



TRAWICK
INTERNATIONAL



SAFE TRAVELS MISSIONARY PLAN

- > Coverage for groups traveling outside their home country includes Medical, Emergency Evacuation and Repatriation
- > Available for groups of 5 and up
- > Online or spreadsheet enrollment



CONTENTS

| | |
|--|----|
| Description of Benefits | 4 |
| Upgrade Option 1 - Cancellation and Interruption | 7 |
| Upgrade Option 2 - Cancellation for Any Reason | 10 |
| Definitions | 11 |
| Conditions and Exclusions | 16 |
| Plan Administrator | 20 |
| Application | 24 |



| MEDICAL EXPENSE BENEFITS (Per Person) | LIMITS |
|---|---|
| Worldwide Medical Coverage (Non Sports) | \$150,000 |
| Emergency Medical Evacuation/ Continuation | \$1,000,000 |
| Emergency Reunion Medical Treatment | \$300/day \$6,000 total |
| Repatriation of Mortal Remains | \$1,000,000 |
| Baggage Delay | \$150 per day/\$750 Max |
| Baggage Loss/Theft | \$300 per item/\$1,500 Max |
| Accidental Death and Dismemberment | \$75,000 Principal Sum |
| Travel Delay | \$100 first 12 hours up to \$1,000 Max |
| Missed Departure/Missed Connection | \$1,000 |
| Emergency Evacuation- Non medical reasons | \$25,000 |
| Personal Liability | \$10,000 |
| Money and Documents (Tickets, Cash and bank Notes) | \$500 |
| Loss of Passport | \$250 |
| Hospital Indemnity | \$150 per Day/\$600 max Confinement Period - 3 Days Benefit Waiting Period-0 Days |
| ATMSafe - Bank Card Theft Protection | \$500 |
| 24/7 Emergency Assistance and Concierge Services via GBG Assist | Unlimited |
| Group Travel Aggregate Limit for Any One Incident | \$1,500,000 |

DESCRIPTION OF BENEFITS

All benefits are in U.S. Dollar amounts.

Covered Medical Expenses: Usual, Customary and Reasonable Medical Expenses incurred during the Period of Insurance for:

- Emergency and Accidental Medical Treatment
- Acute/emergency Illness and Injury
- Treatment by authorized physicians, nurses and specialists
- Hospitalization (semi-private room)
- Surgery, Anesthesiologist, Prescribed Medicines, Dressings
- Local transport to and from the place of treatment
- Treatment for Injury, during the Period of Insurance by physiotherapists and chiropractors - \$ 2,500 Maximum per policy year
- Medically necessary required Durable Medical Equipment
- Emergency dental treatment for immediate relief of pain or Injury to sound natural teeth - \$ 500 Maximum per policy year

Emergency Medical Evacuation: The plan pays up to \$1,000,000 for emergency evacuation when medical treatment is not available locally and deemed necessary and pre-approved by GBG Assist (the insurer), their medical advisors and the attending Physician – to a suitable location that will render immediate and appropriate care which may or may not be the home country of origin. If the Insured does not obtain pre-approval from GBG Assist, GBG reserves the right to deny coverage or apply substantial co-payments for the associated costs to a maximum of 50% of the evacuation cost. Or when treated locally, an Insured Person who is medically stable and upon advice of the Insurers and Attending Medical Doctors can be evacuated at GBG's discretion to the home country of residence and any form of treatment or surgery which in the same medical opinion can be delayed until the Insured Person returns to their home country. Refusal to accept repatriation when medically stabilized can result in the insurer denying further medical coverage and benefits.

Continuation: Upon pre-approval of GBG Assist, coverage includes transportation by economy travel for the Insured Person, if medically able, to the point of initial destination to continue with the trip.

Emergency Reunion: for the reasonable travel and accommodation (room only) expenses of one person (i.e. a relative or friend who is a resident of Insured Person's home country), whom upon medical advice is advised to join, accompany, remain with or escort a severely incapacitated Insured Person. Transportation costs will be by commercial carriers and in economy class. Maximum Benefit \$300 per day/ \$6,000 maximum.



Repatriation of Remains Benefit: up to \$1,000,000 for preparation and return of your body to your Home Country if you die due to a Covered Injury or Sickness. Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance. Covered expenses include: 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. Repatriation to home country upon medical stabilization.

Baggage Delay: Reimbursement in respect of the replacement of Necessities in the event of baggage being temporarily lost in transit during the outward journey for longer than 12 hours, up to a maximum of \$150 per day for a maximum of 5 days \$750 maximum.

Conditions & Exclusions:

- 1) Proof of a missing bag report must be filed with the common carrier.
- 2) Items purchased after the bags were returned will not be covered.
- 3) Any claim must be accompanied by proper receipts with date and time affixed.
- 4) Benefit does not apply to the homeward journey.

If payment is made under the Baggage delay and it is later determined that the bags are lost, we will apply any payment made under this benefit to the Baggage Loss/Theft Benefit Maximum.

