

SCHEDULE

The data entered below is subject to the applicable provisions of the Policy in accordance with the Benefits/Coverages provided.

Policy Number:	23 GLM N19005768
Effective Date:	See Participant ID
Termination Date	See Participant ID
Name of Insured:	See Participant ID
Address:	
City, State and Zip Code:	

INBOUND BENEFIT SCHEDULE

Accidental Death and Dismemberment Benefit

Principal Sum:	\$15,000
Covered Losses:	Accidental Death, Dismemberment, Speech & Hearing, Paralysis

Emergency Medical Evacuation Benefit

Benefit Maximum:	\$250,000
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Emergency Reunion Benefit

Benefit Maximum for Lodging:	\$250 per day for 10 days
Benefit Maximum:	\$10,000

Medical Expense Benefit

Total Maximum for all Medical Expense	\$250,000
Benefits:	
Deductible:	\$100
Co-insurance Rate:	80% to \$2,500; 100% thereafter
Incurral Period:	30 days from the date of covered Injury or commencement of Sickness
Maximum Benefit Period:	26 weeks
Maximum for Pre-existing Conditions:	\$10,000
Maximum for Mental and Nervous Disorders:	
Inpatient Treatment:	\$10,000
Inpatient Maximum:	30 days
Outpatient Treatment:	\$5,000
Outpatient Maximum:	10 visits
Maximum for Dental Injury Only:	\$250 per tooth, up to a maximum of \$500
Maximum for Therapeutic Termination of pregnancy:	\$500
Maximum for Newborn Nursery Care	\$500

Maximum for Chiropractic Services and Therapeutic Services:	\$50 per visit up to \$500 maximum
Maximum Number of Visits:	10
Prescription Drugs	
Inpatient and Outpatient	100% of covered expenses
Repatriation of Remains Benefit	
Benefit Maximum:	\$100,000

Premium Schedule

Premium Due Date: **Amount:**

Mode of Premium Payment: {Lump Sum/ Monthly}

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INBOUND BENEFIT SCHEDULE

Baggage Delay Benefit

Benefit Maximum:	\$500
Deductible:	None

Lost Baggage Benefit

Benefit Maximum:	\$1,000
Deductible:	None

Trip Cancellation and Interruption Benefit

Benefit Maximum:	\$5,000
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Trip Delay Benefit

Benefit Payable:	\$100 per day up to \$500
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CHUBB® ACE American Insurance Company
436 Walnut Street
Philadelphia, PA 19106

Individual Travel Policy

This is a legal contract between ACE American Insurance Company and the Insured. This Policy is made up of the Benefit Schedule, Application and any attached Riders or Endorsements. It is issued in consideration of the payment of the required premium. We will pay benefits according to the terms and conditions of coverage described in this Policy.

THIS POLICY PROVIDES LIMITED BENEFITS FOR TRAVEL RELATED INSURANCE ONLY. THERE IS NO COVERAGE FOR SICKNESS EXCEPT AS SPECIFIED. PLEASE READ THIS POLICY CAREFULLY.

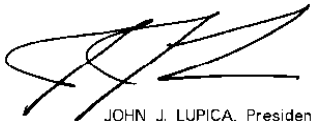
THIS IS A NON-RENEWABLE POLICY.
This Policy is issued for a single term as stated in the Schedule.

TEN DAY RIGHT TO EXAMINE POLICY

The Insured has the right to return this Policy to Us within 10 days of receipt, and to have the premium refunded if, after examination, the Insured is not satisfied with this Policy for any reason.

This Policy is governed by the laws of the state of Washington.

Signed for ACE AMERICAN INSURANCE COMPANY at Philadelphia, Pennsylvania.


JOHN J. LUPICA, President


REBECCA L. COLLINS, Secretary

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DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Benefit Schedule.

“Co-Insurance” means the maximum percentage that We will pay under this Policy for Covered Expenses incurred by an Insured.

“Covered Accident” means an accident that occurs while coverage is in force for an Insured and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable.

“Covered Expenses” means expenses actually incurred by or on behalf of an Insured for treatment, services and supplies covered by this Policy. Coverage under this Policy must remain continuously in force from the date of the Covered Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

“Covered Loss” or “Covered Losses” means an accidental death, dismemberment or other Injury covered under this Policy.

“Deductible” means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Insured on a per Covered Accident or Sickness basis before Medical Expense Benefits and any other Additional Benefits paid on an expense incurred basis, are payable under this Policy.

“Doctor” means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to an Insured that is appropriate for the conditions and locality. It will not include an Insured or a member of the Insured’s Immediate Family Member or household.

“Home Country” means a country from which the Insured holds a passport. If the Insured holds passports from more than one country, his or her Home Country will be that country which the Insured has declared to Us in writing as his or her Home Country.

“Hospital” means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a place solely for drug addicts, alcoholics, or the aged or any separate ward of the Hospital.

“Immediate Family Member” means a person who is related to the Insured in any of following ways: spouse; parent (includes stepparent); child age 18 or older (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

“Inbound Benefit Schedule” means the schedule of benefits available for an Insured traveling from their Home Country to the United States.

