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# **TICKET CANCELLATION**

Pennsylvania

**BISTKT1-01-PA**  
**Plan Administrator**  
**battleface**  
45 East Lincoln Street  
Columbus, OH 43215

This Insurance Policy describes travel insurance benefits underwritten by Everspan Insurance Company, under Policy Form series EBIS00 08.22. 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 only and is not attached to nor does it form part of the policy.

**EVERSPAN INSURANCE COMPANY**  
One World Trade Center, 41<sup>st</sup> Floor  
New York, New York 10007

**TRAVEL INSURANCE POLICY**

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 Everspan 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.

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## SECTION I. DEFINITIONS

**Accident** or **accidental** 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 the following leisure and non-professional sports activities:

- a. Jet skiing (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- b. Parasailing (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- c. Snorkeling (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- d. Windsurfing (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- e. Boardsailing (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- f. Tubing (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- g. Dog sledding (recreational) (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- h. Glacier walking (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- i. Ice skating;
- j. Snow shoeing (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- k. Horse, camel, or elephant riding (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- l. Camping;
- m. Cave tubing (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- n. Hunting including hunting safaris (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- o. Off-road driving (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- p. Go-karting;
- q. Rope courses (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- r. Land, sand sailing, skiing or yachting (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- s. Marathon running;
- t. Backpacking;
- u. Zip-lining (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- v. Resort-sponsored activities;
- w. Roller skating or blading;

- x. Wildlife or tourist safaris (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- y. Target or skeet shooting (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- z. Trekking;
- aa. Archery (only when performed under the supervision or guidance of a qualified outfitter, guide or tour operator);
- bb. Indoor climbing;
- cc. Dodgeball;
- dd. Competing in highland games athletic events;
- ee. Paintball;
- ff. Skateboarding;
- gg. Tug-of-war;
- hh. Ice or field hockey;
- ii. Snow skiing or snowboarding recreational downhill or cross-country, except **extreme skiing** or **extreme snowboarding**;
- jj. Mountain biking or mountain cycling;
- kk. Ice or deep sea fishing;
- ll. White or black water rafting (Grades one (1) – two (2));
- mm. Water skiing;
- nn. Kite boarding or surfing and wind surfing;
- oo. Surfing;
- pp. Hunting/Shooting;
- qq. Sailing;
- rr. Snowmobiling;
- ss. Tobogganing or sledding;
- tt. Or any activity materially similar to the above.

**Baggage** means luggage and personal possessions including:

- a. **Personal effects**;
- b. Traveling documents;
- c. Musical instruments;
- d. **Sporting equipment**;
- e. **Medical 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.

**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.

**C.B.R.N. incident** means the actual, alleged or threatened discharge, seepage, migration, release, escape, exposure or dispersal of any hazardous chemical, biological, radioactive, or nuclear material, gas, matter or contamination, whether **accidental** or purposeful.

**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.

**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**.

**Covered trip** means a period of travel for which **you** request insurance coverage and pay the required premium.

**Cyber terrorism** or **cyberattack** means the unauthorized and/or unintended activities that target or affect the devices, equipment, files, data, systems, websites, networks or databases of one (1) or more people or companies: (a) performed using internet or network access via computers or other electronic devices; and/or (b) performed via physical means including, but not limited to: damaging or altering network connections, physically destroying data center or network center equipment, or electromagnetic pulse detonation. In terms of coverage under this **policy**, a **terrorist incident** is not **cyber terrorism** as defined.

**Dangerous activities** means:

- a. Canoeing including white water;
- b. Kayaking including white water;
- c. Rodeo;
- d. Air travel on a not-for-hire aircraft (whether as a pilot, crewmember or a passenger);
- e. Bull riding;
- f. Running of the bulls;
- g. Free diving;
- h. Rock climbing without equipment;
- i. Scuba diving (below forty (40) meters or one hundred thirty (130) feet);
- j. Operating or learning to operate any aircraft, as student, pilot, or crew;
- k. Air travel on any air-supported device, other than a regularly scheduled airline or air charter company;
- l. BASE jumping;
- m. Wingsuit flying;
- n. Parkour;
- o. Participation in bodily contact sports such as boxing and full-contact martial arts;
- p. Riding, training or driving in races, or speed or endurance competitions or events;
- q. Cliff diving;
- r. Fly-by-wire;
- s. Hang gliding;
- t. Heli-skiing;
- u. Heli-snowboarding;
- v. **Mountain climbing**;
- w. Participation in professional athletic events;
- x. Sky diving or parachuting;
- y. Bungee cord jumping;
- z. Spelunking or cave exploring;
- aa. **Extreme skiing**;
- bb. **Extreme snowboarding**;
- cc. Riding upon, or rental of, electric or gasoline-powered ATVs, dune buggies, scooters, bicycles, mopeds, Segways or other motorized two-wheeled or four-wheeled conveyances;
- dd. White or black water rafting; or
- ee. Any activity materially similar to the above.

