



Quality Protection Worldwide

P.O. Box 280568 East Hartford, CT 06128-0568  
Phone (800) 243-3174 Fax (860) 528-8005

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Thank you for your interest in Travel Insured's **Worldwide Trip Protector**, comprehensive travel protection. Enclosed is the brochure you requested. This brochure provides a summary of benefits and outlines the highlights of the program that will be important as you make your choice of which plan to purchase. The following is also important information regarding this protection:

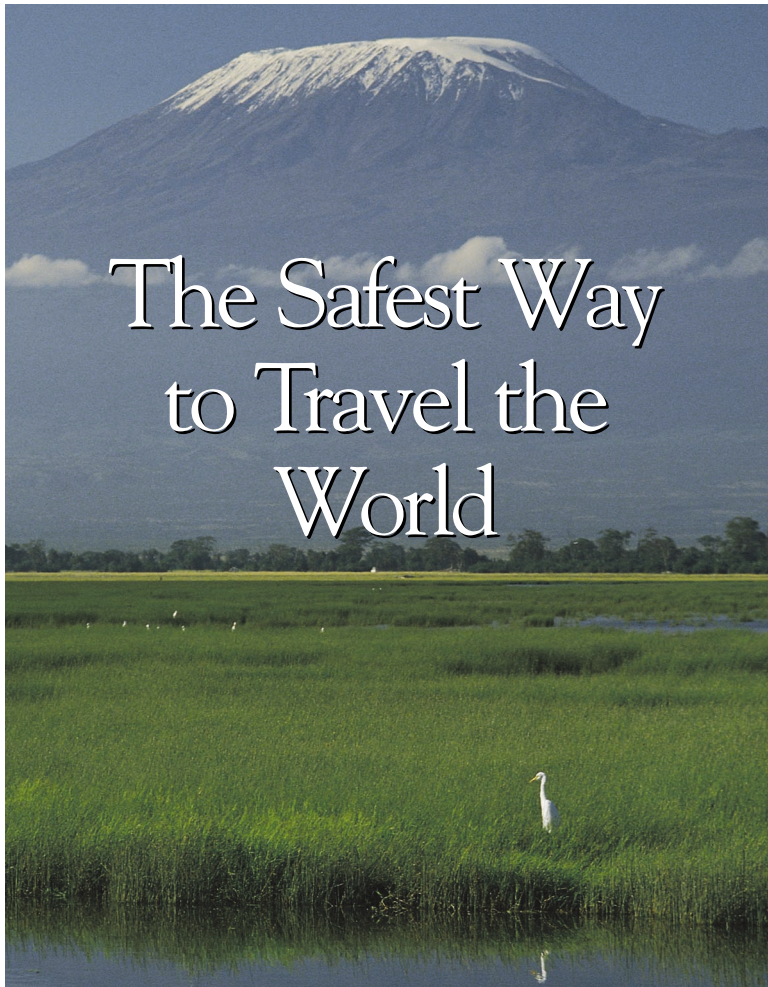
- You may purchase either the **Comprehensive Protection Plan** (ideal for most vacation travel including cruises, tours, and international trips) or the **Post Departure Protection Plan** (designed for business travelers and others who do not need trip cancellation protection).
- Worldwide Trip Protector is designed for use with a pre-paid leisure trip that you have arranged through a travel agent, airline, cruise line, tour operator, hotel, etc.
- **Optional Flight Accident** benefits may also be purchased as an **add-on** to either the Comprehensive Protection Plan or the Post Departure Protection Plan.
- Trip Cancellation – For this program the maximum combined limit of protection we will provide for any one trip is \$100,000. This includes protection for you, your protected family members, your business partner and any traveling companions. If you require protection exceeding \$10,000 per person, please call (800) 243-3174.  
**Note:** *The maximum protection available per person is \$50,000 (for travelers aged 81 and over, the maximum protection available is \$10,000).*
- You must mail us the completed application with the proper payment and the application must be postmarked prior to your departure date.

#### **The 14-DAY ADVANTAGE**

- **Pre- Existing Condition Wavier;** The Pre-Existing Condition exclusion will be waived if the protection plan is purchased within 14 days of the initial Trip deposit, You purchase this policy for the full cost of Your Trip, You are not disabled from travel at the time You pay the plan cost and this is the first and only booking for this same destination and dates of travel.
- You may cancel the Protection Plan by giving us written notice within either 14 days from the date of issuance of Your protection plan, or Your Scheduled Departure Date whichever occurs first, provided You have not submitted a claim. If You do this, we will refund Your plan cost in full (excluding the \$6 administration fee). If past fourteen days, the plan cost is non-refundable.

