STONEBRIDGE CASUALTY INSURANCE COMPANY
TRAVEL INSURANCE CERTIFICATE

Benefit Schedule for Travelex Travel Select TTS-0814:

DESCRIPTION OF COVERAGES

Schedule	**Maximum Benefit Amount**
Accidental Death and Dismemberment	
24-hour Coverage - Other Than Air Flight	$25,000 per Person
Medical Expense/Emergency Assistance	
Emergency Medical Evacuation	$500,000 per Person
Accident Medical Expense	$50,000 per Person
Sickness Medical Expense	$50,000 per Person
Emergency Dental Expense	$50,000 per Person
Repatriation	$500,000 per Person, included in Emergency Medical Evacuation
Pre-Departure Trip Cancellation	Up to 100% of Insured Trip Cost
Post-Departure Trip Interruption	Up to 150% of Insured Trip Cost
Travel Delay	$750
Baggage and Personal Effects	$1,000
Baggage Delay	$250
Missed Connection For Cruises Only Benefits	$750
Travel Assistance & Concierge Services	Included

OPTIONAL TRANSPORTATION PAK

Accidental Death and Dismemberment	
Air Flight Coverage	$200,000
Rental Car Damage Benefits	$35,000 per Plan

OPTIONAL LIFESTYLE PAK – ACTIVE FAMILY PAK

Pet Medical Expense	$1,000
Pet Medical Evacuation Expense	$10,000
Trip Cancellation & Interruption	
Child Care Arrangements	Up To 100% of Insured Trip Cost
Tuition Fee Reimbursement	Up To 100% of Insured Trip Cost
Trip Interruption	
Cancellation of Sporting Event	Up to 150% of Insured Trip Cost
Trip Delay	
Internet Usage Fees	$25
Overnight Movie Rental	$25
Kennel Fees	$25 per Day
Sport-related Activity Exclusion Waiver	Included

OPTIONAL LIFESTYLE PAK – ADVENTURER PLUS PAK

Emergency Medical & Dental Expense	$75,000 Total
Recreational Sporting Equipment Rental	$600
Search & Rescue	$10,000
Adventure Activity Exclusion Waiver	Included
Identity Theft Services	Included
Nurse Assist Services	Included

OPTIONAL LIFESTYLE PAK – PROFESSIONAL PAK

Trip Cancellation & Interruption
Business Reasons ..... Up To 100% of Insured Trip Cost
Trip Delay
Internet Usage Fees $25
Airline Club Admission $25
Professional Business Property ..... $500 ($150 Deductible)

Ten Day Right To Examine Certificate:
If you are not satisfied for any reason, you may return your certificate within 10 days after receipt. Your plan payment will be refunded, provided there has been no incurred covered expense. When so returned, the certificate is void from the beginning. Return the certificate to us at our Home Office or to our authorized agent.

Who Is Eligible For Coverage?
A person who has arranged to take a Covered Trip, and pays the required plan payment, and is a citizen or resident of the United States of America.

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

Pre-Departure Trip Cancellation coverage will take effect at 12:01 A.M. Standard Time on the day after the date your plan payment is received by the Policyholder. Post-Departure Trip Interruption coverage will take effect on the Scheduled Departure Date.

When Coverage Ends
Your coverage automatically ends on the earlier of:
(1) the date the CoveredTrip is completed;
(2) the Scheduled Return Date;
(3) your arrival at the return destination on a round-trip, or the destination on a one-way trip;
(4) cancellation of the Covered Trip covered by the plan.

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

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

SUMMARY OF COVERAGES

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

Loss:	Percentage of Principal Sum Payable:
Life	100%
Both Hands; Both Feet or	100%
Sight of Both Eyes One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
One Hand; One Foot or Sight of One Eye	50%

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

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

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

Air Flight Benefits
The benefits provided by the plan for air flight applies only if you sustain a covered loss in an Accident which occurs while a passenger in or on, boarding or alighting from an aircraft of a regularly scheduled airline or an air charter company that is licensed to carry passengers for hire.

Medical or Dental Expense/Emergency Assistance Benefits
We will pay this benefit, up to the amount on the Schedule for the following Covered Expenses incurred by you, subject to the following: 1) Covered Expenses will only be payable at the Usual and Customary level of payment; 2) benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Covered Trip.

Please refer to the Definitions, page 6, for an explanation of Pre-Existing Conditions which are excluded under the Medical Expense/Emergency Assistance Benefits.

Covered Expenses:
(1) expenses for the following Physician-ordered medical services: services of legally qualified Physicians and graduate nurses, charges for Hospital confinement and services, local ambulance services, prescription drugs and medicines, and therapeutic services, incurred by you from the date of your Sickness or Injury during a Covered Trip;
(2) expenses for emergency dental treatment incurred by you during a Covered Trip;
(3) expenses incurred by you for Physician-ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable Hospital, when you are critically ill or injured and no suitable local care is available, subject to our prior approval;
(4) expenses incurred for non-emergency medical evacuation, including medically appropriate transportation and medical care en route, to a Hospital or to your place of residence in the United States of America, when deemed medically necessary by the attending Physician, subject to our prior approval;
(5) expenses for transportation not to exceed the cost of one round-trip economy class air fare to the place of hospitalization for one person chosen by you, provided that you are traveling alone and are hospitalized for more than 7 days;
(6) expenses for transportation not to exceed the cost of one-way economy class air fare to your place of residence in the United States of America, including escort expenses, if you are 18 years of age or younger and left unattended due to the death or hospitalization of an accompanying adult(s), subject to our prior approval;
(7) expenses for one-way economy class air fare (or first class, if your original tickets were first class) to the your place of residence in the United States of America, from a medical facility to which you were previously evacuated, less any refunds paid or payable from your unused transportation tickets, if these expenses are not covered elsewhere in the plan.
(8) repatriation expenses for preparation and air transportation of your remains to your place of residence in the United States of America, or up to an equivalent amount for a local burial in the country where death occurred, if you die while outside the United States of America.

<u>Your duties in the event of a Medical or Dental Expense :</u>
1. You must provide us with all bills and reports for medical and/or dental expenses claimed.
2. You must provide any requested information, including but not limited to, an explanation of benefits from any other applicable insurance.
3. You must sign a patient authorization to release any information required by us, to investigate your claim.

