



**NATIONAL LIABILITY & FIRE INSURANCE COMPANY
Stamford, Connecticut**

**INDIVIDUAL TRAVEL PROTECTION POLICY
EXACTCARE**

Limited benefits health insurance. This Policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical, major medical, Medicare supplement, long term care insurance, nursing home insurance only, home care insurance only, or nursing home and home care insurance as defined by the New York State Department of Financial Services.

Available to New York residents only

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 or Declarations Page. It provides you with specific information about the insurance you purchased.

Signed for the company at its home office:

Secretary

President

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Individual Effective and Termination Dates

Effective Date: Trip Cancellation coverage will be effective at 12:01 a.m. (Standard Time) on the date following payment to the Company 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 coverage other than Trip Cancellation ends on the earlier of:

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

Trip Cancellation coverage ends on the earliest of: (a) the cancellation of the Insured's Trip; or (b) the date and time the Insured starts on his/her Trip.

Extension of Coverage:

All coverage (except Trip Cancellation will be extended, if:

- (a) the Insured's entire Trip is covered by the plan; and
- (b) the Insured's return is delayed by
 - (i) one of the Unforeseen reasons 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 Continuation of Coverage: If an Insured's Baggage, passports, and visas are in the charge of a charter or Common Carrier and delivery is delayed, coverage for Baggage and Personal Effects will be extended until the Common Carrier delivers the property to the Insured; This Extension does not include Loss caused by the delay.

DEFINITIONS

Definitions
(Capitalized terms within this Description of Coverage are defined herein.)

"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.

"Children" "Child" means with respect to Emergency Evacuation Sickness and Accident Medical 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 25 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 incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation or physical incapacity. As otherwise used in this plan means the Insured's Children 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.

"Complications of Pregnancy" means conditions whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective

cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy do not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

"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 with:

- (a) Registration as a domestic partnership or, in the case of retirees living outside the City, an alternative affidavit of domestic partnership;
- (b) Proof of cohabitation (e.g., a driver's license, tax return or other sufficient proof); and
- (c) Evidence of two or more of the following:
 - i. a joint bank account;
 - ii. a joint credit card or charge card;
 - iii. joint obligation on a loan;
 - iv. status as an authorized signatory on the partner's bank account, credit card or charge card;
 - v. joint ownership of holdings or investments;
 - vi. joint ownership of residence;
 - vii. joint ownership of real estate other than residence;
 - viii. listing of both partners as tenants on the lease of the shared residence;
 - ix. shared rental payments of residence (need not be shared 50/50);
 - x. listing of both partners as tenants on a lease, or shared rental payments, for property other than residence;
 - xi. a common household and shared household expenses, e.g., grocery bills, utility bills, telephone bills, etc. (need not be shared 50/50);
 - xii. shared household budget for purposes of receiving government benefits;
 - xiii. status of one as representative payee for the other's government



- benefits;
- xiv. joint ownership of major items of personal property (e.g., appliances, furniture);
 - xv. joint ownership of a motor vehicle;
 - xvi. joint responsibility for child care (e.g., school documents, guardianship);
 - xvii. shared child-care expenses, e.g., babysitting, day care, school bills (need not be shared 50/50);
 - xviii. execution of wills naming each other as executor and/or beneficiary;
 - xix. designation as beneficiary under the other's life insurance policy;
 - xx. designation as beneficiary under the other's retirement benefits account;
 - xxi. mutual grant of durable power of attorney;
 - xxii. mutual grant of authority to make health care decisions (e.g., health care power of attorney);
 - xxiii. affidavit by creditor or other individual able to testify to partners' financial interdependence; or
 - xxiv. other item(s) of proof sufficient to establish economic interdependency under the circumstances of the particular case.

“Experimental or Investigative” means treatments, devices or prescription medications which are recommended by the treating 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. The Company will consult with the treating Physician and licensed medical professionals as well as internal and external doctors on an as needed basis to determine if the above treatments, devices or prescriptions are Experimental or Investigative.

