

# Description of Coverage for participants of

## DISNEY VACATION CLUB®



Thank You for Purchasing This  
Protection Plan Provided by:  
**Travelex Insurance Services**  
&  
**Stonebridge Casualty  
Insurance Company**

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## IMPORTANT NOTES

This plan is effective when the plan cost has been received by Disney Vacation Club. Please take your Confirmation of Coverage and this Description of Coverage with you on your Covered Trip. Should you have customer service questions about the coverage, please call Travelex Insurance Services at 1-877-886-4664.

This plan affords coverage for the time you own which annual or semi-annual Maintenance Charges are paid to Disney Vacation Club by you. Benefits are subject to the limits provided under the Schedule of Coverages, subject to a maximum of 90 days of accommodations pursuant of the timeshare.

If you are not satisfied for any reason, you may cancel your coverage within 21 days of your receipt of this document. If you haven't already left on your Covered Trip and/or provided there has been no covered expense, you will receive a full refund of your plan cost.

## SCHEDULE OF COVERAGES & SERVICES

<b>Plan Benefits</b>	<b>Maximum Coverage*</b>
Underwritten by Stonebridge Casualty Insurance Company	
Trip Cancellation Upgrades Frequent Traveler Awards	Up to \$10,000 per plan term \$5,000 sublimit \$200 sublimit
Trip Interruption Upgrades Frequent Traveler Awards	Up to \$10,000 per plan term \$5,000 sublimit \$200 sublimit
Trip Delay	\$1,000
Missed Cruise Connection	\$1,000
Baggage & Personal Effects	\$2,000
Baggage Delay	\$500
Recreation Equipment Delay	\$1,000
Emergency Medical & Dental Expenses	\$25,000
Emergency Medical Evacuation & Repatriation	\$250,000
Security Deposit Protection	\$2,000
Accidental Death & Dismemberment	\$25,000
Travel Assistance & Concierge Services**	Included
Identity Theft Prevention Services**	Included

\*All coverage is per reservation unless otherwise noted. Coverage amounts shown are shared between all persons occupying the unit. All benefits are paid to the primary traveler listed on the Confirmation of Coverage.

\*\*Travel Assistance Services are provided by Travelex's designated provider.

## ELIGIBILITY & EFFECTIVE DATES

### **Who Is Eligible For Coverage**

A person who has arranged to take a Covered Trip, completes the enrollment form and pays the required plan payment and is a citizen or resident of the United States of America.

### **When Coverage Begins**

All coverages (except Pre-Departure Trip Cancellation and Post-Departure Trip Interruption) will take effect on the later of 1) the date the plan payment and enrollment form has been received; 2) the date and time you start your Covered Trip; or 3) 12:01 A.M. Standard Time on the Scheduled Departure Date of your Covered Trip.

Pre-Departure Trip Cancellation coverage will take effect at 12:01 A.M. Standard Time on the day after the date your plan payment and enrollment form is received. Post-Departure Trip Interruption coverage will take effect two (2) days prior to the Scheduled Departure Date of your Covered Trip if the required plan payment and any necessary enrollment forms are received.

### **When Coverage Ends**

Your coverage automatically ends on the earlier of:

1. the date the Covered Trip is completed;
2. two (2) days following the Scheduled Return Date;
3. cancellation of the Covered Trip covered by the plan;
4. your arrival at the return destination on a round-trip, or the destination on a one-way trip.

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

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

In no event will coverage be extended due to voluntary reasons without prior consent from Travelex Insurance Services.

## SUMMARY OF COVERAGES

### DEFINITIONS

In this Description of Coverage, “you”, “your” and “yours” refer to the Insured. “We”, “us” and “our” refer to the company providing the coverage. In addition certain words and phrases are defined as follows:

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

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

**Baggage** means luggage, personal possessions and travel documents taken by you on the Covered Trip.

**Business Partner** means an individual who is involved, as a partner, with you in a legal general partnership and shares in the management of the business.

**Common Carrier** means any land, water or air conveyance operated under a license for the transportation of passengers for hire.

**Covered Trip** means a period of travel away from Home to a destination outside your city of residence and the Trip does not exceed 180 days.

**Covered Vehicle** means a private passenger vehicle owned by or under long term lease (1 year or more) to you.

**Domestic Partner** means a person who is at least eighteen years of age and you can show: 1) evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; 2) evidence of cohabitation for at least the previous 6 months; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

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

**Exchange Company** means an organization under contract with you to provide Timeshare Exchange vacation time within a network of Exchange Properties.

**Exchange Fees** means the fees charged by the Exchange Company to reserve Timeshare Exchange accommodations at Exchange Properties.

