TRAWICK INTERNATIONAL



SAFE TRAVELS **USA**
comprehensive

- **Accident and Sickness Medical Insurance for persons ages 14 days up to age 89 years with Evacuation and Repatriation Benefits**
- **Acute Onset of Pre-Existing Conditions**
- **Benefits for persons while traveling to the United States and world wide with certain restrictions to specific countries and locations**
- **Coverage from 5 days to 1 year and Renewable up to 2 years**

STU-12993 7/16

SAFE TRAVELS COMPREHENSIVE PLAN STU-12993 BENEFITS AT A GLANCE (Per Person)	
Medical Maximum per Policy Choices:	$50,000, $100,000, $250,000, $500,000, $1,000,000
Deductible Options per Policy Choices:	$0, $50, $100, $250, $500, $1,000, $2,500, $5,000
Co-insurance per Policy:	80% of the first $5,000 of Covered Expenses then 100% up to the chosen policy maximum
Medical Expense Benefits (subject to Policy Maximum, Deductible and Co-Insurance)	
Sudden and Acute Onset of Pre-Existing Condition:	Up to the Maximum Policy Limit per Period of Coverage up to age 69 Up to $25,000 per Period of Coverage Upon attaining age 70 Maximum Lifetime Limit for Emergency Medical Evacuation $25,000 See Limitations/Exclusions contained herein
Hospital Room and Board Charges:	The average semi private room rate
ICU Room and Board Charges:	Three times the average semi private room rate
Outpatient Medical:	Usual customary charge to the selected Medical Maximum
Medical Emergency Care Expenses:	Maximum Within a) 24 hours Acute Onset of Pre Existing Condition or b) 72 hours of newly diagnosed sickness or injury). These expenses include the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies
Doctor Visits, X-rays, Prescriptions, Ambulance:	Usual customary charge to the selected Medical Maximum
Emergency Medical Treatment of Pregnancy:	$1,000 per Policy Period
Mental or Nervous Disorders:	$2,500 per Policy Period
Physiotherapy/Physical Medicine/Chiropractic:	$50 per visit per day; up to 10 visits per Policy Period
Dental Treatment:	$250 per Policy Period (Injury and emergency alleviation of pain)
Additional Benefits	
Emergency Medical Evacuation:	100% up to $2,000,000*
Political/Natural Disaster Evacuation:	$25,000*
Repatriation of Remains:	100% up to $1,000,000*
Emergency Reunion:	$15,000 *
Return of Minor Child(ren) or Travel Companion:	$5,000*
Trip Interruption:	$5,000 per Policy Period (does not cover lost trip cost)*
Basic Lost Baggage:	$1,000 per Policy Period*
Accidental Death & Dismemberment Principal Sum:	$25,000 *
Coma Benefit:	$10,000*
Felonious Assault and Violent Crime:	100% up to $50,000*
Adaptive Home and Vehicle:	$5,000*
Seatbelt Benefit:	10% up to $50,000*
Airbag Benefit:	10% up to $50,000*
Hijacking and Air or Water Piracy:	Covered*
Benefit Period:	1 year from the date of the Covered Accident or Sickness
Optional Benefits - Available for Additional Premium	
Upgrade AD&D	$50,000, $100,000, $250,00 or $500,000 See rates page 5
Home Country/Follow Me Home Coverage	See benefit and rates page 5
Athletic Sports Coverage	See benefit and rates page 5
Hazardous Activities Coverage	See benefit and page 5

*** Not subject to the Medical Deductible**

ELIGIBILITY

Safe Travels USA Comprehensive plan provides Accident/Sickness Medical, Acute Onset of Pre-Existing Conditions, Accidental Death and Dismemberment, Emergency Medical Evacuation, Emergency Reunion, Political Evacuation, Trip Interruption, Repatriation, and Travel Assistance to individuals while visiting the United States or the United States and Worldwide. It can provide coverage for you, your spouse, traveling companion or dependent children/grandchildren. This plan is not available to green card holders in the USA. This plan is not available over age 90. Coverage for travel to the USA with Trip Cancellation is available through Safe Travels USA Trip Protection.

