

**Arlington Public Schools  
Student Out of State and Travel Abroad Application  
UPENN Model Congress Conference 2018**

**Today's Date:** 1-9-2018

**Trip Leader Name** Rebecca Walsh Bradley

School: AHS

Subject/Grade: government, 9-12

E-mail address: rwalshbradley@arlington.k12.ma.us Phone: 781-996-9231

**Trip Destination: City(s)/Country:** Philadelphia, PA

**Dates of Trip:**

Departure Date: 3-22-2018

Return Date: 3-25-2018

Method of transportation: Amtrak, taxi, metro

Leaving from: South Station, Boston, MA

**Purpose of Trip (check all that apply)**

☐ Cultural

☒ **Educational**

☐ Home Stay

☐ Sister City

☐ Student Exchange

☐ Other (describe)

**Itinerary (attach additional documents as necessary)**

**PENNMCM 2017 Conference Schedule (This year's schedule is not posted yet, but will  
basically be the same.)**

**Thursday, March 30**

Registration	12:00 PM - 5:00 PM
Rules Review	5:00 PM - 5:30 PM
Opening Ceremonies & Keynote Speaker	6:00 PM - 8:00 PM
Committee Sessions	8:00 PM - 11:00 PM
Curfew	11:30 PM

**Friday, March 31**

House Full Session	9:00 AM - 11:00 AM
Senate Committee Sessions	9:00 AM - 12:00 PM

Lunch	12:00 PM - 1:30 PM
Senate Full Session	2:00 PM - 4:00 PM
House Committee Sessions	2:00 PM - 5:00 PM
Dinner	5:00 PM - 6:30 PM
Committee Sessions	6:30 PM - 10:00 PM
Friday Night Activities	10:30 PM - 12:00 AM
Curfew	12:30 AM

### **Saturday, April 1**

Senate Full Session	9:00 AM - 11:00 AM
House Committee Sessions	9:00 AM - 11:30 AM
House Full Session	12:00 PM - 2:00 PM
Senate Committee Sessions	11:30 AM - 2:00 PM
Free Period	2:00 PM - 7:00 PM
Committee Sessions	7:00 PM - 10:00 PM
Delegate Dance	10:30 PM - 12:00 AM
Curfew	12:30 AM

### **Sunday, April 2**

Full Sessions	9:00 AM - 11:00 AM
Special Program Committee Sessions	9:00 AM - 11:00 AM
Closing Ceremonies	12:00 AM - 1:30 PM

### **Describe the educational purpose and value of the trip?**

Ahead of time, students are assigned a committee related to the US Congress. Students then write and debate bills. At the conference, students get to participate in a "Model" Congress, where they present and debate bills with their committee members (all from other schools) and if the bill is passed, it goes on to a full session, which it is debated with 70-80 other students.

Students learn all the ins and outs of the US congress and hone debating skills. Students also have the opportunity to learn about other bills. Finally, the conference takes place on the UPENN campus so students have the opportunity to visit an Ivy League school.

**If the trip involves missing school, what are the reasons and what steps will be taken to minimize the impact?**

Students miss two days of school. Students will fill out field trip forms ahead of time and get their teacher's approval. They are expected to speak with all of their teachers ahead of time and must make up all missed work. Students have time on the two six-hour train rides plus time in between conference sessions to complete school work.

**Who may go on the trip? (requirements to participate - grade levels, attendance, behavior, academics - consult the sample Trip Policy Form)**

Trip is open to grades 9-12 and must have at least two absences left for term 3. Students must not have been in trouble and must be in sound academic standing.

**Cost of trip per student?**

\$530.00 per student plus money for food.

**What is included in the trip?**

Amtrak train, hotel for three nights, conference fees, other transportation, trip for housekeeping at hotel

**What is not included in the trip? What expenses will students incur during the trip?**

Students are responsible for bringing money for food.

**Other Chaperones**

Name: Rebecca Walsh Bradley

School: AHS

Subject/Grade: English 9, 11, 12

E-mail address: [rwalshbradley@arlington.k12.ma.us](mailto:rwalshbradley@arlington.k12.ma.us)

Phone: 781-996-9231

Name: Meagan Bassett

School: AHS

Subject/Grade: Spanish 9-12

E-mail address: [mbassett@arlington.k12.ma.us](mailto:mbassett@arlington.k12.ma.us)

Phone

**How do students register for the trip? Is there a payment plan? Describe.**

Fill out the application and send in a check for the trip. Yes, we have been able to set up a payment plan for students can't pay all at once based on individual need.

**Is there a process in place for students who have difficulty paying for the trip? (scholarships?)**

Funds available? Yes, we have received money from the MLK fund for 1-2 students for the last few years.

Fundraising available? Yes, we sent out letters in exchange for a hand-drawn, framed certificate

Please list the name and contact information for the agency you are working with, if applicable.

**Address:** Penn Model Congress  
P.O. Box 30794  
228 South 40th Street  
Philadelphia, PA 19104

**Contact**  
Email: [conference@pennmc.org](mailto:conference@pennmc.org)

**Are they insured? Describe the trip insurance plan. (Trip insurance includes coverage for emergency travel home, trip cancellations, etc. This is not just liability.)**

**Students are covered under their own health insurance.**

Cancellation/emergency insurance was purchased for Amtrak. See attached form.

**Describe the refund policy and dates.** (Include this information in the Trip Policy Contract that is signed by students and parents/guardians)

Students were able to get money back up until we purchased train tickets (for that portion) and paid for the hotel/conference (for that portion)

**Describe how you will factor emergency cash into the trip budget?**

We had a cash overflow of \$700.00 last year that we were able to take with us last year.

**Describe how you will communicate with parents before and during the trip.**

We will send home a form to parents with all the information on it and will communicate via email and cell phone on the trip. Students will also have their own phones with them on the trip.

**Describe how you will communicate with administration during the trip.**

Via email and phone.

**REQUIRED DOCUMENTS** (May be combined)

- Trip Application Form
- Trip Policy Contract (including refund policy, behavioral expectations, see below)

- Trip Medical Form (including release, statement confirming that student is clear to go and school will be notified of any change in status)
- Release from liability
- Consent to treat

\*\*\*\*\*

Before the application is presented to School Committee, please obtain the following signatures in this order.

