

**PLEASE HAVE THIS INFORMATION PACKET READILY AVAILABLE IN YOUR ELECTRONIC FILE AS WELL AS A HARD COPY WHILE ABROAD**



**Accident & Sickness Insurance Information for CIEE Comprehensive Ultimate Plan**

This will provide travel/medical insurance underwritten by Crum & Forster SPC and administered by Fairmont Specialty Trust; with emergency services coordinated by International Medical Group (“IMG”) and claims administration by Co-ordinated Benefit Plans, LLC. The policy is designed for the traveler who may not have primary insurance or has limited coverage overseas. These plans provide extensive insurance coverage rich in medical benefits. The policy also offers Emergency Medical Evacuation coverage with options for the addition of Security Evacuation coverage and Trip Cancellation/Interruption coverage.

iNext partners with Morehouse College to provide travel/medical, natural disaster, and political evacuation insurance for students, faculty, and staff participating in faculty-led study abroad experiences.

**All Morehouse College Faculty/Staff-Led Experiences are required to enroll all participants (students, faculty, and staff) in the iNext Comprehensive Ultimate Plan (CUP) and Natural Disaster and Political Evacuation Upgrade.** The cost for ages 59 and younger is \$1.65/daily for the CUP. The National Disaster and Political Evacuation Upgrade coverage cost is \$16.50 per participant for a term up to one month. The cost for participants 60 years and older is \$5.21/day for the CUP, plus \$16.50 per participant for up to one month of Natural Disaster and Political Evacuation Upgrade coverage. **The costs of enrollment in these plans must be included in the program fees for each faculty/staff-led study abroad experience. The Office of International Education will assist in enrolling participants in your study abroad program. Please note that all Comprehensive Plans are Single Trip plans with a ten (10) day minimum of coverage for all participants.**

Students, staff, and faculty have the OPTION to enroll in \*Trip Cancellation/Interruption coverage. Please be certain to thoroughly read the coverage terms and limitations, listed below.

Schedule of Benefits*	
Accident Medical Expense	Up to \$500,000
Emergency Dental	Up to \$750
Deductible	\$0
Accidental Death & Dismemberment	Up to \$20,000
Common Carrier (Air Only)	Up to \$100,000
Baggage and Personal Effects	Up to \$2,500 (\$500 per article and total category max for electronics, cameras, jewelry, furs, watches; otherwise, \$250 per article limit) *
Per Article Limit	\$250
Combined	\$500
Baggage Delay (24 hours)	Up to \$200
Emergency Medical Evacuation	Up to \$1,000,000
Transportation to Join You	Up to \$300 Day/maximum of 10 days
Sickness Medical Expense *does NOT exclude COVID*	Up to \$500,000
Mental Health Coverage	Up to \$500,000
Deductible	\$0
Repatriation of Remains	Up to \$50,000
Trip Delay (12 hours) (up to \$150/Day)	Up to \$600
Trip Delay due to Quarantine (up to \$250/Day) *does NOT exclude COVID*	Up to \$2,500
Travel Assistance Services	Included
<b>*REQUIRED COVERAGE*</b>	<b>Available Monthly or Annually</b>
<b>Natural Disaster &amp; Political Evacuation Upgrade</b>	
Political Evacuation	\$100,000
Natural Disaster Evacuation	\$100,000

Kidnapping/Ransom Consulting	\$250,000
	Standard and Enhanced plan variants available
<b>*Optional Coverage*</b> (purchased by traveler, not Morehouse) <b>Trip Cancellation and Interruption Upgrade*</b>	<b>Available on a per Trip/per Person Basis</b>
Trip Cancellation	100% of Unreimbursed Costs up to benefit level
Trip Interruption	110% of Unreimbursed Costs up to benefit level
Available Benefit Levels	\$1,500; \$3,000; \$5,000; \$7,000, \$10,000

\*This is only a brief description of the coverage(s) available. The Policy will contain restrictions, limitations, exclusions and termination provisions

► **WHAT IS COMPREHENSIVE TRAVELINSURANCE COVERAGE AND HOW DOES IT WORK?**

The iNext Comprehensive Plans are administered by Fairmont Specialty Trust with assistance services provided by International Medical Group (“IMG”) and Crisis 24/Drum Cussac. These policies are appropriate for travelers who may not have primary insurance or a primary insurance policy with limited or no coverage overseas, and where they represent the best value for shorter duration trips due to their daily (10-day minimum purchase) and monthly rates.

The policy is a single trip plan. Coverage ends the earliest of ones return to the United States/Home Country or the end date of the policy. The policy does allow for an incidental travel back to the US of less than 30 days provided you are returning back on the same trip/program. There is no coverage for the Incidental Trip, including Trip Delay, Baggage Delay, Baggage and Personal Effects and medical coverage.

Incidental Trip means a short-scheduled trip of 30 days or less to Your Home Country that has a defined departure and return date booked prior to the start of the Incidental Trip. To be an eligible Incidental Trip, the Incidental Trip must take place after Your Coverage Begin Date and end prior to Your Coverage End Date. This policy will not cover any expenses due to a Loss that occurs while on an Incidental Trip.

► **WHERE IN THE WORLD AM I COVERED UNDER MY INEXT TRAVEL INSURANCEPLAN?**

Your insurance coverage is valid in any country outside of the 50 United States, District of Columbia and US Territories as well as outside one’s Home Country. Home Country shall mean the country where you have your true, fixed, and permanent home and principal establishment.

► **COVID-19 COVERAGE**

There is no exclusion in the iNext Comprehensive Ultimate plan for epidemics or pandemics. COVID-19 is treated as any other illness meaning that diagnostics, medications, hospitalization, medical evacuation or repatriation of remains all remain eligible for coverage provided the virus is contracted outside of the U.S.

Asymptomatic testing or testing for flights or country requirements are not covered under the iNext plans.

Under the Trip Delay benefit, if you are unable to depart your destination on your scheduled flight due to a mandated quarantine you may be eligible for up to \$250 per day for a maximum 10-days for food and lodging expenses. You must be symptomatic for COVID with a positive COVID test and under the care of a physician who certifies that due to a medically mandated quarantine you are unable to return on your scheduled flight. It must provide the length of the quarantine.

► **WHAT ARE THE POLICY EXCLUSIONS?**

iNext comprehensive policies do not include coverage for the following:

- Routine physicals and Routine dental examinations and cleanings
- Prescription refills and any medical appointments for this purpose
- Preventive medicine
- Maternity (except Complications of Pregnancy)
- Coverage for Newborns
- Injuries sustained by the following activities: Participating in professional sports; skydiving; hang-gliding; parachuting; mountaineering where ropes or guides are used; any race (on an animal or in a vehicle); bungee cord jumping; motorized speed contests, (Speed contest shall not include any of the regatta races); scuba diving without PADI, NAUI certification; spelunking or caving; heli-skiing; extreme skiing/snowboarding; ascending altitudes of 4500m or above

A complete list of exclusions can be found in the policy description.

► **IS PRE-APPROVAL REQUIRED BEFORE RECEIVING MEDICAL TREATMENT?**

No, however, you are strongly encouraged to contact International Medical Group (“IMG”) at 463-274-2241 if you are hospitalized, require surgery or treatment for a serious medical condition. Treatment by any licensed doctor or medical facility meets eligibility requirements.

You should simply go to any doctor of your choice, pay the doctor, and then submit a claim for reimbursement. In outpatient scenarios, the customary procedure is to pay first and then submit a claim for reimbursement. In certain covered emergency situations requiring inpatient hospitalization, International Medical Group (“IMG”) can issue a guarantee of payment for up to \$5,000 to facilitate cashless access while a direct payment relationship is initiated. Each claim is handled on a case -by- case basis.

