your information

You can ask us for a copy of your personal information. Please call the number on your insurance ID card if applicable, contact your customer service representative, or send a letter to the address below and have your signature notarized. This is for your protection so we may prove your identity. We don't charge a fee for giving you a copy of your information now, but we may charge a small fee in the future.

We can't update information that other companies, like credit agencies and third parties, provide to us. So you'll need to contact these other companies to change and correct your information.

Send your privacy inquiries to the address below. Please include your name, address, and policy number. If you know it, include your agent's name and number.

## Seven Corners, Inc.

On Behalf of Nationwide Mutual Insurance Company and Affiliated Companies  
303 Congressional Blvd.  
Carmel, IN 46032

## A parting word ...

These are our privacy practices. They apply to all current and former clients of Nationwide Specialty Health. They also apply to joint policy or contract holders. This includes the following companies:

Nationwide Life Insurance Company  
Nationwide Mutual Insurance Company  
National Casualty Company  
Allied Property and Casualty Insurance Company

# Political and Natural Disaster Evacuation Insurance

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## The Contract of Insurance

This is Your Political and Natural Disaster Evacuation Insurance Policy, which with the application form and/or declaration made by You and The Policy Schedule should be read together and forms the contract of Insurance between You and Us, International Insurance Company of Hannover Limited but it is only valid if You have paid the premium.

Your premium has been based upon the information shown in The Policy Schedule and recorded in the written application You have signed and/or declaration You have made. Please read them carefully to make sure that they meet Your requirements and that the details on The Policy Schedule are correct. If after reading Your Policy and The Policy Schedule You have any questions, please contact Your insurance adviser.

In return for You having paid the premium for the Period of Insurance, We will indemnify You by payment in respect of the Evacuation Costs of the Insured Persons to the extent of and subject to the terms contained in or endorsed on the Policy.



Nick Parr, Chief Executive Officer

Signed on behalf of International Insurance Company of Hannover plc.

## IMPORTANT

*This Policy is a legal contract. You must tell Us about any facts or changes which affect Your insurance and which have occurred either since the Policy started or since the last renewal date.*

*If You are not sure whether certain facts are relevant please ask Your adviser. If You do not tell Us about relevant changes, Your Policy may not be valid or the Policy may not cover You fully.*

*You should keep a written record (including copies of letters) of any information You give Us or Your insurance adviser when You renew this Policy.*

### **Choice of Law**

The laws of England and Wales apply and in any suit or legal action the courts of England and Wales shall have jurisdiction unless We agree with You otherwise.

### **Data Protection**

It is understood by the Insured Person that any information about him will be processed by Us in compliance with the Data Protection Act 1998 and only for the purpose of providing Insurance cover and handling any claims. This may necessitate providing such information to third parties although the protection provided by the Act shall still apply.

### **International Insurance Company of Hannover plc**

Registered Address: 10 Fenchurch Street, London EC3M 3BE, UK  
Registered No: 1453123

## Contents – a guide to your Policy

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## Our Service to You

Our goal is to give excellent service to all Our customers but We recognise that things do go wrong occasionally. We take all complaints We receive seriously and aim to resolve all of Our customers' problems promptly. To ensure that We provide the kind of service You expect, We welcome Your feedback. We will record and analyse Your comments to make sure We continually improve the service We offer.

## What will happen if You complain

1. We will acknowledge your complaint within 2 working days of receipt.
2. We aim to resolve complaints, following assessment and investigation, within 5 working days of receipt.

Most of Our customers' concerns can be resolved quickly but occasionally more detailed enquiries are needed. If this is likely, We will contact You with an update and give You an expected date of response.

## What to do if You are dissatisfied

Seek resolution by your insurance adviser or with Us.

If You are disappointed with any aspect of the handling of Your insurance We would encourage You, in the first instance, to contact the manager concerned. You can write or telephone, whichever suits You, and ask your contact to review the problem.

If You remain unhappy with the decision You receive from Us, You may write to the Complaints Officer.

If You are dissatisfied with Our final decision from the Complaints Officer, You may be entitled to refer the matter to the Financial Ombudsman Service (FOS).

Full contact details of both Our Managing Director and the FOS will be provided at the same time as We acknowledge Your complaint.

Note that the FOS will only consider Your complaint if You have given Us the opportunity to resolve it and You are a private Policyholder, a business with a group turnover of less than £1 million, a charity with an annual income of less than £1 million, or a Trustee of a trust with a net asset value of less than £1 million. If, however, We do not resolve Your complaint within 40 working days, the FOS will accept a direct referral.

Whilst We are bound by the decision of the FOS, You are not. Following the complaint procedure does not affect Your right to take legal action.