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 the 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 the certificate for which premium has been paid; or 3. the date the maximum benefit has been paid.

RENEWAL PROCEDURES

A renewal notice will be emailed before the Policy Period ends or you can go online to Trawick International website and renew prior to your termination date. You are subject to the following rules at renewal: Coverage may be renewed if it is initially purchased for a minimum of 5 days; If available, additional periods are charged at the premium rate in force at the time of renewal. The total Policy Period cannot exceed 24 months. Five days premium is the minimum acceptable renewal premium and twelve months premium is the maximum. There are no grace periods for renewals. Once the policy has lapsed, you would need to reapply. Please note: once you reapply for a new policy, the Pre-Existing Condition exclusion, deductible and co-insurance start over. Please contact your agent with questions or to renew.

CANCELLATION AND REFUND PROCEDURE PROVISIONS

Full cancellation and refund will only be considered if written request is received by Us prior to the Effective Date of the coverage. If written request is received after the Effective Date of coverage, the following conditions apply if the Insured Person wishes to cancel the insurance and a written partial refund request has been made: a) If any claims have been filed with the Company, the Premium is fully earned and is non-refundable. b) If no claims have been filed with the Company, then (i) a cancellation fee of US $ 25 will be charged; and (ii) only full month premiums will be considered as refundable; and c) If after a refund is made, it is determined that a claim was presented to the company on an Insured Person's behalf, the Insured Person will be fully responsible for that claim in its entirety.

EXCESS INSURANCE

The coverage provided on this plan 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. The Insurance Company reserves the right to review and potentially subrogate with any undeclared coverage whether known or unknown to the Insured Person.

PRE-EXISTING CONDITION DEFINITION

"Pre-Existing Condition" means Any Injury, Illness, sickness, disease, or other physical, medical, Mental or Nervous Disorder, condition or ailment that, with reasonable medical certainty, existed at the time of Application or at any time during the two (2) years prior to the Effective Date of this insurance, whether or not previously manifested, symptomatic or known, diagnosed, Treated, or disclosed to the Company prior to the Effective Date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom. A Pre-Existing Condition which is a chronic or congenital condition or that gradually becomes worse over time and/or known, scheduled, required, or expected medical care, drugs or Treatments Existing or necessary prior to the Effective Date are not considered to be an Acute Onset.

DESCRIPTION OF BENEFITS

Covered Medical Expenses Benefit - If a covered Injury or Illness occurs during the Policy Period and you require medical or surgical treatment; this plan will pay, subject to the selected deductible, applicable co-insurance and benefit maximums, the following Covered Expenses, up to the selected policy maximum. The first charges must be incurred within 90 days after the date of the Covered Accident or Sickness or the treatment must occur within 24 hours of the Acute Onset of a Pre-Existing Condition. No benefits will be paid for any expenses incurred which are in excess of Usual and Customary Charges.

1. Hospital Room and Board Expenses: the average daily rate for a semi private room when a Covered Person is Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
2. Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines when Hospital Confined. This does not include personal services of a non-medical nature.
3. Daily Intensive Care Unit Expenses: three times the average semi private room rate when a Covered Person is Hospital Confined in a bed in the Intensive Care Unit and nursing services other than private duty nursing services.
4. Medical Emergency Care Expenses incurred within: a) 24 hours of Acute Onset of a Pre Existing Condition or b) 72 hours of a newly diagnosed Injury or Sickness. These expenses include the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies.
5. Doctor Non-Surgical Treatment and Examination Expenses including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visits when referred by the attending Doctor.
6. Doctor's Surgical Expenses.
7. Assistant Surgeon Expenses when Medically Necessary.
8. Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
9. Physiotherapy Physical Medicine/Chiropractic Expenses on an inpatient or outpatient basis including treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, heat treatments, adjustments, manipulation, or any form of physical therapy and limited to $50 per visit, one visit per day and 10 visits per Policy Period.
10. X-ray Expenses (including reading charges).
11. Dental Expenses up to $250 due to Accidents or emergency alleviation of pain including dental x-rays for the repair or treatment of each tooth that is whole, sound and a natural tooth at the time of the Accident or emergency alleviation of dental pain.
12. Ambulance Expenses for transportation from the emergency site to the Hospital.
13. Prescription Drug Expenses including dressings, drugs and medicines prescribed by a Doctor.
14. Medical Services and Supplies: expenses for blood and blood transfusions; oxygen and its administration.
15. Emergency medical treatment of pregnancy up to $1,000 per Policy Period.
16. Mental or nervous disorders or rest cures up to $2,500 per Policy Period.