Baggage Loss/Theft: Subject to a \$50 deductible. Reimbursement up to \$1,500 in respect of accidental loss or theft of luggage, clothing and personal effects owned by (not hired, loaned or entrusted to) the Insured Person. Baggage is considered lost when the air carrier has reimbursed you. You must provide documentation from the air carrier of the loss and the payment to you. This coverage is secondary coverage to Common Carrier payment or any other insurance available.

Subject to a maximum payment of \$500 in respect of any one article, pair or set of articles. \$300 overall in respect of valuables/electronics.



Accidental Death and Dismemberment: The policy will pay according to the schedule of benefits and the following scale provided it is a result of the Insured Person sustaining bodily injury caused by accidental, external, violent and visible means which shall solely and independently of any other cause occur within 12 calendar months from the date of the accident. Note: For children under 16 years of age the death benefit is limited to \$ 10,000. Ages 65 to 70 are excluded from all disability coverage under this policy and coverage for Accidental Death is confined to public conveyance and is limited to \$25,000.

| Loss Description | Percentage of Principal Sum |
|--|-----------------------------|
| Loss of Life | 100% |
| Loss of Speech and Loss of Hearing | 100% |
| Loss of Speech and one Loss of Hand, Loss of Foot or Loss of Sight of One Eye | 100% |
| Loss of Hearing and one Loss of Hand, Loss of Foot or Loss of Sight of One Eye | 100% |
| Loss of Hands (both), Loss of Feet (both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot or Loss of Sight of One Eye | 100% |
| Quadriplegia | 100% |
| Paraplegia | 75% |
| Hemiplegia | 50% |
| Loss of Hand, Loss of Foot or Loss of Sight of One Eye (any one of each) | 50% |
| Uniplegia | 25% |
| Loss of Thumb and Index Finger of the same hand | 25% |

Travel Delay: Coverage to the Insured Person if the departure or the coach, aircraft or sea vessel in which he/she had arranged to travel on the first outward or first return leg of the journey is delayed for at least 12 hours from the time specified in the travel itinerary due to strike, industrial action, bankruptcy, or mechanical breakdown of the coach, aircraft or sea vessel. Compensation shall be documented and provided for all necessary and reasonable expenses subject to accommodations, food and local transportation minus any compensation paid by the common carrier.

An amount of \$ 100 for the first complete 12 hour period of delay in departure commencing from the original booked departure time as specified in the travel itinerary and \$100 after each subsequent 24 hour period of delay up to a maximum of \$ 1,000 each Insured Person.

Missed Departure: To pay up to \$1,000 to each Insured Person in respect of reasonable additional accommodation (room only) and travel expenses necessarily incurred to reach the overseas destination as a consequence of Missed Connection, strike, riot, mechanical breakdown or inclement weather, causing interruption of scheduled public transport services (on the outward journey only); or accidental or mechanical failure involving the car in which the Insured Person is travelling (provided it has been properly serviced) causing him/her to arrive at the international point of departure from the point of origin to commence the booked journey.

Emergency evacuation for non-medical reasons, including war, civil unrest, natural disasters, or other causes: Payment to offset the cost of obtaining or paying for evacuation during a period of civil unrest, insurrection, natural disasters that could not have been foreseen prior to departure from home country of origin that is posted to or declared by the United States Department of State or validated by the NOAA (National Oceanic Atmospheric Association) in the cases of weather or natural disaster. In all cases, GBG reserves the right to assess the validity of the claim and its decisions are final. Coverage is NOT valid in any country that was on the verge, already in or under duress for a period of 60 days prior to departure from point of origin or country of residence. See general exclusions for definition associated with travel to global hotspots.

Personal Liability: Legal liability coverage inclusive of legal cost arising from an accident resulting in bodily injury to persons other than the Insured, his/her family and employees. Subject a \$10,000 Maximum in all to indemnify each Insured Person against legal liability for bodily injury to persons other than employees or other members of his/her family and/or damage to property excluding that owned by or in the custody or control of the Insured during the Period of Insurance inclusive of legal expenses.

Hospital Indemnity Benefit: A cash benefit up to \$150 per day for each completed 24 hours as an in-patient; payable after the first 24 hours. This benefit is used to defray incidental expenses such as taxi fares, phone calls or other miscellaneous expenses while hospitalized.

Money and Documents (tickets, cash, banknotes): Reimbursement to each Insured Person in respect of accidental loss or theft of cash, banknotes (carried on the Insured Person), postal or money orders, travel tickets, etc. Proper documentation and police reports required on day of event or discovery of loss. This does not cover Loss or theft not reported to the Police within 24 hours of discovery and a written report obtained; Depreciation in value or shortages due to error or omission; Loss or theft of unattended money except when left in hotel security, safety deposit or safe; Money packed in suitcases or other like receptacles whilst travelling; Money held in trust; Loss or theft of traveler's checks.

Loss of Passport: To pay up to \$ 250 in respect of reasonable additional travel and accommodation expenses necessarily incurred abroad in obtaining the replacement of his/her lost or stolen passport.





