



## Declarations Page: Group Travel Insurance

**Zurich American Insurance Company**  
1299 Zurich Way  
Schaumburg, Illinois 60196

This insurance is provided by: **Zurich American Insurance Company**

Policy Number: GPT 4152918

Item: 1. Insured: University of Georgia  
Herty Dr.  
Athens, GA 30602

Item: 2. Additional Travelers Covered or Family Members: Refer to the **Description of Eligible Persons** section of the **Master Application**.

Item: 3. Effective Date of Coverage: January 1, 2025  
Trip Cancellation: Same as above  
All Other Benefits: Same as above

Item: 4. Trip Departure Date: Not Applicable

Item: 5. Trip Return Date: Not Applicable

Signed for by Zurich American Insurance Company:

June 13, 2024

Kristof Terry, President

Date

# Certificate of Insurance For University of Georgia



**ZURICH AMERICAN INSURANCE COMPANY**

1299 Zurich Way  
Schaumburg, Illinois 60196

In return for the payment of premium, **We** agree to pay the benefits of the **Policy** to the **Insured** for **Covered Loss** subject to the terms and conditions of the **Policy**.

As to the **Insured**, the **Policy** is governed by the laws of the state in which the Certificate of Insurance ("Certificate") is delivered. Coverage may not be available in all states.

THIS INSURANCE PROVIDES SHORT-TERM TRAVEL RELATED INSURANCE AND INCLUDES THE SELECTED BENEFITS INDICATED IN THE **SCHEDULE** FOR WHICH A PREMIUM WAS PAID.

THE **POLICY** CONTAINS REDUCTIONS, LIMITATIONS, EXCLUSIONS, AND TERMINATION PROVISIONS. FULL DETAILS OF COVERAGE ARE CONTAINED IN THE GROUP TRAVEL INSURANCE POLICY OF WHICH THIS CERTIFICATE IS MADE A PART. IF THERE ARE ANY CONFLICTS BETWEEN THE CONTENTS OF THIS CERTIFICATE AND THE GROUP TRAVEL INSURANCE POLICY, THE GROUP TRAVEL INSURANCE POLICY GOVERNS IN ALL CASES.

IMPORTANT NOTICE: THIS COVERAGE IS VALID ONLY IF THE APPROPRIATE PLAN COST HAS BEEN PAID. PLEASE KEEP THIS CERTIFICATE AS YOUR RECORD OF COVERAGE UNDER THE PLAN.

IN WITNESS WHEREOF, **We** have executed and attested these presents and, where required by law, have caused this document to be countersigned by **Our** duly authorized representative(s).

A stylized, handwritten signature in black ink, likely belonging to the President of the University of Georgia.

President

A handwritten signature in black ink, likely belonging to the Corporate Secretary of Zurich American Insurance Company.

Corporate Secretary

**PLEASE READ THIS DOCUMENT CAREFULLY**

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## SECTION I – SCHEDULE OF BENEFITS

Benefits	MAXIMUM COVERED AMOUNT / DEDUCTIBLE
<b>A. Travel Inconvenience Plan</b>	
1. Pre-Departure Trip Cancellation Benefit	Up to 100% of <b>Trip Cost</b> to a maximum of \$5,000
2. Post-Departure Trip Interruption Benefit	Up to 100% of <b>Trip Cost</b> to a maximum of \$2,000
3. Travel Delay Benefit	\$2,000 (subject to \$250 per day)
4. Baggage and Personal Effects Benefit Per Item Limit <b>Deductible</b>	\$500 maximum \$250 per item \$50 per occurrence
5. Baggage Delay Benefit Per Day Limit	\$300 maximum \$100 per item
<b>B. Emergency Evacuation And Repatriation Plan</b>	
1. Emergency Evacuation and Repatriation Benefit	See <b>Class Schedule Rider</b>
2. Security Evacuation Benefit	\$100,000
<b>C. Accident Plan</b>	
1. Accidental Death Benefit	See Class Schedule Rider
2. Accidental Dismemberment Benefit	See Class Schedule Rider
3. Exposure and Disappearance Benefit	See Class Schedule Rider
<b>D. Extra Coverage</b>	
Out of Country Travel Medical Expense Benefit Chaperone Replacement Benefit	See Benefit Rider \$5,000

## SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE

- A. **EFFECTIVE DATE:** No coverage for an **Insured** under the **Policy** is in effect until the earliest of:
- the day **We**, or the **Plan Administrator**, or **Our** authorized representative receive **Enrollment**; or
  - the date shown in the Declarations.
- B. **INDIVIDUAL BENEFIT EFFECTIVE DATES:** Effective dates for each benefit are shown separately under the applicable benefit shown in SECTION III – BENEFITS.
- C. **TERMINATION DATE:** An **Insured's** coverage automatically terminates on the earlier of:
- the completion date of the **Covered Trip**;
  - the **Scheduled Date of Return**;
  - the **Insured's** arrival at the return **Destination** of a round-trip or the arrival **Destination** of a one-way trip; or
  - cancellation of the **Covered Trip**.
- Termination will not negate a claim already pending.

- D. **EXTENSION OF COVERAGE:** All coverage under the **Policy** will be extended if:
1. the **Insured's** entire **Covered Trip** is covered by the **Policy**; and
  2. the **Insured's** return is delayed by unavoidable circumstances beyond his/her control.

This extension of coverage will terminate the earlier of on:

- a. the date the **Insured** reaches his/her originally scheduled return **Destination**; or
- b. 31 days after the **Scheduled Date of Return**.

In no event will coverage be extended due to voluntary reasons without prior consent from the **Plan Administrator**.

## **SECTION III – BENEFITS**

### **A. TRAVEL INCONVENIENCE PLAN**

#### **1. PRE-DEPARTURE TRIP CANCELLATION BENEFIT**

Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under the Pre-Departure Trip Cancellation Benefit will take effect as stated in SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE.

**We** will reimburse the **Insured** a Pre-Departure Trip Cancellation Benefit, if the **Insured** is prevented from taking his/her **Covered Trip** due to the **Insured's**, or the **Insured's Family Member's Sickness, Covered Injury**, or death; for the amount of **Payments and Deposits** that the **Insured** paid for his/her **Covered Trip** (reimbursement of **Payments and Deposits** is limited to the published cancellation penalties that the **Insured** was subject to at the time of the cancellation of a **Covered Trip**); up to the corresponding Maximum Covered Amount shown in the **Schedule**.

**We** will reimburse the **Insured** this Pre-Departure Trip Cancellation Benefit, only if the death occurs before departure of the **Insured's Covered Trip**.

#### **2. POST-DEPARTURE TRIP INTERRUPTION BENEFIT**

Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under the Post-Departure Trip Interruption Benefit will take effect on the **Scheduled Date of Departure**.

**We** will reimburse a Post-Departure Trip Interruption Benefit, for the following covered expenses in this Post-Departure Trip Interruption Benefit section, up to the corresponding Maximum Covered Amount shown in the **Schedule**, if:

- a. the **Insured's** arrival on his/her **Covered Trip** is delayed beyond the **Scheduled Date of Departure** due to the **Insured's**, or the **Insured's Family Member's Sickness, Covered Injury**, or death; or
- b. the **Insured** is unable to continue on his/her **Covered Trip** after he/she has departed on his/her **Covered Trip** due to **Sickness, Covered Injury**, or death of the **Insured**, or the **Insured's Family Member**.

**We** will reimburse the **Insured** this Post-Departure Trip Interruption Benefit, only if the **Sickness, Covered Injury**, or death commences while the **Insured** is on his/her **Covered Trip**. Any **Sickness** or **Covered Injury** must: (i) require the examination and treatment by a **Physician**, in person, at the time of an interruption or delay of a **Covered Trip**; and (ii) in the written opinion of the treating **Physician**, be so disabling as to delay the **Insured's** arrival on his/her **Covered Trip** or to prevent the **Insured** from continuing his/her **Covered Trip**; or in the case of the **Insured's** non-traveling **Family Member**, be life threatening, or so severe as to require the **Insured's** care.

**We** will reimburse the **Insured** for a Post-Departure Trip Interruption Benefit, for the following covered expenses, less any refund paid or payable, for unused travel arrangements if the **Insured** delays his/her **Covered Trip**, interrupts his/her **Covered Trip**, or interrupts and returns during the original travel dates for the **Insured's Covered Trip**, the unused portion of the amount of **Payments and Deposits** that the **Insured** paid for his/her **Accommodations**, plus one of the following:

- (1) the additional transportation expenses by the most direct route from the point where the **Insured** interrupted his/her **Covered Trip** to: (i) the next scheduled **Destination** where the **Insured** can catch up to his/her **Covered Trip**; or (ii) to the final **Destination** of his/her **Covered Trip**; or
- (2) the additional transportation expenses incurred by the **Insured** by the most direct route to reach the next scheduled **Destination** where the **Insured** can catch up to his/her **Covered Trip** if the **Insured** is delayed and leaves after the **Scheduled Date of Departure**.

The benefit payable under (1) or (2) above will not exceed the cost of a one-way economy air fare or the equivalent class of the **Insured's** original tickets by the most direct route less any refund paid or payable for the **Insured's** unused original tickets.

### 3. TRAVEL DELAY BENEFIT

Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under the Travel Delay Benefit will take effect on the **Scheduled Date of Departure**.

If the **Insured's Covered Trip** is delayed for six (6) consecutive hours or more, **We** will reimburse the **Insured** a Travel Delay Benefit, for reasonable additional expenses incurred by the **Insured** for lodging arrangements, meals, telephone calls and local transportation while the **Insured** is delayed, up to the corresponding Maximum Covered Amount shown in the **Schedule**. **We** will not reimburse benefits for expenses incurred after travel becomes possible to continue on the **Insured's Covered Trip**.

In order for benefits to be reimbursable, any Travel Delay must be caused by or result from:

- a. **Common Carrier** delay;
- b. loss or theft of the **Insured's** passport(s), travel documents or money;
- c. **Quarantine**;
- d. hijacking;
- e. **Natural Disaster**;
- f. **Adverse Weather Conditions**;
- g. a documented traffic accident while the **Insured** is en route to his/her departure;
- h. unannounced **Strike**; or
- i. a civil disorder.

For benefits under this Travel Delay section, the **Insured** must provide the following documentation when presenting a claim:

- a. written confirmation of the reasons for the delay from the **Common Carrier** whose delay resulted in the loss, including, but not limited to, scheduled departure and return times and actual departure and return times.

Receipts for the expenses must be submitted for reimbursement.

### 4. BAGGAGE AND PERSONAL EFFECTS BENEFIT

Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under the Baggage and Personal Effects Benefit will take effect on the **Scheduled Date of Departure**.

**We** will reimburse the **Insured** for a Baggage and Personal Effects Benefit, in excess of the **Deductible** shown in the **Schedule**, less any amount paid or payable from any **Other Valid and Collectible Insurance** or indemnity, for direct loss, theft, damage or destruction of his/her **Baggage** during the **Insured's Covered Trip**, up to the corresponding Maximum Covered Amount shown in the **Schedule**. **We** will reimburse the **Insured** the cost to reissue his/her passports or visas if they are lost, stolen, damaged or destroyed during the **Insured's Covered Trip**. **We** will also pay for loss due to unauthorized use of the **Insured's** credit cards that are not forgiven or otherwise waived by the applicable credit card companies, if the **Insured** has complied with all of the credit card conditions imposed by the credit card companies. The maximum amount **We** will reimburse for any one item is limited to the Per Item Limit shown in the **Schedule**.

#### Valuation and Payment of Loss

Payment of loss under the Baggage and Personal Effects Benefit will be calculated based upon the **Actual Cash Value** or replacement cost basis, whichever is less. At **Our** option, **We** may elect to repair or replace the **Insured's Baggage**.

**We** may take all or part of a damaged **Baggage** as a condition for payment of loss. In the event of a loss to a pair or set of items, **We** will, solely at **Our** discretion: (i) repair or replace any part to restore the pair or set to its value before the loss; or (ii) pay the difference between the value of the property before and after the loss.