**Departure date** means the earlier of:

- a. The date on which **you** are scheduled to leave on the **covered trip**. This date is specified in the enrollment document, application, **covered trip** itinerary, travel documents, manifest, or **confirmation**; or
- b. The date of departure as indicated on **your** application.

**Destination** means any place **you** are scheduled to travel to on **your covered trip**, as shown in the enrollment document, application, **covered trip** itinerary, 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**.

**Electromagnetic event** means a large-scale disruption of electronic devices, electrical grids, or electricity transmission, caused by an electromagnetic pulse (E.M.P.). This includes both naturally occurring events (e.g. solar flares, geomagnetic storms, etc.) and man-made events (e.g. nuclear E.M.P., Electromagnetic Interference Devices, etc.).

**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).

**Event** means an entertainment, sporting, theatrical, experience, or recreational **event** for which a **ticket** is purchased by **you**.

**Extreme activities** means the following leisure and non-professional sports activities:

- a. Jet skiing;
- b. Parasailing;
- c. Snorkeling;
- d. Windsurfing;
- e. Boardsailing;
- f. Tubing;
- g. Dog sledding (recreational);
- h. Glacier walking;
- i. Ice skating;
- j. Snow shoeing;
- k. Horse, camel, or elephant riding;
- l. Camping;
- m. Cave tubing;
- n. Hunting including hunting safaris;
- o. Off-road driving;
- p. Go-karting;
- q. Rope courses;
- r. Land, sand sailing, skiing or yachting;
- s. Marathon running;
- t. Backpacking;
- u. Zip-lining;
- v. Resort-sponsored activities;
- w. Roller skating or blading;
- x. Wildlife or tourist safaris;
- y. Target or skeet shooting;
- z. Trekking;
- aa. Archery;
- bb. Indoor climbing;
- cc. Dodgeball;
- dd. Competing in highland games athletic events;
- ee. Paintball;
- ff. Skateboarding;
- gg. Tug-of-war;
- hh. Ice or field hockey;
- ii. White or black water rafting (Grades three (3) – four (4)); or
- jj. Any activity materially similar to the above.



**Extreme skiing** means snow skiing that includes such activities as freestyle skiing, skiing in the backcountry on unmarked or unpatrolled areas either inside or outside a ski resort's boundaries, or skiing on slopes with an angle of descent of forty-five (45) degrees or more, or any activity materially similar to the above.

**Extreme snowboarding** means engaging in activities beyond general alpine snowboarding, such as jibbing, freeriding, freestyle, half-pipe, slopestyle, or 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;
- l. 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**.

**Felonious assault** means an act of violence against **you** or **your traveling companion** requiring medical treatment in a **hospital** and substantiated by a police report.

**Final trip payment** means the date, prior to the **departure date**, on which all additional payments for **covered trip** arrangements are paid to the **travel supplier**.

**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**.

**First responder** means an individual employed by a Federal, State, or local governmental emergency public safety agency, as a firefighter, law enforcement or peace officer, paramedic or emergency medical technician, public safety telecommunicators/dispatchers, and other emergency response or emergency medical services providers.

**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; 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.

**Impact event** means the terrestrial impact of an object originating from outside the earth's atmosphere, such as a meteorite, asteroid, or man-made space debris.

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

**Inclement weather** means any **severe weather** condition which prevents **you** from participating in a non-refundable **prepaid event**.

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

**Key employee** means an employee with a five percent (5%) or more ownership and/or an owner or employee whose knowledge, work or overall contribution is uniquely valuable to the business.

**Loss** means an **unforeseen** event or incident (subject to the exceptions contained in the following sentences) sustained by **you** as a direct result of one (1) 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**.

**Medical equipment** means an appliance or device that is:

- a. Prescribed by a **physician**;
- b. Primarily and customarily used for a medical purpose rather than being primarily for comfort or convenience;
- c. For outpatient use; and
- d. Generally not useful in the absence of **sickness** 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.

