

# GROUP TRIP PROTECTOR - TRAVEL PROTECTION PLAN

CF TRAVEL INSURED INTERNATIONAL/A CRUM & FORSTER COMPANY

## SCHEDULE OF INSURANCE COVERAGE AND OTHER NON-INSURANCE SERVICES

| Benefit Per Person   | Maximum Benefit Amount Per Person                          |
|--|--|
| Trip Cancellation** Trip Cost*                             | Trip Cancellation** Trip Cost*                             |
| Trip Interruption** 150% of Trip Cost*                     | Trip Interruption** 150% of Trip Cost*                     |
| Trip Delay – 6 hours \$750 (\$150/day)                     | Trip Delay – 6 hours \$750 (\$150/day)                     |
| Single Supplement Included                                 | Single Supplement Included                                 |
| Missed Tour or Cruise Connection – 3 hours \$300           | Missed Tour or Cruise Connection – 3 hours \$300           |
| Medical Evacuation and Repatriation of Remains \$150,000   | Medical Evacuation and Repatriation of Remains \$150,000   |
| Political or Security Evacuation and                       | Political or Security Evacuation and                       |
| Natural Disaster Evacuation \$150,000                      | Natural Disaster Evacuation \$150,000                      |
| Travel Inconvenience \$500/\$100 per inconvenience)        | Travel Inconvenience \$500 (\$100 per inconvenience)       |
| Baggage and Personal Effects \$1,000                       | Baggage and Personal Effects \$1,000                       |
| Baggage Delay – 24 hours \$250                             | Baggage Delay – 24 hours \$250                             |
| Emergency Accident & Sickness Medical Expense \$50,000     | Emergency Accident & Sickness Medical Expense \$50,000     |
| Optional Cancel for Any Reason (CFAR)*** 75% of Trip Cost* | Optional Cancel for Any Reason (CFAR)*** 75% of Trip Cost* |

\* Up to the lesser of the Trip Cost paid or the limit of coverage on the confirmation of coverage. \*\* For \$0 Trip Cost, NO TRIP CANCELLATION AND TRIP INTERRUPTION BENEFITS ARE INCLUDED. YOU ARE LIMITED TO \$500 return air only. \*\*\* CFAR coverage is up to 75% of the prepaid, nonrefundable trip cost (subject to \$20,000 maximum).

CFAR is optional and available for purchase at the individual level. **Purchase of CFAR must be within 14 days of the date you pay your very first trip deposit, even if it is to hold a place on the trip! (If paying by check, the date written on the check starts the count down. If paying by credit card or Pay Pal, the transaction date starts the countdown). CFAR trip cancellation must be 48 hours or more prior to scheduled departure**

For \$0 Trip Cost there is no CFAR. **This benefit is not available to residents of New York State.** This Cancel for Any Reason Benefit does not cover penalties associated with any air or other Travel Arrangements not provided by Travel Supplier or the failure of Travel Supplier to provide the bargained-for Travel Arrangements due to cessation of operations for any reason.

### Plan Cost Per Person

#### Age of Traveler

| Trip Cost         | 0-50    | 51-60   | 61-70   | 71-80   | 81-120  |
|-------------------|---------|---------|---------|---------|---------|
| \$0-\$350         | \$16    | \$22    | \$28    | \$37    | \$60    |
| \$351-\$2500      | 4.405%  | 6.002%  | 7.716%  | 10.427% | 17.107% |
| \$2501-\$5000     | 5.550%  | 7.563%  | 9.722%  | 13.138% | 21.554% |
| \$5001-\$10,000   | 6.993%  | 9.529%  | 12.250% | 16.554% | 27.158% |
| \$10,001-\$15,000 | 8.811%  | 12.007% | 15.435% | 20.858% | 34.220% |
| \$15,001-\$20,000 | 11.102% | 15.128% | 19.448% | 26.281% | 43.117% |

### Plan Cost Per Person – with Optional “CFAR” (Cancel for any Reason) \*\*

#### Age of Traveler

| Trip Cost         | 0-50    | 51-60   | 61-70   | 71-80   | 81-120  |
|-------------------|---------|---------|---------|---------|---------|
| \$0-\$350         | \$24    | \$33    | \$42    | \$57    | \$93    |
| \$351-\$2500      | 6.803%  | 9.270%  | 11.917% | 16.103% | 26.419% |
| \$2501-\$5000     | 8.572%  | 11.680% | 15.015% | 20.290% | 33.289% |
| \$5001-\$10,000   | 10.800% | 14.171% | 18.919% | 25.566% | 41.944% |
| \$10,001-\$15,000 | 13.608% | 18.543% | 23.838% | 32.213% | 52.849% |
| \$15,001-\$20,000 | 17.146% | 23.364% | 30.036% | 40.588% | 66.590% |

The above rates are for trips up to 30 days – for each day over 30 add \$6 per person per day. All the above rates are for the plan which includes insurance and non-insurance services.

