

# REGISTRATION/TICKET INSURANCE POLICY

New Hampshire

BISTIX-01-CT
Plan Administrator
battleface
45 East Lincoln Street
Columbus, OH 43215

This Insurance Policy describes travel insurance benefits underwritten by Spinnaker Insurance Company, under Policy Form series RIG-1000-25NH (11/2019). Insurance benefits vary by plan, please refer to the accompanying Confirmation of Coverage. You will find the specific information for the plan you purchased. Please contact the Plan Administrator immediately if you believe the Confirmation of Benefits contains incorrect information.

The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential coverage as set forth under the Patient Protection and Affordable Care Act.

This page is informational and is not attached to nor does it form part of the policy.

#### SPINNAKER INSURANCE COMPANY

A Stock Company

Home Office: 233 S. Wacker Drive, Ste 5500, Chicago, IL 60606 Administrative Office: 1 Pluckemin Way, Bedminster, NJ 07921

#### TRAVEL INSURANCE POLICY

#### **Description of Coverage**

It is important that you understand the provisions and exclusions that are included in your travel insurance plan.

This *policy* is issued in consideration of enrollment and payment of the premium due. This *policy* describes all of the travel insurance benefits underwritten by Spinnaker Insurance Company, herein referred to as *we*, *us*, and *our*. This *policy* is a legal contract between *you* (herein referred to as *you* or *your*) and *us*. It is important that *you* read *your policy* carefully. Insurance benefits vary from program to program. Please refer to the *schedule of benefits*. It provides *you* with specific information about the program *you* purchased.

#### OUR PROMISE TO YOU FREE LOOK PERIOD

Since *your* satisfaction is *our* priority, *we* are pleased to give *you* ten (10) days to review *your policy*. If, during this ten (10)-day period, *you* are not completely satisfied for any reason, *you* may cancel *your policy* and receive a full refund. Please note that this refund is only available if the *covered trip* has not started and if a claim has not been initiated. After this ten (10)-day period, *your* premium is non- refundable.

Notice to Buyer: This insurance provides travel coverage only and is a limited benefit for unexpected emergency medical or dental care. Where the purpose of your travel is to receive medical, dental or cosmetic care, coverage for that specific treatment is not provided.

# TABLE OF CONTENTS

**SECTION I. - DEFINITIONS** 

**SECTION II. - GENERAL PROVISIONS** 

SECTION III. - ELIGIBILITY AND PERIOD OF COVERAGE

**SECTION IV. - COVERAGES** 

SECTION V. - CLAIMS PROCEDURES AND PAYMENT

SECTION VI. - GENERAL LIMITATIONS AND EXCLUSIONS

# **SECTION I. DEFINITIONS**

**Accident** means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place but shall also include exposure resulting from a mishap to a conveyance in which **you** are traveling.

**Active military duty** means serving in the United States Armed Forces on a full-time basis, including the United States Armed Forces Reserves.

Adventure activities means leisure and non-professional sports activities in:

- a. Cycling;
- b. Mountain climbing up to fifteen thousand (15,000) feet;
- c. Fishing;
- d. Scuba diving for *qualified divers* up to a maximum depth of forty (40) meters (one hundred thirty-one (131) feet) and for *unqualified divers* up to a maximum depth of thirty (30) meters (ninety-eight (98) feet);
- e. Snorkeling;
- f. White or black water rafting (Grades one (1) four (4));
- g. Canoeing;
- h. Kayaking;
- i. Water skiing;
- j. Camping;
- k. Hiking;
- I. Backpacking and sailing;
- m. Downhill and cross-country skiing;
- n. Snowboarding (including off-trail and back country skiing and snowboarding, except as designated unsafe by the resort management);
- o. Snowmobiling;
- p. Tobogganing;
- q. Snow tubing; and
- r. Ice skating.

**Advisory** means a formal travel advisory by the United States Government recommending that **you** leave the **host country**.

Baggage means luggage and personal possessions including:

- a. Traveling documents;
- b. Musical instruments;
- c. Sportsman's equipment; and
- d. Golf equipment, whether owned, borrowed, or rented, and taken by **you** on the **covered trip**.

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

**Business partner** means an individual who is involved in a legal partnership with **you** and actively involved in the day to day management of the business.

# Cancellation penalties means trip costs:

- a. Which are not refundable by the *travel supplier*, or are subject to restrictions;
- b. Which are paid by you prior to your covered trip departure date, or which you are obligated, or later become

obligated, to pay as a result of cancelling or interrupting the covered trip;

- c. Which are identified by you on the application; and
- d. For which insurance was purchased.

These will also include any subsequent pre-paid *payments or deposits* paid by *you* for the same *covered trip*, after application for coverage under this plan; however, *you* must notify *us* of these payments and pay the additional cost within two (2) days of *initial trip payment*.

**Caregiver** means an individual employed for the purpose of providing assistance with activities of daily living to **you** or **your family member** who has a physical or mental impairment. The **caregiver** must be employed by **you** or **your family member**. A **caregiver** is not a babysitter, childcare service, or any facility or provider.

