



CCUSA

Health and Travel Insurance Policy Conditions

1. Health/ Travel Insurance Policy Conditions..... Page 2
2. Personal Liability/ Luggage Policy Conditions..... Page 8



Health/ Travel Insurance Policy Conditions

In accordance with the Danish Insurance Contracts Act.

- Art . 1 Acceptance of the insurance
- Art . 2 Date of commencement
- Art . 3 Who is covered by the insurance?
- Art . 4 Where is cover provided?
- Art . 5 What is covered by the insurance?
- Art . 6 Medical expenses
- Art . 7 Medical Evacuation/Repatriation
- Art . 8 Return Trip
- Art . 9 Compassionate Emergency Repatriation
- Art . 10 Next-of-Kin Accompaniment and Compassionate Emergency Visit
- Art . 11 Personal accident
- Art . 13 & 14 Removed as not applicable
- Art . 14 Exceptions for compensation
- Art . 15 How to report a claim
- Art . 16 Cover by third parties
- Art . 17 Necessary information to the Company
- Art . 18 Assignment, cancellation and expiry
- Art . 19 Disputes, venue, etc

ART. 1 ACCEPTANCE OF THE INSURANCE

1.1: In order for the insurance to be accepted by the Company, the applicant must not have reached 80 years of age at the date of commencement.

1.2: All underwriting and issuance of policy schedules are made from the Company's headquarters in Copenhagen, Denmark.

ART. 2 DATE OF COMMENCEMENT AND EXTENSIONS

2.1: The insurance shall be valid if the premium has been paid prior to the date of commencement. The insurance shall be effective in the period stated in the policy schedule/on the insurance card.

2.2: The right to compensation shall take effect when the insured leaves his/her country of permanent residence and shall cease upon return to the country of permanent residence. If the insurance is taken out after the insured has left the country of permanent residence, there is a waiting period of 3 days before the insurance

takes effect. In the event of serious injury in connection with an accident, the right to compensation shall, however, take effect concurrently with the date of commencement of the insurance.

2.3: The maximum duration per trip for each insured person is 12 months.

2.4: The insurance period can be extended as per agreement with the Company. However, any illness or injury which has come into existence, or has shown symptoms, or has been diagnosed in the previous insurance period(s) shall not be covered in the extended insurance period.

ART. 3 WHO IS COVERED BY THE INSURANCE?

3.1: The insurance shall cover the insured person(s) named in the policy schedule/on the insurance card.

ART. 4 WHERE IS COVER PROVIDED?

4.1: The insurance shall provide worldwide cover.

4.2: The insurance does not provide cover in the country where the insured has a permanent residential address.

ART. 5 WHAT IS COVERED BY THE INSURANCE?

5.1: The insurance shall cover expenses incurred by the insured in the insurance period in accordance with the applicable list of cover and benefits, please see your individual proposal for this outline.

ART. 6 MEDICAL EXPENSES

6.1: The insurance shall cover the medical expenses incurred by the insured in case of acute illness and injury.

6.2: Treatment by physiotherapists and chiropractors must be prescribed by an authorised physician.

6.3: The insurance shall not cover expenses for treatment of pre-existing, chronic or recurrent illnesses and disorders if the insured:

- a) has been hospitalised within 6 months prior to departure and/or start of the insurance period,
- b) has been treated by a physician (routine check-ups excepted) within 6 months prior to departure and/or start of the insurance period,
- c) has had a change of medication within 6 months prior to departure and/or start of the insurance period,
- d) has not received medical treatment, has refused or given up treatment, even though the insured should know that the illness/disorder ought to be treated, or has deteriorated,
- e) has reached a state where any attempt of further treatment has been abandoned, or has been refused treatment,
- f) is waiting to receive treatment, or has been referred to another place of treatment,

g) has omitted to go to prearranged controls. The insurance does not cover expenses for control, treatment and medicines in connection with stabilisation and regulation of a pre-existing, chronic or recurrent illness/disorder. The insurance does not cover a need for treatment which was expected before departure.

6.4: Physicians, specialists, dentists, etc. performing the treatment must have authorisation in their country of practice. Furthermore, the method must be approved by the public health authorities in the country where the treatment takes place. Methods of treatment not yet approved by the public health authorities, but under scientific research, will only be covered if approved in advance by the Company's medical consultants.

6.5: The Company has the right to demand that the insured be repatriated in order to receive treatment in the country of permanent residence, if the Company's medical consultant and the treating physician agree that treatment can be postponed until the insured has been transferred to his/her country of permanent residence.

ART. 7 MEDICAL EVACUATION/REPATRIATION

7.1: Reimbursement shall be paid for reasonable additional expenses incurred for the insured's medical evacuation/repatriation in the event of acute serious illness (cf. Art. 6.3), serious injury or death.

