



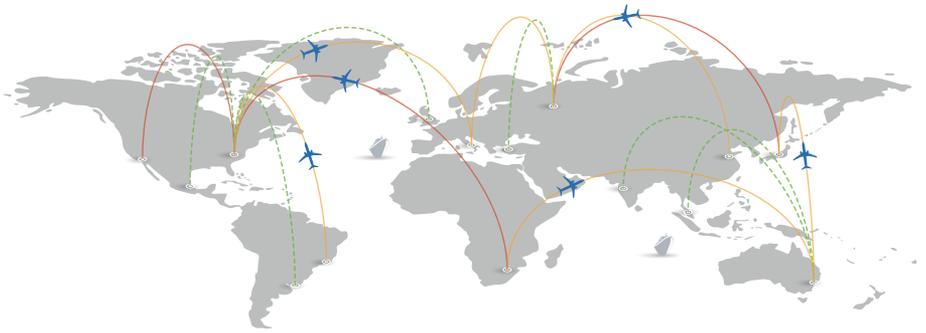
TRAWICK
INTERNATIONAL



SAFE TRAVELS INTERNATIONAL

- > Medical Insurance
- > AD&D and Travel Related Benefits for persons traveling outside their Home Country but not the the USA
- > Coverage from 5 days to 1 year
- > Renewable up to 2 years





BENEFITS AT A GLANCE (Per Person)

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|--|---|
| Medical Maximum per Policy: | \$50,000, \$100,000, \$250,000, \$500,000, \$1,000,000 |
| Deductible Options per Policy: | \$0, \$50, \$100, \$250, \$500, \$1,000, \$2,500, \$5,000 |
| Co-insurance per Policy: | 100% of Covered Expenses up to the policy maximum |
| Medical Expense Benefits (subject to Policy Maximum, Deductible and Co-Insurance) | |
| Hospital Room and Board Charges: | The average semi private room rate |
| ICU Room and Board Charges: | three times the average semi private room rate |
| Outpatient Medical: | Usual customary charge to the selected Medical Maximum |
| Emergency Medical Treatment of Pregnancy: | \$2,500 per Policy Period |
| Mental or Nervous Disorders: | \$2,500 per Policy Period |
| Physiotherapy/Physical Medicine/Chiropractic: | \$50 per visit per day; up to 10 visits per Policy Period |
| Dental Treatment (Injury and emergency alleviation of pain): | \$500 per Policy Period |
| Doctor Visits, X-rays and Prescriptions, Ambulance: | Usual customary charge to the selected Medical Maximum |
| Unexpected Recurrence of a Pre-existing Condition: | the first \$20,000 of Covered Expenses up to age 65 or the first \$10,000 for over age 65 |
| Benefit Period: | 1 year from the date of the Covered Accident or Sickness |



TRAWICK
INTERNATIONAL

BENEFITS AT A GLANCE (Per Person)

Additional Benefits (not subject to Policy Maximum, Deductible or Co-Insurance)

| | |
|---|---|
| Accidental Death & Dismemberment Principal Sum: | \$25,000 |
| Coma Benefit: | \$10,000 |
| Felonious Assault and Violent Crime: | 100% up to \$50,000 |
| Adaptive Home and Vehicle: | \$5,000 |
| Seatbelt Benefit: | 10% up to \$50,000 |
| Airbag Benefit: | 10% up to \$50,000 |
| Hijacking and Air or Water Piracy: | Covered |
| Emergency Medical Evacuation: | 100% up to \$2,000,000 |
| Political/Natural Disaster Evacuation: | \$25,000 |
| Repatriation of Remains: | 100% up to \$1,000,000 |
| Emergency Reunion: | \$15,000 |
| Return of Minor Child(ren) or Travel Companion: | \$5,000 |
| Hospital Confinement: | pays you \$150 in addition to paying the hospital |
| Basic Lost Baggage: | \$1,000 per Policy Period |
| Trip Interruption: | \$7,500 per Policy Period (does not cover lost trip cost) |