**Child(ren)** means **your children**, including an unmarried **child**, stepchild, legally adopted **child** or foster **child** who is:

- a. Under the age of eighteen (18) and primarily dependent on you for support and maintenance; or
- b. Who is at least eighteen (18) but less than age twenty-four (24) and who regularly attends an institution of higher learning/an accredited school or college; and who is primarily dependent on *you* for support and maintenance.

*City* means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas, or airspace.

*Civil disorder* means a group of people acting in revolt, coup, rebellion or resistance against an established government or civil authority.

**Common carrier** means any regularly scheduled land, sea, and/or air conveyance operating under a valid license for the **transportation** of passengers for hire.

**Complications of pregnancy** means conditions requiring **hospital** admission (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include:

- a. Acute nephritis;
- b. Nephrosis;
- c. Cardiac decompensation;
- d. Missed abortion;
- e. Nonelective cesarean section;
- f. Ectopic pregnancy which is terminated;
- g. Spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible; and
- h. Similar medical and surgical conditions of comparable severity.

#### **Complications of pregnancy** do not include:

- a. False labor;
- b. Occasional spotting;
- c. *Physician*-prescribed rest during the period of pregnancy;
- d. Morning sickness;
- e. Hyperemesis gravidarum;
- f. Preeclampsia; and
- g. Similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct *Complication of pregnancy*.

**Confirmation** means the written **reservation** of travel arrangements on a **common carrier**.

**Covered trip** means a **trip** for which **you** request insurance coverage and pay the required premium and includes: **prepaid** Land/Sea Arrangements and shall include flight connections to join or depart such Land/Sea Arrangements provided such flights are scheduled to commence within one (1) day of the Land/Sea Arrangements, and **prepaid** course arrangements. Maximum **covered trip** duration is one hundred twenty (120) days

Cruise means any prepaid sea/ocean and/or inland waterway arrangements made by the travel supplier.

**Dangerous activities** means air travel on a privately-owned aircraft (whether as a pilot or a passenger), bull riding, running of the bulls, free diving, mountain climbing (over six thousand (6,000) meters), rock climbing without equipment, scuba diving (beyond fifty (50) meters), or any activity materially similar to the above.

**Dependent** means lawful spouse and/or **children**.

**Destination** means any place **you** are scheduled to travel to on **your covered trip**, as shown on the travel documents, manifest, or **confirmation**.

**Domestic partner** means a person, at least eighteen (18) years of age, with whom **you** have been living in a spousal relationship with evidence of cohabitation for at least ten (10) continuous months prior to the **effective date** of coverage.

**Effective date** means the date and time **your** coverage begins, as outlined in Section III. Eligibility and Period of Coverage of the **policy**.

**Epidemic** means an outbreak of a contagious disease that spreads rapidly and widely and that is identified as an **epidemic** by The Centers for Disease Control and Prevention (CDC).

**Extreme Activities** means BASE jumping, cliff diving, fly-by-wire, hang gliding, heli-skiing, heli- snowboarding, wingsuit flying, mountain climbing (over 3,000 meters), parkour, scuba diving (beyond 40 meters), and any activity materially similar to the above.

#### Family member means your or your traveling companion's:

- a. Spouse, civil union partner or domestic partner;
- b. *Child*;
- c. Siblings;
- d. Parents;
- e. Grandparent, step-grandparent, grandchild, or step-grandchild;
- f. Step-child, step-sibling, or step-parent;
- g. Step-aunt or step-uncle;
- h. Parent-in-law;
- i. Daughter-in-law or son-in-law;
- j. Brother-in-law or sister-in-law;
- k. Aunt or uncle;
- I. Niece or nephew;
- m. Legal guardian;
- n. *Caregiver*;
- o. Ward or legal ward; or
- p. Spouse, civil union partner, or *domestic partner* of any of the above.

**Family member** also includes these relations to **your** or **your traveling companion's** spouse, civil union partner or **domestic partner**.

**Financial default** means the cessation or partial suspension of operations due to insolvency, with or without the filing of a **bankruptcy** petition, by a tour operator, **cruise** line, airline, resort, rental company, or other **travel supplier**.

Home country means your country of residence.

#### **Hospital** means a facility that:

- a. Is operated according to law for the care and treatment of sick or *injured* people;
- b. Has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis;
- c. Has twenty-four (24) hour nursing service by registered nurses (R.N.'s); and
- d. Is supervised by one or more *physicians* available at all times.

#### A *hospital* does not include:

- a. A nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care;
- b. A facility that is, other than incidentally, a clinic, a rest home, nursing home, convalescent home, home health care, or home for the aged, nor does it include any ward, room, wing or other section of the hospital that is used for such purposes; or
- c. Any military or veteran's hospital or soldiers' home or any hospital contracted for or operated by an national government or government agency for the treatment of members or ex-members of the armed forces for which no charge is normally made.

**Host country** means a country or territory **you** are visiting, shown on **your** itinerary, and which is not **your home country**.

**Hotel/motel** means any establishment used for the purpose of temporary, overnight lodging for which a fee is paid and **reservations** are required.

*Imminent physical danger* means a situation or environment that poses a direct and immediate threat of physical injury or death.