7.2: The insurance shall provide cover subject to the treating physician and the Company's medical consultant agreeing on the necessity of transferring the insured and agreeing on whether the insured should be transferred to his/her country of permanent residence or to another place of treatment.

7.3: Only one transportation is covered in connection with one course of an illness.

7.4: In the event of the insured's death, expenses for home transportation of the deceased and for statutory arrangements such as embalming and a zinc coffin shall be reimbursed. The next-of-kin have the following options:

a) cremation of the deceased and home transportation of the urn or

b) home transportation of the deceased.

Expenses shall be reimbursed for repatriation for any 2 of the summoned relatives or fellow-travellers of the deceased. The Company shall reimburse travel expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

7.5: If the insured is unable to continue the trip due to an acute illness covered by the insurance, additional and reasonable travel expenses shall be covered when the insured is able to travel again, and when accepted by the Company prior to the change of travel itinerary.

7.6: The Company cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond the Company's control.

ART. 8 RETURN TRIP

8.1: The insurance shall cover a return trip to the destination abroad if the insured has been medically evacuated because of illness or injury or if the insured has been repatriated and used the Compassionate Emergency Repatriation cover.

8.2: The incident causing the return trip must be covered by the insurance, and the insurance must still be valid at the time of the return trip.

8.3: The return trip must be made at the latest 2 weeks after the medical/repatriation evacuation or the compassionate emergency repatriation.

8.4: The Company shall compensate travel expenses equivalent to the cost of a return aeroplane ticket on economy class. The destination for the return trip must always be the destination where the insured would have been according to his/her original travel plan at the time of the return trip.

ART. 9 COMPASSIONATE EMERGENCY REPATRIATION

9.1: The insurance shall cover in the event that the insured has to terminate his/her stay abroad prematurely, because a close relative in the insured's country of permanent residence is hospitalised or dies as a result of serious acute illness or injury occurring after the departure of the insured. In case of doubt, the decision will be left with the Company's medical consultants and if necessary with the treating physician. In the event of death, a death certificate must be submitted to the Company. A close relative is defined as being a spouse/partner, residing and registered at the same address as the insured, a child, a son or daughter-in-law, a grandchild, a parent, a grandparent, a parent-in-law, a brother or a sister.

9.2: Only one transportation is covered in connection with one course of an illness.

9.3: No compensation shall be paid if the injured in question is a fellow-traveller who has already been repatriated.

9.4: Repatriation shall only be covered if the ensuing time of arrival is at least 12 hours earlier than the insured's originally planned time of arrival.

9.5: Reimbursement shall be paid for reasonable additional travelling expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

9.6: The insured has the right to take 1 fellow-traveller to accompany him/her on emergency repatriation. Compensation includes additional travelling expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

ART. 10 NEXT-OF-KIN ACCOMPANIMENT AND COMPASSIONATE EMERGENCY VISIT

10.1: The insurance shall cover accompaniment in the event of serious acute illness, serious injury, death and/or medical evacuation/repatriation of the insured. It is a condition for cover that the Company's medical consultant and the attending physician agree that the duration of the stay in

hospital will be a minimum of 5 days and nights, or that the condition of the insured is life-threatening.

10.2: The insured is entitled to have a maximum of two persons accompanying him/her. The accompanying persons may either be fellow-travellers or relatives who are summoned from the insured's country of permanent residence to accompany the insured.

10.3: The Company shall reimburse additional travel expenses equivalent to the cost of a return aeroplane ticket on economy class per summoned person. Furthermore, compensation shall be made for a maximum of USD 300 / EUR 250 per day for each summoned person or fellow-traveller for expenses in connection with accommodation, board and local transport.

10.4: The insurance shall only cover a compassionate emergency visit one time in connection with one insured event.

ART. 11 PERSONAL ACCIDENT

11.1: If the policy includes cover for personal accident, compensation shall be paid by the insurance in the event of an accident that directly, and without the influence of any illness, causes the insured's death or results in loss of a limb, loss of sight, loss of extremity, or permanent total disablement.

11.1.1: An accident is defined as follows: A fortuitous event occurring without the insured's intention which has a sudden, external and violent impact on the body, resulting in demonstrable bodily injury.

11.2: Exceptions for compensation:

- a) any illness or pre-existing medical condition which occurs, even though the illness or condition recurs as a result of the accident or is aggravated by it,
- b) any accident caused by illness,
- c) any aggravated consequences of an accident due to a pre-existing condition or any unforeseen illness subsequently contracted,
- d) any consequences of medical treatment not necessitated by an accident covered by the insurance,
- e) if the insured is under the age of 18, compensation in case of death is limited to USD 3,000 / EUR 2,500,
- f) if the insured is over the age of 75, the compensation payable in case of death or disablement is limited to 50% of the insurance sum.