UPGRADE OPTION 1 - CANCELLATION AND INTERRUPTION

For additional Premium paid, the following has been added to your coverage:

1. Cancellation and Interruption:

- 1.1 All claims are limited to the amount selected regardless of the amount of trips taken during the period of insurance for each Insured Person for loss of travel and accommodation for any unused expenses paid or contracted to be paid as a result of the journey/holiday being necessarily and unavoidably cancelled or curtailed due to any cause listed below commencing and occurring during the period of Insurance provided such expenses are not recoverable from any other source (This benefit is not valid for Cruise Holiday Cancellations).
- 1.2 In the event of a failure by the Insured Person to notify the Travel Agent, Tour Operator or provider of transport/accommodation immediately and it is found necessary to cancel the journey/holiday, the Insurers' liability shall be restricted to the cancellation charges that would have applied at that time.
- 1.3 Where a declared value is utilized by the client the total trip cost estimates should include flights, hotels, and pre-paid tours; all claims submitted will require validation of trip paid expenses including documentation from the providers on their cancellation policies.
- 1.4 Reimbursement for cancellation and or curtailment will be based on the non-refundable portion of the itinerary and will NOT include any credits offered by the various providers.

Unless specified this insurance does not cover anything caused directly or indirectly through bankruptcy/liquidation of any tour operator, travel agent, transportation company or accommodation supplier.

2. Sickness, serious injury or death of:

- 2.1 The Insured Person or person with whom he/she is traveling or had arranged to travel;
- 2.2 The spouse, parent, parent-in-law, grandparent, child, grandchild, brother, sister, fiancé or close business colleague (key person and key person duties only), such person being resident in the Home Country, of the Insured Person, or of the person with whom the Insured Person is travelling or had arranged to travel;
- 2.3 Any person with whom the Insured Person had arranged temporarily to reside during the Period of Insurance and who may continue without that person as defined herein would pay trip cost for accommodation class change from double occupancy to single.

3. Applicability:

- 3.1 Injury or Sickness of an Insured, Traveling Companion or Family Member traveling with the Insured Person must be so disabling as to reasonably cause a Trip to be cancelled or interrupted, or which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing your continued participation in the Trip.

Emergency Assistance Services: The assistance company - GBG Assist - provides assistance via telephone for medical emergencies and medical care. GBG Assist MUST BE NOTIFIED as soon as possible for all situations requiring Emergency Medical treatment in excess of \$500. Failure to do so may result in substantial co-payments and or denial of a claim. Other services include preauthorization, hospital admission, medical appointments, referrals, and follow-up home appointments, ensuring that your regular physician is informed of the treatment received overseas and your current medical condition.

ATMSAFE: This provides you with protection against theft when using an ATM/Bank Machine anywhere in the world. In the event of loss, the insured will be reimbursed up to the daily limit of the machine used or a \$500 maximum and as supported via proper police documentation, on the date of the crime.

Effective Date: An Eligible Person will be insured on the latest of the following dates: 1. your departure from your Home Country or Country of Residence; or 2. the date and time your completed enrollment form and correct premium are received; or 3. the effective date requested and shown on this certificate.

Termination Date: Coverage will end on the earliest of the date: 1. Your permanent return to your Home Country; or 2. the termination date shown on this certificate for which premium has been paid; or 3. the date the maximum benefit has been paid.

Refund of Premium: If you are not satisfied for any reason, you may return your certificate within 10 days after plan payment. When so returned, the certificate is void from the beginning. Return the certificate to the Plan Administrator. If You do this, we will refund Your premium paid provided You have not filed a claim under the policy and you have not left on your Covered Trip. If there is a claim in process or has been previously paid then policy will be deemed as 100% non-refundable. After the 10-day "free-look" period, the payment for this plan is nonrefundable.



- 3.2 If the Insured must cancel or interrupt his/her Trip due to Injury or Sickness of a Family Member not traveling with the Insured, it must be because their condition is life-threatening, as certified by a Physician or because they directly require the Insured's care.
- 3.3 Injury or Sickness of the Business Partner must be so disabling as to reasonably cause the Insured Person to cancel or interrupt the Trip to assume daily management of the business (Key Person). Such disability must be certified by a Physician.

4. Other Events:

- 4.1 **Financial Default of an airline, cruise line, or tour operator provided the Financial Default occurs more than 14 days following an Insured Persons effective date. There is no coverage for the Financial Default of any person, organization, agency, or firm from whom the Insured Person purchased travel arrangements supplied by others.**
 - 4.1.1 This coverage applies only if insurance was purchased within 15 calendar days of Initial Trip Payment;
 - 4.2 Strike resulting in complete cessation of travel services at the point of departure or Destination;
 - 4.3 You or Your Traveling Companion's principal place of residence or destination being rendered uninhabitable by fire, flood, burglary or other natural disaster within 10 days of departure;
 - 4.3.1 The Insurer will only pay benefits for losses occurring within 30 calendar days after a named hurricane makes the Insured's Destination Uninhabitable. Benefits are not payable if a hurricane is named on or before the effective date of the Insured's Trip Cancellation coverage.
 - 4.4 The Insured Person or Traveling Companion is called to active military service or military leave is revoked or reassigned;
 - 4.5 Terrorist Incident in a City listed on the Insured Person's itinerary within 30 days of the Insured's schedule of arrival;
 - 4.6 The Insured Person or Traveling Companion is involuntarily terminated or laid off through no fault of his or her own, provided that he or she has been an active employee for the same employer for at least two years.
 - 4.6.1 Termination must occur following the effective date of coverage.
 - 4.6.2 This provision is not applicable to temporary employment, independent contractor or self-employed persons.