### Items Subject to Special Limitations

**We** will not pay more than \$500 (or the Baggage and Personal Effects Benefit limit, if less) on all losses to jewelry; watches; precious or semi-precious gems; articles consisting in whole or in part of silver, gold, or platinum; cameras, camera equipment; digital or electronic equipment and media; and articles consisting in whole or in part of fur. For purposes of this Special Limitation of this Benefit, the loss of such items will be considered one total combined loss and not separate losses for each separate item such that a single Special Limitation Maximum Covered Amount will apply to the total loss of such items.

### Continuation of Coverage

If the covered **Baggage**, passports, or visas are in the custody of a **Common Carrier**, and delivery is delayed, this coverage will continue until the property is delivered to the **Insured**. This continuation of coverage does not include loss caused by or resulting from the delay.

### The Insured's Duties in the Event of a Loss

In case of loss, theft or damage to **Baggage** and **Personal Effects**, the **Insured** must: (i) immediately report the incident to the hotel manager, tour guide or representative, transportation official, local police, or other local authorities and obtain their written report of his/her loss; and (ii) take reasonable steps to protect his/her **Baggage** from further damage, and make necessary, reasonable and temporary repairs. **We** will reimburse the **Insured** for these expenses. **We** will not pay for further damage if the **Insured** fails to protect his/her **Baggage**.

In case of loss, theft, or damage to the **Insured's** laptop, cell phone or other professional equipment, the **Insured** must report the incident to the airline, airport, local police or other such local authorities and obtain their written report of his/her loss.

## **5. BAGGAGE DELAY BENEFIT**

Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under the Baggage Delay Benefit will take effect on the **Scheduled Date of Departure**.

If the **Insured's Baggage** is delayed or misdirected for twelve (12) hours or more, **We** will reimburse the **Insured** a Baggage Delay Benefit, for: (i) the cost of reasonable additional clothing and personal articles purchased or rented by the **Insured** during the **Covered Trip**, and (ii) the expenses incurred during the **Insured's Covered Trip** to expedite the return of the **Insured's** delayed or misdirected **Baggage**; up to the corresponding Maximum Covered Amount shown in the **Schedule**. Coverage for Baggage Delay Benefits terminates upon the **Insured's** arrival at the return **Destination** of his/her **Covered Trip**. The maximum amount **We** will pay for each 24-hour period is limited to the Per Day Limit shown in the **Schedule**.

## **B. EMERGENCY EVACUATION AND REPATRIATION PLAN**

### **1. EMERGENCY EVACUATION AND REPATRIATION BENEFIT**

Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under the Emergency Evacuation And Repatriation Benefit will take effect on the **Scheduled Date of Departure**.

**We** will pay the **Insured** an Emergency Evacuation And Repatriation Benefit, for the following Covered Expenses incurred by the **Insured**, up to the corresponding Maximum Covered Amount shown in the **Schedule**, subject to the following: (i) health care related Covered Expenses will only be payable at the **Usual and Customary** level of payment; Covered Expenses not related to health care will only be payable at the reasonable and customary level of payment; (ii) benefits will be payable only for Covered Expenses resulting from a **Sickness**, or a **Covered Injury**; (iii) the **Insured** must receive treatment during his/her **Covered Trip**.

#### The following are Covered Expenses under this Emergency Evacuation and Repatriation Benefit:

- a. expenses incurred by the **Insured** for **Physician**-ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable **Hospital**, if the onsite attending **Physician** certifies that the **Insured** is medically able to travel when the **Insured** is critically **Sick** or **Injured** and no suitable local care is available, subject to **Our** or the **Assistance Provider's** prior approval;
- b. expenses incurred for non-emergency medical evacuation, including medically appropriate transportation and medical care en route, to a **Hospital** or to the **Insured's Home** when deemed medically necessary by the attending **Physician**, subject to **Our** or the **Assistance Provider's** prior approval;

- c. expenses for transportation not to exceed the cost of one round-trip economy class air fare to the place of **Hospitalization** for one person chosen by the **Insured**, provided that the **Insured** is traveling alone and is **Hospitalized** for more than 10 days;
- d. expenses for transportation not to exceed the cost of one-way economy class air fare to the **Insured's Home**, including escort expenses, if the **Insured** is 18 years of age or younger and left unattended due to the death or **Hospitalization** of an accompanying adult(s), subject to **Our** or the **Assistance Provider's** prior approval;
- e. expenses for one-way economy class air fare (or **We** will match the class of the original tickets) to the **Insured's Home**, from a medical facility to which the **Insured** was previously evacuated, less any refund paid or payable from the **Insured's** unused transportation tickets, if these expenses are not covered elsewhere in the **Policy**;
- f. repatriation expenses for preparation and air transportation of the **Insured's** remains to his/her **Home**, or up to an equivalent amount for a local burial in the country where death occurred, if the **Insured** dies while outside the United States of America. Covered Expenses under this benefit include the reasonable and customary expenses for: (i) embalming; (ii) cremation; (iii) the most economical coffins or receptacles adequate for transportation of the remains; and (iv) transportation of the remains, by the most direct and economical conveyance and route possible. The **Assistance Provider** must make all arrangements and authorize all expenses in advance for this benefit to be payable;
- g. expenses incurred for return of the **Insured's Baggage** in the event of emergency evacuation or repatriation of remains; and
- h. expenses incurred for Companion Escort Services if an **Insured** is traveling with a **Traveling Companion** while on a **Covered Trip**, and due to **Sickness** or **Covered Injury** the **Insured** qualifies for medical evacuation, medical repatriation, non-medical repatriation or return of remains transportation or services. **We** or **Our Assistance Provider** will arrange for, and cover the cost for, the **Traveling Companion** to join the **Insured** during the **Insured's** transport. **We** or **Our Assistance Provider** must pre-authorize such costs for this Companion Escort Service benefit to be payable. Based on all the circumstances, for the limited purpose of determining **Our** liability, **We** or **Our Assistance Provider** will determine the appropriateness of the companion joining the **Insured** during the **Insured's** transport.

## 2. SECURITY EVACUATION BENEFIT

Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under the Security Evacuation Benefit will take effect on the **Scheduled Date of Departure**.

In order for this Security Evacuation Benefit to apply, the **Covered Trip Destination** must be more than 100 miles from the **Insured's Primary Residence**.

If, as a result of an **Event** that takes place while the **Insured** is on a **Covered Trip**, the **Insured** requires extrication from a location in which he or she is traveling due to an **Imminent Physical Danger**, **We** or **Our Assistance Provider** will arrange for and pay on the **Insured's** behalf a Security Evacuation Benefit, for the **Transport and Related Costs** (including hotel/lodging, meals and, if necessary, physical protection for the **Insured**; but excluding personal comfort and convenience items) of the **Insured** to the **Nearest Place of Safety**, up to the corresponding Maximum Covered Amount per **Insured** shown in the **Schedule**. **We** or **Our Assistance Provider** must be contacted prior to the **Transport** and **We** or **Our Assistance Provider** must pre-authorize the **Transport** for this Security Evacuation Benefit to be payable. Where a **Security Evacuation** becomes impractical because of hostile or dangerous conditions, **We** or **Our Assistance Provider** will make every effort to maintain contact with the **Insured**.

**We** or **Our Assistance Provider** will also arrange for, and pay on the **Insured's** behalf a Security Evacuation Benefit, for the **Transport and Related Costs** (including hotel/lodging, meals and, if necessary, physical protection for the **Insured**; but excluding personal comfort and convenience items) of the **Insured**, up to the corresponding Maximum Covered Amount per **Insured** shown in the **Schedule**, within 2 days of the **Insured's** extrication from a location in which he or she was traveling due to an **Imminent Physical Danger** back to the location in which the **Insured** was traveling, provided return is safe and permitted, or the **Insured's Primary Residence**.

Based on all the circumstances, for the limited purpose of determining **Our** liability, **We** or **Our Assistance Provider** will determine the necessity of the extrication, the feasibility of the extrication and the appropriateness of the scheduling, as well as what mode of **Transportation**, special equipment and personnel are covered.



Eligible **Security Evacuation** expenses are for **Transportation** and **Related Costs** to the **Nearest Place of Safety** necessary to ensure the **Insured's** safety and well-being as determined by the **Designated Security Consultant**. Benefits will also be payable for **Transportation** and **Related Costs** within 14 days of the **Security Evacuation** to one of these locations as chosen by the **Insured**:

- a. back to the **Host Country** if return is safe and permitted;
- b. to the **Insured's Home Country**; or
- c. to the **Insured's** return **Destination**.

Security Evacuation Benefits will be payable for consulting services by **Designated Security Consultant** for seeking information on **Missing Person** or kidnapping cases if the **Insured** is deemed kidnapped or a **Missing Person** by local or international authorities. This benefit is subject to the Security Evacuation Benefit Maximum Covered Amount per **Insured** shown in the **Schedule**. The **Assistance Provider** must make all arrangements and must authorize all expenses in advance of any benefit being payable. **We** are not responsible for the availability of **Transport** services. Where a **Security Evacuation** becomes impractical because of hostile or dangerous conditions, a **Designated Security Consultant** will endeavor to maintain contact with the **Insured** until a **Security Evacuation** becomes viable.

#### **Specific Waiver of Liability for Security Evacuation Benefit:**

If the **Insured** requests this benefit, the **Insured** understands that **We** and any affiliated party offering this benefit, do not accept any liability from the **Security Evacuation** situation, and the **Insured**, **Insured's Traveling Companion**, or **Family Member** traveling with the **Insured** and all minors, dependents, relatives, and interested or disinterested parties agree to forever waive, any and all liability to **Us** or any **Security Evacuation** team, company, entity, and volunteer, for **Injuries**, injuries stress, death, disablement, sickness or any claim, reason, or cause whatsoever from any **Security Evacuation** used to attempt to reach the **Insured**, **Insured's Traveling Companion**, or **Family Member** traveling with the **Insured**, assist the person, or respond in any way to the **Insured's**, **Insured's Traveling Companion's**, or **Family Member's** traveling with the **Insured Security Evacuation**, regardless of whether the **Security Evacuation** was ever initiated, canceled, delayed, misdirected, or unable to locate, rescue, or stabilize the **Insured**, **Insured's Traveling Companion**, or **Family Member** traveling with the **Insured**. If any part of this Waiver is held invalid, it does not invalidate the other parts or any other parties' waivers.

#### **Definitions:**

For purposes of this Section III. B. 2. Security Evacuation Benefit only, the following definitions apply:

**Advisory** means a formal recommendation by the **Appropriate Authorities** that the **Insured** or citizens of his/her **Home Country** or citizens of the **Host Country** leave the **Host Country**.

**Appropriate Authority(ies)** means the government authority(ies) in the **Insured's Home Country** or the government authority(ies) of the **Host Country**.

**Designated Security Consultant** means an employee of a security firm under contract to the **Assistance Provider** who is experienced in security and measures necessary to ensure the safety of the **Insured(s)** in his/her care.

**Event** means any of the following situations in which the **Insured** finds himself or herself while on a **Covered Trip**:

- a. expulsion from a location in which the **Insured** is traveling or being declared persona non-grata on the written authority of the recognized government of the location in which the **Insured** is traveling;
- b. political, social, or military events involving the location in which the **Insured** is traveling that result in the appropriate government authority(ies) of the **Insured's** location of **Primary Residence** or the location in which the **Insured** is traveling issuing a formal recommendation that citizens of the **Insured's** country of **Primary Residence** or the country in which the **Insured** is traveling leave the location in which the **Insured** is traveling;
- c. storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that results in such severe and widespread damage that the area of damage is officially declared a disaster area by the appropriate government authority(ies) of the location in which the **Insured** is traveling and such area is deemed to be **Uninhabitable** or dangerous;
- d. confirmed (by documentation or physical evidence) attack or threat of attack against the **Insured's** health and safety by a third party; or
- e. deemed kidnapped or a **Missing Person** by local or international authorities and, when found, the **Insured's** health or safety are in question within 7 day(s) of his/her being found.

**Home Country** means the country of citizenship of the **Insured**. If the **Insured** has dual citizenship, for the purposes of this benefit, his/her **Home Country** is the country of the passport he or she used to enter the **Host Country**.

**Host Country** means any country in which an **Insured** is traveling while covered under this plan.

**Imminent Physical Danger** means the **Insured** is subject to possible physical injury or sickness that could result in grave physical harm or death.