Trip Cancellation and Trip Interruption Benefits

Pre-Departure Trip Cancellation
We will pay a Pre-Departure Trip Cancellation Benefit, up to the amount in the Schedule if you are prevented from taking your Covered Trip due to your, your Family Member's, Traveling Companion's, or Business Partner's Sickness, Injury, or death, that occurs before departure on your Covered Trip. The Sickness or Injury must: a) commence while your coverage is in effect under the plan; b) require the examination and or treatment by a

Physician, in person, at the time the Covered Trip is canceled; and c) in the written opinion of the treating Physician, be so disabling as to prevent you from taking your Covered Trip.

We will pay a benefit if you are prevented from taking your Covered Trip due to Other Covered Events, as defined, that occur before departure on your Covered Trip.

Pre-Departure Trip Cancellation Benefits
We will reimburse you, up to the amount in the Schedule for the amount of forfeited, and prepaid, and non-refundable and unused Payments or Deposits that you paid for your Covered Trip. We will pay your additional cost as a result of a change in the per person occupancy rate for prepaid travel arrangements if a Traveling Companion's Covered Trip is canceled and your Covered Trip is not canceled.

Post-Departure Trip Interruption
We will pay a Post-Departure Trip Interruption Benefit, up to the amount in the Schedule, if: 1) your arrival on your Covered Trip is delayed [beyond the Scheduled Departure Date]; or 2) you are unable to continue on your Covered Trip after you have departed on your Covered Trip due to your, Family Member's, Traveling Companion's, or Business Partner's Sickness, Injury, or death. For item 1) above, the Sickness or Injury must: a) commence while your coverage is in effect under the plan; b) for item 2) above, commence while you are on your Covered Trip and your coverage is in effect under the plan; and c) for both items 1) and 2) above, require the examination and or treatment by a Physician, in person, at the time the Covered Trip is interrupted or delayed; and d) in the written opinion of the treating Physician, be so disabling as to delay your arrival on your Covered Trip or to prevent you from continuing your Covered Trip.

We will pay a benefit if: 1) your arrival on your Covered Trip is delayed; or 2) you are unable to continue on your Covered Trip after you have departed on your Covered Trip due to Other Covered Events, as defined.

Post-Departure Trip Interruption Benefits
We will reimburse you, less any refund paid or payable, for unused land or water travel arrangements, plus one of the following:

(1) the additional transportation expenses by the most direct route from the point you interrupted your Covered Trip:
   a) to the next scheduled destination where you can catch up to your Covered Trip; or
   b) to the final destination of his/her Covered Trip; or

(2) the additional transportation expenses incurred by you by the most direct route to reach your original Covered Trip destination if you are delayed and leave after the Scheduled Departure Date.
   However, the benefit payable under (1) and (2) above will not exceed the cost of a one-way economy air fare (or first class, if the original tickets were first class) by the most direct route less any refunds paid or payable for your unused original tickets.

(3) your additional cost as a result of a change in the per person occupancy rate for prepaid travel arrangements if a Traveling Companion's Covered Trip is interrupted and your Covered Trip is continued.

We will also reimburse you for the cost incurred up to $250 to drive or transport your Covered Vehicle to your Home if: 1) you are using your Covered Vehicle on the Covered Trip; 2) the Covered Vehicle is with you at the place where the Covered Trip is interrupted; 3) the place where the Covered Trip is interrupted is 100 miles or more away from your Home, and 4) you are medically unable to drive Home.

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

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

Trip Delay must be caused by or result from:

(1) Common Carrier delay; or
(2) loss or theft of your passport(s), travel documents or money; or
(3) quarantine; or
(4) hijacking; or
(5) natural disaster or closure of public roadways by government authorities; or
(6) a documented traffic accident while you are en route to departure;

(7) unannounced strike; or
(8) a civil disorder.

Baggage and Personal Effects Benefit
We will reimburse you, less any amount paid or payable from any other valid and collectible insurance or indemnity, up to the amount shown in the Schedule, for direct loss, theft, damage or destruction of your Baggage, passports or visas during your Covered Trip. We will also pay for loss due to unauthorized use of your credit cards, if you have complied with all of the credit card conditions imposed by the credit card companies.

Valuation and Payment of Loss
Payment of loss under the Baggage and Personal Effects Benefit will be calculated based upon an Actual Cash Value basis. For items without receipts, payment of loss will be calculated based upon 100% of the Actual Cash Value at the time of loss. At our option, we may elect to repair or replace your Baggage. We will notify you within 30 days after we receive your proof of loss.

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

Items Subject to Special Limitations
We will not pay more than $600 (or the Baggage and Personal Effects limit, if less) on all losses to jewelry; watches; precious gems; articles consisting in whole or in part of silver, gold, or platinum; cameras, camera equipment; digital or electronic equipment and media; and articles consisting in whole or in part of fur. Items not included above are subject to a $300 per item limit.

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

Items Not Covered
We will not pay for damage to or loss of:
(1) animals;
(2) property used in trade, business or for the production of income, household furniture, musical instruments, brittle or fragile articles, or sporting equipment if the loss results from the use thereof;
(3) boats, motors, motorcycles, motor vehicles, aircraft, and other conveyances or equipment, or parts for such conveyances;
(4) artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces, retainers or other orthodontic devices, hearing aids, any type of eyeglasses, sunglasses or contact lenses;
(5) documents or tickets, except for administrative fees required to reissue tickets;
(6) money, stamps, stocks and bonds, postal or money orders, securities, accounts, bills, deeds, food stamps or credit cards, except as noted above;
(7) property shipped as freight or shipped prior to the Scheduled Departure Date;
(8) contraband.

Losses Not Covered
We will not pay for loss arising from:
(1) defective materials or craftsmanship; or
(2) normal wear and tear, gradual deterioration, inherent vice; or
(3) rodents, animals, insects or vermin; or
(4) theft or pilferage from an unattended vehicle; or
(5) mysterious disappearance; or
(6) electrical current, including electric arcing that damages or destroys electrical devices or appliances.

Your Duties in the Event of a Loss
In case of loss, theft or damage to Baggage and Personal Effects, you should: 1) immediately report the situation incident to the hotel manager, tour guide or representative, transportation official, local police or other local authorities and obtain their written report of your loss; and 2) take reasonable steps to protect your Baggage from further damage, and make necessary, reasonable and temporary repairs. We will reimburse you for these expenses. We will not pay for further damage if you fail to protect your Baggage.

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

This coverage terminates upon your arrival at the return destination of your Covered Trip.

Rental Car Damage Benefit
If you rent a car while on your Covered Trip and the car is damaged due to collision, theft, vandalism, windstorm, fire, hail, flood or any cause not in your control while in your possession, or the car is stolen while in your possession and not recovered, we will pay you the lesser of: a) the cost of repairs and rental charges imposed by the rental company while the car is being repaired; or b) the Actual Cash Value of the car, up to the amount shown on the Schedule.

