

Letter Of Confirmation

August 11, 2013

Rodney Larson
P.O. Box 44847
Eden Prairie MN 55344

Dear Rodney Larson,

Thank you for choosing us to protect your travel investment. This *Letter of Confirmation* and the enclosed *Certificate of Insurance/Policy* contains important information on the insurance plan you purchased. Please make sure you read this *Letter of Confirmation*, your enclosed *Certificate of Insurance/Policy*, and any other attached documents, including riders or other forms carefully. Contact us immediately if you think there is a mistake in your *Letter of Confirmation*.

If you did not receive a *Certificate of Insurance/Policy*, or would like another copy, please call 1-877-593-4989.

Information about your plan

Name of your plan:	Rental Car Damage Protector
Policy identification number:	IBORB07155548
Type of order:	Gateway
Number of people insured:	1
Who it insures:	Rodney Larson
Date of purchase:	August 10, 2013
Plan effective date:	September 22, 2013
Travel dates:	September 22, 2013 - September 30, 2013
Total cost:	\$81.00

Changes to your travel plans may require changes to your coverage. If your plans change please contact us.

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

Sincerely,



Mark Henson
Vice President of Travel Operations



We will refund your insurance premium if you cancel your insurance within 10 days of purchase and have not filed a claim or departed on your trip.

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

How can we help?

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



Name: Rodney Larson
Policy No.: IBORB07155548

Emergency Assistance Card

For emergency assistance during your trip call:

1-877-593-4989 **1-804-281-5700**
(From U.S.) (Outside U.S. / Collect)

For benefit information call:

1-877-593-4989
(From U.S.)

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

P. O. Box 72031, Richmond, VA 23255-2031

What Your Plan Includes

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

Benefit	Coverage Limits*
Collision/Loss Damage Insurance	\$40,000.00*
24-Hour Hotline Assistance	

*USD per person unless noted otherwise

Please Note

- Collision, loss or damage benefits are primary.
- Collision, loss or damage benefits and coverage limits are per policy.
- The duration of your coverage is only for the trip dates listed. To extend the duration of your rental period beyond the originally scheduled return date, please contact us at 1-800-284-8300 by the original end date in order to purchase coverage for the additional rental period.
- This coverage is independent of any services provided by the rental car company.
- AGA Service Company is the licensed producer and administrator of this plan.
- California residents: We are doing business in California as Allianz Global Assistance Insurance Agency, License # 0B01400.
- Insurance coverage is provided under Form 101-P-XX-01 issued by Jefferson Insurance Company.

PRIVACY NOTICE

AGA Inc. and its subsidiaries, d/b/a Allianz Global Assistance, are committed to protecting your privacy. By using our products or services, you're consenting to the collection, use and handling of your personal data in accordance with our privacy policy. For more information about the details and limitations of our privacy policy and practices, please see our Privacy Policy details, available at <http://www.allianzassistance.com/privacy>, or contact us as provided below.

When we collect, use and handle your personal data, we adhere to the EU and Swiss Safe Harbor Principles as set forth by the U.S. Department of Commerce. These are our promises to you:

1. Notice. When we collect your personal data, we'll give you appropriate notice describing what personal data we're collecting, how we'll use it, and the types of third parties with whom we may share it. We'll collect only as much personal data as we need for specific, identified purposes, and we won't use it for other purposes without obtaining your consent.
2. Choice. We'll give you choices about the ways we use and share your personal data, and we'll respect the choices you make.
3. Onward Transfer. We may share your personal data with agents performing tasks on our behalf and our underwriters, but only for purposes to which you've consented. Except as described in our privacy policy, we won't share your personal data with other third parties without your consent. If we ever transfer your personal data, we'll take reasonable steps to protect your privacy and the personal data we transfer.
4. Security. We'll take appropriate physical, technical, and procedural measures to protect your personal data from loss, misuse, unauthorized access or disclosure, alteration, and destruction.
5. Data Integrity. We'll take reasonable steps to make sure the personal data in our records is reliable and relevant for its intended use, accurate, complete and current.
6. Access. We'll provide you with reasonable access to your personal data, as required by law, so you can update it or correct inaccuracies.
7. Enforcement. We'll regularly review how we're meeting these privacy promises. In case we ever fail to resolve a complaint or dispute about our privacy practices, we have agreed to participate in the EU and Swiss Data Protection Authorities' Safe Harbor Dispute Resolution Process.