**Missing Person** means an **Insured** who disappeared for an unknown reason and whose disappearance was reported to the **Appropriate Authority(ies)**.

**Nearest Place of Safety** means a location determined by the **Designated Security Consultant** where: (i) the **Insured** can be presumed safe from the **Event** that precipitated the **Insured's Security Evacuation**; (ii) the **Insured** has access to **Transportation** to his/her **Home Country**; and (iii) the **Insured** has the availability of temporary lodging, if needed.

**Related Costs** means food, lodging and, if necessary, physical protection for the **Insured** during the **Transport** to the **Nearest Place of Safety**.

**Security Evacuation** means the extrication of an **Insured** from the **Host Country** due to an **Event** that results in the **Insured** being placed in **Imminent Physical Danger**.

**Transport** or **Transportation** means the most efficient and available method of conveyance. In all cases, where practical, economy fare will be utilized. If possible, the **Insured's Common Carrier** tickets will be used.

**Transport** or **Transportation** means any land, sea or air conveyance required to transport the **Insured** during an emergency evacuation. **Transportation** includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

#### **Right of Recovery of Security Evacuation Benefits**

If, after a **Security Evacuation** is completed, it becomes clear that the **Insured** was an active participant in the events that led to an **Event**, **We** have the right to recover all **Transportation** and **Related Costs** from the **Insured**.

### **C. ACCIDENT PLAN**

In the event of multiple covered benefits under this Accident Plan section of the **Policy**, **We** will pay one benefit, the benefit that offers the **Insured** the largest benefit.

#### **1. ACCIDENTAL DEATH BENEFIT**

Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under the Accidental Death Benefit will take effect on the **Scheduled Date of Departure**.

If an **Insured** suffers a loss of life as a result of a **Covered Injury** while on a **Covered Trip**, **We** will pay the Accidental Death Benefit Maximum Covered Amount per **Insured** shown in the **Schedule**.

#### **2. ACCIDENTAL DISMEMBERMENT BENEFIT**

Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under the Accidental Dismemberment Benefit will take effect on the **Scheduled Date of Departure**.

If a **Covered Injury** to an **Insured** while on a **Covered Trip** results in any of the following **Covered Losses**, **Covered Losses of Use**, or **Plegia**, **We** will pay the percentage shown below. The **Covered Loss**, **Covered Losses of Use**, or **Plegia** must occur within 365 days of the **Covered Accident**.

The benefit amount is based on the Accidental Dismemberment Benefit Maximum Covered Amount per **Insured** shown in the **Schedule** for the person suffering the **Covered Loss**, **Covered Losses of Use**, or **Plegia**. If the **Insured** suffers more than one **Covered Loss**, **Covered Loss of Use**, or **Plegia** from one **Covered Accident**, **We** will pay only for the **Covered Loss**, **Covered Losses of Use**, or **Plegia** with the larger benefit.

The **Covered Loss** benefit is payable based on the following table.

<b>Covered Loss</b> of	Percentage of Maximum Amount
Both Hands or Both Feet	100%
One Hand and One Foot	100%
One Hand or One Foot plus the loss of Sight of One Eye	100%
Sight of Both Eyes	100%
Speech and Hearing	100%
Speech or Hearing	50%
One Hand; One Foot; or Sight of One Eye	50%
Thumb and Index Finger of the same Hand	25%
Hearing in One Ear	25%

A reduced benefit will be payable equal to 50% of the applicable Accidental Dismemberment Benefit for dismemberment where the dismembered body part is surgically reattached, provided all other provisions of the **Policy** are met. The balance of the applicable Accidental Dismemberment Benefit for such dismemberment will be paid if, after 365 days, the reattachment has failed to the extent that **Covered Loss of Use** then exists, provided all other provisions of the **Policy** are met.

The **Covered Loss of Use** benefit is payable based on the following table.

<b>Covered Loss of Use</b> of	Percentage of Maximum Amount
Four <b>Limbs</b>	100%
Three <b>Limbs</b>	75%
Two <b>Limbs</b>	67%
One <b>Limb</b>	50%

**Covered Loss of Use** must continue for 12 consecutive months and be determined by **Our** competent medical authority.

The **Plegia** benefit is payable based on the following table.

<b>Plegia</b> of	Percentage of Maximum Amount
Quadriplegia (total paralysis of all four <b>Limbs</b> )	100%
Triplegia (total paralysis of three <b>Limbs</b> )	75%
Paraplegia (total paralysis of both lower <b>Limbs</b> )	67%
Hemiplegia (total paralysis of upper and lower <b>Limbs</b> on one side of the body)	50%
Uniplegia (total paralysis of one <b>Limb</b> )	25%

**Plegia** must continue for 12 consecutive months and be determined by **Our** competent medical authority.

#### **Definitions:**

For purposes of this Section III. C. 2. Accidental Dismemberment Benefit only, the following definitions apply:

**Covered Loss** means:

- for a foot or hand, actual severance through or above the ankle proximal to the knee or actual severance through or above a wrist joint proximal to the elbow;
- for thumb and index finger, complete severance through or above the metacarpophalangeal joint of both digits proximal to the wrist;
- total and permanent loss of sight;
- total and permanent loss of speech; or
- total and permanent loss of hearing.

**Covered Loss of Use** means total paralysis of a **Limb** or **Limbs**, that has continued for 12 consecutive months and is determined by **Our** competent medical authority to be permanent, complete and irreversible.

**Plegia** means a permanent, complete and irreversible loss of voluntary movement that affects motor function of one or more **Limbs**. Proof of total **Plegia** may be required by **Us** on a periodic basis. Benefits are not payable for paralysis caused by a stroke.

### 3. EXPOSURE AND DISAPPEARANCE BENEFIT

Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under the Exposure and Disappearance Benefit will take effect on the **Scheduled Date of Departure**.

If, while on a **Covered Trip**, an **Insured** is exposed to weather because of an **Accident** and this exposure results in a **Covered Loss**, **We** will pay the Exposure and Disappearance Benefit Maximum Covered Amount per **Insured** shown in the **Schedule**.

If the conveyance in which an **Insured** is riding while on a **Covered Trip** disappears, is wrecked, or sinks, and the **Insured** is not found within 365 days of the event, **We** will presume that the **Insured** lost his/her life as a result of **Covered Injury**. If travel in such conveyance was covered under the terms of the **Policy**, **We** will pay the Exposure and Disappearance Maximum Covered Amount per **Insured** shown in the **Schedule**. **We** have the right to recover the benefit if **We** find that the **Insured** survived the event.

## SECTION IV – GENERAL DEFINITIONS

Bold terms within the **Policy**, whether in the singular or plural, are defined as follows. Additional definitions applicable to specific benefits only can be found in Section III – Benefits.

**Accident** or **Accidental** means a sudden, unexpected, and unforeseen event that occurs while the **Policy** is in force and that is the direct and independent cause of bodily injury to the **Insured**.

**Accommodation** means any establishment used for the purpose of temporary, overnight lodging for which a fee is paid and reservations are secured.

**Actual Cash Value** means the lesser of an item's original purchase price less depreciation or the replacement cost of such item.

**Adverse Weather Conditions** means any severe weather condition which prevents the **Insured** from reaching his/her **Destination** or delays the scheduled arrival and/or departure of a **Common Carrier**.

**Assistance Provider** means On Call International.

**Baggage** means luggage, personal possessions, and travel documents taken by the **Insured** on the **Covered Trip**.

**Co-Insurance** means the percentage of the eligible expenses shown in the **Schedule** payable by **Us**, or **Our Assistance Provider** on **Our** behalf, after the **Insured** pays the applicable **Deductible**, if any.

**Common Carrier** means any regularly scheduled land, water, or air conveyance operated under a license for the transportation of passengers for hire not including taxicabs or rented, leased or privately owned motor vehicles.

**Complications of Pregnancy** means conditions (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 acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity. **Complications of Pregnancy** also include non-elective cesarean section, ectopic pregnancy that is terminated and spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible. **Complications of Pregnancy** do not include false labor, occasional spotting, **Physician**-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

**Covered Accident** means an **Accident** that results in a **Covered Loss**.

**Covered Injury** means bodily injury directly caused by **Accidental** means that is independent of all other causes, results from a **Covered Accident**, occurs while the **Insured** is insured under the **Policy**, and results in a **Covered Loss**.

**Covered Loss** means a loss that meets the requisites of one or more benefits or additional benefits, and for which benefits are payable under the **Policy**.

**Covered Trip** means a scheduled trip for which coverage has been elected and the premium is paid, and all travel arrangements are arranged prior to the **Scheduled Date of Departure**.

**Deductible** means the amount shown in the **Schedule** for which an **Insured** is responsible, and such amount will be deducted from any payment made by **Us** for a **Covered Loss**. The **Deductible** equals the amount shown in the **Schedule** for each **Insured** and for each occurrence.

**Destination** means any place where the **Insured** expects to travel to on his/her **Covered Trip**.

**Domestic Partner** means a person who qualifies as a domestic partner under the law of the state of residence.

**Family Member** means the **Insured's Spouse**, child, **Spouse's** child, son/daughter-in-law, parent(s), sibling(s), brother/sister, grandparent(s), grandchild, step-brother/sister, step-parent(s), parent(s)-in-law, brother/sister-in-law, uncle, aunt, niece, nephew, guardian, **Domestic Partner**, foster child, or ward.

**Felonious Assault** means an act of violence against the **Insured**, or a **Family Member** booked to travel with the **Insured** that requires medical treatment in a **Hospital**. The act may not be inflicted by the **Insured**, or a **Family Member**.

**Home** means the **Insured's Primary Residence**.

**Hospital** means an institution that:

- a. operates pursuant to applicable local laws and regulations governing such facilities;
- b. primarily and continuously provides medical care and treatment to sick and injured persons on an inpatient basis;
- c. operates facilities for medical and surgical diagnosis and treatment by or under the supervision of **Physicians**; and
- d. provides 24-hour nursing service by or under the supervision of Registered Nurses (R.N.) or graduated nurses.

**Hospital** does not mean any institution or part thereof that is used primarily as:

- (1) a nursing home, convalescent home, or skilled nursing facility;
- (2) a place of rest, custodial care, or for the aged;
- (3) a clinic; or
- (4) a place for the treatment of mental sickness, alcoholism or substance abuse.

However, a place for the treatment of mental sickness, alcoholism or substance abuse will be regarded as a **Hospital** if it is:

- (i) part of the institution that meets the requirements in subparagraphs a. to d. of this definition above; and
- (ii) listed in the American Hospital Association Guide as a general hospital.

**Hospitalized or Hospitalization** means admitted to a **Hospital**.

**Injured, Injury or Injuries** means a bodily injury or injuries.

**Insured** means any person who has arranged to take a **Covered Trip**.

**Natural Disaster** means flood, hurricane, tornado, earthquake, volcano, wildfires, inclement weather or blizzard that renders the **Insured's Common Carrier** unable to provide a travel service due to a shutdown of all local airports for a duration of greater than 36 hours.

**Normal Pregnancy** means a pregnancy that is not considered a **Complication of Pregnancy**.

**Other Valid and Collectible Insurance** means any policy or contract that provides coverage for Baggage and Personal Effects benefits for **Covered Injury, Sickness**, loss, theft or damage the **Insured** incurs while on his/her **Covered Trip**.

**Parachuting** means an activity involving the breaking of a free fall from an airplane using a parachute.

**Payments and Deposits** mean the prepaid non-refundable amounts actually paid for the **Insured's Covered Trip** that may be done by cash, check, credit card, prepaid vouchers or similar form of payment. The amount includes incurred change fees and administrative fees. **Payments and Deposits** or portions of **Payments and Deposits** satisfied by non-

paid vouchers, non-paid certificates or discounts are not considered **Payments and Deposits** under the **Policy**. Payments for cultural, religious, wedding event planning or services are not **Payments and Deposits**.

**Personal Effects** means items such as clothing and toiletry items that are included in the **Insured's Baggage** and are required for the **Insured's Covered Trip**.