## WHAT IS INCLUDED IN THE POLITICAL AND NATURAL DISASTER EVACUATION COVERAGE?

Standard Evac: In the event of a covered Security or Natural Disaster scenario, Crisis 24/Drum Cussac will, on a best-effort basis, to arrange for your evacuation from a safe departure point they designate to a safe haven of their selection. They will pay for your evacuation up to seven (7) days from the date of the official disaster declaration issued by the relevant host country. They will assist with and pay for ground, water and/or air transportation, as may be warranted, to a safe haven. There is an additional provision for Kidnapping/Ransom Negotiation. If evacuation becomes impractical due to hostile or dangerous conditions, they will maintain contact with you and advise until evacuation becomes viable or until the situation has passed. The decision to evacuate will be made by security personnel in consultation with local governments and security analysts and in accordance with the definition of Emergency Political Repatriation outlined in the policy.

If you purchased a Trip cancellation/Interruption upgrade to your policy, you will be reimbursed, up to the limit on the schedule of benefits, for non-refundable cancellation charges imposed by your travel supplier or airfare cancellation charges for flights arranged for your trip if you are prevented from taking your trip for the following covered reasons:

- Sickness, accidental injury or death of the insured, traveling companion, or family member which results in medically imposed restrictions as certified by a physician
- Weather which causes complete cessation of services of the Common Carrier for at least 18 consecutive hours and prevents the insured from reaching their destination
- Unannounced Strike that causes complete cessation of services for at least 18 consecutive hours
- A Terrorist Incident that occurs within 30 days of your Scheduled Departure Date in a city listed on the itinerary of Your Trip
- Felonious Assault of You or Traveling Companion within 10 days of Schedule Departure Date

**\*Please note that Trip Cancellation/Interruption coverage is non-refundable after purchase\***

**\*You must be a US Resident or have a Valid US address and be in the US at the time of purchase for coverage to be valid\***

## CLAIMS AND FINANCES

You can easily file a claim with Co-ordinated Benefit Plans by mail, fax, or email. To obtain a claim form, see below to download the appropriate claim form at: <http://www.inext.com/forms/claims/>

You should have the following information available to file a claim:

- Program Reference Number (listed on the back of the iNext Travel Card or Insurance Coverage Summary for your plan.)
- What coverage type or benefit category the claim is under (e.g. Medical Expense, Baggage Loss, etc.)
- The date the covered treatment or loss occurred
- The amount that was paid (if applicable)

You should complete the claim form for accuracy, sign the form, and return it to Co-ordinated Benefit Plans along with any requested supporting documentation, such as original receipts, diagnosis, proof of travel (e.g., a copy of a flight itinerary or passport pages)

It is important to remember to keep your receipts from doctor's visits, pharmacy prescriptions and diagnosis records. These will be required by Co-ordinated Benefit Plans when you file a claim. All diagnosis forms should be translated into English if possible. One reason claims processing can be prolonged is due to lack of documentation. The better prepared you are, the faster the claims processing can occur.

All claim reimbursements will be paid in USD by check and mailed to your home address. For non-US participants, be sure to list your home address on the claim form in the section for address.

Once a claim is submitted, you will receive an auto generated email that your claim was received. They will reach out via email if they need additional information. If they have the necessary documentation, they will process the claim and mail eligible expenses to the address provided on your claim form, or you will receive an email from Chase regarding payment options. They do not send notification that a claim has been approved or that they have mailed out a check. A trace can be placed on a check if not received in 30 days and a new check issued.

**Completed claims forms must be sent with the original itemized bills to the claim administrator within 90 days. Submit Claims inquiries to:**

**Co-ordinated Benefits Plans, LLC P.O. Box 26222, Tampa, FL 33623**

**Email: [TravelTeam@cbpinsure.com](mailto:TravelTeam@cbpinsure.com)**

**Phone: If you have any questions about a claim, please feel free to contact Co-Ordinated Benefit Plans at: 1-866-723-3063 or 727-412-7378**

## WHO DO I CALL FOR HELP IN THE EVENT OF AN EMERGENCY?

**International Medical Group ("IMG") is available 24/7 to assist. Contact them at:**

- **463-274-2241**
- **Email: [assist@imglobal.com](mailto:assist@imglobal.com)**

**\*Identify yourself at the outset of the call as an iNext insured**

**PROGRAM LEADER INSURANCE ENROLLMENT INSTRUCTIONS AND FORM**

- [iNext Enrollment Instructions for Trip Participants](#)
- [iNext Enrollment Form](#)

Please contact the Morehouse College Office of International Education ([Jeanine.white@morehouse.edu](mailto:Jeanine.white@morehouse.edu)) with questions or concerns or our iNext Representative.

**MAGGIE ROBINSON** // CIEE  
*Senior Sales/Operations, iNext*

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600 Southborough Drive, Suite 104, South Portland, Maine 04106

email [mrobinson@ciee.org](mailto:mrobinson@ciee.org)

tel [+1.207.553.4182](tel:+1.207.553.4182)



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## *What to do if you need to seek care for Outpatient Services*

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### **What are considered outpatient services?**

- Non-Emergency care for sudden and unexpected accidents and illnesses

#### **Examples of non-emergency care:**

Food Poisoning  
Cold and Flu  
Fever  
Vomiting  
Rash  
Stomach Pains  
Allergic Reaction  
Infections  
Fall slip or bump  
Sprained or broken limb  
Bleeding cut or wound  
COVID symptoms

### **Outpatient Services are done on a Reimbursement Basis**

- Seek care with a licensed physician
- Pay for services received
- File a claim for Reimbursement with Co-ordinated Benefit Plans LLC

## What you will need to file a claim:

- Completed Accident/Sickness claim form
  - <https://www.inext.com/forms/claims/>
- Statement from the doctor/facility showing the following:
  - Date of Service
  - Diagnosis
  - Breakdown of charges
- Receipt showing payment made
- Copy of passport pages showing travel outside the U.S.
- Supplemental plans need to include a copy of the Explanation of Benefits from US primary insurance showing amount paid or denied.

### **All claims should be emailed to Co-ordinated Benefit Plans at**

TravelTeam@cbpinsure.com

*Co-Ordinated Benefit plans will reach out via email if there are any questions or if they need of additional information. If they have all documentation to process the claim, they will process and mail out a check for eligible expenses. They don't provide notification of approved claims.*

### **Co-ordinated Benefit Plans LLC**

**PO Box 26222**

**Tampa, FL 33623**

**1-866-723-3063**

**1-727-412-7378**

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*For outpatient services that are expected to exceed \$500 USD, please follow the **iNext in a Medical Emergency** procedure.*

*A call should be placed to International Medical Group (IMG) as soon as possible to open a medical case.*

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## **In a Medical Emergency**

In the event of a medical emergency abroad (inpatient care), please follow these instructions:

1. **Seek Immediate Treatment from a Licensed Physician:**
2. **Initiate a Medical Case:** iNext has a single point of contact phone number in place linked directly to our emergency service providers. As soon as possible contact:

**24-Hour Emergency Services: Provided by  
International Medical Group (“IMG”)**

**To Contact IMG, please call 463-274-2241  
or email: [assist@imglobal.com](mailto:assist@imglobal.com)**

3. **Triage/Identification:** When IMG answers, identify yourself as an iNext client and *OPEN A MEDICAL CASE*. If the sick/injured party is unable to do this personally, a case can be opened on her/his behalf by an accompanying/designated individual. Provide the operator with the following information:
  - **Name**
  - **Date of Birth**
  - **Policy Number**
  - **Location/brief summary of circumstance**

**Policy numbers** and all emergency/claims contact information can be found in several places:

- iNext Welcome e-mail sent at time of enrollment
  - Printable ID card included in the Welcome Letter
  - Participants Insurance Coverage Summary (log-in required)
  - iNext website participant portal (log-in required)
  - iNext website partner portal (log-in required)
4. **Care Manager Assignment:** The IMG operator will like you to a Care Manager specific to the region where the insured is located. (S)he will request additional information. If possible, be prepared to provide:
    - Primary contact and phone/email
    - Hospital/Clinic Name