**Exchange Properties** means resorts or hotels within an Exchange Company network to provide Timeshare Exchange accommodations for contracted members.

**Exotic Vehicle** includes Alfa Romeo, Aston Martin, Auburn, Avanti, Bentley, Bertone, BMC/Leyland, BMW M Series, Bradley, Bricklin, Cosworth, Citroen, Clenet, De Lorean, Excalibre, Ferrari, Fiat, Iso, Jaguar, Jensen Healy, Lamborghini, Lancia, Lotus, Maserati, Morgan, Opel, Pantera, Panther, Pininfarina, Rolls Royce, Rover, Stutz, Sterling, Triumph, TVR, Yugo, Corvette, Mercedes Benz, Porsche, Jaguar, and MG.

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

**Guest Fees** means the fees associated with the issuance of a guest certificate on your behalf to another person when such guest certificate has been used for an Exchange.

**Home** means your primary or secondary residence.

**Home Resort** means a resort at which you own Timeshare Exchange vacation time.

**Hospital** means an institution, which meets all of the following requirements: (1) it must be operated according to law; (2) it must give 24 hour medical care, diagnosis and treatment to the sick or injured on an inpatient basis; (3) it must provide diagnostic and surgical facilities supervised by Physicians; (4) registered nurses must be on 24 hour call or duty; and (5) the care must be given either on the hospital's premises or in facilities available to the hospital on a pre-arranged basis.

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

**Injury** means bodily harm caused by an Accident which: 1) occurs while your coverage is in effect under the plan; and 2) requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

**Insured** means an eligible person who arranges a Covered Trip, completes any required enrollment form, and pays any required plan payment.

**Insurer** means Stonebridge Casualty Insurance Company.

**Maintenance Charges** means the annual assessment paid for maintenance, taxes and management fees for the Home Resort owned by you.

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

**Payments or Deposits** means the amount actually paid for your Covered Trip.

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

**Policy** means the contract issued to the Policyholder providing the benefits specified herein.

**Policyholder** means the legal entity in whose name this Policy is issued, as shown on the Benefit Schedule.

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

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

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

**Schedule** means the Benefit Schedule shown Description of Coverage for each Insured.

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

**Scheduled Return Date** means the date on which you are originally scheduled to return to the point where the Covered Trip started or to a different final destination.

**Scheduled Departure City** means the city where the scheduled trip on which you are to participate originates.

**Sickness** means an illness or disease of the body which: 1) requires examination and treatment by a Physician, and 2) commences while the plan is in effect. An illness or disease of the body which first manifests

itself and then worsens or becomes acute prior to the effective date of this plan is not a Sickness as defined herein and is not covered by the plan.

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

**Timeshare Exchange** means the process pursuant to an agreement between you and the Exchange Company whereby you exchange vacation time in your Home Resort for a comparable vacation in an Exchange Property.

**Traveling Companion** means a person up to 12 persons whose name(s) appear(s) with you on the same Covered Trip arrangement and who, during the Covered Trip, will accompany you in the same room, cabin, condominium unit, apartment unit or other lodging.

A group or tour leader is not considered a Traveling Companion unless you are sharing room accommodations with the group or tour leader.

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

## GENERAL PROVISIONS

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

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

**Duplication of Coverage:** You may only purchase one certificate from us for each Covered Trip. If you do purchase more than one certificate for a specific Covered Trip, the Maximum Limit of Coverage payable will be as specified in the certificate with the highest level of benefits. We will refund plan payments received from you under any other certificate.

**Entire Contract; Changes:** The plan, the Group Application and any other attachments is the entire contract between us. Any statement you make is a representation and not a warranty. No statement will be used by us to void or reduce benefits unless that statement is a part of any written application or enrollment form.

The plan may be changed at any time by written agreement between us. Only our President, Vice President or Secretary may change or waive the provisions of the plan. No agent or other person may change the plan or waive any of its terms. The change will be endorsed on the plan.

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

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

**Maximum Limit of Liability:** All limits are applied per Covered Trip. We will pay no more than \$1,000,000 per occurrence to or on account of any person insured under the plan.

Our Maximum Limit of Liability for all claims resulting from the same occurrence will be \$15,000,000 under the TAHC5000, TAHC6000 and TAHC7000 Group series of policies. We will pay no more than \$1,000,000 per occurrence, under the TAHC5000, TAHC6000 and TAHC7000 Group series of policies, to or on account of any person insured under the TAHC5000, TAHC6000 and TAHC7000 Group series of policies.

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

## CLAIMS PROVISIONS

**Notice of Claim:** We must be given written notice of claim within 30 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and enough information to identify him or her.