**Physician** means a person who is:

- a. a doctor of medicine, osteopathy, psychology or other legally qualified practitioner of a healing art that **We** recognize or are required by law to recognize;
- b. licensed to practice in the jurisdiction where care is being given;
- c. practicing within the scope of that license referenced in b. above; and
- d. not related to the **Insured** by blood, marriage, or adoption.

**Plan Administrator** means Health Special Risk, Inc.

**Policy** means the Group Travel Insurance Policy, the Declarations, the **Policyholder** application, this Certificate, and any rider, endorsement, or amendment attached thereto.

**Policyholder** means University of Georgia.

**Primary Residence** means an **Insured's** fixed, permanent and main home for legal and tax purposes.

**Quarantine** means the **Insured** is forced into medical isolation by a recognized government authority, their authorized deputies, or medical examiners due to the **Insured** either having, or being suspected of having, a contagious disease, infection or contamination while the **Insured** is traveling. An embargo preventing the **Insured** from entering a country is not a **Quarantine**.

**Schedule** means the schedule in SECTION I – SCHEDULE OF BENEFITS.

**Scheduled Date of Departure** means the date on which the **Insured** is originally scheduled to depart on the **Covered Trip**.

**Scheduled Date of Return** means the date on which the **Insured** is originally scheduled to return to where the **Covered Trip** departed from or to a different final **Destination** as noted on the **Insured's** initial itinerary.

**Scheduled Trip Departure City** means the city from which the **Insured** is originally scheduled to depart on the **Covered Trip**.

**Sickness** or **Sick** means a sickness, illness or disease that impairs the normal functions of the body and that requires examination and treatment by a **Physician**.

**Spouse** means the **Insured's** legally married spouse.

**Strike** means a stoppage of work that: (i) is an unannounced labor disagreement, (ii) interferes with the normal departure and arrival of a **Common Carrier**, and (iii) the **Insured's** Pre-Departure Trip Cancellation Benefit 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**.

**Travel Supplier** means the tour operator, hotel, rental company, cruise line, airline that provides prepaid travel arrangements for the **Insured's Covered Trip**.

**Trip Cost** means the dollar amount of **Covered Trip Payments and Deposits** paid by the **Insured** prior the **Schedule Date of Departure** and shown in the Declarations, that is subject to cancellation penalties or restrictions. **Trip Cost** also includes the cost of any subsequent arrangement added to the **Insured's Covered Trip**.

**Uninhabitable** means not suitable for human occupancy in accordance with local public health or safety guidelines.

**Usual and Customary** means the common charge made by other health care providers in the same locality for the treatment furnished. If the common charge for a service cannot be determined due to the unusual nature of such service,

**We** or **Our Assistance Provider** will determine the amount based upon:

- a. the complexity involved;
- b. the degree of professional skill required; and
- c. any other pertinent factor.

**We** or **Our Assistance Provider** will make the final determination of what is **Usual and Customary** based on all the circumstances.

**We**, **Us**, and **Our** means Zurich American Insurance Company.

## SECTION V – GENERAL EXCLUSIONS

Notwithstanding any other term, condition or provision under the **Policy**, **We** shall not provide coverage nor will **We** make any payments or provide any service or benefit to any **Insured**, beneficiary, or third party who may have any rights under the **Policy** to the extent that such cover, payment, service, benefit, or any business or activity of the **Insured** would violate any applicable trade or economic sanctions law or regulation.

**We** will not pay for any loss under the **Policy**, arising directly or indirectly out of, or as a result of, or from, or that occur to, or are as a result of the actions of, the **Insured** or the **Insured's Family Member**, or **Traveling Companion** for the following:

- a. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane (while sane in CO and MO);
- b. **Normal Pregnancy**, resulting childbirth, and elective abortion;
- c. participation as a professional in athletics while on a **Covered Trip**;
- d. riding or driving in any motor competition;
- e. declared or undeclared war, or any act of war;
- f. service in the armed forces of any country;
- g. operating or learning to operate any aircraft, as pilot or crew;
- h. bungee jumping, skydiving, **Parachuting**, free falling, cliff diving, B.A.S.E. or base jumping, hang gliding, parasailing, or travel on any air supported device, other than on a regularly scheduled airline or air charter company;
- i. the **Insured's** commission of or attempt to commit a felony;
- j. elective medical or holistic treatment or procedures; or
- k. a loss that results from a sickness, disease, or other condition, event or circumstance, that occurs at a time when the **Policy** is not in effect for the **Insured**.

**We** will not pay for any loss under the **Policy**, arising directly or indirectly out of, or as a result of, or from, or that occur to, or are as a result of the actions of, the following that occur to the **Insured**:

- a. any amount paid or payable under any Worker's Compensation, disability benefit or similar law;
- b. a loss or damage caused by detention, confiscation or destruction by customs;

The following additional exclusion applies to the Accidental Death Benefit and Accidental Dismemberment Benefit:

- a. **We** will not pay for loss caused by or resulting from sickness of any kind.

The following additional exclusions apply to the Baggage and Personal Effects Benefit:

- a. **We** will not pay for damage to or loss of the following items:
  - (1) animals;
  - (2) property used in trade, business or for the production of income; household furniture; musical instruments; brittle or fragile articles;
  - (3) boats, motors, motorcycles, motor vehicles, aircraft, and other conveyances (except wheelchairs) or equipment, or parts for such conveyances;
  - (4) artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces, retainers or other orthodontic devices, hearing aids, any type of eyeglasses, sunglasses or contact lenses;
  - (5) documents or tickets, except for administrative fees required to reissue tickets up to \$250 per ticket;
  - (6) money, checks of any kind, stamps, stocks and bonds, postal or money orders, securities, accounts, bills, deeds, food stamps, or credit cards, except as otherwise specifically included elsewhere in the **Policy**;



- (7) property shipped as freight or shipped prior to the **Scheduled Date of Departure**; or
- (8) contraband.
- b. **We** will not pay for loss to **Baggage** and **Necessary Personal Effects** arising from:
  - (1) defective materials or craftsmanship;
  - (2) normal wear and tear, gradual deterioration, inherent vice;
  - (3) rodents, animals, insects or vermin;
  - (4) electrical current, including electric arcing that damages or destroys electrical devices or appliances; or
  - (5) confiscation by airport personnel.

The following additional exclusions apply to the Security Evacuation Benefit:

- a. **We** will not pay for loss or expense caused by or incurred resulting from:
  - (1) the **Insured** has violated the laws or regulations of the location of his/her **Primary Residence** unless the **Designated Security Consultant** determines that such allegations were intentionally false, fraudulent and malicious and made solely to achieve a political, propaganda or coercive effect upon or at the expense of the **Insured** or the location in which he or she is traveling while on a **Covered Trip**;
  - (2) the **Insured** fails to produce or maintain immigration, work, residence or similar visas, permits or other relevant documentation for the location in which he or she is traveling while on a **Covered Trip**;
  - (3) the expenses incurred are solely due to the repossession of the **Policyholder's** or **Insured's** property by a titleholder or other interested party, to satisfy any debt, insolvency, financial failure or other financial obligation of the **Policyholder** or **Insured**;
  - (4) the expenses incurred are solely due to the **Policyholder** or **Insured** failing to honor any contractual obligation, bond or specific performance condition in a license;
  - (5) the **Insured** is a citizen of the country in which he or she is traveling while on a **Covered Trip**;
  - (6) the conditions leading to the **Insured's** departure were in existence prior to the **Insured** entering the location in which he or she was traveling while on a **Covered Trip**;
  - (7) the expenses incurred are solely due to a common or endemic disease, **Epidemic**, or **Pandemic**;
  - (8) the expenses incurred are for monies payable in the form of a ransom if a **Missing Person** case evolves into a kidnapping; or for consulting services seeking information on **Missing Person** or kidnapping cases; or
  - (9) the expenses incurred are due to military or political issues and the **Insured's Security Evacuation** request is made more than 30 days after the **Appropriate Authority(ies) Advisory** was issued.

## SECTION VI – GENERAL LIMITATIONS

**LIMITATION ON MULTIPLE COVERED POLICIES:** If an **Insured** can recover benefits under more than one travel or accident policy written by **Us**, **We** will pay under only one policy, the policy that offers the **Insured** the largest benefit. **We** will refund premium for any duplicate coverage.

## SECTION VII - HOW TO FILE A CLAIM

- A. **NOTICE:** The **Insured** or the beneficiary, or someone on their behalf, must give **Us** written notice of the **Covered Loss** within 90 days of such **Covered Loss**, or as soon thereafter as reasonably possible. The notice must name the **Insured**, and the Policy Number. To request a claim form, the **Insured** or the beneficiary, or someone on their behalf may contact Health Special Risk, Inc. at 972-512-5600; toll-free number at 866-409-5734. The notice must be sent to the address shown in this paragraph below, or to any of **Our** agents. Notice to **Our** agents is considered notice to **Us**.

Health Special Risk, Inc..  
P.O. Box 250649  
Plano, TX 75025-0649  
Phone: 972-512-5600  
Toll-Free Number: 866-409-5734

- B. **CLAIM FORMS:** **We** will send the claimant Proof of Loss forms within 15 days after **We** receive notice. If the claimant does not receive the Proof of Covered Loss form in 15 days after submitting notice, he or she can send **Us** a detailed written report of the claim and the extent of the **Covered Loss**. **We** will accept this report as a Proof of Covered Loss if sent within the time fixed below for filing a Proof of Covered Loss.



- C. **PROOF OF COVERED LOSS:** Written Proof of Covered Loss, acceptable to **Us**, must be sent within 90 days of the **Covered Loss**. Failure to furnish Proof of Covered Loss acceptable to **Us** within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the Proof of Covered Loss, and the proof was provided as soon as reasonably possible.
- D. **BENEFIT SPECIFIC DETAILS:** Additional details on benefit-specific requirements are found in Section III – Benefits.

## SECTION VIII - PAYMENT OF CLAIMS

- A. **TIME OF PAYMENT:** **We** will pay claims for all **Covered Losses**, other than **Covered Losses** for which the **Policy** provides any periodic payment, as soon as practicable upon receipt of written proof of loss that is acceptable to **Us**. Unless an optional periodic payment is stated or chosen, any **Covered Loss** to be paid in periodic payments will be paid at the end of each four-week period. The unpaid balance, that remains when **Our** liability ends, will then be paid when **We** receive the Proof of Covered Loss that is acceptable to **Us**.
- B. **WHO WE WILL PAY:**
1. **LOSS OF LIFE OF AN INSURED:** **Covered Losses** resulting from the **Insured's** death are paid to the named beneficiary at the time of death. If there is no beneficiary named or the named beneficiary predeceases or dies at the same time as the **Insured**, **We** will pay the benefit to the **Insured's** estate. If any **Insured** is a minor or is not competent to give a valid release for the payment, the payment will be made to his/her parent, guardian, or other person actually supporting the **Insured**.
  2. **ALL OTHER CLAIMS:** Benefits are to be paid to the **Insured**. He or she may direct in writing that all, or part of the Emergency Evacuation and Repatriation Benefit, if applicable, will be paid directly to the party who furnished the service. The direction may be changed by the **Insured** at any time up to the filing of the Proof of Covered Loss.
  3. Any payment **We** make will fully discharge **Us** to the extent of the payment.