“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 short-term, acute, general hospital, which:

- (a) is primarily engaged in providing, by or under the continuous supervision of physicians, to inpatients, diagnostic services and
- (b) has organized departments of medicine and major surgery;
- (c) has a requirement that every patient must be under the care of a physician or dentist;
- (d) provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- (e) if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97 (42 USCA 1395x(k));
- (f) is duly licensed by the agency responsible for licensing such hospitals; and
- (g) is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational, or rehabilitative care.

“Host At Destination” means the person with whom the Insured is sharing prearranged overnight accommodations in the host's home.

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

“Inaccessible” means an Insured cannot reach his/her Destination by the original mode of transportation.

“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 a rented or owned 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” means a person for whom:

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

“Insurer” means National Liability & Fire 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 that 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, volcanic eruption, fire, wildfire 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.

“Physician” means a licensed practitioner of the healing arts including accredited Christian Science Practitioners, 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 an Insured’s fixed, permanent and main home for legal and tax purposes.

“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.

“Reasonable and Customary Charges” means an expense which:

- (a) is charged for treatment, supplies, or medical services Medically Necessary to treat the Insured’s condition;
- (b) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is charged; and
- (c) does 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.

“Reservation” means a confirmed stay at a Hotel with a confirmed arrival date and a confirmed departure date made through the Travel Supplier.

“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.

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

“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.



“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.

“Traveling Companion” means a person or persons with whom the Insured has coordinated travel arrangements and intend 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.

“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.

“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. 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 their application to add such subsequent payments or deposits and pays any required additional plan cost prior to the Insured’s Departure Date.

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

“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.

“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.

TRIP CANCELLATION AND INTERRUPTION

The Insurer will pay a benefit, up to the Maximum Limit shown on the Schedule, 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 which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing your continued participation in the Trip.
- (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 their condition is life-threatening, as certified by a Physician or because they require the Insured’s care.
- (3) Injury or Sickness of the Business Partner must be so disabling as to reasonably cause the Insured to cancel 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 15 calendar days of Initial Trip Payment.
- (c) Inclement Weather causing delay or cancellation of travel;
- (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.
- (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 or Traveling Companion is involuntarily terminated or laid off through no fault of his or her own, provided that he or she has been an active employee for the same employer for at least 1 years. Termination must occur following the effective date of coverage. This provision is not applicable to temporary employment, independent contractors or self-employed persons.
- (j) Sickness Injury or death of the Insured’s Host at Destination. A Physician must certify the Injury or Sickness.
- (k) a named hurricane causing cancellation of travel to the Insured’s Destination that is Inaccessible or Uninhabitable The Insurer will only pay benefits for losses occurring within 14 calendar days after the named



hurricane makes the Insured's Destination Uninhabitable or Inaccessible. Benefits are not payable if a hurricane is named on or before the effective date of the Insured's Trip Cancellation coverage or less than 14 days after the effective date of the Insured's Trip Cancellation coverage.

- (l) mechanical/equipment failure of a Common Carrier that occurs on a scheduled Trip and causes complete cessation of the Insured's and results of a Loss of 50% of the Insured's Trip length.
- (m) if purchased the Cancel for Work Reasons Upgrade coverage will be included for these additional Unforeseen events:
 - (1) the Insured or 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;
 - (2) the Insured or 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;
 - (3) the 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.

SPECIAL NOTIFICATION OF CLAIM

The Insured must notify Berkshire Hathaway Specialty Concierge as reasonably possible in the event of a Trip Cancellation or Interruption claim. If the Insured is unable to provide cancellation notice within the required timeframe, the Insured must provide proof of the circumstance that prevented timely notification.

TRIP CANCELLATION/INTERRUPTION BENEFITS CONTINUED

Trip Cancellation Benefits: The Insurer will reimburse the Insured for forfeited Trip Cost up to the Maximum Limit shown on the Schedule 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 for Trips that are interrupted due to the

Unforeseen events shown above:

- (a) forfeited, insured Trip Cost, and
- (b) additional 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.

