

CHARTER TRAVEL INSURANCE

IN PARTNERSHIP WITH



CONTACT CHARTER TRAVEL INSURANCE

with any questions regarding coverage,
services or to file a claim:

+1 415 481 0726
charter@redpointresolutions.com

Redpoint Resolutions
1875 South Grant Street, Suite 960
San Mateo, California 94402

SCHEDULE OF BENEFITS

We will provide the coverage described in this policy
and listed below.

BENEFITS		LIMITS	
TRAVEL			
TRIP CANCELLATION	TRIP COST (up to a maximum of \$100,000)		
TRIP INTERRUPTION	Up to 100% of the TRIP COST (up to a maximum of \$100,000)		
SINGLE OCCUPANCY	Up to the Trip Cancellation or Trip Interruption maximum. Refer to Single Occupancy coverage for details		
TRIP DELAY	(Maximum of \$200 per day) to a maximum of \$1,000		
EMERGENCY EVACUATION AND REPATRIATION OF REMAINS	\$50,000 *		
PROPERTY COVERAGES			
BAGGAGE DELAY	\$500		
BAGGAGE / PERSONAL EFFECTS	\$1,000		
ACCIDENT & HEALTH			
ACCIDENT OR SICKNESS MEDICAL EXPENSE	\$10,000 * EMERGENCY DENTAL: \$500		
ACCIDENTAL DEATH AND DISMEMBERMENT	\$10,000		
ACCIDENTAL DEATH AND DISMEMBERMENT – COMMON CARRIER AIR ONLY	\$30,000		

*Trip must be overnight and Destination must be at least 100 miles for Your Primary Residence

**Please read the policy carefully.
This is only a summary of our program.**

Please read the policy carefully to fully understand the coverages, terms, conditions, limits and exclusions. Not all plans or coverages are available in every state. This summary does not replace or change any part of your policy. If there is a conflict between this summary and the policy, the policy will control.

Redpoint Resolutions LLC provides evacuation, travel assistance and non-insurance services.

TRAVEL INSURANCE POLICY

FIFTEEN DAY FREE LOOK

You may cancel insurance under the Policy by giving Us or Our Administrator written notice within 15 days from the Effective Date. If You do this, We will refund Your premium paid provided You have not filed a claim under the Policy.

This Policy is issued in consideration of enrollment and payment of the premium due. This Policy describes all of the travel insurance benefits underwritten by State National Insurance Company, Inc., herein referred to as We, Us, and Our. This Policy is a legal contract between You (herein referred to as You or Your) and Us. It is important that You read Your Policy carefully. Insurance benefits vary from program to program. Please refer to the Confirmation of Benefits. It provides You with specific information about the program You purchased. This policy is issued for a stated term as shown on the confirmation of benefits.

TABLE OF CONTENTS

SECTION I - GENERAL DEFINITIONS
SECTION II - GENERAL PROVISIONS
SECTION III - ELIGIBILITY AND PERIOD OF COVERAGE
SECTION IV - COVERAGES
SECTION V - CLAIMS PROCEDURES AND PAYMENT
SECTION VI - GENERAL LIMITATIONS AND EXCLUSIONS

SECTION I. GENERAL DEFINITIONS

"Accident" means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place, but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

"Accidental Injury" means bodily injury caused by an Accident, directly and independently of all other causes and sustained on or after the Effective Date of this coverage and on or before the Scheduled Return Date. Benefits for Accidental Injury will not be paid for any loss caused by Sickness or other bodily diseases or infirmity.

"Actual Cash Value" means purchase price less depreciation.

"Baggage" means luggage and personal effects and possessions whether owned, borrowed, or rented, and taken by You on the Covered Trip.

"Business Partner" means an individual who: (a) is involved in a legal partnership; and (b) is actively involved in the day to day management of the business.

"Certified Passenger Aircraft" means an aircraft provided by a regularly scheduled airline or charter and operated by a properly certified pilot.

