

## PURCHASE TRAVEL INSURANCE

### Enrollment Form

Please complete the enrollment form to purchase travel insurance.

#### TRIP DETAILS

Tour Name \_\_\_\_\_

Destination \_\_\_\_\_

Departure Date MM / DD / YYYY Return Date MM / DD / YYYY

#### TRAVELER DETAILS

Traveler #1 Full Name \_\_\_\_\_

Trip Cost \$ \_\_\_\_\_

Traveler #2 Full Name \_\_\_\_\_

Trip Cost \$ \_\_\_\_\_

Traveler #3 Full Name \_\_\_\_\_

Trip Cost \$ \_\_\_\_\_

Traveler #4 Full Name \_\_\_\_\_

Trip Cost \$ \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

#### TRAVEL INSURANCE PLAN CALCULATION

Travel Protection Plan Rate (calculate below for all travelers)

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Traveler #1 Traveler #2 Traveler #3 Traveler #4 Base Plan Total

Total Amount Due (and authorized as payment) \$ \_\_\_\_\_

Please submit payment to your travel provider.

## Exclusions and Limitations

**GENERAL EXCLUSIONS:** This plan does not cover any loss caused by or resulting from: intentionally self-inflicted injury, suicide, or attempted suicide of the Insured, Family Member, Traveling Companion or Business Partner while sane or insane; Normal Pregnancy or Childbirth, other than Unforeseen Complications of Pregnancy, of the Insured, a Traveling Companion or a Family Member; participation in professional athletic events; motor sport, or motor racing, including training or practice for the same; mountain climbing that requires the use of equipment such as; pick-axes, anchors, bolts, crampons, carabineers, and lead or top-rope anchoring or other specialized equipment; operating or learning to operate any aircraft, as student, pilot, or crew; air travel on any air-supported device, other than a regularly scheduled airline or air charter; war (whether declared or not) or act of war, participation in a civil disorder, riot, insurrection or unrest; any unlawful acts committed by the Insured; Mental, Nervous or Psychological Disorder; if the Insured's tickets do not contain specific travel dates (open tickets); being under the influence of drugs or narcotics, unless administered upon the advice of a Physician or intoxication above the legal limit; any Loss that occurs at a time when this coverage is not in effect; traveling solely or substantially for the purpose of securing medical treatment; any Trip taken outside the advice of a Physician; Pre-Existing Medical Conditions of an Insured, Traveling Companion, Business Partner or Family Member (within a 60 day period immediately preceding coverage effective date).

The following exclusions also apply to the Medical Expense Benefit: routine physical examinations; mental health care; replacement of hearing aids, eye glasses, contact lenses, sunglasses; routine dental care; any service provided by the Insured, a Family Member, or Traveling Companion; alcohol or substance abuse or treatment for the same; Experimental or Investigative treatment or procedures; care or treatment which is not Medically Necessary, except for related reconstructive surgery resulting from trauma, infection or disease; coverage for Trips less than 100 miles from the Insured's Primary Residence (also applies to the Emergency Evacuation Benefit).

The following exclusions also apply to Accidental Death and Dismemberment: loss caused by or resulting directly or indirectly from Sickness or disease of any kind; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.

Please refer to your policy for a complete list of plan exclusions and limitations. The purchase of this product is not required in order to purchase any other travel product or service. Your travel retailer might not be licensed to sell travel insurance and will only be able to provide general information about the product. An unlicensed travel retailer may not answer questions about the terms and conditions of the insurance offered and may not evaluate the adequacy of your existing insurance coverage. The products being offered provide insurance coverage that only applies during your covered trip. You may have insurance coverage from other sources that provide similar benefits but may be subject to different restrictions depending upon the coverage. You may wish to compare the terms of the travel policy offered through Travelex with any existing life, health, home and automobile insurance policies you may have. If you have questions about your coverage under your existing insurance policies, contact your insurer or insurance agent or broker. The product descriptions provided here are only brief summaries and may be changed without notice. The full coverage terms and details, including limitations and exclusions, are contained in the insurance policy. If you have questions about coverage available under our plans, please review the policy or contact us. Travelex Insurance Services Inc. 9140 West Dodge Road, Suite 300, Omaha, NE 68114. Toll Free 888.574.7026. Email: [customersolutions@travelexinsurance.com](mailto:customersolutions@travelexinsurance.com).

Any inquiry regarding claims may be directed to [travelex.claims@bhspecialty.com](mailto:travelex.claims@bhspecialty.com); P.O. Box 31003 Charlotte, NC 28231-1003; 855.205.6054. Inquirers regarding new, existing or denied claims and any other claims questions may also be directed to this address.