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 and Trip Interruption Maximum Limit shown on the Schedule, 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.

TRIP DELAY

The Insurer will reimburse the Insured up to the Maximum Limit(s) shown on the Schedule for Reasonable Additional Expenses until travel becomes possible if the Insured's Trip is delayed 5 or more consecutive hours from reaching their intended Destination for one of the Unforeseen events listed below:

- (a) the Insured being involved in or delayed due to a traffic accident while en route to a departure as substantiated by a police report;
- (b) Common Carrier delay;
- (c) the Insured's or Traveling Companion's lost or stolen passports, travel



- documents, or money;
- (d) 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 Limits shown on the Schedule.

The Insured Must: Contact Berkshire Hathaway Travel Protection (telephone: 855.487.1745) as soon as he/she knows his/her Trip is going to be delayed more than 5 hours.

MISSED CONNECTION

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

- (a) additional transportation expenses incurred by the Insured to join the departed Trip;
- (b) 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.

BAGGAGE PERSONAL EFFECTS

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

Special Limitations:

The Insurer will not pay more than:

- (a) \$500 for the first item and
- (b) thereafter, no more than \$250 per each additional item

- (c) \$500 total on all Losses 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.

The Insurer will pay the lesser of:

- 1. the cash value (original cash value less depreciation) as determined by the Insurer or,
- 2. 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:

- 1. repair or replace any part to restore the pair or set to its value before the Loss; or
- 2. pay the difference between the value of the property before and after the loss.

BAGGAGE DELAY

If the Insured's Baggage is delayed or misdirected by the 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 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.

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 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 Insurer will reimburse the Insured for:

- services of a Physician or Registered Nurse (R.N.),
- Hospital charges;
- X-ray(s);
- 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 a Maximum Limit shown in the Schedule. 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 attending Physician.

With respect to the Medical Expense Benefit, under New York law, certain mandated benefits may be provided as applicable under this type of plan.

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

Advanced authorization by Berkshire Hathaway Travel Protection is needed for (a), (b) and (c) 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 7 days 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 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:

- (a) embalming;
- (b) cremation , subject to the Cremation Maximum Limit shown in the Schedule or Declarations Page;
- (c) the most economical coffins or receptacles adequate for transportation

of the remains; and

- (d) 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

If, while on a Trip, Injury to an Insured results within 365 days of the date of the accident which caused Injury, in one of the losses shown in the Table of Losses below, 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 Insurer will pay the percentage shown below of the Maximum Limit shown in the Schedule. 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%



EXPOSURE

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

"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;

ACCIDENTAL DEATH AND DISMEMBERMENT Common Carrier Air Only

The Insurer will pay this benefit if the Insured is Injured 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 Insurer will pay up to the Maximum Limit shown in the Schedule for Loss of life, both hands or feet, sight of both eyes, or Loss of one hand or foot and the sight of one eye when such double losses are the result of the same accident. One-half of the benefit is payable for the Loss of one hand or foot or the sight of one eye. If the Insured suffers more than one Loss from an accident, the Insurer will pay only for the Loss with the larger benefit. Loss of hand or foot means complete severance at or above the wrist or ankle joint. The Insurer will not pay more than 100% of the Maximum Limit for all losses due to the same accident. Loss of sight of an eye means complete and irrecoverable Loss of sight.

Loss must occur within 365 days of the accident.

If an Insured suffers one or more Losses from the same accident for which amounts are payable under both AD&D benefits shown above, the Maximum Limit payable under that benefit combination will not exceed the applicable

Combined Maximum Limit shown on the Schedule.