5. We will not pay for Trip Cancellation and Interruption when at the time of taking out this insurance and/or prior to booking each separate trip:

- 5.1 The Insured Person is aware of any medical condition or set of circumstances, which could reasonably be expected to give rise to a claim;
- 5.2 Any person, including those who are not traveling, whose condition may give rise to a claim;
- 5.3 Has during the 12 months prior to taking out the insurance suffered from any medical condition which has necessitated consultation or treatment unless declared to and accepted by the Insurer;

- 5.4 Is suffering or has suffered from any previously diagnosed psychiatric disorder, anxiety or depression;
- 5.5 Is receiving, is on a waiting list for or has the knowledge of the need for inpatient treatment at a hospital or nursing home;
- 5.6 Is expected to give birth before or within eight weeks of the date of arrival home;
- 5.7 Is traveling against the advice of a Medical Practitioner or for the purpose of obtaining medical treatment abroad;
- 5.8 Has been given a terminal prognosis.

6. We will not pay for Trip Cancellation and Interruption as the result of:

- 6.1 Injury due to Suicide or attempted suicide, intentional self-injury, the effect of intoxicating liquors or drugs;
- 6.2 Injury due to Motorcycling, as either driver or passenger, unless the driver holds a current license permitting him/her to ride the motorcycle;
- 6.3 Any circumstance manifesting itself after the date of booking but prior to the date of issue of this certificate;
- 6.4 Disinclination to travel;



UPGRADE OPTION 2 - CANCELLATION FOR ANY REASON

Provides up to the insured amount for non-refundable trip expenses and deposits if a trip is canceled for any reason not otherwise covered under this plan and is subject to the following conditions and limitations.

Conditions and Exclusions:

Policy supplement must be purchased within 7 days of the Insured Persons initial deposit. The Maximum indemnity on a per person basis is subject to a \$5,000 limit and under no circumstances will the amount reimbursed exceed the lesser of the amount you prepaid for the covered portion of the trip or the amount specified in the schedule of benefits. Pre-existing terms and conditions apply to this policy and will be adhered to in the event of a claim. This means the Insured Person at the time of electing this benefit is fit for travel and is not disabled in anyway.

The Insured Person insures 100% of all prepaid expenses that are subject to Cancellation Penalties and or Restrictions including any prepaid excursions from the tour/ship provider. Excursion declarations may be made up to 14 days from the Insured Persons initial deposit. Failure to include all travel services will void this indemnity. Cancellation for any reason is only valid up to 48 hours PRIOR to Departure. In the event your trip is cancelled due to any other reasons not covered above, the insurer will issue a ONE TIME USE Future Travel Credit for all non-refundable deposits and payments not returned to you and will not exceed 80% of your total loss. The following conditions will apply: Valid one year from the date of loss and MAY NOT be redeemed for cash. Credits are non-transferable.

To be eligible for Future Credits you must contact Global Benefits Group Customer Relations and provide proof of loss. This must include a copy of all receipts, refund programs and or documentation and verification of penalty/loss at time of cancellation. Redemption of credits will be paid directly by the Insurer to the new travel provider provided it is a similar booked trip as the cancelled event and at no time will be refundable in cash to the Insured Person unless at the discretion of the insurer it chooses to do so. In the event of a second cancellation; all claims to the credits will become null and void.

| Cancellation Schedule for Non-Refundable Expense Credits | |
|--|---------------------|
| Non-Refundable Amount | Recoverable Benefit |
| Up to 25% of the Trip Cost | 100% |
| Up to 50% of the Trip Cost | 90% |
| Up to 75% of the Trip Cost | 75% |
| 100% Loss | 80% |

Single Supplement Benefit Provision: If a travel companion has their covered trip delayed, cancelled or interrupted for a covered reason and you choose to NOT CANCEL your trip then benefits will be paid for fees and penalties for a change in occupancy status. This benefit shall not exceed 50% of the original cost of the Insured Persons booked trip.

DEFINITIONS

Please note certain words used in this document have specific meanings.