**Mountain climbing** means the ascent or descent of a mountain requiring the use of specialized equipment, including, but not limited to, ropes, belay devices, pick-axes, anchors, bolts, crampons, carabiners, and lead or top-rope anchoring equipment.

**Natural disaster** means:

- a. A flood (due to natural causes);
- b. Tsunami;
- c. Hurricane;
- e. Tornado;
- f. Earthquake;
- g. Mudslide;
- h. Avalanche;
- i. Landslide;
- j. Volcanic eruption;
- k. Sandstorm;
- l. Sinkhole;
- m. Wildfire; or
- o. 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 event**. Certificates, vouchers, 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.

**Personal effects** means items being used by **you** during **your covered trip**. **Personal effects** does not include:

- a. Eyeglasses, sunglasses, contact lenses, artificial teeth, dentures, dental bridges, retainers, or other orthodontic devices or hearing aids;
- b. Antiques and collectors' items;
- c. Household items and furnishings; and
- d. Animals.

**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 their license. In cases of **sickness** or **injury** of a **pet** or **service animal**, **physician** means a licensed veterinarian. The treating **physician** cannot be **you**, **your traveling companion**, or a **family member**.

**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*, childcare provider, 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 *policy*:

- 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 departure date*.

**Primary** means *we* will pay first but reserve the right to recover from any other insurance carrier with which *you* may be covered.

**Primary residence** means a residence from which *you* are leaving to start *your covered trip*.

**Quarantine(d)** means *you* or *your traveling companion* are ordered into a mandatory confinement intended to stop the spread of a contagious disease to which *you* or *your traveling companion* may have been exposed or for which *you* have received a positive test result. **Quarantine(d)** does not include a recommended or mandated *social distancing, shelter in place order* or *stay at home order*. An embargo preventing *you* or *your traveling companion, family member*, or *service animal* from entering a country is not a *quarantine*.

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

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

**Schedule of benefits** means the document that lists the base *policy* benefits and the amount of coverage for each benefit, as well as options that may be added to *your policy*. Each of these benefits will pay up to the Maximum Limit shown for covered *losses*.

**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.

**Shelter in place order** means *you* are required to stay indoors by official government order barring a specific, justifiable reason during extenuating circumstances, such as a public emergency.

**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**.

**Social distancing** means the practice of keeping space between **you** and others to reduce the chance of contact with those who knowingly or unknowingly carry an illness.

**Sporting 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;
- e. Scuba gear, including but not limited to wetsuits, scuba tank, scuba mask, gloves, regulator and fins;
- f. Surfboards or paddleboards;
- g. Kayaks or canoes; and
- h. 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**.

**Stay at home order** means an order from a government authority to restrict movements of a population as a strategy for suppressing or mitigating an **epidemic** or a **pandemic** by ordering **you** to stay at home except for essential tasks, or to work in an essential business.

**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 policy** 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**.

**Transportation** means any land, sea or air conveyance required to transport **you** and includes **common carriers** and private motor vehicles.

**Travel arrangements** means:

- a. **Transportation**;
- b. Accommodations; and
- c. Other specified services arranged by **you**, the **travel supplier**, 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**

**Unforeseen** or **unforeseeable** 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.

**Unused** means **your** financial **loss** of any whole, partial or prorated **prepaid** non-refundable components of a **covered trip** that are not depleted or exhausted, including award travel expenses.

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

**Winter activities** means:

- a. Skiing or snowboarding recreational downhill or cross-country, except **extreme skiing** and **extreme snowboarding**;
- b. Glacier walking;
- c. Dog sled rides;
- d. Ice climbing;
- e. Ice curling;
- f. Ice diving;
- g. Ice hockey;
- h. Ice skating;
- i. Sledding or tobogganing;
- j. Ice fishing;
- k. Speed skating;
- l. Snow shoeing; or
- m. Any activity materially similar to those activities described herein.

**You or your** means the **insured**.

## SECTION II. GENERAL PROVISIONS

The following provisions apply to all coverages:

- A. **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.
- B. **Legal Action:** No legal action for a claim or in equity 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.
- C. **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.
- D. **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.
- E. **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.
- F. **Primary Insurance:** The insurance provided by this *policy* will be paid on a *primary* basis. This is subject to recovery. *We* will pay the claim first then seek to recover any payments made by a third party.
- G. **Insurance With Other Insurers:** If there is other valid coverage with another insurer that provides coverage for the same *loss*, *we* will pay only the proportion of the *loss* that *our* limit for that *loss* bears to the total limit of all insurance covering that *loss*, plus such portion of the premium paid that exceeds the pro-rata portion for the benefits so determined.
- H. **Concealment or Fraud:** *We* do not provide coverage if *you* or someone acting on *your* behalf, has made false statements, intentionally concealed or misrepresented any material fact or circumstance relating to this *policy* or claim.
- I. **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*.
- J. **Physical Examinations and Autopsy:** *We* have the right to have *you* medically examined as reasonably necessary to make a decision about *your* 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.