EXPOSURE

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

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,
- (b) pregnancy, childbirth, or elective abortion, (unless as specifically covered herein), other than Unforeseen complications of;
- (c) participation in professional athletic events, motor sport, or motor racing, including training or practice for the same;
- (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) aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline;
- (g) participation in or attempt to commit a felony,
- (h) Experimental or Investigative treatment or procedures;
- (i) any Loss that occurs at a time when this coverage is not in effect.
- (j) care or treatment which is not Medically Necessary;

(k) 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, treatment, medical advice or diagnosis was recommended or received within the 6 month period ending on the effective date of coverage.

The following exclusions apply to Trip Cancellation and Trip Interruption:

Unless otherwise provided by this plan 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 the plan;
- (b) changes by the Insured, a Family Member, or Traveling Companion, for any reason;
- (c) financial circumstances of the Insured, a Family Member, or a Traveling Companion;
- (d) any government regulation or prohibition;
- (e) an event which occurs prior to the Insured's coverage Effective Date;
- (f) failure of any tour operator, Common Carrier, person or agency to provide the bargained-for travel arrangements.
- (g) Mental Nervous or Psychological Disorder
- (h) any Trip taken outside the advice of a Physician.
- (i) 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.
- (j) traveling for the purpose of securing medical treatment;
- (k) if the Insured's tickets do not contain specific travel dates (open tickets);

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) keys, notes, securities, accounts, bills, currency, deeds, food stamps or other evidences of debt, credit cards, and other travel documents (except passports and visas);
- (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) normal wear and tear;
- (l) deterioration;

The following exclusions apply to the Medical Expense Benefit

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

- (a) replacement of hearing aids, eye glasses, contact lenses, and sunglasses;
- (b) dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident;

The following exclusion applies to Accidental Death and

Dismemberment: the Insurer will not pay for loss caused by or resulting from Sickness or disease unrelated to the Injury.

The following exclusion applies to Accidental Death and

Dismemberment (Common Carrier Air Only): the Insurer will not pay for loss caused by or resulting from Sickness or disease unrelated to the Injury.

EXCESS INSURANCE LIMITATION

The insurance provided by this Policy for all coverages except Trip Cancellation and Trip Interruption 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. Medical Expense will become Primary if the Umbrella Package is purchased.

PAYMENT OF CLAIMS

Claim Procedures: Notice of Claim: The Insured must call Berkshire Hathaway Specialty Concierge within 20 days or 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. Failure to give such notice within such time will not invalidate nor reduce any claim if it shall be shown not to have



been reasonably possible to give such notice during that time and that notice was given as soon as was reasonably possible. 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, 1145 Clark Street, Stevens Point, WI 54481 (telephone 1.855.487.1745).

Claim Procedures: Proof of Loss: The claim forms must be sent back to Insurer no more than 120 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 Berkshire Hathaway Specialty Concierge no later than one year after the date of Loss or insured occurrence or as soon as reasonably possible. Failure to give such proof within such time will not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to give such proof during that time and that proof was given as soon as was reasonably possible. The Insurer will provide the Insured with appropriate claim forms. If the Insurer has not provided claim forms within 15 days after the notice of claim, the Insured shall be deemed to have complied with the proof of Loss requirements after submitting written proof to Berkshire Hathaway Specialty Concierge 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, the participating organization name, and the policy number.

Payment of Claims: When Paid: Claims will be paid as soon as Berkshire Hathaway Specialty Concierge receives complete proof of Loss and verification of age, but not more than 60 days after receipt of proof of Loss.

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:

- (1) the Beneficiary named by that Insured and on file with the Berkshire Hathaway Specialty Concierge;
- (2) To his/her spouse, if living. If no living spouse, then
- (3) in equal shares to his/her living Children. If there are none, then
- (4) in equal shares to his/her living parents. If there are none, then
- (5) in equal shares to his/her living brothers and sisters. If there are none, then
- (6) 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
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connection by marriage who has assumed care or custody of the minor or responsibility for the incompetent person's affairs. Any payment Insurer makes in good faith fully discharges Insurer to the extent of that payment.

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

Trip Cancellation and Trip Interruption Payment of Loss: The Insured must provide Berkshire Hathaway Specialty Concierge 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 Berkshire Hathaway Specialty Concierge 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; or (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.