## SECTION IX - GENERAL POLICY CONDITIONS

- A. **BENEFICIARIES:** The **Insured** first shown in Item 1. of the Declarations has the sole right to name a beneficiary. The beneficiary has no interest in the **Policy** other than to receive certain payments. Unless an irrevocable beneficiary is named, The **Insured** may change the beneficiary at any time unless he or she has assigned the interest in the **Policy**. In such case, the person to whom he or she has assigned the interest in the **Policy** may have the right to change the beneficiary. Consent to a change by a prior beneficiary is not needed. Any beneficiary designation must be in writing on a form acceptable to **Us**.
- B. **CHANGE OR WAIVER:** A change or waiver of any term or condition of the **Policy** must be issued by **Us** in writing and signed by one of **Our** executive officers. No agent has authority to change or waive **Policy** provisions, terms or conditions. A failure to exercise any of **Our** rights under the **Policy** will not be deemed as a waiver of such rights in the same or future situations.
- C. **CLERICAL ERROR:** A clerical error or omission will not increase or continue an **Insured's** coverage, that otherwise would not be in force. If an **Insured** applies for insurance for which he or she is not eligible, **We** will only be liable for any premium paid to **Us**.
- D. **CONFORMITY WITH STATUTE:** Terms of the **Policy** that conflict with the laws of the state where it is delivered are amended to conform to such laws.
- E. **ENTIRE CONTRACT:** The Group Travel Insurance Policy, the Declarations, the **Policyholder** application, this Certificate, and any rider, endorsement, or amendment attached thereto, represent the entire insurance contract.
- F. **SUIT AGAINST US:** No action on the **Policy** may be brought until 60 days after written Proof of Covered Loss has been sent to **Us**. Any action must commence within three years, (five years in Kansas and Tennessee; and six years in South Carolina and Wisconsin) of the date the written Proof of Covered Loss was required to be submitted. If the law of the state where the **Insured** lives makes such limit void, then the action must begin within the shortest time period permitted by law. In those states where binding arbitration is allowed, binding arbitration will supersede this provision.
- G. **PHYSICAL EXAMINATION AND AUTOPSY:** **We** have the right to examine an **Insured** when and as often as **We** may reasonably request while the claim is pending. Such examination will be at **Our** expense. **We** can have an autopsy performed unless forbidden by law.
- H. **CHOICE OF SERVICE PROVIDER:** The **Insured** has the sole right to choose his/her duly licensed **Physician** and **Hospital**.

- I. **ARBITRATION:** Any contest to a claim denial under the **Policy** will be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction. The arbitration will occur at the offices of the American Arbitration Association nearest to the **Insured**. The arbitrator(s) will not award consequential or punitive damages in any arbitration under this section. This provision does not apply if the **Insured** is a resident of a state where the law does not allow binding arbitration in an insurance **Policy**, but only if the **Policy** is subject to its laws. In such a case, binding arbitration does not apply. This provision bars the institution of a lawsuit by the **Insured**.
- J. **MISSTATEMENT OF AGE:** If the age of the **Insured** has been misstated, all amounts payable under the **Policy** shall be such as the premium paid would have purchased at the correct age.
- K. **SUBROGATION:** **We** have the right to recover from any third party all payments that **We** have made to the **Insured** or on behalf of the **Insured's Spouse** or **Domestic Partner**, child, heirs, guardians or executors or will be obligated to pay in the future to the **Insured**, from any third party. If the **Insured** recovers from any third party, **We** will be reimbursed first from such recovery to the extent of **Our** payments to or on behalf of the **Insured**. The **Insured** agrees to assist **Us** in preserving its rights against any third party, including but not limited to, signing subrogation forms supplied by **Us**. If **We** seek to recover any amount paid by **Us**, **We** are entitled to recovery of those amounts before the **Insured** is entitled to share in any amount so recovered by **Us**.
- L. **VALUATION:** All premiums, limits, **Deductibles**, and other amounts under the **Policy** are expressed and payable in the currency of the United States unless otherwise stated. If judgment is rendered, settlement is denominated or another element of loss under the **Policy** is stated in a currency other than United States dollars, payment under the **Policy** shall be made in United States dollars at the rate of exchange on the date the final judgment is reached or the amount of the settlement is agreed upon.
- M. **HEADINGS:** The titles and headings to the various sections, subsections and endorsements of the **Policy**, are included solely for ease of reference and do not in any way limit, expand or otherwise affect the provisions or existence of such sections, subsections or endorsements.

University of Georgia  
GPT 4152918  
Effective: January 1, 2025

# Multi-Trip/Annual Policy Period Amendatory Endorsement



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Policy No. GPT 4152918

Effective Date: January 1, 2025

This endorsement modifies insurance provided under the:

**Declarations Page: Group Travel Insurance  
Certificate of Insurance for University of Georgia**

It is agreed that:

- I. Item: 4. Trip Departure Date and Item: 5. Trip Return Date in the Declarations Page are deleted
- II. The following is added to the Declarations Page:  
Policy Period:  
Policy Effective Date: January 1, 2025  
Policy Expiration Date: January 1, 2026
- III. SECTION II- EFFECTIVE AND TERMINATION DATES OF INSURANCE in the Certificate of Insurance is deleted in its entirety and replaced with the following:
  - A. POLICY EFFECTIVE DATE: No coverage for an **Insured** under the **Policy** is in effect until the earliest of:
    1. the Policy Effective Date shown in the Declarations; or
    2. the Policy Period effective date shown in the Master Application Group Travel Insurance Policy.
  - B. INDIVIDUAL BENEFIT EFFECTIVE DATES: Effective dates for each benefit are shown separately under the applicable benefit shown in SECTION III – BENEFITS. Under a multi-trip/annual policy, the effective dates for each benefit apply separately per **Covered Trip** as follows:
    1. the effective date for Pre-Departure Trip Cancellation Benefits: The **Insured's** coverage under the Pre-Departure Trip Cancellation Benefit will take effect on the later of the purchase date of a **Covered Trip** or the Policy Effective Date, provided the **Covered Trip** commences while the **Insured's** coverage is in effect under the **Policy** commenced within the Policy Period.
    2. the effective date for all other benefits shown in the **Schedule**: The **Insured's** coverage under all other benefits shown in the **Schedule** will take effect on the **Scheduled Date of Departure**..
  - C. POLICY EXPIRATION DATE: An **Insured's** coverage automatically terminates on the earlier of:
    1. the Policy Expiration Date shown in the Declarations; or
    2. the date the **Insured** ceases to be an Eligible Person as described in the Master Application Group Travel Insurance Policy; or
    3. the Policy Period termination date shown in the Master Application Group Travel Insurance Policy.
  - D. INDIVIDUAL BENEFIT TERMINATION DATES: Termination dates for each benefit apply separately per **Covered Trip** as follows:
    1. the termination date for Pre-Departure Trip Cancellation Benefits: the **Insured's** coverage under the Pre-Departure Trip Cancellation Benefit automatically terminates on the earlier of the cancellation date of the **Covered Trip** prior to the **Scheduled Date of Departure**; or the **Scheduled Date of Departure**.
    2. the termination date for all other benefits shown in the **Schedule**: the **Insured's** coverage under all other benefits shown in the **Schedule** automatically terminate on the earlier of the:
      - a. completion date of the **Covered Trip**; or
      - b. the **Insured's** arrival at the return **Destination** of a round-trip.

c. the arrival **Destination** of a one-way trip.

even if the termination date in subpart a., b. or c. occur after the Policy Expiration Date shown in the Declarations, provided, however, the **Scheduled Departure Date** is prior to the Policy Expiration Date shown in the Declarations.

Termination will not negate a claim already pending.

E. EXTENSION OF COVERAGE: All coverage under the **Policy** will be extended if:

1. the **Insured's** entire **Covered Trip** is covered by the **Policy**; and
2. the **Insured's** return is delayed by unavoidable circumstances beyond his/her control.

This extension of coverage will terminate the earlier of:

- a. the date the **Insured** reaches his/her originally scheduled return **Destination**; or
- b. 31 days after the **Scheduled Date of Return**.

Termination will not negate a claim already pending.

All other terms, conditions, provisions and exclusions of this policy remain the same.

# Class Schedule



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Policy No. GPT 4152918

Effective Date: January 1, 2025

This endorsement modifies insurance provided under the:

**Certificate of Insurance for University of Georgia**

It is agreed that:

I. SECTION I – SCHEDULE OF BENEFITS is deleted in its entirety and replaced with the following:

The following are the classes of **Insureds**:

**Class I:** All full-time students, faculty and staff, including spouses, dependent children and guests, who are on a recognized study abroad program or other student or staff travel approved by the Policyholder outside the Insured's country of Primary Residence and outside the United States. Coverage applies while participating in a study abroad program or other student or staff travel approved by the Policyholder outside the Insured's country of Primary Residence and outside the United States including travel directly to and from the program location and home, and side trips taken in relation to the program. Such side trips will only be covered up to fourteen days in duration and must occur directly before, after or during the program. Coverage for an Insured shall not exceed 365 days.

If an **Insured** suffers a **Covered Loss**, and he or she is eligible under more than one class, **We** will pay only one benefit, the largest benefit.

Coverage is included only for Plans and Benefits that the **Insured** has elected to purchase during Enrollment and for which a Maximum Covered Amount is shown in the **Schedule** or in a Rider attaching to the **Policy**.

Benefits	Maximum Covered Amount / Deductible	
Travel Inconvenience Plan		
Class:	Students, Faculty, Staff & Spouse	Dependent Child(ren)
1. Pre-Departure Trip Cancellation Benefit	Up to 100% of <b>Trip Cost</b> to a maximum of \$5,000	Up to 100% of <b>Trip Cost</b> to a maximum of \$5,000
2. Post-Departure Trip Interruption Benefit	Up to 100% of <b>Trip Cost</b> to a maximum of \$2,000	Up to 100% of <b>Trip Cost</b> to a maximum of \$2,000
3. Travel Delay Benefit	\$2,000 (subject to \$250 per day)	\$2,000 (subject to \$250 per day)

4. Baggage and Personal Effects Benefit Per Item Limit <b>Deductible</b>	\$500 maximum \$250 per item \$0 per occurrence	\$500 maximum \$250 per item \$0 per occurrence
5. Baggage Delay Benefit Per Day Limit	\$300 maximum \$100 per item	\$300 maximum \$100 per item
<b>B. Emergency Evacuation And Repatriation Plan</b>		
1. Emergency Evacuation and Repatriation Benefit	\$2,000,000	\$2,000,000
2. Emergency Evacuation and Repatriation Benefit for Participants to Antarctica	\$250,000 maximum	\$250,000 maximum
3. Security Evacuation Benefit	\$100,000	\$100,000
<b>C. Accident Plan</b>		
1. Accidental Death Benefit	\$25,000	\$10,000
2. Accidental Dismemberment Benefit	\$25,000 (Losses subject to Schedule listed on Certificate)	\$10,000 (Losses subject to Schedule listed on Certificate)
3. Exposure and Disappearance Benefit	\$25,000	\$10,000
<b>D. Extra Coverage</b>		
1. Out of Country Travel Medical Expense Benefit		

All other terms, conditions, provisions, and exclusions remain the same.

# Out of Country Travel Medical Expense Benefit Rider



**THIS RIDER CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Policy No. GPT 4152918

Effective Date: January 1, 2025

**THIS RIDER PROVIDES LIMITED BENEFITS FOR TRAVEL RELATED INSURANCE ONLY.  
PLEASE READ THIS RIDER CAREFULLY.**

This rider modifies insurance provided under the:  
**Certificate of Insurance for University of Georgia**

It is agreed that:

I. The following is added to SECTION I – SCHEDULE OF BENEFITS:

<b>Benefits</b>	<b>Maximum Covered Amount per Insured per Covered Injury or per Sickness per Covered Trip</b>	<b>Deductible per Insured per Covered Injury or per Sickness per Covered Trip</b>	<b>Co-Insurance per Insured per Covered Injury or per Sickness</b>
<b>Out of Country Travel Medical Expense Benefit</b>			
Medical Expense Benefit	\$500,000	\$0	100%
Medical Expense Benefit Sublimits for the Medically Necessary Covered Medical Services described below:			
Hospital Room and Board	The average semi-private room rate per day	The <b>Deductible</b> shown in the Medical Expense Benefit	100%
Emergency Dental	The Maximum Covered Amount shown in the Medical Expense Benefit	The <b>Deductible</b> shown in the Medical Expense Benefit	100%
Emergency Dental – Sudden Relief of Pain	\$500	The <b>Deductible</b> shown in the Medical Expense Benefit	100%
Mental or Nervous Disorders - Inpatient	The Maximum Covered Amount shown in the Medical Expense Benefit	The <b>Deductible</b> shown in the Medical Expense Benefit	100%
Mental or Nervous Disorders - Outpatient	The Maximum Covered Amount shown in the Medical Expense Benefit	The <b>Deductible</b> shown in the Medical Expense Benefit	100%
Treatment of Complications of Pregnancy	The Maximum Covered Amount shown in the Medical Expense Benefit	The <b>Deductible</b> shown in the Medical Expense Benefit	100%
Newborn Nursery Care	\$1,000	The <b>Deductible</b> shown in the Medical Expense Benefit	100%

Additional Out of Country Travel Medical Expense Benefits:			
Continuation of Coverage Benefit	\$25,000* * This Benefit is Excess Coverage	The <b>Deductible</b> shown in the Medical Expense Benefit	100%
Home Country Extension Benefit	\$25,000* * This Benefit is Excess Coverage	The <b>Deductible</b> shown in the Medical Expense Benefit	100%
Hospital Admission Guarantee Charge or Medical Expense Guarantee Charge Benefit	\$10,000	The <b>Deductible</b> shown in the Medical Expense Benefit	100%
Pre-Existing Conditions	The Maximum Covered Amount shown in the Medical Expense Benefit	The <b>Deductible</b> shown in the Medical Expense Benefit	100%

II. The following is added to SECTION III – BENEFITS:

**OUT OF COUNTRY TRAVEL MEDICAL EXPENSE BENEFIT**

The **Insured's** coverage under the Out of Country Travel Medical Expense Benefit will take effect as stated in SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE.