**Claim Forms:** When we receive notice of claim, you will be sent forms to file proof of loss. If the forms are not sent within 15 days after we receive notice, then the claimant will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss. This must be sent to us within the time limit stated in the Proof of Loss provision.

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

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

**Legal Actions:** No legal action may be brought to recover on the plan within 60 days after written proof of loss has been given. No such action will be brought after 3 years from the time written proof of loss is required to be given. If a time limit of the plan is less than allowed by the laws of the State where you live, the limit is extended to meet the minimum time allowed by such law.

**Payment of Claims:** Claims for benefits provided by the plan will be paid as soon as written proof is received.

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

## TRIP CANCELLATION & TRIP INTERRUPTION BENEFITS

### Pre-Departure Trip Cancellation Benefits

If you are prevented from taking your Covered Trip for one of the Covered Reasons, we will reimburse you:

1. up to the amount in the Schedule for the amount of forfeited, prepaid, non-refundable, and unused Payments or Deposits, Exchange Fees, Maintenance Charges and/or Guest Fees that you paid for your Covered Trip and/or Exchange; and
2. up to the amount stated in the Schedule for the cost of forfeited, prepaid, out-of-pocket travel expenses or upgrades to your Covered Trip, including airfare, which were not insured and/or booked by the Property Management Company; and
3. your additional cost as a result of a change in the per person occupancy rate for prepaid travel arrangements if a Traveling Companion's Covered Trip is canceled due to a Covered Reason and your Covered Trip is not canceled; and

4. you are covered up to the amount stated in the Schedule for the cost charged to you to retain your frequent traveler awards/points if you used them to purchase the airline ticket, land and/or sea reservation in conjunction with this Covered Trip.

### Post-Departure Trip Interruption Benefits

If you are unable to continue your Covered Trip for one of the Covered Reasons, we will reimburse you, less any refund paid or payable, for unused travel arrangements, plus the following:

1. the additional transportation expenses by the most direct route from the point you interrupted your Covered Trip: (a) to the next scheduled destination where you can catch up to your Covered Trip; or (b) to the final destination of your Covered Trip; or
2. the additional transportation expenses incurred by you by the most direct route to reach your original Covered Trip destination if you are delayed and leave after the Scheduled Departure Date; and
3. up to the amount stated in the Schedule for the cost of forfeited, prepaid, out-of-pocket travel expenses or upgrades to your Covered Trip, including airfare, which were not insured and/or booked by the Property Management Company; and
4. your additional cost as a result of a change in the per person occupancy rate for prepaid travel arrangements if a Traveling Companion's trip is interrupted due to a Covered Reason and your Covered Trip is continued; and
5. you are covered up to the amount stated in the Schedule for the cost charged to you to retain your frequent traveler awards/points if you used them to purchase the airline ticket, land and/or sea reservation in conjunction with this Covered Trip; and
6. accommodations and transportation expenses for up to \$100/day for 10 additional days when a) your Traveling Companion is hospitalized or Injury or Sickness to you not requiring hospitalization prevents you from continuing travel; and b) you must extend your Covered Trip with additional hotel nights due to medically imposed restriction by a Physician.

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

We will also reimburse you for the cost incurred up to \$1,000 to drive or transport your Covered Vehicle to your Home if: 1) you are using your Covered Vehicle on the Covered Trip; 2) the Covered Vehicle is with you at the place where the Covered Trip is interrupted; 3) the place where the Covered Trip is interrupted is 100 miles or more away from your Home, and 4) you are unable to drive Home.

**Trip Cancellation and Interruption Covered Reasons**

Coverage is provided for the following unforeseeable events or their consequences which occur while coverage is in effect under this Policy if there is a change in plans by you, a Family Member traveling with you, or Traveling Companion:

1. Sickness, Injury or death of you, your Family Member, Traveling Companion, or Business Partner. The Sickness must commence while coverage is in effect, require the examination of a Physician, in person, at the time of Trip Cancellation or Trip Interruption and, in the written option of the treating Physician, be so disabling as to prevent you from taking or continuing your Covered Trip;
2. Common Carrier delays resulting from inclement weather, or mechanical breakdown or organized labor strikes that affect public transportation;
3. arrangements canceled by an airline, cruise line, motor coach company, or tour operator, resulting from inclement weather, mechanical breakdown or organized labor strikes that affect public transportation;
4. being directly involved in a documented traffic accident while en route to departure;
5. being hijacked, quarantined, required to serve on a jury, or required by a court order to appear as a witness in a legal action, provided you, Family Member traveling with you or a Traveling Companion is not 1) a party to the legal action, or 2) appearing as a law enforcement officer;
6. your Home made uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster;
7. your destination made uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster;
8. mandatory evacuation ordered by local authorities (or public official evacuation advisements issued in place of mandatory evacuations only when mandatory evacuations do not exist in that jurisdiction), at your final destination due to inclement weather, hurricane or other natural disaster;