| | |
|----------------------------|---|
| Accident | means a sudden, unexpected and unintended event. Where the Insured Person sustaining bodily injury caused by accidental, external, violent and visible means which shall be solely and independently of any other cause |
| Acute / Medical Conditions | means defined as a sudden and unexpected illness occurring after you have started your trip abroad. In order for an illness to be covered it must be unexpected and non-preexisting and stable for the last 12 months prior to departure and if left untreated could cause deterioration in an Insured Person's condition. |
| Automobile | means a self-propelled, private passenger motor vehicle with four or more wheels that is a type both designed and required to be licensed for use on the highway of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper, or motor-home type. Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit. |
| Business Partner | means a person who the Insured Person is in business with and is a valuable member of the Insured Person's company who, should they pass away or suffer from a critical illness, will result in financial losses for the company. |
| Covered Accident | means an Accident that occurs while coverage is in force for a Insured Person and results 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 a Insured Person for treatment, services and supplies covered by the Policy. Coverage under the Policy must remain continuously in force from the date of the 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 the Policy |
| Covered Trip | means a period of round-trip travel away from the Insured Person's Home Country; the trip has defined departure and return dates specified when the Insured enrolls. |
| Deductible | means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Insured Person on a per Policy Term basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy. |
| Dependent | means an Insured's lawful spouse or Domestic Partner; or an Insured's unmarried child, from the moment of birth (14 days for this policy) to age 21, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends chiefly on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code. Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1. the child is handicapped, 2. is not capable of self-support and 3. depends chiefly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year. |
| Doctor | means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to an Insured Person that is appropriate for the conditions and locality. It will not include a Insured Person or a member of the Insured Person's Immediate Family or household. |
| Event | means any one incident in which the Insured Person requires care for acute, sudden and unforeseen Medical and Accidental Emergencies and the direct consequence of the event. Maximum coverage is limited to amounts specified in the Schedule of Benefits. Multiple events independent of each other are covered to the event maximum with no limits on the number of events |
| Family Member | means the spouse, parent, parent-in-law, grandparent, child, grandchild, brother, sister, fiancé, such person being resident in the Home Country (as declared on the application), of the Insured Person, or of the person with whom the Insured Person is traveling or had arranged to travel. |

| | |
|-------------------------|--|
| Home Country | means a country from which the Insured Person holds a passport. If the Insured Person holds passports from more than one country, his or her Home Country will be that country which the Insured Person 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. |
| Hospital Stay/ Confined | means an overnight stay as a registered resident bed-patient in a Hospital. |
| Injury | means accidental bodily harm sustained by a Insured Person that results directly and independently from all other causes from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury/event. |
| Insured Person | means any Insured and Dependent for whom the required premium is paid and a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person. A Dependent covered under the Policy is not an Insured, but rather a Dependent. |
| 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. |
| 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 Person's condition (usual, reasonable and customary); and 3. consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. |
| Missing Bag Report | means a formal report of loss as filed with the common carrier commonly known as a PIR (Passenger Irregularity Report) or PAWOB (Passenger arriving without baggage). This must include the 6 digit "CLAIM NUMBER" or the "World Tracer Record Number" as provided by the carrier. |



| | |
|-----------------------------------|--|
| Missing Person | means an Insured Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies). |
| Natural Disaster | means storm (wind, rain, snow, sleet, hail, lightning, dust or sand) earthquake, flood, volcanic eruption, wildfire or other similar event that: 1. is due to natural causes; and 2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which the Covered Person's Trip occurs and the area is deemed to be uninhabitable or dangerous. |
| Nearest Place of Safety | means a location determined by the Designated Security Consultant where: 1. the Insured Person can be presumed safe from the Occurrence that precipitated the Insured Person's Political Evacuation; and the Insured Person has access to Transportation; and 2. the Insured Person has the availability of temporary lodging, if needed. |
| Necessities | means personal hygiene items and clothing. |
| Occurrence | means any of the following situations involving an Insured Person: 1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; 2. political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Insured Person's Home Country or Country of Residence or citizens of the Host Country should leave the Host Country; 3. deliberate physical harm of the Insured Person confirmed by documentation or physical evidence or a threat against the Insured Person's health and safety as confirmed by documentation and/or physical evidence; 4. Natural Disaster in the area you are traveling to and occurring after your effective date; 5. the Insured Person 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 seven days of his or her being found. |
| Policy Period | means the dates as shown on your certificate for which premium has been paid; |
| Political Evacuation | means the extrication of a Insured Person from the Host Country due to an Occurrence which could result in grave physical harm or death to the Insured Person and is certified by a governing authority via declaration or warning. |
| Pre Departure Period of Insurance | means the time period from the day after purchase until the scheduled departure date. |

| | |
|---|--|
| Pre-Existing Condition | means a Pre-existing, Chronic, or Recurrent Medical Condition that was being treated immediately prior to or whose onset was diagnosed or predicted or could have been avoided prior to travel and any claim arising in the course of travel undertaken against medical advice or where medical advice has been disregarded. See exclusion 1 for details. |
| Related Costs | means food, lodging and, if necessary, physical protection for the Insured Person during the Transport to the Nearest Place of Safety. |
| Sickness | means an illness, disease or condition of the Insured Person that causes a loss for which an Insured Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. |
| Strike or industrial action | means any form of industrial action taken by employees, which is carried on with the intention of preventing, restricting or otherwise interfering with the production of goods or the provision of |
| Traveling Companion | means a person or persons with whom you have coordinated travel arrangements, shares the same accommodations as You and intend to travel with during the Trip. |
| Trip | means travel by air, land, or sea from the Insured Person's Home Country. |
| Unexpected Recurrence of a Pre-Existing Condition | means a sudden and unexpected recurrence of a Pre-existing Condition while outside the Insured Person's Home Country and does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to the Effective Date of coverage. |
| Uninhabitable | means the dwelling is not suitable for human occupancy in accordance with local public safety guidelines. |
| 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. |
| Valuables/Electronics | means cellular phones, satellite phones, photographic equipment, tablet PC's, computers, iPods, CD players and personal music and stereo equipment, CD's, computers, computer games and associated equipment, hearing aids, telescopes and binoculars, antiques, jewelry, watches, furs, and articles made of or containing gold, silver or other precious metals or animal skins or hides. Any item of value to be evaluated on a case by case basis. |
| We, Insurer, Our, Us | means GBG Insurance Limited and or its affiliated insurers. |



