

United States Fire Insurance Company

Administrative Office: 5 Christopher Way, Eatontown, NJ 07724

TRAVEL INSURANCE CERTIFICATE

Spot Pass Protection

This certificate describes the travel insurance benefits underwritten by United States Fire Insurance Company, herein referred to as the "Company" or as "We", "Us" and "Our". Please refer to the Schedule of Benefits, which provides the Insured, also referred to as "You" or "Your", with specific information about the program You purchased. Defined terms are capitalized and their meanings are listed in the General Definitions section.

PLEASE READ THIS DOCUMENT CAREFULLY FOR FULL DETAILS

This document is a legal contract issued in consideration of Your enrollment and payment of the premium due collected by Us or Our authorized representative. If there are any conflicts between the contents of this document and the policy (form series T7000-GBP), the policy will govern in all cases.

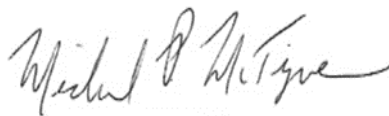
10 Day Free Look Period

If You are not satisfied for any reason, You may cancel this insurance within 10 days from the date of purchase by providing Us or Our authorized representative the cancellation notice. We will refund Your premium provided there has been no incurred loss; You have not departed on Your Trip or filed a claim under this certificate. When so returned, all coverages under this certificate are invalid from the beginning.

Signed for United States Fire Insurance Company By:



Marc J. Adee
Chairman and CEO



Michael P. McTigue
Secretary

Table of Contents

Schedule of Benefits.....	3
Coverage Provisions	4
When Coverage Begins and Ends.....	4
Coverages.....	4
General Definitions	7
Exclusions and Limitations	10
Premiums	11
Claims Procedures.....	11
How to File a Claim	11
General Provisions	12
Amendatory Endorsements	15
Privacy Notice	36

SCHEDULE OF BENEFITS

No benefits will duplicate any other benefit or coverage provided under this policy. Should there be a duplication of coverage or benefits, then We will pay the benefit providing the largest amount of coverage.

COVERAGES	MAXIMUM BENEFIT AMOUNT
Trip Cancellation	100% of non-refundable insured Trip Cost
Cancel for Work Reasons	100% of non-refundable insured Trip Cost
Trip Interruption	100% of non-refundable insured Trip Cost
Interruption for Work Reasons	100% of non-refundable insured Trip Cost

COVERAGE PROVISIONS

Who Is Eligible For Coverage

A person who is booked to travel on a Trip and pays the required premium is covered under this certificate. Eligibility for purchase of this certificate will be determined at the time of claim. If it is determined that You or Trip is not eligible for coverage, any claim for benefits will be denied and Your premium for this certificate will be refunded.

Non-Refundable Provision

After the 10 day review period, the premium for this certificate is non-refundable.

WHEN COVERAGE BEGINS AND ENDS

When Coverage Begins:

This is Your Effective Date and time for Trip Cancellation; Cancel For Work Reasons:

Coverage begins at 12:01 a.m. at Your location on the day after the date We or Our authorized representative receive the required premium to cover Your Trip.

This is Your Effective Date and time for All Other Coverages:

Coverage begins the first day of the season as listed on the confirmation of benefits.

When Coverage Ends:

Trip Cancellation; Cancel for Work Reasons: coverage(s) automatically end on the earlier of:

1. the date and time You depart on Your Trip;
2. the date and time You cancel Your Trip.

All Other Coverages: Your coverage automatically ends on the earlier/est of:

1. cancellation of Your Trip covered by this certificate;
2. the last day of the season as listed in the enrollment document, confirmation of coverage, travel documents or itinerary.

COVERAGES

TRIP CANCELLATION

If You cancel Your Trip prior to the Scheduled Departure Date, We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for unused, forfeited, prepaid non-refundable Payments or Deposits for the Travel Arrangements You purchased for Your Trip, provided the cancellation occurs while coverage is in effect for You and is due to any of the following covered Unforeseen reasons, as defined:

1. Your, or a Family Member's death that occurs before departure on Your Trip; or
2. Your, or a Family Member's Sickness or Injury, that:
 - a. occurs before departure on Your Trip;
 - b. is examined and treated by a Physician prior to cancellation; and
 - c. as certified by a Physician, results in medical restrictions so disabling as to cause You to cancel Your Trip.
3. You must cancel Your Trip due to Other Covered Events as defined, provided such circumstances occur while coverage is in effect:

Other Covered Events means:

1. Your Primary Residence is made Uninhabitable and remains Uninhabitable during Your Trip by a Natural Disaster, vandalism or burglary;
2. You are hijacked or Quarantined;
3. You are subpoenaed, required to serve on a jury, or required to appear as a witness in a legal action, provided You are not: 1) a party to the legal action; or 2) appearing in a law enforcement capacity;
4. You or Family Member are called to active military duty or emergency service as a reservist either to serve or to provide aid or relief in the event of a Natural Disaster, a Civil Disorder, Terrorist Incident or due to war or an act of war;
5. Your previously granted military leave is revoked or reassigned. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required. The military leave for the dates of travel must have been approved prior to the Effective Date of Trip Cancellation coverage and the leave revoked or reassigned after the Effective Date of Trip Cancellation coverage;.

The maximum payable under this Trip Cancellation Benefit is the lesser of the total amount of coverage You purchased or the Maximum Benefit Amount shown in the Schedule of Benefits.

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

CANCEL FOR WORK REASONS

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the unused prepaid, forfeited, non-refundable Payments or Deposits paid to Your Travel Supplier for the covered Travel Arrangements You purchased for Your Trip, when You cancel Your Trip for one of the following covered Unforeseen reasons:

1. You have an involuntary transfer of employment within the same organization of one hundred (100) or more miles which requires Your Primary Residence to be relocated. Provided that You have been an active employee with the same employer for at least 1 continuous year. Notification of the transfer must occur after the Effective Date of Your Trip Cancellation Coverage. This provision is not applicable to temporary or seasonal employment, independent contractors, freelancer or self-employed persons;
2. You are involuntarily terminated or laid off from Your employment. The termination notice must occur at least thirty (30) days after the Trip Cancellation Effective Date. You must have been an active employee with the same employer for at least one (1) continuous year. This provision is not applicable to temporary or seasonal employment, independent contractors, freelancer or self-employed persons.