Signature of International Coordinator

Mary Villano 1/31/2018  
Name Date

Signature of Department Head

DBerry English 1/31/18  
Name Department Date

Signature of Principal

Matthew J. HS 1/31/18  
Name School Date

Signature of Superintendent

Rachel Bales 2/1/18  
Name Date

**AHS Trip Go Checklist - Complete these steps for all trips before departure.**

- ☐ Meet with students and parents before departure to review school behavioral expectations. Share with administration (in-school rules apply for the entire trip). Parents and students sign a form that states they understand the behavioral expectations and consequences
- ☐ Trip leaders have checked State Department travel advisories and reviewed any reports with administration.
- ☐ Leave photocopies of all student and chaperone passports with Main Office
- ☐ Leave copies of itinerary and contact numbers (e.g., chaperones, hotels, trip sponsoring company, travel agents)

All trips must be approved before publicizing or scheduling.

- ☐ Complete International Trip application (See Mary Villano)
- ☐ Trip application reviewed, recorded, and signed by Mary Villano
- ☐ Trip approved by the Principal and Department Head (where appropriate) **before** submission to the Superintendent and School Committee.
- ☐ Trip approved by the Superintendent
- ☐ Trip approved by the School Committee.

**Please check, sign, and return to the principal before the deadline for deposit refunds:**

- ☐ Students accepted to the trip have all been screened (check with House Deans) and are in good standing in terms of behavior, attendance, and academics
- ☐ After students are accepted the trip, all sign a Trip Policy Contract. Leave a copy with Administration.
- ☐ Students have all signed dates of deposits and understandings of refund policies (copy of file with administration).
- ☐ Students have completed school/trip medical form and been screened by the Nurse(s).
- ☐ All parents sign the district release from liability language (can incorporate in other forms)

**Before confirming chaperones:**

- ☐ Background check for non-school personnel traveling as chaperones or participants, if applicable.
- ☐ All non-school chaperones have signed Behavioral Expectations (if applicable).

**In the month before trip departure:**

- ☐ Check for students who are in academic or behavioral difficulty. Check in with Deans
- ☐ All students remain in compliance of all criteria in Trip Policy Contract

- ☐ Check that all students and chaperones have current passports.
- ☐ Check that all students have round-trip tickets with names that match their passports and an itinerary that matches the rest of the trip.
- ☐ Prior to trip the Nurse has checked medical forms for medical issues (need release from doctor/counselor for any significant medical concerns).
- ☐ Prior to trip the Nurse has checked medical forms for appropriate insurance (e.g., some insurance does not cover them outside of the country).
- ☐ All checks must be made out to AHS General Fund with the event written in the memo unless payments are made directly to Tour Company.
- ☐ Group has emergency cash for the trip. This money is factored into the cost of the trip and a check to the advisor for cash is issued through the General Fund. Upon return, all receipts and any unused money is returned to the General Fund account International Fund).
- ☐ Recommend that a parent or guardian has a current passports in case they need to travel to meet their student.
- ☐ Consider whether students should have international cell phone access. Explore options.
- ☐ (organizers, travel agent) with Main Office and Administrative Contact.
- ☐ Confirm Administrative Contact: Janger cell: 781-434-8215.

Trip Leader Signature: Robert D. Bradley Date: 1-30-2018

## Trip Selection Criteria

Participation in out-of-school trips is a privilege. The school must be conscious of the safety of all students as well as the way in which the trip represents the school in our community. The trip organizers may make a determination of criteria for students who they feel can safely participate in the trip, who can appropriately represent the school, and who can support the mission and goals of their particular trip. Trips are an optional enrichment activity offered by school staff. While we work to have scholarships available, families are responsible for the full cost of the trip.

As trips vary in levels of educational mission, risk, distance, length, and commitment, the criteria for selection vary among trips. At the time of selection, we will not consider for participation any student who:

- Has been suspended from school in the past month.
- Would be under suspension from extra curricular activities
- Is carrying a D or lower in any class (this includes I)
- Is in danger of receiving an FA due to attendance
- Has recent medical or mental health conditions which may affect the safety of the student or create a substantial disruption to the trip (This would apply to students receiving an M grade.).

In addition, students who fail to meet the trip selection criteria in the month before a trip may also be excluded from trip participation.

Exclusion from a trip will result in the following consequences:

- Class grades will not be affected by exclusion from a trip.
- In trips related to courses, students will be provided with alternative assignments to make up for any trip work.
- Funds or deposits may not be returned, as deposits and shared costs may not be recouped by the trip group.



## **SAMPLE FORM**

### **Trip Policy Contract**

During school trips, students are "in school" for the entire trip. This means that all trip participants must comply with all school rules and policies and meet all other behavioral expectations for the trip for the duration of the trip, even in the evenings during usually private times. Violation of these expectations may lead a student to be sent home from the trip at their parents expense and may lead to school consequences when they return from the trip.

Participation in out-of-school trips is a privilege. The school must be conscious of the safety of all students as well as the way in which the trip represents the school in our community. A student who within a month of the trip:

- Has been suspended from school.
- Is under suspension from extra curricular activities
- Is carrying a D or lower in any class
- Is in danger of receiving an FA due to attendance
- Experiences changes in medical conditions which may affect the safety of the student or trip.

will be subject to review by the administration along with an organizing faculty member from the trip

Exclusion from a trip for the reasons above will result in the following consequences:

- Class grades will not be affected by exclusion from a trip.
- In trips related to courses, students will be provided with alternative assignments to make up for any trip work.
- Funds or deposits may not be returned, as deposits and shared costs may not be recouped by the trip group.

## Frequently Asked Questions for Proposals

Please submit to the Building Principal, then

Superintendent Bodie for approval then the School Committee must approve.

Re: Community trip to \_\_\_\_\_, Today's Date \_\_\_\_\_

Q: When will the trip be?

A: The trip should be November 7-16.

Q: Who may go on the trip?

A: The trip is open to any resident of Arlington, or All participants on the trip must be over the age of 18 and have a valid passport for travel.

Q: Who is leading the trip?

A: \_\_\_\_\_, \_\_\_\_\_ for the Arlington Public Schools, and \_\_\_\_\_.

Q: How much does the trip cost? How will the students travel? What is included?

The trip will cost \$\_\_\_\_\_ for people who stay in homestays during the 5 nights in \_\_\_\_\_. This includes airfare from Boston to \_\_\_\_\_ airport on the way to \_\_\_\_\_, and from \_\_\_\_\_ ( Boston on the return flight. The cost includes most meals during our stay \_\_\_\_\_. It includes all activities and transportation during our 5 days in \_\_\_\_\_ including transport from \_\_\_\_\_ airport. It includes the cost of coordinating the trip and the daily plans for the trip.