Coverage is provided to you and your Traveling Companion, provided you and your Traveling are licensed drivers, and are listed on the rental agreement. This coverage is primary to other forms of insurance or indemnity.

Coverage is not provided for loss due to:
1. Any obligation of you or Travel Companion assume under any agreement (except insurance collision Deductible).
2. Rentals of campers, trailers, off-road motor bikes, motorcycles, recreational vehicles or Exotic Vehicles.
3. Any loss which occurs if you or Travel Companion are in violation of the rental agreement.
4. Failure to report the loss to the proper local authorities and the rental car company.
5. Damage to any other vehicle, structure or person as a result of a covered loss.

Your Duties In The Event of a Loss:
You must:
1. Take all reasonable, necessary steps to protect the vehicle and prevent further damage to it;
2. Report the loss to the appropriate local authorities and the rental company as soon as possible;
3. Obtain all information on any other party involved in an Accident, such as name, address, insurance information and driver's license number;
4. Provide us all documentation such as rental agreement, policy report and damage estimate.

DEFINITIONS
In the certificate, "you", "your" and "yours" refer to the Insured. "We", "us" and "our" refer to the company providing the coverage. In addition certain words and phrases are defined as follows:

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

ACTUAL CASH VALUE means purchase price less depreciation.

COMMON CARRIER means any land, water or air conveyance operated under a license for the transportation of passengers for hire.

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

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

COVERED TRIP means a period of travel away from Home to a destination outside your city of residence and the Trip does not exceed 180 days in length.

DEDUCTIBLE means the amount, which must be incurred by you before benefits are paid under the plan. The Deductible is equal to the amount shown in the Schedule for each person insured.

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

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

EXOTIC VEHICLE includes Alfa Romeo, Aston Martin, Auburn, Avanti, Bentley, Bertone, BMC/Leyland, BMW M Series, Bradley, Bricklin, Cosworth, Citroen, Clenet, De Lorean, Excalibre, Ferrari, Fiat, Iso, Jaguar, Jensen Healy, Lamborghini, Lancia, Lotus, Maserati, Morgan, Opel, Pantera, Panther, Pininfarina, Rolls Royce, Rover, Stutz, Sterling, Triumph, TVR, Yugo, Corvette, Mercedes Benz, Porsche, and MG. You must contact Travelex Customer Service at 1 800 819-9004 before renting to obtain confirmation that the vehicle is covered.

FINANCIAL INSOLVENCY means complete suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, whether voluntary or involuntary, by a tour operator, cruise line, airline, rental car company, hotel, condominium, railroad, motor coach company, or other supplier of travel services other than the person, organization, agency or firm from whom you directly purchased or paid for your Covered Trip provided the Financial Insolvency occurs more than 14 days following your effective date for the Trip Cancellation Benefits. There is no coverage for the complete suspension of operations for losses caused by fraud or negligent misrepresentation by the supplier of travel services.

HOME means your primary or secondary residence.

HOSPITAL means an institution, which meets all of the following requirements:

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

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

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

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

INSURED means an Eligible Person who arranges a Covered Trip, and pays any required plan payment.

INSURER means Stonebridge Casualty Insurance Company.

OTHER COVERED EVENTS means only the following unforeseeable events or their consequences which occur while coverage is in effect under this Policy:

1. Common carrier delays resulting from inclement weather, mechanical breakdown or organized labor strikes that affect public transportation;
2. Arrangements canceled by an airline, cruise line, motor coach company, or tour operator, resulting from inclement weather, mechanical breakdown or organized labor strikes that affect public transportation.
3. arrangements canceled by a tour operator, cruise line, airline, rental car company, hotel, condominium, railroad, motor coach company, or other supplier of travel services, resulting from Financial Insolvency;

4. a change in plans by you, Family Member traveling with you, or Traveling Companion resulting from one of the following events which occurs while coverage is in effect under this Policy:
   (a) being directly involved in a documented traffic accident while en route to departure;
   (b) being hijacked, quarantined, required to serve on a jury, or required by a court order to appear as a witness in a legal action, provided you, Family Member traveling with you or a Traveling Companion is not 1) a party to the legal action, or 2) appearing as a law enforcement officer;
   (c) your Home made uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster;
   (d) mandatory evacuation ordered by local authorities at your destination due to hurricane or other natural disaster.
   (e) being called into active military service to provide aid or relief in the event of a natural disaster;
   (f) a documented theft of passports or visas;
   (g) a transfer of employment of 250 miles or more;
   (h) a Terrorist Act which occurs in your departure city or in a city which is a scheduled destination for your Covered Trip provided:
      1. The Terrorist Act occurs within 30 days of the Scheduled Departure Date for your Covered Trip.
   (i) A cancellation of your Covered Trip if your arrival on the Trip is delayed and causes you to lose 50% or more the scheduled Covered Trip duration due to the reasons covered under the Covered Trip Delay Benefit;
   (j) Your involuntary termination of employment or layoff and was not under your control. You must have been continuously employed with the same employer for 1 year prior to the termination or layoff. This provision is not applicable to temporary employment, independent contractors or self-employed persons.

PAYMENTS OR DEPOSITS means the cash, check, or credit card amounts actually paid to the Policyholder, not including travel agent commissions, for your CoveredTrip. **Payments made in the form of a certificate, voucher or discount are not Payments or Deposits as defined herein.**

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

POLICY means the contract issued to the Policyholder providing the benefits specified herein.

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

PRE-EXISTING CONDITION means an illness, disease, or other condition during the 60 day period immediately prior to your effective date for which you or your Traveling Companion, Domestic Partner, Business Partner or Family Member is scheduled or booked to travel with you:
(1) received or received a recommendation for a diagnostic test, examination, or medical treatment; or
(2) took or received a prescription for drugs or medicine.

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

SCHEDULE means the Benefit Schedule and plan payment Rate Schedule shown on the Certificate for each Insured.

SCHEDULED DEPARTURE DATE means the date on which you are originally scheduled to leave on your Covered Trip.

SCHEDULED RETURN DATE means the date on which you are originally scheduled to return to the point where the Covered Trip started or to a different final destination.

SICKNESS means an illness or disease of the body which: 1) requires examination and treatment by a Physician, and 2) commences while the plan is in effect. An illness or disease of the body which first manifests itself and then worsens or becomes acute prior to the effective date of this plan is not a Sickness as defined herein and is not covered by the plan.

TERRORIST ACT means an act of violence, other than civil disorder or riot, (that is not an act of war, declared or undeclared) that results in loss of life or major damage to property, by any person acting alone or on behalf of

or in connection with any organization which is generally recognized as having the intent to overthrow or influence the control of any government.