CONDITIONS & EXCLUSIONS

We will not pay Medical Expense Benefits, Emergency Medical Evacuation, Emergency Reunion, Continuation or Repatriation of Mortal Remains, for any loss, treatment or services resulting from or contributed to by:

1. Pre-Existing Conditions which means Chronic, or Recurrent Medical Conditions that were being treated immediately prior to or whose onset was diagnosed or predicted or could have been avoided prior to travel and any claim arising in the course of travel undertaken against medical advice or where medical advice has been disregarded and inclusive of:
 - a) Any illness, resulting in hospitalization within the previous 2 years prior to the Insured Person (s) beginning travel; or
 - b) Has been under a doctor's care for a condition that may result in deterioration of the Insured Person or a diagnosis being changed as a result of testing for a known situation; or
 - c) Any changes in prescription drugs, therapies or diet that are a result of a previously known condition that can effect, degrade or alter the Insured Person; or
 - d) A person with a terminal condition who either with or without medical approval chooses to travel and becomes ill as a direct consequence of that illness or the onset of a complication due to that illness.
2. In respect of Injury to Natural Teeth, no benefit is payable for injury caused by eating or drinking (even if it contains a foreign body), normal wear and tear, tooth brushing or any other oral hygiene procedure or any means other than extra-oral impact, any form of restorative or remedial work, the use of precious metals, orthodontic treatment of any kind or dental treatment performed in a hospital unless dental surgery is the only treatment available to alleviate pain;
3. Suicide or attempted suicide, intentional self-injury, the effect of intoxicating liquors or drugs;
4. treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness whether or not caused by a Covered Accident;
5. Evacuation costs where the Insured Person is not being admitted to a Hospital for Treatment or where costs have not been approved by Company prior to travel commencing;
6. Any costs arising after expiry of the current Period of Insurance, unless this Policy has been renewed for a subsequent 12 months or the Insured Person was being treated during the Period of Insurance as a result of an accident;
7. Any form of treatment or surgery which in the opinion of the Doctors(s) in attendance and GBG Assist can be delayed until your return to your Home Country;
8. Any expenses incurred after you have returned to your Home Country;
9. Medical Expenses in excess of a limit stated in the Basic Benefits Schedule;
10. The amount of the Policy Excess, Deductible or Co-Payment, as stated;
11. Any cost resulting in a Sickness, Injury or death from the misuse of drugs or being under the influence or effect of alcohol (other than a legally prescribed medication by a licensed medical professional);
12. Needless self-exposure to peril except in an attempt to save human life;
13. Intentional or fraudulent acts on the Insured Person's part or their consequences;
14. Trips specifically made for the purpose of obtaining medical treatment;
15. Cosmetic surgery or remedial surgery, removal of fat or other surplus body tissue and any consequences of such Treatment, weight loss or weight problems/eating disorders, whether or not for psychological purposes, unless required as a direct result of an accident which occurs during the Period of Insurance;
16. Treatment for alcoholism, narcotics, drug and substance abuse/dependency or any addictive condition of any kind and any injury or Sickness arising from the Insured Person being under the influence of alcohol, drugs or any other intoxicating substance;
17. Pregnancy, childbirth whether normal or complicated, including the transfer of a pregnant woman to a hospital to give routine childbirth or air travel when the Insured Person is more than 20 weeks pregnant and was NOT a result of an accident or onset of complications relating from an accident;
18. Treatment for mental or nervous disorders, including transitional life events, homesickness, fatigue, jet-lag or work related stress; the costs of psychotherapists, psychologists, family therapists or bereavement counselors;
19. Loss as the result of the use of any type of firearm(s) (Defined as any device that discharges a projectile of any type);
20. Any expenses relating to search and rescue operations to find an Insured Person in mountains, at sea, in the desert, in the jungle and similar remote locations including air/ sea rescue charges for evacuation to shore from a vessel or from the sea;
21. Charges or fees incurred for the completion of Medical Claim Forms;
22. Expeditions, and mountaineering and or trekking above 3500M or 11,500 ft is considered Extreme Sport and not covered, included and not limited to: Expeditions to Mt Everest, K2, Kilimanjaro, Antarctica, The Arctic, North Pole and Greenland;
23. Losses incurred in Cuba, unless for a reimbursement of a Covered Expense. For Americans - proof of US government approval with proper documentation for travel to Cuba must be provided.
24. Travel in or to Countries on the US Governments "Travel Warnings" on the date of enrollment. The list is located at travel.state.gov;
25. Motorcycle vacations or holidays unless approved by the insurer and attached as a rider or appendix to this policy;
26. War Insurrection and Terrorism; Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or the radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof; any loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss or expense due to War, hostilities or



warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the Insured Person or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state Foreign to the nationality of the Insured Person, Terrorist activity.