"City" means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas, or airspace.

"Common Carrier" means any regularly scheduled land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

"Complications of Pregnancy" means a condition whose diagnosis is distinct from pregnancy but is adversely affected or caused by pregnancy.

"Covered Medical Expenses" shall mean expenses incurred by You which are:

(a) for Medically Necessary services, supplies, care, or treatment;

(b) due to Sickness or Accidental Injury;
(c) prescribed, performed or ordered by a Physician;
(d) Reasonable and Customary charges;
(e) incurred while insured under the Policy; and
(f) which do not exceed the maximum limits shown in the Schedule of benefits, under each stated benefit.

“Covered Trip” means a trip for which You request insurance coverage and pay the required premium, and:
(a) includes a period of travel away from home to a Destination outside Your City of residence; and
(b) the trip has defined Scheduled Departure and Scheduled Return dates.

“Cruise” means a trip on a cruise ship.

“Default” means a material failure or inability of a tour operator, Cruise line, or airline to provide contracted services due to financial insolvency.

“Destination” means any place where You expect to travel on Your Covered Trip as shown on the travel documents.

“Domestic Partner” means a person, at least 18 years of age, with whom You have been living in a spousal relationship with evidence of cohabitation for at least 6 continuous months prior to the Effective Date of coverage.

“Effective Date” means the date and time Your coverage begins, as outlined in Section III. Eligibility and Period of Coverage of the Policy.

“Family Member” means You or Your Traveling Companion’s: legal or common law spouse or Domestic Partner Family Member also includes Your or Your Domestic Partner’s: caregiver; parent; legal guardian; step-parent; grandparent; parents-in-law; grandchild; natural or adopted child; foster child; ward; step-child; children-in-law; brother; sister; step-brother; step-sister; brother-in-law; sister-in-law; aunt; uncle; niece; or nephew.

“Home Country” means Your declared country of residence or country of passport issuance.

“Hospital” means a facility that:
(a) holds a valid license if it is required by the law;
(b) operates primarily for the care and treatment of sick or injured persons as in-patients;
(c) has a staff of 1 or more Physicians available at all times;
(d) provides 24-hour nursing service and has at least 1 registered professional nurse on duty or call;
(e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the Hospital on a pre-arranged basis; and
(f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged or similar institution.

“Hospitalized” or “Hospitalization” means You have been admitted, on a continuous in-patient basis, to a medical facility due to a medically diagnosed Sickness or Accidental Injury.

“Inaccessible” means You cannot reach Your Destination by the original mode of transportation.

“Inclement Weather” means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

“Insured” means a person who has enrolled for insurance under this Policy. You and Your also mean the Insured.

“Medically Necessary” means that a treatment, service, or supply is: essential for diagnosis, treatment or care of the Accidental Injury or Sickness for which it is prescribed or performed, meets generally accepted standards of medical practice and is ordered

by a Physician and performed under his or her care, supervision or order.

“Natural Disaster” means flood, fire, hurricane, tornado, earthquake, tsunami, volcanic eruption, blizzard or avalanche that is due to natural causes.

“Payments or Deposits” means the cash, check, or credit card amounts actually paid for Your Covered Trip. Certificates; vouchers; frequent traveler rewards, miles or points; discounts and/or credits applied (in part or in full) towards the cost of Your Covered Trip are not Payments or Deposits as defined herein.

“Physician” means a licensed practitioner of medical, surgical or dental services acting within the scope of his or her license and shall include Christian Science Practitioners. The treating Physician may not be You, a Traveling Companion or a Family Member.

“Policy” shall mean this individual Policy document, the Confirmation of Benefits, the Schedule of Benefits, and any endorsements, riders or amendments that will attach during the period of coverage.