TRAVELING COMPANION means a person who during the Trip will accompany you.

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

GENERAL PLAN EXCLUSIONS

The following exclusion applies to the Accidental Death and Dismemberment coverage:

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

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

(2) We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, as defined in the plan, including death that results therefrom. This Exclusion does not apply to benefits under covered expenses item #4 (emergency medical evacuation) or item #8 (repatriation of remains) of the Medical Expense/Emergency Assistance Benefits coverage.

The following exclusion applies to all coverages:

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

a) suicide, attempted suicide, or intentionally self-inflicted injury, booked to travel with you, while sane or insane (while sane in CO & MO;
b) mental, nervous, or psychological disorders (does not apply to Medical Expense Benefits);
c) being under the influence of drugs or intoxicants, unless prescribed by a Physician;
d) normal pregnancy or resulting childbirth or elective abortion;
e) participation as a professional in athletics;
f) riding or driving in any motor competition;
g) declared or undeclared war, or any act of war;
h) civil disorder (does not apply to Trip Delay);
i) service in the armed forces of any country;
j) operating or learning to operate any aircraft, as pilot or crew;
k) mountain climbing, bungee cord jumping, scuba diving, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than on a regularly scheduled airline or air charter company;
l) any criminal acts, committed by you;
m) a loss or damage caused by detention, confiscation or destruction by customs;
n) Elective Treatment and Procedures;
o) medical treatment during or arising from a Covered Trip undertaken for the purpose or intent of securing medical treatment;
p) a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the plan is not in effect for you.

<u>Waiver of the Pre-Existing Condition Exclusion</u>

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

1) the payment for this plan is received within 21 days of the initial Covered Trip deposit/payment for your Covered Trip; and
2) you are not disabled from travel at the time you makes your plan payment; and
3) you insure all prepaid Covered Trip costs that are subject to cancellation penalties or restrictions and also insures within 21 days of the payment for those arrangements the cost of any subsequent arrangements.

PLAN PAYMENTS

We provide plan benefits in return for payment for the plan. Payments for plan are payable by you. All plan payments are payable to us on or before the due date as shown in the Schedule. Plan payment rates are shown in the Schedule. Plan payments may be paid at such intervals as we may agree, as shown in the Schedule. The plan payment mode may be changed by sending us a written request. Upon our approval, the change will be made.

GENERAL PROVISIONS

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

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

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

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

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

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

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

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

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

CLAIMS PROVISIONS

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

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

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

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

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

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

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

This Plan is underwritten by: Stonebridge Casualty Insurance Company.

Amendatory Rider and Exchange Benefit

This Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of payment of the required premium.

1. The following changes are made to the Policy or Certificate.

Section 4.(b.) of the definition of **Other Covered Events** is deleted in its entirety and replaced with the following:

(b) being hijacked, kidnapped, quarantined, required to serve on a jury, or required by a court order to appear as a witness in a legal action, provided the Insured, Family Member traveling with the Insured or a Traveling Companion is not 1) a party to the legal action, or 2) appearing as a law enforcement officer;

The definition of **Traveling Companion** is amended by the addition of the following:

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

The **Post-Departure Trip Interruption Benefits** section is amended as follows:

Trip interruption reimbursement is amended to include the following language:

Post-Departure Trip Interruption Benefits

(4) Accommodations and transportation expenses for up to $150/day for 5 additional days when a) your Traveling Companion is hospitalized or Injury or Sickness to you not requiring hospitalization prevents you from continuing travel; and b) you must extend your Covered Trip with additional hotel nights due to medically imposed restriction by a Physician.

The **GENERAL PLAN EXCLUSIONS** section is amended as follows:

The following exclusions are added:

q. A diagnosed sickness from which no recovery is expected and which only palliative treatment is provided and which carries a prognosis of death within 12 months of your Effective Date.

r. Sickness, Injury or Death if insurance is purchased after entering a hospice facility or receiving hospice treatment.

Exclusion e. Participation as a professional in athletics, is deleted in its entirety and replaced with the following:

e. Participation as a professional in athletics while on the Covered Trip;

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy or Certificate except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President

Secretary

TAHC5000EBRS

MISSED CONNECTION FOR CRUISES ONLY BENEFITS RIDER

This Missed Connection for Cruises Only Benefits Rider is a part of the Policy to which it is attached. It is issued in consideration of payment of the required premium.

We will pay up to $750 should the Insured miss his/her cruise departure as the result of the cancellation or delay of 3 or more hours of all regularly scheduled airline flights due to inclement weather.

For this benefit, *Covered Expenses* means additional transportation expenses incurred to join the departed cruise, reasonable additional accommodation and meal expenses incurred en route to catch up to the cruise, and non-refundable cruise payments for the unused portion of the Insured's land and water or air travel arrangements. This coverage is excess of any coverage provided by a Common Carrier or another party at no cost to the Insured.

The benefit amount payable will not exceed the maximum shown on the Schedule.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter, or extend any provisions, limitations, or exclusions of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President Secretary

TAHC5000MCCBRS

AMENDMENT

This Amendment is a part of the Policy or Certificate to which it is attached. The Policy and Certificate are amended as follows:

The **DEFINITIONS** section is amended to include the following:

> **CHILD CAREGIVER** means an individual providing basic childcare service needs for the Insured's minor children under the age of 18 while the Insured is on his/her Covered Trip without the minor children. The arrangement of being the Child Caregiver while the Insured is on his/her Covered Trip must be made 30 or more days prior to the Scheduled Departure Date.

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President Secretary

TAHC5016AS

AMENDMENT

This Amendment is part of the Policy or Certificate to which it is attached. The Policy and Certificate are amended as follows:

The definition of **OTHER COVERED EVENTS** is revised to include the following:

> Sickness, Injury, or death of the Insured's Child Caregiver, which results in medically imposed restrictions as certified by a Physician at the time of loss preventing the Insured from participation in the Covered Trip. A

Physician must advise the Child Caregiver is unable to provide basic childcare services while the Insured is on the Covered Trip on or before the Scheduled Departure Date.

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President Secretary

TAHC5017AS

PRE-DEPARTURE TRIP CANCELLATION AND POST-DEPARTURE TRIP INTERRUPTION BENEFITS RIDER

This Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of payment of the required premium.

If the Insured is prevented from taking or continuing his/her Covered Trip, due to a covered reason, we will pay, up to the amount shown in the Schedule, for pre-paid Tuition Fees not refunded by the Insured's school, if traveling for the purpose of attending said school.