Optional Benefits

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|---|---------------------|
| Upgrade AD&D | Up to \$1,000,000 |
| Home Country Coverage/Follow Me Home Coverage | See benefit page 11 |
| Athletic Sports Coverage | See benefit page 12 |
| Hazardous Activities | See benefit page 12 |



ELIGIBILITY

Safe Travels International plan provides Accident and Sickness Medical, Accidental Death and Dismemberment, Emergency Medical Evacuation, Emergency Reunion, Political Evacuation, Trip Interruption, Repatriation, and Travel Assistance to individuals while traveling outside their Home Country, but not visiting the United States. It can provide coverage for you, your spouse/domestic partner/traveling companion and dependent children/grandchildren up to age 21 years. Coverage for International travel with Trip Cancellation is available through Safe Travels USA or Safe TravelCare 360. Customized coverage for groups of 5 or more people is available under the Safe Travels for Groups.

EFFECTIVE DATE

An Eligible Person will be insured on the latest of the following dates:

1. your departure from your Home Country or Country of Residence; or
2. the date and time your completed enrollment form and correct premium are received; or
3. the effective date requested and shown on the certificate.

TERMINATION DATE

Coverage will end on the earliest of the date:

1. Your permanent return to your Home Country; or
2. the termination date shown on the certificate for which premium has been paid; or
3. the date the maximum benefit has been paid.



Renewal Procedures

A renewal notice will be emailed before the Policy Period ends with a link for you to go online and renew prior to your termination date.

You are subject to the following rules at renewal:

Coverage may be renewed if it is initially purchased for a minimum of 45 days; if available, additional periods are charged at the premium rate in force at the time of renewal; The total Policy Period cannot exceed 24 months. Five days premium is the minimum acceptable renewal premium and twelve month's premium is the maximum; There are no grace periods for renewals. Once the policy has lapsed, you would need to reapply. Please note: once you reapply for a new policy, the Pre-Existing Condition exclusion, deductible and co-insurance start over. Please contact your agent with questions or to renew.

Refund of Premium

A total plan cost minus the processing fee will only be considered if written request is received by Us or the agent of record prior to the Effective Date of Coverage as listed on this certificate. If written request is received after the Effective Date of coverage, the unused portion of the plan cost may be refunded minus a cancellation fee of \$10, if no claim has been submitted to Us.

Primary Benefits

We will pay Accident and Sickness Medical Expenses up to the Maximum Benefit as outlined in the Schedule of Benefits and after each Insured satisfies any Deductible, without regard to any other Health Care Plan benefits payable for the Insured. We will pay these benefits without regard to any Coordination of Benefits provision in any other Health Care Plan.

DESCRIPTION OF BENEFITS

All benefits are in U.S. Dollar amounts.

Accidental Death & Dismemberment Benefit

Insured Principal Sum \$25,000

Spouse/Domestic Partner/Traveling Companion Principal Sum \$25,000

Dependent Child Principal Sum \$10,000

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



Covered Loss Benefit Amount

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

Exposure and Disappearance Benefit

100% of the Principal Sum if you are exposed to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which you were traveling. You are presumed dead if you are in a vehicle that disappears, sinks or is stranded or wrecked and your body is not found within six months of the Covered Accident.

Hijacking and Air or Water Piracy Benefit

Covers Injury during the: 1. hijacking of an Aircraft; 2. air or water piracy; or 3. unlawful seizure or attempted seizure of an aircraft or watercraft.

Coma Benefit

We will pay this benefit in a lump sum of \$10,000 if you become Comatose within 31 days of a Covered Accident or Sickness and remain in a Coma for at least 31 days.

Seatbelt and Airbag Benefit

10% of the Principal Sum up to a maximum benefit of \$50,000 if you die or are dismembered directly and independently from Injuries sustained while wearing a seatbelt and operating or riding as a passenger in an Automobile.