11.3: Compensation in case of death becomes payable at 100% of the insurance sum when an accident directly results in the insured's death within 1 year after the accident.

Unless the Company has received written instructions to the contrary, the insurance sum shall be paid to the insured's immediate family members, defined as the insured's spouse, or, if the insured leaves no spouse, the insured's children or, in the absence of any children, the insured's cohabitee, provided that such cohabitee has been registered at the same address as the insured for at least 2 years or, in the absence of a cohabitee, the insured's beneficiaries.

If compensation in the event of disablement was paid as a consequence of the accident, the amount

of compensation payable is the amount by which the death benefit exceeds the payment already made.

11.4: Compensation in case of loss of a limb, loss of sight, loss of extremity, or permanent total disablement becomes payable, provided that the injury causes disablement of the insured within one year after the accident.

a) Loss of a limb shall be loss by separation or the total and irrecoverable loss of use of a hand at or above the wrist or a foot at or above the ankle. Compensation shall be made at 100% of the insurance sum.

b) Loss of sight shall be loss of sight of one or both eyes which is certified as being complete and irrevocable by a qualified practitioner specialising in ophthalmology and approved by the Company. In case of loss of sight of one eye, compensation shall be made at 50% of the insurance sum. In case of loss of sight of two eyes, compensation shall be made at 100% of the insurance sum.

c) Loss of extremity shall be the permanent physical separation or the total and irrecoverable loss of use of a digit or part thereof or an ear, nose or genital organ or part of one of the above. Compensation shall be made at 25% of the insurance sum.

d) Permanent total disablement shall be disablement which inevitably and continuously prevents the insured from carrying out every aspect of his/her normal business or occupation for a period of 12 calendar months and, at the end of such period is certified by two qualified medical practitioners approved by the Company as being beyond hope of improvement. If the insured has no business or occupation, the disablement must confine him/her immediately and continuously to the house and prevent him/her from attending to his/her normal duties. Compensation shall be made at 100% of the insurance sum.

11.5: The insured must be receiving medical treatment and comply with the physician's instructions.

11.6: The Company is entitled to obtain information from any physician who is treating or has been treating the insured, to subject the insured to treatment by a physician chosen by the Company and, in case of death, to demand an autopsy.

Articles 12 and 13 - removed as not applicable.

ART. 14 EXCEPTIONS FOR COMPENSATION

14.1: The Company shall not be liable to pay reimbursement for expenses which concern, are due to or are incurred as a result of:

- a) death, illness, injury, bodily infirmity or physical disability and consequences hereof which have come into existence, or shown symptoms, before each trip abroad (cf. Art. 6.3),
- b) cosmetic surgery and treatment and consequences thereof unless medically prescribed and approved by the Company,
- c) recreational treatment,
- d) pre-existing diseases of the teeth and dental treatment which is not pain-stilling and provisional and can await the insured's arrival home,
- e) dentures,

f) venereal diseases, AIDS, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive),

g) medical and maternity assistance arising after the 36th week of pregnancy, and after the 18th week when the pregnancy is the result of any kind of fertility treatment and/or the insured is expecting more than one child,

h) induced abortion which is not medically prescribed,

i) abuse of alcohol, drugs and/or medicines,

j) intentional self-inflicted bodily injury,

k) treatment by naturopaths, naturopathic medicines and other alternative methods of treatment,

l) treatment for sickness or injuries directly or indirectly caused while actively engaging in: war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, terrorist acts, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air service operations (whether war has been declared or not),

m) nuclear reactions or radioactive fallout,

n) treatment performed by the insured, his/her spouse, parents or children or an enterprise owned by one of the aforesaid persons,

o) epidemics which have been placed under the direction of the public authorities,

p) treatment by psychologists, unless prescribed by the treating physician in connection with emergency relief,

q) routine medical check-ups, vaccinations and other preventive treatment,

r) the insured resisting or failing to comply with the medical directions given by the Company's medical consultant and the treating physician,

s) the insured resisting medical evacuation/repatriation (cf. Art. 6.5),

t) transportation which has not been arranged by the Company. However, expenses equivalent to the amount which the Company would have reimbursed, if it had been notified of the transportation shall be covered,

u) medical treatment and examinations which can await the insured's arrival home,

v) private room in hospital unless medically prescribed and approved by the Company,

x) any treatment which is not necessary or which is not directly related to the diagnosis covered by the insurance,

y) active participation in any motorsport show, race or competition,

z) any illness or injury resulting from active engagement in an illegal act.

14.2: Expenses incurred during trips of which the Company has not been notified prior to the insured's departure, will not be covered by the insurance.