- Physician and contact number
  - Details of injury/illness and timeframe
5. **Assignment of Case Number:** The Care Manager will advise as to what the next steps will be and will provide you with a case number. Write the number down and keep for later reference.
  6. **IMG Course of Action:** This depends on the specifics of each unique case. The standard protocol includes:
    - Making certain that the patient is in a facility where they can receive necessary and adequate care
    - Communicating with family/designated contact (if waiver is signed)
    - Making arrangements for Guarantee of Payment to the facility
    - Arranging eventual Emergency Reunion travel for a family member to join the insured if hospitalization is anticipated to be 3 days or more
    - Eventual Medical Evacuation (if medically necessary as determined by Generali and the hospital)
    - Coordinating with Claims Processing
  7. **Follow-up:** When contacting IMG by email during follow-up, please use the following address: [assist@imglobal.com](mailto:assist@imglobal.com) and list the insured's surname and case number in the title. For example: "Case Number Smith"
  8. **Claims:** A claim must be filed for the case, for reimbursement, if the insured paid out of pocket. Claims forms can be obtained from the iNext website: <https://www.inext.com/forms/claims/>

*Please note: This insurance must be activated for it to work! Please contact IMG as soon as possible in the event of an emergency to activate the insurance.*

**Other Useful Information:**

**iNext Main Office:**

**Office hours Monday through Friday 9am to 5pm EST**

Toll Free: 1-855-578-6398

[inext@cjee.org](mailto:inext@cjee.org)

For Claims forms: <https://www.inext.com/forms/claims/>

**Co-ordinated Benefit Plans- For Claims:**

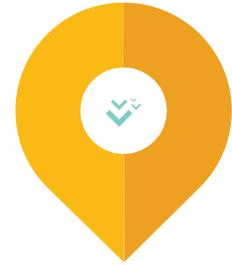
**Office hours Monday through Friday 9am to 5pm EST**

Have claims questions, or need to report a claim?

Toll Free: 866-723-3063 / or 727-412-7378

## Travel Assistance Services

Congratulations, you now have access to IMG and Crisis24's Travel Assistance Services, an indispensable offering available to you. IMG and Crisis24 have extensive experience handling complex and remote medical transport situations, as well as providing support for travel concerns when they arise. Our team of international, multilingual specialists are accustomed to working across time zones and with different languages and currencies. Utilizing our extensive global network of medical care providers, our onsite 24/7/365 U.S.-based call center is available day or night to provide high-quality care you can depend on.



### EMERGENCY MEDICAL TRANSPORT SERVICES

Dispatch of a Physician	Repatriation of Remains
Emergency Medical Evacuation	Return of Travel Companion
Services for Medical Repatriation	Visit of a Family Member or Friend
Return of Dependent Children	Vehicle Return Services



### MEDICAL ASSISTANCE SERVICES

Convalescence Arrangements	Medical Referrals
Outpatient Services	Dental Referrals
Interpretation Services	Medical Monitoring
Replacement of Medical Devices	Cost Management
Direct Billing	General Medical Advice
Pre-Authorization	Prescription Transfer



### TRAVEL ASSISTANCE SERVICES

Emergency Cash/Bail Assistance	Pre-Trip and Cultural Information
Lost Luggage and/or Document Assistance	Legal Referrals
Consulate and Embassy Location	Urgent Message Relay



### SECURITY ASSISTANCE SERVICES

24/7 Crisis Hotline	On the Ground Security Assistance*
Political Evacuation and Repatriation*	Safety Advisory
Security Intelligence	Destination Briefing

\*This service is only available if upgrade was purchased.



This document is for informational purposes only and describes IMG and Crisis24's general capabilities and a broad overview of the services it offers. The actual services and payments that IMG/Crisis24 arranges or provides for you will be determined by your services contract.

## **Travel Assistance Portal and Mobile App Access**

- Go to the [travelsecurity.garda.com](https://travelsecurity.garda.com) portal.
- Click LOGIN and enter your professional email address.
- Complete the Registration form using your Crisis24 contract number: 17632020
- An email will be sent from [mailing@travelsecurity.garda.com](mailto:mailing@travelsecurity.garda.com) to validate your email address (if you do not receive the email within a few minutes, check your spam folder)

**Note: If your email address domain is recognized by the system, the above contract number will not be required.**

- Your account will be approved by our team and confirmation email will be sent to you. You will be able to access your account and update your profile with your group entity information.

To download the mobile app, visit the Apple Store or Google Play Store and search for the GardaWorld Travel Security app.



The first time you use the app you will need to fill in your email and password. If you already have an account on [travelsecurity.garda.com](https://travelsecurity.garda.com), use the same credentials.

If you do not have an account, you need to create a new user following the steps identified above.

After downloading the app, you will have access to:

- View existing trips
- Register new trips
- Subscribe to location alerts
- Research information about your travel destination

**MAGGIE ROBINSON // CIEE**  
*Senior Sales/ Operations, iNext*

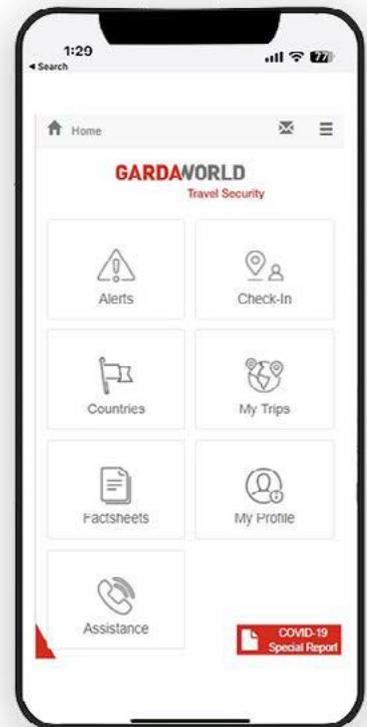
600 Southborough Dr, Ste 104 South Portland, ME 04106

email [mrobinson@ciee.org](mailto:mrobinson@ciee.org)

tel 1-207-553-4182

web [inext.com/](https://inext.com/)

web [ciee.org/](https://ciee.org/)



## Travel Assistance Services

### NOTE:

IMG/Crisis24 will provide emergency medical assistance services for third-party expenses related to a qualified medical evacuation, medical repatriation, return of mortal remains, or political evacuation. Any expenses related to these services would be the responsibility of the Member or Group. Emergency medical services must be arranged by IMG designated personnel to be eligible for services under this program. All services must be provided or coordinated by IMG/Crisis24. Evacuation services are provided to the nearest safe location and then to your resident country, if needed. Services are not available to the extent they would expose IMG or any of its insurers to any sanction, prohibition or restriction under U.N. resolutions or the trade or economic sanctions, laws or regulations of the E.U., U.K., or U.S.A. Please review the services agreement for complete details.

 Please cut out and fold in half.