Felonious Assault and Violent Crime Benefit

100% of the Principal Sum applicable to the Covered Loss to a maximum of \$50,000 and subject to the following conditions, when you suffer a Covered Loss resulting directly and independently of all other causes from a Covered Accident that occurs during a violent crime or felonious assault.

Adaptive Home and Vehicle Benefit

Up to a \$5,000 maximum If you have an Injury which results in a Loss payable under the Accidental Death and Dismemberment Benefit, We will pay an additional benefit equal to the least of the actual cost of the alterations or \$5,000 for the one-time cost of alterations to your principal residence; and/or private Automobile to make the residence accessible and/or the private Automobile drivable or rideable.

Covered Medical Expenses Benefit

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

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





Emergency Medical Evacuation Benefit

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





Political/Natural Disaster Evacuation Benefit

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





Repatriation of Remains Benefit

We will pay 100% up to \$1,000,000 for preparation and return of your body to your Home Country if you die due to an Injury or Sickness. Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance. Covered expenses include: 1. expenses for embalming or cremation; 2. the least costly coffin or receptacle adequate for transporting the remains; 3. transporting the remains by the most direct and least costly conveyance and route possible.

Emergency Reunion Benefit

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

Unexpected Recurrence of a Pre-existing Condition Benefit

This plan shall pay, up to \$20,000 for those up to age 65 and \$10,000 for those age 65 and over subject to the chosen Deductible and Coinsurance for Covered Expenses resulting from a sudden, unexpected recurrence of a Pre-existing Condition while traveling outside the Covered Person's Home Country. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to the Effective Date of coverage.

Basic Lost Baggage Benefit

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





Trip Interruption Benefit

Up to \$7,500 maximum for reimbursement of the cost of one way economy air and/or ground transportation ticket if your Trip is interrupted as the result of: 1. the death of an Immediate Family Member; or 2. your unforeseen Injury or Sickness or, the Injury or Sickness of a Traveling Companion or Immediate Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted; or 3. substantial destruction of your principal residence by fire or weather related activity; or 4. a Medically Necessary covered Emergency Medical Evacuation to return you to your Home Country or to the area from which you were initially evacuated for continued treatment, recuperation and recovery.

Hospital Confinement Benefit

\$150 per day per policy period, payable to you, when you are Hospital Confined, and all of the following conditions are met: 1. The Hospital stay is the direct result, from no other causes, of Injuries sustained in a Covered Accident, or Sickness that occurs while the Policy is in effect. 2. The Hospital stay begins within 3 days of a Covered Accident or Sickness and lasts for at least 3 days. We will pay this benefit retroactive to the first day of the Hospital stay. Benefit payments will end on the first of the following: 1. the date the Hospital stay ends; 2. the date you die; 3. 15th day of hospitalization; or 4. the date the coverage terminates.

Return of Minor Child(ren) or Travel Companion Benefit

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





ADDITIONAL COVERAGE OPTIONS

Home Country/Follow Me Home Coverage

Home Country Coverage/Follow Me Home can cover you for the following by increasing the per person per day by 1:10 (10%) This includes:

Home Country Coverage

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

Follow Me Home Coverage

This plan shall pay for Covered Expenses incurred in your Home Country up to \$5,000 for conditions first diagnosed outside Your Home Country and treated during your Period of Coverage. The chosen deductible applies and Coinsurance: 100% up to the \$5,000 maximum. This Benefit does not apply when an Emergency Evacuation has occurred.

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



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

Certain Activities are excluded under this coverage. (see Exclusions 11 and 18 on page 18 and 19.) Hazardous Activity Coverage can be purchased for some activities by paying additional premium.