Q: What is not included in the trip cost?

A:

Q: What is the itinerary for our time in \_\_\_\_\_

A: \_\_\_\_\_

Q: I want to go! When is the money due? How will the spots be filled? How can I pay?

A:

Q: What if a student cannot pay:

A:

Please contact \_\_\_\_\_ or \_\_\_\_\_ to let us know that you plan to travel with us.

**ADDITIONAL QUESTIONS:**

Trip company providing? Evidence that they are reliable and insured? Companies' refund policy? Company contact information?

**Forms we need to create:**

Teacher Chaperone Checklist (Cheryl has an example)

Model Medical Form (review trip med. forms to make sure all are covered)

Release from liability

Consent to treat (sample for ski club)



Lucy Voges  
57 Fuller Street  
Waltham MA 02453

Thank you for your recent purchase of Allianz Travel Insurance. We are pleased that you have chosen to take us along on your upcoming trip!

This packet of information will help you use your travel insurance policy and includes:

- A summary of assistance services and benefits described below
- Your Letter of Confirmation of insurance benefits
- Your detailed Certificate of Insurance/Policy

Summary of Assistance Services and Benefits

You are entitled to important assistance services and benefits.

Service/Benefit  
24-Hour Hotline Assistance

To make the most of your assistance services and benefits please:

- Read the detailed Certificate of Insurance/Policy.
- Download the TravelSmart app for a listing of hospitals and clinics for your destination(s) available at both the App Store and Google Play.
- If you require emergency medical care while traveling, please call our office for assistance before engaging any expense.
- Save or photograph all receipts in the event you need to file a claim. Claims may be electronically filed at <http://www.etravelprotection.com/amtrak>.



## Letter of Confirmation

December 22, 2017

Lucy Voges  
57 Fuller Street  
Waltham MA 02453

Dear Lucy Voges,

Thank you for choosing Allianz Global Assistance to protect your travel investment.

Please make sure you read this *Letter of Confirmation*, your enclosed *Certificate of Insurance*, and any other attached documents, including riders or other forms carefully. Because the *Certificate of Insurance* may describe coverage not included in your plan, be sure to look at all of the documents to understand your specific coverage. Contact us immediately if you think there is a mistake in your *Letter of Confirmation*.

We recommend that if you are traveling for your event, you take copies of these documents with you. If you did not receive a *Certificate of Insurance*, or would like another copy, please call 1-800-284-8300.

### Information About Your Plan

Name of your plan:	Travel Protection
Policy identification number:	EUSP2099691089
Number of people insured:	8
Who it insures:	Lucy Voges, Felix Ansell, Patrick Gallagher, Yutong Jiang, Sophie Plotkin, Katherine Faiola, Rebecca Walsh Bradley, Meagan Bassett
Date of purchase:	December 22, 2017
Plan effective date:	March 22, 2018
Travel dates:	March 22, 2018 - March 25, 2018
Total cost for all travelers:	\$72.00
Amount paid:	\$72.00

Changes to your travel plans may require changes to your coverage. If your plans change please contact Allianz Global Assistance.

Thanks again for purchasing a travel insurance plan from Allianz Global Assistance. Have a safe and pleasant trip!

Please note that your policy does not cover all situations and excludes coverage for existing medical conditions. We encourage you to carefully review your *Certificate of Insurance* to understand your specific coverage.

Sincerely,

Delores Wellman  
Vice President of Operations



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

Form No. 101-LOC-XX-02 12-14

Please detach the card to the right, fold, and carry with you.

Global Assistance

Allianz

Name: Lucy Voges  
Policy No.: EUSP2099691089

### Emergency Assistance Card

**For emergency assistance during your trip call:**  
**1-800-390-3915**    **1-804-281-5700**  
(From U.S.)            (Outside the U.S.) / (Collect)

**For benefit information call:**  
**1-800-390-3915**  
(From U.S.)

**To modify your policy or file a claim, please visit:**  
**<http://www.etravelprotection.com/amtrak>**

9950 Mayland Drive, Richmond, VA 23233

Your plan includes the following coverage, up to the limits shown. Please see your *Certificate of Insurance* for information about how our insurance works.

Benefit	Coverage Limits*
Baggage Coverage	\$500.00
Business Equipment Coverage	\$500.00
Travel/Trip Delay Coverage	\$150.00

\*USD per person unless noted otherwise

### Please Note

- Your plan does not include Existing Medical Condition Coverage.
- California residents: We are doing business in California as Allianz Global Assistance Insurance Agency, License # 0B01400.
- AGA Service Company is the licensed producer and administrator for this plan.
- Insurance coverage is provided under Form No. 101-C-XX-02-206 PC issued by Jefferson Insurance Company.**

TI\_LOC\_C\_200\_019 \* TI\_206\_02\_C\_V2PC \* JICPRIVNOT \* \* \* \* \*

Allianz Travel Insurance

# Certificate of Insurance

FOR SERVICE, VISIT OR CALL:

[www.etravelprotection.com](http://www.etravelprotection.com)

1-800-284-8300

FOR EMERGENCY ASSISTANCE  
DURING YOUR TRIP CALL:

1-800-654-1908

(From U.S.)

1-804-281-5700

(Collect)

Don't forget to  
take this document  
with you!

Global Assistance

Allianz 

*Jefferson*  
Insurance Company

Allianz Global Assistance and Allianz Travel Insurance branded plans are underwritten by Jefferson Insurance Company. AGA Service Company is the licensed producer for this plan.

©2016 AGA Service Company

TI\_206\_02\_C\_V2PC

## Your Travel Insurance Certificate

Thank you for buying a travel insurance plan from us!

Your plan is described in the following documents:

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

Please make sure you read these documents carefully. This certificate may describe coverage your plan doesn't include. Make sure you review carefully your *letter of confirmation*. Contact us immediately if you don't receive your *letter of confirmation* or if you think there is a mistake.

All dollar amounts in these documents are in US dollars.



### We can help!

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

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

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

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## SECTION 1: OUR AGREEMENT WITH YOU

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

Throughout this document:

- **we, us** and **our** mean Jefferson Insurance Company and its agents;
- **Jefferson** means Jefferson Insurance Company;
- **you** and **your** mean the people listed on **your letter of confirmation**; and
- all other bolded terms are defined in Section 6, Definitions.