If you have additional questions, please contact our office using our toll-free number **(800) 243-3174**. One of our representatives will be happy to assist you.  
You may also visit our website at [www.travelinsured.com](http://www.travelinsured.com)

Thank you for giving us the opportunity to fulfill your Travel Protection needs.  
***Remember. . . You should always Travel Insured!***



**QUALITY PROTECTION WORLDWIDE**  
Call Travel Insured Free at 1-800-243-3174  
or visit [www.travelinsured.com](http://www.travelinsured.com)

# WORLDWIDE TRIP PROTECTOR

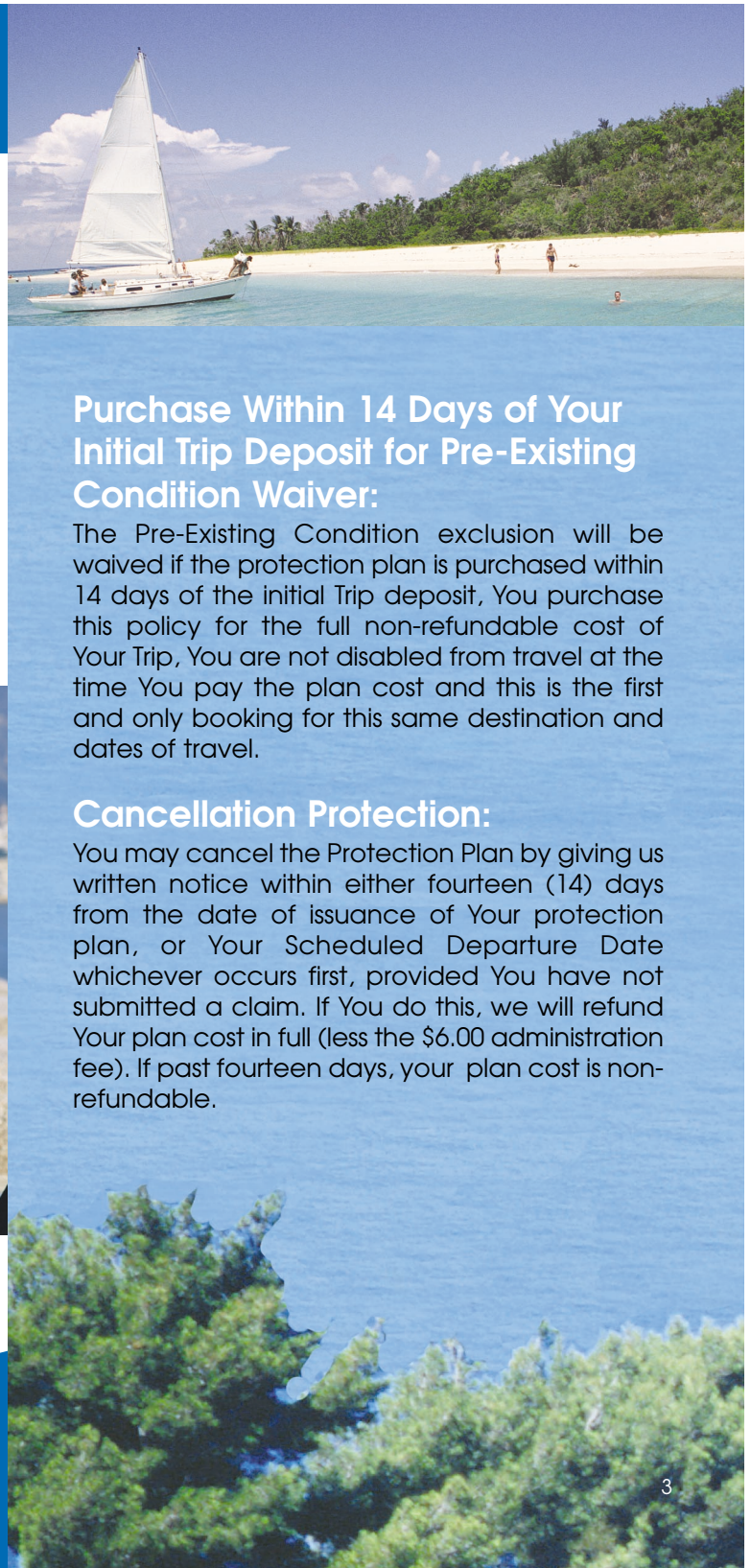
## Why Purchase Travel Protection?