Purchase of the rider replaces AD&D Exclusion 11 and Medical Exclusion 18

These activities are no longer excluded from Medical or AD&D coverage when you purchase the rider: Aviation (no piloting), Bobsleigh, BMX, Bungee Jumping, Canopying, Canyoning, Caving, High Diving, Hang Gliding, Heli-skiing, Hot Air Ballooning, Inline Skating, Jet Skiing, Kayaking, Motorcycling, Mountain Biking, Mountain Climbing (under 3500meters), Paragliding, Parasailing, Parascending, Scuba Diving (except in Cyprus), Ski-Jumping, Snowboarding, Snowmobiling, Snow Skiing, Spelunking, Surfing, Trekking, Water Skiing, Wind Surfing, Whitewater Rafting under class V, Zip Lining, Zorbing.

The following activities are remain excluded even upon purchase of this rider:

Abseiling, BASE Jumping, Extreme Sports, Luge, Motocross, Moto-X, Mountaineering, or Mountain Climbing (exceeding 3500 meters or Class V difficulty on the Yosemite Decimal System), Piloting any Aircraft, Racing of any kind, Rock Climbing, Rodeo Activities, Rappelling, Scuba Diving in Cyprus, Ski Jumping, Skydiving, or Whitewater Rafting

Accidental Death and Dismemberment Upgrade

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|------------------|--|
| Option 1: | Increase to \$50,000 maximum AD&D benefit Additional \$0.25 per person per day |
| Option 2: | Increase to \$100,000 maximum AD&D benefit Additional \$0.50 per person per day |
| Option 3: | Increase to \$250,000 maximum AD&D benefit Additional \$1.75 per person per day |
| Option 4: | Increase to \$500,000 maximum AD&D benefit Additional \$4.00 per person per day |
| Option 5: | Increase to \$1,000,000 maximum AD&D benefit Additional \$8.00 per person per day |

Persons up to age 69 are eligible for all Options

Persons age 70-79 are eligible for Option 1 and 2

Persons age 80 and older are eligible for Option 1 only

Children are eligible for Option 1 only

Athletic Sport Coverage

You can cover the following by increasing the person per day rate by 1.20% and adding the amount of premium per class per month. Coverage for injuries incurred during Amateur, Club, Intramural, Interscholastic, Intercollegiate activities. Professional and Semi Professional Sports are always excluded.

| | | |
|----------------|--|------|
| Class 1 | includes Tennis, Swimming, Cross Country, Track, Volleyball and Golf | \$0 |
| Class 2 | includes Archery, Ballet, Cheerleading | \$7 |
| Class 3 | includes Basketball, Diving, Equestrian, Fencing, Field Hockey, Lacrosse, Karate, Polo | \$12 |
| Class 4 | includes Football (no division 1), Gymnastics, Hockey, Rowing, Rugby and Soccer | \$26 |
| Class 5 | includes Running with the Bulls | \$50 |

Any Athletic Sport not expressly covered hereunder is excluded from this policy unless the activity is non-contact and engaged in by You solely for leisure, recreation, entertainment, or fitness purposes only.



DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

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| Accident | means a sudden, unexpected and unintended event. |
| Covered Expenses | means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Policy. Coverage under the Policy must remain continuously in force from the date of the Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. |
| Deductible | means the dollar amount of Covered Expenses that must be incurred as an out of-pocket expense by each Covered Person on a per Policy Period basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy. |
| Doctor | means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person's Family Member or household. |
| Home Country or Country of Residence | means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one country, his or her Home Country will be that country which the Covered Person has declared to Us in writing as his or her Home Country. Proof of residence may be required at the time of claim. |
| Hospital | means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of inpatient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a place solely for drug addicts, alcoholics, or the aged or any separate ward of the Hospital. |