ART. 15 HOW TO REPORT A CLAIM

15.1: Reimbursement shall be paid following the Company's approval of the expenses as being covered by the insurance after a fully completed Claim Form has been submitted to the Company together with the original, receipted and itemised bills and/or other relevant documentation such as

medical information and aeroplane tickets/travel documents.

The Company scans original bills upon receipt. Any retrieval of the original invoice is not possible. The scanned bill stamped 'Certified as a true Copy' represents the original.

15.2: In no event shall the amount of reimbursement exceed the amount shown on the bill. If the insured receives reimbursement from the Company in excess of the amount to which he/she is entitled, the insured shall be under the obligation to repay the Company for the excess amount immediately. Subsequent reimbursement made by the Company shall first be written down by any such outstanding amount.

15.3: Reimbursement payments shall be limited to the usual, customary and reasonable charges in the area or country in which the treatment is provided.

15.4: The Company shall be notified immediately in case of death, hospitalisation, emergency repatriation, medical evacuation/repatriation, or accompaniment, and such notification must include medical information about the illness/injury. Notification should be made by telephone or e-mail to the Company's 24-hour emergency service; the Company shall defray all expenses incurred in this connection.

15.5: Claims shall be reported to the Company immediately and no later than 30 days after the expiry of the insurance.

15.6: Complaints regarding the Company's claims handling shall be filed no later than 30 days after receipt of the reimbursement amount.

ART. 16 COVER BY THIRD PARTIES

16.1: Where there is cover by another insurance policy or healthcare plan, this must be disclosed to the Company when claiming reimbursement.

16.2: In these circumstances the Company will co-ordinate payments with other companies and the Company will not be liable for more than its rateable proportion.

16.3: If the claim has been covered in whole or in part by any scheme, program or similar, funded by any Government, the Company shall not be liable for the amount covered.

16.4: The policyholder and any insured person undertake to co-operate with the Company and to notify the Company immediately of any claim or right of action against third parties.

16.5: Furthermore, the policyholder and any insured person shall keep the Company fully informed and will take any reasonable steps in making a claim upon another party and to safeguard the interests of the Company.

16.6: In any event the Company shall have the full right of subrogation.

ART. 17 NECESSARY INFORMATION TO THE COMPANY

17.1: The policyholder and/or the insured shall be under the obligation to notify the Company of any travel or health insurance cover or a similar cover with another company.

17.2: The policyholder and/or the insured shall also be under the obligation to notify the Company of and provide the Company with all obtainable information required for the Company's handling of the policyholder's and/or the insured's claim against the Company.

17.3: In addition, the Company shall be entitled to seek information about the insured's state of health and to contact any hospital, physician, etc. who is treating or has been treating the insured for physical or mental illnesses or disorders. Furthermore, the Company shall be entitled to obtain any medical records or other written reports and statements concerning the insured's state of health.

ART. 18 ASSIGNMENT, CANCELLATION AND EXPIRY

18.1: Without the prior written consent of the Company, no party shall be entitled to create a charge on or assign the rights under the insurance.

18.2: The Company's liability automatically ceases at the end of the insurance period. Upon expiry of the insurance, the right to compensation ceases.

18.3: The insurance period may be extended up to 48 hours with no extra premium charge, if the return of the insured is delayed without the insured being responsible for the delay.

18.4: Where upon taking out the insurance or subsequently, the policyholder or the insured has fraudulently disclosed incorrect information or withheld facts which may be regarded as being of importance to the Company, the insurance contract shall be void and shall not be binding on the Company.

ART. 19 DISPUTES, VENUE, ETC.

19.1: Any disputes arising out of or in connection with the insurance contract shall be settled in accordance with Danish law, with Copenhagen as the agreed venue. The Company is affiliated to Ankenævnet for Forsikring, Anker Heegaards Gade 2, 1572 Copenhagen V, Denmark (The Insurance Appeals Board).

Valid from 1 January 2008

E.&O.E.

Carrier
International Health Insurance danmark a/s

Head office

8, Palaegade
DK-1261 Copenhagen K
Denmark

Opening hours for telephone inquiries:
08:00 a.m. – 10:00 p.m. (CET) on weekdays.
Tel: +45 33 15 30 99
Fax: +45 33 32 25 60
E-mail: ihj@ihi.com
www.ihi.com
Reg. No. CVR 88076516

IHI Emergency Service

24-hour service
Tel.: +45 33 15 33 00
E-mail: emergency@ihi.com

Broker
Work and Travel Insurance Services

Head Office

804 Third Street, Suite A
Neptune Beach, FL 32266
USA

Opening hours for telephone inquiries:
08:00 a.m. – 12:00 a.m. (CET) on weekdays
Tel: +1 904 247 1387
Fax: +1 904 212 0412
E-mail: info@WorkandTravelInsurance.com
www.WorkandTravelInsurance.com

International Health Insurance danmark a/s has insured people of all nationalities for more than 30 years. The sound financial standing of the Company and the strict standard of regulations set by the Danish Insurance Contracts Act and the European Supervisory Authorities.