Inaccessible means you cannot reach your destination by the original mode of transportation.

**Inclement weather** means any **severe weather** condition other than a hurricane which delays the scheduled arrival or departure of a **common carrier** or prevents **you** from reaching **your destination**.

**Initial trip payment** means the first **payment or deposit** made to **your travel supplier** toward the cost of **your covered trip**, regardless of whether this payment is refundable. A "good faith deposit" or a "holding payment" is not considered the **initial trip payment** until the payment is applied to confirmed travel dates.

**Initial trip payment** means the first **payment or deposit** made to **your travel supplier** toward the cost of **your covered trip**, regardless of whether this payment is refundable. A "good faith deposit" or a "holding payment" is not considered the **initial trip payment** until the payment is applied to confirmed dates of travel.

Injury or injured means a bodily injury caused by an accident occurring while your coverage under this policy is in

7

force and resulting directly and independently of all other causes of *loss* covered by this *policy*. The *injury* must be verified by a *physician*.

#### **Insured** means a person:

- a. For whom any required application form has been completed;
- b. For whom any required cost has been paid; and
- c. For whom a *covered trip* is scheduled.

**Loss** means an *injury* or *unforeseen* event or incident (subject to the exceptions contained in the following sentences) sustained by *you* as a direct result of one or more of the events against which *we* have undertaken to compensate *you*. **Loss** does not include lost profits or lost revenues of any kind, business interruption damages, or any pain and suffering damages. **Loss** also does not include any form of consequential, incidental, or indirect damages or *injury*.

# *Medically necessary* means a treatment, service, or supply:

- a. Is essential for diagnosis, treatment or care of the *accidental injury* or *sickness* for which it is prescribed or performed;
- b. Meets generally accepted standards of medical practice; and
- c. is ordered by a *physician* and performed under his or her care, supervision or order.

**Mental, nervous or psychological disorder** means a mental or nervous health condition including, but not limited to:anxiety, depression, neurosis, phobia, psychosis; or any related physical manifestation.]

#### Natural disaster means:

- a. A flood (due to natural causes);
- b. Tsunami;
- c. Hurricane;
- d. Tornado;
- e. Earthquake;
- f. Mudslide;
- g. Avalanche;
- h. Landslide;
- i. Volcanic eruption;
- j. Sandstorm;
- k. Sinkhole;
- I. Wildfire; or
- m. Blizzard.

**Normal pregnancy or childbirth** means a pregnancy or childbirth that is free of complications or problems.

Pandemic means an epidemic over a wide geographic area that affects a large portion of the population.

**Payments or deposits** means the cash, check, or credit card amounts actually paid for **your covered trip**. Certificates, vouchers, frequent traveler rewards, miles or points, discounts and/or credits applied (in part or in full) towards the cost of **your covered trip** are not **payments or deposits** as defined herein.

Pet means a domesticated dog or cat that is kept in the home for companionship and not for commercial purposes.

**Physician** means a licensed practitioner of medical, surgical, dental, services or the healing arts including accredited Christian Science Practitioner, acting within the scope of his/her license. The treating **physician** cannot

be you, your traveling companion, a family member, or a business partner.

**Policy** means this individual **policy** document, the **schedule of benefits**, and any endorsements, riders or amendments that will attach during the Period of Coverage.

**Pre-existing medical condition** means an *injury, sickness*, death or other condition of **you, your traveling companion**, **family member**, **host at destination**, **business partner**, **pet**, or **service animal**, to which any of the following applied within the sixty (60) day period immediately preceding and including the purchase date of this plan:

- a. First manifested itself, worsened, became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment, or;
- b. Care, testing or treatment was given or recommended by a *physician*; or
- c. Required a change in prescribed medication.

Change in prescribed medication means the dosage or frequency of a medication has been reduced, increased, stopped and/or new medications have been prescribed due to the worsening of an underlying condition that is being treated with the medication, unless the change is:

- a. Between a brand name and a generic medication with comparable dosage; or
- b. An adjustment to insulin or anti-coagulant dosage.

**Prepaid** means **payments** or **deposits** paid by **you** for **travel arrangements** for **your covered trip** prior to **your actual departure date** or **scheduled departure date**. **Payments or Deposits** for shore excursions, theater, concert or event **tickets** or fees, or sightseeing, if such arrangements are made during **your covered trip** and are to be used prior to the **scheduled return date** of **your covered trip** are not considered **prepaid** as defined herein.

Primary residence means your fixed, permanent and main home for legal and tax purposes.

**Professional athletic event** means a sporting contest in which **you** participate under contract in exchange for an agreed-upon salary. This does not include athletes participating in exchange for a scholarship or tuition.

**Qualified diver** means a diver that is certified by a recognized scuba diving authority such as the Professional Association of Diving Instructors.

**Quarantine** means a mandatory confinement, intended to stop the spread of a contagious disease to which **you** or **your traveling companion** may have been exposed.

**Reservation** means a confirmed **stay** at a **hotel** or resort with a confirmed arrival date and a confirmed **departure date** made through the **travel supplier**.