Sudden and Acute Onset of a Pre-Existing Condition – For ages up to and including 69 the limit is up to the Medical Policy Maximum purchased per Period of Coverage. Upon attaining age 70 benefits will be reduced to a Medical maximum of $25,000, with a $25,000 Maximum Lifetime Limit for Emergency Medical Evacuation. Provides coverage for an Acute Onset of a Pre-Existing Condition. Any repeat/reoccurrence within the same policy period will no longer be considered Acute Onset of a Pre-Existing Condition and will not be eligible for additional coverage. A Pre-Existing Condition which is a chronic or congenital condition or that gradually becomes worse over time and/or known, scheduled, required, or expected medical care, drugs or treatments Existing or necessary prior to the Effective Date are not considered to be an Acute Onset. This benefit covers only ONE (1) Acute Onset episode of a Pre-Existing condition. Sudden and Acute Onset of Pre-existing Condition Coverage expires upon medical advice that the condition and Onset is no longer acute or you are discharged from a medical facility.

Definition: *Acute Onset of a Pre-Existing Condition means a sudden and unexpected outbreak or recurrence of a Pre-Existing Condition which 1) occurs spontaneously and without advance warning either in the form of Physician recommendations or symptoms, is of short duration, is rapidly progressive, and requires urgent and immediate medical care; and 2) is a minimum of 48 hours after the Effective Date of the policy; and 3) is prior to the age shown in the Schedule of Benefits Limits; and 4) treatment is obtained within 24 hours of the sudden and unexpected outbreak or recurrence.*

Emergency Medical Evacuation

We will pay 100% up to $2,000,000 if you are traveling outside of your Home Country and suffer an Injury or Sickness during the course of the Trip which requires Emergency Medical Evacuation from the place where you suffer an Injury or Sickness to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; or transportation to your Home Country to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury or Sickness. An Emergency Medical Evacuation includes Medically Necessary medical treatment, medical services and medical supplies necessarily received in connection with such transportation. If after hospitalization or treatment for a covered Injury or Sickness, you are unable to continue your journey, Our designated assistance provider, in conjunction with the local attending Doctor and/or your habitual Doctor, will organize your return to your Home Country. If the gravity of the situation so dictates, Our designated assistance provider will ensure that appropriate medical care is provided to you during the return journey. If Our designated assistance provider and the local attending medical practitioner consider you stable enough to be medically repatriated, without endangering your health, and you refuse repatriation, We will continue to pay medical expense benefits incurred after the date repatriation was recommended only up to the amount that would have been payable for the medical repatriation, subject to policy maximums and limitations. Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance. Benefits will not be payable unless: 1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of your Injury or Sickness requires an Emergency Medical Evacuation; 2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3. the charges incurred are Medically Necessary and do not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4. do not include charges that would not have been made if there were no insurance.

Political/Natural Disaster Evacuation Benefit

Up to $25,000 maximum for extrication from the Host Country due to an Occurrence which could result in grave physical harm or death. You are covered if an Occurrence takes place while coverage is in effect; and while you are traveling outside of your Home Country or country of residence. Benefits will be paid for: 1. your Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure your safety and well-being as determined by the Designated Security Consultant. 2. your Transportation and Related Costs within 14 days of the Political Evacuation to either to the country in which you are traveling while covered by the Policy; or your Home Country; or 3. consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping cases, if you are kidnapped or are reported as a Missing Person to local or international authorities. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. Our assistance provider is not responsible for the availability of Transport services. Where a Political Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with you until a Political Evacuation occurs. Political Evacuation Benefits are payable only once for any one Occurrence. If, after a Political Evacuation is completed, it becomes evident that you were an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related costs from you.