- K. **Policy Changes:** *You* or the *policy* purchaser may request changes to the *policy* by notifying *us*. *You* may request to change the *return date* at any time prior to *your* coverage end date. 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.
- L. **Arbitration:** *We* and one (1) or more *insured(s)* with respect to the rights of such *insured(s)* under this *policy* shall be submitted to 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.
1. **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.
  2. **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.
  3. **Location:** Any arbitration hereunder shall take place in the state of residence, unless otherwise mutually agreed upon by the two sides.
  4. **Entry of Arbitration Award:** Judgment upon an arbitration award hereunder may be entered in, and enforced by, any court of competent jurisdiction.
- M. **Transfer of Coverage:** Coverage under this *policy* cannot be transferred by *you* to anyone else.
- N. **Clerical Error:** Clerical error in keeping any records pertaining to the coverage, whether by *you* or by *us*, will not invalidate coverage otherwise validly in force nor continue coverage otherwise validly terminated, provided such clerical error is not prejudicial to *us* and is rectified promptly upon discovery.
- O. **Misstatement of Age:** If premiums are based on age and *you* have misstated *your* age, there will be a fair adjustment of premiums based on *your* true age. *We* may require satisfactory proof of age before paying any claim.
- P. **Assignment:** *You* may not assign any of *your* rights, privileges or benefits under this *policy* without *our* prior consent.
- Q. **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.



- R. **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 necessary **medical equipment** (including verifying that **your medical equipment** meets **your travel supplier's** requirements), and anything else required for **you** to travel.

## SECTION III. ELIGIBILITY AND PERIOD OF COVERAGE

- A. **ELIGIBILITY AND ENROLLMENT:** *You* must apply for *your* own insurance *policy* and pay premium due. If *your* minor *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 under this *policy* if *we* accept *your* request for insurance. *Your policy's* coverage *effective date* and coverage end date are indicated on *your* confirmation of coverage. 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.

Subject to payment of any premium due:

B. **WHEN YOUR COVERAGE BEGINS**

1. For **Event Ticket** Cancellation: Coverage will begin on the day *your* request is received, provided that all applicable premium has been paid.

C. **WHEN YOUR COVERAGE ENDS**

1. For **Event Ticket** Cancellation:  
Coverage will end on the earliest of the following dates:
  - a. The date the **event** takes place;
  - b. The date the **ticket** is no longer valid;
  - c. The date the **ticket** has been used;
  - d. The date the **ticket** is resold; or
  - e. The date *you* have filed a claim.

## SECTION IV. CLAIMS PROCEDURES AND PAYMENT

All benefits will be paid in United States Dollars.

1. **Payment of Claims: When Paid:** Payable claims will be paid as soon as **we** or **our** designated representative receive and verify the completeness of all required documentation of the **loss**.
2. **Payment of Claims: To Whom Paid:** Benefits are payable to the **insured**, or to the parent or legal guardian of a minor, or a party that holds a valid assignment of benefits. 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.
3. **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** or someone acting on **your** behalf 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.
4. **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**.
5. **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 (1) 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**.
6. **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 V. GENERAL LIMITATIONS AND EXCLUSIONS