**Return date** means the date on which **you** are scheduled to return to the point where the **covered trip** started or to a different specified **return destination**.

**Return destination** means **your primary residence** or the place to which **you** expect to return from **your covered trip.** 

Scheduled departure date means the date on which you are originally scheduled to leave on the covered trip.

**Scheduled return date** means the date on which **you** are originally scheduled to return to the point of origin or to a different final **destination** or to **your primary residence** from a **covered trip**.

**Service animal** means any guide dog, signal dog, or other animal individually trained to work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding persons with impaired vision, alerting persons with impaired hearing to intruders or sounds, pulling a wheelchair, or fetching dropped items.

**Severe weather** means hazardous weather conditions including but not limited to windstorms, hurricanes, tornadoes, fog, hailstorms, rainstorms, snow storms, or ice storms.

**Sickness** means an illness or disease diagnosed or treated by a **physician** after **your effective date** of coverage under this **policy**. **Sickness** does not include **mental**, **nervous or psychological disorder**.

#### **Sportsman's equipment** means:

- a. Hunting equipment including, but not limited to guns, bows and arrows;
- b. Fishing equipment including, but not limited to rods, reels and tackle;
- c. Ski gear, including, but not limited to skis, ski poles, ski bindings, boots and snowboards;
- d. Golf equipment including, but not limited to golf clubs and golf balls; and
- e. Any other similar gear or equipment utilized by *you* for similar activities during the *covered trip*.

This includes such equipment that is used by **you** on **your covered trip** whether owned, borrowed or rented. **Spouse** means **your** legal spouse, civil union partner, or **domestic partner**.

Strike means a stoppage of work which:

- a. Is announced, organized, and sanctioned by a labor union; and
- b. Interferes with the normal departure and arrival of a *common carrier*.

This includes work slowdowns and sickouts. **Your** coverage must be effective prior to when the **strike** is foreseeable. A **strike** is foreseeable on the date labor union members vote to approve a **strike**.

**Terrorist Incident** means an act of violence that is deemed terrorism by the U.S. Department of State or that is committed by any person acting on behalf of, or in connection with, any organization which is classified as a Foreign Terrorist Organization by the U.S. Department of State. The following are not considered **terrorist incidents**: an act of war (declared or undeclared), **civil disorder**, or riot. Not all acts of violence, even when committed by known terrorist organizations, are considered **terrorist incidents** for the purpose of this definition. Any act of violence will only be declared a **terrorist incident** if/when the US Department of State declares it so.

**Ticket** means a **ticket** issued on paper or in electronic documentation to an entertainment, theatrical or recreational **event** and paid for in full by **you**.

## *Travel arrangements* means:

- a. Transportation;
- b. Accommodations; and
- c. Other specified services arranged by the *travel supplier* or *you* or others for *your covered trip*.

*Travel supplier* means any entity involved in providing travel services or *travel arrangements*.

Traveling companion means person(s) booked to accompany you on your covered trip.

**Trip** means a period of travel from **your primary residence** for a period that does not exceed one hundred twenty (120) days. **Your** trip must have a defined **departure date** and **return** date.

**Trip cost** means dollar amount of **trip payments or deposits**, which are subject to cancellation penalties, paid by **you** prior **your covered trip departure date**. The trip cost is stated on **your application**. Trip cost will also include the cost of any additional pre-paid **payments or deposits** paid by **you** for the same **covered trip**, after application for coverage under this plan provided **you** amend **your policy** limit to include the cost of the additional travel arrangements and pay any additional premium.

*Unforeseen* means not known, anticipated or reasonably expected, and occurring after the *effective date* of *your policy*.

#### Uninhabitable means:

- a. The building structure itself is unstable and there is a risk of collapse in whole or in part;
- b. There is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood;
- c. Immediate safety *hazards* have yet to be cleared, such as debris or downed electrical lines;
- d. The property is without electricity, gas, sewer service or water for forty-eight (48) hours or more; or
- e. Local government authorities have issued a mandatory evacuation.

**Unqualified diver** means a diver who is not certified by a recognized scuba diving authority such as the Professional Association of Diving Instructors.

We, us or our means Spinnaker Insurance Company and its agents.

#### Winter activities means:

- a. Skiing or snowboarding of any kind;
- b. Glacier walking;
- c. Dog sled rides;
- d. Ice climbing;
- e. Ice curling;
- f. Ice diving;
- g. Ice hockey;
- h. Ice skating;
- i. Sledding;
- j. Speed skating;
- k. Tobogganing; or
- I. Any activity materially similar to those activities described herein.

You or your means all persons listed as insureds on the schedule of benefits.

# **SECTION II. GENERAL PROVISIONS**

The following provisions apply to all coverages:

**Entire Contract; Changes**: This *policy, schedule of benefits, application* and any attachments are the entire contract of insurance. No agent may change it in any way. Only an officer of *our* company may approve a change. Any such change must be shown in this *policy* or its attachments.

**Legal Action**: No legal action for a claim or inequity can be brought against *us* until sixty (60) days after *we* receive Proof of Loss as required by this *policy*. No action may be brought against *us* after the expiration of three (3) years after the time written proof of loss is required to be furnished.