Consumers in California may also contact: California Department of Insurance Hotline 800.927.4357 or 213.897.8921. Travelex CA Agency License #0D10209.

Consumers in Maryland may contact: Maryland Insurance Administration 800.492.6116 or 410.468.2340.

Travel insurance is underwritten by, Berkshire Hathaway Specialty Insurance Company (formerly known as Stonewall Insurance Company), 1314 Douglas Street, Suite 1400, Omaha, NE 68102; NAIC #22276 under Policy Form series (all states except as otherwise noted) PG-TA-IPL-USE. In KS, MN, MO, MT, OR, and VA Policy Form series PG-TA-IPL-NV. In CA Policy Form # PT-TA-IPL-CAEAH, CO Policy Form # PG-TA-IPL-COEAH and PG-TA-IPL-COEIM, IL Policy Form # PG-TA-IPL-ILE, IN Policy Form # PG-TA-IPL-INEAH and PG-TA-IPL-NVIM, MD Policy Form # PG-TA-IPL-MDE, NH Policy Form # PG-TA-IPL-NHE, NY Policy Form # PG-TA-IPL-NVIM and PG-TA-IPL-NVAH-NY, PA Policy Form # PG-TA-IPL-USIM and PG-TA-IPL-NVAH-PA, TX Policy Form # PG-TA-IPL-TXEAH and PG-TA-IPL-TXEIM, WA Policy Form # PG-TA-IPL-NVIM and PG-TA-IPL-WAEA. N90

## QUESTIONS, ASSISTANCE & CLAIMS

Dream. Explore. Travel On. Take Group Premier on the journey with you!

#### WISH TO VIEW PLAN DETAILS?

To view complete details of this travel protection plan, please visit [policy.travelexinsurance.com/APGB-1217](http://policy.travelexinsurance.com/APGB-1217)

#### QUESTIONS ABOUT PLAN BENEFITS?

Contact Travelex Insurance Services with questions prior to your trip departure. Email [customersolutions@travelexinsurance.com](mailto:customersolutions@travelexinsurance.com) anytime or call 888.574.7026 from 8:00 am – 7:00 pm CST Monday – Friday. Reference Plan Code APGB-1217.

#### NEED ASSISTANCE WHILE TRAVELING?

If you purchased this plan, On Call International is available to assist you 24/7 if you have an emergency or need assistance during your trip. Email [mail@oncallinternational.com](mailto:mail@oncallinternational.com) or call:

- 855.892.6495 (within USA and Canada)
- 603.328.1373 (outside USA and Canada)
- 858.260.0622 (Text)

#### EXPERIENCE A LOSS AND NEED TO FILE A CLAIM?

If you purchased this plan and need to file a claim, go to [travelexinsurance.com](http://travelexinsurance.com) to file your claim online.

If you have questions about your claim, contact Berkshire Hathaway Specialty Insurance: Email [travelex.claims@bhspecialty.com](mailto:travelex.claims@bhspecialty.com) anytime or call 855.205.6054 from 7:00 am – 7:00 pm CST Monday – Friday.



Contact your Travel Professional to Enroll



Dream. Explore.  
Travel On.



**360° GROUP PREMIER**  
TRAVEL PROTECTION PLAN

## BENEFIT HIGHLIGHTS<sup>1</sup>

<b>TRIP CANCELLATION</b>	<b>100% OF TRIP COST</b> (\$15,000 limit)
<b>TRIP INTERRUPTION</b>	<b>150% OF TRIP COST</b> (\$22,500 limit)

Protect travel investments and recover non-refundable, prepaid trip costs if a trip is cancelled or interrupted. Popular reasons include:

- Sickness, Injury or Death<sup>3</sup>
- Mechanical Breakdown
- Financial Default
- Traffic Accident
- Inclement Weather
- Death/Hospitalization of Host
- Home/Destination Uninhabitable
- Military Duty
- Cancel for Business Reasons
- Terrorist Incident
- Named Hurricane
- Event Cancellation
- Strike
- Quarantine/Hijacking
- Jury Duty/Subpoena

<b>TRIP DELAY</b>	<b>\$1,000</b> (\$250 per day)
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Reimbursement for additional costs such as accommodations, transportation and meals if a trip is delayed 5 hours or more.

<b>EQUIPMENT DELAY</b>	<b>\$200</b>
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Reimbursement for rental or purchase of sporting or golf equipment if delayed for 24 hours or more.