**We** will pay **Our** share of the **Usual and Customary** expenses incurred by the **Insured** for **Medically Necessary Covered Medical Services** resulting from a **Covered Injury** or **Sickness** while an **Insured** is outside his or her country of **Primary Residence** on a **Covered Trip** up to the Maximum Covered Amount shown in the **Schedule**. Coverage is provided in excess of the **Deductible** and subject to the **Co-Insurance** shown in the **Schedule** and subject to any Medical Expense Sublimit shown in the **Schedule**. The Medical Expense Benefit Sublimits are included within, and not in addition to, the Medical Expense Benefit Maximum Covered Amount shown in the **Schedule**.

Coverage is provided in excess of the **Deductible** shown in the **Schedule** provided that:

- the first treatment or service occurs within 90 days of the **Covered Injury** or **Sickness**; and
- the medical expenses are incurred within 52 weeks of the **Covered Injury** or **Sickness**.

Upon notification by the **Insured** or **Policyholder** to **Us** or **Our Assistance Provider** of the need for medical treatment for benefits to be covered, **Our Assistance Provider**, in conjunction with the local attending **Physician**, shall coordinate the most suitable medical care. Notification for the need of medical treatment should be as soon as reasonably possibly.

Additional Out of Country Travel Medical Expense Benefits:

The following benefits are in addition to, and included within, the Out of Country Travel Medical Expense Benefit Maximum Covered Amount shown in the **Schedule**.

Solely for purposes of this Out of Country Travel Medical Expense Benefit only, the following benefits apply:

Continuation of Coverage Benefit:

**We** will pay **Our** share of the **Usual and Customary** expenses for **Covered Medical Services** incurred by the **Insured** while he or she is in his or her country of **Primary Residence** up to the Maximum Covered Amount shown in the **Schedule** resulting from a **Covered Injury** or **Sickness** which occurred, was diagnosed and treated outside the **Insured's** country of **Primary Residence** during the course of a **Covered Trip**. Coverage is provided in excess of the **Deductible** and is subject to the **Co-Insurance** and to any Medical Expense Sublimits shown in the **Schedule**. The Continuation of Coverage Benefit is payable in excess of any **In Force Policy** and only applies to medical expenses incurred within 30 days of the **Insured's** return to his/her country of **Primary Residence** following the **Covered Trip**.



#### Home Country Extension Benefit:

**We** will pay **Our** share of the **Usual and Customary** expenses for **Covered Medical Services** incurred by the **Insured** up to the Maximum Covered Amount shown in the **Schedule** resulting from a **Covered Injury** or **Sickness** while the **Insured** is in his/her country of **Primary Residence** during the course of a **Covered Trip**. Coverage is provided in excess of the **Deductible** and is subject to the **Co-Insurance** and to any Medical Expense Sublimits shown in the **Schedule**. The Medical Expense Benefit Sublimits are included within, and not in addition to, the Maximum Covered Amount for the Home Country Extension Benefit. The Home Country Extension Benefit is payable in excess of any **In Force Policy**.

#### Hospital Admission Guarantee Charge or Medical Expense Guarantee Charge Benefit:

If while traveling outside of the **Insured's** country of **Primary Residence** on a **Covered Trip**, the **Insured** suffers a medical emergency, **We** or **Our Assistance Provider** will pay on the **Insured's** behalf up to the Hospital Admission Guarantee Charge or Medical Expense Guarantee Charge Benefit, up to the corresponding Maximum Covered Amount per **Insured** shown in the **Schedule**, for actual expenses incurred for guarantee of payment to the **Hospital** or the medical provider. The **Insured** agrees to reimburse **Us** or **Our Assistance Provider** for the amount **We** or **Our Assistance Provider** paid for the **Hospital Admission Guarantee Charge** or a **Medical Expense Guarantee Charge**.

Any amount payable under the Out of Country Travel Medical Expense Benefit will be reduced by any amounts paid or payable under this Hospital Admission and Medical Expense Charge Benefit.

### III. Solely for purposes of this Out of Country Travel Medical Expense Benefit only, the following definitions are added to SECTION IV – GENERAL DEFINITIONS:

**Covered Medical Services** means any of the following services and expenses:

- a. **Hospital** room and board expenses: the daily room rate when an **Insured** is confined in a **Hospital** and general nursing care is provided and charged for by the **Hospital**. In computing the expenses payable under this benefit, the date of admission will be counted but not the date of discharge.
- b. **Hospital** Intensive Care Unit.
- c. Ancillary or miscellaneous inpatient **Hospital** expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when confined in a **Hospital**.
- d. Medical emergency care (room and supplies) expenses incurred within twenty-four (24) hours of a **Covered Injury** or **Sickness** and including the emergency room or attending **Physician's** charges, X-rays, laboratory procedures, use of the emergency room and supplies.
- e. Outpatient surgical room and supply expenses for use of the surgical facility (including ambulatory surgical facilities).
- f. Outpatient diagnostic X-rays, laboratory procedures and tests.
- g. **Physician** non-surgical treatment/examination expenses (excluding medicines) including the **Physician's** initial visit, each necessary follow-up visit and consultation visits when referred by the attending **Physician**.
- h. **Physician's** surgical expenses.
- i. Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a **Physician's** surgical procedure whether on an inpatient or outpatient basis. The **Physician's** surgical procedure(s) must be the result of a **Covered Injury**.
- j. Assistant **Physician** expenses.
- k. The services of a Registered Nurse (the nurse cannot be a member of the **Insured's Immediate Family**).
- l. Physiotherapy expenses on an inpatient or outpatient basis limited to one (1) visit per day to a maximum of sixty (60) visits. Expenses include treatment and office visits connected with such treatment when prescribed by a **Physician**, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy and/or occupational therapy.
- m. Non-emergency inpatient and outpatient X-ray expenses (including reading charges) but not for dental X-rays unless **Medically Necessary** to evaluate a **Covered Injury**.
- n. Radiological procedures including: cardiac imaging and nuclear medicine and molecular imaging related to a **Covered Injury** and prescribed by a **Physician**.
- o. Diagnostic imaging expenses including Magnetic Resonance Imaging (MRI) and Computed Axial Tomography (CAT) Scan related to a **Covered Injury** and prescribed by a **Physician**.

- p. Ambulance expenses for transportation from the emergency site to the **Hospital** (excluding air ambulance).
- q. Rehabilitative **Limb** braces, wheelchairs and other medical equipment or appliances prescribed by a **Physician** and related to the **Covered Injury**. It must be durable medical equipment that:
  - (1) is primarily and customarily used to serve a medical purpose;
  - (2) can withstand repeated use; and
  - (3) generally is not useful to a person in the absence of a **Covered Injury**.
 No benefits will be paid for rental charges in excess of the purchase price.  
**We** will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs.
- r. Eyeglasses, contact lenses or hearing aids damaged or destroyed as a result of a **Covered Injury** and prescribed by a **Physician**.
- s. Prescription drug expenses for **Covered Injuries**, prescribed by a **Physician** and administered on an outpatient basis. **We** will only pay up to 75% of a non-generic drug if a generic drug is available.
- t. Expenses for blood, blood transfusions and oxygen (including delivery of tanks and equipment and its administration).
- u. Emergency dental treatment for teeth, gums or structures directly supporting the teeth performed as a result of a **Covered Injury**.
- v. Emergency dental treatment for teeth, gums or structures directly supporting the teeth performed.
- w. Treatment for **Mental and Nervous Disorders** that result directly, and from no other cause from a **Covered Injury** or **Sickness**, while confined in a **Hospital** or on an outpatient basis.
- x. Treatment resulting from **Complications of Pregnancy** due to **Covered Injury**.
- y. Newborn Nursery Care.

**Custodial Services** means medical and non-medical care, including services which are:

- a. related to watching or protecting the **Insured** if as a result of a **Covered Injury** they are deemed by a **Physician** to require daily preventative care for a period of one (1) to ninety (90) days;
- b. related to performing, or assisting the **Insured** in performing any activities of daily living such as: walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating, preparing foods, or taking medications that can be either self-administered or require medical assistance;
- c. performed by trained or skilled medical personnel; and which, in the absence of inpatient **Hospital** care, would otherwise be required.

**Medically Necessary** means a medical service or treatment:

- a. is essential for the diagnosis, treatment or care of the **Covered Injury** or **Sickness** for which it is prescribed or performed;
- b. meets generally accepted standards of medical practice; and
- c. is ordered by a licensed medical provider acting within the scope of his or her practice.

**Mental and Nervous Disorders** means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind.

IV. Solely for purposes of this Out of Country Travel Medical Expense Benefit, the following exclusions are added to SECTION V – GENERAL EXCLUSIONS, **We** will not cover:

any medical expenses incurred by the **Insured** after the date that **We** or **Our Assistance Provider**, based on the advice of a **Physician**, had recommended the repatriation of the **Insured** to his or her country of **Primary Residence**;

any medical expenses incurred if the travel was undertaken for the purpose of obtaining medical treatment;

medical expenses incurred more than twelve (12) months from the date of the **Covered Injury** or onset of **Sickness**;

an **Injury** or **Sickness** for which the **Insured** is entitled to benefits under Workers Compensation, Employer Liability, or similar law;

expenses which are more than the **Usual and Customary** level of payment;

expenses for travel against the advice of a **Physician**;

medical expenses incurred within the **Insured's** country of **Primary Residence**;

medical expenses incurred for which the **Insured** is not legally obligated to pay;

medical expenses incurred for treatment by the **Insured's Family Member** or household;

Expenses incurred for eye examinations, contact lenses or the fitting, repair or replacement of these items unless **Medically Necessary** for the treatment of the **Covered Injury** or **Sickness**;

medical expenses incurred for dental care, treatment, repair or replacement of sound natural teeth unless **Medically Necessary** for the treatment of the **Covered Injury** or **Sickness**;

Routine physical examinations and related medical services, elective treatment or surgery or experimental or investigative treatments or procedures;

cosmetic surgery, other than reconstructive surgery when necessary due to an **Injury** as a result of a **Covered Injury** while coverage is in effect;

expenses for personal comfort or convenience items, including but not limited to telephone charges, television rental, or guest meals;

medical expenses resulting from fighting or brawling except in self-defense;

Expenses for **Custodial Services** or services provided by a private duty nurse unless such expenses are incurred as a result of a **Covered Injury** or **Sickness**, as prescribed by a **Physician**;

Expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment unless for the purpose of modifying the item because the **Covered Injury** or **Sickness** has caused further impairment of the underlying bodily condition.

- V. Solely for purposes of this Out of Country Travel Medical Expense Benefit, the following is added to the GENERAL POLICY CONDITIONS Section in the Certificate of Insurance:

**Applies to the Home Country Extension Benefit Only:**

EXCESS INTEGRATED: The benefit amount for this benefit is payable in excess of any **In Force Policy** and its applicable deductible. In the event and only in the event of the reduction or exhaustion of the limit of insurance of the **In Force Policy** solely as the result of actual payment of benefits covered thereunder, the **Policy** shall pay excess of the reduced limit of insurance of the **In Force Policy** and its applicable deductible. The **Policy** shall only pay pursuant to the terms and conditions of the **Policy** and no other policy.