## Financial Services Compensation Scheme

Our obligations are covered by the Financial Services Compensation Scheme (FSCS). If We were unable to meet Our obligations, You could be entitled to compensation from this scheme, depending on the type of insurance and the circumstances at the time.

You would be covered for all of the first £2,000 of any claim and 90% of the remainder without any upper limit.

Further information about compensation scheme arrangements is available from the FSCS website [www.fscs.org.uk](http://www.fscs.org.uk), or write to Financial Services Compensation Scheme, 7<sup>th</sup> floor Lloyds Chambers, Portoken Street, London E1 8BN.

# Useful Telephone Numbers and Websites

Crisis Management Company Call Centre: 443-569-0217

Complaints: 0207 015 4000

Financial Ombudsmen: 0845 080 1800

Financial Services Compensation Scheme: 0207 892 7300

Foreign Office Travel advice: [www.fco.gov.uk/en/travel-and-living-abroad/travel-advice-by-country/](http://www.fco.gov.uk/en/travel-and-living-abroad/travel-advice-by-country/)

Inter Hannover: [www.inter-hannover.com](http://www.inter-hannover.com)

## Inter Hannover Assistance Services

### Security Assistance

In the event of a Security Emergency please contact **Our Crisis Management Company- 443-569-0217**

**Telephone: 443-569-0217**

Our Crisis Management Company provides responses in respect of Political or Natural Disaster Evacuation.

Assistance and support is given to You through

- In house expert crisis management and response consultants
- In house security analysts.
- A network of response teams and security professional throughout the world.
- In country assistance and deployable resources in support and response to an emergency situation.

### Optional Travel Risk Management Services

You can access our range of uninsured services from iJET International at exclusive rates including

- Detailed country travel reports
- Country Risk Profiles
- Travel alerts by country
- Daily security alerts by email
- Updates to country risk profiles
- In house security analysts
- iJET University Online training courses
- Bespoke Reports

To request these services email [partnerships@ijet.com](mailto:partnerships@ijet.com) and reference your policy number. Additional details can be found at [www.ijet.com](http://www.ijet.com)

# Definitions

Each time We use one of the words or phrases listed below, it will have the same meaning wherever it appears in Your Policy unless We state otherwise. A defined word or phrase will start with a capital letter each time it appears in the Policy, except for headings and titles.

## **Accident / Accidental**

Shall mean a sudden violent external unforeseen and identifiable event.

## **Accidental Bodily Injury**

1. Injury caused by Accidental and/or violent means or
2. Injury resulting from Exposure
  - occurring within 12 months from the date of the Accident by which such injury is caused.
  -

## **Annual Aggregate Limit**

The maximum We will pay in respect of all claims payable during the Period of Insurance.

## **Appropriate Authorities**

The Foreign and commonwealth Office of the United Kingdom, The United States Department of State, the Foreign Office of Canada or similar authority of the Policyholder's Host Country.

## **Assignment**

When an Insured Person is working in or travelling to a country on Your behalf.

## **Capital Benefits**

Capital Benefits include Loss of Hearing, Loss of Limb, Loss of Sight, Loss of Speech, Permanent Total Disablement.

## **Consultants Costs**

The reasonable and necessary fees and expenses of Our Crisis Management Company incurred following the Kidnaping of an Insured Person as follows:

1. the fees and expenses of an independent negotiator and/or consultants employed by Our Crisis Management Company during the Kidnaping of an Insured Person.
2. the fees and expenses of security guards temporarily retained by Our Crisis Management Company solely and directly for the purpose of protecting the Insured Person once located once an Insured Event has occurs.
3. the cost of communication equipment, recording equipment and advertising incurred by Our Crisis Management Company solely and directly to obtain the release of a Kidnapped, Insured Person

## **Country of Domicile**

The country in which the Insured Person resided in before taking up Assignment and/or the country to which the Insured Person shall return to when repatriated or country in which they hold a valid passport

## **Host Country**

The country in which the Insured Person resides in whilst on Assignment.

## **Dependant(s)**

The natural or legally adopted children or legal wards of an Insured Person (and/or Insured Person's Partner where applicable) living at the same address who are no older than 18 years of age or 23 years of age if in full time education at the time a claim occurs.

## **Evacuation Costs**

The costs incurred within 30 days of an Insured Event to evacuate the Insured Person to the nearest place of safety or their Country of Domicile.

If the Insured person is in imminent peril, cover will apply to the evacuation of the Insured Person by any appropriate means consistent under the circumstances with their health and safety, otherwise cover hereunder will apply to the transportation only at economy fares unless unavailable or manifestly impractical.

## **Expenses**

The cost of accommodation, transportation and food and any other reasonable and necessary expenses.