**Payment of Premium:** Coverage is not effective unless all premium due has been paid to *us* or *our* designated representative prior to a date of *loss* or insured occurrence.

**Subrogation**: When someone is responsible for **your loss**, **we** have the right to recover any payments **we** have made to **you** or someone else in relation to **your** claim, as permitted by law. In such case, **we** may require any person receiving payment from **us** to assign their rights to recover such payment, including signing and providing any documents reasonably required allowing **us** to do so. Everyone eligible to receive payment for a claim submitted to **us** must cooperate with this process and must refrain from doing anything that would adversely affect **our** rights to recover payment.

**Termination of this** *policy*: Termination of this *policy* will not affect a claim for *loss* if the *loss* occurred while this *policy* was in force.

**Insurance With Other Insurers**: If there is other valid coverage with another insurer that provides coverage for the same *loss* on a provision of service basis or an expense incurred basis, payment shall not be prorated or reduced. If such a case, *you* shall be entitled to payment from both insurers. However, payment will not be in an amount greater than your actual loss.

**Concealment or Fraud:** *We* do not provide coverage to *you* if at any time *you* have made false statements, engaged in fraudulent conduct, or intentionally concealed or misrepresented a material fact related to this insurance.

**Acts of Agents**: No agent or any person or entity has authority to accept service of the required proof of *loss* or demand arbitration on *our* behalf nor to alter, modify, or waive any of the provisions of this *policy*.

Physical Examinations and Autopsy: We have the right to have you medically examined as reasonably necessary to make a decision about your medical claim. If someone covered by your policy dies, we may also require an autopsy (except where prohibited by law). We will cover the cost of these medical examinations or autopsies.

**Policy Changes: You** or the **policy** purchaser may request changes to the **policy** by notifying **us**. All other changes to **your policy** must be requested prior to **your** original **departure date**. If the change results in an increase in premium, **you** must pay the amount due. If the requested change results in a premium decrease, we will refund the return premium to the **policy** purchaser. Requested changes will be effective with **our** acceptance and **your** payment of premium due.

Arbitration: Upon mutual agreement, we and one or more insured(s) with respect to the rights of such insured(s) under this policy shall be submitted to non-binding arbitration, which shall be the sole forum for the resolution of disputes under or in connection with this policy, upon the written request of any party. The Commercial

Arbitration Rules of the American Arbitration Association shall apply, except with respect to the selection of arbitrators, the payment of arbitration fees and costs, the location and the entry of the arbitration award.

**Selection of Arbitrators**: One arbitrator shall be chosen by one side and another arbitrator by the other side, and a third arbitrator shall be chosen by the first two arbitrators before they enter into arbitration. All arbitrators shall be disinterested.

**Payment of Arbitration Fees and Costs**: Each side shall pay the fee of its chosen arbitrator and half the fee of the third arbitrator. The remaining costs of the arbitration, including legal fees and disbursements, shall be paid as the written decision of the arbitrators directs, with it being expressly understood that the intention is to favor reimbursement of such fees and expenses to **you** that has brought a meritorious dispute. The fees to be borne by a side consisting of more than one Party shall be divided equally among such Parties.

**Location**: Any arbitration hereunder shall take place in the state of residence, unless otherwise mutually agreed upon by the two sides.

**Entry of Arbitration Award**: Judgment upon an arbitration award hereunder may be entered in, and enforced by, any court of competent jurisdiction.

Transfer of Coverage. Coverage under this policy cannot be transferred by you to anyone else.

**Assignment:** *You* may not assign any of *your* rights, privileges or benefits under this *policy* without *our* prior consent.

**Controlling Law:** Any part of this *policy* that conflicts with the state law where this *policy* is issued is changed to meet the minimum requirements of that law.

**You** are responsible for meeting all requirements to travel, including obtaining required travel authorizations/documentation (for example, passports or visas), obtaining required immunizations (unless **you** are medically unable) and medical supplies/equipment (including verifying that **your** supplies/equipment meet **your travel supplier's** requirements), and anything else required for **you** to travel.

# SECTION III. ELIGIBILITY AND PERIOD OF COVERAGE

**ELIGIBILITY AND ENROLLMENT:** You must apply for your own insurance plan and pay premium due. If a minor dependent child is traveling with you, you must complete an application for the child and pay premium due. If accepted by us, each applicant will become an insured.

**You** are only eligible for coverage if **we** accept **your** request for insurance. **Your policy's** coverage **effective date** and coverage **end date** are indicated on **your confirmation**. The **policy** is effective on the day after **we** receive both the **application** and the full premium. If this **policy** was purchased by mail, the **policy** is effective the day after both the order and the full premium are postmarked. The order and full premium must be received before the **departure date**.

In order to be eligible for coverage, *losses* must occur while *your policy* is in effect.

Except for one-way and same-day return *trips*, the *departure date* and *return date* that *you* provided at time of purchase are counted as two separate days of travel when *we* calculate the duration of *your covered trip*.