9. being called into active military service to provide aid or relief in the event of a natural disaster;
10. a documented theft of passports or visas;
11. a Terrorist Act which occurs in your departure city or in a city which is a scheduled destination for your Covered Trip provided the Terrorist Act occurs within 30 days of the Scheduled Departure Date for your Covered Trip or while you are on your Covered Trip
12. a transfer of employment of 250 miles or more;
13. your involuntary termination of employment or layoff and was not under your control. You must have been continuously employed with the same employer for 1 year prior to the termination or layoff. This provision is not applicable to temporary employment, independent contractors or self-employed persons;
14. the primary or secondary school where the Insured attend(s) must extend its operating session beyond its predefined school year, due to unforeseeable events commencing during the Policy effective period, which cause the extension of the predefined school year and the Scheduled Departure Date falls within the period of the school year extension. Extensions due to extra-curricular or athletic events are not covered;
15. you or your Traveling Companion have a previously approved military leave revoked or experience a military re-assignment.

**TRIP DELAY BENEFITS**

If your Covered Trip is delayed for 5 hours or more, we will reimburse your, up to the amount shown in the Schedule, for reasonable additional expenses incurred by you for hotel accommodations, meals, telephone calls and local transportation while you are delayed. We will not pay benefits for expenses incurred after travel becomes possible.

**Trip Delay must be caused by or result from:**

1. any Common Carrier delay; or
2. permanent loss or theft of your passport(s), travel documents or money, due to a reason not within your control; or
3. quarantine; or hijacking; or a civil disorder;
4. natural disaster or closure of public roadways by government authorities; or

5. a documented traffic accident while you are en route to departure;
6. unannounced strike;
7. documented mechanical breakdown of your Covered Vehicle while en route to your departure or return destination while on your Covered Trip or during your Covered Trip.

**Items Subject to Special Limitations**

If your Covered Trip is delayed for 5 hours or more, we will reimburse you for the following covered expense:

1. up to \$25 per day, up to the amount shown in the Schedule for additional kennel expenses. You must have placed your cat or dog in a licensed commercial kennel for the duration of the Covered Trip and you are unable to collect you cat or dog on the original pick-up date. For this benefit, you must provide the following documentation when presenting a claim: (1) written confirmation of the reasons for the delay from the Common Carrier whose delay resulted in the loss, including, but not limited to, scheduled departure and return times and actual departure and return times; (2) written confirmation from the licensed commercial kennel advising the original pick-up date and the actual pick-up date.

**MISSED CRUISE CONNECTION BENEFITS**

(For Disney Cruises Only)

We will reimburse you for Covered Expenses, up to the amount shown in the schedule, should you miss your cruise departure as the result of the cancellation or delay of 3 or more hours of all regularly scheduled airline flights due to inclement weather.

For this benefit, **Covered Expenses** means additional transportation expenses incurred to join the departed cruise, reasonable additional accommodation and meal expenses incurred en route to catch up to the cruise, and non-refundable cruise payments for the unused portion of the Insured's land and water or air travel arrangements.

This coverage is excess of any coverage provided by a Common Carrier or another party at no cost to the Insured.

## **BAGGAGE & PERSONAL EFFECTS BENEFITS**

We will reimburse you, up to the amount shown in the Schedule, for direct loss, theft, damage or destruction of your Baggage, passports or visas during your Covered Trip. We will also pay for loss due to unauthorized use of your credit cards, if you have complied with all of the credit card conditions imposed by the credit card companies.

### **Valuation and Payment of Loss**

Payment of loss under the Baggage and Personal Effects Benefit will be calculated based upon an Actual Cash Value basis. At our option, we may elect to repair or replace your Baggage. We will notify you within 30 days after we receive your proof of loss.

We may take all or part of a damaged Baggage as a condition for payment of loss. In the event of a loss to a pair or set of items, we will: 1) repair or replace any part to restore the pair or set to its value before the loss; or 2) pay the difference between the value of the property before and after the loss.

### **Items Subject to Special Limitations**

We will not pay more than \$1,000 (or the Baggage and Personal Effects limit, if less) on all losses to jewelry; watches; precious or semi-precious gems; articles consisting in whole or in part of silver, gold, or platinum; cameras, camera equipment; digital or electronic equipment and media and articles consisting in whole or in part of fur.

Items not included above are subject to a \$500 per item limit.