Provided the following conditions are met:

1. You purchase this benefit within the Time Sensitive Period.

We will not pay benefits for any additional penalty charges incurred that would not have been imposed had You notified the Travel Supplier and Us within the specified period.

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

TRIP INTERRUPTION

If You must start Your Trip late or are unable to complete Your Trip, We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the unused, forfeited, prepaid non-refundable Payments or Deposits paid for the Travel Arrangements You purchased for Your Trip:

Trip Interruption must occur while coverage is in effect for You due to any of the following covered Unforeseen reasons, as defined:

1. Your, or a Family Member's death, which occurs while You are on Your Trip; or
2. Your, or a Family Member's Sickness or Injury, that:

- a) occurs while You are on Your Trip;
 - b) is examined and treated by a Physician prior to the time of interruption; and
 - c) as certified by a Physician, results in medical restrictions so disabling as to prevent Your continued participation on Your Trip.
3. You must interrupt Your Trip due to Other Covered Events as defined, provided such circumstances occur while coverage is in effect:

Other Covered Events means:

1. Your Primary Residence is made Uninhabitable and remains Uninhabitable during Your Trip by a Natural Disaster, vandalism or burglary;
2. You are hijacked or Quarantined;
3. You are subpoenaed, required to serve on a jury, or required to appear as a witness in a legal action, provided You are not: 1) a party to the legal action; or 2) appearing in a law enforcement capacity;
4. You or Family Member are called to active military duty or emergency service as a reservist either to serve or to provide aid or relief in the event of a Natural Disaster, a Civil Disorder, or Terrorist Incident or due to war or an act of war;
5. Your previously granted military leave is revoked or reassigned while You are on the Trip and You have to interrupt the Trip. Official written notice of the revocation or re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required. The military leave for the dates of travel must have been approved prior to the Effective Date of Trip Interruption coverage and the leave revoked or reassigned after the Effective Date of Trip Interruption coverage.

In no event shall the amount reimbursed for Trip Interruption exceed the lesser of the amount You prepaid for Your Trip or the Maximum Benefit Amount shown in the Schedule of Benefits.

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

INTERRUPTION FOR WORK REASON

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for unused, forfeited prepaid non-refundable Payments or Deposits paid for the Travel Arrangements You purchased for Your Trip, if You interrupt Your Trip forty-eight (48) or more hours after the actual Scheduled Departure Date for the following covered Unforeseen Work reason(s) listed below, provided You are not otherwise covered under this certificate:

1. You have an involuntary transfer of employment within the same organization of one hundred (100) or more miles which requires Your Primary Residence to be relocated and You have to interrupt Your Trip, provided that You have been an active employee with the same employer for at least one (1) continuous year. Notification of the transfer must occur while You are on Your Trip and the transfer must occur during Your Trip. This provision is not applicable to temporary employment, seasonal employment, independent contractors, freelancer or self-employed persons;
2. You are involuntarily terminated or laid off by Your employer while You are on Your Trip. You must have been an active employee with the same employer for at least one (1) continuous year. This provision is not applicable to temporary employment, seasonal employment, independent contractors, freelancer or self-employed persons.

Provided the following conditions are met:

1. You purchase this benefit within the Time Sensitive Period.

In no event shall the amount reimbursed for Interruption For Work Reason exceed the lesser of the amount You prepaid for Your Trip or the Maximum Benefit Amount shown in the Schedule of Benefits.

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

GENERAL DEFINITIONS

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

Business Partner means a person who is: (1) involved with You in a legal partnership; and (2) actively involved in the daily management of the business.

Children/Child means a person:

1. under age of seventeen (17) and primarily dependent on You for support and maintenance; or
2. who is at least age seventeen (17) but less than age twenty-six (26) and primarily dependent on You for support and maintenance and who regularly attends an accredited school or college.

The age limit does not apply to a child who is incapable of self-sustaining employment by reason of mental or physical incapacity.

Civil Disorder or Riot means a public disturbance by a person or persons acting in revolt, coup, rebellion or resistance against an established government or civil authority that causes immediate danger, damage, or injury to others or their property.

Domestic Partner means an opposite or a same-sex partner who is at least eighteen (18) years of age and has met all of the following requirements for at least twelve (12) months:

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

We may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership or whatever documentation as required by the state in which You reside.

Effective Date means the date and time Your coverage begins, as indicated in When Coverage Begins and Ends section of this certificate.

Family Member means the following relatives of You:

- a) Spouse, civil union partner, Domestic Partner, or fiancé;
- b) children, children-in-law, step-children, foster children, ward or legal ward or fiancé's child;
- c) siblings, siblings-in-law, step-siblings;
- d) parents, parents-in-law, step-parents, legal guardians, or guardians;
- e) grandparents, step-grandparents, grandchildren, or step-grandchildren;
- f) aunts or uncles;
- g) nieces or nephews.

Injury(ies)/Injured means a bodily injury caused by an Accident occurring while Your coverage under this certificate is in force and resulting directly and independently of all other causes of loss covered by this certificate. Injury must not be caused by, or result from, Sickness. The injury(ies) requires examination and treatment and must be verified by a Physician.

Medically Fit to Travel means based on assessment by a treating Physician, following Your Injury or Sickness that occurs while on Your Trip, You are medically able to travel.

Mental, Nervous or Psychological Condition or Disorder means a mental or nervous health condition including, but not limited to: anxiety, depression, and neurosis, panic attack, phobia (such as fear of flying, fear of terrorism, fear of disease, etc.), psychosis; or any related physical manifestation. Mental, Nervous or Psychological Condition or Disorder does not include drug addiction, marijuana addiction, or alcohol addiction.

Natural Disaster means a flood, tsunami, cyclone, hurricane, tornado, earthquake, mudslide, avalanche, landslide, volcanic eruption, sandstorm, sinkhole, named winter storm, severe hail storm, fire, wildfire or blizzard; all of which are due to natural causes.