Personal Liability/ Luggage Policy Conditions

For a copy of the master policy, please contact Coordinated Benefits at 1.888.753.1000 / +1.727.799.9188

All Customer Service, Claims & Eligibility questions are directed to:

Coordinated Benefit Plans, Inc.
P.O. Box 26222 – Tampa, FL 33623
Toll Free: 1.888.753.1000
Local: 1.727.799.9188

All Coverages and Benefits are in U.S. Dollar Amounts	
Personal Liability Coverage	Up to \$100,000 Per Occurrence / \$200,000 in the aggregate
Loss of Baggage	Up to \$1,500, subject to a \$100 deductible

PERSONAL LIABILITY COVERAGE

A. Personal Liability Insurance Coverage	Limit per CLAIM:	\$ <u>100,000</u>
	Deductible per CLAIM	\$ <u>100</u>
	Aggregate Limit per INSURED	\$ <u>200,000</u>
B. Medical Payments Coverage:		\$ <u>25,000</u>
C. Policy Aggregate		\$ <u>200,000</u>

DEFINITIONS

"AUTOMOBILE" means a land motor vehicle, trailer or semi-trailer designed for travel on public roads (including any machinery or apparatus attached thereto)

"BODILY INJURY" means bodily injury, sickness or disease sustained by any person, including death. It does not include any communicable disease.

"CLAIM(S)" means a demand for money or the service of a suit naming an INSURED and alleging an INCIDENT. CLAIMS does not include proceedings seeking injunctive or other non-pecuniary relief.

"CLAIMS EXPENSES" means:

- (a) Fees charged by an attorney or attorneys designated by the Company and all other fees, costs, and expenses resulting from the investigation, adjustment, defense settlement and appeal of a CLAIM, suit or proceeding arising in connection therewith, if incurred by the Company, or incurred by the INSURED with written consent of the Company, but does not include salary charges or expenses of regular employees or officials of the Company, or fees and expenses of independent adjusters;
- (b) All costs against the INSURED in such suits and all interest on the entire amount of any judgment therein which accrues after entry of the judgment and before the Company has paid or tendered or deposited, whether in court or otherwise, that part of the judgment which does not exceed the limit of the Company's liability thereon;
- (c) Premiums on appeal bonds and premiums on bonds to release attachments in such suits, but not for bond amounts in excess of the applicable limit of liability of this policy. The Company shall have no obligation to pay for or furnish any bond;
- (d) Up to \$250 for loss of earnings to each INSURED for each day or part of a day of their attendance at the Company's request at a trial, hearing or arbitration proceeding involving a civil suit against such INSURED for covered DAMAGES, but the amount so payable for any one or series of trials, hearings or arbitration proceedings arising out of the same INCIDENTS shall in no event exceed \$5,000.

"DAMAGES" means compensatory judgments, settlement or awards, but does not include fines or penalties, the return of fees or other consideration paid to the INSURED.

"HOST FAMILY" means the person(s) responsible for providing the INSURED'S room, board, general welfare, and care while on a Covered Trip/Program.

"INCIDENT" means any act or omission committed by the INSURED during the Policy Term which unexpectedly, unintentionally, and suddenly results in BODILY INJURY, PROPERTY DAMAGE or PERSONAL INJURY provided the act or omission committed by the INSURED was during the POLICY TERM.

"INSURED LOCATION" means (1) the HOST FAMILY'S residence premises and the part of any other premises, structures and grounds used by the Insured; or (2) Any part of a premises where an Insured is temporarily staying. An INSURED LOCATION does not include coverage for PROPERTY DAMAGE to property rented to, occupied by, used by, or in the care of any INSURED, to the extent that the INSURED is required by contract to provide insurance.

"MOBILE EQUIPMENT" means a land vehicle (including any machine or apparatus attached thereto, whether or not self-propelled), (1) not subject to motor vehicle registration, or (2) maintained for use exclusively on premises owned by or rented to any INSURED, including the ways immediately adjoining,

or (3) designed for use principally off public roads, or (4) designed or maintained for the sole purpose of affording mobility to equipment of the following types forming an integral part of or permanently attached to such vehicle: power cranes, shovels, loaders, diggers and drills; concrete mixers (other than the mix-in-transit type); graders, scrapers, rollers and other construction or repair equipment; air compressors, pumps and generators, including spraying, welding and building cleaning equipment; and geophysical exploration and well servicing equipment, or (5) anything with a motor that rolls, flies or dives, such as snowmobiles, mopeds, motorbikes, dirt bikes or (6) anything that flies such as parasails, parachutes and hang gliders.