<p>INTERNATIONAL MEDICAL GROUP® TRAVEL ASSISTANCE PROGRAM</p> <p>From anywhere in the world: <b>463.274.2241</b></p> <p><b>assistimglobal.com</b></p> <p>Company: <b>iNext</b> Control: _____</p> <p><i>This is not a medical insurance card. Valid until termination of policy.</i></p>	<p><b>Attention</b></p> <p><b>THIS IS NOT A MEDICAL INSURANCE CARD</b></p> <p>The participant is entitled to IMG Assistance Services.</p> <p>El participante tiene derecho a los servicios de asistencia médica y de viaje de IMG.</p> <p>Le participant a droit aux services de voyage et d'assistance médicale IMG.</p> <p>参与者有权享受IMG旅行和医疗援助服务。</p> <p>WWW.IMGGLOBAL.COM</p> <p>All services must be provided by International Medical Group (IMG). No claims for reimbursement will be accepted.</p>
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## iNext COVID Coverage

**COVID is covered as any other illness subject to the policy limits and limitations.**

**UPDATE, 6/14/2022:** Trip Delay due to Quarantine Benefit with the Rescission of the Requirement for Negative Pre-Departure COVID-19 test results for Airline Travel to the U.S. ***As of 12:01AM ET on June 12, 2022, CDC will no longer require air passengers traveling from a foreign country to the United States to show a negative COVID-19 viral test or documentation of recovery from COVID-19 before they board their flight.***

The Trip Delay due to Quarantine was entirely predicated on being denied boarding of an aircraft for the return flight. This was why the asymptomatic positives were able to access that benefit. With the negative test requirement going away, so, too, will this benefit for the most part. The exception would be a symptomatic individual under a doctor's care whereby documented medical opinion is restricting travel. There is no coverage for an "elective quarantine."

- If symptoms are present, seek medical attention from a licensed professional (testing centers are approved). Save receipts if there is a cost and, ideally, obtain documentation of symptoms. File a claim for reimbursement with iNext through Coordinated Plan Benefits. Preventative/asymptomatic or exposure related testing is not covered.
- If the insured tests positive, they should follow the instructions given by local authorities. In most cases, this will require isolating in their room until symptoms abate. Aside from the eventual cost of follow up testing, there would be no additional claim forthcoming, as the insured is in the accommodations that they would be normally, thus there is no out of pocket expense.
- If hospitalization or other accommodations are deemed medically necessary by licensed authorities, then a medical case should be opened immediately with IMG. Assuming these costs would exceed USD \$500, a direct pay relationship may be established with the attending facility. If costs are less than USD \$500, then the insured pays out of pocket against a claim for reimbursement.
- While all iNext plan variants provide for the COVID-19 medical inclusion, the Comprehensive Plans also have a specific up to \$250 per day, max 10-day Trip Delay benefit to cover usual, customary, and reasonable costs such as food and lodging. Examples of this would include unexpected quarantine upon arrival in a country that forced you to incur out of pocket expenses by not being able to access your scheduled accommodations. The same can be said on the departing end if you were unable to depart as scheduled. In addition, for trips that move from location to location, a medically mandated quarantine that took you off the established itinerary would be eligible. Again, being quarantined in your established and usual surroundings does not trigger this benefit.

## **Crisis 24/Drum Cussac**

In situations of political unrest, natural disaster and/or military action, iNext has partnered with Crisis 24/Drum Cussac to provide rapid assistance in response and evacuation to ensure that those covered can be moved to a place of safety, enabling duty of care and peace of mind at all times.

We offer two types of coverage, the Standard option and the Enhanced option, depending on the coverage that you feel best meets your students and organizations need.

### **Standard Option**

The iNext Basic Security Evacuation Option provides up to \$100,000 per person for emergency evacuation to a point of safety in the face of a covered event. Also included are usual and reasonable costs for in-country Hibernation for a period of up to 60-days, as well as up to \$250,000 for consultancy fees in the event of Kidnapping, Hijacking, or cases of Wrongful Detention

### **Enhanced Option**

The iNext Enhanced Security Evacuation Option is custom-configured to address a portfolio of risks and challenges that extend beyond merely getting the insured to a point of safety and away from immediate danger. In addition to the core coverage included in the Basic plan, the Enhanced solution provides the evacuated insured with the option of remaining at a Temporary Shelter Point for up to 14 days with up to \$250 per day for food and lodging. It further provides up to \$1,000 for ticketing/change fees to allow the participant to return to the Host Country (if deemed safe), or for their forward transportation home, to campus, or a site where their program can continue.

Additional coverages include Disappearance; Extortion; Violent Crime; Repatriation of Remains; as well as up to \$5,000 for Pre-Trip Cancellation and In-Trip Interruption losses due to a covered event. Finally, a Preemptive Evacuation contingency gives program administrators the capacity act in accordance with their individual risk tolerance levels. If an evacuation benefit trigger is met within 10 days after the Preemptive event, then eligible expenses in conjunction with the evacuation will be covered.

COVID is not included in the Political and Natural Disaster Evacuation coverage, as this is a medical condition and does not fall under political unrest, natural disaster or military action.

COVID is covered under the base medical plans that iNext offers, providing coverage in the event that a student were to become ill with the virus and need to seek medical care.

## **Crisis 24/Drum Cussac Trigger Events**

The Political and Natural Disaster Evacuation coverage provides a benefit for specific events, called Triggering Events. It is important to understand what these events are, as well as understand what the limitations and exclusions are.

**“Triggering Event”** means, in relation to any Host Country, Evacuation being necessitated by:

(a) formal recommendation issued by an Appropriate Authority that categories of persons including Entitled Person(s) should leave the Host Country due to the Political or Military Situation;

(b) an Entitled Person being expelled or declared persona non grata on the written authority of the recognized government of the Host Country;

(c) a Natural Disaster occurring within an Entitled Person's Host Country (as determined by the Supplier in accordance with the Entitled Person's Host Country and/or Home Country Appropriate Authorities) to the extent that the Entitled Person must be Evacuated from the Host Country; or

(d) the Political or Military Situation in the relevant Host Country is creating a situation in which an Entitled Person is in danger of imminent Bodily Harm (as determined by the Supplier in accordance with the Entitled Person's Host Country and/or Home Country Appropriate Authorities) to the extent that the Entitled Person must be Evacuated from the Host Country.

(e) formal notice issued by an Appropriate Authority or Host Country

## **2. Scope of the Services (Limitations, Exclusions, Provisions)**

2.1 The parties acknowledge that the Supplier's obligation is at all times to use its best endeavors to provide the Services. The Supplier shall not be obliged to carry out Services where the Supplier reasonably considers that it will not be able to complete its provision of the Services within sixty (60) days of the Triggering Event.

2.2 The Supplier shall not be obliged to provide the Services where it is not able to assist the Entitled Person without breaching any applicable law or regulation or where assisting the Entitled Person would expose the Supplier to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

2.3 The Supplier shall not be obliged to provide the Services where:

2.3.1 the Triggering Event results from a debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause (whether affecting the Client or Entitled Person);

2.3.2 for Political and Natural Disasters the Entitled Person is located in their Home Country or Country of Permanent Residence. However, notwithstanding this Services' limitation and Entitled Person shall be offered evacuation services to their Home Country as defined herein and at their option and cost;

2.3.3 they relate to a Visit where the relevant Triggering Event has taken place or is reasonably likely to take place prior to the Start Date of that Visit, unless the Evacuation Advisory has been withdrawn and any Triggering Event in the Host Country has ceased for a period of 14 days or more so that the situation under which the Entitled Person would be in danger of imminent serious Bodily Harm has ceased, or the location in the Host Country is no longer Uninhabitable;

2.3.4 that Triggering Event preceded the Entitled Person's arrival in the Host Country by more than eighteen (18) hours. For clarity, this subsection is pertinent to an individual who is already in route to a Host Country;

2.3.5 the Client or the relevant Entitled Person(s) has not complied with the obligations described in clause 4 and the conditions described in clause 5;

2.3.6 an Entitled Person's Home Country intervenes and provides for Evacuation of that Entitled Person;

2.3.7 the Triggering Event results from an actual or alleged violation of the laws of the Host Country by the Entitled Person, unless the Supplier determines that such allegations were intentionally false, fraudulent and malicious and made solely and directly to achieve a political, propaganda or coercive effect upon or at the expense of the Entitled Person;

2.3.8 Supplier is inhibited in its ability to provide the Services due to the Political or Military Situation, nuclear accident, interference by authorities or for any other reason without placing its employees or agents in a circumstance that may result in serious Bodily Harm or in the Supplier breaching any law or regulation; or

2.3.9 where requested by the Client, the Supplier may, at its sole discretion, agree to provide Discretionary Services for an additional fee(s) to be agreed between the parties (each as "Discretionary Services").