### **Continuation of Coverage**

If the covered Baggage, passports or visas are in the custody of a Common Carrier, and delivery is delayed, this coverage will continue until the property is delivered to you. This continuation of coverage does not include loss caused by or resulting from the delay.

### **Your Duties in the Event of a Loss**

In case of loss, theft or damage to Baggage and Personal Effects, you should: 1) immediately report

the situation incident to the hotel manager, tour guide or representative, transportation official, local police or other local authorities and obtain their written report of your loss; and 2) take reasonable steps to protect your Baggage from further damage, and make necessary, reasonable and temporary repairs. We will reimburse you for these expenses. We will not pay for further damage if you fail to protect your Baggage.

## **BAGGAGE DELAY BENEFITS**

We will reimburse you up to the amount shown in the Schedule for the cost of reasonable additional clothing and personal articles purchased by you, if your Baggage is delayed for 12 hours or more during your Covered Trip. We will also reimburse you up to \$25 for expenses incurred during your Covered Trip to expedite the return of your delayed Baggage.

This coverage terminates upon your arrival Home or to your original scheduled destination. The benefit amount payable will not exceed the maximum shown on the Schedule.

## **RECREATIONAL EQUIPMENT DELAY BENEFITS**

We will reimburse you, up to the amount stated in the Schedule for expenses to rent sporting equipment if your sporting equipment is lost, stolen, damaged or delayed for 12 hours or more, while on a Covered Trip. Receipts for the expenses incurred must be submitted for reimbursement, along with written proof that your sporting equipment was lost, stolen, damaged or delayed.

## **EMERGENCY MEDICAL & DENTAL EXPENSE BENEFITS**

We will pay this benefit, up to the amount on the Schedule, for the following Covered Expenses incurred by you, subject to the following: 1) Covered Expenses

will only be payable at the Usual and Customary level of payment; 2) benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Covered Trip.

### **Covered Expenses:**

1. expenses for the following Physician-ordered medical services: services of legally qualified Physicians and graduate nurses, charges for Hospital confinement and services, local ambulance services, prescription drugs and medicines, and therapeutic services, incurred by you during a Covered Trip;
2. expenses for emergency dental treatment incurred by you during a Covered Trip;
3. benefits payable as a result of incurred Covered Expenses will only be paid after benefits have been paid under any Other Valid and Collectible Group Insurance in effect for you. We will pay that portion of Covered Expenses which exceed the amount of benefits payable for such expenses under your Other Valid and Collectible Group Insurance.

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

## **MEDICAL EVACUATION & REPATRIATION BENEFITS**

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

**Covered Expenses:**

- 1. expenses incurred by you for Physician-ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable Hospital, when you are critically ill or injured and no suitable local care is available, subject to the Travel Assistance Provider’s prior approval;
- 2. expenses incurred for non-emergency medical evacuation, including medically appropriate transportation and medical care en route, to a Hospital or to your Home, when deemed medically necessary by the attending Physician, subject to the Travel Assistance Provider’s prior approval;
- 3. expenses for transportation not to exceed the cost of one round-trip economy class air fare to the place of hospitalization for one person chosen by you, provided that you are traveling alone and are hospitalized for more than 7 days;
- 4. expenses for transportation not to exceed the cost of one-way economy class air fare to your place of residence, including escort expenses, if you are 18 years of age or younger and left unattended due to the death or hospitalization of an accompanying adult(s), subject to the Travel Assistance Provider’s prior approval;
- 5. expenses for one-way economy class air fare (or first class, if your original tickets were first class) to your Home, from a medical facility to which you were previously evacuated, less any refunds paid or payable from your unused transportation tickets, if these expenses are not covered elsewhere in the plan;
- 6. repatriation expenses for preparation and air transportation of your remains to your Home, or up to an equivalent amount for a local burial in the country where death occurred.

**Your duties in the event of a Medical Expense:**

- 1. You must provide us with all bills and reports for medical and/or dental expenses claimed.
- 2. You must provide any requested information, including but not limited to, an explanation of benefits from any other applicable insurance.
- 3. You must sign a patient authorization to release any information required by us, to investigate your claim.

**SECURITY DEPOSIT PROTECTION BENEFITS**

If the Insured rents an accommodation and the Insured damages the real or personal property assigned to that accommodation during the Covered Trip, we will reimburse the Insured the cost of repairs up to the amount shown in the Schedule.

Coverage is provided to the Insured occupying the accommodation during the Covered Trip provided the Insured is listed on the lease agreement.