- ❖ You, your family, or even your travel companions become sick or injured and this prevents you from traveling.
- ❖ You arrive at your destination and your luggage is lost or damaged.
- ❖ Your plane is delayed and you end up paying additional expenses.
- ❖ You become ill or injured abroad and need medical assistance.
- ❖ You are injured during your trip and need to be medically evacuated.



Take the worry out of traveling and  
protect yourself with the

**WORLDWIDE TRIP PROTECTOR**



## Purchase Within 14 Days of Your Initial Trip Deposit for Pre-Existing Condition Waiver:

The Pre-Existing Condition exclusion will be waived if the protection plan is purchased within 14 days of the initial Trip deposit, You purchase this policy for the full non-refundable cost of Your Trip, You are not disabled from travel at the time You pay the plan cost and this is the first and only booking for this same destination and dates of travel.

## Cancellation Protection:

You may cancel the Protection Plan by giving us written notice within either fourteen (14) days from the date of issuance of Your protection plan, or Your Scheduled Departure Date whichever occurs first, provided You have not submitted a claim. If You do this, we will refund Your plan cost in full (less the \$6.00 administration fee). If past fourteen days, your plan cost is non-refundable.



**Comprehensive Protection Plan Rates**

TRIP COST	AGE OF TRAVELER					
	0-35	36-50	51-60	61-75	76-80	81+
\$0-\$500	\$24	\$32	\$35	\$40	\$69	\$96
\$501-\$1000	\$36	\$46	\$51	\$64	\$108	\$160
\$1001-\$1500	\$48	\$63	\$70	\$89	\$154	\$225
\$1501-\$2000	\$65	\$82	\$93	\$123	\$201	\$290
\$2001-\$2500	\$82	\$109	\$118	\$152	\$248	\$355
\$2501-\$3000	\$100	\$120	\$137	\$181	\$295	\$421
\$3001-\$3500	\$117	\$135	\$146	\$211	\$340	\$487
\$3501-\$4000	\$140	\$152	\$161	\$239	\$388	\$552
\$4001-\$4500	\$152	\$172	\$184	\$300	\$434	\$614
\$4501-\$5000	\$175	\$194	\$205	\$339	\$482	\$680
\$5001-\$5500	\$200	\$230	\$242	\$370	\$528	\$715
\$5501-\$6000	\$214	\$267	\$280	\$405	\$619	\$744
\$6001-\$6500	\$239	\$295	\$306	\$442	\$672	\$813
\$6501-\$7000	\$262	\$315	\$330	\$480	\$736	\$873
\$7001-\$8000	\$294	\$348	\$360	\$540	\$808	\$1068
\$8001-\$9000	\$337	\$379	\$390	\$598	\$911	\$1213
\$9001-\$10,000	\$369	\$409	\$420	\$659	\$1019	\$1359

**Post Departure Protection Plan Rates**

0-35	36-50	51 -60	61-75	76-80	81+
\$24	\$32	\$35	\$40	\$69	\$96

Add \$3 per person per day for each day over 30 (applicable for both Comprehensive and Post Departure Plans)

**Schedule of Coverage & Services**

**Benefits Per Person**

**Part A - Travel Protection Maximum**

Trip Cancellation . . . . . Total Trip Cost\*  
 Trip Interruption . . . . . 150% of Trip Cost\*\*  
 Missed Connection . . . . . \$300  
 Trip Delay . . . . . \$750 (\$150/day)

**Part B - Baggage Protection**

Baggage and Personal Effects . . . . . \$1,000  
 Baggage Delay . . . . . \$200

**Part C - Medical Protection**

Emergency Accident and  
 Sickness Medical Expense . . . . . \$50,000  
 Emergency Evacuation  
 and Repatriation of Remains . . . . . \$500,000

**Part D - Travel Accident Protection**

Accidental Death and Dismemberment . . . . . \$10,000

**Worldwide Emergency Assistance Services**

24-hour Travel Assistance included  
 with every policy . . . . . Included

*\*Not applicable to Post Departure Plan  
 \*\*For Post Departure Plan Return Air Only up to \$1,000*

Coverage is available for trips up to \$50,000 per person (for age 81 and over, maximum of \$10,000 per person) and \$100,000 per application. Call for trips over \$10,000. 1-800-243-3174.