2.4 The Supplier shall not cover any Services or be responsible for any costs or expenses arising from an event, attributable to or in connection with:

- (a) any expenses not related or incidental to a Covered Incident.
- (b) death unless incurred because of a Covered Incident.
- (c) any medical expenses incurred by an Entitled Person(s).
- (d) an Entitled Person(s) being expelled or declared persona non grata due to:
  - (i) the commercial failure, debt, insolvency, or the repossession of any property by a title holder or any other financial default by an Entitled Person(s), the Entitled Person(s) employer or the Client;
  - (ii) the failure of an Entitled Person(s) to honor any contractual obligation or any condition of a license; 8
  - (iii) the failure of a Entitled Person(s) to properly procure or maintain work, immigration, residence or similar visas, permits or other documentation;
  - (iv) any alleged violation by an Entitled Person(s) of the laws or regulations of the Host Country, unless the Security Response Team determines that such allegations were intentionally false, fraudulent and malicious and made solely and directly to achieve a political, propaganda or coercive effect upon or at the expense of the Entitled Person.

(e) material travel and accommodation arrangements and Services that were neither coordinated nor approved by the Security Response Team in advance.

(f) any event occurring in a country not listed under Territory in the schedule attached to this contract.

(g) nuclear reaction or nuclear radiation or radioactive contamination, all whether controlled or uncontrolled or resulting from any act or condition incident to any of the foregoing, other than where directly caused by an act of terrorism or a Natural Disaster.

(h) any Kidnap of an Entitled Person in their permanent country of residence.

(i) any Kidnap of an Entitled Person by a family member or as a result of a domestic dispute.

(j) in respect of Kidnap, Extortion, Hijack, Wrongful Detention, a fraudulent or criminal act of:

- (i) the Client;
  - (ii) a director, officer, employee, or agent of the Client; or
  - (iii) an Entitled Person or agent thereof;
- whether acting alone or in collusion with others.

(k) in respect of Wrongful Detention only:

- (i) any act or alleged act of an Entitled Person which would be a criminal offence if committed by the same party in the jurisdiction where the Entitled Person is a national or permanent resident, unless the Supplier

determines that such allegations were intentionally false, fraudulent, and malicious and made solely and directly to achieve a political, propaganda, or coercive effect upon or at the expense of the Entitled Person or the victim of a Wrongful Detention; or  
(ii) failure of an Entitled Person properly to procure or maintain immigration, work, residence, or similar visas, permits, or other documentation.

## Procedures in the event of an Evacuation request:

General Evacuation flow is as follows:

- Request for Evacuation
- Gather information
- Research the Situation
- Assignment of Triggers
- Decision on Triggers-is this a covered event or not?
- Evacuation based on the policy
- Execution -3 possible options-(Stay, relocate or evacuate) and the method (air, land, sea or combination).

A call would be placed to International Medical Group ("IMG") by partner and the caller would indicate that it is security related. The call would go directly to Crisis 24/Drum Cussac. A Global Operations Officer will deal with the call.

The Global Operations Officer will gather relevant personal and situation details, provide immediate advice, discuss welfare plan and the next actions. To assess and begin planning, information will be needed.

- Partner Point of Contact
- Name of affected participant
- Contact Details
- Current exact location
- Situation
- Any medical conditions
- Nationalities
- Do they have their passport
- Final Destination
- 

After the provisional call, they would investigate welfare checks with the effected personnel, monitor the situation throughout the evacuation, keeping the partner updated on all communications and movements.

They will need to ensure the evacuation meets the criteria for a covered event (additional questions, research, assessment and subsequent calls to in-country personnel may be required). If it is not a covered event, the partner can still request and evacuation and there will be a separate contract initiated with case fees.

# GROUP OUTBOUND TRAVEL INSURANCE POLICY

**POLICYHOLDER:** FAIRMONT SPECIALTY TRUST

**POLICYHOLDER ADDRESS:** ITA Global Trust, LTD  
Suite 4210, 2nd Floor Canella Court,  
48 Market St,  
Camana Bay  
P.O. Box 32203,  
Grand Cayman KY1-1208,  
Cayman Islands

**PARTICIPATING ORGANIZATION:** iNext

**EFFECTIVE DATE:** September 1, 2023

**EXPIRATION DATE:** August 31, 2024

**UMR:** B115R180022

The Policy is a legal contract between the Policyholder and Crum & Forster SPC for and on behalf of ITI SP (herein referenced as “the Company”).

This Policy is issued by Crum & Forster SPC for and on behalf of ITI SP to the Fairmont Specialty Trust located in the Cayman Islands.

This Policy is not subject to U.S. jurisdiction.

**Master Policy** means that certain group insurance policy issued to Fairmont Specialty Trust.

**Underwriter** shall mean Crum & Forster SPC.

The Company agrees to provide insurance, in exchange for the payment of the required premium. Coverage is subject to the terms and conditions described in the Policy.

The Company and the Policyholder have agreed to all the terms and conditions of the Policy. The Policy and the coverage provided by it become effective at 12:01 A.M. at the address of the Policyholder on the Policy Effective Date shown above. It continues in effect in accordance with the provisions set forth in the Policy.

**THIS IS LIMITED BENEFIT SHORT DURATION COVERAGE.**

**READ IT CAREFULLY.**

**THE POLICY IS NOT RENEWABLE.**

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## SCHEDULE OF BENEFITS

### iNext Comprehensive Ultimate Group

<b>Benefit Per Trip</b>	<b>Maximum Benefit Amount/Principal Sum</b>
Accident Medical Expense .....	up to \$500,000
Emergency Dental .....	up to \$750
Deductible .....	\$0
Accidental Death & Dismemberment	
24-Hour .....	up to \$20,000
Common Carrier (Air Only) .....	up to \$100,000
Baggage and Personal Effects .....	up to \$2,500
Per Article Limit .....	\$250
Combined .....	\$500
Baggage Delay (24 hours) .....	up to \$200
Emergency Medical Evacuation .....	up to \$1,000,000
Transportation to Join You (up to \$300/Day to maximum of 10 days) .....	up to \$3,000
Sickness Medical Expense .....	up to \$500,000
Mental Health Coverage .....	up to \$500,000
Deductible .....	\$0
Repatriation of Remains .....	up to \$50,000
Trip Delay (12 hours) (up to \$150/Day) .....	up to \$600
Trip Delay – Due to Quarantine (up to \$250/Day) .....	up to \$2,500

## ELIGIBILITY

- Class I All regular, full-time and part-time Students as well as Faculty/Staff/Chaperones/Volunteers of the educational organization or institution who are engaged in international educational activities and are temporarily located outside his/her Home Country.
- Class II Legal Spouses of Class I Insured Persons whose application has been accepted by the Company.
- Class III Eligible Dependent Children of Class I Insured Persons whose application has been accepted by the Company.

## GENERAL DEFINITIONS

Throughout this document, when capitalized, certain words and phrases are defined as follows:

**Accident** means a sudden, unexpected, unintended, specific event that occurs at an identifiable time and place but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

**Accidental Injury** means Bodily Injury caused by an Accident (of external origin) being the direct and independent cause in the Loss and that 1) requires a physical examination and medical treatment by a Physician and 2) commences while Your coverage is in effect. The injury must be verified by a Physician.

**Actual Cash Value** means the lesser of the replacement cost and the purchase price less depreciation.

**Additional Expenses** means any reasonable expenses for meals and lodging that were necessarily incurred as the result of a Hazard and that were not provided by the Common Carrier or other party free of charge.

**Bodily Injury** means identifiable physical injury that is caused by an Accident and is independent of disease or bodily infirmity.