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| Injury | means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. |
| Medical Emergency | means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. |
| Medically Necessary | means a treatment, service or supply that is: 1. required to treat an Injury or Sickness; prescribed or ordered by a Doctor or furnished by a Hospital; 2. performed in the least costly setting required by the Covered Person's condition; and 3. consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1. air conditioners; 2. air purifiers; 3. motorized transportation equipment; 4. escalators or elevators in private homes; 5. eye glass frames or lenses; 6. hearing aids; 7. swimming pools or supplies for them; and 8. general exercise equipment are not considered Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense. |
| Natural Disaster | means storm (wind, rain, snow, sleet, hail, lightning, dust or sand) earthquake, flood, volcanic eruption, wildfire or other similar event that: 1. is due to natural causes; and 2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which the Covered Person's Trip occurs and the area is deemed to be uninhabitable or dangerous. |
| Necessities | means personal hygiene items and clothing. |



Occurrence

means any of the following situations involving a Covered Person: 1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; 2. political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Covered Person's Home Country or Country of Residence or citizens of the Host Country should leave the Host Country; 3. deliberate physical harm of the Covered Person confirmed by documentation or physical evidence or a threat against the Covered Person's health and safety as confirmed by documentation and/or physical evidence; 4. Natural Disaster in the area you are traveling to and occurring after your effective date; 5. the Covered Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within seven days of his or her being found.

Policy Period

means the date as shown on your certificate for which premium has been paid.

Pre-Existing Condition

means 1) a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received within the 24 month period before the Covered Person's coverage became effective under the Policy; 2) conditions for which the Insured Person is aware of any medical condition or set of circumstances, which could reasonably be expected to give rise to a claim; 3) or any person, including those who are not travelling, whose condition may give rise to an claim; 4) or is receiving or, is on a waiting list for or has the knowledge of the need for inpatient treatment at a hospital or nursing home; 5) or has been given a terminal prognosis. The term does not include genetic information in the absence of a diagnosis of the condition related to such information.

Related Costs

means food, lodging and, if necessary, physical protection for the Covered Person during the Transport to the Nearest Place of Safety.

Sickness

means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

Traveling Companion

means a person or persons with whom you have coordinated travel arrangements, shares the same accommodations as You and intend to travel with during the Covered Trip.



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| Unexpected Recurrence of a Pre-Existing Condition | means Covered Expenses resulting from a sudden and unexpected recurrence of a Pre-existing Condition while traveling outside the Covered Person's Home Country and does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to the Effective Date of coverage. |
| Usual and Customary Charge | means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided. |
| We, Our, Us | means GBG Insurance Limited. |

EXCLUSIONS AND LIMITATIONS

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

1. intentionally self-inflicted Injury.
2. suicide or attempted suicide.
3. war or any act of war, whether declared or not (except as provided by the Policy).
4. service in the military, naval or air service of any country.
5. disease or bacterial infection except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
6. hernia of any kind.
7. piloting or serving as a crewmember or riding in any aircraft except as a passenger on a regularly scheduled or charter airline.
8. commission of, or attempt to commit, a felony.
9. Injury or Sickness that occurs while the Covered Person has been determined to be legally intoxicated as determined according to the laws of the jurisdiction in which the Injury or Sickness occurred, or under the influence of any narcotic, barbiturate, or hallucinatory drug, unless administered by a Doctor and taken in accordance with the prescribed dosage.



10. flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests; flying in any rocket propelled aircraft; flying in any aircraft being used for or in connection with crop dusting, or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting bird or fowl herding, aerial photography, banner towing or any test or experimental purpose; flying any aircraft which is engaged in flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even if granted.
11. specific named hazards: Abseiling, Aviation (except when traveling as a passenger in a commercial aircraft), BASE Jumping, Bobsleigh, BMX, Bungee Jumping, Canopying, Canyoning, Caving, Extreme sports, High Diving, Hang Gliding, Heli-skiing, Hot Air Ballooning, Inline Skating, Jet Skiing, Kayaking, Luge, Motocross, Motorcycling, Moto-X, Mountaineering, Mountain biking, Mountain Climbing, Paragliding, Parasailing, Parascending, Piloting any Aircraft, Racing of any kind, Rock Climbing, Rodeo Activities, Rappelling, Scuba Diving, Ski Jumping, Skydiving Snow Skiing, Snowboarding, Snowmobiling, Spelunking, Surfing, Trekking, Water Skiing, Wind Surfing, White Water Rafting, Zip Lining, Zorbing.
12. All professional, semi-professional, amateur, club, intramural, interscholastic or intercollegiate sports.