**Optional Travel Accident Protection**

**Part E – Optional Coverage**

**I - Optional Medical Benefits:** \$25 per person

Additional Emergency Accident and  
 Sickness Medical (For a total of \$100,000) . . . . . \$50,000

Additional Emergency Evacuation  
 and Repatriation of Remains  
 (For a total of \$1million) . . . . . \$500,000

**Optional Travel Accident Protection (continued)**

**Part E – Optional Coverage (continued)**

**II - Optional Flight Accident Protection:**

\$8 per person for \$100,000  
 \$18 per person for \$250,000  
 \$39 per person for \$500,000  
 \$50 per person for \$1,000,000  
 Accidental Death & Dismemberment . . . . . Up to the  
 Common Carrier (Air Only) . . . . . amount purchased

**III - Optional Collision Damage Waiver:**

(not available in OR, TX, & WA)  
 \$7.00 per day/per rental for \$25,000



## Description of Benefits

This brochure describes the highlights of your protection plan. You will be provided with a full description of coverage, conditions and exclusions when you purchase your plan.

Please note: Residents of Washington State will receive a separate description of coverage in compliance with state requirements.

### Part A - TRAVEL PROTECTION

**Trip Cancellation/Trip Interruption:** The Insurer will pay a benefit, up to the maximum shown on the Schedule of Coverage and Services, if You are prevented from taking Your covered Trip due to the following Unforeseen events:

- a) Sickness, Accidental Injury, or death of You or Your Traveling Companion, or a Family Member or Business Partner of You or Your Traveling Companion, which results in medically imposed restrictions as certified by a Physician at the time of loss preventing Your continued participation in the Trip. A Physician must advise cancellation of the Trip on or before the Scheduled Departure Date.
- b) Strike that causes complete cessation of services for at least 24 consecutive hours.
- c) Weather which causes complete cessation of services of the Common Carrier for at least 24 consecutive hours.
- d) You or a person(s) sharing the same room with you during your trip are terminated or laid off from employment subject to three years of continuous employment at the place of employment where terminated.
- e) You or Your Traveling Companion are hijacked, quarantined, required to serve on a jury, required to appear as a witness in a legal action, provided You or a Traveling Companion is not a party to the legal action or appearing as a law enforcement officer, subpoenaed, the victim of felonious assault within 10 days of departure; or having Your or Your Traveling Companion's principal place of residence made uninhabitable by fire, flood, or other Natural Disaster; or burglary of Your or Your

Traveling Companion's principal place of residence within 10 days of departure.

- f) Bankruptcy or Default of Your Travel Supplier which occurs more than 14 days following Your Effective Date. Coverage is not provided for the Bankruptcy or Default of the agency from whom You purchased Your Land/Sea Arrangements. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow the Insured to transfer to another airline in order to get to the Insured's intended destination.
- g) If within 30 days of Your departure, a politically motivated Terrorist Attack occurs within the territorial limits of the City listed on Your itinerary. The Terrorist Attack must occur after the Effective Date of Your Trip Cancellation coverage.
- h) You or Your Traveling Companion who are military personnel, and are called to emergency duty for a disaster other than war.
- i) You or Your Traveling Companion being directly involved in a traffic Accident substantiated by a police report, while en route to departure
- j) The death or hospitalization of Your Host at Destination.
- k) Natural disaster at the site of the Your destination which renders Your destination accommodations uninhabitable.

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

**Trip Cancellation (not applicable to Post Departure Plan):** Non-refundable cancellation charges imposed by Your Travel Supplier and/or airfare cancellation charges for flights joining or departing Your Land/Sea Arrangements; or the additional costs You may incur as a result of a change in the per-person occupancy rate of prepaid travel arrangements if a person booked to share accommodations with You cancels his/her Trip for

a covered reason and You do not cancel. If Your Travel Supplier cancels Your Covered Trip, You are covered up to the cost of the ticket for the re-issue fee charged by the airline for the tickets. You must have covered the entire cost of the Covered Trip including the airfare.