Subject to payment of any premium due:

For Trip Cancellation: Coverage begins at 12:01 A.M. local time, at *your* location on the day after the required premium for such coverage is received by *us* or *our* Administrator as shown in the *schedule of benefits*. Coverage ends at the point and time of departure on *your scheduled departure date*.

In the event the **scheduled departure date** and/or the **scheduled return date** are delayed, or the point and time of departure and/or point and time of return are changed because of circumstances over which neither the **travel supplier** nor **you** have control, **your** term of coverage shall be automatically adjusted in accordance with **your** or the **travel supplier's** notice to **us** of the delay or change.

#### WHEN YOUR COVERAGE ENDS.

Trip Cancellation coverages end on the earlier of:

- a. The cancellation of your covered trip; or
- b. 11:59 P.M. on the day before the *scheduled departure date*.

# **SECTION IV. COVERAGES**

#### TRIP CANCELLATION

**We** will pay **you** up to the maximum amount shown in the **schedule of benefits** for loss(es) incurred by **you** or **your traveling companion** for a **covered trip** cancelled up to the date and time of departure due to any of the following **unforeseen** events:

#### **Health and Family**

- a. Any *injury*, death, or *sickness*;
  - Occurring to you, your traveling companion, a family member traveling with you, or service animal that
    is so disabling as to cause a reasonable person to cancel their covered trip, which results in medically
    imposed restrictions as certified by a physician at the time of loss preventing your continued use of the
    covered trip;
  - Occurring to a *family member* not traveling with *you* that is considered life- threatening, as certified by a *physician* or they require *your* immediate care. Such disability must be so disabling as to reasonably cause a *covered trip* to be canceled and must be certified by a *physician*;
  - 3. Occurring to *your business partner* that is so disabling as to cause a reasonable person to cancel their *covered trip* to assume daily management of the business. Such disability must be certified by a *physician*.

#### **Transportation and Accommodation**

- a. **You** and/or **your traveling companion** are directly involved in or delayed due to a traffic accident, while en route to **your destination**. Traffic accident must be substantiated by a police report;
- Mechanical/Equipment failure of a common carrier that occurs on or within one (1) days of a covered trip scheduled departure date and causes complete cessation of your travel for at least twenty-four (24) consecutive hours;
- c. Strike causing cancellation or delay of your pre-arranged travel services for at least twenty-four
   (24) consecutive hours; that causes complete cessation of services of your common carrier for at least forty-eight (48) consecutive hours;

#### Weather

- a. *Inclement weather*, if all of the following conditions are met:
  - 1. Prevents you from reaching your destination;
- b. Your or your traveling companion's primary residence being made uninhabitable or inaccessible by natural disaster, flood, tsunami, hurricane, tornado, earthquake, mudslide, avalanche, landslide, volcanic eruption, fire, wildfire, or blizzard that is due to natural causes; vandalism, or burglary. Coverage for a hurricane applies only if insurance was purchased prior to the storm being upgraded to a hurricane.

#### **Personal Safety and Security**

- a. A politically motivated *terrorist incident* occurs within a fifty (50) mile radius of the territorial *city* limits of the *city* to be visited as shown in *your* itinerary within 30 days of *your* departure;
- b. **You** and/or **your traveling companion** being hijacked, **quarantined**, required to serve on a jury, subpoenaed, or required to appear as a witness in a legal action, provided **you** or **your traveling companion** are not a party to the legal action or appearing as a law enforcement officer;
- c. Theft of passports, travel documents, or visas specifically required for *your covered trip* within fourteen (14) days of the *scheduled departure date*. The theft must be substantiated by a police report;
- d. Cancellation of a *covered trip* as a result of: riot, or *civil disorder* for at least twenty-four (24) consecutive hours preventing *you* from reaching *your destination*;

## Work/Military/School

- a. You or your traveling companion or parent or legal guardian if the insured is a child has an involuntary employer-initiated permanent transfer within the same organization of two hundred fifty (250) or more miles which requires your primary residence to be relocated provided that you have been an active employee with the same employer for at least two (2) continuous years. Notification of the transfer must occur after the effective date and the transfer must occur within thirty (30) days of the scheduled departure date;
- b. **You** or **your traveling companion** or parent or legal guardian if the **insured** is a **child** are involuntarily terminated or laid off through no fault of **your** own more than thirty (30) days after **your effective date**, provided that **you** have been an active employee for with the same employer for at least two (2) continuous years. Termination must occur following the **effective date**. This provision is not applicable to temporary employment, seasonal employment, independent contractors or self-employed persons;
- c. You or your traveling companion are employed as a full time teacher or other full time employee a student or parent of a student at a primary or secondary school and are required to complete an extended school year that falls on or beyond the scheduled departure date. School extensions due to extra-curricular or athletic events are not covered;
- d. **Your** business operations are interrupted by fire, flood, burglary, vandalism, product recall, **bankruptcy**, **natural disaster**, or **financial default**; or
- e. **You, your traveling companion** or **immediate family member** are called to **active military duty** to provide aid or relief in the event of a **natural disaster**, or military leave is revoked or reassigned within thirty (30) days of the **scheduled departure date**, except because of war, the War Powers Act, or disciplinary action. The military leave for the dates of travel must have been approved prior to the **effective date**;