“Pre-Existing Condition” means any Accidental Injury, Sickness or condition of You, Your Traveling Companion, or Your Family Member booked to travel with You for which medical advice, diagnosis, care or treatment was recommended or received within the 90-day period ending on the Effective Date. Sicknesses or conditions are not considered pre-existing if the Sickness or condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

“Primary Residence” means Your fixed, permanent and main home for legal and tax purposes.

“Reasonable and Customary / Reasonable and Customary Charges” means an expense which:
(a) is charged for treatment, supplies, or medical services Medically Necessary to treat Your condition;
(b) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and
(c) does not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary charges exceed the actual amount charged.

“Return Destination” means the place to which You expect to return from Your Covered Trip.

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

“Scheduled Return Date” means the date on which You are originally scheduled to return to the point of origin or to a different final Destination or to Your Primary Residence from a Covered Trip.

“Sickness” means an illness or disease which is diagnosed or treated by a Physician on or after the Effective Date of insurance and while You are covered under the Policy.

“Strike” means a stoppage of work (a) announced, organized and sanctioned by a labor union and (b) which interferes with the normal departure and arrival of a Common Carrier. Included in the definition of Strikes are work slowdowns and sickouts.

“Travel Administrator” means Redpoint Resolutions LLC.

“Traveling Companion(s)” means person(s) named and traveling under the same reservation as You, person(s) booked to accompany You on Your Covered Trip, person(s) sharing travel arrangements with You, or a person or persons with whom You

have coordinated travel arrangements and intend to travel with You during the Covered Trip. Note: A group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

“Travel Supplier” means any entity involved in providing travel services or travel arrangements.

“Unforeseen” means not anticipated or expected, and occurring on or after the Effective Date of the Policy.

“Uninhabitable” means:
(a) the building structure itself is unstable and there is a risk of collapse in whole or in part;
(b) there is exterior or structural damage allowing elemental intrusion such as rain, wind, hail or flood;
(c) immediate safety hazards have yet to be cleared such as debris or downed electrical lines;
(d) Your Primary Residence is without electricity, gas, sewer service or water; or
(e) the Destination is Inaccessible.

SECTION II. GENERAL PROVISIONS

The following provisions apply to all coverages:

SUIT AGAINST US: No legal action for a claim can be brought against Us until 60 days after We receive proof of loss. No legal action for a claim can be brought against Us unless there has been full compliance with all the terms of this Policy and no more than 2 years after the time required for giving proof of loss.

MISREPRESENTATION AND FRAUD: Your coverage shall be void if, whether before or after a loss, You have concealed or misrepresented any material fact or circumstance concerning the Policy or the subject thereof, or Your interest therein, or if You commit fraud or material misrepresentations in connection with this insurance coverage.

SUBROGATION: To the extent We pay for a loss suffered by You, We will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help Us to preserve Our rights against those responsible for the loss. This may involve signing any papers and taking any other steps We may reasonably require. If We take over Your rights, You (or Your designated representative if a minor) must sign an appropriate subrogation form supplied by Us. We will not retain any payments until You have been made whole with regard to any claim payable under the Policy.

CONTROLLING LAW: Any part of the Policy that conflicts with the state law where the Policy is issued is changed to meet the minimum requirements of that law.

CANCELLATION

Cancellation by the Insured:

You have the right to cancel the Policy at any time by giving advance notice to Our Administrator or Us (stating when thereafter the cancellation shall be effective). We will refund any unearned premium to You within 10 days of cancellation.

Cancellation by Us:

This is a single pay, single term, non-renewable Policy. We have no unilateral right to cancel this Policy after the Effective Date of

coverage.

SECTION III. ELIGIBILITY AND PERIOD OF COVERAGE

ELIGIBILITY: Each person must enroll for his or her own insurance and pay any premium due. If accepted by Us, each person will become an Insured.