In addition to any applicable coverage-specific exclusions, the following exclusions apply to all **losses** and all coverages. Unless otherwise shown below, these exclusions apply to **you, your traveling companion, family member** 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, your traveling companion, or family member** 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. **Mental, nervous or psychological disorder**;
- e. Being under the influence of drugs or narcotics, unless administered upon the advice of a **physician** as prescribed;
- f. Intoxication above the legal limit at **your** location at the time of **loss**;
- g. Commission or the attempt to commit a criminal act by **you, your traveling companion, or family member**, whether insured or not;
- h. Participation in or **loss** due to **adventure activities**;
- i. Participation in or **loss** due to **dangerous activities**;
- j. Participation in or **loss** due to **extreme activities**;
- k. Participation in or **loss** due to **winter activities**;
- l. Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
- m. **Normal pregnancy or childbirth**, or elective abortion. However, **unforeseen complications of pregnancy** are not excluded;
- n. Traveling for the purpose of securing medical treatment;
- o. 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;
- p. **Accidental injury** or **sickness** when traveling against the advice of a **physician**;
- 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**. Important: there is no coverage for **losses** due to, arising or resulting from the **financial default** of **your travel supplier** or any entity that sold, solicited, negotiated, offered or disseminated this **policy** to **you** or **your traveling companion**;
- s. **Your** participation in **civil disorder**, riot or a felony;
- t. Acts, travel alerts/bulletins, or prohibitions by any government or public authority;
- u. A **pandemic** or **epidemic** with the exception of the disease known as COVID-19;
- 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 equipment**, musical instruments, or **sporting equipment**;
- y. A diagnosed **sickness** from which no recovery is expected and which only palliative treatment is provided and which carries a prognosis of death within six (6) months of **your effective date**;
- z. Disruption of travel or any **loss, sickness** or **injury** directly or indirectly caused by **cyber terrorism** or **cyberattack**;
- aa. Disruption of travel or any **loss, sickness** or **injury** directly or indirectly caused by an **impact event**;
- bb. Disruption of travel or any **loss, sickness** or **injury** directly or indirectly caused by an **electromagnetic event**;

- cc. Disruption of travel or any *loss, sickness or injury* directly or indirectly caused by an *C.B.R.N. incident*;  
or
- dd. 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 *policy* is purchased by *final trip payment*;
- b. The amount of coverage purchased equals all *prepaid* nonrefundable *payments or deposits* applicable to the *covered trip* at the time of purchase and the costs of any subsequent arrangements added to the same *covered trip* are insured by *final trip payment*; and
- c. All *insureds* are medically able to travel when this *policy* cost is paid.

This *policy* 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 *covered trip* arrangements are not insured.

## EVERSPAN INSURANCE COMPANY

## EVENT TICKET CANCELLATION

This coverage form is attached to and made part of the **TRAVEL INSURANCE POLICY**.

**We** will pay a benefit to reimburse **you** the **event ticket cost** of a nonrefundable, **unused event ticket**, up to the Maximum Limit shown in the **schedule of benefits**, in the event **you** or a **ticketholder** is unable to attend an **event** due to one (1) or more of the following **unforeseen** occurrences:

**Health and Family**

- a. Any **sickness, injury** or death;
  1. Occurring to **you**, a **ticketholder**, a **family member**, or **service animal**. **Sickness** or **injury** must be so disabling as to cause a reasonable person to cancel attendance to the **event** or which results in medically imposed restrictions as certified by a **physician** at the time of **loss** preventing **your**, or the **ticketholder's**, or the **family member's**, or **service animal's** attendance at the **event**;
  2. Occurring to a **family member**, or a **ticketholder's family member** not traveling with **you** or a **ticketholder** that is considered life-threatening, as certified by a **physician**, or they require **your** or a **ticketholder's** immediate care. Such **sickness** or **injury** must be so disabling as to reasonably cause attendance to the **event** to be canceled and must be certified by a **physician**;
  3. Occurring to a childcare provider for **your**, or a **ticketholder's** minor **children** if there is no other substitute for the childcare provider. Such **sickness** or **injury** must be certified by a **physician**;
- b. **You** or a **ticketholder** have **complications of pregnancy** that require cancellation of the **event**. The onset of these conditions must occur after **your effective date** of coverage and must be verified by medical records;
- c. **You** or a **ticketholder** are on a list as a donor or recipient for an organ transplant and, after **your effective date**, **you** receive official notification that an organ match is available for immediate transplant. The transplant must be considered **medically necessary**, and a **physician** must certify that the transplant and/or surgery is so disabling as to prevent attendance to the **event**; or
- d. **You** or a **ticketholder** being **quarantined** at **your** or a **ticketholder's** home.