### **Trip Cancellation Exclusions:**

In addition to the General Limitations and Exclusions, the following exclusions apply to the Trip Cancellation Benefit. No benefits will be paid for any loss for, caused by, or resulting from:

- a. *Travel arrangements* canceled by an airline, charter, *cruise* line, or tour operator, except as provided elsewhere in the plan;
- b. Changes in plans by *you*, a *family member*, or *your traveling companion*, for any reason; unless Cancel for Any Reason coverage was purchased;
- c. Financial circumstances of you, a family member, or your traveling companion;
- d. Any business or contractual obligations of *you*, a *family member*, or *your traveling companion*, for any reason:
- e. Any government regulation or prohibition;
- f. An event which occurs prior to **your coverage effective date**;
- g. Failure of any tour operator, *common carrier*, person or agency to provide the bargained-for *travel* arrangements or to refund money due *you*;
- h. Financial default;
- i. Traveling for the purpose of securing medical treatment; and
- j. Payments made for this policy.

# SECTION V. CLAIMS PROCEDURES AND PAYMENT

All benefits will be paid in United States Dollars.

**Payment of Claims: When Paid**: Payable claims will be paid within five (5) business days after **we** or **our** designated representative receive and verify the completeness of all required documentation of the **loss**.

**Payment of Claims: to Whom Paid**: Benefits are payable to the *insured* who purchased this *policy*. Any benefits payable due to *your* death will be paid to the survivors of the first surviving class of those that follow:

- a. The beneficiary named by **you** and on file with **we** or **our** designated representative; if none is available, then
- b. To *your* spouse, if living. If no living spouse, then
- c. To *your* estate.

**Notice of Claim:** *You* or someone acting on your behalf must contact *our* administrator listed on *your policy*, within twenty (20) days, or as soon as reasonably possible. *You* should be prepared to describe details regarding the *loss* and *your covered trip*. *Our* administrator will provide a claim form to *you* for completion and signature.

**Claim Forms:** *We* will send the claimant Proof of Loss forms within fifteen (15) days after *we* receive notice. If the claimant does not receive the Proof of Loss forms within fifteen (15) days after submitting notice, he or she can send *us* a detailed written report of the claim and the extension of the *loss*. *We* will accept this report as Proof of Loss if sent within the time fixed below for filing Proof of Loss.

#### **Proof of Loss:**

The claim forms must be sent back to **us** or **our** designated representative no more than ninety (90) days after a covered **loss** occurs or ends, or as soon after that as is reasonably possible. Failure to furnish such proof within such time will not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof during that time. All claims under this **policy** must be submitted to **us** or **our** designated representative no later than one year after the date of **loss** or as soon as reasonably possible. All claims require **you** to provide **us** or **our** designated representative with the following:

- a. The benefit-specific documentation shown below; and
- b. A *covered trip* invoice, itinerary or *confirmation* showing details of the *covered trip* (dates of travel, *destination*, etc.); and
- c. Any other information reasonably required to prove the *loss*.

Other Insurance with Us: You may be covered under only one (1) travel policy with us for each covered trip. If you are covered under more than one (1) such policy, you may select the coverage that is to remain in effect. In the event of death, the selection will be made by the beneficiary or estate. We will refund the premiums paid for the duplicate coverage, less claims paid, and the duplicate coverage will be cancelled.

# SECTION VI. GENERAL LIMITATIONS AND EXCLUSIONS

In addition to any applicable benefit-specific exclusions, the following exclusions apply to all *losses* and all benefits. Unless otherwise shown below, these exclusions apply to *you*, *your traveling companion*, *family member host at destination*, *business partner*, *pet* and *service animal*. This *policy* does not cover any *loss* for, caused by or resulting from:

- a. Intentionally self-inflicted *injury*, suicide, or attempted suicide of *you*, or *your family member*, *traveling companion* or *business partner* while sane or insane;
- b. War (whether declared or not) or act of war, participation in a *civil disorder*, riot, insurrection or unrest (unless specifically covered herein);
- c. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
- d. A mental or nervous health disorder, as recognized by the American Psychiatric Association, including but not limited to Alzheimer's disease, anxiety, dementia, depression, neurosis, psychosis, or any related physical symptoms. This exclusion applies only to Trip Cancellation Coverage;
- e. Being under the influence of drugs or narcotics, unless administered upon the advice of a *physician* as prescribed; or
- f. Intoxication above the legal limit at **your** location at the time of **loss**; or
- g. Commission or the attempt to commit a criminal act by *you*, *your traveling companion*, or *your family member*, whether insured or not;
- h. The following activities are excluded:
  - 1. Participation in professional athletic events, motor sport, or motor racing, including training or practice for the same; sky diving, parachuting, hang gliding, bungee cord jumping, heliskiing, spelunking; parkour;
  - 2. Mountain climbing over four thousand five hundred (4,500) meters that requires the use of equipment such as pick-axes; anchors; bolts; crampons; carabineers; and lead or top-rope anchoring or other specialized equipment;
  - 3. Operating or learning to operate any aircraft, as student, pilot, or crew;
  - 4. Air travel on any air-supported device, other than a regularly scheduled airline or air charter company;
  - 5. Participation in underwater activities such as scuba diving (if depth exceeds thirty (30) or one hundred twenty (120) feet or more);
- i. Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
- j. Any treatment or medication which, at the time of departure, is required to be continued during the *covered* trip;
- k. *Normal pregnancy or childbirth*, or elective abortion. However, *unforeseen complications of pregnancy* are not excluded;
- I. Traveling for the purpose of securing medical treatment;
- m. Directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination;
- n. Care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation;
- o. Accidental injury or sickness when traveling against the advice of a physician;
- p. Care or treatment which is not *medically necessary*, except for related reconstructive surgery resulting from trauma, infection or disease;
- q. Any *loss*, condition, or event that was known, foreseeable, intended, or expected when *your policy* was purchased;
- r. Any failure of a provider of travel related services (including any *travel supplier*) to provide the bargained-for travel services or to refund money due *you*;