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

### About this agreement

Please read **your certificate carefully for full details**. This is a legal contract. The entire contract consists of the master policy, the certificate, any riders attached to it; and the *letter of confirmation*. **You** have a duty to make all reasonable efforts to minimize any loss.

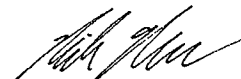
**We** have issued the certificate and any attached riders based on **your** payment of the premium and on the information **you** included in **your** enrollment or other form. The statements **you** made in **your** enrollment or other form are representations and not warranties. **We** may use this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

The headings in this certificate are for convenience only.

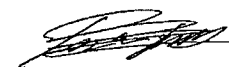
### Satisfaction Guarantee

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

Signed for Jefferson Insurance Company, 9950 Mayland Drive, Richmond, VA 23233



Mike Nelson, President



Fred Faett, Secretary



## SECTION 2: WHAT THIS CERTIFICATE INCLUDES

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

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

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

Coverage	When it applies	Page
	<b>Your trip is canceled or interrupted</b>	<b>5</b>
Trip cancellation	<b>Your trip</b> is canceled before <b>you</b> get started	
Trip interruption	<b>Your trip</b> is interrupted after <b>you've</b> left	
	<b>You're delayed</b>	<b>8</b>
Travel delay	<b>Your travel</b> is delayed six hours or more	
	<b>Your baggage is lost, damaged, stolen</b>	<b>9</b>
Lost, damaged or stolen baggage	<b>Your baggage</b> is lost, damaged or stolen	
Lost, damaged or stolen business equipment	<b>Your business equipment</b> is lost, damaged or stolen	

\* Underwritten by Jefferson Insurance Company

### How to read Section 2

<b>When it applies</b>	Tells <b>you</b> when <b>you're</b> eligible to make a claim. These situations and events are called <b>covered reasons</b> .
<b>What it covers</b>	Tells <b>you</b> the kinds of things <b>you</b> can be reimbursed for. <b>You'll</b> find out more in Section 5, <i>Claims information</i> .
<b>We can help!</b>	Tells <b>you</b> about related assistance services that are available to <b>you</b> worldwide. <b>You'll</b> find a complete list in <i>Help while traveling</i> .



#### Important

Be sure to also read Section 3, *What this certificate excludes*, as well as Section 4, *Who is covered and when*, for important information on how your coverage works. Travel insurance doesn't cover everything. It's designed to protect **you** when there's a sudden, unexpected problem or event.

## YOUR TRIP IS CANCELED OR INTERRUPTED



#### Important

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



#### We can help!

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

## Trip cancellation and Trip interruption coverage

### When it applies

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

#### Health

*Injury, illness or medical condition*

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

Specific requirements:

- The **injury, illness or medical condition** must be disabling enough to make a reasonable person delay, cancel or interrupt their **trip**.
- A **doctor** must examine **you** or a **traveling companion** and advise **you** or a **traveling companion** to cancel or interrupt **your trip** before **you** cancel or interrupt it. If that isn't possible, a **doctor** must examine **you** within 72 hours of **your** cancellation or interruption.

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

Specific requirement:

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

#### *Death*

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

Specific requirement:

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

#### *Quarantine*

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

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#### **Transportation and accommodation**

##### *Traffic accident*

**You** or a **traveling companion** is in a **traffic accident** on the way to **your** point of departure, and:

- **you** or the **traveling companion** need medical attention; or
- the **car** needs to be repaired because it's not safe to drive.

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#### **Legal**

##### *Jury duty or court-ordered appearance*

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

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#### **Environment**

##### *Home uninhabitable*

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

##### *Canceled services*

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

- a **natural disaster**; or
- **severe weather**.

Specific requirement:

- **Your travel supplier** doesn't offer **you** a substitute itinerary.

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#### **Politics and violence**

##### *Hijacking*

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

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#### **Work**

##### *Termination or layoff*

**You** or a **traveling companion** is terminated or laid off from a company after **your plan's** effective date.

Specific requirements: (all must apply)

- The termination or layoff isn't **your** fault; and
- **You** worked for this employer for at least three continuous years.

##### *Military Duty in the U.S. Armed Forces*

**You** or a **traveling companion**, serving in the U.S. Armed Forces, is reassigned, or have personal leave revoked, except because of war, the War Powers Act, base or unit mobilization, unit reassignment or disciplinary action.

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#### **Other**

##### *Extended travel delay*

**You** miss more than half of the total length of **your trip** because **your** travel is delayed.

Specific requirements: (all must apply)

- **Your plan** must include travel delay coverage; and
- **You** must be delayed for a **covered reason** listed under travel delay coverage.

#### **What it covers**

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

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#### **Trip cancellation coverage**

##### *Non-refundable payments and deposits*

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

##### *Accommodation*

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

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#### **Trip interruption coverage**

##### *Prepaid expenses*

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

##### *Accommodation*

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

#### Transportation

Reasonable transportation expenses for getting to:

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

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

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

Special limit:

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

## YOU'RE DELAYED



#### Important

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



#### We can help!

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

## Travel delay coverage

### When it applies

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

#### Strike or common carrier delay

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

#### Quarantine

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

#### Natural disaster

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

#### Politics, violence or theft

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

### What it covers

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

#### Meals, accommodation and transportation

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

Special limit:

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

## YOUR BAGGAGE IS LOST, DAMAGED, STOLEN



#### Important

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



#### We can help!

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

## Lost, damaged or stolen baggage coverage

### When it applies

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

Specific requirements: (all must apply)

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

## What it covers

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

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

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

Special limit:

- Maximum \$500 in total for all jewelry, watches, gems, furs, cameras and camera equipment, camcorders, sporting equipment, computers, radios and other electronic items. **You** need to provide original receipts for these items or they won't be covered.

## Lost, damaged or stolen business equipment coverage

### When it applies

**Your business equipment is:**

- lost or damaged by a **common carrier**.
- stolen while **you're** traveling.

Specific requirements: (all must apply)

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

### What it covers

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

*Repair or reimbursement (whichever is less)*

- the cost to repair a damaged item; or
- a portion of the original cost, based on the age of the item:

12 months old or less	90%
13-24 months old	50%
25-48 months old	25%
More than 48 months old	no benefit

## SECTION 3: WHAT THIS CERTIFICATE EXCLUDES

### GENERAL EXCLUSIONS

**You** aren't covered for any loss that results directly or indirectly from any of the following general exclusions.

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

- **existing medical conditions** (unless **you** have existing medical condition coverage in Section 2);
- intentional self-harm or attempting or committing suicide (only applies to **you**);
- pregnancy, (unless specifically included in Section 2), unless there are unforeseen complications or problems with the pregnancy;
- fertility treatments, childbirth or elective abortion;
- a mental or nervous health disorder (like anxiety, depression, neurosis, psychosis and others), or any related physical complications (physical complication means any physical symptom); or
- the use or abuse of alcohol or drugs, or any related physical complications (physical complication means any physical symptom).