Payments or Deposits means the cash, check, or credit card amounts actually paid for Your Travel Arrangements. Certificates, vouchers, discounts and/or credits applied (in part or in full) towards the cost of Your Travel Arrangements are not Payments or Deposits as defined herein.

Physician means a licensed practitioner of medical, or surgical services acting within the scope of his/her license in the jurisdiction where the services are rendered. The treating Physician cannot be You, a Family Member, or retained by the Policyholder.

Pre-Existing Medical Condition means an illness, disease, or other condition during the sixty (60) day period immediately prior to the date Your coverage is effective for which You or a Family Member:

- 1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute, or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or
- 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the sixty (60) day period before coverage is effective under this certificate.
- 3) required a change in prescribed medication. Change in prescribed medication means the dosage or frequency of a medication has been reduced, increased, stopped and/or new medications have been prescribed due to the worsening of an underlying condition that is being treated with the medication, unless the change is:
 - a) between a brand name and a generic medication with comparable dosage; or
 - b) an adjustment to insulin or anti-coagulant dosage.

Death resulting from a pre-existing medical condition will not be excluded. Death must occur prior to the termination date of the benefit under which the claim is being made.

Primary Residence means Your fixed, permanent and main home for legal and tax purposes.

Quarantined means You are forced into strict medical isolation by a recognized government authority, their authorized deputies, medical examiners or Physician to prevent the spread of the disease due to You either having, or being suspected of having an contagious disease, infection or contamination.

An embargo preventing You from entering a country is not a quarantine.

Scheduled Departure Date means the date on which You are originally scheduled to leave on Your Trip. This date is specified in the enrollment, itinerary or other travel documents.

Season Pass means any paid admission ticket to ski access pass for multiple day usage throughout the duration of the Season Pass Coverage Period as listed in the in the enrollment, itinerary or other travel documents.

Season Pass Coverage Period means the period for which coverage is elected and the premium paid and for which a Season Pass has been purchased.

Sickness means an illness or disease of the body, that commences while Your coverage is in effect and requires examination, diagnosis and treatment by a Physician.

An illness or disease of the body that first manifests itself and then worsens or becomes acute prior to the Effective Date of Your coverage is not a Sickness as defined herein and is not covered by the certificate.

Sickness does not include any Mental, Nervous or Psychological, Condition or Disorders including but not limited to anxiety, depression, neurosis, phobia, psychosis; or any related physical manifestation. Sickness does not include drug addiction, marijuana addiction, or alcohol addiction.

Spouse means Your lawful spouse, if not legally separated or divorced. For the purposes of this certificate, the term spouse includes civil union partner whenever used.

Terrorist Incident means an act of violence by any person acting on behalf of or in connection with any organization which is generally recognized as having the intent of overthrow or influence the control of any government or an act of violence committed by a Foreign Terrorist Organization (designated or recognized as such by the US State Department) that results in property damage, Injury or loss of life.

Third Party(ies) means any person, corporation or other entity (except You, Rental Property and Us).

Time Sensitive Period means insurance must be purchased within twenty (20) days of the date Your initial Payments or Deposits for Your Trip is received.

Travel Arrangements means: (a) transportation; (b) accommodations; and (c) other specified services arranged for Your Trip by Your Travel Supplier.

Travel Supplier means Alterra Mountain Company.

Traveling Companion means a person or persons whose name(s) appear(s) with Yours on the same Travel Arrangements and who, during Your Trip, will accompany You.

Trip means Travel must be more than two (2) miles from Your Primary Residence to participate in winter recreational activities at a ski resort for which You purchased a pre-paid non-refundable Season Pass.

Trip Cost means the dollar amount for Trip Payments or Deposits:

- a. which are not refunded or refundable by the Travel Supplier, or are subject to restrictions; and
- b. which are identified by You on the enrollment documents; and
- c. for which insurance was purchased.

Unforeseen means not known, anticipated or reasonably expected, and occurring after the effective date of the benefit under which the claim is being made.

Uninhabitable means:

- (1) the building structure itself is unstable and there is a risk of collapse in whole or in part; or
- (2) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; or

- (3) immediate safety hazards have yet to be cleared, such as debris or downed electrical lines; or
- (4) the property is without electric gas, sewer service or water; or
- (5) local government authorities have issued a mandatory evacuation; or
- (6) the destination is inaccessible by the mode of transportation as shown on the travel documents or itinerary.

You, Your means the person who is covered under this certificate.

Wanton means senseless, unprovoked, unjustifiable, or deliberately malicious.

Willful means deliberate or intentional.

EXCLUSIONS AND LIMITATIONS

Unless otherwise shown below, these exclusions apply to You or Your Family Member.

The following exclusion(s) appl(y)(ies) to the Trip Cancellation and Trip Interruption

We will not pay for any loss or expense caused due to, arising or resulting from:

1. a Pre-Existing Medical Condition, as defined in the certificate;
2. being arrested for a DUI/ DWI and as result, being admitted into a (i) drug, marijuana or alcohol treatment facility; (ii) jail; or (iii) awaiting trial;

Death resulting from a Pre-Existing Medical Condition will not be excluded. Death must occur prior to the termination date of the benefit under which the claim is being made.

In addition to any applicable benefit-specific exclusion, the following general exclusions apply to all losses and all benefits.

We will not pay for any loss or expense caused due to, arising or resulting from:

1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked and scheduled to travel with You, while sane or insane;
2. being under the influence of drugs or narcotics, unless administered upon the advice of a Physician as prescribed;
3. activities, losses, or claims involving or resulting from possession, production, processing, sale, or use of marijuana, illegal drugs, alcohol or substances are excluded from coverage;
4. participation in a Civil Disorder or Riot, or insurrection;
5. the commission of or attempt to commit a felony or being engaged in an illegal occupation by You, a Traveling Companion, Family Member, or Business Partner;
6. directly or indirectly, the actual, alleged or threatened use, discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive weapon, device, material, gas, matter or contamination;
7. air travel on a privately owned aircraft (whether as a pilot or a passenger);
8. gross negligence, or Willful and Wanton conduct by You.

MEDICALLY FIT TO TRAVEL EXCLUSION:

We will not pay any expense as a result of You having been advised in writing that You, or a Family Member scheduled and booked to travel with You are not Medically Fit to Travel at the time of purchase of coverage for a Trip, as defined in the certificate.