"PERSONAL INJURY" means:

- (a) false arrest, detention or imprisonment, wrongful entry or eviction, other invasion of private occupancy, or malicious prosecution;
- (b) the publication or utterance of a libel, slander or other defamatory or disparaging material; or
- (c) a publication or an utterance in violation of an individual's right of privacy.
- (d) shock, mental anguish, or mental injury;

PERSONAL INJURY does not include the transmission intentionally or unintentionally of any illness, sickness or disease by the INSURED to anyone, or any consequence resulting from that illness, sickness or disease.

"PROPERTY DAMAGE" means

- (a) physical injury to or destruction of tangible property, including the loss of use thereof at any time resulting there from or
- (b) loss of use, or loss of the value of tangible property which has not been physically injured or destroyed.

Personal Liability Insurance Coverage

The Company will pay on behalf of the INSURED all sums which the INSURED shall become legally obligated to pay as DAMAGES for personal liability CLAIMS first made against the INSURED and reported to the Company, during the Policy Term that his endorsement is in effect, arising out of any INCIDENT covered under this Policy, provided always that such INCIDENT happens:

- (a) on or after the Policy Effective Date on which this endorsement becomes effective; or
- (b) on or after the effective date of the earliest claims-made policy issued by the Company covering the INSURED to which this is a continuous renewal.

For any claim brought in the United States of America (including its territories and possessions), Puerto Rico or Canada, the Company shall have the right and duty to defend any suit against the INSURED seeking DAMAGES to which this insurance applies even if any of the allegations of the suit are groundless, false or fraudulent. The Company may make such investigation and settlement of any CLAIM, or suit as it deems expedient. With respect to claims brought or suits instituted in courts elsewhere than within the United States of America (including its territories and possessions), Puerto Rico or Canada, the Company shall have the right and duty to:

- 1) Defend and suit; and
- 2) Make such investigation, negotiation and settlement of any claim or suit as the Company deems expedient. Any claim or suit which the Company elects not to investigate, settle or defend, the INSURED, under the Company's supervision, will make or cause to be made, such investigation and defense as may be reasonably necessary. Subject to prior authorization by the Company, the INSURED will effect, to the extent possible, such settlements as the Company and the INSURED deem prudent. The Company will reimburse the Insured for the cost of any such investigation, settlement or defense, in the currency of the United States of America at the rate of exchange prevailing on the date of payment.

In no event shall the Company be obligated to pay DAMAGES or CLAIM EXPENSES or to defend, or continue to defend, any suit after the applicable limit of the Company's liability has been exhausted by payment of DAMAGES and/or CLAIM EXPENSES.

OTHER INSURANCE. If other valid and collectible insurance is available to the Insured for a covered loss under Coverage A, Personal Liability Insurance Coverage, the Company's obligations are limited as follows:

(a) Primary Insurance

This insurance is primary over the PARTICIPATING ORGANIZATION'S liability insurance. If this insurance is primary, our obligations are not affected unless any insurance other than the PARTICIPATING ORGANIZATION'S insurance is also primary. Then we will share with all that other insurance by the Method of Sharing described in (b) below.

(b) Method of Sharing

If the other insurance permits the contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

The Policy provides excess coverage over and above insurance which may cover the Insured, Host Family or a third party involved in an Occurrence. The amount paid is pursuant to the applicable coverage provision(s) of the Policy and is reduced by the amount payable by any such Underlying Insurance.

Medical Payments Coverage

The Company will pay up to \$25,000 on behalf of the INSURED for Medical Expenses that are incurred or medically ascertained within 52 weeks after the date of the INCIDENT and which result from an INCIDENT causing BODILY INJURY to:

- (a) A person who is on the INSURED LOCATION with the permission of the HOST FAMILY, if the INCIDENT is caused by the activities of the INSURED or by an animal owned by, or in the care of, an INSURED.
- (b) A person not on the INSURED LOCATION, if the INCIDENT is caused by the activities of an INSURED or by an animal owned by, or in the care of, an INSURED.

Medical Expenses are defined as those expenses recommended and approved by a Physician for hospital room and board, use of an operating room, emergency room, ambulatory medical center, fees of physicians and nurses, laboratory tests, prescription medicines or drugs, anesthetics, transfusions, diagnostic testing, and therapeutics.

The Company will pay the benefit pursuant to this provision only after due proof of the Medical Expenses incurred. has been submitted to the Company,

This coverage does not apply to the INSURED or to a dependent of an INSURED.