To access your information, inquire about our privacy practices or issue a complaint, contact us by e-mail at privacy@allianzassistance.com or at the following address: Allianz Global Assistance, ATTN: Chief Privacy Officer, P.O. Box 72031, Richmond, VA 23255-2031.

This policy was last revised on, and is effective October 17, 2012.

Allianz Travel Insurance

Individual Travel Insurance Policy

FOR SERVICE, VISIT OR CALL:

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)

Global Assistance



Don't forget to take this document with you!

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.

Your Travel Insurance Policy

Thank you for buying a travel insurance **plan** from **us**!

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

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

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

All dollar amounts in these documents are in US dollars.



We can help!

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

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

1-800-654-1908

1-804-281-5700

WHAT'S INSIDE

Section 1: Our agreement with you	3
Section 2: What this policy includes	4
Your rental car is damaged or stolen.....	5
Section 3: What this policy excludes	6
General exclusions	6
Specific exclusions.....	7
Section 4: Who is covered and when	8
Who is covered by your plan.....	8
When your coverage begins and ends	8
Section 5: Help while traveling	9
How to reach us	9
Medical assistance.....	9
Legal assistance	9
Travel and document assistance	10
Other assistance services	10
Section 6: Claims information	11
How to make a claim	11
Important information about claims.....	11
Section 7: Definitions.....	13

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

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

About this agreement

It is important that **you** read the policy carefully. **You** have a duty to make all reasonable efforts to minimize any loss.

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

The headings in this policy are for convenience only.

Satisfaction Guarantee

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

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



Mike Nelson, President



Fred Faett, Secretary

SECTION 2: WHAT THIS POLICY INCLUDES

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

Make sure **you** check **your** letter of confirmation to confirm **your** coverage and limits.

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

Coverage*	When it applies	Page
	Your rental car is damaged or stolen	5
Collision, loss or damage	A car you're renting is damaged or stolen	

* Underwritten by Jefferson Insurance Company

How to read Section 2

When it applies Tells **you** when **you're** eligible to make a claim. These situations and events are called **covered reasons**.

What it covers Tells **you** the kinds of things **you** can be reimbursed for. **You'll** find out more in Section 6, *Claims information*.

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



Important

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

YOUR RENTAL CAR IS DAMAGED OR STOLEN

Collision, loss or damage

When it applies

A **car you're** renting is stolen or is damaged in an **accident** or while it's left unattended.

Specific requirements

- The driver is listed on the **rental car agreement**.
- **You** file a report with the rental car company, either within 24 hours of the loss or damage or when **you** return the **rental car** (whichever comes first).

What it covers

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

Repair or replacement

The cost to repair or replace the **car** (whichever is less)

- repair costs include only **reasonable and customary costs** to repair physical damage to the **car** and reasonable loss of use fees the rental car company charges while it's being repaired
- replacement cost is the **car's current market value**



Important

This is primary coverage.

SECTION 3: WHAT THIS POLICY EXCLUDES

GENERAL EXCLUSIONS

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

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

- **existing medical conditions**
- intentional self-harm or attempting or committing suicide (only applies to **you**)
- pregnancy, unless there are unforeseen complications or problems with the pregnancy
- fertility treatments, childbirth or elective abortion
- a mental or nervous health disorder (like anxiety, depression, neurosis, psychosis and others), or any related physical complications (physical complication means any physical symptom)
- 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
- participating in extreme, high-risk sports like:
 - skydiving, hang gliding or parachuting
 - bungee jumping
 - caving
 - extreme skiing, heli-skiing or skiing outside marked trails
 - body contact sports (meaning any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate)
 - mountain climbing or any other high altitude activities
 - scuba diving below 120 feet (40 meters) or without a dive master

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
- 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
- **terrorist events**
- **financial default**
- **unlawful acts**

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

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

SPECIFIC EXCLUSIONS

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

Collision, loss or damage coverage

- any obligation **you** assume under any agreement, except a collision or comprehensive **deductible** for **your** primary insurance
- violating the **rental car agreement**

Also doesn't cover:

- leases or rentals for 45 consecutive days or longer
- **cars** rented in or driven through:
 - Israel
 - Jamaica
 - Republic of Ireland
 - Northern Ireland
- jurisdictions where the law doesn't allow this coverage

SECTION 4: WHO IS COVERED AND WHEN

WHO IS COVERED BY YOUR PLAN

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

WHEN YOUR COVERAGE BEGINS AND ENDS

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

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

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

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**

Your plan can't be renewed.

