



**BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY
Omaha, Nebraska**

**INDIVIDUAL TRAVEL PROTECTION INSURANCE POLICY
EXACTCARE PLAN**

IMPORTANT

This coverage is valid only if the appropriate plan cost has been paid. Please keep this document as your record of coverage under the plan.

PLEASE READ THIS DOCUMENT CAREFULLY! Insurance Coverage is underwritten by Berkshire Hathaway Specialty Insurance Company.

This Policy is issued in consideration of your application and payment of the premium due. This Policy describes all of the travel insurance benefits underwritten by the Company.

This Policy is a legal contract between the Insured and the Company. It is important that you read your Policy carefully. Please refer to the Schedule of Benefits. It provides you with specific information about the insurance you purchased.

Signed for the company at its home office:

Secretary

President

Table of Contents

Page 1	EFFECTIVE AND TERMINATION DATES
Page 2	DEFINITIONS
Page 5	BENEFITS
Page 8	EXCLUSIONS AND LIMITATIONS
Page 9	PAYMENT OF CLAIMS
Page 11	GENERAL PROVISIONS

SECTION I

EFFECTIVE & TERMINATION DATES

Effective Date: After any required application is completed and signed, Trip Cancellation coverage will be effective at 12:01 a.m. Standard Time on the date following receipt by the Insurer of any required plan cost.

All other coverages will begin on the later of:

- (a) 12:01 a.m. Standard Time on the scheduled Departure Date shown on the travel documents; or
- (b) the date and time the Insured starts his/her Trip, provided any required plan cost has been paid.

Termination Date: All coverages other than Trip Cancellation end on the earlier of:

- (a) the date the Trip is completed;
- (b) the scheduled Return Date; or
- (c) the Insured's arrival at the Return Destination on a round Trip, or the Destination on a one-way Trip.

Trip Cancellation ends on the earliest of:

- (a) the cancellation of the Insured's Trip;
- (b) 11:59 p.m. on the day before the scheduled Departure Date; or
- (c) the date and time the Insured starts on his/her Trip.

Extension of Coverage:

All coverages except Trip Cancellation will be extended, if:

- (a) the Insured's entire Trip is covered by the plan; or
- (b) the Insured's return is delayed by one of the Unforeseen events specified under Trip Cancellation and Interruption or Trip Delay.



This extension of coverage will end on the earlier of:

- (a) the date the Insured reaches his/her Return Destination; or
- (b) 7 days after the date the Trip was scheduled to be completed.

Baggage Extension of Coverage: If an Insured's Baggage, passports and visas are in the charge of a Common Carrier and delivery is delayed, coverage for Baggage, Personal Effects and Travel Documents will be extended from the earliest of: 1) the time until the Common Carrier delivers the property to the Insured; 2) once the property is documented as lost, stolen or damaged; or 3) 7 days after the date the Trip was scheduled to be completed. This Extension does not include loss caused by the delay.

SECTION II DEFINITIONS

Definitions (Capitalized terms within this Policy are defined herein)

“Actual Cash Value” means purchase price less depreciation.

“Baggage” means luggage, travel documents, and personal possessions, whether owned, borrowed, or rented, taken by the Insured on the Trip.

“Business Partner” means a person who: (1) is involved with the Insured or the Insured's Traveling Companion in a legal partnership; and (2) is actively involved in the daily management of the business.

“Child” or “Children” means unmarried children of the Insured, including natural children from the moment of birth, and step, foster or adopted children from the moment of placement in the Insured's home, under age 26. However, the age limit does not apply to a child who: (1) otherwise meets the definition of children; and (2) is incapable of self-sustaining employment by reason of mental or physical incapacity.

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

“Common Carrier” means an air, land, sea conveyance operated under a license for the transportation of passengers for hire and for which the Insured's ticket was purchased through the Travel Supplier.

“Departure Date” means the date on which the Insured is originally scheduled to leave on his/her Trip. This date is specified in the travel documents.

“Default” means any failure of a provider of travel-related services (including any tour operator) to provide the bargained-for travel services or to refund money due the Insured.

“Deductible” means the amount of charges that must be incurred by an Insured before benefits become payable. The amount of the Deductible is shown in the Schedule of Benefits or Declarations Page for each coverage to which a Deductible applies.

“Destination” means any place where the Insured expects to travel to on his/her Trip as shown on the travel documents.

“Domestic Partner” means an opposite or a same-sex partner who is at least 18 years of age and has met all of the following requirements for at least 6 months:

- (1) resides with the Insured; and
- (2) shares financial assets and obligations with the Insured.

The Insurer may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

“Exotic Vehicle” means antique cars and any vehicle with an original manufacturer's suggested retail price greater than \$50,000. Antique cars means cars that are over 20 years old or have not been manufactured for 10 or more years,

“Experimental or Investigative” means treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device or prescription medication is being used. This includes any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other governmental agency approval not received at the time services are rendered.

“Family Member” means the Insured's, or Traveling Companion's spouse, Domestic Partner, Child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparents, grandchild, step-child, step-brother, step-sister, step-parents, parents-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, legal



guardian, Caregiver, foster Child, ward, or legal ward, spouse, or Domestic Partner of any of the above.

“Felonious Assault” means an act of violence against the Insured or a Traveling Companion requiring medical treatment in a Hospital.

“Financial Default” means the total cessation or partial suspension of operations due to insolvency, with or without the filing of a bankruptcy petition by a tour operator, cruise line, or airline.

“Hospital” means a facility that:

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

A Hospital does not include:

- (a) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care;
- (b) a facility that is, other than incidentally, a clinic, a rest home, nursing home, convalescent home, home health care, or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or
- (c) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members or the armed forces.

“Inclement Weather” means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier or prevents the Insured from reaching his/her Destination when traveling by an Owned or Rented Vehicle.

“Initial Trip Payment” means the first payment made to the Insured’s Travel Supplier toward the cost of the Insured’s Trip.

“Injury/Injured” means a bodily injury caused by an accident occurring while the Insured’s coverage under this Policy is in force, and resulting directly and independently of all other causes of Loss covered by this Policy. The injury must be verified by a Physician.

“Insured, You or Your” means a person:

- (a) for whom any required application has been completed; and
- (b) for whom any required plan cost has been paid.

“Insurer” means Berkshire Specialty Hathaway Insurance Company.

“Key Employee” means an employee of an employer who is responsible for policy and decision making.

“Loss” means injury or damage sustained by the Insured as a consequence of one or more of the events against which the Insurer has undertaken to compensate the Insured.

“Medically Necessary” means a medical service determined by the treating Physician to be essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed and that is ordered by a Physician and performed under his or her care, supervision, or order.

“Mental, Nervous or Psychological Disorder” means a mental or nervous health condition including, but not limited to: anxiety, depression, neurosis, phobia, psychosis; or any related physical manifestation.

“Natural Disaster” means a flood, hurricane, tornado, earthquake, or blizzard that is due to natural causes.

“Necessary Personal Effects” means items such as clothing and toiletry items, which were included in the Insured’s Baggage and are required for the Insured’s Trip.

“Owned or Rented Vehicle” means a self-propelled private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country that is rented or owned by the Insured. Owned or Rented Vehicle includes, but is not limited to, a sedan, station wagon, jeep-type vehicle, pickup truck, van, camper or motor home type. Owned or Rented Vehicle does not include a mobile home or any motor vehicle which is used in mass or public transit.

“Physician” means a licensed practitioner of the healing arts including accredited Christian Science Practitioners, medical, surgical, or dental, services acting within the scope of his/her license. The treating Physician may not be the Insured, a Traveling Companion, a Family Member, or a Business Partner.



“Primary” means the Insurer will pay first but reserves the right to recover from any other insurance carrier with which the Insured may be covered.

“Primary Residence” means a person's fixed, permanent and principal home for legal and tax purposes.

“Return Date” means the date on which the Insured is scheduled to return to the point where the Trip started or to a different specified Return Destination. This date is specified in the travel documents.

“Return Destination” means the place to which the Insured expects to return from his/her Trip, as shown in the application.

“Sickness” means pregnancy, an illness or disease diagnosed or treated by a Physician after the Insured's effective date of coverage under this Policy.

“Strike” means a stoppage of work:

- (a) announced, organized, and sanctioned by a labor union; and
 - (b) which interferes with the normal departure and arrival of a Common Carrier.
- This includes work slowdowns and sickouts. The Insured's Trip cancellation coverage must be effective prior to when the Strike is foreseeable. A Strike is foreseeable on the date labor union members vote to approve a Strike.

“Terrorist Incident” means an act of violence, that is deemed terrorism by the United States Government other than civil disorder or riot (that is not an act of war, declared or undeclared) that results in Loss of life or major damage to property, by any person acting on behalf of or in connection with any organization which is generally recognized as having the intent to overthrow or influence the control of any government.

“Travel Insurance Administrator” means the administrator shown in the Insured's confirmation letter.

“Travel Supplier” means the tour operator, Hotel, rental company cruise line, and/or airline that provides pre-paid travel arrangements for the Insured's Trip.

“Traveling Companion” means a person or persons with whom the Insured has coordinated travel arrangements and intends to travel with during the Trip. A group or tour leader is not considered a Traveling Companion, unless the Insured is sharing room accommodations with the group or tour leader.

“Trip” means: a) a period of round-Trip travel away from home to a Destination outside the Insured's City of residence. b) the purpose of the Trip is business or pleasure and is not to obtain health care or treatment of any kind; c) the Trip has defined Departure and Return dates specified when the Insured applies; d) the Trip does not exceed 364 days; and e) travel is primarily by Common Carrier and only incidentally by private conveyance.

“Trip Cost” means the dollar amount of Trip payments or deposits reflected on any required application which are subject to cancellation penalties or restrictions paid by the Insured prior the Insured's Trip Departure Date. Trip Cost will also include the cost of any subsequent pre-paid payments or deposits paid by the Insured for the same Trip, after application for coverage under this Policy provided the Insured amends his or her application to add such subsequent payments or deposits and pays any required additional plan cost prior to the Insured's Departure Date 21 days of Initial Trip Payment.

“Unforeseen” means not anticipated or expected and occurring after the effective date of this Policy.

“Uninhabitable” means: (1) the building structure itself is unstable and there is a risk of collapse in whole or in part; (2) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; (3) immediate safety hazards have yet to be cleared, such as debris on roofs or downed electrical lines; or (4) the rental property is without electricity or water.