LIMIT OF LIABILITY - CLAIMS

Regardless of the number of INSUREDS under this Policy, the number of persons or organizations which sustain injury, or the number of CLAIMS made or suits brought, the Company's liability for the Coverages provided is stated in the Schedule of Benefits.

Notwithstanding the limit of liability identified in the Schedule of Benefits, a sub-limit of \$25,000 each claim and aggregate, as part of and not in addition to the limit of liability identified in the Schedule for Benefits, shall constitute the only limit of liability available for all damages and claims expenses arising out of or attributable to any suit brought against any INSURED alleging, in whole or part sexual assault, abuse, molestation or habitual neglect, or licentious, immoral, amoral, other behavior that was threatened, committed or alleged to have been committed, by an INSURED or by any person for whom the INSURED is legally responsible, This sub-limit is inclusive of all expenses derived from or based upon the defense of any above described act. This sub-limit of liability shall constitute the only limit of liability available for all damages and claim expenses arising from the above described acts and no other limit of liability shall be available for any damages or claim expenses arising from the above described acts

The limit of liability stated in the Schedule of Benefits as applicable to "each claim" is the limit of the Company's liability for all DAMAGES because of each CLAIM covered hereby. All CLAIMS arising from the same or related INCIDENT shall be considered a single CLAIM for the purpose of this insurance and shall be subject to the same limit of liability. The limit of liability stated in the Schedule of Benefits as "AGGREGATE" is, subject to the above provision respecting "each claim", the total limit of the Company's liability under this Policy for all DAMAGES as a result of all CLAIMS made and reported to the Company during the POLICY TERM, including any Extended Reporting Period. CLAIMS EXPENSES are included within the applicable limit of liability stated in the Schedule of Benefits.

WHEN CLAIM IS TO BE CONSIDERED AS FIRST MADE

- (a) When the Company first receives written notice from the INSURED, that a CLAIM has been made, or
 - (b) When the Company first receives written notice from the INSURED, of specific circumstances involving a particular person or entity which may result in a CLAIM.
- All CLAIMS arising out of the same or related INCIDENT shall be considered as having been made at the time the first such CLAIM is made, and shall be subject to the same limit of liability.

GENERAL PROVISIONS

ACTION AGAINST THE COMPANY. No action shall lie against the Company unless, as a condition precedent thereto, there shall have been full compliance with all of the terms of this policy, but not until the amount of the INSURED's obligation to pay shall have been finally determined either by judgment against the INSURED after actual trial or by written agreement of the INSURED, the claimant and the Company.

ASSIGNMENT. The interest of any INSURED is not assignable. If any INSURED shall die or be judged incompetent, this insurance shall thereupon terminate for such person but shall cover the INSURED's legal representative as the INSURED with respect to liability previously incurred and covered by this insurance.

ASSISTANCE AND COOPERATION OF INSURED IN THE EVENT OF CLAIM OR SUIT. Upon the INSURED becoming aware of any INCIDENT which could reasonably be expected to be the basis of a CLAIM covered hereby, written notice shall be given by the INSURED to the Company together with the fullest information obtainable.

If CLAIM is made or suit is brought against the INSURED, the INSURED shall immediately forward to the Company every demand, notice, summons or other process received by the INSURED or the INSURED's representative. The INSURED shall cooperate with the Company and, upon the Company's request, assist in making settlements in the conduct of suits and in enforcing any right of contribution or indemnity against any person or organization who may be liable to the INSURED because of DAMAGES with respect to which this insurance applies. The INSURED shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The INSURED shall not, except at the INSURED's own cost, voluntarily make any payments, assume any obligation or incur any expense.

CURRENCY. All premiums must be paid to the Company, and the Company will pay all benefits, in the currency of the United States of America at the rate of exchange prevailing on the date of payment.

POLICY TERM. With respect to each INSURED, the POLICY TERM shall begin WHEN AN INSURED'S COVERAGE BEGINS and terminate WHEN AN INSURED'S COVERAGE ENDS as stated in the General Provisions of the Policy.

REIMBURSEMENT. While the Company has no duty to do so, if the Company pays DAMAGES or CLAIMS EXPENSES:

- (a) within the amount of the applicable deductible; or
- (b) in excess of the applicable limit of liability,

the INSURED shall, upon written demand, repay such amounts to the Company within thirty (30) days thereof. Failure to pay any amounts indicated above may lead to policy cancellation and the INSURED shall not have the right to any Extended Reporting Period option.

SUBROGATION. If the Company makes a payment under the Policy and the person to or for whom payment was made has a right to recover damages from another, the Company shall be subrogated to that right. That person shall do:

1. Whatever is necessary to enable the Company to exercise the Company's rights; and
2. Nothing after the loss to prejudice those rights.