“Incurral Period” means, with respect to the Medical Expense Benefit, that period as shown in the *Benefit Schedule* for which Covered Medical Expenses, for or in connection with a single Covered Accident or Sickness, may be incurred and eligible for payment according to Policy terms.

“Injury” means accidental bodily harm sustained by an Insured that results directly and independently from all other causes from a Covered Accident. The Injury must be caused through accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

“Insured” means the person who applies for coverage and pays the required premium.

“Medical Emergency” means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

“Outbound Benefit Schedule” means the schedule of benefits available for an Insured traveling from the United States to another country.

“Medically Necessary” means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; prescribed or ordered by a Doctor or furnished by a Hospital; 2) performed in the least costly setting required by the Insured’s condition; and 3) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.

“Pre-existing Condition” means – an illness, disease or other condition of the Insured, that in the 12-month period before the Insured’s coverage became effective under this Policy:

1. first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.

“Sickness” means an illness, disease or condition of the Insured that causes a loss for which an Insured incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

“Trip” means travel by air, land, or sea from the Insured’s Home Country or place of residence. It includes direct flight connections to join and depart an arranged Trip, provided such flights are scheduled to commence during the Insured’s Term of Coverage.

“Usual and Customary Charge” means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

“We”, “Our”, “Us” means the insurance company underwriting this insurance

EFFECTIVE DATE OF INSURANCE

Insurance becomes effective on the latest of:

1. the Effective Date shown in the Benefit Schedule;
2. the date We receive the completed Application;
3. the date the required premium is paid;
4. the date of the actual scheduled Trip, provided We receive the completed Application and the required premium payment; and
5. the date and time the Insured starts his or her Trip.

TERMINATION DATE OF INSURANCE

Insurance will end on the earliest of:

1. the Termination Date shown in the Benefit Schedule;
2. the date the period ends for which premium is paid;
3. the date the Insured returns to his or her Home Country or country of permanent residence (unless the Home Country Benefit is purchased);
4. the date the Trip is completed.

Termination of this Policy will not affect a claim for loss which occurs while this Policy is in effect.

EXTENSION OF BENEFITS

We will extend benefits under this Policy for 30 days after an Insured's coverage would otherwise end, if on that date he or she is:

1. Hospital confined for an Injury covered by this Policy; and
2. under a Doctor's care.

Any benefits payable under this provision will not exceed the benefit maximums shown in the Benefit Schedule.

PREMIUM PROVISIONS

Payment of Premium: The first Premium is due on the Policy Effective Date. If any premium is not paid when due, the Policy will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

Grace Period: After the first Premium is paid, We will allow a Grace Period of 31 days for the payment of each subsequent Premium amount due. During the Grace Period this Policy will stay in force.

Unpaid Premium: Upon the payment of a claim under this Policy, any Premium due and unpaid will be deducted from such benefit payment.

Non-Waiver Of Premium: Any Premium due under this Policy shall not be waived due to the payment of benefits or making of a claim under this Policy.

DESCRIPTION OF BENEFITS

The following Provisions explain the benefits available under this Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

We will pay benefits if an Insured is injured in a Covered Accident and suffers one of the losses shown below within 365 days of a Covered Accident. If multiple losses occur, only one benefit amount, the largest, will be paid for all losses due to the same Covered Accident.

COVERED LOSS

BENEFIT AMOUNT

Life	100% of the Principal Sum
Two or more Members.....	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
One Member.....	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Paraplegia	50% of the Principal Sum
Thumb and Index Finger of the Same Hand.....	25% of the Principal Sum
Uniplegia	25% of the Principal Sum

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Uniplegia” means total Paralysis of one lower limb or one upper limb. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing.

“Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint.

“Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

Exposure and Disappearance: Coverage includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle the Insured was traveling.

An Insured is presumed dead, if

1. he or she is in a vehicle that disappears, sinks or is stranded or wrecked on a covered Trip; and
2. the body is not found within one year of the Covered Accident.

EMERGENCY MEDICAL EVACUATION BENEFIT

We will pay Emergency Medical Evacuation Benefits as shown in the Benefit Schedule for expenses incurred for the medical evacuation of an Insured. Benefits are payable, if the Insured:

1. is traveling outside of his or her Home Country;
2. is traveling outside of 100 miles away from home;
3. suffers a Medical Emergency during the course of the Trip; and
4. requires Emergency Medical Evacuation.

Benefits will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Insured's Medical Emergency requires an Emergency Medical Evacuation;
2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. the charges incurred are Medically Necessary and do not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. do not include charges that would not have been made if there were no insurance.

"Emergency Medical Evacuation" means the Insured's: 1) immediate transportation from the place where he/she suffer an Injury or Emergency Sickness to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; or 2) transportation to his/her Home Country to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury or an Emergency Sickness.

"Emergency Sickness" means: a sickness of such a nature that failure to get immediate medical care could put the person's life in danger or cause serious harm to the person's bodily functions.

An Emergency Medical Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such transportation.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance.

EMERGENCY REUNION BENEFIT

We will pay expenses incurred to have one of the Insured's Immediate Family Member accompany him or her to Insured's Home Country or Hospital where the Insured is confined, if:

1. the Emergency Medical Evacuation Benefit is payable under the Policy; and
2. Insured is alone outside of his or her Home Country; and
3. the place of confinement is away from the Insured's Home Country.