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

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

The following events:

- any problem or event that could have reasonably been foreseen or expected when **you** purchased **your plan**;
- an **epidemic** or **pandemic**;
- **natural disasters** like hurricanes, earthquakes, fires and floods (unless specifically included in Section 2);
- air, water or other pollution, or the threat of a pollutant release;
- **nuclear reaction**, radiation or radioactive contamination;
- war (declared or undeclared), acts of war, military duty, civil disorder or unrest (unless specifically included in Section 2);
- **terrorist events** (unless specifically included in Section 2);

- **financial default** (unless specifically included in Section 2); or
- **unlawful acts.**

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

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

## SPECIFIC EXCLUSIONS

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

### Lost, damaged or stolen baggage coverage

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

These items aren't covered:

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

### Lost, damaged or stolen business equipment coverage

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

Also doesn't cover equipment when it is:

- shipped as freight;
- sent before **your** departure date; or
- left in or on a **car** or **car** trailer.

## SECTION 4: WHO IS COVERED AND WHEN

### WHO IS COVERED BY YOUR PLAN

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

### WHEN YOUR COVERAGE BEGINS AND ENDS

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

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

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

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

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

Your coverage ends on the earliest of:

- the day **you're** scheduled to return;
- the day **you** actually return, if **you** come back earlier;
- the day and time **you** cancel **your trip**; or
- the 365<sup>th</sup> day of the **trip**.

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

Your **plan** can't be renewed.

## SECTION 5: CLAIMS INFORMATION

### HOW TO MAKE A CLAIM

Making a claim is easy – just visit [www.etravelprotection.com](http://www.etravelprotection.com), email or call us and we'll be happy to help.

#### *Go online to:*

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

#### *Email or call to:*

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

#### *Claims inquiry:*

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

### IMPORTANT INFORMATION ABOUT CLAIMS

You have 90 days from the date of your loss to submit your claim to us, except as otherwise provided by law.

#### *Proof of Loss*

You are responsible for providing all necessary documentation to prove your loss.

#### *Assignment*

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

#### *About beneficiaries*

All benefits will be paid to your estate.

#### *Duplicate coverage*

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

#### *Recovery*

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

#### *Subrogation*

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

#### *About fraud*

Fraud is illegal. We will deny your claim if:

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

#### *Resolving disputes*

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

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



#### **Important**

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

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

## SECTION 6: DEFINITIONS

<b>Accident</b>	An unexpected and unintended event that causes <b>injury</b> , property damage or both.
<b>Accommodation</b>	A hotel or other kind of lodging where <b>you</b> make a reservation and pay a fee.
<b>Assault</b>	Physical assault that requires treatment in a <b>hospital</b> .
<b>Baggage</b>	Personal property <b>you</b> take on <b>your trip</b> and the suitcases or other kinds of containers <b>you</b> use to carry them.
<b>Common carrier</b>	A company that's licensed to carry passengers on land, water or in the air for a fee, not including car rental companies.
<b>Covered reasons</b>	The specific situations and events that are covered by this certificate.
<b>Current market value</b>	The dollar amount an item could reasonably be sold for, based on its original price, age and current condition.
<b>Destination</b>	A place more than 50 miles from <b>your primary residence</b> where <b>you</b> spend more than 24 hours of <b>your trip</b> .
<b>Doctor</b>	Someone who is legally entitled to practice medicine, and is licensed if required. This can't be <b>you</b> , a <b>traveling companion</b> , any member of either of your <b>immediate families</b> , or any member of the sick or injured person's <b>immediate family</b> .
<b>Domestic partner</b>	A person <b>you've</b> lived with in a spousal relationship for at least 12 consecutive months who is 18 years or older. <b>You</b> must be able to show evidence that <b>you've</b> lived together for 12 consecutive months.
<b>Epidemic</b>	An outbreak of a contagious disease that spreads rapidly and widely and that is identified as an epidemic by The Centers for Disease Control and Prevention (CDC).
<b>Existing medical condition</b>	<p>An <b>illness</b> or <b>injury</b> that <b>you</b>, a <b>traveling companion</b> or <b>family member</b> were seeking or receiving treatment for or had symptoms of on the day <b>you</b> purchased <b>your plan</b>, or at any time in the 120 days before <b>you</b> purchased it.</p> <p><b>You</b>, a <b>traveling companion</b> or <b>family member</b> are considered to have an <b>existing medical condition</b> if <b>you</b>, a <b>traveling companion</b> or <b>family member</b>:</p> <ul style="list-style-type: none"> <li>• saw or were advised to see a <b>doctor</b>;</li> <li>• had symptoms that would cause a prudent person to see a <b>doctor</b>; or</li> <li>• were taking prescribed medication for the condition or the symptoms, unless the condition or symptoms are effectively controlled by the prescription, and the prescription hasn't changed.</li> </ul>

### Family member

Any of the following people, whether or not they're traveling with **you**:

- spouses and common-law, civil union and **domestic partners**;
- parents and step-parents;
- children and step-children (including adopted or soon to be adopted children);
- siblings;
- grandparents and grandchildren;
- the following in-laws: mother, father, son, daughter, brother, sister;
- aunts, uncles, nieces and nephews;
- legal guardians and wards;
- business partners;
- paid, live-in caregivers; and
- service animals (as defined by the Americans with Disabilities Act).

### Immediate family members are:

- spouses and common-law, civil union and **domestic partners**;
- parents and step-parents;
- children and step-children (including adopted or soon to be adopted children);
- siblings; and
- grandparents and grandchildren.

### Financial default

A complete cessation of operations because of financial circumstances, with or without filing for bankruptcy protection.

### Hospital

A facility whose primary function is to diagnose and treat sick and injured people under the supervision of **doctors**. It must:

- have organized departments of medicine and major surgery, on site or off site through a pre-arranged contract provide 24 hour nursing service supervised or provided by registered nurses;
- be compensated by patients or their insurance providers for performing these services; and
- be licensed where required.

