

GUEST CANCELLATION INSURANCE

PLAN CODE UN301-I

(AS OF 02/01/03)



Protect Your Investment

Every trip deserves protection. This plan provides coverage from certain unexpected events that can jeopardize your vacation investment. Purchase this plan today and travel with confidence!

WRITE YOUR NAME HERE

WRITE YOUR RESERVATION NUMBER HERE

For Certificate Inquiries or Customer Service, Call:

(800) 554-9839

Emergency Assistance
24-Hours a Day During Your Trip, Call:

IN THE U.S.
(866) 816-2068

COLLECT WORLDWIDE
(603) 328-1737

This plan is administered by CSA Insurance Services.

SCHEDULE OF SERVICES AND COVERAGES

24-HOUR EMERGENCY HOTLINE SERVICES

- Medical Referral
- Emergency Cash Transfer
- Legal Referral
- Emergency Prescription Refill Assistance

INSURANCE COVERAGES

COVERAGES	MAXIMUM LIMIT PER RESERVATION
Trip Cancellation	Lodging Cost, Up to \$20,000*
Trip Interruption	Lodging Cost, Up to \$20,000
Trip Delay (Daily Limits Apply)	\$600
Emergency Assistance	\$50,000

*If trip cost exceeds \$20,000, limits may apply. Please contact the company named on your reservation confirmation for details.

This plan applies ONLY to those arrangements booked directly through the company named on your reservation confirmation.

The maximum trip length this plan covers is 105 days.

No coverage is in force unless payment has been made for this plan.

Payment for this plan is non-refundable, page 10 for details.

To purchase this plan, make payment no later than with your final trip payment. To qualify for the Pre-Existing Conditions Exclusion Waiver you must purchase at initial deposit (refer to Policy Definitions).

No coverage is in force unless payment has been made for this plan. When the company named on your reservation confirmation receives your payment for this plan, this brochure becomes your Certificate of Insurance and Description of Services.

IMPORTANT: Keep this document and carry a copy with you when you travel. If you need to cancel your trip, contact the company named on your reservation confirmation immediately to cancel your reservation.

DESCRIPTION OF 24-HOUR EMERGENCY HOTLINE SERVICES

ASSISTANCE SERVICES WILL BE PROVIDED BY CSA'S DESIGNATED PROVIDER.

Available Services

There are various 24-Hour Emergency Hotline Services provided under the CSA Travel Protection packages. A description of all 24-Hour Emergency Hotline Services offered are contained in this document. The 24-Hour Emergency Hotline Services are only available to persons whose primary residence is in the United States or Canada. This plan is administered by CSA Insurance Services.

How to Call the 24-Hour Emergency Hotline

If you need emergency help for an available service, you can call 24-hours a day (866) 816-2068, from within the United States, or call collect (603) 328-1737 from anywhere else. You should have your Plan Code, your location, a local telephone number, and details of the situation. The assistance provider will confirm your enrollment and assist you. If you cannot call collect from your location, dial direct and give the assistance coordinator your telephone number and location and they will call you back.

Seek local help if your emergency is immediate and life threatening, and contact the assistance provider by calling the hotline as soon as reasonably possible.

Help services have been included in this program to provide, whenever possible, on-the-spot and immediate assistance for those unexpected problems that can arise during your trip.

There may be times when circumstances beyond the assistance provider's control hinder their endeavors to provide help services; they will, however, make all reasonable efforts to provide services and help resolve your problem.

The assistance provider's staff will do their best to refer you to appropriate providers. However, the assistance provider and CSA cannot be held responsible for the quality or results of any services provided by these independent practitioners.

Availability of Services

The 24-Hour Emergency Hotline Services become available when you actually start your trip. Services end the earliest of: midnight on the day the program expires; when you reach your return destination; or when you complete your trip.

Medical Referral

If an emergency occurs during a trip that requires you to seek urgent medical advice you should call the 24-Hour Hotline to obtain the names of local qualified doctors who speak your language. If additional medical services are required, the assistance provider is prepared to consult with the attending physician and provide such assistance as they believe to be in your best interest.

Emergency Cash Transfer

If your cash or travelers checks are lost or stolen, or unanticipated emergency expenses are incurred, the assistance provider will, whenever possible, help arrange for an emergency cash transfer in currency, travelers checks, or other form acceptable to the assistance provider. These funds must come from your major credit card(s) or from family and/or friends.