Repatriation of Remains Benefit

We will pay 100% up to $1,000,000 for preparation and return of your body to your Home Country if you die due to an 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.

Emergency Reunion Benefit

Up to $15,000 maximum. Covers the cost of one economy airfare ticket and other local travel related expenses; or the reasonable expenses incurred for lodging and meals of your Immediate Family Member for a period of up to 10 days to accompany you to your Home Country or Hospital where you are confined if: 1. the Emergency Medical Evacuation Benefit is payable under the Policy; and 2. you are alone outside of your Home Country; and 3. the place of confinement is more than 100 miles from your Home Country; and 4. expenses were authorized in advance by the Company.

Basic Lost Baggage Benefit

Up to $1,000 maximum for the replacement costs of Necessities, up to $75 per article, if your luggage is checked onto a Common Carrier, and is then lost, stolen or damaged beyond use. Replacement costs are calculated on the basis of the depreciated standard and its average usable period. You must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid you its normal reimbursement for the lost, stolen or damaged luggage.

Trip Interruption Benefit

Up to $5,000 maximum for reimbursement of the cost of one way economy air and/or ground transportation ticket if your Trip is interrupted as the result of: 1. the death of an Immediate Family Member; or 2. your unforeseen Injury or Sickness or, the Injury or Sickness of a Traveling Companion or Immediate Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted; or 3. substantial destruction of your principal residence by fire or weather related activity; or 4. a Medically Necessary covered Emergency Medical Evacuation to return you to your Home Country or to the area from which you were initially evacuated for continued treatment, recuperation and recovery.

Hospital Confinement Benefit

$50 per day per policy period, payable to you, when you are Hospital Confined, and all of the following conditions are met: 1. The Hospital stay is the direct result, from no other causes, of Injuries sustained in a Covered Accident, or Sickness that occurs while the Policy is in effect. 2. The Hospital stay begins within 3 days of a Covered Accident or Sickness and lasts for at least 3 days. We will pay this benefit retroactive to the first day of the Hospital stay. Benefit payments will end on the first of the following: 1. the date the Hospital stay ends; 2. the date you die; 3. 10th day of hospitalization; or 4. the date the coverage terminates.

Return of Minor Child(ren) or Travel Companion Benefit

If you are the only person traveling with minor Dependent children who are under the age of 21 or a Travel Companion, and you suffer an Injury or Sickness and must be confined in a Hospital for at least 48 consecutive hours or are medically evacuated to another location, We will reimburse the cost of the Dependent or Travel Companion's one way economy airfare ticket and/ or ground transportation ticket to their Home Country, not to exceed $5,000. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation in the locality where the expense is incurred. Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.

Accidental Death & Dismemberment Benefit

Principal Sum: Insured -$25,000/Spouse/Domestic Partner/Traveling Companion - $25,000/Dependent Child - $10,000

If Injury to the Covered Person results in any one of the losses shown below within 365 days from date of Accident, We will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident.

Covered Loss Benefit Amount

Life, Quadriplegia or Two or more Members	100% of the Principal Sum
Hemiplegia or Paraplegia	75% of the Principal Sum
One Member	50% of the Principal Sum
Uniplegia or Thumb and Index Finger of the Same Hand	25% of the Principal Sum

Exposure and Disappearance Benefit - 100% of the Principal Sum if you are exposed to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which you were traveling. You are presumed dead if you are in a vehicle that disappears, sinks or is stranded or wrecked and your body is not found within six months of the Covered Accident. Hijacking and Air or Water Piracy Benefit - Covers Injury during the: 1. hijacking of an Aircraft; 2. air or water piracy; or 3. unlawful seizure or attempted seizure of an aircraft or watercraft. Coma Benefit - We will pay this benefit in a lump sum of $10,000 if you become Comatose within 31 days of a Covered Accident or Sickness and remain in a Coma for at least 31 days. Seatbelt and Airbag Benefit - 10% of the Principal Sum up to a maximum benefit of $50,000 if you die or are dismembered directly and independently from Injuries sustained while wearing a seatbelt and operating or riding as a passenger in an Automobile. Felonious Assault and Violent Crime Benefit - 100% of the Principal Sum applicable to the Covered Loss to a maximum of $50,000 and subject to the following conditions, when you suffer a Covered Loss resulting directly and independently of all other causes from a Covered Accident that occurs during a violent crime or felonious assault. Adaptive Home and Vehicle Benefit - Up to a $5,000 maximum If you have an Injury which results in a Loss payable under the Accidental Death and Dismemberment Benefit, We will pay an additional benefit equal to the least of the actual cost of the alterations or $5,000 for the one-time cost of alterations to your principal residence; and/or private Automobile to make the residence accessible and/or the private Automobile drivable or rideable.