**Coverage is not provided for loss due to:**

- (a) intentional acts or gross negligence of the Insured;
- (b) normal wear and tear of the real or personal property assigned to the accommodation;
- (c) any damage that occurs if the Insured is in violation of the lease agreement;
- (d) loss, theft or damage to any personal effects owned by the Insured or brought on the Covered Trip by the Insured;
- (e) loss, theft or damage caused by any person other than the Insured.

**The Insured’s Duties in the Event of a Loss:**

The Insured must: report the loss in writing within 3 days of the completion of the Covered Trip to the staff responsible for managing the accommodation.

**24 HOUR ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS**

We will pay this benefit up to the amount on the Schedule if you are injured in an Accident which occurs while you are on a Covered Trip and covered under the plan, and you suffer one of the loses listed below within 180 days of the Accident. The Principal Sum is the benefit amount shown on the Schedule.

<u>Loss:</u>	<u>Percentage of Principal Sum Payable:</u>
Life.....	100%
Both Hands and Both Feet or Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and Sight of One Eye.....	100%
One Foot and Sight of One Eye.....	100%
One Hand, One Foot or Sight of One Eye.....	50%

If you suffer more than one loss from one Accident, we will pay only for the loss with the larger benefit. Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight of an eye means complete and irrecoverable loss of sight.

**Exposure and Disappearance**

If by reason of an Accident covered by the plan, you are unavoidably exposed to the elements and as a result of such exposure suffer a loss for which benefits are otherwise payable; such loss shall be covered hereunder.

If you are involved in an Accident which results in the sinking or wrecking of a conveyance in which you were riding and your body is not located within one year of such Accident, it will be presumed that you suffered loss of life resulting from Injury caused by the Accident.

**GENERAL PLAN EXCLUSIONS**

**The following exclusion applies to the Accidental Death & Dismemberment coverage:**

- 1. We will not pay for loss caused by or resulting from Sickness of any kind.

**The following exclusion applies to the Medical Expense, Trip Cancellation, Trip Interruption and Trip Delay coverages:**

We will not pay for loss or expense caused by or incurred resulting from:

- 1. a Pre-Existing Condition, as defined in the plan, including death that results therefrom. This Exclusion does not apply to benefits under covered expenses for emergency medical evacuation or repatriation of remains of the and Medical Evacuation & Repatriation Benefits coverage.

**Waiver of the Pre-Existing Condition Exclusion**

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

- 1. the payment for this plan and enrollment form is received within 3 days of the final payment for your Maintenance Charges; and
- 2. you are not disabled from travel at the time you make your plan payment.



For purposes of this plan only, if a new plan is purchased without lapse after your initial twelve month plan term is completed; the Pre-Existing Condition Exclusion is waived.

**The following exclusion applies to all coverages:**

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

1. suicide, attempted suicide, or intentionally self-inflicted injury of you, your Traveling Companion or Family Member booked to travel with you, while sane or insane (while sane in CO and MO);
2. mental, nervous, or psychological disorders, except if hospitalized (does not apply to Medical Expense Benefits);
3. a diagnosed sickness from which no recovery is expected and which only palliative treatment is provided and which carries a prognosis of death within 12 months of your Effective Date;
4. Sickness, Injury or death if insurance is purchased after entering a hospice facility or receiving hospice treatment;
5. being under the influence of drugs or intoxicants, unless prescribed by a Physician;
6. normal pregnancy or resulting childbirth (except for complications of pregnancy) or elective abortion;
7. participation as a professional in athletics while on Covered Trip;
8. riding or driving in any motor competition;
9. declared or undeclared war, or any act of war;
10. civil disorder (does not apply to Trip Delay), travel warning/alert;
11. service in the armed forces of any country;
12. operating or learning to operate any aircraft, as pilot or crew;
13. mountain climbing, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than on a regularly scheduled airline or air charter company;
14. any criminal acts, committed by you;
15. a loss or damage caused by detention, confiscation or destruction by customs;
16. Elective Treatment and Procedures;
17. medical treatment during or arising from a Covered Trip undertaken for the purpose or intent of securing medical treatment;
18. a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the plan is not in effect for you.

**The following exclusion applies to the Baggage & Personal Effects & Baggage Delay coverages:**

We will not pay for damage to or loss of:

1. animals;
2. property used in trade, business or for the production of income, household furniture, musical instruments, brittle or fragile articles, or sporting equipment if the loss results from the use thereof;
3. boats, motors, motorcycles, motor vehicles, aircraft, and other conveyances or equipment, or parts for such conveyances;
4. artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces, retainers or other orthodontic devices, hearing aids, any type of eyeglasses, sunglasses or contact lenses;
5. documents or tickets, except for administrative fees required to reissue tickets;
6. money, stamps, stocks and bonds, postal or money orders, securities, accounts, bills, deeds, food stamps or credit cards, except as noted above;
7. property shipped as freight or shipped prior to the Scheduled Departure Date;
8. contraband.