**Transportation and Accommodation**

- a. **You** and/or a **ticketholder** are directly involved in a traffic **accident**, on the day of the **event** that causes damage to **your** or a **ticketholder's** vehicle that creates an immediate need for repair to ensure the safe operation of the vehicle. Traffic **accident** must be substantiated by a police report;
- b. A **mechanical breakdown** of **your** or a **ticketholder's** vehicle within forty-eight (48) hours of the **event**, resulting in the non-use of the vehicle as **transportation** to the **event**. **You** must provide proof of the **mechanical breakdown**, such as a tow truck or mechanic's receipt or a police report;
- c. Documented theft of **your** or a **ticketholder's** automobile within forty-eight (48) hours of the **event** that results in **your** or a **ticketholder's** inability to attend the **event**. Documented means that **you** or the **ticketholder** have reported the theft to the local authorities;
- d. **Strike**, resulting in the complete cessation of travel services for at least twenty-four (24) consecutive hours at the point of departure and/or **event** location. A **strike** is foreseeable on the date labor union members vote to approve a **strike**. Coverage is only valid if **your policy** is effective prior to when the **strike** is foreseeable;
- e. **Strike**, causing cancellation or delay of **your** or a **ticketholder's** pre-arranged travel services to the **event** for at least twenty-four (24) consecutive hours, that causes complete cessation of services of **your** or a **ticketholder's common carrier** for at least forty-eight (48) consecutive hours; or
- f. A road closure causing a delay in reaching the **event** for at least twelve (12) hours.

**Weather**

- a. ***Inclement weather*** which results in ***your*** or a ***ticketholder's*** inability to attend the ***event***. This does not include weather such as heavy snowfall with roads open, ice on roads, or abnormally heavy rain, unless the intervention of authorities is involved. If the ***event*** is cancelled by the ***event*** organizer or promoter due to weather, ***you*** or the ***ticketholder*** will not qualify for this coverage;
- b. ***Your*** or a ***ticketholder's event destination*** being made ***uninhabitable*** or ***inaccessible*** by ***natural disaster***, flood, tsunami, hurricane, tornado, earthquake, mudslide, avalanche, landslide, volcanic eruption, fire, wildfire, or blizzard, that are due to natural causes, vandalism, or burglary. Benefits are not payable if the ***natural disaster***, flood, tsunami, hurricane, tornado, earthquake, mudslide, avalanche, landslide, volcanic eruption, fire, wildfire or blizzard is foreseeable prior to ***your effective date***. A hurricane is foreseeable on the date it becomes a named storm;
- c. ***Your*** or a ***ticketholder'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 are due to natural causes, vandalism, or burglary. Coverage for a hurricane applies only if ***your policy*** was purchased prior to the storm being upgraded to a hurricane.

**Legal**

- a. ***You*** or a ***ticketholder*** being required to serve jury duty, or are legally required to attend a legal proceeding on the day of the ***event***. The following condition applies: The attendance must not be in the course of ***your*** or the ***ticketholder's*** occupation (for example, if ***you*** or the ***ticketholder*** are attending in the capacity of an attorney, court clerk, expert witness, law enforcement officer, or other such occupation, this would not be covered).

**Personal Safety and Security**

- a. Fire, burglary, vandalism or ***natural disaster*** which causes ***your*** or the ***ticketholder's primary residence*** to be ***uninhabitable*** after ***your effective date***;
- b. ***You*** and/or a ***ticketholder*** are the victim of ***felonious assault*** within ten (10) days of the scheduled ***event***;
- c. ***Civil disorder*** in the location where the ***event*** is scheduled which results in the cancellation of the ***event***;
- d. A ***terrorist incident*** occurs within a fifty (50) mile radius of the ***event*** city to be visited. The following conditions apply:
  1. A ***terrorist incident*** must not have occurred within a fifty (50) mile radius of that city any time in the thirty (30) days prior to ***your policy's effective date***; and
  2. The ***terrorist incident*** must occur within thirty (30) days of the ***event***; or
- e. ***You*** or a ***ticketholder*** are required to be present for an unforeseeable ***urgent home repair***. The ***urgent home repair*** must take place within one (1) day of the ***event***.

**Work/Military/School**

- a. ***You*** or a ***ticketholder*** have an involuntary employer-initiated permanent transfer within the same organization of two hundred fifty (250) or more miles which requires ***your*** or a ***ticketholder's primary residence*** to be relocated, provided that ***you*** or a ***ticketholder*** have been an active employee with the same employer for at least two (2) continuous years. Notification of the transfer must occur after ***your effective date***;
- b. ***You*** or a ***ticketholder*** are involuntarily terminated or laid off through no fault of ***your*** or the ***ticketholder's*** own after ***your effective date***, provided that ***you*** or the ***ticketholder*** have been an active employee with the same employer for at least two (2) continuous years. Termination must occur following ***your effective date***. This provision is not applicable to temporary employment, seasonal employment, independent contractors or self-employed persons;