- s. Your participation in civil disorder, riot or a felony;
- t. Acts, travel alerts/bulletins, or prohibitions by any government or public authority, except as expressly covered under Trip Cancellation coverage or Trip Interruption coverage;
- u. Pandemic or epidemic;
- v. Your failure to derive pleasure in, or benefit from, or profit from your covered trip.
- w. Payments made for this *policy* and any other insurance;
- x. Travel supplier restrictions on any baggage, including medical supplies and equipment;
- y. If your tickets do not contain specific travel dates (open tickets); or
- z. Any loss or expense incurred as the result of a *pre-existing medical condition*.

#### PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

We will waive the pre-existing medical condition exclusion if the following conditions are met:

- a. This plan is purchased within two (2) days of *initial trip payment;*
- b. The amount of coverage purchased equals all *prepaid* nonrefundable *payments or deposits* applicable to the *trip* at the time of purchase;
- c. All insureds are medically able to travel when this plan cost is paid; and
- d. The *trip cost* does not exceed \$20,000 per person.

This coverage will be terminated and no benefits will be paid under this **Pre-existing Medical Condition** Exclusion Waiver coverage if the full costs of all **prepaid**, non-refundable **trip** arrangements are not insured.



Rev. 06/2022

# FACTS WHAT SPINNAKER DOES WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include:
	<ul> <li>Name and date of birth</li> <li>Property information and property records</li> <li>Checking account information and credit-based insurance scores</li> </ul>

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Spinnaker chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Spinnaker share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	No	No
For joint marketing with other financial companies	No	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share

**Questions?** 

Call toll-free 1-800-747-3214.

# Page 2

Who we are			
Who is providing this notice?	Spinnaker Insurance Company and its insurance company subsidiaries		
What we do			
How does Spinnaker protect my personal information?	To protect your personal information from unauthorized access and use, we maintain physical, electronic, and procedural safeguards that comply with federal law. These measures include computer safeguards and secured files and buildings.		
How does Spinnaker collect my personal information?	We collect your personal information, for example, when you:		
Why can't I limit all sharing?	Federal law gives you the right to limit only  sharing for affiliates' everyday business purposes – information about your creditworthiness  affiliates from using your information to market to you  sharing for nonaffiliates to market to you  State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.		

Companies related by common ownership or control. They can be financial and nonfinancial companies.
<ul> <li>Our affiliates include financial companies such as companies that share the Spinnaker, Mainsail, Masthead, or Hippo brand.</li> </ul>
Companies not related by common ownership or control. They can be financial and nonfinancial companies.
<ul> <li>Spinnaker does not share with nonaffiliates so they can market to you.</li> </ul>
A formal agreement between nonaffiliated financial companies that together market financial products or services to you.
Spinnaker doesn't jointly market.

# Other Important Information

We will also comply with more restrictive state laws to the extent they apply.

**California Residents**: We will not share your information with nonaffiliated third parties for their marketing purposes except with your express consent. California residents will also be provided an "Important Privacy Choices" notice explaining their rights under the California Financial Information Privacy Act.

**Nevada Residents**: Nevada law allows us to make marketing calls to our existing customers listed on the National Do Not Call Registry. This notice is provided to you pursuant to state law. If you prefer not to receive marketing calls from us, you may be placed on our internal Do Not Call List by calling 1-888-221-7742. If you would like more information about our practices, you may call 1-888-221-7742. You may also contact the Nevada Attorney General's office: Bureau of Consumer Protection, Office

ISSP (10/2022) 21 BISTIX-01-NH

# SPINNAKER INSURANCE COMPANY

In Witness Whereof, the Spinnaker Insurance Company has caused this policy to be signed by its Chief Executive Officer and Secretary at Bedminster, New Jersey, and countersigned on the declarations page by a duly Authorized Agent of the Company.

Nicholas Scott, Secretary

David Ingrey, Chief Executive Officer

Daviddyny



Powered by **battleface** 

# battleface Insurance Services LLC

45 East Lincoln Street Columbus, OH 43215

**t:** +1 (855) 998 2928 **e:** usa@battleface.com