If coverage for a Trip is purchased and it is later determined that You, or a Family Member scheduled and booked to travel with You were not Medically Fit to Travel at the time of purchase of coverage for Your Trip, as defined in the certificate, the coverage is void and premium paid will be returned.

PREMIUMS

PREMIUMS: Coverage is not effective unless all premium due has been paid prior to the date of loss. In the event the premium paid for coverage is less than the required premium for coverage, benefits will be paid indirect proportion of the actual amount paid to the required premium due.

CLAIMS PROCEDURES

Your duties in the event of a loss:

For Trip Cancellation and Trip Interruption

Immediately, or as soon as possible, call Your Travel Supplier and the program administrator (see Where to Report a Claim) to report Your cancellation or interruption to avoid non-covered charges due to late reporting.

If the Insured is prevented from taking their Trip as scheduled or must interrupt their Trip due to Sickness or Injury, the Insured should obtain medical care immediately. We require an examination and treatment by a Physician prior to cancellation or interruption. Provide all unused transportation tickets, official receipts, etc.

HOW TO FILE A CLAIM

Notice of Claim: Notice of claim must be reported to Us or Our authorized representative within twenty (20) days after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to Us or Our authorized representative and should include sufficient information to identify You. Failure by You or someone on Your behalf to make such notification may result in no benefits being paid.

Claim Forms: When notice of claim is received by Us or Our authorized representative, iTravelInsured forms for filing proof of loss will be furnished. If these forms are not sent within fifteen (15) days, the proof of loss requirements can be met by You sending Us a written statement of what happened. This statement must be received within the time given for filing Proof of Loss.

Proof of Loss: Proof of loss must be provided within ninety (90) days after the date of the loss or as soon as is reasonably possible. Failure to furnish such proof within provided period will not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof during that time. Proof of Loss must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

All claims require You to provide iTravelInsured with the following: a Trip invoice, itinerary or confirmation showing details of Your Trip (dates of travel, destination, etc.); and any other information reasonably required to prove the loss.

Where to Report a Claim: IMG iTravelInsured Claims

1. Online: www.imglobal.com
2. Mail: P.O. Box 3231, Farmington Hills, MI 48333-3231, USA
3. Telephone: 1-866-243-7524 or 1-317-655-9698
4. E-mail: iTravelClaims@IMGGlobal.com
5. Fax: 1-317-927-6882
6. iTravelInsured will accept electronic copies of claim submissions, except as expressly stated elsewhere. However, iTravelInsured may, at its discretion, require original documentation to be sent.

Payment of Claims: Benefits for loss of life will be paid to Your designated 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:

1. Your spouse;
2. Your child or children jointly;
3. Your parents jointly if both are living or the surviving parent if only one survives;
4. Your brothers and sisters jointly; or

5. Your estate.

All other benefits will be paid directly to You, unless otherwise directed. Any accrued benefits unpaid at Your death will be paid to Your estate. If You have assigned Your benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

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

If any benefit is payable to: (a) an Insured who is a minor or otherwise not able to give a valid release; or (b) Your estate, We may pay any amount due under the certificate to Your beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.

If You paid for the cost of Your Trip for Yourself, as well as other travelers and incurred a covered loss, benefits will be paid directly to You, unless otherwise directed.

Disagreement Over Size of Loss: If there is a disagreement about the amount of the loss, either You or Us can make a written demand for an appraisal. After the demand, You and Us each select their own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by You is paid by You. We will pay the appraiser if We chooses. You will share with Us the cost for the arbitrator and the appraisal process.

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

Recovery: To the extent We pay for a loss suffered by You, We will be assigned the rights and remedies You had relating to the loss. You will be made whole before We begin recovery

You must help Us preserve its rights against those responsible for its loss. This may involve signing any papers and taking any other steps We may reasonably require. When You have been paid benefits under this certificate but also recovers from another certificate, the amount recovered from the other certificate shall be held in trust for Us by You and reimbursed to Us to the extent of Our payment.

As a condition to receiving the applicable benefits listed above, You agree, except as may be limited or prohibited by applicable law, to reimburse Us for any such benefits paid to or on behalf of You, if such benefits are recovered, in any form, from any Third Party or coverage.

We will not pay or be responsible, without its written consent, for any fees or costs associated with the pursuit of a claim, cause of action or right by or on behalf of an Insured or such other person against any Third Party or coverage.

Coverage as used in this Recovery section, means any other fund or insurance certificate except coverage provided under this certificate.

GENERAL PROVISIONS

The Contract: The entire contract is made up of the Policy and amendments if applicable, the Policyholder's Application, a copy of which is attached and the Certificates of Insurance. This Policy may be changed, renewed, or ended without notice to or consent of any person with a beneficial interest in this Policy.

Certificates: The Company will issue Certificates to the Policyholder for their Insureds. Such Certificates will describe each person's benefits and rights under this Policy.

Excess Insurance: Insurance provided by this certificate shall be in excess of all other valid and collectible insurance or indemnity or as required by state law. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, We shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible. Recovery of losses from other parties does not result in a refund of premium paid.

Beneficiary Designation and Change: Your beneficiary(ies) is (are) the person(s) designated by and on file with Us or Our administrator. You are over the age of majority and legally competent may change Your beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies),

by providing Us or Our administrator with a written request for change. When the request is received, whether You are 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 Us on account of any payment made by it prior to receipt of the request.

Clerical Error: We or Our authorized representative may make a clerical error in keeping the data. If so, when the error is found, the premium and/or benefits will be adjusted according to the correct data. An error will not end insurance validly in force, nor will it continue insurance validly ended.

Concealment and Misrepresentation: The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this insurance has been concealed or misrepresented.

Conformity with Statute: Terms of this certificate that conflict with the laws of the state where it is delivered are amended to conform to such laws.

Data Needed: We or Our authorized representative will keep a record of all the data needed to compute premium and carry out the terms of this certificate. We may examine such data at any reasonable time.