- c. **You** or a **ticketholder** are employed as a full time teacher, or other full time employee, or are 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 **event**. School extensions due to extra-curricular or athletic events are not covered;
- d. **Your** or a **ticketholder's** company is directly involved in a merger or acquisition. **You** or the **ticketholder** must be an active employee of the company(ies) that is/are merging and **you** or the **ticketholder** must be directly involved in such an event;
- e. **Your** or a **ticketholder's** business operations are interrupted by fire, flood, burglary, vandalism, product recall, **bankruptcy**, **natural disaster**, or **financial default**;
- f. **Your** or a **ticketholder's** employer is deemed to be unsuitable for business due to burglary, **civil disorder**, or **natural disaster** and **you** or the **ticketholder** are directly involved as a **key employee** of the disaster recovery team;
- g. **You** or a **ticketholder**, or **your** or a **ticketholder's 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, except because of war, the War Powers Act, or disciplinary action. The military leave for the dates of travel to the **event** must have been approved prior to **your effective date**;
- h. **You** or a **ticketholder** are required to take an academic or professional examination on a date that has been fixed after **your effective date**, and that date falls during the **event**; or
- i. **You** or a **ticketholder**, or **your** or a **ticketholder's family member** are called to duty as a **first responder** during the **event** to provide aid or relief due to **terrorist incident**, **natural disaster**, **civil disorder**, **epidemic**, or **pandemic**.

The following conditions apply to the Event Ticket Cancellation Benefit:

1. The entire cost of the nonrefundable **event ticket** must be paid for by **you** or a **ticketholder** and **you** or the **ticketholder** must retain an original, valid receipt;
2. **You** or the **ticketholder** must not be aware of any **ticketholder's sickness** at the time an **event ticket** is purchased that would inhibit **your** or the **ticketholder's** ability to attend an **event**;
3. **You** or the **ticketholder** must not be aware of any material fact, matter or circumstance at the time an **event ticket** is purchased which is likely to give rise to a claim; and
4. **You** or the **ticketholder** shall use due diligence and do and concur in doing all things reasonably practicable to avoid or diminish any **loss** under this coverage.

For purposes of this coverage, the following definitions are added:

**Mechanical breakdown** means a mechanical issue which prevents a vehicle from being driven, a flat tire requiring professional roadside assistance, or a vehicle becoming inoperable. **Mechanical breakdown** does not include running out of gas, the need for routine maintenance, or inoperability because of lost, unavailable or stolen keys.

**Ticket cost** means the total amount paid for the **event ticket**, including any service and handling fees.

**Ticketholder** means **you** or the person who receives an **event ticket** from **you** to attend an **event**.

**Urgent home repair** means an emergency repair to **your** or a **ticketholder's primary residence** that is immediately required to correct **unforeseen**, sudden and **accidental** structural damage or failure of plumbing or electrical systems. **Urgent home repair** does not include routine maintenance, upgrades, cosmetic or non-emergency repairs.



## EVERSPAN INSURANCE COMPANY

## PENNSYLVANIA AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

**TRAVEL INSURANCE POLICY**

This endorsement is made a part of the *policy* to which it is attached. This endorsement is subject to all of the provisions and limitations of the *policy*. If there is a conflict between the *policy* and this endorsement, the terms of the endorsement will govern.

- I. **SECTION I. DEFINITIONS**, the definitions of *Hospital* and *Pre-existing medical condition* are replaced by the following:

*Hospital* means an institution that:

- a. Is operated pursuant to law which is licensed or approved as a *hospital* by the responsible state agency;
- b. Is primarily engaged in providing medical care and treatment of sick or *injured* persons on an in-patient basis for which a charge is made; and
- c. Provides twenty-four (24) hour nursing service by or under the supervision of registered graduate professional nurses (R.N.'s).

A *hospital* does not include:

- a. A convalescent home, convalescent, rest or nursing facility;
- b. A facility primarily for the aged, drug or alcoholic rehabilitation, and those primarily affording custodial or educational care; or
- c. Any military or veteran's *hospital* or soldiers' home or any *hospital* contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

*Pre-existing medical condition* means a condition of *you, your traveling companion, family member*, childcare provider, 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 *policy*:

- a. Symptoms existed that would have prompted an ordinarily prudent person to seek diagnosis, care or treatment; or
- b. Medical advice or treatment was recommended by or received from 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.