In addition, We will pay the reasonable expenses incurred for lodging and meals of the Insured's Immediate Family Member for a period not to exceed 10 days.

This benefit will not exceed the lesser of:

1. the cost of a one round-trip economy airfare ticket and other local travel related expenses; or
2. the reasonable expenses incurred for lodging and meals of the Insured's Immediate Family Member for a period of 10 days.
3. the Reunion Benefit Maximum shown in the Benefit Schedule.

We must authorize all expenses in advance for any Reunion Benefits to be payable.

MEDICAL EXPENSE BENEFIT

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to the Deductibles, Coinsurance Rates, Benefit Maximums and other terms or limits shown in the Benefit Schedule.

Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible has been met;
2. for those Medically Necessary Covered Expenses that the Insured receives; and

3. for which the initial treatment for the covered Injury or Sickness was received within the Maximum Benefit Period shown in the *Benefit Schedule*.

No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

Covered Medical Expenses

1. Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room)
2. Services of a Doctor or a registered nurse (R.N.)
3. Ambulance service to or from a Hospital
4. Laboratory tests
5. Radiological procedures
6. Anesthetics and their administration
7. Blood, blood products, artificial blood products, and the transfusion thereof
8. Physiotherapy
9. Chiropractic expenses on an inpatient or outpatient basis
10. Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription
11. Dental charges for Injury to sound, natural teeth
12. Emergency medical treatment of pregnancy
13. Therapeutic termination of pregnancy
14. Artificial limbs or eyes (not including replacement of these items)
15. Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
16. Oxygen or rental equipment for administration of oxygen
17. Rental of a wheelchair or hospital-type bed
18. Rental of mechanical equipment for treatment of respiratory paralysis
19. Mental and Nervous Disorders: limited to one treatment per day. "Mental and Nervous Disorders" means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind
20. Pregnancy and childbirth
21. Newborn Nursery Care

REPATRIATION OF REMAINS BENEFIT

We will pay Repatriation of Remains Benefits as shown in the Benefit Schedule for preparation and return of an Insured's body to his or her Home Country if he or she dies due to an Injury or Sickness. Covered Expenses include, but are not limited to:

1. expenses for embalming or cremation;
2. the least costly coffin or receptacle adequate for transporting the remains;
3. transporting the remains by the most direct and least costly conveyance and route possible.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance.

EXCLUSIONS

General Exclusions. We will not pay benefits for any loss or Injury due to:

1. riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
2. travel in any aircraft owned, leased or controlled by the Insured, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Insured, if the aircraft may be used as the Insured wishes for more than 10 straight days, or more than 15 days in any year.
3. the Insured's commission of or active participation in a riot or insurrection.
4. an accident if the Insured is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license.
5. intentionally self-inflicted injury; suicide or attempted suicide.
6. war or any act of war, whether declared or not.
7. a Covered Accident that occurs while an Insured is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
8. piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
9. commission of, or attempt to commit, a felony.

Accidental Death and Dismemberment Exclusion. In addition to the exclusions above, We will not pay Accidental Death and Dismemberment benefits for any loss, treatment or services due to:

1. Sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to accident benefits only).

Medical Expense Benefit Exclusions. In addition to the exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services due to:

1. routine physicals and care of any kind.
2. routine dental care and treatment.
3. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
4. eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
5. services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
6. treatment or service provided by a private duty nurse.
7. treatment by any Immediate Family Member or member of the Insured's household.
8. expenses incurred during travel for purposes of seeking medical care or treatment.
9. medical expenses for which the Insured would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, the Insured is eligible for reimbursement.
10. any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
11. custodial care.
12. services or expenses incurred in the Insured's Home Country.
13. elective treatment, exams or surgery; elective termination of pregnancy.
14. expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
15. expenses payable by any automobile insurance policy without regard to fault.
16. organ or tissue transplants and related services.
17. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.
18. Pre-Existing Conditions, when the option to cover Pre-Existing Conditions is not selected.

19. Injury sustained while participating in club, intramural, intercollegiate, interscholastic, professional or semi-professional sports.
20. Injury caused by or resulting from travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle, or a motor vehicle not designed primarily for use on public streets or highways.
21. Injury resulting from off-road motorcycling; scuba diving; jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky diving; amateur automobile racing; automobile racing or automobile speed contests; bungee jumping; spelunking; white water rafting; surfing; or parasailing.
22. sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatment of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

CLAIM PROVISIONS

Notice Of Claim: A claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by this Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Insured and the Policy Number.

Claim Forms: Upon receiving written notice of claim, We will send claim forms to the claimant within 15 days. If We do not furnish such claim forms, the claimant will satisfy the requirements of written proof of loss by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the occurrence, extent and nature of the loss.

Proof Of Loss: Written (or authorized electronic or telephonic) proof of loss must be sent to the producer authorized to receive it. Written (or authorized electronic or telephonic) proof must be given within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted if it is sent later than one year from the time proof is otherwise required.

Claimant Cooperation Provision: Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Time Payment Of Claims: Any benefits due will be paid when We receive written (or authorized electronic or telephonic) proof of loss.