### Illness

Sickness, infirmity or disease. It doesn't include conditions **you** already had or knew about when **you** purchased **your plan** (see **existing medical condition**).

### Injury

Physical harm directly caused by an **accident** or **assault**, without other contributing causes.

### Medical condition

A physical condition **you** have, or have symptoms of, that **you**:

- have seen or been advised to see a **doctor** about;
- have symptoms of that would cause a prudent person to see a **doctor**; or
- are taking prescribed medication for.

### Natural disaster

A large-scale extreme weather or environmental event that damages property, disrupts transportation or endangers people. Examples include: earthquake, fire, flood, hurricane, or volcanic eruption.

<b>Pandemic</b>	An <b>epidemic</b> over a wide geographic area that affects a large portion of the population.
<b>Primary residence</b>	Your permanent, fixed address and primary residence for legal and tax purposes. <b>We</b> call the place <b>you</b> primary residence is located <b>your place of residence</b> .
<b>Quarantine</b>	Mandatory isolation or restrictions on where <b>you</b> can go, intended to stop a contagious disease from spreading.
<b>Refund</b>	Cash or a credit or voucher for future travel that <b>you</b> get from a travel agent, tour operator, airline, cruise line or other <b>travel supplier</b> , or any credit, recovery or reimbursement <b>you</b> get from <b>your</b> employer, another insurance company, a credit card issuer or any other entity.
<b>Scheduled departure date</b>	The day and time <b>you</b> listed on <b>your</b> enrollment or other form as the day and time <b>you</b> plan to start <b>your trip</b> . <b>You</b> have paid for travel that starts on this date.
<b>Severe weather</b>	Hazardous weather conditions, like fog, a hailstorm or severe rainstorm, a blizzard, or an ice storm.
<b>Terrorist event</b>	When an organized terrorist group, as defined by the U.S. State Department, injures or kills people or damages property to achieve a political, ethnic or religious goal or result. Terrorist events don't include general civil protest, unrest, rioting or acts of war.
<b>Travel supplier</b>	A travel agent, tour operator, airline, cruise line or other travel service provider.
<b>Traveling companion</b>	A person traveling with <b>you</b> whose name appears with <b>yours</b> on the same <b>trip</b> arrangement and who will accompany <b>you</b> on <b>your trip</b> . A group or tour leader is not considered a <b>traveling companion</b> unless <b>you</b> are sharing the same room with the group or tour leader.
<b>Trip</b>	Round-trip or one-way travel to and from a place at least 50 miles from <b>your</b> home. It can't include travel to receive health care or medical treatment of any kind, or commuting to and from work.
<b>Unlawful acts</b>	Felonies committed by <b>you</b> , a <b>traveling companion</b> or a <b>family member</b> , even if the <b>family member</b> isn't covered by <b>your plan</b> .
<b>Uninhabitable</b>	A <b>natural disaster</b> , fire, flood, burglary or vandalism causes enough damage to make a reasonable person find their home or other <b>accommodation</b> unfit for use.

## HELP WHILE TRAVELING

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

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



### Important

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

## HOW TO REACH US

In the United States, Canada, Puerto Rico and U.S. Virgin Islands, call **1-800-654-1908**

All other locations, call collect **1-804-281-5700**

If **you** can't call collect, **we'll** call **you** back.

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

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

## MEDICAL ASSISTANCE

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

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

### *Paying or guaranteeing your hospital bill*

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

### *Monitoring your care*

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



## LEGAL ASSISTANCE

### *Finding a legal advisor*

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

### *Arranging a cash transfer*

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

## TRAVEL AND DOCUMENT ASSISTANCE

### *Replacing lost travel tickets*

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

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

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

## OTHER ASSISTANCE SERVICES

### *Getting flight information*

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

### *Getting emergency cash*

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

### *Delivering emergency messages*

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

### **About our assistance services**

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

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

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

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**We're only a CLICK away!**

**Visit [www.etravelprotection.com](http://www.etravelprotection.com) to:**

- File a claim
- Check claim status
- Modify a policy

Global Assistance

**Allianz** 

# IMPORTANT PRIVACY CHOICES

## THIS NOTICE DESCRIBES HOW PERSONAL DATA AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are AWP USA Inc. and its subsidiaries, including Jefferson Insurance Company and AGA Service Company d/b/a Allianz Global Assistance. We are committed to your privacy. By using our products, services or website, you consent to our collection and use of your Personal Data as described here.

**Definitions.** The below definitions apply to this Notice:

1. **"Personal Data"** means non-public personal information that identifies a specific person ("you"). Data identifies you if it includes your first and last name plus any additional data specific to you. Data that does not identify you is not Personal Data. Publicly available, encoded, anonymized, or aggregated data is not Personal Data.
2. **"Sensitive Data"** means Personal Data about a person's race or ethnicity; political, religious, philosophical, ideological, or trade union memberships, opinions, views or activities; medical or health conditions or protected health information ("PHI") as defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"); genetic or biometric data; financial account information (e.g. bank account number); government-issued ID numbers; sexuality; or social security measures or administrative or criminal proceedings and sanctions that are treated outside pending proceedings. Sensitive Data also includes information we receive from a third party who treats and notes the information as sensitive.
3. **"Agent"** means a third party that collects or uses Personal Data to perform tasks on our behalf, or our underwriters.

**Privacy Practices.** This Notice describes how we collect, use, and maintain Personal Data. It also describes your and our rights.

For the Personal Data of EU and Swiss residents, we (including AGA Service Company and Jefferson Insurance Company) comply with the EU-U.S. Privacy Shield Framework and Swiss-U.S. Privacy Shield Framework as set forth by the U.S. Department of Commerce regarding the collection, use, and retention of personal information transferred from the European Union and Switzerland to the United States, respectively (collectively, the "Privacy Shield"). We have certified to the Department of Commerce that we adhere to the Privacy Shield Principles regarding EU and Swiss Personal Data received under the Privacy Shield. If there is any conflict between the terms in this Notice and the Privacy Shield Principles, the Privacy Shield Principles shall govern in matters regarding EU and Swiss residents. To learn more about the Privacy Shield and to view our certification, visit <https://www.privacyshield.gov>.