**Certificate of Insurance** means this document, and any endorsements, riders or amendments that will attach during the period of coverage.

**Checked Baggage** means a piece of baggage that accompanies You for which a claim check has been issued to You by a Common Carrier.

**Common Carrier** means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire. Taxis and limousines are not Common Carriers as defined herein.

**Company** means Crum & Forster SPC on and behalf of ITI SP.

**Complications of Pregnancy** means conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include nonelective 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 does not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

**Covered Expenses** means expenses incurred by You that are for Medically Necessary care or treatment; due to Sickness or Bodily Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary Charges incurred while insured under this Certificate; and that do not exceed the Maximum Benefit limits shown in the Schedule of Benefits, under each stated benefit.

**Dependent Child(ren)** means Your child (or children), including an unmarried child, stepchild, legally adopted child or foster child who is more than thirty-one (31) days old and less than age twenty-six (26).

**Domestic Partner** means a person with whom You reside and can show evidence of cohabitation (including the shared responsibility for basic living expenses) for at least the previous six (6) months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which You reside.

**Economy Fare** means the lowest published rate for a round trip economy ticket.

**Effective Date** means 12:01 A.M. local time, at Your location, on the day after the required premium for such coverage is received by the Company or its authorized representative.

**Extreme Sports** means any high-risk non-team sport or recreation activity that is dangerous and if performed optimally, even by the highly skilled, risks loss of life or limb. Extreme Sports often involve speed, height, a high level of physical exertion and/or highly specialized gear.

**Family Member** means Your legal or common law Spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, or Domestic Partner.

**Felonious Assault** means a violent or criminal act reported to the local authorities which was directed at you during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping or rape.

**Hazard** means:

- (a) Any delay of a Common Carrier (including Inclement Weather).
- (b) Any delay by a traffic accident en route to a departure, in which You or a Traveling Companion is not directly involved.
- (c) Any delay due to lost or stolen passports, travel documents or money, Quarantine, hijacking, unannounced Strike, natural disaster, civil commotion or riot.
- (d) A closed roadway causing cessation of travel to the destination of the Trip (substantiated by the department of transportation, state police, etc.)

**Home Country** means the country where You have Your true, fixed and permanent home and principal establishment.

**Hospital** means a facility that:

- (a) holds a valid license if it is required by the law;
- (b) operates primarily for the care and treatment of sick or injured persons as in-patients;
- (c) has a staff of one or more Physicians available at all times;
- (d) provides twenty-four (24) hour nursing service and has at least one registered professional nurse on duty or call;
- (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, drug or physical rehabilitation facility or convalescent home for the aged, or similar institution.

**Incidental Trip** means a short-scheduled trip of 30 days or less to Your Home Country that has a defined departure and return date booked prior to the start of the Incidental Trip. To be an eligible Incidental Trip, the Incidental Trip must take place after Your Coverage Begin Date and end prior to Your Coverage End Date. This policy will not cover any expenses due to a Loss that occurs while on an Incidental Trip.

**Inclement Weather** means any severe weather condition that delays the scheduled arrival or departure of a Common Carrier.

**Insured** means the person who enrolled for coverage and whose premium was paid under the Policy.

**Loss** means Bodily Injury, Sickness or damage sustained by You, while coverage is in effect, in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

**Maximum Benefit** means the largest total amount that the Company will pay under any one benefit for You, as shown on the Schedule of Benefits.

**Medically Necessary** means a service or supply that: (a) is recommended by the attending Physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; (c) could not have been omitted without adversely affecting Your condition or quality of medical care; (d) is delivered at the most appropriate level of care and not primarily for the sake of convenience; and (e) is not considered experimental unless coverage for experimental services or supplies is required by law.

**Mountaineering** means the sport, hobby or profession of walking, hiking and climbing up mountains either: 1) utilizing harnesses, ropes, crampons, or ice axes; or 2) ascending 4,500 meters or above.

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

**Participating Organization** means a travel agency, tour operator, cruise line, airline or other organization that applies for coverage under the Policy and remits the required premium to the Company.

**Physician** means a licensed practitioner of medical, surgical or dental services acting within the scope of his/her license. The treating Physician may not be You, a Traveling Companion or a Family Member.

**Policy** means the Group Master Policy including the application and any endorsements, riders or amendments that will attach during the period of coverage.

**Quarantine** means Your strict isolation imposed by a Government authority or Physician to prevent the spread of disease. An embargo preventing You from entering a country is not a Quarantine.

**Reasonable and Customary Charges** means charges commonly used by Physicians in the locality in which care is furnished.

**Scheduled Departure Date** means the date on which You are originally scheduled to leave on the Trip.

**Scheduled Return Date** means the date on which You are originally scheduled to return to the point of origin or to a different final destination.

**Sickness** means an illness or disease of the body that: 1) requires a physical examination and medical treatment by a Physician and 2) commences while Your coverage is in effect. An illness or disease of the body that begins prior to the Effective Date of coverage is not a Sickness as defined herein and is not covered by this Certificate, unless it suddenly worsens or becomes acute after the Effective Date.

**Sound Natural Teeth** means teeth that are whole or properly restored and are without impairment, periodontal or other conditions and are not in need of the treatment provided for any reason other than an Accidental Injury. For purposes of this Certificate, teeth previously restored with a crown, inlay, onlay, or porcelain restoration or treated by endodontics, except amalgam or composite resin fillings, are not considered Sound Natural Teeth.

**Spouse** shall mean the primary Insured's legal or common law spouse.

**Strike** means any unannounced labor disagreement that interferes with the normal departure and arrival of a Common Carrier.

**Traveling Companion** means a person who has coordinated travel arrangements or vacation plans with You, intends to travel with You during the Trip. Note, a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

**Trip** means a trip or class of trips outside Your Home Country.

**You or Your** refers to the Insured.

## GENERAL PROVISIONS

The following provisions apply to all coverages:

**LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives Proof of Loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving Proof of Loss.

**MISREPRESENTATION AND FRAUD** – Your coverage shall be void if, whether before or after a Loss, You concealed or misrepresented any material fact or circumstance concerning this Certificate or the subject thereof, or Your interest therein, or if You commit fraud or false swearing in connection with any of the foregoing.

You must fully cooperate in the event the Company determines that an investigation of any claim is warranted.

**RIGHT OF RECOVERY/ SUBROGATION** - You must refund the Company any overpayment of benefits that occurs because a third party was liable to pay certain of Your expenses due to a wrongful act, negligence or omission. The refund will equal the amount the Company paid under this Certificate. If the refund is due from another person or organization, You must help the Company obtain the refund. The Company's right to be reimbursed has priority over Your right to be made whole. This means that the Company's right of recovery applies even if Your entire loss has not been compensated. However, the amount of the Company's recovery will be reduced by a proper share of Your legal fees and Your expenses needed to obtain the refund.

The Company has the right to pursue a refund or recovery even if You do not do so. This is called subrogation. You must help the Company use this right when requested. The Company's right of subrogation applies even if Your entire loss has not been compensated.

**ASSIGNMENT** - This Certificate is not assignable, whether by operation of law or otherwise, but benefits may be assigned.

**WHEN YOUR COVERAGE BEGINS** - Provided:

- (a) coverage has been elected; and
- (b) the required premium has been paid.

All coverage will begin on the later of the Effective Date or upon Your departure from Your Home Country.

**WHEN YOUR COVERAGE ENDS** - Your coverage will end at 11:59 P.M. local time on the date that is the earliest of the following:

- (a) the Scheduled Return Date as stated on the travel tickets; except for travel for an Incidental Trip;
- (b) three hundred sixty-four (364) days after the Effective Date.

**EXTENDED COVERAGE** - Coverage will be extended under the following conditions, should they occur during the journey to the return destination or to a different destination:

- (a) If You are a passenger on a scheduled Common Carrier that is unavoidably delayed up to five (5) days in reaching the final destination, coverage will be extended for the period of time needed to arrive at the final destination.