If the Company makes a payment under the Policy and the person to or for whom payment is made recovers damages from another, that person shall:

1. Hold in trust for the Company the proceeds of the recover; and
2. Reimburse the Company to the extent of the Company's payment.

LIMITATIONS AND EXCLUSIONS

This insurance does not apply to any CLAIM or suit:

1. for BODILY INJURY or PROPERTY DAMAGE arising out of the ownership, maintenance, operation, use, loading or unloading of any AUTOMOBILE, watercraft, MOBILE EQUIPMENT or aircraft owned or operated by or rented or loaned to any INSURED, other than as a passenger.
2. based on or arising out of liability assumed by the INSURED under any contract or agreement, except liability arising out of the performance of written duties required by the Participating Organization as part of the Covered Trip/Program;
3. arising out of discrimination on the basis of age, sex, race, creed, religion, marital status, national origin or sexual preference by any INSURED, including PERSONAL INJURY resulting there from;
4. arising from the transmission of or infection by, or the testing or the failure to test for the presence of Acquired Immune Deficiency Syndrome (AIDS), any AIDS related virus or any other disease transmitted through sexual contact or another person's body fluids;
5. based on or arising out of an actual or attempted dishonest, fraudulent, criminal act, act of violence, or malicious act or omission or deliberate misrepresentation committed by, at the direction of, or with the knowledge of any INSURED, including intentional tortious acts;
6. arising from acts by any INSURED expected or intended to cause BODILY INJURY or PROPERTY DAMAGE sustained (This exclusion does not apply to BODILY INJURY resulting from the use of reasonable force to protect person or property.);
7. arising from any obligation for which the INSURED or any carrier as their insurer may be held liable under any worker's compensation, unemployment compensation or disability benefits law, or under any similar law;
8. of PROPERTY DAMAGE to:
 - a) property owned or being transported by the INSURED, or
 - b) property rented to, occupied by or in the care of the INSURED;
9. brought against any INSURED alleging, in whole or part sexual assault, abuse, molestation, corporal punishment or physical or mental abuse, or habitual neglect, or licentious, immoral, amoral other behavior that was threatened, committed, or alleged to have been committed, by any INSURED or by any person for whom the INSURED is legally responsible; however, notwithstanding the foregoing, the INSURED shall be protected under the terms of this policy as to any claim and/or allegation which may be covered by the policy upon which suit may be brought against him, for any such alleged behavior by an INSURED unless a judgment or a final adjudication adverse to the INSURED shall establish that such behavior occurred as an essential element of the cause of action so adjudicated;
10. for injuries caused by or contributed to by the use, sale, manufacture, delivery, transfer or possession of controlled substances except as administered by a physician;

11. for BODILY INJURY OR PROPERTY DAMAGE arising from the use of alcohol, intoxicants drugs or narcotics, except as prescribed by a licensed physician;
12. for BODILY INJURY or PROPERTY DAMAGE due to war, whether or not declared, civil insurrection, rebellion or revolution or to any act or condition incidental to any of the foregoing;
13. for PERSONAL INJURY or BODILY INJURY to the INSURED or to a dependent of the Insured;
14. brought against any INSURED arising out of the INSURED'S business pursuits, investments, or other for profit activities;
15. for BODILY INJURY or PROPERTY DAMAGE caused directly or indirectly by nuclear reaction, radiation, contamination whether radioactive or not, regardless of how it was caused.
16. for BODILY INJURY or PROPERTY DAMAGE caused directly or indirectly by pollution or asbestos, regardless of how it was caused.
17. The INSURED'S rendering of day care services when such services are for persons other than the Host Family's children.
18. for BODILY INJURY, PERSONAL INJURY, or PROPERTY DAMAGE arising out or participating in high-risk sports including: Hunting activities, boxing, combat sports, mountaineering or rock climbing, potholing, aerial sports, heli-skiing, motorized racing or speed trials, bungee jumping, scuba diving (unless the Insured has the qualifications recognized by the competent local authority in the contracted destination), wild water rafting, jet-skiing, professional sports, and participation in competitive sporting events of any kind.
19. for BODILY INJURY or PROPERTY DAMAGE among or between INSUREDS traveling together and INSUREDS and their accompanying relatives.

LOSS OF BAGGAGE

This Plan will reimburse You for loss, theft or damage to Your baggage or personal effects, checked with a Common Carrier provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. This Plan is secondary to any coverage provided by a Common Carrier and all other valid and collective insurance. This Plan will pay the lesser of: 1) the actual cash value (cost less proper deduction for depreciation at the time of loss, theft or damage); 2) the cost to repair or replace the article with material of a like kind and quality; or, 3) \$100 per article, up to the maximum as stated in the Schedule of Benefits. Certain exclusions do apply.