### **Hibernation Costs**

The costs of security and relocation if an Insured Event has occurred and at the sole discretion of the Crisis Management Company the Insured Person may remain in their Host Country, in either their current location or relocate to a site chosen by the Crisis Management Company up to a period of 14 days from the time the Insured Event first occurs.

### **Insured Event**

1. The Insured's Appropriate Authority issues a travel advice for a particular country or region where the Insured Person is on Assignment in, recommending that certain categories of person which includes the Insured Person should leave that country or region.
- or -
2. The recognised Government in their Host Country:
  - a) Declares a state of emergency necessitating immediate evacuation or
  - b) Formally recommends or instructs that the Insured Person should leave that country or region for safety or
  - c) Seizes, confiscates or expropriates the Insured or Insured Person's property, plant or equipment or
  - d) Expels the Insured Person or declares the Insured Person "persona non grata".
  - e) Withdraws all scheduled international commercial flights for a period of excess of 24 hours as a result of political or military action intervention which has a direct impact on the Insured persons safety and prevents them leaving the country.
3. Natural Disaster within their Host Country which has a direct impact on the Insured Person and their safety.
4. The Political or military events in the country the Insured Person is staying in represents an imminent threat to their safety.

### **Insured Journey**

Whilst the Insured Person is on a journey not exceeding 12 months in duration (unless otherwise agreed by Us) which You have authorised in connection with The Business (including any period of holiday which is purely ancillary to the Insured Journey) which begins during the Period of Insurance, and commences from the time the Insured Person leaves their home or place of business in their Country of Domicile whichever is the later and continues during the entire period of the journey and terminating at the time of return to their home or place of business in their Country of Domicile whichever is reached first.

### **Insured Person**

Any director or employee, including temporary and contract staff, under a contract of employment with You or person or category of persons shown in The Policy Schedule.

### **Insured Person's Partner**

The spouse or civil partner of an Insured Person living at the same address as the Insured Person for the last 12 months and sharing financial and where applicable responsibility for their Dependents.

### **Kidnap/Kidnapping**

Unlawful seizure, Detention or taking by force or fraud of an Insured Person (except a child by its parent or legal guardian) by a third party without the consent of that Insured Person.

### **Operative Time of Cover**

The period of time for which We will cover the Insured Person for benefits described within the The Policy Schedule.

### **Period of Insurance**

From the effective date until the expiry date shown in The Policy Schedule and any subsequent period for which We accept payment for renewal of this Policy.

### **The Business**

Activities directly connected with The Business described in The Policy Schedule.

### **The Policy Schedule**

The document which specifies details of The Policyholder, The Insured Persons, The Operative Time of Cover, The Business, and specifies details of the benefits covered, sums insured and any Excesses, Endorsements and Conditions applying to the Policy.

**We/Us/Our/The Company**

International Insurance Company of Hannover plc.

**You/Your/The Policyholder**

The Insured Person or persons, companies, partnerships or unincorporated associations named in The Policy Schedule as The Policyholder.

# Conditions

The following Conditions apply to this Policy.

## **Adjustable Premium**

If it has been agreed with Us that any part of the premium, being based on estimates, is adjustable You shall within 30 days of the end of each Period of Insurance provide Us with the actual figures and the premium will be adjusted accordingly.

## **Aggregate Limit**

If the aggregate amount of all benefits payable exceeds the stated Aggregate Limit the benefits payable to an Insured Person shall be proportionately reduced until the total of all Benefits does not exceed the Aggregate Limit.

## **Alteration of Risk**

We will at Our option void the Policy from the inception of this insurance where there has been any alteration to The Business and/or the occupation or pursuits of any Insured Person after the effective date of this insurance which increases the risk of loss, liability, destruction, damage, accident, injury or illness or where Your interest ceases except by will or operation of law unless We have accepted the alteration.

## **Assignment**

You may not assign the benefits under this Policy. We shall not be bound to accept or be affected by any notice of any trust charge, lien, purported assignment or other dealing with or relating to this Policy.

## **Cancellation**

We may cancel this Policy by sending You 30 days written notice to Your last known address and We will return any unearned proportion of the premium paid.

You may cancel this Policy at any time by sending us 30 days written notice and any unearned premium shall be returned to you provided that We have not made any claims payment under this policy or have any claims for consideration or You are not aware of any claims that have not been reported to Us. Any claim payments made or under consideration shall be deducted from the amount of unearned premium due to be returned.

## **Contribution**

If at the time of an event giving rise to a claim there is any other insurance Policy in force in Your name which covers You or the Insured Person for the same expense, loss or liability We will only pay a proportion of the claim being determined by reference to the cover provided by each of the relevant policies with the exception of Personal Accident benefits which will be payable in full.