Economic or Trade Sanctions: Any payments under this certificate 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 certificate. For more information, You may consult the OFAC internet website at <https://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Entire Contract: Changes: This certificate and any other attachments are the entire contract of insurance. No agent or other person may change it in any way. Only an officer of the Company can approve a change. Any such change must be shown in this certificate or its attachments.

Legal Actions Against Us: All certificate terms will be interpreted under the laws of the state in which the certificate was issued. No legal action may be brought to recover on the certificate within 60 days after written Proof of Loss has been furnished. No legal action for a claim may be brought against Us after 3 years from the time written Proof of Loss is required to be furnished.

Limit on Agent's Authority: No agent may change or waive any provisions of this certificate. Our office must approve any change or waiver in writing.

Maximum Benefit Limit of Liability: All limits are applied per Trip.

Misstatement of Age: If premiums are based on age and You have misstated Your age, there will be a fair adjustment of premiums based on Your true age. If the benefits for which You are insured are based on age and You have misstated Your age, there will be an adjustment of said benefit based on Your true age. We may require satisfactory proof of age before paying any claim.

Other Insurance with Us: You may be covered under only one travel certificate with Us for each Trip. If You are covered under more than one such certificate, You may select the coverage that is to remain in effect. In the event of death, the beneficiary or estate will make the selection. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

Subrogation: If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We will be subrogated to that right. You shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss.

Physician Examination and Autopsy: We, at Our expense, may have You examined when and as often as is reasonable while the claim is pending. We may have an autopsy done (at Our expense) where it is not forbidden by law.

Termination of This certificate: Termination of this certificate will not affect a claim for loss, which occurs after You pay the premium and while the certificate is in force.

Transfer of Coverage: Coverage under this certificate cannot be transferred to anyone else.

United States Fire Insurance Company

Administrative Office: 5 Christopher Way, Eatontown, NJ 07724

AMENDATORY ENDORSEMENTS

These Amendatory Endorsements are attached to and made a part of the certificate to which it is attached. The provisions of these Amendatory Endorsements are effective on the Effective Date and will expire concurrently with the certificate, unless otherwise terminated.

ALASKA AMENDATORY ENDORSEMENT

The certificate is hereby amended for Alaska as follows:

1. The "Concealment and Misrepresentation" provision, located within the "General Provisions" section of the certificate, is hereby deleted and replaced with the following:

Concealment and Misrepresentation: The entire coverage will be void, if You conceal or misrepresent any material fact or circumstance relating to this insurance in the application or enrollment form for this certificate.

2. The "Disagreement Over Size of Loss" provision located within the "How to File a Claim" section of the certificate is hereby deleted and replaced with the following:

Disagreement Over Size of Loss (applies to the following coverage only: Baggage and Personal Effects): If there is a disagreement about the amount of the loss, either You or We can make a written demand for an appraisal. Within 10 days of the written demand, You and We must notify the other of the competent appraiser each has selected. The two appraisers will promptly choose a competent and impartial umpire. Not later than 15 days after the umpire has been chosen, unless the time period is extended by the umpire, each appraiser will separately state in writing the amount of the loss. If the appraisers submit a written report of agreement on the amount of the loss, the agreed amount will be binding upon You and We. If the appraisers fail to agree, the appraisers will promptly submit their differences to the umpire. A decision agreed to by one of the appraisers and the umpire will be binding upon You and We. All expenses and fees, not including counsel or adjuster fees, incurred because of the appraisal shall be paid as determined by the umpire.

This "Disagreement Over Size of Loss" provision is void and shall have no effect if the certificate does not contain coverage for: Baggage and Personal Effects.

3. "The Contract" provision, located within the "General Provisions" section of the certificate, is hereby deleted and replaced as follows:

The Contract: The entire contract is made up of the Policy and amendments if applicable, the Policyholder's Application, a copy of which is attached and the Certificates of Insurance. This Policy may be changed, renewed, or ended without notice to or consent of any of Your beneficiaries or any other person with a beneficial interest in this Policy other than You.

3. When included, the general exclusion that provides "activities, losses, or claims involving or resulting from possession, production, processing, sale, or use of marijuana, illegal drugs, alcohol or substances are excluded from coverage" is hereby deleted and replaced as follows:
 3. activities, losses, or claims involving or resulting from the possession, production, processing, sale, or use of marijuana, illegal drugs or substances are excluded from coverage. Activities, losses, or claims involving or resulting from the possession, production, processing, sale, or use of alcohol are also excluded from coverage if such possession, production, processing or sale is illegal in the state or jurisdiction where You are located at the time of the incident; or if the use of alcohol either: 1.) is illegal in the state or jurisdiction

where You are located at the time of the incident, or 2.) causes You to become Intoxicated. For purposes of this exclusion, "Intoxicated" mean a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where You are located at the time of an incident;

5. When included with the "Excess Insurance" limitation, located within the "General Provisions" section of the certificate, is hereby deleted and replaced with the following:

Excess Insurance: Insurance provided by this certificate shall be in excess of all valid and collectible primary insurance or indemnity and all valid and collectible insurance or indemnity that does not also provide coverage on an excess basis. If at the time of the occurrence of any loss payable under this certificate there is valid and collectible insurance or indemnity in place that provides coverage on a primary basis or provides coverage on a basis that is not excess, We shall be liable only for the excess of the amount of loss, over the amount of such insurance or indemnity, and applicable deductible. Recovery of losses from other parties does not result in a refund of premium paid.

T7000GB-AE.AK

ARKANSAS AMENDATORY ENDORSEMENT

The certificate is hereby amended for Arkansas as follows:

1. The **Legal Actions Against Us** provision appearing in General Provisions is deleted and replaced as follows:
Legal Actions: All certificate terms will be interpreted under the laws of the state in which the certificate was issued. A legal action or suit for a claim may be brought against Us within the time allowed by law.
2. The **Subrogation** provisions appearing in **General Provisions** are amended to include this sentence at the end of the provisions (whenever either provision is included):
We are entitled to recovery only after You have been fully compensated for the loss sustained.
3. The **Recovery** provision appearing in the **How to File a Claim** section is amended to include this sentence at the end of the provision (whenever this provision is included):
We are entitled to recovery only after You have been fully compensated for the loss sustained.