DEFINITIONS

The following additional definition applies to this rider and the benefits provided:

TUITION FEES means all pre-paid non-refundable expenses charged by the school for the Insured's participation in the school's academic period. These expenses include tuition, room and board through the school only. Off-campus rooms, meals, books or fraternity/sorority charges are not included.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter, or extend any provisions, limitations, or exclusions of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President Secretary

TAHC5000TCTIBRS

POST-DEPARTURE TRIP INTERRUPTION BENEFITS RIDER

This Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of payment of the required premium.

If the Insured's is actively participating in a sporting competition and the sporting competition is rescheduled or cancelled due to weather, we will reimburse the Insured, up to 150% of the amount insured, for unused, non-refundable hotel cancellation expenses prepaid to the hotel and return air expenses incurred by the Insured.

Benefits are also payable to the Insured's Traveling Companion or Family Member accompanying the Insured on his/her Covered Trip.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter, or extend any provisions, limitations, or exclusions of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President Secretary

TAHC5000TIBRS

TRIP DELAY BENEFITS RIDER

This Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of payment of the required premium.

If the Insured's Covered Trip is delayed for 5 hours or more, we will reimburse the Insured, up to $25 for expenses incurred, that are directly related to internet usage fees during the time the Insured is experiencing a Common Carrier delay. Receipts for the expenses incurred must be submitted for reimbursement.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter, or extend any provisions, limitations, or exclusions of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President Secretary

TAHC5000TDBRS

TRIP DELAY BENEFITS RIDER

This Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of payment of the required premium.

If the Insured is delayed en route to or from his/her Covered Trip, we will reimburse the Insured, up to $25 for one movie rental, if delay results in an overnight stay, other than the Insured's Home. This does not include movie rentals that are rated "X" or above by the Classification and Rating Administration (CARA).
Receipts for the expenses incurred must be submitted for reimbursement.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter, or extend any provisions, limitations, or exclusions of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President Secretary

TAHC5001TDBRS

TRIP DELAY BENEFITS RIDER

This Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of payment of the required premium.

If the Insured is delayed by a Common Carrier while en route to his/her return destination after the Covered Trip is completed, we will reimburse the Insured $25 per day, up to the amount shown in the Schedule, for additional kennel expenses. The Insured must have placed his/her cat or dog in a licensed commercial kennel for the duration of the Covered Trip and the Insured is unable to collect his/her cat or dog on the original pick-up date. For this benefit, the Insured must provide the following documentation when presenting a claim:

1. written confirmation of the reasons for the delay from the Common Carrier whose delay resulted in the loss, including, but not limited to, scheduled departure and return times and actual departure and return times;
2. written confirmation from the licensed commercial kennel advising the original pick-up date and the actual pick-up date; and
3. receipts for the expenses incurred must be submitted for reimbursement.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter, or extend any provisions, limitations, or exclusions of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President Secretary

TAHC5002TDBRS

TRIP DELAY BENEFITS RIDER

This Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of payment of the required premium.

If the Insured experiences a Common Carrier delay of 5 hours or more, while on a Covered Trip, we will reimburse the Insured for airline club admission expenses, up to $25, at a sponsored airline club at the airport. Receipts for the expenses must be submitted for reimbursement.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter, or extend any provisions, limitations, or exclusions of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President Secretary

TAHC5003TDBRS

MEDICAL EXPENSE/EMERGENCY ASSISTANCE BENEFITS RIDER

This Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of payment of the required premium.

If the Insured's cat or dog accompanies the Insured on his/her Covered Trip and as a result of sickness or injury that first manifests itself or first occurs during the Covered Trip, we will pay a benefit up to $1,000, subject to a $50 deductible, for Emergency Medical Treatment if the Insured's cat or dog incurs Covered Medical Expenses.

Benefit amounts for Covered Medical Expenses are payable on an aggregate limit for all cats or dogs accompanying the Insured on his/her Covered Trip.

If the Insured's cat or dog is left unattended as a result of the Insured's hospitalization, we will pay the cost to transport his/her cat or dog to the Insured's Home, up to $10,000. Covered Expenses are for transportation expenses only. Expenses to kennel the cat or dog are not reimbursable under this benefit.

Benefit amounts for Covered Medical Expenses are payable on an aggregate limit for all cats or dogs accompanying the Insured on his/her Covered Trip.

DEFINITIONS

The following additional definitions apply to this rider and the benefits provided:

COVERED MEDICAL EXPENSES means necessary services and supplies that are recommended by the attending licensed Veterinarian.

EMERGENCY MEDICAL TREATMENT means necessary medical treatment, including services and supplies, which must be performed during the Covered Trip, due to the serious and acute nature of the sickness or injury.

VETERINARIAN means a licensed practitioner pertaining to the medical and surgical treatment of animals, especially domesticated animals acting within the scope of his/her license. The treating Veterinarian may not be the Insured, a Traveling Companion or a Family Member.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter, or extend any provisions, limitations, or exclusions of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President Secretary

TAHC5000MEEABRS

BAGGABE AND PERSONAL EFFECTS BENEFITS RIDER

This Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of payment of the required premium.

We will reimburse the Insured, up to $600, for expenses to rent sporting equipment if the Insured's sporting equipment is lost, stolen, damaged or delayed, while on a Covered Trip. Receipts for the expenses incurred must be submitted for reimbursement, along with written proof that the Insured's sporting equipment was lost, stolen, damaged or delayed.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter, or extend any provisions, limitations, or exclusions of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President Secretary

TAHC5001BPEBRS

SEARCH AND RESCUE BENEFITS RIDER

This Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of payment of the required premium.

If the Insured become lost, disoriented or missing, while on a Covered Trip, during a recreational activity that could be anticipated for that person's abilities and expertise, we will pay a benefit on behalf of the Insured, for the costs of one (1) organized Search and Rescue by appropriate authorities, up to $10,000, not to exceed four days.

We will pay a benefit if: 1) a formal report is made for the Insured in need of a Search and Rescue to an agency or authority who can activate a Search and Rescue; and (2) the agency or authority is provided with enough

specific and credible details of how, when, where the Insured might be located, so that an official and organized Search and Rescue can be activated.

Specific Waiver of Liability for Search and Rescue: If the Insured requests this benefit, the Insured understands that we and any affiliated party offering this benefit, does not accept any liability from the rescue situation, and the Insured and all minors, dependents, relatives, and interested or disinterested parties agree to forever waive, any and all liability to us or any rescue team, company, entity, and/or volunteer, for injuries, stress, death, disablement, sickness, or any claims, reason, or cause whatsoever from any Search and Rescue used to attempt to reach the Insured, assist the person, or respond in any way to the Insured Search and Rescue, regardless of whether the Search and Rescue was ever initiated, cancelled, delayed, misdirected, or unable to locate, rescue, or stabilize the Insured. If any part of this is held invalid, it does not invalidate the other parts or any other parties' waivers.