## **Force Majeure**

We shall not be liable for failure to provide Services and/or delays caused by acts of God, strikes or other conditions beyond our reasonable control, including but not limited to flight conditions or situations where the performance of this Policy is prohibited or delayed by local laws, regulations or regulatory agencies. We shall notify You immediately of any Force Majeure event.

In the event of such Force Majeure lasting longer than 7 days You will have the right to cancel this Policy immediately and We shall return any premium paid by You less any amount for claims paid or due to be paid.

## **Fraud**

If a claim made by You or anyone acting on Your behalf, or any person claiming to be indemnified is fraudulent or exaggerated, whether ultimately material or not or if a false declaration or statement is made or if a fraudulent device is used in support of a claim We may at Our option void the Policy from the inception of this insurance or cancel the Policy from the date of the claim or alleged claim and repudiate the claim.

## **Identification**

The Policy and The Policy Schedule will read as one contract. A particular word or phrase which is not defined will have its ordinary meaning.

## **Reasonable Precautions**

You must take all reasonable precautions to avoid Accident, injury or illness to any person, or loss,

destruction or damage to their property, and You must comply with all legal requirements and safety regulations and conduct The Business in a lawful manner. If in relation to any claim You have failed to fulfil any of these conditions, You will lose your right to indemnity or payment for that claim.

#### **The Contracts (Rights of Third Parties) Act 1999**

The Contracts (Rights of Third Parties) Act 1999 or any amendment thereto does not apply to this Policy. Only We and the Policyholder can enforce the terms of this Policy. No other party may benefit from this contract as of right. The Policy may be varied or cancelled without the consent of any third party.

#### **Misdescription**

We will void this Policy if there has been any misrepresentation, misdescription or failure to disclose any material fact by You or anyone acting for You.

#### **Rate Variations**

We may give you 14 days' notice of any change to rates charged to cover War under this policy

#### **Sanction Limitation and Exclusion Clause**

We shall not provide cover or pay or be liable for any claims or provide any benefit under this Policy if by providing any cover, paying any claims or providing any benefit under this Policy would expose Us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

## **Your Cover**

We will indemnify You up to the sums insured shown in The Policy Schedule if during the Operative Time of Cover You incur Evacuation Costs, Hibernation Costs , Expenses as a result of an Insured Event or Consultant Costs following the Kidnapping of the Insured Person in Your Country of Residence.

## **Claims Conditions**

The following Claims Conditions apply to this Policy.

1. Our Crisis Management Call Centre must be advised immediately of any situation that may give rise to a claim or as soon as reasonably possible thereafter. If the Crisis Management Call Centre is not contacted immediately Our liability to pay any subsequent claim under this section will cease.
2. You must provide Us and Our Crisis Management Company with all assistance and information requested in a timely manner.
3. The Insured Person must follow the advice of Our Crisis Management Company at all times.
4. Where you or an Insured Person is entitled to any refund on unused tickets or returnable deposits or advanced payments We will be entitled to deduct these from the value of any claim.
5. You and the Insured Person shall take all reasonable and necessary steps to ensure that the existence of this Cover is not made common knowledge.
6. You must not make or attempt to make arrangements without the agreement of Our Crisis Management Company.

# Exceptions

The following Exceptions apply to this Policy.

This Policy does not cover

1. Any expense related to the Insured Person engaging in the commission of, or the attempt to commit, an unlawful act.
2. Any expense incurred as a result of the Insured Person engaging in active service in the armed forces or police of any nation; active participation in war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or insurrection unless declared to Us and accepted by Us in writing.
3. Any losses incurred by You which are or would be, except for this insurance recoverable under any other insurance or other indemnity available to You.
4. Any losses incurred for which You are responsible under a Workmen's Compensation Act
5. The Insured Person being in their own Country of Domicile or country in which they hold a valid passport
6. Your failure to reasonably prove that there is any threat to the Insured Person's safety.
7. You taking part in any political activity or operations of any security or armed forces unless declared to and agreed by Us.
8. Or attributable to an alleged violation of the laws of the Host Country by You or the Insured Person.
9. Your failure to maintain and possess duly authorised and issued required immigration, work, residence or similar visas or permits or other relevant documentation required in the Insured Person's Host Country.
10. Accommodation, Evacuation Expenses or Hibernation Costs incurred more than 30 days after the Insured Event.
11. Or attributable in whole or in part to a debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause.
12. Your failure to honour any contractual obligation bond or specific performance condition in a license.
13. You at inception of this policy having prior knowledge of or had received information of any specific matter, fact or circumstance which would lead to an Insured Event that has not been declared to and accepted by Us.
14. Any Losses incurred by You that have been increased by Your failure to follow the advice of Our Crisis Management Company.
15. Any losses that have been increased by Your failure to follow the advice of Our Crisis Management Company promptly.