T7000GB-AE.AR

CALIFORNIA AMENDATORY ENDORSEMENT

The certificate is hereby amended for California as follows:

1. The Who is Eligible for Coverage provision of the Coverage Provisions section is deleted in its entirety and replaced with the following:
A person who is booked to travel on a Trip and pays the required premium is covered under this certificate.
2. The Domestic Partner definition in the General Definitions section is deleted in its entirety and replaced with the following:
Domestic Partner means two adults who have chosen to share one another's lives in an intimate and committed relationship of mutual caring. A Domestic Partnership is established in California when both persons file a Declaration of Domestic Partnership with the Secretary of State, and at the time of the filing of this document, the following requirements are met:
 - (a) Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.
 - (b) The two persons are not related by blood in a way that would prevent them from being married to each other in this state

- (c) Both persons are at least 18 years of age, except as provided in Section 297.1 of the California Family Code.
- (d) Either of the following:
 - (i) Both persons are members of the same sex.
 - (ii) One or both persons meet the eligibility criteria under Title II of the Social Security Act as defined in Section 402(a) of Title 42 of the United States Code for old-age benefits or Title XVI of the Social Security Act as defined in Section 1381 of Title 42 of the United States Code for aged individuals. Regardless of any other provision of this section, persons of opposite sexes may not constitute a domestic partnership unless one or both of the persons are over 62 years of age.
- (e) Both persons are capable of consenting to the domestic partnership.

3. The Injury(ies)/Injured definition in the General Definitions section is deleted and replaced with the following:
Injury(ies)/Injured means an accidental bodily injury for which the proximate cause is an Accident occurring while Your coverage under this certificate is in force. The injury(ies) requires examination and treatment and must be verified by a Physician.

4. The Spouse definition in the General Definitions section is deleted and replaced with the following:
Spouse means Your lawful spouse, if not legally separated or divorced. For the purposes of this certificate, the term spouse includes a Domestic Partner or a civil union partner whenever used.

5. The 1st sentence of the **Trip Cancellation and Trip Interruption** provision in the Exclusions and Limitations section is deleted and replaced the following:

We will not pay for any loss or expense caused for which the proximate cause was:

6. The 1st sentence of the **benefit-specific, exclusion** provision in the Exclusions and Limitations section is deleted and replaced the following:

We will not pay for any loss or expense for which the proximate cause was from:

7. The Subrogation provision in the General Provisions section is deleted in its entirety

T7000GBC-AE-CA

COLORADO AMENDATORY ENDORSEMENT

The certificate is hereby amended for Colorado Residents as follows:

1. The following provisions are hereby added to the certificate:

Time of Payment of Claims: Payment for any loss will be paid in accordance with Colorado law.

Statements Made by the Policyholder and the Insured: All statements made by the Policyholder or by You are to be deemed representations and not warranties. No statement made by any person insured may be used in any contest unless a copy of the instrument containing the statement is or has been furnished to the insured person or, in the event of death or incapacity of the insured person, to the insured person's beneficiary or personal representative.

Authority to Amend the Contract: No agent has authority to change the certificate or waive any of its provisions. No change in the certificate shall be valid unless approved by an officer of the insurer and evidenced by an endorsement on the certificate or by rider or amendment to the certificate signed by the insurer; but any such amendment which reduces or eliminates coverage shall have been either requested in writing or signed by the Policyholder and You.

2. The “Disagreement Over Size of Loss” provision in the “How to File a Claim” section of the certificate is hereby void and shall have no effect.

3. The “Concealment and Misrepresentation” provision in the “General Provisions” section of the certificate is hereby deleted and replaced with the following:

Concealment and Misrepresentation: The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this insurance has been intentionally concealed or intentionally misrepresented.

4. If included, the general exclusion regarding suicide, attempted suicide or any intentionally self-inflicted injury is hereby deleted and replaced with the following:

9. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked and scheduled to travel with You;

T7000GB-AE.CO

CONNECTICUT AMENDATORY ENDORSEMENT

The certificate is hereby amended for Connecticut as follows:

1. The Subrogation provisions in **GENERAL PROVISIONS** section are deleted and revised as follows:

Subrogation: If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We will be subrogated to that right as permitted by law. You shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss, as permitted by law.

T7000GB-AE.CT

DISTRICT OF COLUMBIA AMENDATORY ENDORSEMENT

The certificate is hereby amended for the District of Columbia as follows:

1. **GENERAL PROVISIONS** section is amended to include the following provisions:

Fraud Warning as required for District of Columbia Residents: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

T7000GB-AE.DC

FLORIDA AMENDATORY ENDORSEMENT

The certificate is hereby amended for **FLORIDA** as follows:

The **Legal Actions Against Us** provision appearing in **General Provisions** section is deleted and replaced as follows:

Legal Actions Against Us: All certificate terms will be interpreted under the laws of the state in which the certificate was issued. No legal action may be brought to recover on the certificate within 60 days after written Proof of Loss has been furnished. No legal action for a claim may be brought against Us after 5 years from the time written Proof of Loss is required to be furnished.

T7000GB-AE.FL

GEORGIA AMENDATORY ENDORSEMENT

The certificate is hereby amended for Georgia as follows:

1. The "Other Insurance with Us" provision, located within the "General Provisions" section of the certificate, is hereby deleted and replaced with the following:

Other Insurance with Us: (1.) You may be covered under only one travel Policy/ certificate with Us for each Trip. If You are covered under more than one such Policy/ certificate, You may select the coverage that is to remain in effect. In the event of Your death, the beneficiary or estate will make this selection. The entire premium that You paid for each Policy/certificate that will not remain in effect shall be refunded to You.

(2.) The following shall apply if there is a valid claim or claims under multiple Policies/certificates with Us for each Trip. If any claim(s) has been paid under any Policy/certificate that will not remain in effect because of the selection described in paragraph (1.) of this provision, You will refund to Us any amount paid to You under each Policy/certificate that will not remain in effect that exceeds the premium paid for that Policy/certificate. If the amount of the claim paid to You under each such Policy/certificate does not exceed the premium paid, then we shall refund to You an amount that is the difference between the premium paid to Us and the claim paid to You for each Policy/certificate that will not remain in effect. This shall cause You to receive an amount from Us that is equal to the premium that You paid for each Policy/certificate that will not remain in effect. You will then be paid under the Policy/certificate that remains in effect.

