

DESCRIPTION OF COVERAGE

(Questions? Call 1-800-445-4821)

Notice For Florida Residents only: The benefits of the policy providing your coverage are governed primarily by the law of a state other than Florida.

Program administered through COOK & COMPANY

Coverage will be in effect only upon receipt of payment.

Schedule of Coverage – Travel Accident Protection Benefit Amount:

Annual MULTI-TRIP Plan

The Common Carrier Benefit Amount is \$1,000,000; Emergency Medical Evacuation Benefit Amount is \$10,000; and the Repatriation of Remain Benefit Amount is \$10,000 when the premium per traveler is paid.

The Common Carrier Benefit Amount is \$500,000; the Emergency Medical Evacuation Benefit Amount is \$10,000; and the Repatriation of Remain Benefit Amount is \$10,000 when the premium per traveler is paid.

SINGLE ROUND-TRIP Plan

The Common Carrier Benefit Amount is \$1,000,000; the Emergency Medical Evacuation Benefit Amount is \$10,000; and the Repatriation of Remain Benefit Amount is \$10,000 when the premium per traveler per ticket is paid.

The Common Carrier Benefit Amount is \$500,000; the Emergency Medical Evacuation Benefit Amount is \$10,000; and the Repatriation of Remain Benefit Amount is \$10,000 when the per traveler per ticket is paid.

The Common Carrier Benefit Amount is \$250,000; the Emergency Medical Evacuation Benefit Amount is \$10,000; and the Repatriation of Remain Benefit Amount is \$10,000 when the per traveler per ticket is paid.

The Program. If you have enrolled for coverage in the Executive Travel Accident Insurance Program, you will be covered for Accidental Death and Dismemberment Insurance, Emergency Evacuation, Repatriation

of Remains Insurance and 24 Hour Assistance Services when you take a Trip on a Common Carrier. For the annual, unlimited multi-Trip plan, there is no limit to the number of Common Carrier Trips you can take in any 12 month period and coverage can be renewed each year. For the single round-Trip ticket plan, you are covered for the duration of the Trip, up to 185 consecutive days.

Eligibility: All customers of TravelCoverage.com who are US Residents, 18 years or older, who have elected Plan 1, Plan 2 or Plan 3 Benefits and paid the associated premium.

Period of Coverage: The minimum Period of Coverage under this plan is 1 day, the maximum is 12 months. Benefits can be purchased in a combination of months and or daily periods by paying the appropriate Plan Cost.

PLAN DEFINITIONS

The terms shown below shall have the meaning given in this section whenever they appear in this Certificate. Additional terms may be defined within the provision to which they apply.

"Accident" means a sudden, unforeseeable external event which: (1) Causes Injury to one or more Covered Persons; and (2) Occurs while coverage is in effect for the Covered Person. **"Aircraft"** means a vehicle which: (1) Has a valid certificate of airworthiness; and (2) Is being flown by a pilot with a valid license appropriate to the aircraft. **"Common Carrier"** means any air, land, or water motorized conveyance operated under a license for the transportation of Passengers for hire for which a ticket has been issued. Common Carrier will not mean cruise ships at sea more than 12 consecutive hours or any conveyance that is hired or used for a sport, gamesmanship, contest and/or recreational activity, regardless if such conveyance is licensed, such as, but not limited to, race cars, bob sleds, hunting vehicles, sightseeing helicopters, fishing boats, parasailing/paragliding and boat cruises operating beyond 12 hours. **"Covered Person"** means a person eligible for coverage as identified in the Application for whom proper premium payment has been made, and who is therefore insured under this Certificate. **"Dependent"** means the Insured's unmarried child who: (1) Has his principal residence with the Insured; (2) Chiefly relies on the Insured for support and maintenance; and (3) Is within the following age groups (unless otherwise shown in the Application): (a) Under 19 years of age; (b) 19 but less than 25 years of age and enrolled in a School as a full time student; or (c) 19 or more years of age, and primarily supported by the Insured and incapable of self-sustaining employment by reason of mental or physical handicap. Child can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child. **"Spouse"** means the lawful Spouse, under age 70 (unless otherwise stated in the Application), of an Insured **"He", "his" and "him"** includes "she", "her" and "hers". **"Injury"** means bodily harm which results, directly and independently of disease or bodily infirmity, from an Accident. All injuries to the same Covered Person sustained in one accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury. **"Medically Necessary" or "Medical Necessity"** means the service or supply is: (1) Prescribed by a Doctor for the treatment of the Injury; and (2) Appropriate, according to conventional medical practice for the Injury in the locality in which the service or supply is given. **"Passenger"** means a person not performing as a pilot, operator or crew member of a conveyance. **"Public Conveyance"** means any land or water motorized Common Carrier, regardless of whether a ticket has been issued, including taxi, bus, train or airport limousine, but not including courtesy transportation provide without a specific charge. **"Trip"** means scheduled travel on a Common Carrier, up to 30 consecutive days. A Trip begins when you leave your current primary residence or place of regular employment (whichever occurs last) to travel directly to the station, terminal or airport immediately preceding departure on such Common Carrier. A Trip ends when you return to your residence or place of regular employment (whichever occurs first), after leaving the station, terminal or airport immediately after arrival on such Common Carrier.