**Trip Interruption (Post Departure Plan Return Air Only up to \$1,000):** Unused, non-refundable land or sea expenses prepaid to Travel Supplier and/or the airfare paid, to return home or rejoin the original Land/Sea Arrangements (limited to the cost of one-way Economy Fare by scheduled carrier, from the point of destination to the point of origin shown on the original travel tickets) less the value of applied credit from an unused return travel ticket. In no event shall the amount reimbursed exceed the lesser of the amount You pre-paid for Your Trip, or the maximum benefit shown on the Schedule of Coverage and Services; or the additional costs You may incur as a result of a change in the per-person occupancy rate of prepaid travel arrangements if a person booked to share accommodations with You cancels his/her Trip for a covered reason and You do not cancel.

**Trip Delay:** The Insurer will reimburse You for covered expenses on a one time basis, up to the maximum shown in the Schedule of Coverage and Services, if You are delayed en route to or from the covered Trip for 6 or more hours due to a covered reason. Covered expenses include Your additional transportation cost to join the Trip or return home, including up to \$150 per day for reasonable additional expenses incurred for meals and lodging, or any prepaid, unused, non-refundable land and water accommodations. Covered Reasons for travel delay are: Carrier-caused delay (including bad weather); You or Your Traveling Companion being delayed by a traffic Accident while en route to a departure, in which You or Your Traveling Companion is directly or not directly involved; lost or stolen passports, money, or travel documents; quarantine; hijacking, unannounced Strike, Natural Disaster.

**Missed Connection:** Covers missed Cruise or Trip departures which result from cancellation or delay (for three or more hours) of all regularly scheduled airline flights due to inclement weather or any Common Carrier-caused delay. Maximum benefits of up to the amount shown on the Schedule of Coverage and Services are provided to cover additional transportation expenses needed for You to join the departed Cruise or Trip, reasonable accommodations, and meal expenses and non-refundable payments for the unused portion of Your Cruise or Trip. Coverage will not be provided to indi-

viduals who are able to meet their scheduled departure but cancel their Trip due to Inclement Weather.

## Part B - BAGGAGE PROTECTION

**Baggage/Personal Effects:** The Insurer will reimburse You up to the maximum shown on the Schedule of Coverage and Services for loss, theft, or damage to Baggage and personal effects. The Insurer will pay the lesser of the following: Actual Cash Value at the time of the loss, less depreciation as determined by the Insurer, or the cost of repair or replacement. There is a \$250 per article limit. There will also be a combined maximum limit of \$500 for the following: jewelry; watches and cameras, including related equipment; articles consisting in whole or in part of silver, gold, or platinum; furs and articles trimmed with or made mostly of fur. The Insurer will also reimburse You for charges and interest incurred due to unauthorized use of Your credit cards if such use occurs during Your Trip and if You have complied with all credit card conditions imposed by the credit card companies. The Insurer will reimburse You for fees associated with the replacement of Your passport during Your Trip. Receipts are required for reimbursement.

**Baggage Delay (Outward Journey Only):** The Insurer will reimburse You for expenses of necessary personal effects, up to the maximum shown in the Schedule of Coverage and Services, if Your checked Baggage is delayed or misdirected by Common Carrier for more than 24 hours from the time You arrive at the destination stated on the ticket, except travel to final destination or Your place of residence. You must be a ticketed passenger of a Common Carrier.

## Part C - MEDICAL PROTECTION

**Residents of Washington State are eligible for reimbursement of Covered Medical Expenses up to the plan limit for up to 52 weeks from the date a covered injury or sickness.**

**Emergency Accident and Sickness Medical Expense:** The Insurer will pay benefits up to the maximum shown on the Schedule of Coverage and Services, if You incur medical expenses for Emergency Medical Treatment as a result of an Accidental Injury which occurs on the covered Trip or a Sickness which first manifests itself during the covered Trip. Emergency Treatment means necessary medical treatment, including services and supplies, which must be performed during the Covered Trip due

to the serious and acute nature of the Accidental Injury or Sickness. The Insurer will pay benefits, up to \$750.00, for emergency dental treatment for Accidental Injury to sound natural teeth. The Insurer will advance payment to a Hospital, up to the maximum shown on the Schedule, if needed to secure the Insured's admission to a Hospital because of Accidental Injury or Sickness.