SECTION III

BENEFITS

TRIP CANCELLATION AND INTERRUPTION

The Insurer will pay a benefit, up to the Maximum Limit shown on the Schedule of Benefits or Declarations Page, if an Insured cancels his/her Trip or is unable to continue on his/her Trip due to the following Unforeseen events:

- (a) Sickness, Injury or death of an Insured, Family Member, Traveling Companion, or Business Partner.
 - 1) Injury or Sickness of an Insured, Traveling Companion or Family Member traveling with the Insured must be so disabling as to reasonably cause a Trip to be canceled, or interrupted. A Physician must advise cancellation of the Trip on or before the Scheduled Departure Date.
 - 2) If the Insured must cancel or interrupt his/her Trip due to Injury or Sickness of a Family Member not traveling with the Insured, it must be because his or her condition is life threatening as certified by a Physician (*or*) because he or she requires the Insured's care.
 - 3) Injury or Sickness of the Business Partner must be so disabling as to reasonably cause the Insured to cancel, delay, or interrupt the Trip to assume daily management of the business. Such disability must be certified by a Physician.
- (b) Financial Default of an airline, cruise line, or tour operator provided the Financial Default occurs more than 14 days following an Insured's effective date for the Trip Cancellation or Trip Interruption Benefits. There is no coverage for the Financial Default of any person, organization, agency, or firm from whom the Insured purchased travel arrangements supplied by others. This coverage applies only if insurance was purchased within 21 days of Initial Trip Payment.
- (c) Inclement Weather at the departure site causing delay or cancellation of travel and prevents the Insured from reaching his/her Destination;
- (d) Strike resulting in complete cessation of travel services at the point of departure or Destination;

- (e) the Insured's Primary Residence or Destination being made Uninhabitable by Natural Disaster, vandalism, or burglary;
- (f) the Insured, or a Traveling Companion being subpoenaed, required to serve on a jury, hijacked, or quarantined;
- (g) Insured or Traveling Companion is called to active military service or military leave is revoked or reassigned within 30 days of the Departure Date.
- (h) a Terrorist Incident in a City listed on the Insured's itinerary within 30 days of the Insured's scheduled arrival.
- (i) the Insured and/or Traveling Companion is directly involved in or delayed due to an automobile accident, substantiated by a police report, while en route to the Insured's Destination;
- (j) Insured or a Traveling Companion is required to work during his/her scheduled Trip. He/she must provide proof of requirement to work, such as a notarized statement signed by an officer of his/her employer. In the situation of self-employment, proof of self-employment and a notarized statement confirming that the Insured is unable to travel due to his or her job obligations will be required;
- (k) Insured or a Traveling Companion is directly involved in a merger, acquisition, government required product recall, or bankruptcy proceedings and must be currently employed by the company that is involved in said event; or
- (l) Insured's or Traveling Companion's company is deemed to be unsuitable for business due to burglary, or Natural Disaster and the Insured or Traveling Companion is directly involved as a Key Employee of the disaster recovery team.

Trip Cancellation Benefits: The Insurer will reimburse the Insured for forfeited Trip Cost up to the Maximum Limit shown on the Schedule of Benefits or Declarations Page for Trips that are canceled prior to the scheduled departure for their Trip due to the Unforeseen events shown above.

Trip Interruption Benefits: The Insurer will reimburse the Insured up to the Maximum Limit shown on the Schedule of Benefits or Declarations Page for Trips that are interrupted due to the Unforeseen events shown above:

- (a) forfeited, insured Trip Cost; or



- (b) additional non airfare transportation expenses incurred by the Insured, either:
 - (i) to the Return Destination; or
 - (ii) from the place that the Insured left the Trip to the place that the Insured may rejoin the Trip; or
- (c) additional transportation expenses incurred by the Insured to reach the original Trip Destination if the Insured is delayed, and leaves after the Departure Date. However, the benefit payable under (b) and (c) above will not exceed the cost of economy airfare (or the same class as the Insured's original ticket), less any refunds paid or payable, by the most direct route.

Reimbursement to the Insured will be made in the same form in which the original Trip payment was made. In no event will the amount reimbursed exceed the lesser of the amount the Insured pre-paid for his/her Trip or the Maximum Limit shown on the Schedule of Benefits or Declarations Page.

Trip Interruption – Return Air Only: The Insurer will reimburse the Insured for the additional transportation expenses incurred to reach the Return Destination due to one of the Unforeseen events listed in the Trip Cancellation/Trip Interruption section. However, the benefit payable will not exceed the cost of economy airfare (or the same class as the Insured's original ticket) less any refunds paid or payable and taken by the most direct route.

SINGLE OCCUPANCY

The Insurer will reimburse the Insured, up to the Trip Cancellation or Trip Interruption Maximum Limit shown on the Schedule of Benefits or Declarations Page, for the additional cost incurred during the Trip as a result of a change in the per person occupancy rate for prepaid, non-refundable travel arrangements if a person booked to share accommodations with the Insured has his/her Trip canceled, or interrupted due to the Unforeseen events shown in the Trip Cancellation/Trip Interruption section and the Insured does not cancel.

CANCEL FOR ANY REASON COVERAGE

(This coverage applies only if you have elected this coverage and is it shown on the Schedule of Benefits or Declarations Page.)

If the Insured is prevented from taking the Trip for any reason not otherwise covered by this Policy, the Insurer will reimburse the Insured for 50% of the prepaid, forfeited, non-refundable payments or deposits paid to the Travel Supplier for insured Trip arrangement(s) up to the Maximum Limit shown for this benefit in the

Schedule of Benefits or Declarations Page provided the following conditions are met:

- (a) the Insured purchases this Cancel for Any Reason Coverage within 15 days of the date the Insured's Initial Trip Payment or deposit is paid and insures the cost of any subsequent arrangement(s) added to the same Trip within 15 days of the date of payment or deposit for any subsequent Trip arrangement(s); and
- (b) this insurance coverage is purchased for the full cost of all non-refundable prepaid Trip arrangements that are subject to cancellation penalties and/or restrictions; and
- (c) the Insured cancels the insured Trip no less than 48 hours prior to the Departure Date.

This coverage will be terminated and no benefits will be paid under this Cancel for Any Reason Coverage if the full costs of all prepaid, non-refundable Trip arrangements are not insured. Any plan cost paid for this Cancel for Any Reason Coverage will be refunded.

TRIP DELAY

The Insurer will reimburse the Insured up to the Maximum Limit(s) shown on the Schedule of Benefits or Declarations Page for Reasonable Additional Expenses until travel becomes possible if the Insured's Trip is delayed 5 or more consecutive hours from the original departure time as a result of a cancellation or delay of a regularly scheduled airline flight for one of the Unforeseen events listed as follows: Common Carrier delay; the Insured's or Traveling Companion's lost or stolen passports, travel documents, or money; the Insured or Traveling Companion is quarantined; Natural Disaster; or reasons listed under Trip Cancellation and Interruption.

Incurred expenses must be accompanied by receipts.

This benefit is payable for only one delay per Insured, per Trip.

If the Insured incurs more than one delay in the same Trip the Insurer will pay for the delay with the largest benefit up to the Maximum Limit shown on the Schedule of Benefits or Declarations Page. The Insured must contact the Travel Insurance Administrator as soon as he/she knows his/her Trip is going to be delayed more than 5 or more consecutive hours.



For purposes of this Benefit:

“Reasonable Additional Expenses” means expenses for meals, taxi fares, essential telephone calls, local transportation and lodging which were necessarily incurred as the result of a Trip Delay and which are not provided by the Common Carrier or any other party free of charge.

MISSED CONNECTION

If while on a Trip the Insured misses a Trip departure resulting from cancellation or delay of between 3 hours of all regularly scheduled airline flights due to Inclement Weather and/or Common Carrier caused delay, the Insurer will reimburse the Insured up to the Maximum Limit shown in the Schedule of Benefits or Declarations Page for:

- (a) additional transportation expenses incurred by the Insured to join the departed Trip;
- (b) reasonable accommodation and meal expenses incurred up to the per day amount shown in the Schedule of Benefits (or) Declarations Page; and
- (c) pre-paid, non-refundable trip payments for the unused portion of the Trip.

The Common Carrier must certify the delay of the regularly scheduled airline flight. Coverage is secondary if reimbursable by any other source.

BAGGAGE, PERSONAL EFFECTS AND TRAVEL DOCUMENTS

The Insurer will reimburse the Insured, up to the Maximum Limit shown in the Schedule of Benefits or Declarations Page subject to the special limitations shown below, for Loss, theft or damage to the Insured's Baggage, personal effects, passports, travel documents, credit cards and visas during the Insured's Trip.

Special Limitations:

The Insurer will not pay more than:

- \$500 for the first item; and
- thereafter, no more than \$250 per each additional item; and
- \$500 aggregate amount on all losses related to: jewelry, watches, furs, cameras and camera equipment, camcorders, computers, and other electronic devices, including but not limited to: portable personal computers, cellular phones, electronic organizers and portable CD players.

Items over \$150 must be accompanied by original receipts. If receipts are not provided, no benefits are payable.

The Insurer will pay the lesser of:

- (a) the cash value (original cash value less depreciation) as determined by the Insurer; or
- (b) the cost of replacement.

The Insurer may take all or part of the damaged Baggage at the appraised or agreed value. In the event of a loss to a pair or set of items, the Insurer may at its option:

- (a) repair or replace any part to restore the pair or set to its value before the loss; or
- (b) pay the difference between the value of the property before and after the loss.

The Insurer will only pay for loss due to unauthorized use of the Insured's credit cards if the Insured has complied with all requirements imposed by the issuing credit card companies.

BAGGAGE DELAY

If the Insured's Baggage is delayed or misdirected by a Common Carrier for more than 12 hours while on a Trip, the Insurer will reimburse the Insured up to the Maximum Limit shown on the Schedule of Benefits (or) Declarations Page for the purchase of Necessary Personal Effects. Incurred expenses must be accompanied by receipts. This benefit does not apply if Baggage is delayed after the Insured has reached his/her Return Destination.

RENTER'S COLLISION INSURANCE

(This coverage applies only if you have elected this coverage and is shown on the Schedule of Benefits or Declarations Page.)

If an Insured's rented car is damaged while on a Trip due to collision, vandalism, windstorm, fire, hail or flood, while in his/her possession, the Insurer will pay the lesser of:

- (a) the cost of repairs and rental charges imposed by the rental company while the car is being repaired; or



(b) the Actual Cash Value of the car.

The Insurer will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits or Declarations Page, subject to the Deductible shown in the Schedule of Benefits or Declarations Page.

Coverage is provided to the Insured and Traveling Companion, providing the Insured and Traveling Companion are licensed drivers, and are listed on the rental agreement.

Coverage does not apply in countries or states where the sale of this insurance is prohibited by law. This coverage is Primary to other forms of insurance or indemnity.

The Insured must contact *add appropriate contact information* before renting to confirm whether the vehicle is covered.