1. **Notice:** We collect Personal Data from you, or from your agents, representatives, suppliers and providers, or other party from whom you have authorized us to collect it on your behalf. This may include:
  - (i) identifying information (e.g. name, contact information);
  - (ii) billing or payment information (e.g. credit card billing information);
  - (iii) information about your trip or event (e.g. agents, suppliers, trip plans);
  - (iv) information about your transactions or business with us or others (e.g. receipts, insurance EOBs);
  - (v) financial account information (e.g. account numbers, statements);
  - (vi) health information (e.g. treatment history, invoices);
  - (vii) information about any claim you make (e.g. details of your loss, police reports, vital records);
  - (viii) information about your website usage and activity (e.g. browser data, IP address);
  - (ix) government-issued identification numbers (e.g. social security number, driver's license number); or
  - (x) any other information provided to us by you or on your behalf.

We may also collect Personal Data from consumer reporting agencies or fraud databases (e.g. fraud reports). This data may be collected from forms, such as enrollment or claim forms; by phone, website, email, fax, or correspondence; or via cookies.

We may use the Personal Data we collect:

- (i) to offer, market, sell, underwrite, or make available to you insurance or assistance products or services;
- (ii) to provide you with information or services for such products and services;
- (iii) to administer your insurance and assistance products and services. This may include, for example: providing travel-related or concierge services, serving and processing your policy or claims, conducting quality or satisfaction assessments, and fraud prevention;
- (iv) to protect our legal rights or to respond to lawful requests by public authorities, including to meet national security or law enforcement requirements or as otherwise required by law; or
- (v) for purposes to which you've otherwise consented.

This may in some cases include disclosing your Personal Data to Agents. But, such disclosures are only for the purposes described in this Notice, or for everyday business purposes or as required or allowed by law (e.g. to process transactions, maintain accounts, respond to court orders and legal investigations, or report to credit bureaus). These Agents may be affiliated or nonaffiliated. They may be financial services providers (e.g. underwriting insurers). They may also be non-financial companies (e.g. health service providers, travel service providers, the agent/agency through whom you purchased, service providers helping us with our marketing).

Where we are subject to HIPAA, we must notify you of our duties and practices with respect to PHI. Except as described here or allowed or required by law, we will only use or disclose your PHI or health records with your prior express consent. Under HIPAA, we may use and disclose your PHI for one or more of the following purposes:

- (i) monitoring the health care treatment you receive (e.g. we may send or receive PHI to or from a doctor regarding your condition and treatment so we can see that your treatment is appropriate);
- (ii) payment for health services (e.g. we may use your PHI to make payments to a hospital that has treated you);
- (iii) to help run our company (e.g. we may use your PHI to conduct quality audits of the services we provided to you. However, we may not use or disclose genetic information about you for underwriting purposes); or
- (iv) for other purposes as required to administer your insurance or assistance product (e.g. we may use PHI to determine coverage for a claim made under an insurance policy).

We may also in some cases need to use or disclose your PHI for one or more of the following purposes:

- (i) for public health and safety issues;
- (ii) to comply with legal or regulatory requirements;
- (iii) to address or comply with workers' compensation, law enforcement, or other legal or government mandates or requests; or
- (iv) to respond to lawsuits or legal actions.

Cookies are text files on your computer. When you access our website, we use cookies to collect data about your web usage. We also use Google, Inc.'s Google Analytics and AdWords services, iAdvize's chat and monitoring service, and other similar third party vendor services. These services use cookies to transmit your IP address and other website navigation and usage data and device/browser-generated data. iAdvize also uses JavaScript to provide its chat and monitoring services. These vendors may provide this data to us or store and/or aggregate this data to analyze such usage and create reports for us. We, our affiliates and our Agents use such data and reports for our own business purposes (e.g. to provide customer service, to optimize the content you see from us, website improvement, other purposes stated in this notice, etc.) and Payment Card Industry Data Security Standard ("PCI") compliance. These vendors also display our ads on sites across the Internet, and they may use this data to later display ads to you based on your website usage. By using our website, you consent to this use of cookies and data for these purposes. You can refuse cookies by disabling them in your browser (this may affect the content available to you). Our websites do not respond to "Do Not Track" requests from browsers.

Last, we may use and disclose the name, email address, or contact information of current and former customers to Agents for marketing administration purposes. For example, we may need to disclose the email address you provided to us to an Agent providing marketing services on our behalf to help ensure that your opt out choices are respected and that you do not receive duplicate communications.

If we collect your Personal Data for any reason other than as stated here, we'll notify you before using or disclosing that data. That notice will state the purpose for collecting and using the data, the types of non-Agent third parties to which we disclose the data, and the means we offer you to limit this. If we receive Personal Data from anyone in the EU or Switzerland, we'll treat that data according to the instructions such entity gives us regarding notices it provided and the choices made by the data subject.

2. Choice. We reserve the right to disclose Personal Data to third parties as described above. The law in some jurisdictions allows you the right to choose in some cases to opt out of us sharing your Personal Data with a third party or using it for a purpose that is materially different from the purposes for which it was originally collected or which you later authorize. You may exercise this right by notifying us as provided below. You may opt out of getting non-essential marketing communications from us by giving notice as described below and disabling cookies in your web browser. Except as required or allowed by law (e.g. for fraud prevention), we do not share, sell or otherwise disclose your Personal Data to non-Agent third parties or use it for any purpose other than for which it was originally collected or as you later authorize. If we ever wish to do so, we will give you the opportunity to opt out. If we wish to disclose your Sensitive Data to a non-Agent third party or use such data for a purpose other than for which it was originally collected or as you later authorize, we will only do so with your express consent. We will not unfairly discriminate against you for declining to provide this consent.

Except as allowed by law, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes, or use or disclose your PHI in a way that would constitute a sale of PHI under HIPAA unless you expressly authorize us to do so. You may revoke this consent at any time. Such revocation will not apply to actions we have already taken based on that consent. You may request restrictions on our use and disclosure of certain health information for treatment, payment, or our operations. However, we are not required to agree to your request, except as required by HIPAA.

We may need to disclose Personal or Sensitive Data if we have a good-faith belief that it is needed to protect or defend our or your rights, interests or property or comply with any law or legal mandate, or if it is otherwise required or allowed by law. We will take reasonable care to disclose only as much of such data as is needed.