ADDITIONAL COVERAGE OPTIONS

Home Country/Follow Me Home Coverage

Home Country Coverage/Follow Me Home can cover you for the following by increasing the per person per day by 10%.

Home Country Coverage

This benefit covers you for Injury or Sickness that occurs during an Incidental Trip to your Home Country during your Period of Coverage. Maximum benefit is reduced to $50,000. The chosen deductible applies and Coinsurance: 80% of the first $5,000 then 100% up to $50,000.

Follow Me Home Coverage

This plan shall pay for Covered Expenses incurred in your Home Country up to $5,000 for conditions first diagnosed outside Your Home Country and treated during your Period of Coverage. The chosen deductible applies and Coinsurance: 80% up to the $5,000 maximum. This Benefit does not apply when an Emergency Evacuation has occurred.

This benefit is limited to 60 days per 12 months of purchased coverage or pro rata thereof. (Example: 5 days per month of purchased coverage). You must purchase 30 days of coverage to add this benefit. Home Country Coverage cannot begin until you leave your Home Country.

Hazardous Activity Coverage (not available to Insured's over the age of 65)

Certain Activities are excluded under this coverage. (see Exclusions 11 and 18 on page 6) Hazardous Activity Coverage can be purchased for some activities by paying 25% additional premium. Purchase of the rider replaces AD&D Exclusion 11 and Medical Exclusion 18.

These activities are no longer excluded from Medical or AD&D coverage when you purchase the rider: Aviation (no piloting), Bobsleigh, BMX, Bungee Jumping, Canopying, Canyoning, Caving, High Diving, Hang Gliding, Heli-skiing, Hot Air Ballooning, Inline Skating, Jet Skiing, Kayaking, Motorcycling, Mountain Biking, Mountain Climbing (under 3500meters), Paragliding, Parasailing, Parascending, Scuba Diving (except in Cyprus), Ski-Jumping, Snowboarding, Snowmobiling, Snow Skiing, Spelunking, Surfing, Trekking, Water Skiing, Wind Surfing, Whitewater Rafting under class V, Zip Lining, Zorbing. The following activities remain excluded even upon purchase of this rider: Abseiling, BASE Jumping, Extreme Sports, Luge, Motocross, Moto-X, Mountaineering, or Mountain Climbing (exceeding 3500 meters or Class V difficulty on the Yosemite Decimal System), Piloting any Aircraft, Racing of any kind, Rock Climbing, Rodeo Activities, Rappelling, Scuba Diving in Cyprus, Ski Jumping, Skydiving, or Whitewater Rafting Class V.

Athletic Sport Coverage

You can cover the following by increasing the person per day rate by 20% and adding the amount of premium per class per month. Coverage for injuries incurred during Amateur, Club, Intramural, Interscholastic, Intercollegiate activities. Professional and Semi Professional Sports are always excluded. Any Athletic Sport not expressly covered hereunder is excluded from this policy unless the activity is non-contact and engaged in by You solely for leisure, recreation, entertainment, or fitness purposes only.