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.

Medical Expense Payment 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.

With respect to the Medical Expense Benefit, under New York law, certain



mandated benefits may be provided as applicable under this type of plan.

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

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

- (a) notify Berkshire Hathaway Specialty Concierge 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.

Appraisal/Disagreement Over Size of Loss. If there is a disagreement about the amount of the cash value or loss, either the Insured or the Insurer can make a written demand for an appraisal. After the demand, the Insured and the Insurer shall each select their own competent and disinterested appraiser and notify the other of the appraiser selected within 20 days of such demand. The appraisers shall first select a competent and disinterested arbitrator; and failing for 15 days to agree on such arbitrator, then on request of the Insured or the Insurer, such arbitrator shall be selected by a judge of a court of record in the state in which the property covered is located. The appraisers shall then appraise the loss, stating separately actual cash value and loss to each item, and, failing to agree, shall submit their differences, only, to the arbitrator. An

award in writing, so itemized, of any two when filed with the Insurer shall determine the amount of actual cash value and loss. Each appraiser shall be paid by the party selecting him and the expenses of appraisal and arbitrator shall be paid by the parties equally.

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

The following provisions apply to *Trip Cancellation, Trip Interruption, Accident/Sickness Medical Expense, Baggage/Personal Effects, Baggage Delay, and Emergency Evacuation, and Repatriation of Remains*:

Subrogation. In the event that you suffer an Injury or Sickness for which another party may be responsible, such as someone injuring you in an accident, and we pay benefits as a result of that Injury or Sickness, we will be subrogated and succeed to the right of recovery against the party responsible for your Sickness or Injury to the extent of the benefits we have paid. This means that we have the right independently of you to proceed against the party responsible for your Injury or Sickness to recover the benefits we have paid. Our right of recovery does not apply when a settlement is reached between a plaintiff and defendant, unless a statutory right of reimbursement exists. When entering into a settlement, it is presumed that you did not take any action against our rights or violate any contract between you and us. The settlement between you and the responsible party does not include compensation for the cost of health care services for which We provided benefits.

GENERAL PROVISIONS

Entire Contract; Changes. This Policy, Schedule of Benefits, Application and any attachments make up the entire contract. In the absence of fraud, all statements made by the Insured will be considered representations and not warranties. No written statement made by an Insured will be used in any contest unless a copy of the statement is furnished to the Insured or his or her beneficiary or personal representative.

No change in this Policy will be valid until approved by an officer of the Insurer. The approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

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 Berkshire Hathaway Specialty Concierge.

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 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 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.

Conformity With State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Clerical Error. Clerical error, whether by the Insured or the Insurer, 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 and benefits are based on age and the Insured has misstated his or her age in a written instrument signed by the Insured, there will be a fair adjustment of premiums and benefits based on his or her true age.

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.

ARBITRATION. Notwithstanding anything in this coverage to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same Loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

Concealment or Fraud: No statement made by the Insured shall avoid the insurance nor reduce benefits thereunder unless contained in a written instrument signed by the Insured.

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

Transfer of Coverage: Coverage under this Policy cannot be transferred by the Insured to anyone else. 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/enforcement/ofac/ or a Berkshire Hathaway Travel Protection representative.



- \$250 additional Missed Connection
- \$50,000 Accidental Death & Dismemberment (Common Carrier Air Only)**

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**

Trip Cancellation/Interruption Same as Trip
Cancel for Work Reasons Upgrade Cancellation/Interruption

SCHEDULE OF BENEFITS

	Maximum Limit Per Person
Trip Cancellation	Trip Cost up to a maximum of \$100,000
Trip Interruption	Up to 150% of Trip Cost
	Up to a maximum of \$150,000
Trip Interruption-Return Air Only	\$1,000
Trip Delay (Maximum of \$150 per day)	\$750
Missed Connection	\$250
Baggage & Personal Effects	\$1,000
Baggage Delay	\$300
Accident Sickness Medical Expense	\$25,000*
Dental	\$500
Emergency Evacuation & Repatriation of Remains	\$500,000*
Escort Maximum	\$25,000
Accidental Death & Dismemberment (Common Carrier Air Only)	\$50,000**