EFFECTIVE DATE AND POLICY TERM: The Effective Date of Your Policy is shown in the Confirmation of Benefits and remains in effect for the stated term shown in the Confirmation of Benefits. When Your coverage for Benefits Begins:
Subject to payment of any premium due:

- (a) For Trip Cancellation: Coverage begins at 12:01 A.M. local time, at Your location on the day after the required premium for such coverage is received by Us or Our Administrator as shown in the Confirmation of Benefits. Coverage ends at the point and time of departure on Your Scheduled Departure Date.
 - (b) For Trip Delay: Coverage is in force while en route to and from the Covered Trip.
 - (c) For all other coverage: Coverage begins at the later of the point and time of Your departure on the Scheduled Departure Date; or Your actual departure for Your Covered Trip.
- In the event the Scheduled Departure Date and/or the Scheduled Return Date are delayed, or the point and time of departure and/or point and time of return are changed because of circumstances over which neither the Travel Supplier nor You have control, Your term of coverage shall be automatically adjusted in accordance with Your or the Travel Supplier's notice to Us of the delay or change.

When Your Coverage Ends:
Coverage is effective for the stated term shown in Your Confirmation of Benefits. In addition, Your coverage will end at 11:59 P.M. local time on the date which is the earliest of the following:
(a) the Scheduled Return Date as stated on the travel tickets;
(b) the date You return to Your origination point if prior to the Scheduled Return Date;
(c) the date You leave or change Your Covered Trip (unless due to Unforeseen and unavoidable circumstances covered by the Policy);
(d) if You extend the return date, coverage will terminate at 11:59 P.M., local time, at Your location on the Scheduled Return Date; or
(e) the date You cancel Your Covered Trip.

EXTENDED COVERAGE:

All coverage under the Policy will be extended, if:
(a) Your entire Covered Trip is covered by the Policy; and
(b) Your return is delayed by covered reasons specified under Trip Cancellation, Trip Interruption or Trip Delay.
If coverage is extended for the above reasons, coverage will end on the earlier of: (a) the date You reach Your return Destination; or (b) 7 days after the date the Covered Trip was scheduled to be completed.

SECTION IV. COVERAGES

TRIP CANCELLATION

We will pay a benefit, up to the maximum shown on the Schedule of Benefits, if You are prevented from taking Your Covered Trip due to any of the Unforeseen Events listed below.

We will pay You the amount of forfeited Payments or Deposits for the Covered Trip up to the limit stated in the Schedule of Benefits when such Covered Trip is cancelled prior to Your Scheduled Departure Date.

SPECIAL CONDITIONS: You must advise the Travel Supplier and Us as soon as possible in the event of a claim. We will not pay benefits for any additional charges incurred that would not have been charged had You notified the Travel Supplier and Us as soon as reasonably possible.

TRIP INTERRUPTION

We will reimburse You, up to the maximum shown on the Schedule of Benefits, if Your Covered Trip is interrupted due to any of the Unforeseen Events listed below.

We will pay for the following:

- (a) Unused, non-refundable travel arrangements prepaid to the Travel Supplier(s).
- (b) Additional transportation expenses incurred by You to the Return Destination or from the place that You left the Covered Trip to the place You may rejoin the Covered Trip.
- (c) Additional transportation expenses incurred by You to reach the original Destination if You are delayed and leave after Your Scheduled Departure Date.

In no event shall the amount We pay exceed the lesser of the amount You prepaid for the Covered Trip or the maximum benefit shown on the Schedule of Benefits.