**We** will pay the **Usual and Customary** level of payment, reduced by the payment by any other insurance plan. The **Policy** will recognize payment by any other insurance plan as reducing or satisfying the **Deductible** amount of the **Policy**. In no event will **We** pay more than the maximum amount stated in this rider.

If no **In Force Policy** exists, the **Policy** will pay benefits on a primary basis.

All other terms, conditions, provisions and exclusions of this policy remain the same.

# Amend Emergency Evacuation and Repatriation Benefit Endorsement (Transportation Expenses)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy No. GPT 4152918

Effective Date: January 1, 2025

This endorsement modifies insurance provided under the:

**Certificate of Insurance for University of Georgia**

It is agreed that:

- I. Subparagraph c. of Paragraph B.1. in SECTION III – BENEFITS is deleted in its entirety and replaced with the following:

expenses for transportation not to exceed the cost of one round-trip economy class air fare subject to a maximum of \$5,000 to the place of **Hospitalization** for one person chosen by the **Insured** as well as lodging and meals not to exceed \$500 per day for a maximum of 10 days, provided the **Insured** is traveling alone and is **Hospitalized**. Coverage is also provided immediately (to up to 3 days) following the **Insured** being a victim of a **Felonious Assault** and needs the support of a **Family Member**;

All other terms, conditions, provisions and exclusions of this policy remain the same.



## Evacuation Additional Benefit Rider

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Policy No. GPT 4152918

Effective Date: January 1, 2025

This Rider modifies insurance provided under the:  
**Certificate of Insurance for University of Georgia**

It is agreed that:

The following is added to the Covered Expense under the **EVACUATION AND REPATRIATION BENEFIT**:

If the **Insured** is sufficiently recovered to travel without special equipment and/or personnel with minimal risk to their health, **We** or **Our Assistance Provider** will arrange for, and cover expenses for transportation not to exceed the cost of one-way economy class air fare, to the **Insured's Home**, less any refund paid or payable from the **Insured's** unused transportation ticket(s). All payments are subject to **Our** or the **Assistance Provider's** prior approval;

All other terms, conditions, provisions and exclusions remain the same.

# Return of Child Benefit Rider



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Policy No. GPT 4152918

Effective Date: January 1, 2025

This Rider modifies insurance provided under the:  
**Certificate of Insurance for University of Georgia**

It is agreed that:

The following is added to SECTION III – BENEFITS:

## **RETURN OF CHILD BENEFIT**

Subject to SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE, the **Insured's** coverage under the Return of Child Benefit will take effect on the **Scheduled Date of Departure**.

If while on a **Covered Trip**, an **Insured** is traveling with **Dependent Children**, who are under 19 years of age or **Dependent Children** who prior to age 19 became incapable of self-sustaining employment by reason of mental or physical disability and remains chiefly dependent upon the **Insured** for support and maintenance, and due to the **Illness** of or **Injury** to the **Insured**, such **Dependent Children** is left unattended, **We** or **Our Assistance Provider** will arrange for, and cover the cost of, the transport of the **Dependent Children** by a regularly scheduled economy class air flight to the location chosen by the **Insured**, and for one attendant, if applicable. **We** or **Our Assistance Provider** must pre-authorize the transportation of the **Dependent Children** and attendant, if applicable, for this Return of Child Benefit to be payable.

All other terms, conditions, provisions and exclusions remain the same.



## Chaperone Replacement Benefit Rider

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Policy No. GPT 4152918

Effective Date: January 1, 2025

This Rider modifies insurance provided under the:  
**Certificate of Insurance for University of Georgia**

It is agreed that:

The following is added to SECTION III – BENEFITS:

### **CHAPERONE REPLACEMENT BENEFIT**

Coverage under the Chaperone Replacement Benefit will take effect as stated in SECTION II – EFFECTIVE AND TERMINATION DATES OF INSURANCE, A. EFFECTIVE DATE.

If, while on a **Covered Trip**, a chaperone for the **Policyholder** is prevented from continuing his/her trip due to **Injury**, **Sickness**, or death to himself/herself or of the chaperone's **Immediate Family Member**, **We** will pay a Chaperone Replacement Benefit for the following Covered Expenses, up to the corresponding Maximum Covered Amount of \$5,000.

The following are Covered Expenses under the Chaperone Replacement Benefit:

- a. expenses incurred for a replacement chaperone not to exceed the cost of one round-trip economy class air fare from his/her place of **Primary Residence** to the next scheduled **Destination** where the replacement chaperone can join the **Covered Trip**; and
- b. expenses incurred for the returning chaperone not to exceed the cost of one round-trip economy class air fare to his/her place of **Primary Residence**.

All other terms, conditions, provisions and exclusions of this policy remain the same.

# Amend Security Evacuation Benefit (Official Disaster)



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Policy No. GPT 4152918

Effective Date: January 1, 2025

This endorsement modifies insurance provided under the:

**Certificate of Insurance for University of Georgia**

It is agreed that:

- I. The second paragraph of B.2. in SECTION III – BENEFITS is deleted in its entirety and replaced with the following:

If, as a result of an **Event** that takes place while the **Insured** is on a **Covered Trip**, the **Insured** requires extrication from a location in which he or she is traveling due to an **Imminent Physical Danger**, **We** or **Our Assistance Provider** will arrange for and pay on the **Insured's** behalf a Security Evacuation Benefit, for the **Transport** and **Related Costs** (including hotel/lodging, meals and, if necessary, physical protection for the **Insured**; but excluding personal comfort and convenience items) of the **Insured** to the **Nearest Place of Safety**, up to the corresponding Maximum Covered Amount shown in the **Schedule**. If the **Insured's Host Country** issues an official disaster declaration, the **Insured** or **Policyholder** must contact **Our Assistance Provider** as soon as reasonably possible. **We** or **Our Assistance Provider** must be contacted prior to the **Transport** and **We** or **Our Assistance Provider** must pre-authorize the **Transport** along with the **Policyholder** for this Security Evacuation Benefit to be payable. Where a **Security Evacuation** becomes impractical because of hostile or dangerous conditions, **We** or **Our Assistance Provider** will make every effort to maintain contact with the **Insured**.

- II. The third paragraph under the **Event** definition in the Definitions section of B.2. in SECTION III – BENEFITS is deleted in its entirety and replaced with the following:

storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that results or could result in such severe and widespread damage that the area of damage is officially declared a disaster area by the appropriate government authority(ies) of the location in which the **Insured** is traveling and such area is deemed or could be deemed to be **Uninhabitable** or dangerous;

All other terms, conditions, provisions and exclusions remain the same.



# Policyholder Aggregate Limit of Liability Endorsement (Business Travel)



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Policy No. GPT 4152918

Effective Date: January 1, 2025

This endorsement modifies insurance provided under the:

**Certificate of Insurance for University of Georgia**

**Group Travel Insurance Policy**

It is agreed that:

I. The following is added to SECTION I – SCHEDULE of the Group Travel Insurance Policy:

**Aggregate Limit of Liability** per **Covered Loss** arising under the Security Evacuation Benefit is \$2,500,000.

II. The following definition is added to SECTION IV – GENERAL DEFINITIONS in the Certificate of Insurance:

**Aggregate Limit of Liability** means the total benefits **We** will pay for a **Covered Accident, Covered Injury, or Event** set forth in the **Policy** Schedule. For purposes of the **Aggregate Limit of Liability**, a **Covered Accident, Covered Injury, or Event** will include a **Covered Loss** or **Covered Losses** arising out of a single event or related events or originating cause and includes a resulting **Covered Loss** or **Covered Losses**. If the total benefits under the **Aggregate Limit of Liability** is not enough to pay full benefits to each **Insured, We** will pay each **Insured** a reduced benefit based upon the proportion that the **Aggregate Limit of Liability** bears to the total benefits which would otherwise be paid.

All other terms, conditions, provisions and exclusions remain the same.

## Amend Exclusion a. Endorsement



**THIS RIDER CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Policy No. GPT 4152918

Effective Date: January 1, 2025

This endorsement modifies insurance provided under the:

**Certificate of Insurance for University of Georgia**

It is agreed that:

- I. Exclusions a. and b. in SECTION V – GENERAL EXCLUSIONS are deleted in its entirety and replaced with the following:
  - a. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane (while sane in CO and MO). This exclusion does not apply to the Post-Departure Trip Interruption Benefit, Out of Country Travel Medical Expense Benefit, Emergency Evacuation and Repatriation Plan Benefit, and Travel Delay Benefit;

All other terms, conditions, provisions and exclusions of this policy remain the same.

# Amend Who We Will Pay Provision Endorsement

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Policy No. GPT 4152918

Effective Date: January 1, 2025

This endorsement modifies insurance provided under the:

**Certificate of Insurance for University of Georgia**

It is agreed that:

- I. Paragraph B. WHO **WE** WILL PAY of SECTION VIII - PAYMENT OF CLAIMS is deleted in its entirety and replaced with the following:

**B. WHO WE WILL PAY:**

1. **LOSS OF LIFE OF AN INSURED: Covered Losses** resulting from the **Insured's** death are paid to the named beneficiary at the time of death. If there is no beneficiary named or the named beneficiary predeceases or dies at the same time as the **Insured**, **We** will pay the benefit to the beneficiary named by the **Insured** for the **Policyholder's** Group Life Insurance policy. If there is no beneficiary named by the **Insured** for the **Policyholder's** Group Life Insurance policy, or the named beneficiary predeceases or dies at the same time as the **Insured**, **We** will pay the benefit to the **Insured's** survivors in the following order:
  - a. The **Insured's** legally married **Spouse** or **Domestic Partner**;
  - b. The **Insured's** child(ren);
  - c. The **Insured's** parents;
  - d. The **Insured's** brothers and sisters;
  - e. The **Insured's** estate.

If any **Insured** is a minor or is not competent to give a valid release for the payment, the payment will be made to his/her parent, guardian, or other person actually supporting the **Insured**.
2. **TRAVEL INCONVENIENCE PLAN BENEFITS: Covered Losses** incurred under the Pre-Departure Trip Cancellation Benefit, Post-Departure Trip Interruption Benefit, Travel Delay Benefit, Baggage and Personal Effects Benefit and Baggage Delay Benefit by the **Insured** will be paid to the party that incurred the charge. Payment of the benefit to the party that incurred the charge will release **Us** from any further liability to the **Insured** and the **Policyholder**.
3. **ALL OTHER CLAIMS:** Benefits are to be paid to the **Insured**.
4. Any payment **We** make will fully discharge **Us** to the extent of the payment.

All other terms, conditions, provisions and exclusions remain the same.

## Amend Definition of Insured (Dependent Coverage)



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Policy No. GPT 4152918

Effective Date: January 1, 2025

This endorsement modifies insurance provided under the:

**Certificate of Insurance for University of Georgia**

It is agreed that:

- I. The definition of **Insured** in SECTION IV – GENERAL DEFINITIONS is deleted in its entirety and replaced with the following:

**Insured** means any person who is covered under the **Policy**, is traveling outside of his/her country of **Primary Residence**. Coverage is also provided to the **Insured's Dependents** traveling with the **Insured**.

- II. The following is added to SECTION IV – GENERAL DEFINITIONS:

**Dependent** means the **Insured's Spouse/Domestic Partner** and **Dependent Child(ren)**.

**Dependent Child(ren)** means those unmarried child(ren) of the **Insured**, and those unmarried child(ren) of his or her **Spouse/Domestic Partner**, and those unmarried child(ren) who rely on the **Insured** or his or her **Spouse/Domestic Partner** for more than 50% of their support, and are either: 1) less than 19 (nineteen) years of age; 2) less than 26 (twenty-six) years of age and enrolled on a full-time basis in a college, university, or trade University of Georgia, or who satisfy neither 1) nor 2), but who are incapable of self-sustaining employment by reason of mental or physical handicap.

All other terms, conditions, provisions and exclusions of this policy remain the same.