Claims Procedures: The person must obtain itemized receipts of services and costs from the authorities who seek payment, as well as documentation from the resort at the Covered Trip destination.

EXCLUSIONS Specific to Search and Rescue: We will not pay for any loss under this benefit, caused by, or resulting from:

1. heli-skiing;
2. extreme skiing;
3. fines, damages, penalties, or litigation that may be imposed against the Insured as a result of their activities or actions.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter, or extend any provisions, limitations, or exclusions of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President Secretary

TAHC5000SRBRS

BAGGAGE AND PERSONAL EFFECTS BENEFITS RIDER

This Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of payment of the required premium.

We will reimburse the Insured, up to $500, subject to a $150 deductible per occurrence, for loss, theft or damage to his/her laptop, PDA (Personal Digital Assistant), cell phone or other professional equipment provided the he/she has taken reasonable measures to protect, save and/or recover his/her property at all times. The laptop, PDA, cell phone or other professional equipment must accompany the Insured during the Covered Trip.

In case of loss, theft, or damage to the Insured's laptop, PDA, cell phone or other professional equipment, he/she must report the incident to the airline, airport, local police or other such local authorities and obtain their written report of his/her loss.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter, or extend any provisions, limitations, or exclusions of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President Secretary

TAHC5000BPEBRS

CANCEL FOR BUSINESS REASON BENEFITS RIDER

This Cancel for Business Reason Benefits Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of payment of the required premium.

If the Insured purchased Cancel for Business Reason coverage, the Trip Cancellation Benefits and Trip Interruption Benefits coverage will be extended to include the following unforeseeable events that occur while coverage is in effect:

1) an Insured or Traveling Companion is required to work during the Covered Trip. A written statement by a company officer and/or the Human Resources department demonstrating revocation of previously approved time off will be required.

2) an Insured's or Traveling Companion's place of employment is rendered unsuitable for business due to burglary, fire, flood, volcano, earthquake, hurricane, or other natural disaster and the Insured or Traveling Companion is required to work as a result.

3) an Insured or Traveling Companion is directly involved in the merger of his or her employer or the acquisition of his or her employer by another company.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter, or extend any provisions, limitations, or exclusions of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President | Secretary

TAHC5000CFBRBRS (Rev. 04-09)

AMENDMENT

This Amendment is part of the Policy or Certificate to which it is attached. The Policy and Certificate are amended as follows for residents of **Alaska** only:

The **GENERAL PROVISIONS, CONCEALMENT OR FRAUD** section, is deleted in its entirety and replaced with the following:

CONCEALMENT OR FRAUD

We do not provide coverage when the Insured has intentionally concealed or misrepresented any material fact or circumstance relating to this Policy if: 1) fraudulent 2) material or hazardous in our acceptance or 3) in good faith we would not have issued the policy or not issued a policy in as large an amount, or at the same premium rate, or provided coverage with respect to the hazard resulting in the loss if the true facts had been known.

The **GENERAL PROVISIONS, RIGHT TO TERMINATE** section is deleted in its entirety and replaced with the following:

RIGHT TO TERMINATE

You or we may terminate this Policy by giving written notice of cancellation to the other party at least 30 days before the effective date of cancellation.

However, if cancellation is due to non payment of premium we will give written notice 20 days before the effective date of cancellation. If cancellation is for discovery of fraud or material misrepresentation made by the insured we will give a 10 day written notice.

If an insured is age 70 or older and has provided us with written notice of a designee, we will provide a copy of the notice of cancellation to the designee.

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President

Secretary

Florida Amendment Rider

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

The second sentence in the LEGAL ACTIONS provision under CLAIMS PROVISIONS is deleted and replaced by the following sentence. No such action will be brought after five years from the time written proof of loss is required to be given.

The following language is added to the policy and certificate. Please direct all inquiries or to obtain information about this coverage and to provide assistance in resolving complaints to Travelex Insurance Services at 1-800-819-9004.

The RIGHT TO TERMINATE provision under GENERAL PROVISIONS is deleted entirely and replaced with the following language.

RIGHT TO TERMINATE We will provide the Insured written notice at least 45 days prior to nonrenewal of the policy or of the renewal premium. If the policy is not renewed, the notice will state the reason(s) We are not renewing the policy. This requirement will not apply if the Insured has not provided all of the necessary information to enable Us to develop the renewal premium prior to the expiration date of the policy.

We will provide written notice of cancellation or termination other than nonrenewal at least 45 days prior to the effective date of the cancellation or termination. The reason(s) for cancellation or termination which is not due to: 1) cancellation for nonpayment of premium or 2) cancellation or termination during the first 90 days during which the insurance is in force and cancellation or termination is for reasons other than nonpayment of premium. For cancellation or termination in 1) We will provide at least 10 days prior written notice, including the reason for cancellation or termination. For 2) We will provide at least 20 days prior written notice, including the reason for such cancellation or termination except where there has been a material misstatement or misrepresentation or failure to comply with the underwriting requirements established by Us.

After the policy has been in effect for 90 days, the policy may not be canceled by Us except when there has been a material misstatement, a nonpayment of premium or failure to comply with the underwriting requirements established by Us within 90 day of the date of effectuation of coverage, or a substantial change in the risk covered by the policy or when the cancellation is for all insureds under such policies for a given class of insureds.

The definition of FINANCIAL INSOLVANCY under the DEFINITIONS section is amended to remove the last sentence, “There is no coverage for the complete suspension of operations for losses caused by fraud or negligent misrepresentation by the supplier of travel services.”

The LOSSES NOT COVERED section of the MEDICAL EXPENSE/EMERGENCY ASSISTANCE BENEFITS provisions is deleted entirely and replaced with “LOSSES NOT COVERED We will not pay Medical Expense Benefits if an Insured‘s Covered Trip destination is to his/her Home.”

This Amendment does not waive, alter, or extend any conditions or provision of the Policy except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President

Secretary

AMENDMENT

This Amendment is part of the Policy or Certificate to which it is attached. The Policy and Certificate are amended as follows for residents of **Maryland** only:

The **CLAIMS PROVISION, LEGAL ACTIONS** section, is deleted in its entirety and replaced with the following:

LEGAL ACTIONS

No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three (3) years after the written proof of loss is required to be furnished."