Class 1 - includes Tennis, Swimming, Cross Country, Track, Volleyball and Golf	20% + $0
Class 2 - includes Archery, Ballet, Cheerleading and all Class 1	20% +$7
Class 3 - includes Basketball, Diving, Equestrian, Fencing, Field Hockey, Lacrosse, Karate, Polo and All Class 1, 2	20% +$12
Class 4 - includes Football (no division 1), Gymnastics, Hockey, Rowing, Rugby and Soccer and All Class 1,2,3	20% +$26

Accidental Death and Dismemberment Upgrade Rates

Option 1 - Increase to $50,000 maximum AD&D benefit Additional $0.25 per person per day - All Ages
Option 2 - Increase to $100,000 maximum AD&D benefit Additional $0.50 per person per day - Ages 19 to 79 only
Option 3 - Increase to $250,000 maximum AD&D benefit Additional $1.75 per person per day - Ages 19 to 69 only
Option 4 - Increase to $500,000 maximum AD&D benefit Additional $4.00 per person per day - Ages 19 to 69 only

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found on our website.
You can visit this link to view these definitions: **https://www.trawickinternational.com/glossary**

EXCLUSIONS AND LIMITATIONS

We will not pay for any Accidental Death, Dismemberment or Paralysis loss or Injury that is caused by, or results from:

1. intentionally self-inflicted Injury.
2. suicide or attempted suicide.
3. war or any act of war, whether declared or not (except as provided by the Policy).
4. service in the military, naval or air service of any country.
5. disease or bacterial infection except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
6. hernia of any kind.
7. piloting or serving as a crewmember or riding in any aircraft except as a passenger on a regularly scheduled or charter airline.
8. commission of, or attempt to commit, a felony.
9. Injury or Sickness that occurs while the Covered Person has been determined to be legally intoxicated as determined according to the laws of the jurisdiction in which the Injury or Sickness occurred, or under the influence of any narcotic, barbiturate, or hallucinatory drug, unless administered by a Doctor and taken in accordance with the prescribed dosage.
10. flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests; flying in any rocket propelled aircraft; flying in any aircraft being used for or in connection with crop dusting, or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting bird or fowl herding, aerial photography, banner towing or any test or experimental purpose; flying any aircraft which is engaged in flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even if granted.
11. specific named hazards: Abseiling, Aviation (except when traveling as a passenger in a commercial aircraft), BASE Jumping, Bobsleigh, BMX, Bungee Jumping, Canopying, Canyoning, Caving, Extreme sports, High Diving, Hang Gliding, Heli-skiing, Hot Air Ballooning, Inline Skating, Jet Skiing, Kayaking, Luge, Motocross, Motorcycling, Moto-X, Mountaineering, Mountain biking, Mountain Climbing, Paragliding, Parasailing, Parascending, Piloting any Aircraft, Racing of any kind, Rock Climbing, Rodeo Activities, Rappelling, Scuba Diving, Ski Jumping, Skydiving, Snow Skiing, Snowboarding, Snowmobiling, Spelunking, Surfing, Trekking, Water Skiing, Wind Surfing, White Water Rafting, Zip Lining, Zorbing.
12. All professional, semi-professional, amateur, club, intramural, interscholastic or intercollegiate sports.