Legal Referral

The assistance provider will provide travelers with access or referrals to the most conveniently located attorneys available during regular working hours. Assistance will also be provided in obtaining bail bonds in those geographical locations where such bonds are customarily issued. You are responsible for contracted legal fees.

Emergency Prescription Refill Assistance

The assistance provider will assist you, whenever possible, in obtaining a replacement of an existing prescription when your medication has been lost, stolen, or if you are in need of a refill. The prescription will be refilled by a licensed pharmacist or other authorized personnel in the country in which you are traveling. It will be replaced with the same brand of medication prescribed in the U.S., or the equivalent in the country in which you are traveling. The refill may require a visit to a local physician. You should be prepared to furnish the assistance provider with a copy of your original prescription and/or the name and phone number of your regular attending physician. Replacement medication and visit to a local physician will be at your expense.

ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE

Who is Eligible For Coverage

A person who takes a Trip, who pays the required premium, and is a resident of the United States or Canada.

When Coverage Begins

All coverages (except Pre-Departure Trip Cancellation and Post-Departure Interruption) will take effect on the later of:

1. The date the premium has been received by our authorized agent;
2. The date and time you start your Trip; or
3. 12:01 A.M. Standard Time on the Scheduled Departure Date of your Trip.

Pre-Departure Trip Cancellation coverage will take effect at 12:01 A.M. Standard Time after the date your premium is received by our authorized agent. Post-Departure Trip Interruption coverage will take effect on the Scheduled Departure Date of your Trip if the required premium payment is received.

When Coverage Ends

All coverage ends on the earlier of:

1. On the date this Policy ends;
2. The date the Trip is completed;
3. The Scheduled Return Date;
4. Your arrival at the return destination on a round trip, or the destination on a one-way trip;
5. Cancellation of the Trip covered by this Policy.

SUMMARY OF COVERAGES

Trip Cancellation / Interruption

We will pay this benefit up to the amount on the Schedule of Coverages if a Trip is canceled, interrupted, or delayed due to:

1. Sickness, Injury, or Covered Death of you, a Family Member, or Traveling Companion; or
2. Other Covered Events as defined in this Policy.

Injury or Sickness must: 1. for Pre-Departure Trip Cancellation, commence while this policy is in force for you, or for Post-Departure Trip Interruption or Delay, commence while on your Trip; 2. require the care and attendance of a Physician at the time of occurrence; and 3. in the written opinion of the treating Physician, be so disabling as to cause a Trip to be canceled, interrupted or delayed.

Please refer to the Policy Definitions for an explanation of Pre-Existing Conditions which are excluded under the Trip Cancellation / Interruption Coverage.

We will waive the exclusion for Pre-Existing Conditions if you meet the following conditions:

1. You must purchase this plan with your initial Trip deposit.
2. You must be medically able to travel when you pay your premium.

BENEFITS: Pre-Departure Cancellation

We will reimburse you for the amount of forfeited, non-refundable payments or deposits for your Trip if your Trip is canceled, or we will pay additional cost as a result of a change in the per person occupancy rate for prepaid travel arrangements if a Traveling Companion's Trip is canceled and your Trip is not canceled.

BENEFITS: Post-Departure Interruption

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 incurred by you if your Trip is interrupted, either:
 - a. To the return destination; or
 - b. From the place that you left the Trip to the place that you may rejoin the Trip;
 2. The additional transportation expenses incurred by you to reach the original 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 economy airfare (or first class, if your 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 Trip is interrupted, and your Trip is continued.

Trip Delay

We will pay for reasonable accommodation and traveling expenses until travel becomes possible up to \$200 per day to a maximum of \$600 if your Trip is delayed for more than 12 hours.

Trip Delay must be caused by: Common Carrier delay; or lost or stolen passports, travel documents, or money; or quarantine; or natural disaster; or Injury or Sickness of you, a Family Member traveling with you, or a Traveling Companion; or Covered Death of a Family Member traveling with you, or a Traveling Companion; or a documented traffic accident while you are en route to departure; or unannounced strike.

Emergency Assistance

We will pay this benefit, up to the amount on the Schedule of Coverages, 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 Trip; 3. benefits payable as a result of incurred Covered Expenses will only be paid after benefits have been paid under any Other Valid and Collectible Group Insurance in force for you. We will pay that portion of Covered Expenses which exceed the amount of benefits payable for such expenses under your Other Valid and Collectible Group Insurance.