SECTION IV

EXCLUSIONS AND LIMITATIONS

GENERAL EXCLUSIONS

This Policy does not cover any loss caused by or resulting from:

- (a) intentionally self-inflicted Injury, suicide, or attempted suicide of the Insured, Family Member, Traveling Companion or Business Partner;
- (b) participation in professional athletic events, motor sport, or motor racing, including training or practice for the same;
- (c) mountaineering where ropes or guides are normally used. The ascent or descent of a mountain requiring the use of specialized equipment, including but not limited to pick-axes, anchors, bolts, crampons, carabineers, and lead or top-rope anchoring equipment;
- (d) war or act of war, whether declared or not, civil disorder, riot, or insurrection;
- (e) operating or learning to operate any aircraft, as student, pilot, or crew;
- (f) air travel on any air-supported device, other than a regularly scheduled airline or air charter company;
- (g) loss or damage caused by detention, confiscation, or destruction by customs;
- (h) any unlawful acts, committed by the Insured, a Family Member, or a Traveling Companion, or Business Partner whether insured or not;
- (i) Mental, Nervous or Psychological Disorder or rest cures;
- (j) if the Insured's tickets do not contain specific travel dates (open tickets);

- (k) use of drugs, narcotics, or alcohol, unless administered upon the advice of a Physician;
- (l) any failure of a provider of travel related services (including any Travel Supplier) to provide the bargained-for travel services or to refund money due the Insured;
- (m) Experimental or Investigative treatment or procedures;
- (n) any loss that occurs at a time when this coverage is not in effect;
- (o) traveling for the purpose of securing medical treatment;
- (p) care or treatment which is not Medically Necessary; and
- (q) **PRE-EXISTING MEDICAL CONDITION EXCLUSION:** The Insurer will not pay for any loss or expense incurred as the result of an Injury, Sickness (other than pregnancy) or other condition of an Insured for 12 months following the Insured's effective date of coverage for which care or treatment was given or recommended by a Physician within the 180 day period ending on the effective date of coverage.

The following exclusions apply to Baggage/Personal Effects and Baggage Delay:

Benefits will not be provided for any loss or damage to or resulting (in whole or in part) from:

- (a) animals, rodents, insects or vermin;
- (b) bicycles (except when checked with a Common Carrier);
- (c) motor vehicles, aircraft, boats, boat motors, ATV's and other conveyances;
- (d) artificial prosthetic devices, false teeth, any type of eyeglasses, sunglasses, contact lenses, or hearing aids;
- (e) tickets, keys, notes, securities, accounts, bills, currency, deeds, food stamps or other evidences of debt, credit cards,;
- (f) money, stamps, stocks and bonds, postal or money orders;
- (g) property shipped as freight, or shipped prior to the Departure Date;
- (h) contraband, illegal transportation or trade.
- (i) items seized by any government, government official or customs official;
- (j) defective materials or craftsmanship;
- (k) inherent vice or damage;
- (l) seizure or destruction under quarantine or custom regulation;
- (m) transporting contraband or illegal trade;
- (n) mysterious disappearance;
- (o) normal wear and tear;
- (p) deterioration.



The following limitations and exclusions apply to Renters Collision Insurance:

Coverage is not provided (in whole or in part) for any loss due to:

- (a) any loss which occurs if the Insured or his/her Traveling Companion violates the rental agreement;
- (b) rentals of trucks, (not including jeeps or SUV's) campers, trailers, off road vehicles, motor bikes, motorcycles, recreational vehicles, or Exotic Vehicles;
- (c) any obligation the Insured or his or her Traveling Companion assumes under any agreement except insurance collision deductible;
- (d) failure to report the Loss to the proper local authorities and the rental car company
- (e) damage to any other vehicle, structure, or person as a result of a covered Loss;
- (f) participation in contests of speed, motor sport or motor racing including training or practice for the same;
- (g) driving under the influence of alcohol;
- (h) being under the influence of drugs or intoxicants, unless prescribed by a Physician;
- (i) war or act of war, whether declared or not, civil commotion, insurrection or riot;
- (j) Injury sustained while committing or attempting to commit a crime; (and/or)

The following exclusions apply to Trip Cancellation and Trip Interruption:

Unless otherwise provided by this Policy benefits will not be provided for any loss resulting (in whole or in part) from:

- (a) travel arrangements canceled by an airline, cruise line, or tour operator, except as provided elsewhere in this Policy;
- (b) changes by the Insured, a Family Member, or Traveling Companion, for any reason; unless Cancel for Any Reason was purchased;
- (c) financial circumstances of the Insured, a Family Member, or a Traveling Companion;
- (d) any business (unless *Cancel for Work Reasons* was purchased) or contractual obligations of the Insured, a Family Member, or Traveling Companion, for any reason;
- (e) any government regulation or prohibition;
- (f) an event which occurs prior to the Insured's coverage Effective Date;
- (g) failure of any tour operator, Common Carrier, person or agency to provide the bargained-for travel arrangements.

EXCESS INSURANCE LIMITATION

The insurance provided by this Policy for all coverages shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any Loss payable under this Policy there is other valid and collectible insurance or indemnity in place, the Insurer shall be liable only for the excess of the amount of Loss, over the amount of such other insurance or indemnity, and applicable Deductible.

SECTION V

PAYMENT OF CLAIMS

Claim Procedures: Notice of Claim: The Insured must call the Travel Insurance Administrator as soon as reasonably possible, and be prepared to describe the Loss, the name of the company that arranged the Trip (i.e., tour operator, cruise line, or charter operator), the Trip dates, and the amount that the Insured paid. The Travel Insurance Administrator will fill in the claim form and forward it to the Insured for his or her review and signature. The completed form should be returned to the Travel Insurance Administrator.

Claim Procedures: Proof of Loss: The claim forms must be sent back to the Insurer no more than 90 days after a covered Loss occurs or ends, or as soon after that as is reasonably possible. All claims under this Policy must be submitted to the Travel Insurance Administrator no later than one year after the date of Loss or insured occurrence or as soon as reasonably possible. If the Insurer has not provided claim forms within 15 days after the notice of claim, other proofs of Loss should be sent to the Travel Insurance Administrator by the date claim forms would be due. The proof of Loss should include written proof of the occurrence, type and amount of Loss, the Insured's name and the policy number.

Payment of Claims: When Paid: Claims will be paid within 30 days of the date the Travel Insurance Administrator receives complete proof of Loss and verification of age. However, if the Company reasonably requests additional information or documents from the Insured(s) in order to process the claim, the Company will pay or deny the claim within 60 days following the date the Company receives the additional information or documents, unless:

- a) the Company has notified the Insured(s) of the reasons for failure to pay the claim in full; or



- b) the Company has a reasonable belief that insurance fraud has been committed and the Company has reported the possible insurance fraud to the Insurance Commissioner.

Payment of Claims: To Whom Paid:

Benefits are payable to the Insured who applied for coverage and paid any required plan cost. Any benefits payable due to that Insured's death, will be paid to the survivors of the first surviving class of those that follow:

- (a) the Beneficiary named by that Insured and on file with the Travel Insurance Administrator;
- (b) to his/her spouse, if living. If no living spouse, then
- (c) in equal shares to his/her living Children. If there are none, then
- (d) in equal shares to his/her living parents. If there are none, then
- (e) in equal shares to his/her living brothers and sisters. If there are none, then
- (f) to the Insured's estate.

If a benefit is payable to a minor or other person who is incapable of giving a valid release, the Insurer may pay up to \$3,000 to a relative by blood or connection by marriage who has assumed care or custody of the minor or responsibility for the incompetent person's affairs. Any payment the Insurer makes in good faith fully discharges Insurer to the extent of that payment.

Trip Cancellation and Trip Interruption Payment of Loss: The Insured must provide the Travel Insurance Administrator documentation of the cancellation or interruption and proof of the expenses incurred. The Insured must provide proof of payment for the Trip such as canceled check or credit card statements, proof of refunds received, copies of applicable tour operator or Common Carrier cancellation policies, and any other information reasonably required to prove the Loss. Claims involving Loss due to Sickness, Injury, or death require signed patient (or next of kin) authorization to release medical information and an attending Physician's statement. The Insured must provide the Travel Insurance Administrator with all unused air, rail, cruise, or other tickets if he/she is claiming the value of those unused tickets.

Baggage and Personal Effects Payment of Loss: The Insured Must: (a) report theft Losses to police or other local authorities as soon as possible; (b) take reasonable steps to protect his/her Baggage from further damage and make necessary and reasonable temporary repairs; (The Insurer will reimburse the Insured for those expenses. The Insurer will not pay for further damage if the Insured fails to protect his/her Baggage); (c) allow the Insurer to examine the damaged Baggage and/or the Insurer may require the damaged item to be sent in

the event of payment; (d) send sworn proof of Loss as soon as possible from date of Loss, providing amount of Loss, date, time, and cause of Loss, and a complete list of damaged/lost items; or (e) in the event of theft or unauthorized use of the Insured's credit cards, the Insured must notify the credit card company immediately to prevent further unlawful activity.

Baggage Delay Payment of Loss: The Insured must provide documentation of the delay or misdirection of Baggage by the Common Carrier and receipts for the Necessary Personal Effects purchases.

Renter's Collision Insurance Payment of Loss: The Insured must: take all reasonable, necessary steps to protect the vehicle and prevent further damage to it; report the Loss to the appropriate local authorities and the rental company as soon as possible; obtain all information on any other party involved in an accident, such as name, address, insurance information, and driver's license number; and provide the Travel Insurance Administrator all documentation such as rental agreement, police report, and damage estimate.

The following provisions apply to *Baggage Delay, Baggage/Personal Effects, Renters Collision Insurance*:

Notice of Loss. If the Insured's property covered under this Policy is lost or damaged, the Insured must:

- (a) notify the Travel Insurance Administrator as soon as possible;
- (b) take immediate steps to protect, save and/or recover the covered property;
- (c) give immediate notice to the carrier or bailee who is or may be liable for the Loss or damage;
- (d) notify the police or other authority in the case of robbery or theft within 24 hours.

Proof of Loss. The Insured must furnish the Insurer with proof of Loss. Proof of Loss includes police or other local authority reports or documentation from the appropriate party responsible for the Loss. It must be filed within 90 days from the date of Loss. Failure to comply with these conditions shall not invalidate any claims under this Policy.

Settlement of Loss. Claims for damage and/or destruction shall be paid immediately after proof of the damage and/or destruction is presented to the Insurer. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. The Insured must present acceptable proof of Loss and the value.