**The following provisions apply to all benefits except Baggage/Personal Effects and Baggage Delay:**

**PAYMENT OF CLAIMS** - The Company, or its designated representative, will pay a claim after receipt of acceptable Proof of Loss.

Benefits for Loss of life are payable to Your beneficiary. If a beneficiary is not otherwise designated by You, benefits for Loss of life will be paid to the first of the following surviving preference beneficiaries:

- a) Your spouse;
- b) Your child or children jointly;
- c) Your parents jointly if both are living or the surviving parent if only one survives;
- d) Your brothers and sisters jointly; or
- e) Your estate.

All other claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to Your legal guardian, committee or other qualified representative.

All or a portion of all other benefits provided by this Certificate may, at the option of the Company, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to You.

Any payment made in good faith will discharge the Company's liability to the extent of the claim.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other insurance policies. In no event will the Company reimburse You for an amount greater than the amount paid by You.

**NOTICE OF CLAIM** - Written notice of claim must be given by the claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered Loss first begins or as soon as reasonably possible. Notice should include Your name, the Participating Organization's name and the Plan number. Notice should be sent to the Company's administrative office, or to the Company's designated representative.

**PROOF OF LOSS** - The claimant must send the Company, or its designated representative, Proof of Loss within ninety (90) days after a covered Loss occurs or as soon as reasonably possible. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**PHYSICAL EXAMINATION AND AUTOPSY** - The Company, or its designated representative, at its own expense, have the right to have You examined as often as reasonably necessary while a claim is pending. The Company, or its designated representative, also has the right to have an autopsy made unless prohibited by law.

**TIME OF PAYMENT OF CLAIMS** - Benefits payable under this Certificate for any Loss other than Loss for which this Certificate provides any periodic payment will be paid immediately upon receipt of due written Proof of such Loss. Subject to due written Proof of Loss, all accrued indemnities for Loss for which this Certificate provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability, will be paid immediately upon receipt of due written proof.

All claims shall be paid within thirty (30) days following receipt by the Company of due Proof of Loss. Failure to pay within such period shall entitle the claimant to interest at the rate of six (6) percent per annum from the thirtieth (30<sup>th</sup>) day after receipt of such Proof of Loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. You or Your assignee shall be notified by the Company or designated representative of any known failure to provide sufficient documentation for a due Proof of Loss within thirty (30) days after receipt of the claim. Any required interest payments shall be made within thirty (30) days after the payment.

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

**NOTICE OF LOSS** - If Your property covered under this Certificate is lost, stolen or damaged, You must:

- (a) notify the Company, or its authorized representative 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 twenty-four (24) hours.

**PROOF OF LOSS** - You must furnish the Company, or its designated representative, with Proof of Loss. This must be a detailed sworn statement. It must be filed with the Company, or its designated representative, within ninety (90) days from the date of Loss. Failure to comply with these conditions shall invalidate any claims under this Certificate.

**SETTLEMENT OF LOSS** - Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Company and the Company has determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable Proof of Loss and the value involved to the Company.

**BENEFIT TO BAILEE** - This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

**ACCIDENT MEDICAL EXPENSE**

The Company will reimburse benefits up to the Maximum Benefit shown on the Schedule of Benefits, if You incur necessary Covered Medical Expenses as the result of an Accidental Injury that occurs during the Trip. You must receive initial treatment for Accidental Injuries within ninety (90) days of the Accident that caused them and while on the Trip. All services, supplies or treatment must be received within fifty-two (52) weeks of the date of the Accident

Covered Medical Expenses are expenses incurred for necessary services and supplies: (a) listed below; and (b) ordered or prescribed by the attending Physician as Medically Necessary for treatment, that are limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines and therapeutic services.

The Company will not reimburse benefits in excess of the Reasonable and Customary Charges. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

The Company will reimburse benefits up to the Maximum Benefit shown on the Schedule of Benefits for emergency dental treatment for Accidental Injury to Sound Natural Teeth that occurs during the Trip within twelve (12) months of the Accidental Injury.

If You are Hospitalized due to an Accidental Injury that first occurred during the course of the Trip beyond the Scheduled Return Date, coverage under this benefit will be extended until You are released from the Hospital or until Maximum Benefits under this Certificate have been paid.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

**ACCIDENTAL DEATH AND DISMEMBERMENT – 24-HOUR**

The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Trip, sustain a Loss shown in the Table below. The Loss must occur within one hundred eighty (180) days after the date of the Accident causing the Loss.

The Principal Sum is shown on the Schedule of Benefits. If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount of a sustained Loss shown in the Table of Losses.

<b>TABLE OF LOSSES</b>	
Loss of:	Percentage of Principal Sum:
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%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of same hand	25%

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints; and
2. eye means an entire and irrecoverable Loss of sight;
3. speech or hearing means entire and irrecoverable Loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

**EXPOSURE**

The Company will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an Accident. The Loss must occur within three hundred sixty-five (365) days after the event that caused the exposure.

**DISAPPEARANCE**

The Company will pay benefits for Loss of life if Your body cannot be located within three hundred sixty-five (365) days after Your disappearance due to an Accident.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

**ACCIDENTAL DEATH AND DISMEMBERMENT – COMMON CARRIER (AIR ONLY)**

The Company will pay benefits for Accidental Injuries resulting in a Loss as described in the Table of Losses below, that occurs while You are riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the transportation of passengers for hire during the Trip. The Loss must occur within three hundred sixty-five (365) days after the date of the Accident causing the Loss.

The Principal Sum is shown on the Schedule of Benefits. If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount shown in the Table of Losses.

<b>TABLE OF LOSSES</b>	
Loss of:	Percentage of Principal Sum:
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%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of same hand	25%

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints; and
2. eye means an entire and irrecoverable Loss of sight;
3. speech or hearing means entire and irrecoverable Loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

**EXPOSURE**

The Company will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an Accident of an air conveyance operated under a license for the transportation of passengers for hire during the Trip. The Loss must occur within three hundred sixty-five (365) days after the event that caused the exposure.

**DISAPPEARANCE**

The Company will pay benefits for Loss of life if Your body cannot be located within three hundred sixty-five (365) days after Your disappearance due to forced landing, stranding, sinking, or wrecking of an air conveyance operated under a license for the transportation of passengers for hire during the Trip in which You were a passenger.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

**BAGGAGE DELAY (Outward Journey Only)**

The Company will reimburse You for the expense of necessary personal effects, up to the Maximum Benefit shown on the Schedule of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than twenty-four (24) hours while on a Trip.

You must be a ticketed passenger on a Common Carrier.

Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchases must accompany any claim.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

### **BAGGAGE/PERSONAL EFFECTS**

The Company will reimburse You up to the Maximum Benefit shown on the Schedule of Benefits, if You sustain Loss, theft or damage to baggage and personal effects during the Trip, provided You have taken all reasonable measures to protect, save and/or recover the property at all times. The baggage and personal effects must be owned by and accompany You during the Trip. The police or other authority must be notified within twenty-four (24) hours in the event of theft.

This coverage is subject to any coverage provided by a Common Carrier.

There will be a per article limit shown on the Schedule of Benefits.

There will be a combined Maximum Benefit limit shown on the Schedule of Benefits for the following:

jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; personal computers, cameras and their accessories and related equipment.

The Company will pay the lesser of the following:

- (a) Actual Cash Value at time of Loss, theft or damage to baggage and personal effects; or
- (b) the cost of repair or replacement in like kind and quality.

### **EXTENSION OF COVERAGE**

If You have checked Your property with a Common Carrier and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the Common Carrier delivers the property.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

### **EMERGENCY EVACUATION**

The Company will pay benefits for Covered Expenses incurred, up to the Maximum Benefit shown on the Schedule of Benefits, if an Accidental Injury or Sickness commencing during the course of the Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants Your Emergency Evacuation.