Please refer to the Policy Definitions for an explanation of Pre-Existing Conditions which are excluded under the Emergency Assistance Coverage.

Covered Expenses:

1. Expenses incurred 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 the prior approval of the Program Medical Advisors;
2. Expenses incurred for medical evacuation, including medically appropriate transportation and medical care en route to a Hospital or to your place of residence in the USA or Canada, when deemed medically necessary by the attending Physician, subject to the prior approval of the Program Medical Advisors;
3. 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 you are traveling alone and are hospitalized for more than 10 days;
4. Expenses for transportation, not to exceed the cost of one-way economy class air fare to your place of residence in the USA or Canada, including escort expenses, when an Insured who is 18 years of age or younger is left unattended due to the death or hospitalization of an accompanying adult(s), subject to the prior approval of the Program Medical Advisors;
5. Expenses for one-way economy class air fare (or first class, if your original tickets were first class) to your place of residence in the USA or Canada, 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 this Policy;

6. Expenses for preparation and air transportation of your remains to your place of residence in the USA or Canada, or up to an equivalent amount for a local burial in the country where death occurred, if you die while outside the USA or Canada.

POLICY DEFINITIONS

“Common Carrier” means any land, water, or air conveyance operated under a license for the transportation of passengers for hire, not including taxi cabs, or rented, leased, or privately owned motor vehicles.

“Covered Death” means your death or the death of a Family Member or Traveling Companion which is the direct result of a Sickness or Injury as defined in this policy.

“Elective Treatment” 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.

“Family Member” means your or your Traveling Companion’s spouse, child, spouse’s child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparents, grandchild, step-brother, step-sister, step-parents, parents-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, guardian, or ward.

“Hospital” means an institution which meets all of the following requirements: it must be operated according to law; it must give 24-hour medical care, diagnosis, and treatment to the sick or injured on an inpatient basis for which a charge is made; it must provide diagnostic and surgical facilities supervised by Physicians; registered nurses must be on 24-hour call or duty; 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 other section of a hospital used for such purposes).

“Injury” means bodily injury caused by an accident which 1. occurs while your coverage is in force under this policy 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 a person who takes a Trip and pays any required premium. The words “you”, “your” or “yours” mean the Insured.

“Other Covered Events” means only the following unforeseeable events or their consequences which occur while coverage is in force under this policy:

1. Air Carrier delays resulting from bad weather, mechanical breakdown or organized labor strikes that affect public transportation;
2. Arrangements canceled by an airline, cruise line, or tour operator, resulting from inclement weather, mechanical

breakdown, or organized labor strikes that affect public transportation;

Items #1 and #2 above, are subject to the following conditions:

- a. The scheduled carrier connecting times must be 90 minutes or longer; and
 - b. The scheduled time between arrival at the scheduled tour or cruise departure city and the scheduled tour or cruise departure must be 4 hours or longer.
3. A change in plans by you, a Family Member traveling with you, or Traveling Companion, resulting from one of the following events:
- 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, a 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. Having a residence made uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster;
 - d. Being called into active military service to provide aid or relief in the event of a natural disaster;
 - e. A documented theft of passports or visas;
 - f. A Terrorist Act (or acts) which occurs in Your departure city or in a city which is a scheduled destination for Your Trip, provided: the Terrorist Act (or acts) occurs within 30 days of the Scheduled Departure Date for Your Trip.

“Other Valid and Collectible Group Insurance” means any group policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the Usual and Customary value of each service will be considered a Covered Expense.

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

“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 or Family Member: 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.

We will waive this exclusion for Pre-Existing Conditions if you meet the following conditions:

1. You must purchase this plan with your initial Trip deposit.
2. You must be medically able to travel when you pay your premium.

“Program Medical Advisors” means individuals appointed by CSA Travel Protection.

“Scheduled Departure Date” means the date on which you are originally scheduled to leave on your Trip.

“Scheduled Return Date” means that date on which you are originally scheduled to return to the point where the 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 this insurance is in force. An illness or disease of the body which first manifests itself and then worsens or becomes acute prior to the effective date of this insurance is not a Sickness as defined herein and is not covered by this policy.