Valuation. The Insurer will not pay more than the Actual Cash Value of the property at the time of Loss. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

Benefit to Bailee. This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

The following provision applies to *Baggage Delay, Baggage/Personal Effects, Renter's Collision Insurance*:

Subrogation. To the extent the Insurer pays for a loss suffered by an Insured, the Insurer will take over the rights and remedies the Insured had relating to the Loss. This is known as subrogation. This will not occur until after the Insured has been fully compensated for his/her Loss. The Insured must help the Insurer preserve its rights against those responsible for its Loss. This may involve signing any papers and taking any other steps the Insurer may reasonably require. If the Insurer takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Insurer.

As a condition to receiving the applicable benefits listed above, as they pertain to this Subrogation provision, the Insured agrees, except as may be limited or prohibited by applicable law, to reimburse the Insurer for any such benefits paid to or on behalf of the Insured, if such benefits are recovered, in any form, from any Third Party or Coverage.

Coverage – as used in this Subrogation section, means no fault motorist coverage, uninsured motorist coverage, underinsured motorist coverage, or any other fund or insurance policy (except coverage provided under this Policy) and any fund or insurance policy providing the Insured with coverage for any claims, causes of action or rights the Insured may have against the Company).

Third Party – as used in this Subrogation section, means any person, corporation or other entity (except the Insured and the Company).

SECTION VI

GENERAL PROVISIONS

Entire Contract; Changes. This Policy, Schedule of Benefits, Application and any attachments are the entire contract of insurance. In the absence of fraud, all statements made by the Insured will be considered representations and not warranties. No agent may change it in any way. Only an officer of the Company can approve a change. Any such change must be shown in this Policy or its attachments.

Physical Examination and Autopsy. The Insurer at its own expense has the right and opportunity to examine the person of any individual whose Loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Beneficiary Designation and Change. The Insured's beneficiary(ies) is (are) the person(s) designated by the Insured and on file with the Travel Insurance Administrator.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing the Travel Insurance Administrator with a written request for change. When the request is received, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Insurer on account of any payment made by it prior to receipt of the request.

Assignment. An Insured may not assign any of his or her rights, privileges or benefits under this Policy.

Clerical Error. Clerical error, whether by the Insured or the Company, will not void the insurance of any Insured if that insurance would otherwise have been in effect nor extend the insurance of any Insured if that insurance would otherwise have ended or been reduced as provided in this Policy.

Misstatement of Age. If premiums for the Insured are based on age and the Insured has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured is insured are



based on age and the Insured has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Insurer may require satisfactory proof of age before paying any claim.

Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Concealment or Fraud: The Insurer does not provide coverage if the Insured has intentionally concealed or misrepresented any material fact or circumstance relating to this Policy or claim.

Payment of Premium: Coverage is not effective unless all premium due has been paid to the Travel Insurance Administrator prior to a date of Loss or insured occurrence.

Termination of The Policy: Termination of this Policy will not affect a claim for Loss which occurs while this Policy is in force.

Transfer of Coverage: Coverage under this Policy cannot be transferred by the Insured to anyone else.

Controlling Law: Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state of Montana is hereby amended to conform to the minimum requirements of those statutes and control over any conflicting statutes of any state in which the Insured resides on or after that date.



SCHEDULE OF BENEFITS

Trip Cancellation	Trip Cost up to a maximum of \$100,000
Trip Interruption	Trip Cost up to a maximum of \$100,000
	\$750 or 100% of Trip Cost (whichever is greater)
Trip Interruption-Return Air Only	
Trip Delay (Maximum of \$150 per day)	\$750
Missed Connection	\$250
Baggage & Personal Effects	\$1,000
Baggage Delay	\$300

PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

The Insurer will waive the pre-existing medical condition exclusion up to a maximum of the first \$100,000 of Trip Cost per person if the following conditions are met:

- (a) This plan is purchased within 15 days of making the Initial Trip Payment;
- (b) The amount of coverage purchased equals all prepaid nonrefundable payments or deposits applicable to the Trip at the time of purchase and the cost of any subsequent arrangement(s) added to the same Trip are insured within 15 days of the date of payment or deposit for any subsequent Trip arrangement(s)
- (c) All Insured's are medically able to travel when plan cost is paid;

Extra coverage (when coverage is purchased within 15 days of Initial Trip Payment):

- Pre-Existing Medical Condition Exclusion Waiver
- Trip Cancellation/Interruption due to Financial Default
- Missed Connection (Additional \$250)

The following will be included if elected and appropriate costs have been paid Additional Coverages:

Renters Collision Insurance	\$35,000
Deductible \$250	
Cancel for Any Reason	50% of insured Trip Cost (must be purchased within 15 days of initial trip payment date)



Berkshire Hathaway
Travel Protection

BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY
Omaha, Nebraska

INDIVIDUAL TRAVEL PROTECTION INSURANCE POLICY
EXACTCARE

IMPORTANT

This coverage is valid only if the appropriate plan cost has been paid. Please keep this document as your record of coverage under the plan.

PLEASE READ THIS DOCUMENT CAREFULLY!

This Policy is issued in consideration of your application and payment of the premium due. This Policy describes all of the travel insurance benefits underwritten by the Company.

This Policy is a legal contract between the Insured and the Company. It is important that you read your Policy carefully. Please refer to the Schedule of Benefits. It provides you with specific information about the insurance you purchased.

FIFTEEN DAY LOOK: You may cancel this insurance by giving the Company or the agent written notice within the first to occur of the following: (a) 15 days from the Effective Date of your insurance; or (b) your Scheduled Departure Date. If you do this, the Company will refund your premium paid provided no insured has filed a claim under this Policy.

Signed for the company at its home office:

Secretary

President

Table of Contents

Page 2	EFFECTIVE AND TERMINATION DATES
Page 2	BENEFITS
Page 5	DEFINITIONS
Page 7	EXCLUSIONS AND LIMITATIONS
Page 8	PAYMENT OF CLAIMS
Page 9	GENERAL PROVISIONS

SCHEDULE OF BENEFITS

	Maximum Limit Per Person
Accident Sickness Medical Expense	\$25,000
Dental	\$500
Emergency Evacuation & Repatriation of Remains	\$1,000,000
Escort Maximum	\$25,000
Accidental Death & Dismemberment	\$50,000

Extra Coverage

(when the insurance plan is purchased within 15 days of Initial Trip Payment)

Pre-Existing Condition Exclusion Waiver

Optional Coverage

The following will be included if elected and appropriate costs have been paid.

Accidental Death and Dismemberment (Common Carrier Air Only) Amount Selected Up to a Maximum of \$500,000

For questions or information contact Berkshire Hathaway Travel Protection.

Any payments under this Policy will 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"). Therefore, any expenses incurred or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under this Policy. For more information, you may consult the OFAC internet website at www.treas.gov/offices/enforcements/ofac/ or a Berkshire Hathaway Travel Protection representative.



EFFECTIVE AND TERMINATION DATES

Effective Date: All coverages will begin on the later of:

- (a) 12:01 a.m. (Standard Time) on the scheduled Departure Date shown on the travel documents; or
- (b) the date and time the Insured starts his/her Trip.

Termination Date: All other coverages end on the earliest of:

- (a) the date the Trip is completed;
- (b) the scheduled Return Date; or
- (c) the Insured's arrival at the Return Destination on a round Trip, or the Destination on a one-way Trip.

Extension of Coverage:

All coverage will be extended, if:

- (a) the Insured's entire Trip is covered by the plan; and

This extension of coverage will end on the earlier of:

- (a) the date the Insured reaches his/her Return Destination; or
- (b) 7 days after the date the Trip was scheduled to be completed.

ACCIDENT SICKNESS MEDICAL EXPENSE BENEFIT

If, while on a Trip, an Insured suffers an Injury or Sickness that requires him or her to be treated by a Physician, the Company will pay a benefit for Reasonable and Customary Charges, up to the Maximum Limit shown in the Schedule or Declarations Page. The Company will reimburse the Insured for Medically Necessary Covered Expenses incurred to treat such Injury or Sickness during the course of the Trip provided the initial documented treatment was received from a Physician during the Trip. The Injury must first occur or the Sickness must first begin while on an overnight Trip with a Destination of at least 100 miles from the Insured's Primary Residence, while covered under this Policy. Pre-existing medical conditions will be covered if the Pre-existing Medical Condition Waiver is in effect.

Covered Expenses:

The Company will reimburse the Insured for:

- services of a Physician or registered nurse (R.N.);
- Hospital charges;
- X-rays;
- local ambulance services to or from a Hospital;
- artificial limbs, artificial eyes, artificial teeth, or other prosthetic devices;

- the cost of emergency dental treatment only during a Trip limited to the Maximum Limit shown in the Schedule or Declarations Page. Coverage for emergency dental treatment does not apply if treatment or expenses are incurred after the Insured has reached his/her Return Destination, regardless of the reason. The treatment must be given by a Physician or dentist.

Advance Payment: If an Insured requires admission to a Hospital, Berkshire Hathaway Travel Protection will arrange advance payment, if required. Hospital confinement must be certified as Medically Necessary by the onsite attending Physician.

EMERGENCY EVACUATION and REPATRIATION OF REMAINS

The Company will pay for Covered Emergency Evacuation Expenses incurred due to an Insured's Injury or Sickness that occurs while he or she is on a Trip. Benefits payable are subject to the Maximum Limit shown in the Schedule or Declarations Page for all Emergency Evacuations due to all Injuries from the same accident or all Sicknesses from the same or related causes during an overnight Trip with a Destination of at least 100 miles from the Insured's Primary Residence.

Covered Emergency Evacuation Expenses are the Reasonable and Customary Charges for necessary Transportation, related medical services and medical supplies incurred in connection with the Emergency Evacuation of the Insured. All Transportation arrangements made for evacuating the Insured must be by the most direct and economical route possible and required by the standard regulations of the conveyance transporting the Insured.

Expenses for Transportation must be:

- (a) ordered by the onsite attending Physician who must certify that the severity of the Insured's Injury or Sickness warrants his or her Emergency Evacuation and adequate medical treatment is not locally available; and
- (b) authorized in advance by Berkshire Hathaway Travel Protection. In the event the Insured's Injury or Sickness prevents prior authorization of the Emergency Evacuation, Berkshire Hathaway Travel Protection must be notified as soon as reasonably possible.

The Company will also pay a benefit for reasonable and customary expenses incurred for an escort's transportation and accommodations subject to the Escort Maximum Limit shown in the Schedule or Declarations Page if an onsite attending Physician recommends in writing that an escort accompany the Insured.



Special Limitation: In the event Berkshire Hathaway Travel Protection could not be contacted to arrange for Emergency Evacuation, benefits are limited to the amount the Company would have paid had the Company or its authorized representative been contacted.