SECTION 5: HELP WHILE TRAVELING

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

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



Important

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

HOW TO REACH US

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

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

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

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

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

MEDICAL ASSISTANCE

Finding a doctor, dentist or medical facility

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

Monitoring your care

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

LEGAL ASSISTANCE

Finding a legal advisor

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

Arranging a cash transfer

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

TRAVEL AND DOCUMENT ASSISTANCE

Replacing lost travel tickets

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

Replacing lost passports and other travel documents

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

OTHER ASSISTANCE SERVICES

Getting flight information

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

Getting emergency cash

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

Delivering emergency messages

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

About our assistance services

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

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

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

SECTION 6: CLAIMS INFORMATION

HOW TO MAKE A CLAIM

Making a claim is easy – just visit www.etravelprotection.com, email or call **us** and **we'll** be happy to help.

Go online to:

- find out what forms and documentation **you** need
- file a claim electronically

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
- **Email:** 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.

Assignment

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

About beneficiaries

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

Duplicate coverage

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

Recovery

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

Subrogation

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

About fraud

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

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

Resolving disputes

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

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



Important

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

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

SECTION 7: DEFINITIONS

Accident	An unexpected and unintended event that causes injury , property damage or both.
Assault	Physical assault that requires treatment in a hospital .
Car or rental car	A car or other vehicle designed for use on public roads that you own or that you've rented for the period of time shown in a rental car agreement . Rental cars don't include: • trucks • campers, trailers and recreational vehicles • motorcycles, motorbikes and all-terrain vehicles • off-road vehicles • vehicles that are older than 20 years • vehicles that haven't been manufactured in the last 10 years • vehicles that don't have to be licensed • vehicles that are rented for commercial or livery purposes, including limousines • vehicles that have a manufacturer's suggested retail price of more than \$75,000 • other conveyances
Common carrier	A company that's licensed to carry passengers on land, water or in the air for a fee, not including car rental companies.
Covered reasons	The specific situations and events that are covered by this policy.
Current market value	The dollar amount an item could reasonably be sold for, based on its original price, age and current condition.
Deductible	The dollar amount you must contribute to the loss.
Dentist	Someone who is licensed and legally entitled to practice dentistry or dental surgery. This can't be you , a traveling companion , any member of either of your immediate families , or any member of the sick or injured person's immediate family .
Destination	A place more than 100 miles from your primary residence where you spend more than 24 hours of your trip .
Doctor	Someone who is legally entitled to practice medicine, and is licensed if required. This can't be you , a traveling companion , any member of either of your immediate families , or any member of the sick or injured person's immediate family .
Domestic partner	A person you've lived with in a spousal relationship for at least 12 consecutive months who is 18 years or older. You must be able to show evidence that you've lived together for 12 consecutive months.

Emergency medical and/or dental care	Medical and dental services, supplies and charges that are for a health emergency. It doesn't include things like: • elective cosmetic surgery or cosmetic foot care • physical exams • allergy treatments (unless life threatening) • hearing aids, eyeglasses and contact lenses • palliative care • experimental treatment
Epidemic	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).
Existing medical condition	An illness or injury that you, a traveling companion or family member were seeking or receiving treatment for or had symptoms of on the day you purchased your plan, or at any time in the 120 days before you purchased it. You, a traveling companion or family member are considered to have an existing medical condition if you, a traveling companion or family member: • saw or were advised to see a doctor • had symptoms that would cause a prudent person to see a doctor • 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
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 • 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 • 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 • are taking prescribed medication for
Medically necessary	Treatment that's appropriate for your illness or injury, consistent with your symptoms, and that can safely be provided to you. It meets the standards of good medical practice and isn't for your convenience or the provider's convenience.
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.
Pandemic	An epidemic over a wide geographic area that affects a large portion of the population.
Primary residence	Your permanent, fixed address and primary residence for legal and tax purposes. We call the place your primary residence is located your place of residence.
Quarantine	Mandatory isolation or restrictions on where you can go, intended to stop a contagious disease from spreading.
Reasonable and customary costs	What customers would usually be charged for a specific service in a particular geographic area. The charges are appropriate to the availability of the service, and of skilled and licensed service providers. For <i>collision, loss or damage</i> coverage, the charges are also appropriate to the availability of parts, the difficulty or complexity of the job, and the effort needed to repair the damaged vehicle.