<b>MISSED CONNECTION</b>	<b>\$1,000</b>
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Reimbursement for unused, non-refundable expenses and additional transportation to join the departed trip if a connection is missed by 3 hours or more.

<b>BAGGAGE &amp; PERSONAL EFFECTS</b>	<b>\$1,500</b>
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Reimbursement for personal articles and expenses if bags are lost, stolen or damaged.

<b>BAGGAGE DELAY</b>	<b>\$250</b>
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Reimbursement for personal articles and expenses if bags are delayed for 12 hours or more.

<b>EMERGENCY MEDICAL &amp; DENTAL EXPENSES</b>	<b>\$50,000</b>
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Emergency medical treatment if a sickness or injury occurs while traveling. \$500 dental expense sublimit.

<b>EMERGENCY MEDICAL EVACUATION</b>	<b>\$250,000</b>
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Emergency medical evacuation to the nearest suitable medical facility. Includes repatriation and travel expenses (maximum \$25,000) for escort.

<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT</b>	<b>\$10,000</b>
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Reimbursement for permanent loss of life, limbs or sight from a covered accidental injury during travel.

<b>TRAVEL ASSISTANCE SERVICES<sup>4</sup></b>	<b>INCLUDED</b>
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A wide range of services before and during trips through a 24/7 toll free number. Includes assistance with medical emergencies, lost documents or baggage, event ticketing, business services and much more.



## ADDITIONAL COVERAGES

### Bonus Coverages

If plan is purchased at or before final trip payment.

<b>PRE-EXISTING EXCLUSION WAIVER</b>	<b>INCLUDED</b>
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Pre-existing medical conditions are waived when full trip cost is insured and traveler is medically able to travel at the time of plan purchase.

<b>FINANCIAL DEFAULT COVERAGE</b>	<b>INCLUDED</b>
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Cancellation coverage when a tour operator, travel supplier, airline, hotel, etc. suspend operations due to insolvency.

### Purchase Guarantee

<b>15 DAY REVIEW PERIOD</b>	<b>INCLUDED</b>
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If you are not completely satisfied within 15 days of purchasing this plan, Travelex will refund your premium cost, if you have not departed on your trip or filed a claim.

<sup>1</sup> All coverages per insured up to limits listed. Coverage and rates may vary by state. Please see your policy for details or call 888.574.7026. <sup>2</sup> Includes \$1,000 in Trip Interruption - Return Air only. <sup>3</sup> Of you, a traveling companion, family member, domestic partner or business partner. <sup>4</sup> Provided by the designated provider as listed in the Policy.

## RATES<sup>1</sup>

### BASE PLAN RATES

TRIP COST	PLAN COST
\$0 <sup>2</sup>	\$37
\$1-\$500	\$68
\$501-\$1,000	\$99
\$1,001-\$1,500	\$137
\$1,501-\$2,000	\$177
\$2,001-\$3,000	\$239
\$3,001-\$4,000	\$316
\$4,001-\$5,000	\$397
\$5,001-\$6,000	\$472
\$6,001-\$7,000	\$550
\$7,001-\$8,000	\$629
\$8,001-\$9,000	\$706
\$9,001-\$10,000	\$783
\$10,001-\$11,000	\$887
\$11,001-\$12,000	\$970
\$12,001-\$13,000	\$1,053
\$13,001-\$14,000	\$1,136
\$14,001-\$15,000	\$1,219

Rates are per traveler. Maximum trip length allowed 364 days.



## IS TRAVEL PROTECTION FOR ME?

### TRAVEL PROTECTION

Travel insurance is recommended to help protect you and your trip investment for events such as cancellations, delays and emergencies.

Please read the following travel insurance purchase options and return the completed form to your travel provider (see reverse side for enrollment information). Contact us if you have any questions.

I (We) have been advised that a Travelex protection plan is available at an additional cost. I (We) have read and understand the Exclusions and Limitations provided. I (We) **DO** wish to purchase trip protection. Sign and date below and return this form to your travel provider at or before final payment.

I (We) have been advised that a Travelex protection plan is available at an additional cost. I (We) **DO NOT** wish to purchase trip protection. Sign and date below and return this form to your travel provider.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### NEXT STEPS:

If you elected to purchase travel insurance please complete the enrollment form on the reverse side.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Please visit [travelexinsurance.com/company/fraud-warning](https://travelexinsurance.com/company/fraud-warning) to view the state specific fraud warnings or call 888.574.7026.