- II. The following is added to **SECTION IV. CLAIMS PROCEDURES AND PAYMENT**, Subsection 5., **Proof of Loss** provision:

Within fifteen (15) days of receipt of satisfactory proof of **loss**, **we** will advise the claimant of the acceptance or denial of the claim. **We** will not deny a claim on the grounds of a specific **policy** provision, condition or exclusion unless reference to the provision, condition or exclusion is included in the denial. The denial will be given to the claimant in writing and the claim file of the claimant will contain a copy of the denial. If **we** need more time to determine whether the claim should be accepted or denied, **we** will notify the claimant within fifteen (15) working days after receipt of the proofs of **loss** giving the reasons more time is needed. If the investigation remains incomplete, **we** will, thirty (30) days from the date of the initial notification and every forty-five (45) days thereafter, send to the claimant a letter setting forth the reasons additional time is needed for investigation and state when a decision on the claim may be expected.

All other provisions of the **policy** apply.

**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:

- Name and date of birth
- Property information and property records
- Checking account information and credit-based insurance scores

**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?
<b>For our everyday business purposes</b> — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> — to offer our products and services to you	No	No
<b>For joint marketing with other financial companies</b>	No	No
<b>For our affiliates' everyday business purposes</b> — information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes</b> — information about your creditworthiness	No	We don't share
<b>For our affiliates to market to you</b>	No	We don't share
<b>For nonaffiliates to market to you</b>	No	We don't share

**Questions?**

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

Who we are	
<b>Who is providing this notice?</b>	Spinnaker Insurance Company and its insurance company subsidiaries
What we do	
<b>How does Spinnaker protect my personal information?</b>	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.
<b>How does Spinnaker collect my personal information?</b>	We collect your personal information, for example, when you: <ul style="list-style-type: none"> <li>▪ apply for insurance or pay insurance premiums</li> <li>▪ provide account information or give us your contact information</li> <li>▪ file an insurance claim</li> </ul> We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
<b>Why can't I limit all sharing?</b>	Federal law gives you the right to limit only <ul style="list-style-type: none"> <li>▪ sharing for affiliates' everyday business purposes – information about your creditworthiness</li> <li>▪ affiliates from using your information to market to you</li> <li>▪ sharing for nonaffiliates to market to you</li> </ul> State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions	
<b>Affiliates</b>	Companies related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> <li>▪ Our affiliates include financial companies such as companies that share the Spinnaker, Mainsail, Masthead, or Hippo brand.</li> </ul>
<b>Nonaffiliates</b>	Companies not related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> <li>▪ Spinnaker does not share with nonaffiliates so they can market to you.</li> </ul>
<b>Joint marketing</b>	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> <li>▪ Spinnaker doesn't jointly market.</li> </ul>

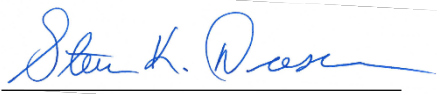
Other Important Information	
<p>We will also comply with more restrictive state laws to the extent they apply.</p> <p><b>California Residents:</b> We will not share your information with nonaffiliated third parties for their marketing purposes except with your express consent. California residents will also be provided an “Important Privacy Choices” notice explaining their rights under the California Financial Information Privacy Act.</p> <p><b>Nevada Residents:</b> 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 of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; Phone number: (702) 486-3132; email: <a href="mailto:aginfo@ag.nv.gov">aginfo@ag.nv.gov</a>.</p>	

**Vermont Residents:** We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures.

**AZ, CA, CT, GA, IL, ME, MA, MN, MT, NV, NJ, NC, OH, OR, or VA Residents.** You have the right to request access to, correction, and deletion of personal information that we have about you. Please contact us at [compliance@spinnakerins.com](mailto:compliance@spinnakerins.com) or Spinnaker Insurance Company, 1 Pluckemin Way, Suite 102, Bedminster, NJ 07921 with a notarized letter and include your name, address, and your policy, contract, or account number, and describe the information you wish to access, delete, or correct.

EVERSPAN INSURANCE COMPANY

In Witness Whereof, Everspan Insurance Company has caused this policy to be signed by its president and secretary.



A handwritten signature in blue ink, appearing to read "Steve H. Dresner", is enclosed in a dashed rectangular box. Below the signature is a solid horizontal line.

Steve Dresner  
President



A handwritten signature in blue ink, appearing to read "Nicholas Scott", is positioned above a solid horizontal line.

Nicholas Scott  
General Counsel and Secretary



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