For Trip Cancellation or Trip Interruption, Unforeseen Events include:

- (a) Accidental Injury, Sickness or death of You, Your Traveling Companion, Your Family Member, or Your Business Partner:
 1. Your Accidental Injury or Sickness, or the Accidental Injury or Sickness of a Traveling Companion or Family Member traveling with You must be so disabling as to reasonably cause a Covered Trip to be canceled or interrupted or which results in medically imposed restrictions as certified by a Physician at the time of loss preventing continued participation in the Covered Trip;
 2. Accidental Injury or Sickness of a Family Member not traveling with You;
 3. Accidental Injury or Sickness of your Business Partner must be so disabling as to reasonably cause You to cancel or interrupt the Covered Trip to assume daily management of the business. Such disability must be certified by a Physician;
- (b) Your Primary Residence is made Uninhabitable or Inaccessible by Natural Disaster;
- (c) You and/or Your Traveling Companion are hijacked, quarantined, required to serve on a jury, or subpoenaed;
- (d) You or Your Traveling Companion are directly involved in a traffic Accident substantiated by a police report, while en route to Your Destination.

SINGLE OCCUPANCY

We will pay You, up to the Trip Cancellation and Trip Interruption maximum limits shown on the Schedule of Benefits, for the additional cost incurred during the Covered Trip as a result of a change in the per person occupancy rate for prepaid travel arrangements if a person booked to share accommodations with You has his or her Covered Trip delayed, canceled, or interrupted

for a covered reason and You do not cancel Your Covered Trip.

TRIP DELAY

We will reimburse You for additional expenses on a one-time basis, up to the maximum shown in the Schedule of Benefits, if Your Covered Trip is delayed for 12 or more hours and You are prevented from reaching Your intended Destination as a result of:

- (a) Common Carrier delay;
 - (b) Strike; or
 - (c) Inclement Weather which prohibits Your departure.
- Additional expenses include any reasonable additional expenses incurred (meals, accommodations, local transportation, and telephone calls) which are not provided by the Common Carrier or any other party free of charge. Incurred expenses must be accompanied by receipts.
We will pay the daily benefit shown in the Schedule of Benefits for up to the maximum number of days shown. This benefit is payable for only one delay per Insured per Covered Trip. If You incur more than one delay in the same Covered Trip, We will reimburse You for the delay with the largest benefit up to the maximum shown in the Schedule of Benefits.

EMERGENCY EVACUATION AND REPATRIATION OF REMAINS

We will pay the benefit shown in the Schedule of Benefits if You incur expenses for the following during a Covered Trip:

- (a) Onsite attending Physician-ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable Hospital, when You have a Sickness or Accidental Injury and no suitable local care is available;
- (b) Non-emergency medical evacuation, including medically appropriate transportation and medical care en route, to the nearest suitable Hospital, when deemed Medically Necessary by the onsite attending Physician;
- (c) 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;
- (d) Transportation not to exceed the cost of one-way economy class air fare to Your Primary Residence, 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);
- (e) One-way economy class air fare (or first class, if Your original tickets were first class) to Your Primary Residence, from a medical facility to which You were previously evacuated or Hospital where You were Hospitalized, less any refunds paid or payable from Your unused transportation tickets.

The Travel Administrator must make all arrangements and authorize all expenses in advance for this benefit to be payable. In the event the Travel Administrator could not be contacted to arrange for Medical Transportation, benefits are limited to the amount We would have paid had the Travel Administrator been contacted.

We will the benefit shown in the Schedule of Benefits to transport Your remains to a morgue, funeral home, or mortuary in Your Home Country, designated by Your estate, if You die while on a Covered Trip. The Travel Administrator must make all arrangements and authorize all expenses in advance for this benefit to be payable. In the event the Travel Administrator could not be

contacted to arrange for transportation of Mortal Remains, benefits are limited to the amount We would have paid had the Travel Administrator been contacted.

The Travel Administrator reserves the right to determine whether Your condition is sufficiently serious to warrant evacuation or transportation, and the means or methods by which such an evacuation or transportation will be provided.

There is a maximum of 2 transports, Medical Transportation and Mortal Remains transportation, in any 12-month period.

BAGGAGE DELAY

We will reimburse You for the expense of replacing necessary personal effects, up to the maximum shown on the Schedule of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than 12 hours, while on a Covered Trip. Necessary personal effects do not include jewelry, perfume, or alcohol. Incurred expenses must be accompanied by receipts. This benefit does not apply if You have reached Your Return Destination.