**Emergency Evacuation:** The Insurer will pay, subject to the limitations set out herein, for Covered Emergency Evacuation Expenses reasonably incurred if You suffer an Injury or Emergency Sickness that warrants Your Emergency Evacuation while You are on a Trip. Benefits payable are subject to the Maximum Amount per person shown on the Schedule for all Emergency Evacuations due to all Injuries from the same Accident or all Emergency Sicknesses from the same or related causes. A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Evacuation and must certify that the severity of Your Injury or Emergency Sickness warrants Your Emergency Evacuation to the closest adequate medical facility. It must be determined that such Emergency Evacuation is required due to the inadequacy of local facilities. The certification and approval for Emergency Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier. Covered Emergency Evacuation Expenses are those for Medically Necessary Transportation, including Reasonable and Customary medical services and supplies incurred in connection with Your Emergency Evacuation.

**Expenses for Transportation must be:** (a) recommended by the attending Physician; and (b) required by the standard regulations of the conveyance transporting You and (c) reviewed and pre-approved by the Assistance Company; The Insurer will also pay reasonable and customary charges for escort expenses required by You, if You are disabled during a Trip and an escort is recommended in writing, by the Insured's attending Physician and must be pre-approved by the Assistance Company. If You are hospitalized for more than 7 days following a Covered Emergency Evacuation Expense, the Insurer will pay subject to the limitations set out herein, for expenses:

- 1) to return to the United States where they reside, with an attendant if necessary, any of Your Dependent Children who were accompanying You when the Injury or Emergency Sickness occurred; but not to exceed the cost of a single

one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person.

- 2) to bring one person chosen by You to and from the Hospital or other medical facility where You are confined if You are alone; but not to exceed the cost of one round-trip economy airfare ticket.
- 3) to return You from the medical facility to which You were evacuated to Your return destination via Common Carrier, within one year from Your original Trip completion date. Commercial airfare costs will be in the same class of service, as Your original airline tickets, or in business or first class as in compliance to Your medical necessities and requirements upon Your discharge, less refunds from Your unused transportation tickets.

In addition to the above covered expenses, if the Insurer has previously evacuated You to a medical facility, the Insurer will pay Your airfare costs from that facility to Your primary residence, within one year from Your original Scheduled Return Date, less refunds from Your unused transportation tickets. Airfare costs will be economy, or first class if Your original tickets are first class. This benefit is available only if it is not provided under another coverage in the policy.

**Repatriation of Remains:** The Insurer will pay reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the covered Trip. This will not exceed the maximum shown on the Schedule of Coverage and Services. Covered Expenses include, but are not limited to, expenses for embalming, cremation, minimally necessary coffins for transport, and transportation.

## Part D - TRAVEL ACCIDENT PROTECTION

**Accidental Death & Dismemberment:** Applies to an Injury while on the Trip, which results in loss of life; actual severance of limb; or entire and irrecoverable loss of: eyesight, speech, or hearing; within 180-days of the date of the Accident.

## Part E - OPTIONAL COVERAGE

**Optional Collision Damage Waiver:** Coverage applies if the Insured rents a car while on the Covered Trip, and the car is damaged due to collision, theft, vandalism, windstorm, fire, hail, flood or any cause not within the Insured's control while in their possession.

## Optional Accidental Death & Dismemberment

**Common Carrier (Air Only):** Air Common Carrier benefit applies to Injury sustained by You: (a) while riding as a passenger in or on, boarding or alighting from an aircraft operated under a license for the transportation of passengers for hire; (b) being struck or run down by an aircraft.

## WORLDWIDE EMERGENCY ASSISTANCE SERVICES

The Travel Assistance feature provides a variety of travel related services. Services offered include:

- Medical evacuation
- Medically necessary repatriation
- Repatriation of remains
- Medical or legal referral
- Inoculation information
- Hospital admission guarantee
- Translation service
- Lost Baggage retrieval
- Passport/visa information
- Emergency cash advance\*
- Bail bond\*
- Prescription drug/eyeglass replacement\*

*\*Payment reimbursement to the Assistance Company is Your responsibility.*

Travel assistance services are provided by an independent organization and not by Arch Insurance Company or Travel Insured International.

There may be times when circumstances beyond the Assistance Company's control hinder their endeavors to provide travel assistance services. They will, however, make all reasonable efforts to provide travel assistance services and help you resolve your emergency situation.