Payment Of Claims: If the Insured dies, any death benefits or other benefits unpaid at the time of the Insured's death will be paid to the beneficiary. If no beneficiary is on record with Us or Our authorized producer, payment will be made to the first surviving class of the following to the Insured's:

1. spouse;
2. children, in equal shares (If a child is a minor, benefits will be paid to the legal guardian);
3. mother or father;
4. estate.

All other benefits due and not assigned will be paid to the Insured, if living.

Otherwise, the benefits may, at our option, be paid:

1. according to the beneficiary designation; or
2. to the Insured's estate.

If a benefit due is payable to:

1. the Insured's estate; or
2. the Insured or a beneficiary who is either a minor or is not competent to give a valid release for the payment,

We may pay any amount due to some other person. The other person will be one who we believe is entitled to the payment and who is related to the Insured or the beneficiary by blood or marriage. We will be relieved of further responsibility to the extent of any payment made in good faith.

We may pay benefits directly to any Hospital or person rendering covered services, unless the Insured requests otherwise in writing. The Insured must make the request no later than the time he or she files a written proof of loss.

Beneficiary: The Insured may designate a beneficiary. The Insured has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured is a minor, his or her parent or guardian may exercise this right for him or her. The change will be effective when We or Our authorized producer receive it. When received, the effective date is the date the notice was signed.

We are not liable for any payments made before the change was received. We cannot attest to the validity of a change.

Assignment: At the request of the Insured or his or her parent or guardian, if the Insured is a minor, medical benefits may be paid to the provider of service. Any payment made in good faith will end our liability to the extent of the payment.

Physical Examinations And Autopsy: We have the right to have a Doctor of Our choice examine the Insured as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.

Legal Actions: No lawsuit or action in equity can be brought to recover on this Policy: (1) before 60 days following the date proof of loss was given to Us; or (2) after 3 years following the date proof of loss is required.

Recovery of Overpayment: If benefits are overpaid, or paid in error, We have the right to recover the amount overpaid, or paid in error, by any or all of the following methods.

1. A request for lump sum payment of the amount overpaid, or paid in error.
2. Reduction of any proceeds payable under this Policy by the amount overpaid, or paid in error.
3. Taking any other action available to Us.

Subrogation: We may recover any benefits paid under this Policy to the extent an Insured is paid for the same Injury or Sickness by a third party, another insurer, or the Insured's uninsured motorists insurance. We may only be reimbursed to the amount of the Insured's recovery. A refund from any recovery will only be made to Us from the amount of the recovery that exceeds the amount necessary for the Insured to be Made Whole. "Made whole" means that the Insured has been fully compensated for all damages, including any award for loss of employment and pain and suffering. Further, We have the right to offset future benefits payable to the Insured under this Policy against such recovery.

We may file a lien in an Insured's action against the third party and have a lien on any recovery that the Insured receives whether by settlement, judgment, or otherwise, and regardless of how such funds are designated. We shall have a right to recovery of the full amount of benefits paid under this Policy for the Injury or Sickness, and that amount shall be deducted first from any recovery made by the Insured. We will not be responsible for the Insured's attorney's fees or other costs.

Upon request the Insured must complete the required forms and return them to Us or Our authorized producer. The Insured must cooperate fully with Us or Our representative in asserting its right to recover. The Insured will be personally liable for reimbursement to Us to the extent of any recovery obtained by the Insured from any third party. If it is necessary for Us to institute legal action against the Insured for failure to repay Us, the Insured will be personally liable for all costs of collection, including reasonable attorneys' fees.

GENERAL PROVISIONS

Entire Contract; Changes: This Policy (including the Application and any Riders or Endorsements), are the entire contract. Only Our authorized officer can authorize a change or waive any provisions in this Policy. To be valid, any change or waiver must be in writing (or authorized electronic or telephonic communications). The approval must be noted on or attached to this Policy. No producer has the authority to change or to waive any part of this Policy.

Misstatement of Age or Sex: If the age or sex of the Insured has been misstated, all amounts payable under this Policy shall be as such as the premium paid would have purchased at the correct age or sex.

Time Limit on Certain Defenses: After 364 days from the date of issue of this Policy no misstatements, except fraudulent misstatements, made by the applicant in the application for this Policy,

shall be used to void the Policy or to deny a claim for loss incurred or disability commencing after the expiration of such time period.

Fraudulent Claims: The making by the Insured of any fraudulent claims shall render this Policy null and void from the Effective Date and all claims under this Policy shall be forfeited.

Clerical Error: If a clerical error is made it will not affect the insurance of any Insured. No error will continue the insurance of an Insured beyond the date it should end under this Policy terms.

Payment of Premium: Coverage is not effective unless the required premium has been paid.

Conformity With State Laws: On the effective date of this Policy, any provision that is in conflict with the laws in the state where the Insured resides is amended to conform to the minimum requirements of such laws.

Not In Lieu Of Workers' Compensation: This Policy is not a Workers' Compensation policy. It does not provide Workers' Compensation benefits.

Chubb. Insured.SM

CHUBB®

ACE American Insurance Company
436 Walnut Street
Philadelphia, PA 19106

Individual Travel Policy

This is a legal contract between ACE American Insurance Company and the Insured. This Policy is made up of the Benefit Schedule, Application and any attached Riders or Endorsements. It is issued in consideration of the payment of the required premium. We will pay benefits according to the terms and conditions of coverage described in this Policy.