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President

Secretary

STONEBRIDGE CASUALTY INSURANCE COMPANY
Home Office: Columbus, Ohio
ADMINISTRATIVE OFFICE: 100 LIGHT STREET, FLOOR B1
BALTIMORE, MARYLAND 21202-2559

AMENDMENT

This Amendment is part of the Policy or Certificate to which it is attached. The Policy and Certificate are amended as follows for residents of **Mississippi** only:

The **GENERAL PROVISIONS** is amended as follows:

OUR RIGHT TO RECOVER FROM OTHERS

Payments of any benefits will allow us to be subrogated to and succeed to the rights of the Insured for recovery against any person, organization or carrier in accordance with applicable laws if you have been fully compensated. The Insured and anyone else we insure must sign any papers and do whatever is necessary to transfer this right to us. The Insured and anyone else we insure will do nothing after the loss to affect our right.

The **CLAIMS PROVISIONS** is amended as follows:

The autopsy provision of the **PHYSICAL EXAMINATION AND AUTOPSY** section is deleted.

The following is added to the **PAYMENT OF CLAIMS** section:

Medical expense benefits for Covered Expenses will be paid within twenty-five (25) days after receipt of due written proof of such loss in the form of a clean claim where claims are submitted electronically, and will be paid within thirty-five (35) days after receipt of due written proof of such loss in the form of a clean claim where claims are submitted in paper format. A "clean claim" means a claim received by us for adjudication and which requires no further information, adjustment or alteration by the provider of services or the insured in order to be processed and paid by us. In the event medical expense benefits due are not paid within the applicable time period prescribed, we will pay interest on accrued medical expense benefits at the rate of one and one-half percent (1.5%) per month until the claim is finally settled or adjudicated. In the event we fail to pay benefits when due, the person entitled to such benefits may bring action to recover such benefits, and any interest which may accrue and any other damages.

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all terms and limitations of the Policy.

This amendment takes effect and expires concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President

Secretary

AMENDMENT

This Amendment is part of the Policy and Certificate to which it is attached. The Policy and Certificate are amended as follows for residents of **Montana** only:

The following provision is added to the **GENERAL PROVISIONS** section of the Policy:

CONFORMITY WITH MONTANA STATUTES The provisions of this plan conform to the minimum requirements of Montana law and control over any conflicting statutes of any state in which the Insured resides on or after the effective date of this plan.

The **RIGHT TO TERMINATE** provision of the **GENERAL PROVISIONS** section of the Policy is deleted in its entirety and replaced with the following:

RIGHT TO TERMINATE We may not cancel this plan before the expiration of the term or 1 year from the effective date of the plan or renewal date, whichever is less, except for: (a) reasons specifically allowed by statute; (b) failure to pay a premium when due, (c) material misrepresentation, (d) substantial change in the risk assumed, or (e) substantial breaches of contractual duties, conditions, or warranties. No cancellation is effective until 10 days after the notice is delivered or mailed to the Insured. Termination of the plan will not affect a claim for loss which occurs while the insurance is in effect.

The **PHYSICAL EXAMINATION AND AUTOPSY** provision under the **CLAIM PROVISIONS** section of the Policy is deleted in its entirety and replaced with the following:

PHYSICAL EXAMINATION AND AUTOPSY At our expense, we have the right to have the Insured examined as often as necessary while a claim is pending. At our expense, we may require an autopsy in case of death unless the law or religion of the Insured forbids it.

The **Physical Examination and Autopsy** provision under the **CLAIM PROVISIONS** section of the Certificate is deleted in its entirety and replaced with the following:

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

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President

Secretary

AMENDMENT

This Amendment is part of the Policy to which it is attached. The Policy is amended as follows for residents of **Nevada** only:

The **GENERAL PROVISIONS, RIGHT TO TERMINATE** section, is deleted in its entirety and replaced with the following:

> You may terminate this plan by giving written notice to us 30 days prior to the desired termination date. After a plan has been in effect for at least 70 days, we will not cancel you, except on any of the following reasons:
>
> (a) Your failure to pay a premium when due;
> (b) Your conviction of a crime arising out of acts increasing the hazard insured against;
> (c) Discovery of fraud or material misrepresentation by you in obtaining this plan, or in the presentation of a claim thereunder;
> (d) Discovery of:
> (1) An act or omission by you; or
> (2) A violation by you of any condition of the plan, which occurred after the effective date of the plan, and which substantially and materially increases the hazard insured against; or
> (e) A material change in the nature or extent of the risk, occurring after the effective date of the plan, which causes the risk of loss to be substantially and materially increased beyond that contemplated at the time this plan was issued or sold.
>
> For the above reasons, we will give you at least 30 days written notice, except for non-payment of premium. For non-payment of premium, we will give a ten-day written notice. Termination of this plan will not affect a claim for loss, which occurs while the insurance is in effect.

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President

Secretary

AMENDMENT

This Amendment is part of the Policy and/or Certificate to which it is attached. The Policy and/or Certificate is amended as follows for residents of **North Carolina** only:

The following **CAUTIONARY NOTICE** is added to the face of the policy and certificate:

> **This policy contains a Pre-existing Condition Exclusion.**

The following **NOTICE** is added to the face of the policy:

EXCESS INSURANCE

> This policy is not intended to be issued where other medical insurance exists. If other medical insurance does exist at the time of the claim then the amounts of benefit payable by such other medical insurance will become the deductible amount of this policy if such benefits exceed the deductible amount shown in the Benefit Schedule.

The **RIGHT TO TERMINATE** provision in the General Provisions section of the policy is deleted in its entirety and replaced by the following:

> **RIGHT TO TERMINATE**
> You or we may terminate this plan by giving written notice to the other party 45 days prior to the desired termination date. Termination of the plan will not affect a claim for loss which occurs while the insurance is in effect.

The following **CAUTIONARY NOTICE** is added to the policy:

> **Important Cancellation Information—Please Read the Provision Entitled, "Right to Terminate," Found On Page "13."**

The **PROOF OF LOSS** provision in the Claims Provisions section of the policy is deleted in its entirety and replaced by the following:

> **PROOF OF LOSS** Written Proof of Loss must be sent to us within 180 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written Proof of Loss within the time allowed. In any event, the Insured must give us written Proof of Loss within twelve (12) months after the date the loss occurs unless the Insured is legally incapacitated.

The **PROOF OF LOSS** provision in the Claims Provisions section of the certificate is deleted in its entirety and replaced by the following:

> **PROOF OF LOSS** Written Proof of Loss must be sent to us within 180 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written Proof of Loss within the time allowed. In any event, you must give us written Proof of Loss within twelve (12) months after the date the loss occurs unless you are legally incapacitated.

