



# **Personal Liability Insurance**

designed for

# 2025 Au Pair in America Participants

## Policy Effective January 1, 2025 to December 31, 2025

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905 This plan is underwritten by American Empire Surplus Lines Insurance Company, A Delaware Stock Company

**Period of Coverage**: The effective date of your Personal Liability coverage is the date you depart your domicile immediately prior to becoming a participant in the program. Your coverage terminates when the first of the following occurs:

- expiration of the term of coverage
- termination of program participation
- direct return to your home country after your trip as a participant

## **Description of Benefit:**

### Personal Liability Insurance (Policy # 25 CG61045)

The insurer will pay on your behalf all sums which you shall become legally obligated to pay as damages for covered personal liability claims that occur during the policy term. The policy term is your full stay in the U.S. (up to, but not including your 13th month.) The personal liability benefit covers property damage. The limit of coverage is \$100,000 per claim and \$200,000 aggregate limit per policy term per au pair, and subject to the terms and conditions of the policy.

### <u>Please note:</u>

Specific exclusions apply to this benefit (most common is loss resulting from the Insured's use of a motor vehicle).

This coverage <u>does not</u> provide any auto liability nor auto physical damage coverage.

Please contact CISI for further information before making a claim: Email: <u>claimhelp@mycisi.com</u> Phone: 800-303-8120 | 203-399-5130

Proof of Loss/Claims Reporting	Mail or Fax to:	Claim Number
Phone: (203) 399-5130   Fax: (203) 399-5596	Cultural Insurance Services International 1 High Ridge Park Stamford, CT 06905	Policy No./Cert. No.

Insured Name:	Home Phone:	Work Phone:	
E-mail address:	Cell Phone:	Fax:	
Present Address:			
Mailing Address:			
How did the loss happen?			
Date of loss:	Time of loss:		
Location of loss:			

Date:\_\_\_\_\_

#### **Policy Report/Security Report:**

Where made(address/police precinct no./security company): \_\_\_\_\_

(city)

(country)

What police action was taken? \*

Description of Article				
<b>Description of Article</b>	Nature and Extent of Damage	Date of Purchase	Original Cost	Amount Claimed
			1	Total:
Please attach all important information (i.e. receipts, photographs, carrier documents, appraisals,etc.)			I Utal:	

#### Please attach all important information (i.e. receipts, photographs, carrier documents, appraisals,etc.)

The property described on this claim form is either owned by myself or an immediate family member. The losses/damages to said property did not exist prior to my move and in no way were caused by me or any member of my family. All statements made in this Statement of Claim and any attached documents are true, correct and complete to the best of my knowledge and belief. I understand that if I make any material misrepresentation or withhold any material information concerning my claim, I will not be entitled to payment and may be subject to termination of employment. I further understand that my entire file may be audited at any time.