## EXCLUSIONS

### The following exclusions apply to Parts A, C, D and E:

This plan does not cover any loss caused by or resulting from:

- 1) Suicide, attempted suicide, or any intentionally self-inflicted Injury while sane or insane (in Missouri, sane only) committed by You or Your Traveling Companion;
- 2) War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war, participation in any military maneuver or training exercise.
- 3) Participating in bodily contact sports; skydiving;

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- hang gliding; parachuting; heliskiing; extreme skiing; mountaineering; any race; bungee cord jumping; speed contest; spelunking or caving;
- 4) Participation as a professional in athletics;
- 5) Piloting or learning to pilot or acting as a member of the crew of any aircraft;
- 6) Being under the influence of drugs or intoxicants unless prescribed by a Physician;
- 7) Commission or the attempt to commit a criminal act by You or Your Traveling Companion.
- 8) Pregnancy and childbirth (except for Complications of Pregnancy)
- 9) Dental treatment except as a result of Accidental Injury to sound, natural teeth;
- 10) Pre-Existing Conditions, unless the policy is purchased within 14 days of the initial Trip deposit; and for the full non-refundable cost of Your trip and the booking for the covered Trip must be the first and only booking for this travel period and destination and You are not disabled from travel at the time You pay the premium.
- 11) Mental or emotional disorders, unless hospitalized.

### The following exclusions apply to Baggage/ Personal Effects Coverage only in Part B:

Any Loss or Damage to: animals; automobiles and their equipment; boats; trailers, motors; motorcycles; other conveyances and their equipment (except bicycles while checked as Baggage with a Common Carrier); eyeglasses, sunglasses, and contact lenses; artificial teeth and dental bridges; hearing aids; prosthetic limbs; keys, money, securities, and documents; tickets. Any Loss Caused by or Resulting From: Wear and tear, gradual deterioration; insects or vermin; inherent vice or damage; confiscation or expropriation by order of any government; radioactive contamination; war or any act of war whether declared or not; and property shipped as freight or shipped prior to the Scheduled Departure Date.

### The following exclusions apply to the Optional Collision Damage Waiver:

Any obligation the Insured assumes under any agreement (except insurance collision deductible); Rentals of trucks, campers, trailers, off-road vehicles, four-wheel drive vehicles, motor bikes, motorcycles, recreational vehicles (or) Exotic Vehicles; Any loss which occurs if the Insured is in violation of the rental agreement; Failure to report the loss to the proper local authorities and the rental company; Damage to any other vehicle, structure or person as a result of a covered loss.

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## DEFINITIONS

**“Bankruptcy”** means the filing of a petition for voluntary or involuntary Bankruptcy in a court of competent jurisdiction under Chapter 7 or Chapter 11 of the United States Bankruptcy Code 11 U.S.C. Subsection 101 et seq.

**“Common Carrier”** means any land, sea, and/or air conveyance operating under a license for the transportation of passengers for hire.

**“Default”** means a material failure or inability to provide contracted services due to financial insolvency.

**“Dependent Child(ren)”** means Your child (or children), including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age 19 and primarily dependent on You for support and maintenance; or (2) who is at least age 19 but less than age 23 and who regularly attends an accredited school or college; and who is primarily dependent on You for support and maintenance;

**“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 10 continuous months prior to the Effective Date of coverage.

**“Effective Date”** means the date and time Your coverage begins, as outlined in the General Provisions section of this policy.

**“Family Member”** means You or Your Traveling Companion’s legal or common law spouse, Domestic Partner, 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.

**“Pre-Existing Condition”** means any Injury, Sickness or condition of the Insured, Traveling Companion and/or the Insured’s Family Member for which medical advice, diagnosis, care or treatment was recommended or received within the 180-day period ending on the Effective Date. Conditions are not considered pre-existing if the condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

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

**“Traveling Companion”** means a person who is sharing travel arrangements with You. Note, a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

**“Trip”** means prepaid Land/Sea Arrangements and shall include flight connections to join and depart such Land/Sea Arrangements, provided such flight connections are scheduled to commence within one (1) day of the Land/Sea Arrangements.

**“You,” “Your,” or “the Insured”** means a person who has purchased a Trip and who has paid the required plan cost for the protection plan provided herein.

## WHEN AN INSURED’S COVERAGE BEGINS

All coverage (except Trip Cancellation) will take effect at 12:01 A.M. local time, at the location of the Insured, on the Scheduled Departure Date provided:

- (a) coverage has been elected; and
- (b) the required premium has been paid.