In addition to the Exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

1. Pre-Existing Conditions, as defined.
2. Acute Onset of Pre-Existing condition, as defined, where treatment is obtained after the 24 hour period from the initial Acute Onset.
3. services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Physician.
4. suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane.
5. Injury sustained while participating in a professional, semi-professional, amateur, club, intramural, interscholastic or intercollegiate sport (except as provided by the Athletic Sport Rider).
6. Sickness resulting from pregnancy (except as provided by Emergency Medical Treatment of Pregnancy).
7. Miscarriage resulting from Accident (except as provided by Emergency Medical Treatment of Pregnancy).
8. Immunizations, routine physical or other examinations where there are no objective indications or impairment in normal health, or laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a Physician.
9. cosmetic or plastic surgery, except as the result of an accident.
10. elective surgery which can be postponed until the Covered Person returns to his or her Home Country.
11. any mental or nervous disorders or rest cures (except as provided in the Schedule by Mental or Nervous Disorders Charges).
12. any dental treatment (except as provided by the for Dental Treatment for Injury and Emergency alleviation of pain).
13. eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily Injury incurred while covered under the Policy.
14. congenital anomalies and conditions arising out of or resulting therefrom.
15. services, supplies, or treatment expenses which are non-medical in nature.
16. the ordinary cost of a one-way airplane ticket used in the transportation back to the Covered Person's country where an air ambulance benefit is provided.
17. expenses as a result of or in connection with an intentionally self-inflicted Injury.
18. specific named hazards: Abseiling, Aviation (except when traveling as a passenger in a commercial aircraft), BASE Jumping, Bobsleigh, BMX, Bungee Jumping, Canopying, Canyoning, Caving, Extreme Sports, High Diving, Hang Gliding, Heli-skiing, Hot Air Ballooning, Inline Skating, Jet Skiing, Kayaking, Luge, Motocross, Motorcycling, Moto-X, Mountaineering, Mountain Biking, Mountain Climbing, Paragliding, Parasailing, Parascending, Piloting any Aircraft, Racing of any kind, Rock Climbing, Rodeo Activities, Rappelling, Scuba Diving, Ski Jumping, Skydiving, Snow Skiing, Snowboarding, Snowmobiling, Spelunking, Surfing, Trekking, Water Skiing, Wind Surfing, White Water Rafting, Zip Lining, Zorbing.
19. treatment paid for or furnished under any other individual or group policy, or other service or medical pre payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.
20. childbirth, miscarriage, birth control, artificial insemination, treatment for fertility or impotency, sterilization or reversal thereof or abortion.
21. organ transplants, marrow procedures and chemotherapy.
22. any sexually transmitted or venereal disease; and/or any testing for the following: HIV, Vaccine induced seropositivity to the AIDS virus, AIDS related Illnesses, ARC Syndrome, AIDS.
23. any treatment, service or supply not specifically covered by the Policy.
24. treatment by any Family Member or member of the Covered Person's household.
25. 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.
26. expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain.
27. any elective treatment, surgery, health treatment, or examination including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
28. contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of Existing artificial limbs, orthopedic braces, orthotic devices, artificial eyes and larynx.
29. treatment or service provided by a private duty nurse or while confined primarily to receive custodial care, educational or rehabilitative care or nursing care.
30. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
31. conditions that are not caused by a Covered Accident.
32. vocational, recreational, speech or music therapy.
33. traveling against the advice of a Physician, traveling while on a waiting list for inpatient Hospital or clinic treatment, or traveling for the purpose of obtaining medical treatment abroad.
34. any potential fatal condition which was diagnosed before the date your coverage became effective or any condition for which You are traveling to seek treatment.
35. Expenses incurred in your Home Country (unless Home Country Coverage was purchased).
36. Any infection of the urinary tract (including, without limitation, infection of the kidney, ureter, bladder, prostate or urethra) and any complication, medical condition or other Illness directly or indirectly arising therefrom, that occurs within ninety (90) days of the Effective Date of this Insurance and that requires Treatment of the Insured Person in a Hospital as an inpatient.
37. declared or undeclared war or any act thereof.

We will not pay Political Evacuation Expense Benefits for expenses and fees:

1. payable under any other provision of the Policy.
2. that are recoverable through the Covered Person's employer.
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by the Covered Person, acting alone or in collusion with other persons.
4. arising from or attributable to an alleged:
   a. violation of the laws of country in which the Covered Person is traveling while covered under the Policy; or
   b. violation of the laws of the Covered Person's Home County or country of residence.
5. due to the Covered Person's failure to maintain and possess duly authorized and issued required travel documents and visas.
6. for repatriation of remains expenses.
7. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization.
8. for medical services.
9. for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping.
10. arising from or attributable, in whole or in part, to: a. a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause; b. non-compliance by the Covered Person with regard to any obligation specified in a contract or license.
11. due to military or political issues if the Covered Person's Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.

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").

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

TRAWICK INTERNATIONAL

Insured by:
GBG Insurance Limited
Channel Islands - Guernsey
Global Benefits Group
26741 Portola Pkwy Suite 1E #527
Foothill Ranch CA 92610

VISITORS INSURANCE™.com
Int'l Travel Insurance experts over 35 years
A Division of Community Insurance Agency, Inc
425 Huehl Rd Suite 22-A
Northbrook, IL 60062
1-800-344-9540 or 1-847-897-5120
Info@VisitorsInsurance.com
www.VisitorsInsurance.com

APPLICATION

STU-12993 7/16

Last Name: _____ First Name: _____ MI: _____

Home Country Address: _____

Passport Number/Country: _____

Destination: _____

AD&D Beneficiary: _____ Relationship: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Previously insured with Trawick International? ☐ Yes ☐ No

COVERAGE SPECIFICS

[A] Accident Medical Expense Benefit Daily Premium Rates:

Use age at time of travel - (rates based on $250 deductible with a $25,000 Accidental Death and Dismemberment Benefit)

Persons up to age 64 are eligible for all plans

Persons age 65 and over are eligible for the $50,000 plan only.