Emergency Evacuation - means:

- (a) Transportation from the place where the Insured is Injured or sick to the nearest adequate licensed medical facility where appropriate medical treatment can be obtained; and/ or
- (b) Transportation from a local medical facility to the nearest adequate licensed medical facility to obtain appropriate medical treatment if the onsite attending Physician certifies that additional Medically Necessary treatment is needed but not locally available; and the Insured is medically able to travel; and/or
- (c) Transportation to the adequate licensed medical facility nearest the Insured's home to obtain further medical treatment or to recover, after being treated at a local licensed medical facility, and the onsite attending Physician determines that the Insured is medically able to be transported; or
- (d) Transportation from a licensed medical facility to an adequate licensed medical facility of the Insured's choice for further Medically Necessary treatment if the onsite attending Physician certifies that the Insured is medically able to travel.

Advanced authorization by Berkshire Hathaway Travel Protection is needed for (a), (b), (c) and (d) above.

ADDITIONAL BENEFITS

In addition to the above covered expenses, if the Company has previously evacuated an Insured to a medical facility, the Company will reimburse the Insured his/her airfare costs, less refunds from the Insured's Unused transportation tickets, from that facility to the Insured's Return Destination or home, within one year from the Insured's original Return Date. Airfare costs will be based on medical necessity or same class as the Insured's original tickets.

If the Insured is hospitalized for more than 7days following a covered Emergency Evacuation, the Company will reimburse the Insured, subject to the limitations set out herein, the expenses for:

- 1. Return of Children: Return of the Insured's Children, who were accompanying the Insured when the Injury or Sickness occurred, to the Insured's residence in the United States, including the cost of an attendant, if necessary. Such expenses shall not exceed the cost of a one-way economy airfare ticket, or

same class as the original ticket, less the value of any applied credit from any Unused return travel tickets for each person.

- 2. Bedside Visit: To bring one person chosen by the Insured to and from the medical facility where the Insured is confined if the Insured is alone. The payment will not exceed the cost of one round-Trip economy airfare ticket. This additional benefit only applies if the Emergency Evacuation Upgrade is purchased.

Bedside Traveling Companion: The Company will reimburse the Insured for reasonable expenses incurred for Hotel and meals up to the Per Day Limit shown in the Schedule or Declarations page for the Traveling Companion to remain near the Insured. For an insured Child, a bedside companion is available immediately upon Hospital admission. Receipts must be submitted. Coverage for this benefit ends on the day the Insured is discharged from the hospital. For purposes of this benefit, Traveling Companion means the person is Insured under this plan and accompanies the Insured on the Trip

REPATRIATION OF REMAINS

The Company will pay Repatriation Covered Expenses up to the Maximum Limit shown in the Schedule of Benefits or Declarations Page to return the Insured's body to the City of burial if he/she dies during the Trip.

Repatriation Covered Expenses. include, but are not limited to, the reasonable and customary expenses for:

- (b) embalming;
- (c) cremation , subject to the Cremation Maximum Limit shown in the Schedule or Declarations Page;
- (d) the most economical coffins or receptacles adequate for transportation of the remains; and
- (e) transportation of the remains, by the most direct and economical conveyance and route possible, subject to the Transportation Maximum Limit shown in the Schedule or Declarations Page.

Berkshire Hathaway Travel Protection must make all arrangements and authorize all expenses in advance for this benefit to be payable.

Special Limitation: In the event the Company or the Company's authorized representative could not be contacted to arrange for Repatriation Covered Expenses, benefits are limited to the amount the Company would have paid had the Company or its authorized representative been contacted.



ACCIDENTAL DEATH AND DISMEMBERMENT

The Company will reimburse the Insured for this benefit for one of the Losses shown in the Table of Losses below if the Insured is Injured while on a Trip other than while riding as a passenger in or boarding or alighting from or struck or run down by a certified passenger aircraft provided by a regularly scheduled airline or charter and operated by a properly certified pilot. The Loss must occur within 365 days of the date of the accident which caused Injury the Company will pay the percentage shown below of the Maximum Limit shown in the Schedule or Declarations Page. The accident must occur while the Insured is on the Trip and is covered under this Policy.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest applicable to the Losses incurred, will be paid. The Company will not pay more than 100% of the Maximum Limit for all Losses due to the same accident.

Table of Losses

Loss of	%of Maximum Limit
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%
Sight of One Eye	50%

“Loss” with regard to:

- [(a) hand or foot means actual severance through or above the wrist or ankle joints;
- [(b) eye means entire and irrecoverable Loss of sight in that eye.

EXPOSURE

The Company will pay a benefit for covered Losses as specified above which result from an Insured being unavoidably exposed to the elements due to an accidental Injury during the Trip. The Loss must occur within 365 days after the event which caused the exposure.

DISAPPEARANCE

The Company will pay a benefit for Loss of life as specified above if the Insured’s body cannot be located one year after a disappearance due to an accident during the Trip.

**ACCIDENTAL DEATH AND DISMEMBERMENT
Common Carrier Air Only**

The Company will reimburse the Insured for this benefit for one of the Losses shown in the Table of Losses below if the Insured is Injured while on a Trip while riding as a passenger in or boarding or alighting from or struck or run down by a certified passenger aircraft provided by a regularly scheduled airline or charter and operated by a properly certified pilot. The Loss must occur within 365 days of the date of the accident which caused Injury. The Company will pay the percentage shown below of the Maximum Limit shown in the Schedule or Declarations Page. The accident must occur while the Insured is on the Trip and is covered under this Policy.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest applicable to the Losses incurred, will be paid. The Company will not pay more than 100% of the Maximum Limit for all Losses due to the same accident.

Table of Losses

Loss of	%of Maximum Limit
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%
Sight of One Eye	50%

“Loss” with regard to:

- (a) hand or foot means actual severance through or above the wrist or ankle joints;
- (b) eye means entire and irrecoverable Loss of sight in that eye.

EXPOSURE

The Company will pay a benefit for covered Losses as specified above which result from an Insured being unavoidably exposed to the elements due to an accidental Injury during the Trip. The Loss must occur within 365 days after the event which caused the exposure.

DISAPPEARANCE

The Company will pay a benefit for Loss of life as specified above if the Insured’s body cannot be located one year after a disappearance due to an accident during the Trip.



DEFINITIONS

(Capitalized terms within this Policy are defined herein)

“Business Partner” means a person who: (1) is involved with the Insured or the Insured’s Traveling Companion in a legal partnership; and (2) is actively involved in the daily management of the business.

“Caregiver” means an individual employed for the purpose of providing assistance with activities of daily living to the Insured or to the Insured’s Family Member who has a physical or mental impairment. The caregiver must be employed by the Insured or the Insured’s Family Member. A caregiver is not a babysitter; childcare service, facility or provider; or persons employed by any service, provider or facility to supply assisted living.

“Children” “Child” means with respect to Emergency Evacuation and Sickness and Accident Medical unmarried children or grandchildren of the Insured, including natural children from the moment of birth, children from a civil union and step or foster children from the moment of placement in the Insured’s home, or adopted children from the moment of birth or placement in the Insured’s home for the purpose of adoption and must continue unless the placement is disrupted prior to legal adoption and the child is removed from placement, under age 26 and primarily dependent on the Insured for support and maintenance. However, the age limit does not apply to a child who: (1) otherwise meets the definition of children; and (2) is dependent on the parent by reason of mental or physical incapacity. As otherwise used in this plan it means the Insured’s natural, step, foster, adopted children or grandchildren of any age.

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

“Common Carrier” means an air, land, sea conveyance operated under a license for the transportation of passengers for hire and for which the Insured’s ticket was purchased through the Travel Supplier.

“Company” means Berkshire Hathaway Specialty Insurance Company.

“Cruise” means a vacation on a cruise ship.

“Departure Date” means the date on which the Insured is originally scheduled to leave on his/her Trip. This date is specified in the travel documents.

“Destination” means any place where the Insured expects to travel to on his/her Trip as shown on the travel documents.

“Domestic Partner” means an opposite or a same-sex partner who is at least 18 years of age and has met all of the following requirements for at least 6 months:

- (a) resides with the Insured or Family Member;
- (b) shares financial assets and obligations with the Insured or Family Member;
- (c) is not related by blood to the Insured to a degree of closeness that would prohibit a legal marriage; and
- (d) neither the Insured nor domestic partner is married to anyone else, nor has any other domestic partner.

The Company may require proof of the domestic partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

“Experimental or Investigative” means treatments, devices or prescription medications which are recommended by a Physician, but are not considered by the medical community as a whole to be safe and effective for the condition for which the treatments, devices or prescription medications are being used. This includes any treatments, procedures, facilities, equipments, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other governmental agency approval not received at the time services are rendered.

“Family Member” means the Insured’s, or Traveling Companion’s spouse, civil union partner, Domestic Partner, Child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparent, step-grandparent, grandchild, step-grandchild, step-child, step-brother, step-sister, step-parent, parent-in-law, brother-in-law, sister-in-law, aunt, step-aunt, uncle, step-uncle, niece, nephew, legal guardian, Caregiver, foster Child, ward, or legal ward; spouse civil union partner or Domestic Partner of any of the above. Family Member also includes these relations to the Insured’s or Traveling Companion’s spouse, civil union partner or Domestic Partner.

“Hospital” means a facility that:

- (a) is operated according to law for the care and treatment of sick or Injured people;



- (b) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis;
- (c) has 24 hour nursing service by registered nurses (R.N.'s); and
- (d) is supervised by one or more Physicians available at all times.

A hospital does not include:

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

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

“Initial Trip Payment” means the first payment made to the Insured’s Travel Supplier toward the cost of the Insured’s Trip.

“Injury/Injured” means a bodily injury caused by an accident occurring while the Insured’s coverage under this Policy is in force and resulting directly and independently of all other causes of Loss covered by this Policy. The injury must be verified by a Physician.

“Insured” means a person:

- (a) for whom any required application has been completed;
- (b) for whom any required plan cost has been paid;
- (c) for whom a Trip is scheduled; and
- (d) who is covered under this Policy

“Loss” means Injury or damage sustained by the Insured as a consequence of one or more of the events against which the Company has undertaken to compensate the Insured.

“Medically Necessary” means that a treatment, service, or supply:

- (a) is essential for diagnosis, treatment, or care of the Injury or Sickness for which

it is prescribed or performed;

- (b) meets generally accepted standards of medical practice;
- (c) is ordered by a Physician and performed under his or her care, supervision, or order; and
- (d) is not primarily for the convenience of the Insured, Physician, other providers, or any other person.

“Mental, Nervous or Psychological Disorder” means a mental or nervous health condition including, but not limited to: anxiety, depression, neurosis, phobia, psychosis; or any related physical manifestation.

“Physician” means a licensed practitioner of medical, surgical, dental, services or the healing arts including accredited Christian Science Practitioner, acting within the scope of his/her license. Physician includes physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, psychologist, licensed social worker, licensed professional counselor, acupuncturist, naturopathic physician, physical therapist, or advanced practice registered nurse acting within the scope of his license. The treating physician cannot be the Insured, a Traveling Companion, a Family Member, or a Business Partner.