**\*\* Purchase of CFAR must be within 14 days of the date you pay your very first trip deposit, even if it is to hold a place on the trip! (If paying by check, the date written on the check starts the count down. If paying by credit card or Pay Pal, the transaction date starts the countdown).**

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**GENERAL LIMITATIONS AND EXCLUSIONS** Unless otherwise shown below, these exclusions apply to the Insured, the Insured's Traveling Companion, or Family Member scheduled and booked to travel with the Insured. The following exclusion applies to the Trip Cancellation and Trip Interruption and Medical Expense: We will not pay for any loss or expense caused due to, arising or resulting from a Pre-Existing Medical Condition, as defined in the plan.

**The following exclusions apply to the Medical Expense benefits.** We will not pay for any loss or expense caused due to, arising or resulting from: 1. routine physical examinations or routine dental care; 2. traveling for the purpose or intent of securing medical treatment or advice; 3. Alcohol or substance abuse or treatment for the same; 4. Normal pregnancy (except Complications of Pregnancy) or childbirth, or elective abortion; 5. a Mental, Nervous or Psychological Condition or Disorder unless Hospitalized or Partially Hospitalized while the plan is in effect; 6. the Insured's participation in Adventure or Extreme Activities, riding or driving in races, or participation in speed or endurance competition or events, except as a spectator; 7. the Insured's participation in an organized athletic or sporting competition, contest, or stunt under contract in exchange for an agreed-upon salary or compensation. This does not include athletes participating in exchange for a scholarship or tuition. The plan also contains exclusions specific to Baggage & Personal Effects and Baggage Delay.

**In addition to any applicable benefit-specific exclusion,** the following general exclusions apply to all losses and all benefits. We will not pay for any loss or expense caused due to, arising or resulting from: 1. suicide, attempted suicide or any intentionally self-inflicted injury of the Insured, a Traveling Companion, Family Member, or Business Partner booked and scheduled to travel with the Insured, while sane or insane; 2. being under the influence of drugs or narcotics, unless administered upon the advice of a Physician as prescribed; 3. activities, losses, or claims involving or resulting from possession, production, processing, sale, or use of marijuana, illegal drugs, alcohol or substances are excluded from coverage; 4. war or act of war, including invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war; 5. the commission of or attempt to commit a felony or being engaged in an illegal occupation by the Insured, a Traveling Companion, Family Member, or Business Partner; 6. directly or indirectly, the actual, alleged or threatened use, discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive weapon, device, material, gas, matter or contamination; 7. piloting or learning to pilot or acting as a member of the crew of any aircraft.

**Pre-Existing Medical Condition Exclusion Waiver.** The Pre-Existing Condition Exclusion will be waived if the protection plan is purchased within 14 days of the date of the initial trip payment/deposit is received, and you are medically able and not disabled from travel at the time you pay for the plan, based on assessment of a physician.

## PLEASE REFER TO THE PLAN DOCUMENTS FOR A COMPLETE DESCRIPTION OF COVERAGE.

This document contains highlights of the plans, which include travel insurance coverages underwritten by United States Fire Insurance Company under form series T7000 et. al., T210 et. al. and TP-401 et. al. The Crum & Forster group of companies is rated A (Excellent) by AM Best 2020. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. The plans also contain non-insurance Travel Assistance Services provided by C&F Services through Active Claims Management (2018) Inc., operating as Active Care Management. Coverages may vary and not all coverage is available in all jurisdictions. Insurance coverages are subject to the terms, limitations and exclusions in the plan, including an exclusion for pre-existing conditions. In most states, your travel retailer is not a licensed insurance producer/agent and is not qualified or authorized to answer technical questions about the terms, benefits, exclusions, and conditions of the insurance offered or to evaluate the adequacy of your existing insurance coverage. Your travel retailer may provide general information about the plans offered, including a description of the coverage and price. The purchase of travel insurance is not required in order to purchase any other product or service from your travel retailer. Your travel retailer maybe compensated for the purchase of a plan. CA DOI toll free number: 800-927-4357. MD Insurance Administration: 800-492-6116 or 410-468-2340. The cost of your plan is for the entire plan, which consists of both insurance and non-insurance components. Individuals looking to obtain additional information regarding the features and pricing of each travel plan component, please contact Travel Insured: P.O. Box 6503, Glastonbury, CT 06033; 844-440-8113; [customer care@travelinsured.com](mailto:customer care@travelinsured.com); California license #0I13223.

## FOR MORE INFORMATION CONTACT CALL 1-703-443-9055 OR EMAIL

[MYRA@TRAVELPROTECTORS.COM](mailto:MYRA@TRAVELPROTECTORS.COM)

### BE PREPARED TO PROVIDE, IN AN EMAIL OR WHEN YOU CALL, THE FOLLOWING INFO!

**YOUR FULL NAME/S, HOME ADDRESS/ES, DATE/S OF BIRTH, TRIP COST PER PERSON, DESTINATION/S, DEPARTURE DATE FROM HOME AND RETURN DATE HOME.**