Maximum Limit	$50,000	$100,000	$250,000	$500,000	$1,000,000
Age	Daily	Daily	Daily	Daily	Daily
Up to age 21	$0.85	$1.00	$1.25	$1.45	$1.55
22 to 29	$1.05	$1.25	$1.65	$1.80	$1.85
30 to 39	$1.35	$2.00	$2.30	$2.40	$2.60
40 to 49	$2.00	$2.75	$3.20	$3.50	$3.75
50 to 59	$3.60	$4.80	$5.65	$5.75	$6.05
60 to 64	$4.60	$5.80	$6.40	$7.00	$7.85
65 to 69	$5.30	N/A	N/A	N/A	N/A
70 to 79	$7.22	N/A	N/A	N/A	N/A
80 to 89	$12.09	N/A	N/A	N/A	N/A

[B] Number of Days

Requested Effective Date: ____/____/____ Requested Termination Date: ____/____/____ Number of Days [B] _____

Please note: The minimum initial period of coverage is 5 days, the maximum is 12 months.

[C] Deductible Options and Factors

(rates based on $250 deductible with a $25,000 Accidental Death and Dismemberment Benefit)

Deductible	$0	$50	$100	$250	$500	$1000	$2500	$5000
Factor	1.30	1.20	1.10	1.00	.90	.80	.70	.60

[D] Coverage Options Factors

☐ Athletic Sports 1.20 ☐ Home Country/Follow Me Home 1.10 ☐ Hazardous Activities 1.25

[E] Additional Accidental Death and Dismemberment Rates:

☐ Option 1: Increase to $50,000 maximum benefit	Additional $0.25 per person per day
☐ Option 2: Increase to $100,000 maximum benefit	Additional $0.50 per person per day
☐ Option 3: Increase to $250,000 maximum benefit	Additional $1.75 per person per day
☐ Option 4: Increase to $500,000 maximum benefit	Additional $4.00 per person per day

Persons under age 18 are eligible for Option 1 only; Persons age 18 to 69 are eligible for all Options;
Persons age 70-79 are eligible for Option 1 and 2; Persons age 80 to 89 are eligible for Option 1 only.

CALCULATING YOUR PLAN COST

Name of Person(s) to be insured:

	Date of Birth	Gender	Daily Rate
Traveler 1:_____	____/____/____	_____	$_____
Traveler 2:_____	____/____/____	_____	$_____
Traveler 3:_____	____/____/____	_____	$_____
Traveler 4:_____	____/____/____	_____	$_____

For more travelers, please attach an additional list of names.

[A] Total Daily Rate - All travelers	$
[B] Numbers of Days Coverage	x
Subtotal	$
[C] Multiply by the Deductible Factor (if applicable)	x
Subtotal	$
[D] Multiply Optional Coverage Factor (if applicable)	x
Subtotal	$
[E] Add AD&D Upgrade Rate (if applicable) Rate $_____ x # days ____	+
Total Payment Enclosed [A-E]	**$**

PAYMENT METHOD

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

☐ Check ☐ Money Order ☐ MasterCard ☐ Visa ☐ Discover ☐ Amex

Card Number:_____ Expiration Date: (MM/YY) _____/_____ CVV:_____

Name on Card:_____ Daytime Phone: (_____)_____

Billing Address:_____ City:_____

State:_____ Postal Code:_____ Country:_____

If paying by credit card, I authorize Icon Services to debit my Discover, VISA, MasterCard or American Express 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 if I am eligible for renewal of this insurance that it may be transacted on line and only before my current coverage expiration date. 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. Claims under this insurance may not be made against any state guaranty fund. 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 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 Visitors Insurance Agent # 380