We will not pay any loss as the result of from or contributed to by the following sports and activities:

1. Engaging in professional, club, interscholastic, intercollegiate or competitive sporting event, participation in semi or professional sports of any kind;
2. Use of any type of firearms (any device that discharges a projectile of any type);
3. Any activity relating to flying either as a Pilot in Command, student pilot, sport flying or the business or trade of flying except while travelling as a passenger in a fully-licensed passenger carrying aircraft;
4. Extreme Sports: Participation in any type of motorsport, motorsport race or motorsport contest, base jumping, paragliding, parachuting, mountaineering that requires specialized climbing equipment or to altitudes above 3500M or 10,000 feet, and diving to depths in excess of 25M (80ft) and flying within 24-hours of diving activity.

We will not pay Baggage Delay for any loss, treatment or services resulting from or contributed to by:

1. Proof of a missing bag report must be filed with the common carrier.
2. Items purchased after the bags were returned will not be covered.
3. Any claim must be accompanied by proper receipts with date and time affixed.
4. Benefit does not apply to the homeward journey.

We will not pay Baggage Loss/Theft for any loss, treatment or services resulting from or contributed to by:

1. Damage to baggage of any kind and/or its contents;
2. Any loss or theft, or suspected theft not reported to the Police within 24 hours of discovery and a written report obtained;
3. Any loss or theft of property in transit, which has not been reported to the carrier and written report obtained. In the case of an airline, a Property Irregularity Report will be required;
4. Loss of theft of any property left unattended in a public place;
5. Any theft from an unattended motor vehicle unless the property is in a locked/covered luggage area, and there is evidence of forced entry which has been verified by a Police Report;

We will not pay Accidental Death and Dismemberment resulting from or contributed to by:

1. Conditions arising from motorcycling as either a driver or passenger shall not be payable here under;
2. In the event of a claim a medical adviser or advisers appointed by the Insurers shall be allowed as often as the Insurer shall deem it necessary to examine the Insured Persons;
3. The insurer shall not be liable for any claim arising from medical or surgical treatment (unless rendered necessary by accidental bodily injury);
4. Beneficiary and Death notification: If the Insured Person dies due to a covered event the client's surviving beneficiary must provide Verification of eligibility and legal status of the beneficiary; Copy of the death certificate; Proof of travel in order to claim.

We will not pay Travel Delay resulting from or contributed to by:

1. A strike or industrial action existing or publicly declared at the time of effecting this Insurance;
2. Technical reasons such as aircraft commitment;
3. Where the Insured Person has not checked in according to the itinerary supplied and has failed to obtain written confirmation from the carrier (or their handling agents) of the period of or reason for the delay;
4. Arising directly or indirectly from withdrawal from service (temporary or otherwise) of a coach, an aircraft or sea vessel on the recommendation of a Port Authority or the Civil Aviation Authority or of any similar body.

The Insurers shall not be liable for personal liability claims arising directly or indirectly from:

1. Employers' liability, contractual liability or liability to a member of a family or a travelling companion;
2. Animals belonging to or in the care, custody or control of an Insured Person;
3. Any willful, malicious, or unlawful act;
4. Pursuit of trade, business or profession;
5. Ownership or occupation of land or buildings;
6. Ownership, possession or use of vehicles, aircraft, or motor-powered watercraft;
7. The influence of intoxicating liquor, or the use of firearms;
8. Legal costs resulting from any criminal proceedings;
9. The insurance limit is for any one individual event even if multiple losses are incurred by multiple insured's carrying the policy;
10. The Insured person cannot bind or have a binding effect if they admit liability for any loss, damage or injury caused by themselves.



PLAN ADMINISTRATOR



Trawick International Inc.

1956-J University Blvd. S. #264

Mobile, Alabama 36609

Toll Free: 888-301-9289 Direct: 251-661-0924

Email: info@trawickinternational.com

Website: www.trawickinternational.com



Emergency Travel Assistance Services

Available 24 hours a day, 365 days a year

Toll free within the United States and Canada: 877-916-7920

Outside the United States and Canada, call direct or collect: 949-716-7941



Claims Administrator

GBG Administrative Services

29741 Portola Pkwy Ste 1E #527

Foothill Ranch, CA 92610

For claim status or questions please call

Toll Free: 877-916-7920 or email info@gbgclaims.com

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 the Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Covered Person and the Policy Number. All claims must be submitted within 90 days from date of incident or they will be denied. Circumstances may exist in which this is not always possible. Any submissions after 90 days will be considered based on those circumstances.

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 and give authorization to release medical records.

Proof of Loss: Written (or authorized electronic or telephonic) proof of loss must be sent to the agent 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 delay or 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: Benefits for loss covered by the Policy, other than benefits that require periodic payment, will be paid not more than 60 days after We receive proper written proof of such loss. Benefits for loss covered by the Policy that require periodic payment shall be paid monthly provided that We receive proper written proof of such loss.