BENEFITS FOR ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT

If, within 1-year from the date of an Accident covered by this Certificate, Injury from such Accident,

results in Loss listed below, we will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Covered Person sustains more than one such Loss as the result of one Accident, we will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies for the Covered Person.

<u>Loss</u>	<u>Percentage of Principal Sum</u>
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Entire Sight of One Eye	100%
Loss of One Foot and Entire Sight of One Eye	100%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Thumb and Index Finger of the Same Hand	25%

Loss of a hand or foot means complete Severance through or above the wrist or ankle joint.

Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.

Loss of a thumb and index finger means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

In California, loss of a thumb and index finger means loss by complete Severance of at least one whole phalanx of each.

In South Carolina, the complete severance of four whole fingers from one hand equals the loss of one hand.

"Severance" means the complete separation and dismemberment of the part from the body.

MEDICAL EVACUATION EXPENSE

We will pay the Eligible Expenses for emergency evacuation required by the Covered Person; while he is outside a 100 mile radius from his current primary residence or place of regular employment (which ever occurs last).

The Covered Person's Doctor must determine that adequate medical treatment is not locally available. Benefits are payable for: (1) Usual, Reasonable and Customary charges for medical services required for evacuation to the nearest adequate medical facility; and (2) Usual, Reasonable and Customary charges for escort services required by the Covered Person, if he is disabled and an escort is recommended in writing by his Doctor; and (3) Ambulance services to the nearest airport and air ambulance upon departure; and (4) Special air transportation costs to return the Covered Person to his home country, if his Doctor recommends in writing that his condition requires a stretcher, oxygen or other special medical arrangements; and (5) Expenses above the cost of a return airfare ticket held by the Covered Person or in the absence of a ticket, the cost of an economy airfare ticket. Benefits are payable up to the Maximum Benefit amount shown in the Schedule of Benefits. The amount payable under this benefit could be greatly reduced if the Covered Person does not comply with the requirements in the Limitations section of this Certificate.

REPATRIATION

We will pay the Eligible Expenses, returning a Covered Person to his place of residence in his home country if he is outside a 100 mile radius from his current primary residence or place of regular employment (whichever occurs last) and dies as a result of a covered Injury. Repatriation Expenses that are covered include, but are not limited to: (1) The cost of embalming and coffin; and (2) Transportation of the body. Benefits are payable up to the Maximum Benefit Amount shown on the Schedule of Benefits. The amount payable under this benefit could be greatly reduced if the Covered Person does not comply with the requirements in the Limitations section of this Certificate.

EXCLUSIONS

Benefits will not be paid for a Covered Person's loss which: (1) Is caused by or results from the Covered Person's own:

(a) Intentionally self-inflicted Injury, suicide or any attempt thereat. (In Missouri this applies only while sane.); (b) Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.); (c) Commission or attempt to commit a felony; (d) Participation in a riot or insurrection; (e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or (f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs; (2) Is caused by or results from: (a) Declared or undeclared war or act of war; (b) An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.); (c) Aviation, except as specifically provided in this Certificate; (d) Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted, This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning. (e) Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and: (i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and (ii) The Covered Person was within a 25-mile radius of the site of the release either: 1) At the time of the release; or 2) Within 24 hours of the start of the release; or
ADDITIONAL EXCLUSIONS Benefits will not be paid for: 1. Services or treatment rendered by a doctor, nurse or any other person who is: (a) Employed or retained by the Certificate holder; or (b) Who is the Covered Person or a member of his immediate family; 2. An Injury that is caused by flight in: (a) An aircraft, except as a fare-paying passenger; (b) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or (c) An ultra light, hang-gliding, parachuting or bungi-cord jumping; 3. Injury that is: (a) The result of the Covered Person being Intoxicated. ("Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs); or (b) Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor; 4. Any Sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food; 5. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan; 6. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request; 7. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;

8. Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound.

Assistance Service 24 Hour Assistance Services-*In case of an emergency, call 866-509-7715 in the USA or collect outside the USA 603-898-9159*

All claim forms must be completed, signed and mailed to:
Cook & Company
PO Box 150266

Nashville TN 37215

For claims status call: 800.445.4821

DISCLAIMER: This Description of Coverage and evidence of insurance provides a summary of the policy features only and does not cover all the terms, conditions and limitations of the Master Policy. The Master Policy (on file with Cook & Company) contains the actual terms, conditions, and limitations, of the coverage to be provided. If there is any conflict between this description of coverage and the Master Policy the Master Policy will govern in all cases.