We will not pay for loss arising from:

1. defective materials or craftsmanship; or
2. normal wear and tear, gradual deterioration, inherent vice; or
3. rodents, animals, insects or vermin; or
4. theft or pilferage from an unattended vehicle; or
5. mysterious disappearance; or
6. electrical current, including electric arcing that damages or destroys electrical devices or appliances.

**TRAVEL ASSISTANCE & CONCIERGE SERVICES**

Provided by Travelex's designated provider

When outside the USA or Canada, call us collect through a local operator (you will first have to enter the International Access Code of the country you are calling from). Within the USA or Canada, use the toll free number.

**Within U.S.A. & Canada** 1-855-892-6495  
**Outside U.S.A. & Canada** 603-328-1373  
**Your Plan Number: SDVC 0113**

**MEDICAL SERVICES**

**Medical Assistance** – Our multi-lingual professionals are available 24 hours a day to provide help, advice and referrals for medical emergencies. We will help you locate local physicians, dentists, or medical facilities.

**Medical Consultation and Monitoring** – If you are hospitalized, we will contact you and your treating physician to monitor your condition to assure you are receiving appropriate care and assess the need for further assistance. We will also contact your personal physician and family at home when necessary or requested to keep them informed of your situation.

**Medical Evacuation** – When medically necessary, we will arrange and pay for appropriate transportation, including an escort, if required, to a suitable hospital, treatment facility or home. Payment for Medical Evacuation is available only for covered claims and up to the amount of coverage provided in the Policy. All medical transportation services must be authorized and arranged by Travelex's designated provider. In the event of an unauthorized Medical Evacuation, reimbursement may be limited or coverage may be invalidated.

**Emergency Medical Payments** – We will assist you in the advancement of funds or guarantee payments (up to the Policy limit) to a hospital or other medical provider, if required, to secure your admission, treatment or discharge.

**Prescription Assistance** – We will assist you with replacing medications that are lost, stolen or spoiled during your Covered Trip, either locally or by special courier.

**Dependent Transportation & Family Visits** – When a minor (age 18 or younger) is left unattended on a Covered Trip due to hospitalization or death of the accompanying adult, we will arrange for his or her return home, including escort expenses. If you are traveling alone and hospitalized 7 days or more, we will arrange transportation for a person you choose to visit you.

**Repatriation of Remains** – In the event of death while on a Covered Trip, we will arrange for the preparation and transportation required to return your remains to your home.

## 24 HOUR TRAVEL ASSISTANCE SERVICES

**24 Hour Legal Assistance** – If while on your Covered Trip you encounter legal problems, we will help you find a local legal advisor. If you are required to post bail or provide immediate payment of legal fees, we will assist you in arranging a funds transfer from family or friends.

**Message Services** – We will transmit emergency messages to family, friends or business associates. We will advise you if we have difficulty delivering your message and let you know that the message has been received. We will also relay non-emergency e-mail or phone messages on your behalf at any time during your Covered Trip.

**Language Interpretation Services** – We provide interpretation services in major languages and will refer you to appropriate local services, if needed.

**Emergency Cash Transfer** – We will help arrange an emergency cash transfer (wire transfer, travelers checks, etc.) of your funds from home or from friends or family in medical or travel emergency situations where additional funds are required.

**Pre-Trip Travel Services** – We provide 24-Hour information, help and advice for your planned Covered Trip such as: passport and visa information, requirements and replacement; travel health information or advisories; vaccine recommendations and requirements; government agency contact information (i.e. embassies, consulates, and other departments or agencies); weather and currency information.

**Travel Document and Ticket Replacement** – When important travel documents (such as passports and visas) are lost or stolen, we will help you to secure replacements. We will also help you when airline or other travel tickets are lost or stolen. We will assist you with reporting your loss, reissuing tickets and obtaining the money required for this purpose (you are responsible for providing the funds).