Payment of Claims: If the Covered Person dies, any death benefits or other benefits unpaid at the time of the Covered Person's death will be paid to the beneficiary. If no beneficiary is on record with Us or Our authorized agent, payment will be made to the first surviving class of the following to the Covered Person'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 Covered Person, if living. Otherwise, the benefits may, at our option, be paid: 1. according to the beneficiary designation; or 2. to the Covered Person's estate. If a benefit due is payable to: 1. the Covered Person's estate; or 2. the Covered Person 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 Covered Person 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 Covered Person requests otherwise in writing. The Covered Person 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 agent 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. The Insured is the beneficiary for any covered Dependent.

Assignment: At the request of the Covered Person or his or her parent or guardian, if the Covered Person 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 Covered Person 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 the 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 or Error: 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 the Policy by the amount overpaid, or paid in error. 3. Taking any other action available to Us. Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance plan are contained in the Master Policy, which is on file with the Policyholder. In the event of a conflict between this Description of Coverage and the Master Policy, the Master Policy will govern.

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

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

Fraud Warning: If the Insured Person or any person acting on his/her behalf shall make any claim or statement knowing the same to be false or fraudulent as regards to amount or otherwise, then this Insurance shall become void and all claims hereunder shall be forfeited without refund of premium.

Excess Insurance Provision: The insurance provided under both Medical and Evacuation shall be in excess of all other valid and collectable insurance or indemnity and shall apply only when such other benefits are exhausted. In the event no other insurance exists this coverage becomes primary with GBG reserving the right to review and potentially subrogate with any undeclared coverage whether known or unknown to the Insured Person.

Claims in Cuba: are on a reimbursement only basis. Americans must have US government approval and proper documentation when traveling to Cuba or the claim will be denied

Third Party Indemnity: The Insurer may at their own expense take proceedings in the name of the Insured Person to recover compensation or secure an indemnity from any third party in respect of any loss, damage or expense covered by this Insurance and any amounts, recovered or secured shall belong to the Insurer.

All claims arising under this insurance shall be governed by the Laws of the Bailiwick of Guernsey, Channel Islands, whose courts alone shall have jurisdiction in any dispute arising here under.

Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").



APPLICATION

STI-8825

Last Name: _____ First Name: _____ MI: _____
 Home Country Address: _____
 Passport Number/Country: _____
 Date of Birth: _____ Destination: _____
 AD&D Beneficiary: _____ Relationship: _____

Correspondence Address Same as Home Country Address

Name: _____
 Address: _____
 City: _____ State: _____
 Postal Code: _____ Country: _____
 Email Address: _____ Home Phone: (_____) _____
 Previously Insured by Trawick International? Yes No

Calculating your plan cost

Requested Effective Date ____/____/____
 Termination Date ____/____/____

| | |
|----------------------------------|-------------|
| Rate - Days 1-30 | \$30 |
| Additional Days 31-60 | |
| Number of Days _____ x \$2 a day | + |
| Additional Days 61-90 | |
| Number of Days _____ x \$3 a day | + |
| Trip Cancellation Rates | |
| Ages up to 45 5% | |
| Ages 46-65 7% | |
| Ages 66-70 10% | |
| Cost of Trip x _____ % = _____ | + |
| Cancel for Any Reason | |
| Ages up to 45 8% | |
| Ages 56-65 10% | |
| Ages 66-70 12% | |
| Cost of Trip x _____ % = _____ | + |
| Total Payment Enclosed | \$ |

Method of Payment

Make Check or Money Order payable to "Icon Services" and must be in U.S. dollars and from a U.S. bank.

Check Money Order MasterCard Visa Discover

Card Number: _____
 Expiration Date: (MM/YY) ____/____ CVV: _____
 Name on Card: _____
 Daytime Phone: (_____) _____
 Address: _____
 City: _____ State: _____
 Postal Code: _____ Country: _____

If paying by credit card, I authorize Icon Services to debit my Discover, VISA, or MasterCard account for the amount specified above. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. **Total payment** for the initial term of coverage requested must be entirely paid in U.S. dollars at time of Application or prior to the Effective Date of Coverage.

I understand this insurance contains a Pre-existing Condition exclusion, and other restrictions and exclusions. I understand that the information contained herein is a summary of the certificate and that I will receive my certificate upon acceptance by Trawick. I understand that GBG Insurance Limited, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. I understand and agree that the agent/broker/representative, if any, assisting with this Application is a representative of the Applicant. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so act and bind the Applicant. I hereby apply for membership in the EGlobal Tourist Trust, Hamilton, Bermuda and for the insurance provided to me by GBG Insurance Limited I understand that the insurance applied for is not a general health insurance policy, but is intended for use in the event of a sudden or unexpected event while traveling outside my Home Country as declared on my application.

_____/____/____
 Signature of Insured or Proxy (Required) (Proxy is someone acting on behalf of Insured) Date

Agent Name/Writing Number _____ - _____

Agent Information



TRAWICK
INTERNATIONAL

Trawick International Inc.
1956-J University Blvd. S. #264
Mobile, Alabama 36609

Toll Free: 888-301-9289 Direct: 251-661-0924
Email: Info@trawickinternational.com