2. The following provision is hereby added:

Conflicting Excess Insurance Provisions: The following applies only if You are covered for the same loss under multiple policies of insurance or indemnity, including the certificate. If the certificate (including any coverage within the certificate or any coverage attached to the certificate as a Rider or part of a Rider) contains a provision indicating that it provides benefits for Your loss in excess of all other valid and collectible policies of insurance or indemnity, and You are also covered by one or more other valid and collectible policies of insurance or indemnity for the same loss, and these other policies contain clauses that are irreconcilable to this, then in accordance with Georgia law, all of these clauses shall cancel each other out, and the liability for the loss will be divided equally between Us and the other insurer(s).

T7000GB-AE.GA

IDAHO AMENDATORY ENDORSEMENT

The certificate is hereby amended for Idaho as follows:

1. The following is hereby added to the certificate:

Contact Information for the Idaho Department of Insurance:

Idaho Department of Insurance

Consumer Affairs

700 W. State Street, 3rd Floor

PO Box 83720

Boise, ID 83720-0043

1-800-721-3272 or 208-334-4250 or www.DOI.Idaho.gov

2. The **Disagreement Over Size of Loss** provision, located within the **How to File a Claim** section of the certificate, is void and will have no effect.

3. The following definition is hereby added to the certificate:

Elective Abortion means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.

T7000GB-AE.ID

KANSAS AMENDATORY ENDORSEMENT

The certificate is hereby amended for Kansas as follows:

1. The “Disagreement Over Size of Loss” provision located within the “How to File a Claim” section of the policy is hereby deleted and replaced with the following:

Disagreement Over Size of Loss: If there is a disagreement about the amount of the loss, either You or We can make a written demand for an appraisal, if voluntary and mutually acceptable. After the demand, You and We each select our own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by You is paid by You. We will pay the appraiser We choose. You will share with Us the cost for the arbitrator and the appraisal process.

2. The “Legal Actions Against Us” provision located within the “General Provisions” section of the certificate is hereby deleted and replaced with the following:

Legal Actions Against Us: All certificate terms will be interpreted under the laws of the state in which the certificate was issued. No legal action may be brought to recover on the certificate within sixty (60) days after written Proof of Loss has been furnished. No legal action for a claim may be brought against Us after five (5) years from the time written Proof of Loss is required to be furnished.

3. Any and all references to “Usual and Customary” within the certificate and any attachment thereto are hereby void and shall have no effect.

4. The following provision is hereby added to the certificate:

Time of Payments of Claims:

Payment shall be made within 30 calendar days after the amount of the payment is agreed to between the claimant and Us in accordance with K.S.A. 40-2,126.

5. The “Subrogation” provision, located in the “General Provisions” section of the certificate is hereby deleted and replaced as follows:

Subrogation: If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We will be subrogated to that right. You shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss. Our right of subrogation applies even if Your entire loss has not been compensated.

T7000GB-AE.KS

LOUISIANA AMENDATORY ENDORSEMENT

The certificate is hereby amended for Louisiana as follows:

1. The following provision is hereby added to the certificate:

Time of Payment of Claims: We, or Our designated representative, will pay claims within 30 days after receipt of acceptable proof of loss.

1. In the “General Provisions” section, the “Concealment and Misrepresentation” provision is deleted and replaced as follows:

Concealment and Misrepresentation: The entire coverage will be void if You conceal or misrepresent any material fact or circumstance relating to this insurance, with the intent to deceive, when applying for coverage. The entire coverage may be cancelled if before, during or after a loss, any material fact or circumstance relating to this insurance has been concealed or misrepresented.

2. The “Disagreement Over Size of Loss” provision, located within the “How to File a Claim” section of the certificate, is void and will have no effect.
3. If included, the “Subrogation” provision, located within the “General Provisions” section of the certificate, is hereby deleted and replaced with the following:

Subrogation: If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We will be subrogated to that right, provided You have been made whole. You shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss, provided You have already been made whole for that loss. The amount of Our recovery will be reduced by a proper share of Your legal fees and Your expenses needed to obtain the refund.

4. If included, the “Recovery” provision, located within the “How to File a Claim” section of the policy, is hereby deleted and replaced with the following:

Recovery: To the extent We pay for a loss suffered by You, We will be assigned the rights and remedies You had relating to the loss. You will be made whole before We begin recovery. You must help Us preserve Our rights against those responsible for the loss. This may involve signing any papers and taking any other steps We may reasonably require. When You have been paid benefits under this policy but also recover from a Third Party’s policy, provided You have already been made whole for that loss, the amount recovered from the Third Party’s policy for Your loss shall be held in trust for Us by You and reimbursed to Us to the extent of Our payment.

As a condition to receiving the applicable benefits listed above, You agree, except as may be limited or prohibited by applicable law, to reimburse Us for any such benefits paid to or on behalf of You, if such benefits are recovered, in any form from any Third Party or coverage of a Third Party, provided You have already been made whole for that loss.

The amount of Our recovery will be reduced by a proper share of Your legal fees and Your expenses needed to obtain the refund.

5. If included, the definition of “Domestic Partner” in the “General Definitions” section of the certificate is hereby deleted and shall have no effect.
6. If included, the definition of “Spouse” in the “General Definitions” section of the certificate is hereby deleted and replaced as follows:

Spouse means Your lawful spouse, if not legally separated or divorced.

7. If included, the definition of “Family Member” in the “General Definitions” section of the certificate is hereby deleted and replaced as follows:

Family Member means the following relatives of the Insured:

- h) Spouse, or fiancé;

- i) children, children-in-law, step-children, foster children, ward or legal ward or fiancé's child;
- j) siblings, siblings-in-law, step-siblings;
- k) parents, parents-in-law, step-parents, legal guardians, or guardians;
- l) grandparents, step-grandparents, grandchildren, or step-grandchildren;
- m) aunts or uncles;
- n) nieces or nephews.

