

Group Travel Insurance

TRAVEL INSURED^{Int'l.}

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800.243.3174 • www.travelinsured.com

LITE PLAN

| Schedule of Insurance Coverage and Other Services | Limit |
|---|-------------------|
| Trip Cancellation* | Trip Cost** |
| Trip Interruption* | 100% Trip Cost** |
| Trip Delay (12 hours) | \$500 (\$150/day) |
| Baggage/Personal Effects | \$500 |
| Emergency Accident/Sickness Medical Expense | \$10,000 |
| Emergency Evacuation/Repatriation of Remains | \$20,000 |
| Worldwide Emergency Assistance Services | Included |

* For \$0 Trip Cost, there is no Trip Cancellation and Trip Interruption is limited to \$500 return air only

** Up to the Trip Cost insured, up to a maximum of \$5,000 per person

| Trip Cost | Rate |
|-------------------|-------|
| \$0 | \$8 |
| \$1 - \$200 | \$10 |
| \$201 - \$400 | \$15 |
| \$401 - \$600 | \$20 |
| \$601 - \$800 | \$26 |
| \$801 - \$1,000 | \$31 |
| \$1,001 - \$1,500 | \$49 |
| \$1,501 - \$2,000 | \$62 |
| \$2,001 - \$2,500 | \$77 |
| \$2,501 - \$3,000 | \$91 |
| \$3,001 - \$3,500 | \$102 |
| \$3,501 - \$4,000 | \$116 |
| \$4,001 - \$4,500 | \$128 |
| \$4,501 - \$5,000 | \$141 |

DELUXE PLAN

| Schedule of Insurance Coverage and Other Services | Limit |
|---|--|
| Trip Cancellation* | Trip Cost** |
| Trip Interruption* | 150% Trip Cost** |
| Cancel for Work Reasons | Trip Cost** |
| Trip Delay (6 hours) | \$750 (\$150/day) |
| Baggage/Personal Effects | \$1,500 |
| Baggage Delay (24 hour) | \$400 |
| Emergency Accident/Sickness Medical Expense | \$50,000 |
| Emergency Evacuation/Repatriation of Remains | \$250,000 |
| 24 Hour Accidental Death & Dismemberment | \$25,000 |
| Worldwide Emergency Assistance Services | Included |
| Optional Cancel For Any Reason | 75% of Non-refundable Trip Cost, cancellation must be 48 hours prior to scheduled departure*** |

* For \$0 Trip Cost, there is no Trip Cancellation and Trip Interruption is limited to \$500 return air only

** Up to the Trip Cost insured, up to a maximum of \$10,000 per person

*** Optional Coverage can be selected for individual participants or entire group provided the plan is purchased within 14 days of initial trip deposit and the appropriate additional premium is paid.

| Trip Cost | Rate |
|-------------------|-------|
| \$0 | \$15 |
| \$1 - \$300 | \$24 |
| \$301 - \$500 | \$28 |
| \$501 - \$1,000 | \$42 |
| \$1,001 - \$1,500 | \$67 |
| \$1,501 - \$2,000 | \$83 |
| \$2,001 - \$2,500 | \$105 |
| \$2,501 - \$3,000 | \$124 |
| \$3,001 - \$3,500 | \$140 |
| \$3,501 - \$4,000 | \$175 |
| \$4,001 - \$4,500 | \$199 |
| \$4,501 - \$5,000 | \$230 |

The above are for rates up to 30 days - for each day over 30 add \$3.43 per person per day

Optional Cancel For Any Reason available for an additional 50% premium per person

GENERAL LIMITATIONS AND EXCLUSIONS

Benefits are not payable for the following: resulting from suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (states may vary); resulting from an act of declared or undeclared war; while participating in maneuvers or training exercises of an armed service; while riding, driving or participating in races, or speed or endurance contests; while mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment); while participating as a member of a team in an organized sporting competition; while participating in skydiving, hang gliding, bungee cord jumping, scuba diving or deep sea diving; while piloting or learning to pilot or acting as a member of the crew of any aircraft; received as a result or consequence of being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advice of a Legally Qualified Physician; to which a contributory cause was the commission of or attempt to commit a felony or being engaged in an illegal occupation; due to normal childbirth, normal pregnancy through the first 9 months of pregnancy or voluntarily induced abortion; for dental treatment (except as coverage is otherwise specifically provided herein); which exceed the Maximum Benefit Amount for each attached coverage as shown in the Schedule of Coverage and Services; or; due to a Pre-existing Condition, as defined in the Policy. The Pre-existing Condition Limitation does not apply to: (a) Emergency Medical Evacuation, Medical Repatriation and Return of Remains coverage; or (b) to coverage purchased prior to Your final Trip payment (for Deluxe plans); or to coverage purchased within 14 days of Your initial Trip deposit (for Lite plans).