“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 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 whose name appears with yours on the same Trip arrangement and who, during the Trip, will share accommodations with you in the same room, cabin, condominium unit, apartment unit or other lodging.

“Trip” means a scheduled trip for which coverage is elected and premium paid, and all travel arrangements are arranged prior to the Scheduled Departure Date of the Trip.

“Usual and Customary” means the usual charge made by a provider for necessary medical services, treatment or supplies. It may not exceed the general level of charges for similar necessary services, treatment or supplies made by other providers in the area where the service or treatment is given or the supply bought.

POLICY EXCLUSIONS

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

1. We will not pay for loss or expense incurred as the result of a Pre-Existing Condition, as defined, including death that results therefrom. This exclusion does not apply to benefits for Covered Expenses item #1 (emergency medical evacuation) or item #6 (return of remains) of the Emergency Assistance Benefit coverage.

The following exclusions apply to all Coverages:

2. This policy does not cover loss caused by, or resulting from:
 - a. Suicide, attempted suicide, or intentionally self-inflicted injury of you, a Traveling Companion, or Family Member,

booked to travel with you, while sane or insane (sane in CO & MO);

- b. Mental, nervous or psychological disorders;
- c. Being under the influence of drugs or intoxicants unless prescribed by a Physician;
- d. Normal pregnancy or resulting childbirth;
- e. Participation as a professional in athletics;
- f. Mountain climbing or bungee cord jumping;
- g. Riding or driving in any motor competition;
- h. Declared or undeclared war, or any act of war;
- i. Civil disorder;
- j. Service in the armed forces of any country;
- k. Nuclear reaction, radiation or radioactive contamination;
- l. Operating or learning to operate any aircraft, as pilot or crew;
- m. Parachuting, hang gliding, parasailing or travel on any air supported device, other than on a regularly scheduled airline or air charter company;
- n. Any unlawful acts, committed by you or a Traveling Companion (whether insured or not);
- o. Any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law;
- p. Loss or damage caused by detention, confiscation or destruction by customs;
- q. Elective Treatment, or medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;
- r. A loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when this policy is not in force for you.

Important Note: Exclusion 2, Item r. above, applies to you, a Family Member, or Traveling Companion.

Note: This brochure is a brief description of the benefits available to you under the travel insurance policy. Since the Master Policy is complete in detail, the final interpretation of any provision or claim will be governed by the Master Policy.

TRAVEL INSURANCE IS UNDERWRITTEN BY:

Monumental General Casualty Company (all states except as otherwise noted) under Policy Form # TAHC2000GPC; Certificate #TAHC2000GCC.

Stonebridge Casualty Insurance Company (AL, AZ, CO, DE, ID, MN, NJ, NM, NY, ND, PA, and VT) under Policy Form # TAHC5000GPS, Certificate # TAHC5000GCS.

In Canada: Life Investors Insurance Company of America & Kingsway General Insurance Company.

WHERE TO PRESENT A CLAIM

All claims should be presented to the Program

Administrator:

CSA Travel Protection

P. O. Box 939057

San Diego, CA 92193-9057

(800) 858-5462 (Toll Free)

CLAIMS PROCEDURES

To facilitate prompt claims settlement:

1. Report any claim as soon as possible.
2. Report claims directly to the Program Administrator and your Tour Operator, Cruise Line, Travel Agent or the company named on your reservation confirmation.
3. Upon your report of a claim, you will receive a claim form, which should be fully completed and returned along with any documentation, as explained below.

Emergency Assistance: Obtain receipts from the treating Physicians, etc., stating the amounts paid and listing the diagnosis and treatment; submit these first to any other valid and collectible group insurance plan(s). Forward a copy of their final disposition of your claim to the Program Administrator.

Trip Cancellation/Interruption: Obtain medical statements from the Physicians in attendance in the country where Sickness or Injury occurred. These statements should give complete diagnosis, stating that the Sickness or Injury prevented traveling on dates contracted. Provide all unused and/or additional transportation tickets, official receipts, etc.

YOUR SATISFACTION IS GUARANTEED

If you're not completely satisfied, simply return your Certificate of Insurance within ten days of your application date, or receipt of this document, whichever is later, and include a letter indicating your desire to cancel. The letter and Certificate of Insurance should be sent to the company named on your reservation confirmation. If you haven't already left on your trip, we'll give you a full refund.

After this ten day period, the payment for this plan is non-refundable.