You must be a ticketed passenger on a Common Carrier. All claims must be verified by the Common Carrier who must certify the delay or misdirection.

BAGGAGE/PERSONAL EFFECTS

We will reimburse You up to the maximum shown on the Schedule of Benefits, for loss, theft or damage to Baggage and personal effects, provided You, Your Traveling Companion or Your Family Member have taken all reasonable measures to protect, save and/or recover the property at all times. The Baggage and personal effects must be owned by and accompany You during the Covered Trip.

There is a per article limit of:

- (a) \$500 for the first item;
- (b) \$250 for each additional item; and
- (c) \$500 aggregate for all losses for the following: jewelry; watches; furs; personal computers; cameras and camera equipment; camcorders; and other electronic items.

Items over \$150 must be accompanied by receipts.

We will pay the lesser of the following:

- (a) Actual Cash Value, as determined by Us, at time of loss, theft or damage to Baggage and Personal Effects; or
- (b) the cost of repair or replacement.

ACCIDENT OR SICKNESS MEDICAL EXPENSE

We will pay Reasonable and Customary Charges up to the limit shown on the Schedule of Benefits, if You incur necessary Covered Medical Expenses as a result of an Accidental Injury or Sickness which occurs during the Covered Trip. You must receive initial treatment for Accidental Injuries or Sickness while on the Covered Trip.

Covered Medical Expenses include but are not limited to:

- (a) the services of a Physician or registered nurse (R.N.);
- (b) Hospital charges;
- (c) x-ray examinations;
- (d) local ambulance service to or from a Hospital;
- (e) artificial limbs, artificial eyes, artificial teeth or other prosthetic devices; and
- (f) emergency dental treatment for the relief of pain. Coverage

for emergency dental treatment does not apply after You have reached Your Return Destination. Treatment must be provided by a Physician or a dentist.

We will not pay benefits in excess of the Reasonable and Customary Charges. We will not cover any expenses incurred by another party at no cost to You or already included within the cost of the Covered Trip.

We will advance payment to a Hospital, up to the maximum shown on the Schedule of Benefits, if needed to secure Your admission to a Hospital because of Accidental Injury or Sickness.

ACCIDENTAL DEATH AND DISMEMBERMENT

We will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Covered Trip, sustain a loss shown in the Table below. The loss must occur within 180 days after the date of the Accident causing the loss, and You are Injured other than while riding as a passenger in, boarding or alighting from, or struck or run down by a Certified Passenger Aircraft. The Principal Sum is shown on the Schedule of Benefits.

If more than one loss is sustained as the result of an Accident, the amount payable shall be the largest amount of a sustained loss shown in the Table of Losses.

TABLE OF LOSSES

Loss of:	Percentage of Principal Sum:
Life	100%
Both Hands Or Both Feet	100%
Sight Of Both Eyes	100%
One Hand And One Foot	100%
Either Hand Or Foot And Sight Of One Eye	100%
Either Hand Or Foot	50%
Sight Of One Eye	50%

“Loss” with regard to:

- (a) hand or foot, means actual complete severance through and above the wrist or ankle joints; or
- (b) eye means an entire and irrecoverable loss of sight; No benefit is payable for loss resulting from or due to stroke, cerebral vascular, or cardiovascular Accident or event; myocardial infarction (heart attack); coronary thrombosis, or aneurysm.

EXPOSURE: We will pay benefits for covered losses which result from You being unavoidably exposed to the elements due to an Injury during the Covered Trip. The loss must occur within 364 days after the event which caused the exposure.

DISAPPEARANCE: We will pay benefits for loss of life if Your body cannot be located one year after Your disappearance due to an Accident during the Covered Trip.