“Principal Residence” means an Insured’s fixed, permanent and main home for legal and tax purposes.

“Reasonable and Customary Charges” means expenses which:

- (a) are charged for treatment, supplies, or medical services Medically Necessary to treat the Insured’s condition;
- (b) do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred; and
- (c) do not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary Charges exceed the actual amount charged.

“Return Date” means the date on which the Insured is scheduled to return to the point where the Trip started or to a different specified Return Destination. This date is specified in the travel documents.

“Return Destination” means the place to which the Insured expects to return from his/her Trip as shown in the travel documents.



“**Schedule**” means the Schedule of Benefits which is shown at the beginning of the Policy.

“**Sickness**” means an illness or disease diagnosed or treated by a Physician .

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

“**Travel Supplier**” means the tour operator, Hotel, rental company, Cruise line or airline that provides pre-paid travel arrangements for the Insured’s Trip.

“**Traveling Companion**” means one person with whom the Insured has coordinated travel arrangements and intends to travel with during the Trip. A group or tour leader is not considered a traveling companion unless the Insured is sharing room accommodations with the group or tour leader.

“**Trip**” means a period of travel away from home to a Destination outside the Insured’s City of residence; the purpose of the trip is business or pleasure and is not to obtain health care or treatment of any kind; the trip has defined Departure and Return Dates specified when the Insured applies; the trip does not exceed 364 days; travel is primarily by Common Carrier and only incidentally by private conveyance.

“**Trip Cost**” means the dollar amount of Trip payments or deposits paid by the Insured prior the Insured’s Trip Departure Date and shown on any required application which is subject to cancellation penalties or restrictions. Trip cost will also include the cost of any subsequent pre-paid payments or deposits paid by the Insured for the same Trip, after application for coverage under this plan provided the Insured amends the Application to add such subsequent payments or deposits and pays any required additional plan cost prior to the Insured’s Departure Date.

“**Unused**” means the Insured’s financial Loss of any whole, partial or prorated prepaid nonrefundable components of a Trip that are not depleted or exhausted.

EXCLUSIONS AND LIMITATIONS

GENERAL EXCLUSIONS

This plan does not cover any loss caused by or resulting from:

- (a) intentionally self-inflicted Injury, suicide, or attempted suicide of the Insured, Family Member, Traveling Companion or Business Partner while sane;
- (b) participation in professional athletic events, motor sport, or motor racing, including training or practice for the same;
- (c) mountaineering where ropes or guides are normally used. The ascent or descent of a mountain requiring the use of specialized equipment, including but not limited to pick-axes, anchors, bolts, crampons, carabineers, and lead or top-rope anchoring equipment.
- (d) war or act of war, whether declared or not, participation in a civil disorder, riot, or insurrection;
- (e) operating or learning to operate any aircraft, as student, pilot, or crew;
- (f) air travel on any air-supported device, other than a regularly scheduled airline or air charter company;
- (g) commission of or attempt to commit a felony by the Insured, a Family Member, a Traveling Companion, or Business Partner whether insured or not;
- (h) Mental, Nervous or Psychological Disorder;
- (i) if the Insured’s tickets do not contain specific travel dates (open tickets);
- (j) being under the influence of drugs or narcotics, unless administered upon the advice of a Physician or intoxication above the legal limit;
- (k) any Loss that occurs at a time when this coverage is not in effect.
- (l) traveling for the purpose of securing medical treatment;
- (m) any Trip taken outside the advice of a Physician;
- (q) **PRE-EXISTING MEDICAL CONDITION EXCLUSION:** The Insurer will not pay for any loss or expense incurred as the result of an Injury, Sickness or other condition of an Insured for 12 months following the Insured’s effective date of coverage for which care or treatment was given or recommended by a Physician within the 180 day period ending on the effective date of coverage.

PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

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

- (1) This plan is purchased within 15 days of Initial Trip Payment;
- (2) The amount of coverage purchased equals all prepaid nonrefundable payments or deposits applicable to the Trip at the time of purchase and the



costs of any subsequent arrangements added to the same Trip are insured within 15 days of the date of payment or deposit for any subsequent Trip arrangements;

- (3) All Insured's are medically able to travel when this plan cost is paid;

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

The following exclusions also apply to the Medical Expense Benefit:

Unless otherwise provided by this plan Benefits will not be provided for the following:

- (a) routine physical examinations;
- (b) mental health care;
- (c) replacement of hearing aids, eye glasses, contact lenses and sunglasses;
- (d) routine dental care;
- (e) any service provided by the Insured, a Family Member, or Traveling Companion;
- (f) alcohol or substance abuse or treatment for the same;
- (g) Experimental or Investigative treatment or procedures;
- (h) care or treatment which is not Medically Necessary, except for related reconstructive surgery resulting from trauma, infection or disease.
- (i) coverage for Trips less than 100 miles from the Insured's Primary Residence;
- (j) traveling for the purpose of securing medical treatment.

The following exclusion also applies to the Emergency Evacuation Benefit:

- (a) coverage for Trips less than 100 miles from the Insured's Primary Residence;
- (b) traveling for the purpose of securing medical treatment.

The following exclusions also apply to Accidental Death and Dismemberment and Accidental Death and Dismemberment (Common Carrier Air Only):

Benefits will not be provided for the following:

- (a) loss caused by or resulting directly or indirectly from Sickness or disease of any kind;
- (b) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
- (c) traveling for the purpose of securing medical treatment;

EXCESS INSURANCE LIMITATION

The insurance provided by this Policy for all coverages shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any Loss payable under this Policy there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of Loss, over the amount of such other insurance or indemnity, and applicable deductible.

PAYMENT OF CLAIMS

Claim Procedures: Notice of Claim: The Insured must call or provide Berkshire Hathaway Specialty Concierge or to any authorized insurance producer of the Company written notice of claim within six months or as soon as reasonably possible after a covered Loss, and be prepared to describe the Loss, the name of the company that arranged the Trip (i.e., tour operator, Cruise line, or charter operator), the Trip dates, purchase date and the amount that the Insured paid. Berkshire Hathaway Specialty Concierge will fill in the claim form and forward it to the Insured for his or her review and signature. The completed form should be returned to Berkshire Hathaway Specialty Concierge, P.O. Box 31003 Charlotte, NC 28231-1003 (telephone 1.855.487.1745). Notice given by or on behalf of the Insured or the beneficiary to the Company at or to any authorized insurance producer of the Company, with information sufficient to identify the Insured, is considered notice to the Company.

Claim Procedures: Proof of Loss: Written proof of loss must be furnished to Berkshire Hathaway Specialty Concierge no more than 90 days after a covered Loss occurs or ends, or as soon after that as is reasonably possible. Failure to furnish such proof within such time will not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof during that time. All claims under this Policy must be submitted to Berkshire Hathaway Specialty Concierge no later than one year after the date of Loss or insured occurrence or as soon as reasonably possible. The Berkshire Hathaway Specialty Concierge representative, upon receipt of notice of claim, will furnish to the claimant such forms as are necessary for filing proofs of loss. If Berkshire Hathaway Specialty Concierge has not provided claim forms within 15 days after the notice of claim, the Insured shall be deemed to have complied with the requirements of this policy as to proof of loss upon



submitting, within 90 days, written proof covering the occurrence, the Insured, and the extent to which the loss for which claim is made. The Insured must return all unused, non-refundable tickets.

Payment of Claims: When Paid: Claims will be paid immediately upon Berkshire Hathaway Specialty Concierge receipt of complete proof of Loss and verification of age.

Payment of Claims: To Whom Paid:

Benefits are payable to the Insured who applied for coverage and paid any required plan cost. Any benefits payable due to that Insured's death will be paid to the survivors of the first surviving class of those that follow:

- (a) the beneficiary named by that Insured and on file with Berkshire Hathaway Specialty Concierge;
- (b) to his/her spouse, if living. If no living spouse, then
- (c) in equal shares to his/her living children. If there are none, then
- (d) in equal shares to his/her living parents. If there are none, then
- (e) in equal shares to his/her living brothers and sisters. If there are none, then
- (f) to the Insured's estate.

Any other accrued benefits unpaid at the Insured's death may, at the option of the Company, be paid either to a beneficiary or to the Insured's estate. All other benefits will be payable to the Insured.

If a benefit is payable to a minor or other person who is incapable of giving a valid release, the Company may pay up to \$1,000 to a relative by blood or connection by marriage who has assumed care or custody of the minor or responsibility for the incompetent person's affairs. Any payment the Company makes in good faith fully discharges the Company to the extent of that payment.

Subject to written direction of the Insured, Medical Expense Emergency Evacuation benefits may be payable directly to the provider. However, the provider: (a) must comply with the statutory provision for direct payment; and (b) must not have been paid from any other sources.

Medical Expense, Emergency Evacuation and Repatriation of Remains, Accidental Death & Dismemberment and Accidental Death & Dismemberment Common Carrier Air Only Proof of Loss: The Insured must provide Berkshire Hathaway Specialty Concierge with: (a) all medical bills and reports for medical expenses claimed; and (b) a signed patient authorization to release medical information to Berkshire Hathaway Specialty Concierge.

Subrogation - To the extent the Company pays for a Loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the Loss. This is known as subrogation. This will not occur until the Insured has been fully compensated for his or her Loss. The Insured must help the Company preserve its rights against those responsible for its Loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Company.

As a condition to receiving the applicable benefits listed above, as they pertain to this Subrogation provision, the Insured agrees, except as may be limited or prohibited by applicable law, to reimburse the Company for any such benefits paid to or on behalf of the Insured, if such benefits are recovered, in any form, from any Third Party or Coverage.

Coverage - as used in this Subrogation section, means no fault motorist coverage, uninsured motorist coverage, underinsured motorist coverage, or any other fund or insurance policy except coverage provided under this Policy and any fund or insurance policy providing the Insured with coverage for any claims, causes of action or rights the Insured may have against the Company.

Third Party - as used in this Subrogation section, means any person, corporation or other entity (except the Insured and the Company).

GENERAL PROVISIONS

Entire Contract; Changes. This Policy, Schedule of Benefits, Application and any attachments are the entire contract of insurance. In the absence of fraud, all statements made by the Insured will be considered representations and not warranties. No agent may change it in any way. Only an officer of the Company can approve a change. Any such change must be shown in this Policy or its attachments.



Acts of Agents. No agent or any person or entity has authority to accept service of the required proof of loss or demand arbitration on the Company's behalf nor to alter, modify, or waive any of the provisions of this Policy.