THIS POLICY PROVIDES LIMITED BENEFITS FOR TRAVEL RELATED INSURANCE ONLY. THERE IS NO COVERAGE FOR SICKNESS EXCEPT AS SPECIFIED. PLEASE READ THIS POLICY CAREFULLY.

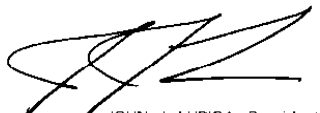
THIS IS A NON-RENEWABLE POLICY.
This Policy is issued for a single term as stated in the Schedule.

TEN DAY RIGHT TO EXAMINE POLICY

The Insured has the right to return this Policy to Us within 10 days of receipt, and to have the premium refunded if, after examination, the Insured is not satisfied with this Policy for any reason.

This Policy is governed by the laws of the state of Washington.

Signed for ACE AMERICAN INSURANCE COMPANY at Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



REBECCA L. COLLINS, Secretary

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DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Benefit Schedule.

“Covered Accident” means an accident that occurs while coverage is in force for an Insured and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable.

“Doctor” means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to an Insured that is appropriate for the conditions and locality. It will not include an Insured or a member of the Insured’s Immediate Family Member or household.

“Home Country” means a country from which the Insured holds a passport. If the Insured holds passports from more than one country, his or her Home Country will be that country which the Insured has declared to Us in writing as his or her Home Country.

“Hospital” means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a place solely for drug addicts, alcoholics, or the aged or any separate ward of the Hospital.

“Immediate Family Member” means a person who is related to the Insured in any of following ways: spouse; parent (includes stepparent); child age 18 or older (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

“Injury” means accidental bodily harm sustained by an Insured that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

“Insured” means the person who applies for coverage and pays the required premium.

“Sickness” means an illness, disease or condition of the Insured that causes a loss for which an Insured incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

“Trip” means travel by air, land, or sea from the Insured’s Home Country or place of residence. It includes direct flight connections to join and depart an arranged Trip, provided such flights are scheduled to commence during the Insured’s Term of Coverage.

“We”, “Our”, “Us” means the insurance company underwriting this insurance

EFFECTIVE DATE OF INSURANCE

Insurance becomes effective on the latest of:

1. the Effective Date shown in the Benefit Schedule;
2. the date We receive the completed Application;
3. the date the required premium is paid;
4. the date of the actual scheduled Trip, provided We receive the completed Application and the required premium payment; and
5. the date and time the Insured starts his or her Trip.

TERMINATION DATE OF INSURANCE

Insurance will end on the earliest of:

1. the Termination Date shown in the Benefit Schedule;
2. the date the period ends for which premium is paid;
3. the date the Insured returns to his or her Home Country or country of permanent residence (unless the Home Country Benefit is purchased);
4. the date the Trip is completed.

Termination of this Policy will not affect a claim for loss which occurs while this Policy is in effect.

EXTENSION OF BENEFITS

We will extend benefits under this Policy for 30 days after an Insured's coverage would otherwise end, if on that date he or she is:

1. Hospital confined for an Injury covered by this Policy; and
2. under a Doctor's care.

Any benefits payable under this provision will not exceed the benefit maximums shown in the Benefit Schedule.

PREMIUM PROVISIONS

Payment of Premium: The first Premium is due on the Policy Effective Date. If any premium is not paid when due, the Policy will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

If Premium is paid Monthly, the following provision applies: Grace Period: After the first Premium is paid, We will allow a Grace Period of 31 days for the payment of each subsequent Premium amount due. During the Grace Period this Policy will stay in force.

Unpaid Premium: Upon the payment of a claim under this Policy, any Premium due and unpaid will be deducted from such benefit payment.

Non-Waiver Of Premium: Any Premium due under this Policy shall not be waived due to the payment of benefits or making of a claim under this Policy.

DESCRIPTION OF BENEFITS

The following Provisions explain the benefits available under this Policy.

BAGGAGE DELAY BENEFIT

We will pay incurred expenses for the cost of reasonable, additional clothing and personal articles purchased by the Insured during the Trip, up to the Maximum Limit shown on the *Benefit Schedule* if the Insured's baggage is delayed more than 24 hours. Incurred expenses must be accompanied by receipts.

This does not apply if baggage is delayed after the Insured has reached his or her Return Destination. We will also pay the reasonable cost to return the Insured's baggage to his or her Home, up to the Insured's limit of coverage.

If the Insured's baggage is delayed for more than 24 hours after his or her arrival at his or her Destination, the Insured will receive a voucher for the equivalent of \$100 for the cost of necessary personal effects.

Payment of Loss: The Insured must provide documentation of the delay or misdirection of baggage by the common carrier and receipts for the emergency purchases.

Limitation: This benefit is limited to \$100 per day/per Insured up to the Maximum Limit shown in the *Benefit Schedule*.

LOST BAGGAGE BENEFIT

We will reimburse the Insured's costs of clothes and personal hygiene items, up to the Benefit Maximum shown in the Benefit Schedule, if the Insured's baggage is checked onto a common carrier, and is then lost, stolen or damaged beyond his or her use. Such costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. The Insured must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid the Insured its normal reimbursement for the lost, stolen or damaged baggage.