ACCIDENTAL DEATH AND DISMEMBERMENT – COMMON CARRIER AIR ONLY

We will pay benefits for Accidental Injuries resulting in a loss

as described in the Table of Losses below, that occurs while You are riding as a passenger in, boarding or alighting from, or being struck or run down by a Certified Passenger Aircraft. The loss must occur within 180 days after the date of the Accident causing the loss. The Principal Sum is shown on the Schedule of Benefits.

If more than 1 loss is sustained as the result of an Accident, the amount payable shall be the largest amount shown in the Table of Losses.

TABLE OF LOSSES

Loss of:	Percentage of Principal Sum:
Life	100%
Both Hands Or Both Feet	100%
Sight Of Both Eyes	100%
One Hand And One Foot	100%
Either Hand Or Foot And Sight Of One Eye	100%
Either Hand Or Foot	50%
Sight Of One Eye	50%

EXPOSURE: We will pay benefits for covered losses which result from You being unavoidably exposed to the elements due to an Injury during the Covered Trip. The loss must occur within 364 days after the event which caused the exposure.

DISAPPEARANCE: We will pay benefits for loss of life if Your body cannot be located one year after Your disappearance due to an Accident during the Covered Trip.

SECTION V. CLAIMS PROCEDURES AND PAYMENT

All benefits will be paid in United States Dollars. The following provisions will apply to all benefits except Baggage Delay and Baggage/Personal Effects.

PAYMENT OF CLAIMS: We, or Our authorized designee, will pay a claim after receipt of acceptable proof of loss. Claims will be paid within 30 days of receipt of acceptable Proof of Loss, which contains all information necessary for claim adjudication. Benefits for loss of life are payable to Your beneficiary. If a beneficiary is not otherwise designated by You, benefits for loss of life will be paid to the following surviving beneficiaries in the order shown:

- (a) Your spouse;
- (b) Your child or children jointly;
- (c) Your parents jointly if both are living or the surviving parent if only 1 survives;
- (d) Your brothers and sisters jointly; or
- (e) Your estate.

All other claims will be paid to You. All or a portion of all other benefits provided may, at Our option, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, We may make arrangements to pay claims to Your legal guardian, committee or other qualified representative. Any payment made in good faith

will discharge Our liability to the extent of the claim. The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other insurance policies for the same loss.

NOTICE OF CLAIM: Written notice of claim must be given by the claimant (either You or someone acting for You) to Us or our authorized designee within 20 days after a covered loss first begins or as soon as reasonably possible. Notice should include Your name, the Travel Supplier's name and the Policy number. Notice should be sent to Our administrative office, at the address shown on the Schedule of Benefits or to Our authorized designee.

PROOF OF LOSS: The claimant must send Our authorized Administrator or Us proof of loss within 90 days after a covered loss occurs or as soon as reasonably possible.

OTHER INSURANCE WITH US: You may be covered under only 1 travel Policy with Us for each Covered Trip. If You are covered under more than 1 such Policy, You may select the coverage that is to remain in effect. In the event of death, the selection will be made by the beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

The following provisions apply to Baggage Delay and Baggage/Personal Effects.

NOTICE OF LOSS: If Your covered property is lost, stolen or damaged, You must:

- (a) notify Us, or Our Administrator as soon as possible;
- (b) take immediate steps to protect, save and/or recover the covered property;
- (c) give immediate notice to the carrier or bailee who is or may be liable for the loss or damage; and
- (d) notify the police or other authority in the case of robbery or theft within 24 hours.

PROOF OF LOSS: You or Your designated representative must furnish Us or Our authorized Administrator, with proof of loss. This must be a detailed statement. It must be filed with Our authorized Administrator or Us within 90 days from the date of loss. Failure to comply with these conditions shall invalidate any claims under the Policy.

SETTLEMENT OF LOSS: Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to Us and We have determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable proof of loss and the value involved to Us.