Company's Recovery Rights. In the event of a payment under this Policy, the Company is entitled to all rights of recovery that the Insured, or the person to whom payment was made, has against another. The Insured must sign and deliver to the Company any legal papers relating to that recovery, do whatever is necessary to help the Company exercise those rights, and do nothing after the loss to harm the Company's rights. When an Insured has been paid benefits under this Policy but also recovers from another policy, the amount recovered from the other policy shall be held in trust for the Company by the Insured and reimbursed to the Company the extent of the Company's payment.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any Insured whose Loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim and to perform an autopsy in case of death where it is not forbidden by law.

Beneficiary Designation and Change. The Insured's beneficiaries are the persons designated by the Insured and on file with Berkshire Hathaway Travel Protection or the beneficiaries as shown in the Payment of Claim: To Whom Paid provision.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, without the consent of the designated beneficiaries, unless an irrevocable designation has been made, by providing Berkshire Hathaway Travel Protection with a written request for change. When the request is received, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

Assignment. An Insured may not assign any of his or her rights, privileges or benefits under this Policy.

Conformity with Montana Statutes. The provisions of the Policy conform to the minimum requirements of Montana law, and control over any conflicting statutes of any state in which the Insured resides on or after the effective date of the Policy.

Clerical Error. Clerical error, whether by the Insured or the Company, will not void the insurance of any Insured if that insurance would otherwise have been in effect nor extend the insurance of any Insured if that insurance would otherwise have ended or been reduced as provided in this Policy.

Misstatement of Age. If premiums for the Insured are based on age and the Insured has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured is insured are based on age and the Insured has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of Loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Concealment or Fraud. The Company does not provide coverage if the Insured has intentionally concealed or misrepresented any material fact or circumstance relating to this Policy or claim.

Payment of Premium. Coverage is not effective unless all premium due has been paid to Berkshire Hathaway Travel Protection prior to a date of Loss or insured occurrence.

Termination of this Policy. Termination of this Policy will not affect a claim for Loss if coverage was purchased while this Policy was in force.

Transfer of Coverage. Coverage under this Policy cannot be transferred by the Insured to anyone else.

Insurance With Other Insurers. If there is other valid coverage with another insurer that provides coverage for the same Loss, the Company will pay only the proportion of the Loss that this Company's Limit for that Loss bears to the total limit of all insurance covering that Loss, plus such portion of the premium paid that exceeds the pro-rata portion for the benefits so determined.

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



**BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY
Omaha, Nebraska**

EXACTCARE

TRAVEL PROTECTION INSURANCE

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO
COVER ALL MEDICAL EXPENSES.**

OUTLINE OF COVERAGE

For complete details and benefit amounts, please read your Policy.

**This is NOT A MEDICARE SUPPLEMENT policy. If you are
eligible for Medicare, review the Guide to Health Insurance for
People with Medicare, available from the Company.**

1. Read Your Policy Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
2. Travel Protection Insurance coverage is designed to provide limited coverage for Insureds during a covered Trip ONLY, subject to the limitations contained in the policy.

3. Benefits:

Accident Sickness Medical Expense	\$25,000
Dental	\$500
Emergency Evacuation & Repatriation of Remains	\$1,000,000
Escort Maximum	\$25,000
Accidental Death & Dismemberment	\$50,000

\$25,000 for the Accident Sickness Medical Expense Benefit

If, while on a Trip, an Insured suffers an Injury or Sickness that requires him or her to be treated by a Physician, the Company will pay a benefit for Reasonable and Customary Charges, up to the Maximum Limit shown in the Schedule or

Declarations Page. The Company will reimburse the Insured for Medically Necessary Covered Expenses incurred to treat such Injury or Sickness during the course of the Trip provided the initial documented treatment was received from a Physician during the Trip. The Injury must first occur or the Sickness must first begin while on an overnight Trip with a Destination of at least 100 miles from the Insured's Primary Residence, while covered under this Policy. Pre-existing medical conditions will be covered if the Pre-existing Medical Condition Waiver is in effect.

Covered Expenses:

The Company will reimburse the Insured for:

- services of a Physician or registered nurse (R.N.);
- Hospital charges;
- X-rays;
- local ambulance services to or from a Hospital;
- artificial limbs, artificial eyes, artificial teeth, or other prosthetic devices;
- the cost of emergency dental treatment only during a Trip limited to the Maximum Limit shown in the Schedule or Declarations Page. Coverage for emergency dental treatment does not apply if treatment or expenses are incurred after the Insured has reached his/her Return Destination, regardless of the reason. The treatment must be given by a Physician or dentist.

Advance Payment: If an Insured requires admission to a Hospital, Berkshire Hathaway Travel Protection will arrange advance payment, if required. Hospital confinement must be certified as Medically Necessary by the onsite attending Physician.

\$1,000,000 Emergency Evacuation and Repatriation of Remains

The Company will pay for Covered Emergency Evacuation Expenses incurred due to an Insured's Injury or Sickness that occurs while he or she is on a Trip. Benefits payable are subject to the Maximum Limit shown in the Schedule or Declarations Page for all Emergency Evacuations due to all Injuries from the same accident or all Sicknesses from the same or related causes during an overnight Trip with a Destination of at least 100 miles from the Insured's Primary Residence.

Covered Emergency Evacuation Expenses are the Reasonable and Customary Charges for necessary Transportation, related medical services and medical supplies incurred in connection with the Emergency Evacuation of the Insured. All Transportation arrangements made for evacuating the Insured must be by the most direct and economical route possible and required by the standard regulations of the conveyance transporting the Insured.



Expenses for Transportation must be:

- (a) ordered by the onsite attending Physician who must certify that the severity of the Insured's Injury or Sickness warrants his or her Emergency Evacuation and adequate medical treatment is not locally available; and
- (b) authorized in advance by Berkshire Hathaway Travel Protection. In the event the Insured's Injury or Sickness prevents prior authorization of the Emergency Evacuation, Berkshire Hathaway Travel Protection must be notified as soon as reasonably possible.

The Company will also pay a benefit for reasonable and customary expenses incurred for an escort's transportation and accommodations subject to the Escort Maximum Limit shown in the Schedule or Declarations Page if an onsite attending Physician recommends in writing that an escort accompany the Insured.

Special Limitation: In the event Berkshire Hathaway Travel Protection could not be contacted to arrange for Emergency Evacuation, benefits are limited to the amount the Company would have paid had the Company or its authorized representative been contacted.

Emergency Evacuation - means:

- [(a) Transportation from the place where the Insured is Injured or sick to the nearest adequate licensed medical facility where appropriate medical treatment can be obtained; and/ or
- [(b) Transportation from a local medical facility to the nearest adequate licensed medical facility to obtain appropriate medical treatment if the onsite attending Physician certifies that additional Medically Necessary treatment is needed but not locally available; and the Insured is medically able to travel; and/or
- [(c) Transportation to the adequate licensed medical facility nearest the Insured's home to obtain further medical treatment or to recover, after being treated at a local licensed medical facility, and the onsite attending Physician determines that the Insured is medically able to be transported; or
- [(d) Transportation from a licensed medical facility to an adequate licensed medical facility of the Insured's choice for further Medically Necessary treatment if the onsite attending Physician certifies that the Insured is medically able to travel.

Advanced authorization by Berkshire Hathaway Travel Protection is needed for (a), (b), (c) and (d) above.

ADDITIONAL BENEFITS

In addition to the above covered expenses, if the Company has previously evacuated an Insured to a medical facility, the Company will reimburse the Insured his/her airfare costs, less refunds from the Insured's Unused transportation tickets, from that facility to the Insured's Return Destination or home, within one year from the Insured's original Return Date. Airfare costs will be based on medical necessity or same class as the Insured's original tickets.

If the Insured is hospitalized for more than 7days following a covered Emergency Evacuation, the Company will reimburse the Insured, subject to the limitations set out herein, the expenses for:

1. Return of Children: Return of the Insured's Children, who were accompanying the Insured when the Injury or Sickness occurred, to the Insured's residence in the United States, including the cost of an attendant, if necessary. Such expenses shall not exceed the cost of a one-way economy airfare ticket, or same class as the original ticket, less the value of any applied credit from any Unused return travel tickets for each person.
2. Bedside Visit: To bring one person chosen by the Insured to and from the medical facility where the Insured is confined if the Insured is alone. The payment will not exceed the cost of one round-Trip economy airfare ticket. This additional benefit only applies if the Emergency Evacuation Upgrade is purchased.

Bedside Traveling Companion: The Company will reimburse the Insured for reasonable expenses incurred for Hotel and meals up to the Per Day Limit shown in the Schedule or Declarations page for the Traveling Companion to remain near the Insured. For an insured Child, a bedside companion is available immediately upon Hospital admission. Receipts must be submitted. Coverage for this benefit ends on the day the Insured is discharged from the hospital. For purposes of this benefit, Traveling Companion means the person is Insured under this plan and accompanies the Insured on the Trip

REPATRIATION OF REMAINS

The Company will pay Repatriation Covered Expenses up to the Maximum Limit shown in the Schedule of Benefits or Declarations Page to return the Insured's body to the City of burial if he/she dies during the Trip.

Repatriation Covered Expenses. include, but are not limited to, the reasonable and customary expenses for:

- (b) embalming;
- (c) cremation , subject to the Cremation Maximum Limit shown in the Schedule or



Declarations Page;

- (d) the most economical coffins or receptacles adequate for transportation of the remains; and
- (e) transportation of the remains, by the most direct and economical conveyance and route possible, subject to the Transportation Maximum Limit shown in the Schedule or Declarations Page.

Berkshire Hathaway Travel Protection must make all arrangements and authorize all expenses in advance for this benefit to be payable.

Special Limitation: In the event the Company or the Company's authorized representative could not be contacted to arrange for Repatriation Covered Expenses, benefits are limited to the amount the Company would have paid had the Company or its authorized representative been contacted.

\$50,000 for Accidental Death and Dismemberment

The Company will reimburse the Insured for this benefit for one of the Losses shown in the Table of Losses below if the Insured is Injured while on a Trip other than while riding as a passenger in or boarding or alighting from or struck or run down by a certified passenger aircraft provided by a regularly scheduled airline or charter and operated by a properly certified pilot. The Loss must occur within 365 days of the date of the accident which caused Injury the Company will pay the percentage shown below of the Maximum Limit shown in the Schedule or Declarations Page. The accident must occur while the Insured is on the Trip and is covered under this Policy.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest applicable to the Losses incurred, will be paid. The Company will not pay more than 100% of the Maximum Limit for all Losses due to the same accident.

Table of Losses

Loss of	%of Maximum Limit
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%
Sight of One Eye	50%

"Loss" with regard to:

- (a) hand or foot means actual severance through or above the wrist or ankle joints;
- (b) eye means entire and irrecoverable Loss of sight in that eye.