TRIP CANCELLATION AND INTERRUPTION BENEFIT

We will reimburse the Insured for the amount of non-refundable money he or she paid for his or her Trip, up to the Benefit Maximum shown in the Benefit Schedule, if the Insured is prevented from taking his or her Trip or his or her Trip is interrupted as the result of Injury, Sickness or death that occurs prior to the Trip, or during the Trip to either the Insured or a Family Member.

"Family Member" means an Insured's parent, sister, brother, husband, wife, or children, or grandparent.

TRIP DELAY BENEFIT

We will pay this benefit up to the Maximum Number of Occurrences shown in the Benefit Schedule, if the Insured's Trip is delayed for more than 12 hours for reasonable, additional accommodations and traveling expenses until travel becomes possible. Travel Delay must be caused by one of these reasons:

1. Injury, Sickness or death to either the Insured, Family Member or Travel Companion that occurs during the Trip;
2. carrier delay;
3. lost or stolen passport, travel documents or money;
4. Quarantine;

5. Natural Disaster;
6. the Insured being delayed by a traffic accident while en route to a departure;
7. hijacking;
8. unpublished or unannounced strike;
9. civil disorder or commotion;
10. riot;
11. inclement weather which prohibits common carrier departure;
12. a common carrier strike or other job action;
13. equipment failure of a common carrier; or
14. the loss of the Insured's and/or Travel Companion's travel documents, tickets or money due to theft.

“Natural Disaster” means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that (a) is due to natural causes; and (b) results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government of the Host Country and the area is deemed to be uninhabitable or dangerous. “Host Country” means any country in which an Insured is traveling while covered under the Policy.

“Quarantine” means the Insured is forced into medical isolation by a recognized government authority, their authorized deputies, or medical examiners due to the Insured either having, or being suspected of having, a contagious disease, infection or contamination while the Insured is traveling outside of their Home Country.

“Travel Companion” means a person traveling with the Insured who shares the Insured's accommodations.

The Insured's Duties in the Event of Loss: The Insured must provide Us with proof of the Travel Delay such as a letter from the airline, cruise line, or Tour operator/ newspaper clipping/ weather report/ police report or the like and proof of the expenses claimed as a result of Trip Delay.

EXCLUSIONS

We will not pay benefits for any loss due to:

1. riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
2. travel in any aircraft owned, leased or controlled by the Insured, or any of its subsidiaries or affiliates. An aircraft will be deemed to be “controlled” by the Insured, if the aircraft may be used as the Insured wishes for more than 10 straight days, or more than 15 days in any year.
3. The Insured's commission of or active participation in a riot or insurrection.
4. intentionally self-inflicted injury; suicide or attempted suicide.
5. war or any act of war, whether declared or not.
6. a loss that occurs while an Insured is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
7. piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
8. The Insured's commission of, or attempt to commit, a felony.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

CLAIM PROVISIONS

Notice Of Claim: A claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by this Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Insured and the Policy Number.

Claim Forms: Upon receiving written notice of claim, We will send claim forms to the claimant within 15 days. If We do not furnish such claim forms, the claimant will satisfy the requirements of written proof of loss by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the occurrence, extent and nature of the loss.

Proof Of Loss: Written (or authorized electronic or telephonic) proof of loss must be sent to the producer authorized to receive it. Written (or authorized electronic or telephonic) proof must be given within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted if it is sent later than one year from the time proof is otherwise required.

Claimant Cooperation Provision: Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Time Payment Of Claims: Any benefits due will be paid when We receive written (or authorized electronic or telephonic) proof of loss.

Payment Of Claims: If the Insured dies, any death benefits or other benefits unpaid at the time of the Insured's death will be paid to the beneficiary. If no beneficiary is on record with Us or Our authorized producer, payment will be made to the first surviving class of the following to the Insured's:

1. spouse;
2. children, in equal shares (If a child is a minor, benefits will be paid to the legal guardian);
3. mother or father;
4. estate.

All other benefits due and not assigned will be paid to the Insured, if living.

Otherwise, the benefits may, at our option, be paid:

1. according to the beneficiary designation; or
2. to the Insured's estate.

If a benefit due is payable to:

1. the Insured's estate; or
2. the Insured or a beneficiary who is either a minor or is not competent to give a valid release for the payment,

We may pay any amount due to some other person. The other person will be one who we believe is entitled to the payment and who is related to the Insured or the beneficiary by blood or marriage. We will be relieved of further responsibility to the extent of any payment made in good faith.

We may pay benefits directly to any Hospital or person rendering covered services, unless the Insured requests otherwise in writing. The Insured must make the request no later than the time he or she files a written proof of loss.

Beneficiary: The Insured may designate a beneficiary. The Insured has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured is a minor, his or her parent or guardian may exercise this right for him or her. The change will be effective when We or Our authorized producer receive it. When received, the effective date is the date the notice was signed.

We are not liable for any payments made before the change was received. We cannot attest to the validity of a change.

Assignment: At the request of the Insured or his or her parent or guardian, if the Insured is a minor, medical benefits may be paid to the provider of service. Any payment made in good faith will end our liability to the extent of the payment.