### Concierge Services

- restaurant, shopping, hotel recommendations/reservations
- local transport (rental car, limousine, etc) information and reservations
- sporting, theatre, night life and event information (sports, scores, stock quotes, gift suggestions, etc.), recommendations and ticketing
- golf course information, referrals, recommendations and tee times
- tracking and assisting with the return of lost or delayed baggage

### Business Services

- emergency correspondence and business communication assistance
- assistance with locating available business services such as: express/overnight delivery sites, internet cafes, print and copy services
- assistance with or arrangements for telephone and web conferencing
- emergency messaging to customers, associates, and others (phone, fax, e-mail, text, etc.)
- real time weather, travel delay and flight status information
- worldwide business directory service for equipment repair/replacement, warranty service, etc.
- emergency travel arrangements

**Identity Theft Services** – AllClear ID Protection (registration by you is required)

As part of your Protection Plan, up to two (2) family members, living in the same household full-time, are provided free registration for AllClear ID protection during your plan term. AllClear ID protection includes fraud detection, credit monitoring, \$1 Million in Identity Theft Insurance Coverage, and fully managed Identity Restoration Services. AllClear ID fraud detection and credit monitoring deliver secure actionable alerts to you by phone if any potential threats are detected. To learn more and enroll, visit <http://www.debix.com/travelex/safe/index.php?ap=VGSAFE2010>.

## **CLAIMS PROCEDURES**

All claims should be presented to the Program Administrator:

Claims Administration Office for Stonebridge Casualty Insurance Company  
4600 Witmer Industrial Estates, Suite 6  
Niagara Falls, NY 14305

Phone: 1-866-968-2061  
Fax: 1-877-367-2496

**Trip Cancellation / Interruption Claims:** IMMEDIATELY Call your Travel Supplier and the Claims Administrator to report your cancellation and avoid non-covered expenses due to late reporting. The Claims Administrator will then advise you on how to obtain the appropriate forms to be completed by you and the attending Physician. Provide all unused transportation tickets, official receipts, etc.

If appropriate, obtain medical statements from the doctors in attendance in the country where Sickness or Accident occurred. These statements should give complete diagnosis, stating that the Sickness or Accident prevented traveling on the dates contracted.

**Trip Delay / Missed Cruise Connection Claims:** Obtain receipts for any additional expenses (i.e.: meals, lodging, etc.) and submit with written documentation from the source which caused the delay for verification (i.e.: Common Carrier, police report, etc.).

**Medical Expense Claims:** Obtain receipts from the providers of services, etc., stating the amount paid and listing the diagnosis and treatment. Provide a copy of their final disposition of your claim.

**Baggage Claims:** In case of loss, theft, or damage to personal belongings, immediately contact the hotel manager, tour guide or representative, transportation official, or local police; report occurrence and obtain a written statement. Submit claim first to party responsible (i.e.: airline, hotel, etc.). Provide a copy of the outcome of your claim, along with the written loss statements, receipts, etc.

**Security Deposit Protection Claims:** Obtain receipts from the Property Management Company stating the damage incurred and amount paid or charged to you for the repair or replacement of the item(s).

Travel Insurance is underwritten by Stonebridge Casualty Insurance Company, a Transamerica company, Columbus, Ohio; NAIC #10952 (all states except as otherwise noted) under Policy/Certificate Form series TAHC5000. In CA, HI, NE, NH, PA, TN and TX Policy/Certificate Form series TAHC5100 and TAHC5200. In IL, IN, KS, LA, OR, OH, VT, WA and WY Policy Form #'s TAHC5100IPS and TAHC5200IPS. Certain coverages are under series TAHC6000 and TAHC7000.

Please take this Description of Coverage with you on your Covered Trip. This is a brief Description of Coverage, which outlines benefits and amounts of coverage available to you. Some coverages may not be available in all states, to view your state-filed form, please visit [www.travelexinsurance.com/SBPlans.aspx](http://www.travelexinsurance.com/SBPlans.aspx) or call 1-800-819-9004 to obtain your Individual Policy in the following states: IL, IN, KS, LA, OR, OH, VT, WA and WY or your Group Certificate for all other states. Your Individual Policy or Group Certificate include the complete terms and conditions of your coverage and will govern the final interpretation of any provision or claim.

**For the Following,  
Please Reference Plan Number  
SDVC 0113**

### **Customer Service Inquiries**

Travelex Insurance Services

1-877-886-4664

[disney@travelexinsurance.com](mailto:disney@travelexinsurance.com)

8:00 am - 5:00 pm CST, M-F

### **Claim Inquiries**

Stonebridge Claims Administration

1-866-968-2061

[travelexclaims@travelexinsurance.com](mailto:travelexclaims@travelexinsurance.com)

7:30 am - 7:00 pm CST, M-F

### **Claim Initiation**

<https://www.travelexinsurance.com>  
and choose the File a Claim option

### **Emergency Travel Assistance**

On Call International

Within U.S.A. & Canada: 1-855-892-6495

Outside U.S.A. & Canada: 603-328-1373

[mail@oncallinternational.com](mailto:mail@oncallinternational.com)

24 Hours a Day, 7 Days a Week

**Travelex**

worldwide  
money

Insurance Services