EXPOSURE

The Company will pay a benefit for covered Losses as specified above which result from an Insured being unavoidably exposed to the elements due to an accidental Injury during the Trip. The Loss must occur within 365 days after the event which caused the exposure.

DISAPPEARANCE

The Company will pay a benefit for Loss of life as specified above if the Insured's body cannot be located one year after a disappearance due to an accident during the Trip.

4. Additional Benefits and Upgrades

The following are available when selected and additional premium is paid:

Pre-Existing Medical Condition Exclusion Waiver

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

- (1) This plan is purchased within 15 days of Initial Trip Payment;
- (2) The amount of coverage purchased equals all prepaid nonrefundable payments or deposits applicable to the Trip at the time of purchase and the costs of any subsequent arrangements added to the same Trip are insured within 15 days of the date of payment or deposit for any subsequent Trip arrangements;
- (3) All Insured's are medically able to travel when this plan cost is paid; and

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

The Pre-Existing Medical Condition Exclusion Waiver is only available if purchased within 15 days of the Initial Trip Payment.

Flight Accident Upgrade:

The Company will reimburse You for one of the Losses shown in the Table of Losses below if an Insured is Injured while riding as a passenger in or boarding or alighting from or being struck or run down by a certified passenger aircraft provided by a regularly scheduled airline or charter and operated by a properly



certified pilot. The Loss must occur within 365 days of the date of the accident which caused Injury. The Company will pay the percentage shown below of the Maximum Limit shown in the Declarations Page. The accident must occur while the Insured is on the Trip and is covered under this plan.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest applicable to the Losses incurred, will be paid. The Company will not pay more than 100% of the Maximum Limit for all Losses due to the same accident.

Table of Losses

Loss of	% of Maximum Limit
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot.....	50%
Sight of One Eye.....	50%

Coverage for Accidental Death & Dismemberment and Flight Accident cannot be combined.

5. Exclusions and Limitations

GENERAL EXCLUSIONS

This plan does not cover any loss caused by or resulting from:

- (a) intentionally self-inflicted Injury, suicide, or attempted suicide of the Insured, Family Member, Traveling Companion or Business Partner while sane;
- (b) participation in professional athletic events, motor sport, or motor racing, including training or practice for the same;
- (c) mountaineering where ropes or guides are normally used. The ascent or descent of a mountain requiring the use of specialized equipment, including but not limited to pick-axes, anchors, bolts, crampons, carabineers, and lead or top-rope anchoring equipment.
- (d) war or act of war, whether declared or not, participation in a civil disorder, riot, or insurrection;
- (e) operating or learning to operate any aircraft, as student, pilot, or crew;

- (f) air travel on any air-supported device, other than a regularly scheduled airline or air charter company;
- (g) commission of or attempt to commit a felony by the Insured, a Family Member, a Traveling Companion, or Business Partner whether insured or not;
- (h) Mental, Nervous or Psychological Disorder;
- (i) if the Insured's tickets do not contain specific travel dates (open tickets);
- (j) being under the influence of drugs or narcotics, unless administered upon the advice of a Physician or intoxication above the legal limit;
- (k) any Loss that occurs at a time when this coverage is not in effect.
- (l) traveling for the purpose of securing medical treatment;
- (m) any Trip taken outside the advice of a Physician;
- (q) **PRE-EXISTING MEDICAL CONDITION EXCLUSION:** The Insurer will not pay for any loss or expense incurred as the result of an Injury, Sickness or other condition of an Insured for 12 months following the Insured's effective date of coverage for which care or treatment was given or recommended by a Physician within the 180 day period ending on the effective date of coverage.

PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

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

- (4) This plan is purchased within 15 days of Initial Trip Payment;
- (5) The amount of coverage purchased equals all prepaid nonrefundable payments or deposits applicable to the Trip at the time of purchase and the costs of any subsequent arrangements added to the same Trip are insured within 15 days of the date of payment or deposit for any subsequent Trip arrangements;
- (6) All Insured's are medically able to travel when this plan cost is paid;

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

The following exclusions also apply to the Medical Expense Benefit:

Unless otherwise provided by this plan Benefits will not be provided for the following:

- (a) routine physical examinations;
- (b) mental health care;
- (c) replacement of hearing aids, eye glasses, contact lenses and sunglasses;



- (d) routine dental care;
- (e) any service provided by the Insured, a Family Member, or Traveling Companion;
- (f) alcohol or substance abuse or treatment for the same;
- (g) Experimental or Investigative treatment or procedures;
- (h) care or treatment which is not Medically Necessary, except for related reconstructive surgery resulting from trauma, infection or disease.
- (i) coverage for Trips less than 100 miles from the Insured's Primary Residence;
- (j) traveling for the purpose of securing medical treatment.

The following exclusion also applies to the Emergency Evacuation Benefit:

- (a) coverage for Trips less than 100 miles from the Insured's Primary Residence;
- (b) traveling for the purpose of securing medical treatment.

The following exclusions also apply to Accidental Death and Dismemberment and Accidental Death and Dismemberment (Common Carrier Air Only):

Benefits will not be provided for the following:

- (a) loss caused by or resulting directly or indirectly from Sickness or disease of any kind;
- (b) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
- (c) traveling for the purpose of securing medical treatment;

6. Renewability

This is short term, limited benefit nonrenewable coverage.

7. Extension of Coverage

Per Trip plan

All coverage will be extended, if:

- (a) the Insured's entire Trip is covered by the plan; and
- (b) the Insured requests an extension of coverage through Berkshire Hathaway Travel Protection

This extension of coverage will end on the earlier of:

- (a) the date the Insured reaches his/her Return Destination; or
- (b) 7 days after the date the Trip was scheduled to be completed.

8. Premiums

Your premium for this coverage is \$XX. Your premiums will not change during the term of your coverage.

Data with respect to the trend of premium increases and decreases is not available at this time.



TRAVEL ASSISTANCE SERVICES

The following services are not part of the insurance coverage. All are travel-related service benefits, not financial benefits. Non-insurance services are provided by Berkshire Hathaway Specialty Concierge.

Medical Evacuation:

Arrangements for any and all means necessary to transport You back home when Medically Necessary.

Emergency Medical Payments: If a Hospital demands a cash deposit or settlement prior to leaving, Berkshire Hathaway Specialty Concierge will assist in arranging the advancement of funds to cover on-site Medical Expenses.

Prescription Assistance:

Replacement of lost or stolen medication, through a local pharmacy or special courier.

Transportation of Dependents:

In the event of hospitalization, arrangements will be made for unattended minors traveling with You to be flown home.

Family Visit:

If You are hospitalized for ten or more days, Berkshire Hathaway Specialty Concierge will arrange transportation for an immediate Family Member or close friend to visit You.

Transportation of Mortal Remains:

In the event of death while traveling, arrangements for the return of remains to the place of burial.

24-Hour Legal Assistance

In a legal emergency, referral to a local legal advisor and advance of funds for bail and legal fees.

24-Hour Travel Assistance

Travel Documents Assistance: Berkshire Hathaway Specialty Concierge will help retrieve, report, and reissue lost or stolen travel documents.

Emergency Cash Transfer:

Berkshire Hathaway Specialty Concierge will, whenever possible, coordinate with You and a wire agency, in obtaining funds in local currency for medical or travel emergencies. Assistance in coordinating an emergency cash advance.

Emergency Message Center:

Transmission of emergency messages to family and business associates.

Interpretation Services:

Berkshire Hathaway Specialty Concierge will provide emergency language support or referral to the appropriate local services.

24-HOUR LIVETRAVEL ASSISTANCE

Provides 24-hour assistance for emergency travel needs. Allows You to make emergency travel changes such as rebooking flights, making Hotel reservations, tracking lost luggage, and replacing lost credit cards. Call 1-844-411-BHTP (2487) for assistance.

Pre-trip Travel Advice – Around-the-clock access to passport, visa, inoculation, and vaccine requirements; travel advisories; embassy and consulate contacts; travel health advisories; weather and currency information – all for Your planned Destination.

Lost Baggage Tracking – Assists in locating lost or stolen possessions – for one year.

CONCIERGE SERVICES

Restaurant Referrals and Reservations – Berkshire Hathaway Specialty Concierge will supply a restaurant referral based on Your needs and desires. Additionally Berkshire Hathaway Specialty Concierge will arrange for reservations at the recommended restaurant. Based on availability.



Ground Transportation – Berkshire Hathaway Specialty Concierge will locate and arrange for a transportation service to pick You up and deliver You to Your desired destination.

Event Ticketing – Berkshire Hathaway Specialty Concierge will assist with the purchase of tickets to such events as sporting events, theatre, and concerts. Based on availability.

Tee Times and Course Recommendations – Berkshire Hathaway Specialty Concierge will facilitate the reservation of tee times at available courses and recommend alternatives in case of a booked course. Based on availability.

Floral Services – Berkshire Hathaway Specialty Concierge will facilitate the ordering of flowers for such events as birthdays, anniversaries, holidays, and other special occasions.

Roadside Assistance

24-Hour Roadside Assistance Services*

Towing Assistance — When towing is necessary, the covered vehicle will be towed to the nearest service facility or to any location requested by the covered customer.

Flat Tire Assistance — Service consists of the replacement of a flat tire with the covered vehicle's spare tire. Towing assistance will be provided if needed.

Oil, Fluid, and Water Delivery Service — An emergency supply of oil, fluid, and water will be delivered to any covered vehicle in immediate need. The customer must pay for costs of the fluids if there is one.

Fuel Delivery Service — An emergency supply of fuel will be delivered to any covered vehicle in immediate need. The customer must pay for the costs of the fluids if there is one.

Lock-out Assistance — Assistance will be provided in gaining entry to a covered vehicle if the keys are lost or locked inside.

Battery Assistance — Battery assistance (jump-start) will be provided to any covered customer in immediate need. **Collision Assistance** — If a customer is involved in a collision in his or her covered vehicle, towing assistance will be provided when needed to direct the vehicle back to the issuing dealership if possible or to the nearest qualified repair facility.

Identity Theft

Assist identity theft victim by ordering and reviewing credit bureau records on his or her behalf.

Investigate financial accounts where identity theft is suspected.

Interact with law enforcement to pursue prosecution of criminals.

Review account activity to identify any suspicious activities.

Review and resolve victim's issues.

Neither Berkshire Hathaway Specialty Concierge nor its affiliates can assume any liability for any damages resulting from the acts of the service provider. Any personal injury, or damage to a member's property must be filed against the service facility.

Any payments under the Policy will 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, law, and regulation administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under the Policy. For more information, you may consult the OFAC internet website at: www.treas.gov/offices/enforcements/ofac/ or the Travel Insurance Administrator.