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

1. Pre-Existing Conditions, as defined.
2. services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Physician.
3. suicide or any attempt thereof while sane or self-destruction or any attempt thereof while insane.
4. declared or undeclared war or any act thereof.
5. Injury sustained while participating in a professional, semi-professional, amateur, club, intramural, interscholastic or intercollegiate sport (except as provided by the Policy).
6. Sickness resulting from pregnancy (except as provided by the Policy).
7. Miscarriage resulting from Accident (except as provided by the Policy).
8. Immunizations, routine physical or other examinations where there are no objective indications or impairment in normal health, or laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a Physician.
9. cosmetic or plastic surgery, except as the result of an accident.
10. elective surgery which can be postponed until the Covered Person returns to his or her Home Country.
11. any mental or nervous disorders or rest cures (except as provided by the Policy).
12. any dental treatment (except as provided by the Policy).
13. eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily Injury incurred while covered under the Policy.





14. congenital anomalies and conditions arising out of or resulting therefrom.
15. services, supplies, or treatment including any period of Hospital confinement which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
16. the ordinary cost of a one-way airplane ticket used in the transportation back to the Covered Person's country where an air ambulance benefit is provided.
17. expenses as a result of or in connection with intentionally self-inflicted Injury.
18. specific named hazards: Abseiling, Aviation (except when traveling as a passenger in a commercial aircraft), BASE Jumping, Bobsleigh, BMX, Bungee Jumping, Canopying, Canyoning, Caving, Extreme sports, High Diving, Hang Gliding, Heli-skiing, Hot Air Ballooning, Inline Skating, Jet Skiing, Kayaking, Luge, Motocross, Motorcycling, Moto-X, Mountaineering, Mountain Biking, Mountain Climbing, Paragliding, Parasailing, Parascending, Piloting any Aircraft, Racing of any kind, Rock Climbing, Rodeo Activities, Rappelling, Scuba Diving, Ski Jumping, Skydiving, Snow Skiing, Snowboarding, Snowmobiling, Spelunking, Surfing, Trekking, Water Skiing, Wind Surfing, White Water Rafting, Zip Lining, Zorbing.
19. treatment paid for or furnished under any other individual or group policy, or other service or medical pre payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.
20. childbirth, miscarriage, birth control, artificial insemination, treatment for fertility or impotency, sterilization or reversal thereof or abortion.
21. organ transplants, marrow procedures and chemotherapy.
22. sexually transmitted diseases or immune deficiency disorders and related conditions.
23. any treatment, service or supply not specifically covered by the Policy.
24. treatment by any Family Member or member of the Covered Person's household.
25. treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness whether or not caused by a Covered Accident.
26. expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain.
27. any elective treatment, surgery, health treatment, or examination including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
28. contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, orthotic devices, artificial eyes and larynx.
29. treatment or service provided by a private duty nurse or while confined primarily to receive custodial care, educational or rehabilitative care or nursing care.
30. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
31. conditions that are not caused by a Covered Accident.





32. vocational, recreational, speech or music therapy.
33. traveling against the advice of a Physician, traveling while on a waiting list for inpatient Hospital or clinic treatment, or traveling for the purpose of obtaining medical treatment abroad.
34. any potential fatal condition which was diagnosed before the date your coverage became effective or any condition for which You are traveling to seek treatment.
35. Expenses incurred in your Home Country.