# Georgia Changes



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Policy No. GPT 4152918

Effective Date: January 1, 2025

This endorsement modifies insurance provided under the:

**Group Travel Certificate of Insurance**

**Group Travel Insurance Policy**

- A.** The TERMINATION BY THE COMPANY provision in the **Group Travel Insurance Policy** is replaced with the following:
- TERMINATION BY THE COMPANY: After this Policy has been in effect for 60 days or more, the Company may terminate this Policy by giving 45 days advance notice in writing to the Policyholder. The Company may terminate this Policy at any time for nonpayment of premium by giving 10 days advance notice in writing to the Policyholder. This Policy may, at any time, be terminated by the Policyholder.
- B.** The CHANGE IN PREMIUM provision in the **Group Travel Insurance Policy** is replaced with the following:
- CHANGE IN PREMIUM: The Company may change the premium as a condition of any renewal of this Group Travel Insurance Policy by giving at least 45 days written notice to the Policyholder. The Company may also change premium at any time when any change, agreed upon in writing, between the Policyholder and the Company is made that affects coverage or if it is discovered that there was a material misrepresentation in the information relied upon in establishing the premiums.
- C.** The ARBITRATION position in the **GENERAL POLICY CONDITIONS** of the **Group Travel Insurance Policy** and the **Group Travel Certificate of Insurance** is deleted.
- D.** The SUBROGATION provision in the **GENERAL POLICY CONDITIONS** of the **Group Travel Certificate of Insurance** does not apply to the **Emergency Evacuation And Repatriation Benefit, Accidental Death Benefit, Accidental Dismemberment Benefit, and Exposure and Disappearance Benefit.**

All other terms, conditions, provisions and exclusions of this policy remain the same.



## **Important Notice**

### **IMPORTANT INFORMATION REGARDING YOUR INSURANCE**

#### **KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

**PROBLEMS WITH YOUR INSURANCE?** Your satisfaction is very important to us. If you are having problems with your insurance, do not hesitate to contact the insurance company to resolve your problem.

In the event you need to contact someone about this insurance for any reason, please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions you may contact the insurance company issuing this insurance at the following address and telephone number:

**Zurich in North America  
Customer Inquiry Center  
1299 Zurich Way  
Schaumburg, Illinois 60196-1056  
1-800-382-2150 (Business Hours: 8am - 4pm CT)  
Email: [info.source@zurichna.com](mailto:info.source@zurichna.com)**

# Disclosure Statement



## **NOTICE OF DISCLOSURE FOR AGENT & BROKER COMPENSATION**

If you want to learn more about the compensation Zurich pays agents and brokers visit:

<http://www.zurichnaproducercompensation.com>

or call the following toll-free number: (866) 903-1192.

This Notice is provided on behalf of Zurich American Insurance Company  
and its underwriting subsidiaries.

# SANCTIONS EXCLUSION ENDORSEMENT



## **THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

The following exclusion is added to the policy to which it is attached and supersedes any existing sanctions language in the policy, whether included in an Exclusion Section or otherwise:

### **SANCTIONS EXCLUSION**

Notwithstanding any other terms under this policy, we shall not provide coverage nor will we make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under this policy to the extent that such cover, payment, service, benefit, or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

The term policy may be comprised of common policy terms and conditions, the declarations, notices, schedule, coverage parts, insuring agreement, application, enrollment form, and endorsements or riders, if any, for each coverage provided. Policy may also be referred to as contract or agreement.

We may be referred to as insurer, underwriter, we, us, and our, or as otherwise defined in the policy, and shall mean the company providing the coverage.

Insured may be referred to as policyholder, named insured, covered person, additional insured or claimant, or as otherwise defined in the policy, and shall mean the party, person or entity having defined rights under the policy.

These definitions may be found in various parts of the policy and any applicable riders or endorsements.

## **ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED**





## Privacy Notice

### We Take Important Steps to Protect the Nonpublic Personal Information We Collect About You

Dear Customer:

rev. January 2020

We care about your privacy. That is why we believe in your right to know what nonpublic personal information ("NPI") we collect about you and what we do with that information. This Privacy Notice describes the NPI we collect about you and how we share and protect that information.

Overview	UNDERSTANDING HOW WE USE YOUR PERSONAL INFORMATION
<b>Why are you receiving this Notice?</b>	<p>Financial institutions, which include the Company, choose how they share your NPI. Federal and state law gives consumers the right to limit some but not all sharing of that information. Federal law also requires us to tell you how we collect, share and safeguard your NPI. You are receiving this Privacy Notice because our records show either that you are a customer who is obtaining or has obtained insurance coverage or non-insurance products or services.</p>
<b>What types of Information do we collect?</b>	<p>The types of NPI we collect depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"><li>• Information about you we receive on applications or other forms, such as your name, address, telephone number, date of birth, your social security number, driver's license number, employment information, information about your income, assets and net worth, and medical information;</li><li>• Information about your transactions with the Company and its affiliates;</li><li>• Information about your insurance coverage, premiums, claims history, and payment history;</li><li>• Data from insurance support organizations, government agencies, insurance information sharing bureaus;</li><li>• Property information and similar data about you or your property, such as property appraisal reports; and</li><li>• Information we receive from a consumer reporting agency or insurance information sharing bureau, such as a credit or fraud report.</li></ul> <p>When your relationship with us ends, we may continue to share information about you as described in this Privacy Notice.</p>
<b>What do we do with the NPI we collect?</b>	<p>We share your NPI in the course of supporting your insurance coverage or non-insurance products or services, as authorized by law, or with your consent. This includes sharing, as permitted by law, your NPI with affiliated parties and nonaffiliated third parties, as applicable, in the course of supporting your insurance coverage or non-insurance products.</p> <p>These affiliates and nonaffiliated third parties include:</p> <ul style="list-style-type: none"><li>• Financial service providers, such as banks and other insurance companies;</li><li>• Non-financial companies, such as medical providers and nonaffiliated service providers that perform marketing services on our behalf; and</li><li>• Others, such as consumer reporting agencies and insurance information sharing bureaus.</li></ul>

In the section below, we list the reasons we can share your NPI, whether we actually share your NPI, and whether you can opt out of this sharing (or if you are a resident of Vermont, whether you have the right to opt in to allowing this sharing).

Reasons we can share your personal information	Does Company Share?	Can you opt out of this sharing or limit this sharing or is your authorization required for this sharing?
<b>For our everyday business purposes</b> – such as to process your transactions, administer insurance coverage, products or services, maintain your account, prevent fraud and report to credit bureaus	Yes	No
<b>For our marketing purposes</b> - to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	No	Not Applicable
<b>For our affiliates' everyday business purposes</b> – transaction and experience information	Yes	No
<b>For our affiliates' everyday business purposes</b> – information about your creditworthiness	No	Not Applicable
<b>For our affiliates to market to you</b>	Yes	No
<b>For non-affiliates to market their products to you</b>	No	Not Applicable

Collecting and safeguarding information	
<b>How often do you notify me about your privacy practices?</b>	We must notify you about our sharing practices when you receive your policy, open an account or purchase a service, and each year while you are a customer, or when significant or legal changes require a revision. Please review the privacy policy posted on our website, ZurichNA.com. It contains additional information about our practices.
<b>Why do you collect my NPI?</b>	We collect NPI when you apply for insurance or file an insurance claim to help us provide you with our insurance products and services, and determine your insurability or other eligibility. We may also ask you and others for information to help us verify your identity in order to prevent money laundering and terrorism. Information in a report prepared by an insurance support organization may be retained by that organization and provided to others.
<b>What NPI do we share?</b>	We may provide to affiliates and/or nonaffiliated third parties the same NPI listed above in the section entitled, "What types of information do we collect?"
<b>How do you safeguard my NPI?</b>	Employees who have access to your NPI are required to maintain and protect the confidentiality of that information. Access to your personal information may be needed to conduct business on your behalf or to service your insurance coverage. In addition, we maintain physical, electronic and procedural measures to protect your personal information in compliance with applicable laws and regulatory standards.

**FOR RESIDENTS OF ARIZONA, CALIFORNIA, CONNECTICUT, GEORGIA, ILLINOIS, MAINE, MASSACHUSETTS, MINNESOTA, MONTANA, NEW JERSEY, NEVADA, NORTH CAROLINA, OHIO, OREGON, OR VIRGINIA:**

**You have the following individual rights under state law:**

Except for certain documents related to claims and lawsuits, you have the right to access the recorded personal information that we have collected about you which we reasonably can locate and retrieve. To access your recorded personal information, you must submit a request using our online form on our website, ZurichNA.com, or calling our toll-free number at 1-800-382-2150. You may also reasonably describe the information you seek in writing and send your written request to the Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at [privacy.office@zurichna.com](mailto:privacy.office@zurichna.com). If you would like a copy of your recorded personal information that we reasonably can locate and retrieve, we may charge you a reasonable fee to cover the costs incurred in providing you a copy of the recorded information if it is permitted by law. If you request medical records, we may elect to supply that information to you through your designated medical professional for security purposes. We may also direct you to a consumer reporting agency to obtain certain consumer report information.

Generally, most of the recorded nonpublic personal information we collect about you and have in our possession is from policy applications or enrollment forms you submit to obtain our products and services, and is reflected in your statements and other documentation you receive from us. If you believe that the personal information we have about you in our records is incomplete or inaccurate, please let us know at once through any of the above methods, and we will investigate and correct any errors we find.

You also have the right to request the correction, amendment, or deletion of recorded personal information about you that we have in our possession. You may make your request using any of the above methods.

Residents of California and Nevada have additional rights over their non-public personal information if it is not governed by the Gramm-Leach-Bliley Act. For more information about these rights, please consult our online privacy policy posted on our website, ZurichNA.com.

**FOR RESIDENTS OF MASSACHUSETTS ONLY WHO ARE ZNA P&C CUSTOMERS:** You may ask in writing for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate or terminate your coverage.

<b>Key words and phrases</b>	<b>TERMS YOU SHOULD KNOW</b>
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Definitions	
<b>Everyday business purposes</b>	The actions necessary for financial companies like the Company to conduct business and manage customer accounts, such as: <ul style="list-style-type: none"><li>• Processing transactions, mailing and auditing services;</li><li>• Administering insurance coverage, product, services or claims;</li><li>• Providing information to credit bureaus;</li><li>• Protecting against fraud;</li><li>• Responding to court/governmental orders or subpoenas and legal investigations; and</li><li>• Responding to insurance regulatory authorities.</li></ul>
<b>Affiliates</b>	Financial or nonfinancial companies related by common ownership or control. <ul style="list-style-type: none"><li>• <i>Company affiliates include insurance and non-insurance companies under common ownership with the Company and that provide insurance and non-insurance products or services.</i></li></ul>

<b>Nonaffiliated Third Parties</b>	<p>Financial or nonfinancial companies not related by common ownership or control. We may share your information with companies that we hire to perform marketing and business services for us, such as data processing, computer software maintenance and development, and transaction processing. When we share information with others to perform these services, they are required to take appropriate steps to protect this information and use it only for purposes of performing the services.</p> <ul style="list-style-type: none"> <li>• <i>The Company does not share information with nonaffiliates to market their products to you.</i></li> </ul>
<b>Joint marketing</b>	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>• <i>The Company does not jointly market.</i></li> </ul>

<b>Changes to this Privacy Notice; contact us</b>	<p>We may change the policies, standards and procedures described in this Notice at any time to comply with applicable laws and/or to conform to our current business practices. We will notify you of material changes.</p> <p>If you have any questions about your contract with us, you should contact your agent.</p> <p>If you have questions specific to our Privacy Notice, contact our Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at <a href="mailto:privacy.office@zurichna.com">privacy.office@zurichna.com</a>.</p>
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This Privacy Notice is sent on behalf of the following affiliated companies, which are referred to in this Privacy Notice, in the aggregate, as the “Company:”

*American Guarantee and Liability Insurance Company, American Zurich Insurance Company, Colonial American Casualty and Surety Company, Empire Fire & Marine Insurance Company, Empire Indemnity Insurance Company, The Fidelity and Deposit Company of Maryland, Steadfast Insurance Company, Universal Underwriters Insurance Company, Universal Underwriters of Texas Insurance Company, Zurich American Insurance Company, Zurich American Insurance Company of Illinois, The Zurich Services Corporation (together, “the ZNA P&C Companies”), Zurich American Life Insurance Company, and Zurich American Life Insurance Company of New York.*