Trip Cancellation coverage will take effect at 12:01 A.M. local time at the location of the Insured, on the day after the required premium for such coverage is received by the Company or its authorized representative.

## WHEN AN INSURED’S COVERAGE ENDS

An Insured’s coverage ends at 11:59 local time on the date which is the earliest of the following:

- a) when You cancel Your Trip;
- b) the scheduled return date on the travel tickets;
- c) the date You return home;
- d) any Trip that exceeds 365 days.

*Plan is designed by Travel Insured International.*

*Insurance is underwritten by Arch Insurance Company, licensed in all states and the District of Columbia, and headquartered in New York. This is a brief coverage description. See Policy for restrictions. Conflicts between this document and the policy will be governed by the Policy. Not all coverage are available in all states.*



## Fax Application for Travel Protection

You must purchase Worldwide Trip Protector within 14 days of your initial trip deposit to qualify for waiver of Pre-Existing Conditions. (See brochure for details.)

### A) Purchaser Information

1. Name (First, MI, Last):			2. Street Address (P.O. Box):			3. City, State, Zip:			
4. Departure Date (mm/dd/yy):		5. Departure Hour: AM PM		6. Return Date (mm/dd/yy):		7. Initial Trip Deposit Date (mm/dd/yy):		8. Date of Birth (mm/dd/yy):	
9. Daytime Telephone: ( )			10. Evening Telephone: ( )			11. Term: Number of Days of Travel:		12. Name of Cruise Line:	
13. Check all that apply: <input type="checkbox"/> Air <input type="checkbox"/> Cruise <input type="checkbox"/> Land <input type="checkbox"/> Tour		14. Travel Companions: List anyone protected under another Travel Insured International, Inc. Protection Plan traveling with you (if applicable). Attach additional page, if necessary. a. _____ b. _____ c. _____							
15. Beneficiary:					16. Destination:				

### B) Family Members Traveling With You

List only those family members traveling with you and for whom you are purchasing travel protection. Please note: Protect the full non-refundable cost of Your Trip. Select the rate based upon each traveler's age as of the date of purchase.

Name	Date of Birth	Fill in trip cost (for Comprehensive Plan) or leave blank (for Post-Departure Plan)	Select and fill in the plan rate
Purchaser: _____	___/___/___		
# 2: _____	___/___/___		
# 3: _____	___/___/___		
# 4: _____	___/___/___		
# 5: _____	___/___/___		

**Calculate additional costs for trips over 30 days:**  
 # of days over 30 \_\_\_\_\_ x # of travelers \_\_\_\_\_ x \$3 = \_\_\_\_\_

**Maximum Trip Length is 180 days.**  
 Subtotal for Section B: \_\_\_\_\_

### C) Optional Coverage

**Optional Coverage - May be purchased in addition to either the Comprehensive or Post Departure Plans. The purchase of Medical or Flight AD&D must apply to all travelers.**

**I - Medical Benefits:**  
 \_\_\_\_\_ x \$25 = \_\_\_\_\_  
 # of Travelers                          Total





**II - Flight Accident Protection:**  
 \$100,000    \$250,000    \$500,000    \$1,000,000  
 \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 # of Travelers       x       rate                          Total

**III - Collision Damage Waiver:**  
 \_\_\_\_\_ x \$7 = \_\_\_\_\_  
 # of Days    Total

Subtotal for Section C: \_\_\_\_\_  
 Subtotal for Section B&C: \_\_\_\_\_  
 Non-refundable Administrative Fee: **\$6.00**  
 TOTAL for all Sections: \_\_\_\_\_

### D) Indicate Payment Method And Delivery Option

CHECK OR MONEY ORDER ENCLOSED (MAKE PAYABLE TO: TRAVEL INSURED INTERNATIONAL, INC.®)

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

**NAME ON CREDIT CARD:** \_\_\_\_\_  
**NUMBER ON CREDIT CARD:** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_

*SIGNATURE REQUIRED FOR ALL PAYMENT OPTIONS.*

Name of Travel Agency			TII Agency Number		
Agency Address			Name of Agent or Sub-Producer Code		
City	State	Zip	Agency Phone Number		
If we encounter problems with this application, whom should we contact?			<input type="checkbox"/> Agency <input type="checkbox"/> Plan Holder		