Physical Examinations And Autopsy: We have the right to have a Doctor of Our choice examine the Insured as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.

Legal Actions: No lawsuit or action in equity can be brought to recover on this Policy: (1) before 60 days following the date proof of loss was given to Us; or (2) after 3 years following the date when the cause of action accrues.

Recovery of Overpayment: If benefits are overpaid, or paid in error, We have the right to recover the amount overpaid, or paid in error, by any or all of the following methods.

1. A request for lump sum payment of the amount overpaid, or paid in error.
2. Reduction of any proceeds payable under this Policy by the amount overpaid, or paid in error.
3. Taking any other action available to Us.

Subrogation: We may recover any benefits paid under this Policy to the extent an Insured is paid for the same Injury or Sickness by a third party, another insurer, or the Insured's uninsured motorists insurance. We may only be reimbursed to the amount of the Insured's recovery and the Insured is entitled to complete reimbursement before We attempt recovery. Further, We have the right to offset future benefits payable to the Insured under this Policy against such recovery.

We may file a lien in an Insured's action against the third party and have a lien on any recovery that the Insured receives whether by settlement, judgment, or otherwise, and regardless of how such funds are designated. We shall have a right to recovery of the full amount of benefits paid under this Policy for the Injury or Sickness, and that amount shall be deducted first from any recovery made by the Insured. We will not be responsible for the Insured's attorney's fees or other costs.

Upon request the Insured must complete the required forms and return them to Us or Our authorized producer. The Insured must cooperate fully with Us or Our representative in asserting its right to recover. The Insured will be personally liable for reimbursement to Us to the extent of any recovery obtained by the Insured from any third party. If it is necessary for Us to institute legal action against the Insured for failure to repay Us, the Insured will be personally liable for all costs of collection, including reasonable attorneys' fees.

GENERAL PROVISIONS

Entire Contract; Changes: This Policy (including the Application and any Riders or Endorsements), are the entire contract. Only Our authorized officer can authorize a change or waive any provisions in this Policy. To be valid, any change or waiver must be in writing (or authorized electronic or telephonic communications). The approval must be noted on or attached to this Policy. No producer has the authority to change or to waive any part of this Policy.

Misstatement of Age or Sex: If the age or sex of the Insured has been misstated, all amounts payable under this Policy shall be as such as the premium paid would have purchased at the correct age or sex.

Representations in Applications: No oral or written misrepresentation or warranty made in the negotiation of an insurance contract, by the Insured or on his/her behalf, shall be deemed material or defeat or avoid the contract or prevent it attaching, unless the misrepresentation is made with the intent to deceive.

Fraudulent Claims: The making by the Insured of any fraudulent claims shall render this Policy null and void from the Effective Date and all claims under this Policy shall be forfeited.

Clerical Error: If a clerical error is made it will not affect the insurance of any Insured. No error will continue the insurance of an Insured beyond the date it should end under this Policy terms.

Payment of Premium: Coverage is not effective unless the required premium has been paid.

Conformity With State Laws: On the effective date of this Policy, any provision that is in conflict with the laws in the state where the Insured resides is amended to conform to the minimum requirements of such laws.

Not In Lieu Of Workers' Compensation: This Policy is not a Workers' Compensation policy. It does not provide Workers' Compensation benefits.

Chubb. Insured.SM

Security Evacuation Benefit Rider

This Rider is made a part of the Policy to which it is attached as of the Effective Date shown above. It applies only to Occurrences that occur on or after that date. It is subject to all of the terms, limitations and conditions of the Policy except as they are changed by it.

Schedule of Benefits

Security Evacuation Benefit

Benefit Maximum: \$100,000

Security Evacuation Benefit

If, as a result of an Occurrence that takes place during an Insured's Trip and while traveling outside his or her Home Country, an Insured requires a Security Evacuation, We will pay a benefit to Transport the Insured to the Nearest Place of Safety. The determination that an Insured requires a Security Evacuation must be made by a Designated Security Consultant and all arrangements must be made by Our assistance provider.

Security Evacuation benefits are payable only once per Occurrence during the Insured's Trip.

Benefits will also be payable for Transportation and Related Costs within 5 days of the Security Evacuation to one of these locations:

- (a) back to the Host Country if return is safe and permitted; or
- (b) to the Insured's Home Country; or
- (c) to the Insured's return destination or point of origin for the Trip.

This benefit is subject to the overall Benefit Maximum shown in the Schedule.

Benefits will be payable for consulting services by Designated Security Consultant for seeking information on Missing Person or kidnapping cases if the Insured is deemed kidnapped or a Missing Person by local or international authorities. This benefit is subject to the overall Maximum Limit shown in the Schedule.

Our assistance provider must make all arrangements and must authorize all expenses in advance of any benefits being payable. Our assistance provider is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical because of hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Insured until a Security Evacuation becomes viable.

Right of Recovery

If, after a Security Evacuation is completed, it becomes clear that the Insured was an active participant in the events that led to the Occurrence, the Company has the right to recover all Transportation and Related Costs from the Insured Person.