3. Accountability for Onward Transfer. We may disclose your Personal Data to our Agents, but only for the limited and specified purposes described here, consistent with the consent you have provided. We will take reasonable and appropriate steps to obtain assurances from our Agents that they will effectively process and safeguard your Personal Data consistent with our obligations under this Notice and the Privacy Shield (EU and Swiss residents only). Upon discovery, we will take reasonable steps to stop and remediate any unauthorized processing inconsistent with this Notice or the Privacy Shield (EU and Swiss residents only). With respect to EU or Swiss Personal Data we receive under the Privacy Shield and later transfer to an Agent, we are responsible for the processing of such data by that Agent. If such data is processed by that Agent in a manner inconsistent with the Privacy Shield Principles, we are liable unless it can be proved that we are not responsible for the event giving rise to any damages.
4. Security. We take reasonable and appropriate measures to protect your data from loss, misuse, or unauthorized access, disclosure, alteration and destruction. These measures take into account the risks involved in the processing and the nature of the Personal Data. To help maintain the security of your data, we use administrative, physical, and technical safeguards. These include utilizing policies to take reasonable precautions to (a) securely and confidentially maintain your Personal Data; (b) assess and protect against threats and hazards to the security or integrity of such data; and (c) prevent unauthorized access to or use of such data. Also, except where required or allowed by law, we limit use of your Personal Data to the minimum necessary to accomplish the purposes for which that data was collected and to be used as described here. We restrict access to your Personal Data to only those who need to access it to accomplish those purposes. We use encryption to make your online transaction with us safe and secure. We protect the privacy of your credit card information with a high degree of care and in compliance with PCI. We are required by law to maintain the privacy and security of your PHI. If there is a breach as defined under HIPAA of your unsecured PHI, we are required by law to notify you.
5. Data Integrity. We will only collect Personal Data to the extent it is relevant to the purposes for which it was collected. We will not process Personal Data in a way that is incompatible with the purposes for which it has been collected or as you later authorize. To help maintain the integrity of your data, we will take reasonable steps to ensure that Personal Data is reliable for its intended use, relevant, accurate, complete, and current. We will adhere to these principles for as long as we retain this data. We retain Personal Data according to our data retention policy.
6. Access. If you discover the data we hold about you is inaccurate or incomplete, please contact us. We will grant you reasonable access to the Personal Data we hold about you. We will take reasonable steps to allow you to correct, amend or delete your Personal Data that is inaccurate or incomplete, or has been processed in violation of this Notice, so long as it can be done without undue burden or expense on us, without breaching any legal or professional privilege or obligation, and without violating the rights of others. Where we are subject to HIPAA, you have the right to request to receive confidential communications of your PHI, as applicable. In accordance with and as allowed by HIPAA, at your request, you may inspect, amend, and copy PHI we maintain about you and receive an accounting of certain disclosures of your PHI (e.g. health payment records).
7. Recourse, Enforcement, Liability. You can send complaints about how we handle your Personal Data to us at the contact information below. If the data is PHI, complaints can be made to us or to the U.S. Secretary of Health and Human Services. We will not retaliate against you for filing a complaint. For EU and Swiss Personal Data, we verify our compliance with the Privacy Shield and the terms of this Notice by conducting a periodic self-assessment. Complaints or disputes about how we handle EU or Swiss Personal Data should be directed to the below address. We will promptly investigate and try to resolve any such complaints or disputes internally. But, if we can't reach a mutually agreeable resolution, we have agreed to cooperate with the dispute resolution procedures administered by, as applicable, the European Data Protection Authorities or the Swiss Federal Data Protection and Information Commissioner. Under certain conditions, by notifying us, you may invoke binding arbitration regarding certain "residual" claims about EU or Swiss Personal Data before a Privacy Shield Panel. Such procedure is in accordance

with the rules established under the Privacy Shield. We are subject to the investigatory and enforcement powers of the FTC for EU and Swiss Personal Data.

**Links.** Our websites provide links (including social media plugins ("Plugins")) that connect to third party websites. Clicking such link establishes a connection and transmits data to/from the operator of such website. Clicking a Plugin while logged in to a social media account may cause the social media website's operator to publish activity to your account. To avoid this, log out of your account before clicking the Plugin link. We are not responsible for and make no representations about the content, security, or privacy practices of any other third party websites. You should read the privacy notices of the websites you visit to understand their data privacy practices.

**Changes to Notice.** This Notice reflects our business practices. It is not a contract. However, we are required to and will abide by the terms of this Notice as currently in effect. We may amend this Notice at any time. We will notify you of any updates by posting a revised notice on our website. The revised notice will apply to all information collected by us, including previously collected information (for EU or Swiss residents, this applies to the extent permissible under the Privacy Shield). You accept the revised notice by your continued use of our website, products or services following any such amendment. If we revise this Notice in a way that would allow us to disclose your Personal Data to a nonaffiliated third party other than as already described here, we will provide you with a revised notice and give you the opportunity to opt out of any such disclosure. You are responsible to regularly review this Notice. You have the right to a paper copy of this Notice upon request.

**Contact.** If you have any questions or comments about this Notice or the way that we collect or handle your Personal Data, or if you would like a paper copy of this Notice, please contact our Chief Privacy Officer by any of:

Email: [privacy@allianzassistance.com](mailto:privacy@allianzassistance.com)  
Phone: 1-800-284-8300  
Mail: Allianz Global Assistance  
ATTN: Chief Privacy Officer  
9950 Mayland Drive  
Richmond, VA 23233

**Opt Out.** To opt out of non-essential marketing communications or non-essential unaffiliated third party information sharing, please contact our Chief Privacy Officer as noted above with your name, policy number. Please include a statement that says "Opt out" (or something similar). Opt outs will be applied to all products and services we provide. We will not unfairly discriminate against any person who chooses to opt out.

**Electronic Notices.** Unless you chose to receive them by US mail at the time of purchase, by purchasing your policy, you consent to receive all notices and documents from us electronically. They will be sent to the email address provided at the time of purchase. You may opt to receive notices and documents from us by mail at any time. If you wish to change or update your notice/documents preferences, email us at [customerservice@allianzassistance.com](mailto:customerservice@allianzassistance.com). Please include your name, policy number, and a note that says "Only contact me by mail" (or something similar). You can also let us know by phone at 800-284-8300 or by mail to:

Allianz Global Assistance  
ATTN: Customer Service – Only contact me by mail  
9950 Mayland Drive  
Richmond, VA 23233

If you don't provide an email address at purchase, you'll receive notices and documents by mail. You may request paper copies of any electronic information we send, or update your electronic contact information at any time by emailing or mailing us at the above address, or by calling us. Documents sent to you from us will be in either PDF or HTML format. If you can't receive or read the documents we send you, please contact us so we can assist you.

**Effective Date.** This Notice was last revised on, and is effective as of, November 27, 2017.