DISAGREEMENT OVER SIZE OF LOSS: If there is a disagreement about the amount of the loss either You or We can make a written demand for an appraisal. After the demand, You and We will each select Our own competent appraiser. After examining the facts, each of the 2 appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator)

will be binding. The appraiser selected by You is paid by You. We will pay the appraiser We choose. You will share equally with Us the cost for the arbitrator and the appraisal process.

BENEFIT TO BAILEE: This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

SECTION VI. GENERAL LIMITATIONS AND EXCLUSIONS

We will not provide benefits for any loss caused by or resulting from:

1. Pre-Existing Conditions, as defined in the Definitions section;
2. Pregnancy and childbirth (except for Complications of Pregnancy) except if Hospitalized;
3. Expenses incurred as a result of being under the influence of drugs or intoxicants, unless prescribed by a Physician;
4. Mental or emotional disorders, unless Hospitalized;
5. Participation as a professional athlete;
6. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
7. Services not shown as covered;
8. Care or treatment which is not Medically Necessary;
9. Suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane committed by You;
10. Traveling for the purpose of securing medical treatment;
11. Accidental Injury or Sickness when traveling against the advice of a Physician;
12. War or act of war (whether declared or not);
13. Your participation in civil disorder, riot or insurrection; or
14. Your commission of or attempt to commit a felony.

The following exclusions also apply to Trip Cancellation and Trip Interruption. We will not provide benefits for any loss resulting (in whole or in part) from:

1. travel arrangements canceled by an airline, Cruise line, or tour operator except as provided elsewhere in the plan;
2. changes in plans by You, a Family Member, or Traveling Companion, for any reason;
3. financial circumstances of You, a Family Member, or a Traveling Companion;
4. any government regulation or prohibition;
5. an event which occurs prior to the Your coverage effective date;
6. failure of any tour operator, Common Carrier, person or agency to provide the bargained-for travel arrangements or to refund money due to You; or
7. Default.

The following exclusions also apply to the Baggage Delay and Baggage and Personal Effects benefits. We will not provide benefits for any loss or damage, caused by or resulting in whole or in part from:

1. animals, rodents, insects or vermin;
2. automobiles and automobile equipment, boats or other vehicles or conveyances; trailers, motors, motorcycles, or aircraft;
3. bicycles (except when checked as Baggage with a Common Carrier);
4. eye glasses, sunglasses or contact lenses;
5. artificial teeth and dental bridges; hearing aids; prosthetic limbs;
6. keys, notes, securities, accounts, currency, deeds, food stamps, bills, credit cards, or other evidences of debt, or money,

- stamps, postal or money orders, or tickets;
7. property shipped as freight prior to the Scheduled Departure Date;
8. items seized by any government, government official or customs official;
9. defective materials or craftsmanship;
10. normal wear and tear; or
11. deterioration.

The following exclusions also apply to the Accident or Sickness Medical Expense benefit. We will not provide benefits for the following:

1. routine physical examinations;
2. mental health care;
3. replacement of hearing aids, eye glasses, contact lenses and sunglasses;
4. routine dental care;
5. any service provided by You, Your Family Member or Your Traveling Companion;
6. alcohol or substance abuse or treatment for the same;
7. experimental or investigative treatment procedures;
8. care or treatment which is not Medically Necessary, except for related reconstructive surgery resulting from trauma, infection or disease; or
9. coverage for trips less than 100 miles from Your Primary Residence.

The following exclusion also applies to the Emergency Evacuation benefit:

We will not provide coverage for trips less than 100 miles from Your Primary Residence.

EXCESS INSURANCE LIMITATION: The insurance provided by this Policy for Baggage and Personal Effects and Emergency Evacuation and Repatriation of Remains shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss payable under this Policy there is other valid and collectible insurance or indemnity in place, We shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity.

Contact Charter Travel Insurance with
any questions regarding coverage,
services or to file a claim:

+1 415 481 0726

charter@redpointresolutions.com

CHARTER
TRAVEL INSURANCE