Extra Coverage

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

- Pre-Existing Condition Exclusion Waiver
- Trip Cancellation / Interruption due to Financial Default

PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

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

- (1) This plan is purchased within 15 days of making the 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 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);
- (3) All Insureds are medically able to travel when plan cost is paid;



ASSISTANCE SERVICES

All the Assistance Services listed below are not insurance benefits and are not provided by the Insurer. Berkshire Hathaway Specialty Concierge offers assistance through an extensive network of worldwide partners. Expenses for goods and services provided by third parties are the traveler's responsibility.

Travel Medical Assistance

- Emergency-medical-transportation assistance
- Physician/hospital/dental/vision referrals
- Assistance with repatriation of mortal remains
- Return travel arrangements
- Emergency prescription-replacement assistance
- Dispatch of doctor or specialist
- Medical-evacuation quote
- Inpatient and outpatient medical case management
- Qualified liaison for relaying medical information to family members
- Arrangements for visitor to bedside of hospitalized Insured
- Eyeglasses and corrective-lens replacement assistance
- Medical payment arrangements
- Medical cost-containment/expense recovery and overseas investigation
- Medical-bill audits
- Coordinate shipment of medical records
- Assistance with medical-equipment rental/replacement

Worldwide Travel Assistance

- Lost-baggage search; stolen-luggage-replacement assistance
- Lost passport/travel documents assistance
- ATM locator
- Emergency-cash-transfer assistance
- Travel information including visa/passport requirements
- Emergency telephone-interpretation assistance
- Urgent-message relay to family, friends or business associates
- Up-to-the-minute travel-delay reports
- Arrangements for long-distance calling cards for worldwide telephoning
- Inoculation information
- Embassy or consulate referral
- Currency conversion or purchase assistance

- Up-to-the-minute information on local medical advisories, epidemics, required immunizations and available preventive measures
- Up-to-the-minute travel-supplier strike information
- Legal referrals/bail-bond assistance
- Worldwide public-holiday information

Emergency Assistance

- Flight rebooking
- Hotel rebooking
- Rental-vehicle booking
- Emergency-return-travel arrangements
- Roadside assistance
- Rental-vehicle-return assistance
- Guaranteed hotel check-in
- Missed-connections coordination
- Business assistant
- Business service-location assistance (quick printers, internet cafes, overnight delivery, etc.)
- "411" global directory service
- Wireless accessory replacement assistance
- Business conference-call coordination
- Urgent messaging to clients, colleagues and family members
- Up-to-the-minute travel delay and departure reports
- Driving and walking directions
- Emergency return-travel arrangements

Concierge Services

- Restaurant referrals and reservations
- Ground-transportation arrangements
- Event ticketing arrangements
- Tee times and course recommendations
- Floral services



Berkshire Hathaway Travel Protection

Identity theft (Not available to New York residents)

- Assist identity-theft victim with ordering and reviewing credit-bureau records
- Assist identity-theft victim with investigating financial accounts where identity theft is suspected
- Assist victim in communications with creditors to help make the creditors aware of the victim's identity-theft issues
- Assist identity-theft victim in identifying proper law enforcement to pursue prosecution of criminals
- Assist identity-theft victim in reviewing account activity
- Obtain additional resources for reviewing and resolution of victim's Issues

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 cost 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 cost of the fluids if there is one.
- Lockout 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 their 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.

Vehicle-Return Assistance

Makes arrangement for the return of your automobile back to your primary residence should you become ill/injured and unable to drive.

*Non-insurance services are provided by Berkshire Hathaway Specialty Concierge.

If you have questions about a request or concierge service not listed above, we can likely assist. Please contact our service desk 24 hours a day, seven days a week at 1-844-411-BHTP (2487).