The following limitation applies to Trip Cancellation: All cancellations must be reported directly to the Travel Supplier within 72 hours of the event causing the need to cancel, unless the event prevents it, and then as soon as is reasonably possible. If the cancellation is not reported within the specified 72 hour period, the Company will not pay for additional charges, which would not have, been incurred had You notified the Travel Supplier in the specified period. If the event prevents You from reporting the cancellation, the 72-hour notice requirement does not apply; however, You must, if requested, provide proof that said event prevented him or her from reporting the cancellation within the specified period.

Additional Limitations and Exclusions Specific to Baggage and Personal Effects

Benefits are not payable for any loss caused by or resulting from: breakage of brittle or fragile articles; wear and tear or gradual deterioration; confiscation or appropriation by order of any government or custom's rule; theft or pilferage while left in any unlocked vehicle; property illegally acquired, kept, stored or transported; Your negligent acts or omissions; or property shipped as freight or shipped prior to the Scheduled Departure Date.

This is summary only. Refer to the Policy for all the provisions, limitations and exclusions. This document contains highlights of the plan. Review the Certificate of Insurance for complete terms, conditions and exclusions that apply. The certificate is available on-line at www.travelinsured.com via the Agent Login or by calling 800-243-3174 to speak with a group specialist.

ADMINISTRATION

1. All Group Plans must be pre-booked; pre-book your group online at www.travelinsured.com.
2. The cost of the protection plan must be invoiced as a separate line item with an option to decline the protection plan by subtracting the plan cost from the total package price.
3. All plan costs are Net Rates and non-commissionable. You may add your own service fee up to a maximum of 40%.
4. You will be provided Certificate of Insurance electronically to distribute to your group members; it is your responsibility to provide the participants with a copy upon purchase of the plan.
5. Remember, manifests and credit card payment can now be processed right online!
Net payment with the group manifest is due no later than the 15th of the month prior to the date of departure.
Payments to Travel Insured International by net agency check, Master Card or Visa only.
Mail to: TII, PO Box 280568, East Hartford, CT 06128-0568
Attn: Group Protection Plan Payment.
Or you may fax your manifest with credit card information to 860-528-8005, attention Group Department.
6. A Group Plan is defined as 10 or more insured passengers on the same policy, traveling to the same destination with the same departure and return dates.
7. You must protect the full cost of the group trip.
8. Pre-existing waiver is available if plan is purchased prior to final payment for Deluxe; or within 14 days from deposit on Lite.

Plans are underwritten by the United States Fire Insurance Company. Fairmont Specialty and Crum & Forster are registered trademarks of United State Fire Insurance Company. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2011. Not all coverage available in all jurisdictions.

GROUP SUBMISSION FORM

Use this form to pre-book your group, prior to first trip payment

For office use only

Group #: _____ Product Code: _____
 Trip Cost Limit: _____ Net Premium: _____

Date: _____

Agency/Tour Operator Name: _____

Contact: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Email: _____
 (email must be provided so electronic confirmation and certificates can be sent)

TII Agency # _____
 (if applicable) Group Name: _____

Tour Name: _____

Departure Date: _____
 (For multiple trips attach separate page with scheduled travel dates) Return Date: _____

Deposit Date: _____

Destination: _____
 (include to and from)

Please attach cancellation penalties separately.

Total number of passengers: _____
 (All group plans require a minimum of ten insureds per policy)

Total cost per person: _____

Payment Method: ☐ Check ☐ Credit Card

IMPORTANT: You are responsible for distribution of the Certificate of Insurance to the Participants at the time of plan purchase.

Select Your Benefit Level

| | |
|--|---|
| <input type="checkbox"/> Lite | <input type="checkbox"/> Deluxe |
| Deluxe with Optional Cancel For Any Reason | |
| <input type="checkbox"/> I will be purchasing Optional Cancel for Any Reason for ALL of my Deluxe passengers | <input type="checkbox"/> I will be offering Optional Cancel for Any Reason as an OPTION to my Deluxe passengers |

www.travelinsured.com - 1.800.243.3174 - Fax 1.860.528.8005

All Group Plans must be pre-booked prior to first sale.