Refund	Cash or a credit or voucher for future travel that you get from a travel agent, tour operator, airline, cruise line or other travel supplier , or any credit, recovery or reimbursement you get from your employer, another insurance company, a credit card issuer or any other entity.
Rental car agreement	The contract that describes all of the terms and conditions of renting a car , including your responsibilities and the responsibilities of the rental car company.
Scheduled departure date	The day and time you listed on your enrollment or other form as the day and time you plan to start your trip . You have paid for travel that starts on this date.
Terrorist event	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.
Travel supplier	A travel agent, tour operator, airline, cruise line or other travel service provider.
Traveling companion	A person traveling with you whose name appears with yours on the same trip arrangement and who will accompany you on your trip . A group or tour leader is not considered a traveling companion unless you are sharing the same room with the group or tour leader.
Trip	Round-trip or one-way travel to and from a place at least 100 miles from your home. It can't include travel to receive health care or medical treatment of any kind, or commuting to and from work.
Unlawful acts	Felonies committed by you , a traveling companion or a family member , even if the family member isn't covered by your plan .

JIC_CDI2_P_A

We're only a CLICK away!

Visit www.etravelprotection.com to:

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

Global Assistance

Allianz 

JEFFERSON INSURANCE COMPANY
(A Stock Company)

MINNESOTA AMENDATORY RIDER

The Policy to which this rider is attached is amended as follows:

This policy is issued for a stated term and is not renewable.

1. In the section entitled *Our agreement with you* under *About this agreement*, the second paragraph is amended to read:

We have issued the policy and any attached riders based on **your** payment of the premium and on the information **you** included in **your** enrollment or other form. The statements **you** made in **your** enrollment or other form are representations and not warranties. **We** may use this information to void insurance, reduce benefits or defend **our** decision about a claim. However, this information must be based on oral or written misrepresentations and made with the intent to deceive or defraud or must materially increase the risk of loss.

2. In the section entitled *What this policy excludes*, *General exclusions* is amended as follows:

With regard to *Flight accident*, *Travel accident*, and *Emergency medical/dental*, the following exclusions do not apply:

- any problem or event that could have reasonably been foreseen or expected when **you** purchased **your plan**
- air, water or other pollution, or the threat of a pollutant release
- nuclear reaction, radiation or radioactive contamination
- terrorist events
- an **epidemic** or **pandemic**

With regard to *Flight accident*, *Travel accident*, and *Emergency medical/dental*, the following exclusions related to pregnancy and alcohol and drug use are amended to read:

- pregnancy, unless there are complications or problems with the pregnancy
- the use or abuse of illegal drugs or narcotics, except as prescribed by a Doctor, or injuries that are the result of driving under the influence of alcohol in excess of the legal limit

3. In the section entitled *Claims information* the following provisions are amended to read:

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. We will pay **your** claim within 5 business days of **our** receipt of satisfactory proof of 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. **Jefferson's** rights do not apply against any person insured under this or any other policy/coverage part the Company issues with respect to the same occurrence or loss.

Resolving disputes

If **you** disagree with **our** decision about a claim, **you** may 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 two 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. The contract is deemed to be made in Minnesota and the arbitration or other disputed resolution will take place in Minnesota unless the parties agree to another location.

4. In the section entitled *Definitions* with regard to *Emergency medical/dental* only, the definition for **Existing Medical Condition** is amended to read:

Existing medical condition

An **illness** or **injury** that **you**, a **traveling companion** or **family member** were seeking or receiving treatment for on the day **you** purchased **your plan**, or at any time in the 120 days before **you** purchased it.

You, a **traveling companion** or **family member** are considered to have an **existing medical condition** if **you**, a **traveling companion** or **family member**:

- saw or were advised to see a **doctor**
- 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

There are no other changes to the policy.