Excess Provision

Benefits payable for the eligible expenses under this Benefit will be limited to that part of the eligible expense, if any, which is in excess of the total benefits payable for the same Security Evacuation under any other valid and collectible insurance or other indemnity. If the other valid and collectible insurance or indemnity provides benefits on an excess coverage basis, benefits will be paid first by the Company or services plan whose coverage has been in effect for the longer period of time at the date of the Security Evacuation.

For purposes of this Benefit, an Insured's entitlement to other valid and collectible insurance or indemnity will be determined as if this Benefit did not exist and will not depend on whether timely

application for benefits from other valid and collectible insurance or indemnity is made by or on behalf of the Insured.

Benefits will be reduced to the extent that benefits for expenses are covered by any other valid and collectible insurance or indemnity whether or not a claim is made for such benefits.

Definitions

“Advisory”, as used in this Rider, means a formal travel advisory or recommendation by the Appropriate Authorities or the United States Government recommending that the Insured or citizens of his or her Home Country or citizens of the Host Country leave the Host Country.

“Appropriate Authority(ies)”, as used in this Rider, means the government authority(ies) in the Insured’s Home Country or the government authority(ies) of the Host Country.

“Designated Security Consultant”, as used in this Rider, means an employee of a security firm under contract with Us or Our assistance provider who is experienced in security and measures necessary to ensure the safety of the Insured(s) in his or her care.

“Excluded Country”, as used in this Rider, means the following countries from which Security Evacuations are not available under this Benefit: Afghanistan, Iraq, Libya, Somalia, Syria or any country subject to the administration and enforcement of U.S. economic embargoes and trade sanctions by the Office of Foreign Assets Control (OFAC).

“Host Country”, as used in this Rider, means any country, other than an Excluded Country, in which an Insured is traveling while covered under the Policy.

“Imminent Physical Danger”, as used in this Rider, means the Insured is subject to possible physical injury or sickness that could result in grave physical harm or death.

“Missing Person”, as used in this Rider, means an Insured who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority (ies).

“Natural Disaster”, as used in this Rider, means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that:

- (a) is due to natural causes; and
- (b) results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government of the Host Country and the area is deemed to be Uninhabitable or dangerous.

“Nearest Place of Safety”, as used in this Rider, means a location determined by the Designated Security Consultant where:

- (a) the Insured can be presumed safe from the Occurrence that precipitated the Insured’s Security Evacuation; and
- (b) the Insured has access to transportation to his or her Home Country; and
- (c) the Insured has the availability of temporary lodging, if needed.

“Occurrence”, as used in this Rider, means any of the following situations in which an Insured finds himself or herself while covered by the Policy:

- (a) expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;
- (b) political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Insured’s Home Country or citizens of the Host Country should leave the Host Country;
- (c) Natural Disaster within 7 days of an event;
- (d) Verified Physical Attack or a Verified Threat of Physical Attack from a third party;
- (e) the Insured had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within 7 days of his or her being found.

“Related Costs”, as used in this Rider, means food, lodging and, if necessary, physical protection for the Insured during the Transport to the Nearest Place of Safety.

“Security Evacuation”, as used in this Rider, means the extrication of an Insured from the Host Country due to an Occurrence which results in the Insured being placed in Imminent Physical Danger.

“Transport/Transportation”, as used in this Rider, means the most efficient and available method of conveyance. In all cases, where practical, economy fare will be utilized. If possible, the Insured’s Common Carrier tickets will be used.

“Verified Physical Attack”, as used in this Rider, means deliberate physical harm of the Insured confirmed by documentation or physical evidence.

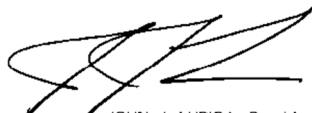
“Verified Threat of Physical Attack”, as used in this Rider, means a threat against the Insured’s health and safety as confirmed by documentation or physical evidence.

Exclusions

No benefits are payable under this Benefit for charges, fees or expenses:

- (a) payable under any other provision of the Policy;
- (b) that are recoverable through the Insured’s employer;
- (c) arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by an Insured, acting alone or in collusion with others;
- (d) arising from or attributable to an alleged:
 - (1) violation of the laws of the Host Country by an Insured; or
 - (2) violation of the laws of the Insured’s Home Country;
unless the Designated Security Consultant determines that such allegations were intentionally false, fraudulent and malicious and made solely to achieve a political, propaganda and/or coercive effect upon or at the expense of the Insured;
- (e) due to the Insured’s failure to maintain and possess duly authorized and issued required travel documents and visas;
- (f) arising from an Occurrence which took place in an Excluded Country;
- (g) for repatriation of remains expenses;
- (h) for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization;
- (i) for medical services;
- (j) for monies payable in the form of a ransom if a Missing Person case evolves into a kidnapping;
- (k) for consulting services seeking information on Missing Person or kidnapping cases;
- (l) arising from or attributable, in whole or in part, to a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause; or
- (m) arising from or attributable, in whole or in part to non-compliance by the Insured with regard to any obligation specified in a contract or license;
- (n) due to military or political issues if the Insured’s Security Evacuation request is made more than 60 days after the Appropriate Authority Advisory was issued.

Signed for ACE AMERICAN INSURANCE COMPANY at Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



REBECCA L. COLLINS, Secretary