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

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



APPLICATION

STI7364 4/16

Last Name: _____ First Name: _____ MI: _____

Home Country Address: _____

Passport Number/Country: _____

Destination: _____

AD&D Beneficiary: _____ Relationship: _____

Correspondence Address Same as Home Country Address

Name: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Email Address: _____ Home Phone: (_____) _____

Previously Insured by Trawick International? Yes No

Coverage Specifics

[A] Accident Medical Expense Benefit Daily Premium Rates:

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

| Maximum Limit | \$50,000 | \$100,000 | \$250,000 | \$500,000 | \$1,000,000 |
|---------------|----------|-----------|-----------|-----------|-------------|
| Age | Daily | Daily | Daily | Daily | Daily |
| Up to age 21 | \$0.63 | \$0.80 | \$0.83 | \$0.87 | \$0.97 |
| 22 to 29 | \$0.93 | \$1.07 | \$1.17 | \$1.30 | \$1.47 |
| 30 to 39 | \$1.10 | \$1.30 | \$1.50 | \$1.73 | \$2.00 |
| 40 to 49 | \$1.90 | \$2.13 | \$2.23 | \$2.40 | \$2.67 |
| 50 to 59 | \$3.30 | \$3.77 | \$3.90 | \$4.07 | \$4.27 |
| 60 to 64 | \$4.13 | \$4.97 | \$5.17 | \$5.43 | \$6.13 |
| 65 to 69 | \$4.83 | \$5.30 | \$5.40 | \$5.57 | \$6.33 |
| 70 to 79 | \$7.27 | \$10.23 | N/A | N/A | N/A |
| 80 and older | \$12.73 | N/A | N/A | N/A | N/A |

Persons up to age 69 are eligible for all plans

Persons age 70-79 are eligible for the \$50,000 and \$100,000 plans

Persons age 80 and over are eligible for the \$50,000 plan only

[B] Additional Accidental Death and Dismemberment Rates:

| | |
|---|--------------------------------------|
| Option 1: Increase to \$50,000 maximum benefit | Additional \$0.25 per person per day |
| Option 2: Increase to \$100,000 maximum benefit | Additional \$0.50 per person per day |
| Option 3: Increase to \$250,000 maximum benefit | Additional \$1.75 per person per day |
| Option 4: Increase to \$500,000 maximum benefit | Additional \$4.00 per person per day |
| Option 5: Increase to \$1,000,000 maximum benefit | Additional \$8.00 per person per day |

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

[C] Number of Days

Requested Effective Date: ___/___/___ Requested Termination Date: ___/___/___

Number of Days [B] _____

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

[D] Deductible Options and Factors

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

[E] Coverage Options Factors

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

Calculating your plan cost

| Name of Person(s) to be insured: | Date of Birth MM/DD/YY | Daily Rate |
|---|---------------------------|------------|
| Applicant: _____ | ___/___/___ | |
| Traveler 1: _____ | ___/___/___ | |
| Traveler 2: _____ | ___/___/___ | |
| Traveler 3: _____ | ___/___/___ | |
| Traveler 4: _____ | ___/___/___ | |
| <i>For more children please attach an additional list of names.</i> | | \$ |

| | |
|---|-----------|
| [A] Total Daily Rate | \$ |
| [B] Add AD&D Upgrade Rate (if applicable) | + |
| Subtotal | \$ |
| [C] Total Number of Days Covered | x |
| Subtotal | \$ |
| [D] Multiply Deductible Factor | x |
| Subtotal | \$ |
| [E] Multiply Coverage Option Factor (if applicable) | x |
| Subtotal | \$ |
| Total Payment Enclosed [A-E] | \$ |

Method of Payment

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

Check Money Order MasterCard Visa Discover

Card Number: _____

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

Name on Card: _____

Daytime Phone: (_____) _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

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

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

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

Agent Name/Writing Number _____ - _____

Agent Information



TRAWICK
INTERNATIONAL

Trawick International Inc.

1956-J University Blvd. S. #264

Mobile, Alabama 36609

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

Email: info@trawickinternational.com

Website: www.trawickinternational.com

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



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