The **PLAN PAYMENTS** provision in the policy is deleted in its entirety and replaced by the following:

PLAN PAYMENTS

> We provide plan benefits in return for payment for the plan. Payments for plan are payable by the Insured. All plan payments are payable to us on or before the due date as shown in the Schedule.
>
> The plan payment amount is calculated by multiplying the number of Insureds in each class by the amounts due for benefits elected for that class and adding the total amounts due for each class. The amount due for each Insured is obtained by adding the total rate charged for each benefit provided for that Insured.
>
> We have the right to change the plan payment rates on any plan payment due date. We will provide notice, in writing, at least 45 days before the date of change. The plan payment rates may also be changed at any time the terms of this plan are changed.

Plan payments may be paid at such intervals as we may agree, as shown in the Schedule. The plan payment mode may be changed by sending us a written request. Upon our approval, the change will be made.

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy and/or the Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President

Secretary

Oklahoma Amendment Rider

Under **General Provisions**, The first sentence in **Our Right to Recover from Others** is amended to read:

"We have a right to recover, within 24 months of the payment date in the absence of fraud, to recover any payments we have made from anyone who will be responsible for the loss."

STONEBRIDGE CASUALTY INSURANCE COMPANY

President

Secretary

AMENDMENT

This Amendment is part of the Policy or Certificate to which it is attached. The Policy and Certificate are amended as follows for residents of **Rhode Island** only:

The **CLAIMS PROVISIONS, PAYMENT OF CLAIMS** section is amended as follows:

The 1st paragraph is deleted in its entirety and replaced with the following:

PAYMENT OF CLAIMS Claims for benefits provided by this plan will be paid not more than 60 days after written proof is received. Benefits are paid to the Insured, unless directed otherwise by the Insured.

The following language is added as paragraph 3:

Any payment that we make in good faith will fully discharge us to the extent of that payment.

The **CLAIMS PROVISIONS, PROOF OF LOSS** section, last sentence of the Policy, is deleted in its entirety and replaced with the following:

In any event, the Insured must give us written Proof of Loss within twelve (12) months from the time proof is otherwise required, unless the Insured is legally incapacitated.

The **CLAIMS PROVISIONS, PROOF OF LOSS** section, last sentence of the Certificate, is deleted in its entirety and replaced with the following:

In any event, you must give us written Proof of Loss within twelve (12) months from the time proof is otherwise required, unless you are legally incapacitated.

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President

Secretary

AMENDMENT

This Amendment is part of the Policy or Certificate to which it is attached. The Policy and Certificate are amended as follows for residents of **South Dakota** only:

Under the **EXCLUSIONS** provision, the following item is deleted:

c. being under the influence of drugs or intoxicants, unless prescribed by a Physician;

The **GENERAL PROVISIONS** is amended as follows:

ENTIRE CONTRACT; CHANGES section, 2nd paragraph, 3rd and 4th sentence are deleted in its entirety and replaced with the following:

No agent or other person may change this plan or waive any of its terms, however, if an Insured make(s) a change through the agent and the agent fails to make the change with the Company, the change will be handled as if the agent had made the change. No change will be made except by endorsement.

The **CLAIMS PROVISIONS** is amended as follows:

LEGAL ACTIONS section, 2nd sentence is deleted in its entirety and replaced with the following:

No such action will be brought after six years from the time written proof of loss is required to be given.

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President

Secretary

AMENDMENT

This Amendment is a part of the Policy and/or Certificate to which it is attached. The Policy and/or Certificate are amended as follows for residents of the State of **Utah**:

The definition of "**ACCIDENT"** is deleted in its entirety from the **DEFINITIONS** section of the Policy and/or Certificate and replaced with the following:

ACCIDENT means a sudden, unexpected, and unintended event which causes Injury.

The **EXPOSURE AND DISAPPEARANCE** section of the Policy and/or Certificate is deleted in its entirety and replaced with the following:

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

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

When we receive a claim for disappearance and proof of loss, satisfactory to us, is filed, the benefit determination time limit begins. If we require an extension due to the claimant's failure to submit necessary information, the time for making a decision is tolled from the date the notice is sent to the claimant through:

(a) the date that the claimant provides the necessary information; or
(b) 48 hours after the end of the period afforded the claimant to provide the specified additional information.

The following exclusion Items (3)(h) and (3)(l) are deleted in their entirety from the **GENERAL PLAN EXCLUSIONS** section of the Policy and/or Certificate and replaced with the following:

(3)(h) a felony, riot or insurrection, when the Insured is a voluntary participant[(does not apply to Trip Delay);

(3)(l) illegal activities voluntarily committed by the Insured ;

The **PROOF OF LOSS** provision is deleted in its entirety from the **CLAIMS PROVISIONS** section of the Policy and/or Certificate and replaced with the following:

PROOF OF LOSS Written Proof of Loss must be sent to us within 90 days after the date the loss occurs. We will not reduce, deny or invalidate a claim if it was not reasonably possible to give us written Proof of Loss within the time allowed. In any event, the Insured must give us written Proof of Loss within 3 years after the date the loss occurs unless the Insured is legally incapacitated.

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President

Secretary

AMENDMENT

This Amendment is part of the Policy or Certificate to which it is attached. The Policy and Certificate are amended as follows for residents of **Wisconsin** only:

The **PREMIUMS** provision of the Policy, 4th paragraph, is deleted in its entirety.

The **GENERAL PROVISIONS, OUR RIGHT TO RECOVER FROM OTHERS** section, is deleted in its entirety and replaced with the following:

> We have the right to recover any payments we have made from anyone who may be responsible for the loss. The Insured and/or any person to whom we make payment must sign any papers and do whatever is necessary to transfer this right to us. The Insured and/or any person to whom we make payment agree(s) to cooperate with us and to do nothing after the loss that will adversely affect our rights. We will not retain any payments until you have been made whole with regard to any claim payable under this Policy.

The **GENERAL PROVISIONS, RIGHT TO TERMINATE** section of the Policy, is deleted in its entirety and replaced with the following:

> You or we may terminate this plan by giving written notice to the other party 60 days prior to the renewal date. We will give a ten-day written notice of termination for non-payment of premium. Termination of the plan will not affect a claim for loss, which occurs while the insurance is in effect.

This Amendment does not waive, alter or extend any conditions or provisions of the Policy, except to the extent shown above. It is subject to all the terms and limitations of the Policy.

This Amendment takes effect and expires concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY

President

Secretary