Emergency Evacuation means:

- (a) Your medical condition warrants immediate Transportation from the hospital where You are first taken when injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;
- (b) after being treated at a local Hospital, Your medical condition warrants Transportation to Your Home Country where You reside, to obtain further medical treatment or to recover; or
- (c) both (a) and (b), above.

Covered Expenses are reasonable and customary expenses for necessary Transportation, related medical services and medical supplies incurred in connection with Your Emergency Evacuation. All Transportation arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for Transportation must be:

- (a) recommended by the attending Physician;
- (b) required by the standard regulations of the conveyance transporting You; and
- (c) authorized in advance by the Company or its authorized representative.

Transportation of Dependent Children: If You are expected to be in the Hospital for more than three (3) consecutive days, the Company will return Your unattended Dependent Children accompanying You on the scheduled Trip, to their home, with an attendant if necessary.

Transportation to Join You: If You are traveling alone and are expected to be in a Hospital alone for more than three (3) consecutive days, or if the attending Physician certifies that due to Your Accidental Injury or Sickness, You will be required to stay in the Hospital for more than three (3) consecutive days, upon request the Company will bring a person, chosen by You, for a single visit to and from Your bedside, provided that repatriation is not imminent.

Transportation to Join You due to Felonious Assault: If You are traveling alone and are the victim of a Felonious Assault, upon request the Company will bring a Family Member chosen by You, for a single visit to and from Your bedside. The Family Member's travel must take place within seven (7) days of the date of the Felonious Assault.

Transportation services are provided if authorized in advance by the assistance provider and are limited to necessary Economy Fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

#### **REPATRIATION OF REMAINS**

The Company will pay the reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the Trip. This will not exceed the Maximum Benefit shown on the Schedule of Benefits. This benefit is provided if authorized in advance by the assistance provider.

Covered Expenses include but are not limited to: 1) expenses for embalming or cremation; 2) casket or receptacle for transport and transportation; 3) escort services to include expenses for a Family Member or Traveling Companion to join your body during the Repatriation to your primary residence.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

#### **SICKNESS MEDICAL EXPENSE**

The Company will reimburse You, up to the Maximum Benefit shown on the Schedule of Benefits, if You incur Covered Medical Expenses as a result of a Sickness that first manifests itself during the Trip. You must receive initial treatment within ninety (90) days of the onset of the Sickness and while on the Trip. All services, supplies or treatment must be received within fifty-two (52) weeks following the onset of the Sickness.

Covered Medical Expenses are expenses incurred for necessary services and supplies: (a) listed below; and (b) ordered or prescribed by the attending Physician as Medically Necessary for treatment, that are limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines and therapeutic services.

The Company will not pay benefits in excess of the Reasonable and Customary Charges. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

If You are Hospitalized due to a Sickness that first occurred during the course of the Trip beyond the Scheduled Return Date, coverage under this benefit will be extended until You are released from the Hospital or until Maximum Benefits under this Certificate have been paid.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

#### **TRIP DELAY**

The Company will reimburse You for Covered Expenses, up to the Maximum Benefit shown on the Schedule of Benefits, if You are delayed, while coverage is in effect, en route to or from the Trip for twelve (12) or more hours due to a defined Hazard.

#### **Covered Expenses:**

- (a) Any Additional Expenses incurred;
- (b) An Economy Fare from the point where You ended Your Trip to a destination where You can catch up to the Trip; or
- (c) A one-way Economy Fare to return You to Your originally scheduled return destination.

You must provide the following documentation when presenting a claim for these benefits:

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

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

#### **LIMITATIONS AND EXCLUSIONS**

**The following exclusions apply to Trip Delay, Accidental Death & Dismemberment 24-Hour, Accidental Death & Dismemberment – Common Carrier (Air Only), Sickness Medical Expense, Accident Medical Expense, Emergency Evacuation and Repatriation of Remains:**

Loss caused by or resulting from:

1. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
2. participation in any military maneuver or training exercise;
3. piloting or learning to pilot or acting as a member of the crew of any aircraft;
4. participation as a professional in athletics;
5. commission or the attempt to commit a dishonest, fraudulent or criminal act;

6. participating in skydiving; hang-gliding; Parachuting; Mountaineering; any race; bungee cord jumping; speed contest (speed contest shall not include any of the regatta races); scuba diving, unless You are certified to dive; deep sea diving; spelunking or caving; heliskiing; extreme skiing; Extreme Sports;
7. dental treatment except as a result of an injury to Sound Natural Teeth within twelve (12) months of the injury;
8. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
9. pregnancy and childbirth (except for Complications of Pregnancy);
10. curtailment or delayed return for other than covered reasons;
11. traveling for the purpose of securing medical treatment;
12. services not shown as covered;
13. care or treatment that is not Medically Necessary;
14. Accidental Injury or Sickness when traveling against the advice of a Physician;
15. cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child;
16. any expenses incurred in the Home Country.

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

The Company will not provide benefits for any Loss or damage to:

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers;
5. motors;
6. motorcycles;
7. aircraft;
8. bicycles (except when checked as baggage with a Common Carrier);
9. household effects and furnishing;
10. antiques and collector's items;
11. eye glasses, sunglasses or contact lenses;
12. artificial teeth and dental bridges;
13. hearing aids;
14. artificial limbs and other prosthetic devices;
15. prescribed medications;
16. keys, cash, stamps, securities and documents;
17. tickets;
18. credit cards;
19. professional or occupational equipment or property, whether or not electronic business equipment;
20. sporting equipment if loss or damage results from the use thereof;
21. musical instruments;
22. retainers and orthodontic devices.

**Any Loss caused by or resulting from the following is excluded:**

1. breakage of brittle or fragile articles;
2. wear and tear or gradual deterioration;
3. insects or vermin;
4. inherent vice or damage while the article is actually being worked upon or processed;
5. confiscation or expropriation by order of any government;
6. war or any act of war whether declared or not;
7. theft or pilferage while left unattended in any vehicle;
8. mysterious disappearance;
9. property illegally acquired, kept, stored or transported;
10. insurrection or rebellion;
11. imprudent action or omission;
12. property shipped as freight or shipped prior to the Scheduled Departure Date.

## **24/7 TRAVEL ASSISTANCE SERVICES:**

iNext includes the following Services which are available to You for and during Your Covered Trip:

- Medical evacuation
- Rebooking Services
- Medically necessary repatriation
- Repatriation of remains
- Medical or legal referral
- Hospital admission assistance
- Translation service
- Lost Baggage retrieval
- Lost Document Assistance
- Worldwide Medical information
- Passport / Visa information
- Emergency cash advance
- Prescription drug / eyeglass replacement
- Legal Referral/Bail bond
- Embassy & Consular Services

**NOTE: Any expenses incurred for services rendered while not on an iNext Covered Trip will be Your responsibility.**

Services are provided by an independent organization and not by Crum & Forster SPC for and on behalf of ITI SP. There may be times when circumstances beyond the assistance company's control hinder their endeavors to provide travel assistance services. They will, however, make all reasonable efforts to provide travel assistance services and help You resolve Your emergency situation.

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### **CLAIMS:**

Co-ordinated Benefit Plans, LLC

Claims Administrator for Crum & Forster SPC for and on behalf of ITI SP

P.O. Box 26222

Tampa, FL 33623

Online at <https://cbpconnect.com>, Or E-mail your information to: [TravelTeam@cbpinsure.com](mailto:TravelTeam@cbpinsure.com)

Phone: 866-723-3063 / 727-412-7378

Hours of operation:

Monday, Tuesday, Wednesday, Friday 8:30am-5:00pm (eastern)

Thursday 9:30am-5:00pm (eastern)