T7000GB-AE.LA

MAINE AMENDATORY ENDORSEMENT

The certificate is hereby amended for Maine as follows:

1. Any and all references to "Usual and Customary" within the certificate and any attachment thereto are hereby void and shall have no effect.
2. The "Disagreement Over Size of Loss" provision located within the "How to File a Claim" section of the certificate is hereby deleted and replaced with the following:

Disagreement Over Size of Loss: If there is a disagreement about the amount of the loss, either You or We can make a written demand for an appraisal, if voluntary and mutually acceptable. After the demand, You and We each select our own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by You is paid by You. We will pay the appraiser We choose. You will share with Us the cost for the arbitrator and the appraisal process.

3. The "Concealment and Misrepresentation" provision, located in the "General Provisions" section of the certificate, is hereby deleted and replaced with the following:

Concealment and Misrepresentation: The entire coverage will be voidable if before, during or after a loss, any material fact or circumstance relating to this insurance has been concealed or misrepresented. In order to void the certificate, We will seek voidance through Maine's state court system.

4. The following is hereby added to the certificate:

Cancellation by Us: The Maine Insurance Code permits Us to cancel this certificate for the following reasons:

- A. Nonpayment of premium;
- B. Fraud or material misrepresentation made by You or with Your knowledge in obtaining the certificate, continuing the certificate or in presenting a claim under the certificate;
- C. Substantial change in the risk which increases the risk of loss after insurance coverage has been issued or renewed, including, but not limited to, an increase in exposure due to rules, legislation or court decision;
- D. Failure to comply with reasonable loss control recommendations;
- E. Substantial breach of contractual duties, conditions or warranties; or
- F. Determination by the superintendent that the continuation of a class or block of business to which the certificate belongs will jeopardize a company's solvency or will place Us in violation of the insurance laws of this State or any other state.

We will not cancel this certificate for any other reason. We will send You a notice of cancellation prior to cancelling this certificate. Cancellation will not take effect until 10 days after You receive the notice of cancellation. A post-office certificate of mailing to You at Your last known address is conclusive proof of receipt of notice on the 3rd calendar day after mailing.

5. When included, the definition of "Sickness," located in the "General Definitions" section of the certificate, is hereby deleted and replaced with the following:

Sickness means an illness or disease of the body, that commences while Your coverage is in effect and requires examination, diagnosis and treatment by a Physician.

An illness or disease of the body that first manifests itself and then worsens or becomes acute prior to the Effective Date of Your coverage is not a Sickness as defined herein and is not covered by the certificate.

Sickness does not include any Mental, Nervous or Psychological, Condition or Disorders including but not limited to anxiety, depression, neurosis, phobia, psychosis; or any related physical manifestation. Sickness does not include drug addiction, marijuana addiction, or alcohol addiction.

T7000GB-AE.ME

MICHIGAN AMENDATORY ENDORSEMENT

The certificate is hereby amended for Michigan as follows:

1. The "Legal Actions Against Us" provision, located within the "General Provisions" section of the certificate is hereby deleted and revised as follows:

Legal Actions Against Us: All certificate terms will be interpreted under the laws of the state in which the certificate was issued. No legal action may be brought to recover on the certificate within sixty (60) days after written Proof of Loss has been furnished. No legal action for a claim may be brought against Us after 6 years from the time written Proof of Loss is required to be furnished.

2. The following provision is hereby added to the certificate:

Criminal Acts: The criminal acts portion of any exclusion in the certificate, or in any document attached thereto, will not be applied in a way that denies coverage/ benefits without: 1.) a court or other adjudicatory body convicting You of the criminal act that resulted in the loss; or 2.) You agreeing to a plea deal in which You assert that You committed the criminal act that resulted in the loss.

T7000GB-AE.MI

MINNESOTA AMENDATORY ENDORSEMENT

The certificate is hereby amended for Minnesota as follows:

1. The **Fair Settlement Offers and Agreements** provision is added into **General Provisions** section as follows.

Fair Settlement Offers and Agreements: If We, or Our designated representative, agree to issue payment for any amount finally agreed upon in settlement of all or part of any claim, payment will be made within five business days from Our receipt of the agreement or from the date of Your performance of any conditions set by such agreement, whichever is later.

2. The **Concealment and Misrepresentation** provision in **General Provisions** section is deleted and replaced as follows:

Concealment and Misrepresentation: We will void the entire coverage if there was material misrepresentation, material omission, or fraud made by You or with Your knowledge in obtaining the certificate or in pursuing a claim

under the certificate. No oral or written misrepresentation made by You, or in Your behalf, in the negotiation of insurance, shall be deemed material, or defeat or avoid the certificate, or prevent its attaching, unless made with intent to deceive and defraud, or unless the matter misrepresented increases the risk of loss.

3. The following is added as an additional paragraph to the **Subrogation** provisions in the **General Provisions** section (whenever either provision is included):

The Company cannot subrogate itself to Your rights to proceed against a third party if that third party is insured by the Company for the same loss. However, this exception applies only if the loss was caused by the nonintentional acts of the person against whom subrogation is sought.

4. The **Legal Actions Against Us** provision in the **General Provisions** section is hereby deleted and replaced with the following:

Legal Actions Against Us: All certificate terms will be interpreted under the laws of the state in which the certificate was issued. No legal action may be brought to recover on the certificate within sixty (60) days after written Proof of Loss has been furnished. No legal action for a claim may be brought against Us after 2 years from the time written Proof of Loss is required to be furnished.

T7000GB-AE.MN

MISSOURI AMENDATORY ENDORSEMENT

The certificate is hereby amended for Missouri as follows:

1. Exclusion 1 for the general exclusions applicable to all losses and benefits in the Exclusions and Limitations provision is deleted and replaced with the following:

suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked and scheduled to travel with You, while sane. However, self-inflicted injuries of You, a Traveling Companion, Family Member or Business Partner booked and scheduled to travel with You are excluded while sane or insane if the self-inflicted injuries are obviously not an attempted suicide;

3. The "Notice of Claim" provision, located within the "How to File a Claim" section of the Certificate, is deleted and replaced with the following:

Notice of Claim: Notice of claim must be reported to Us or Our authorized representative within 20 days after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to Us or Our authorized representative and should include sufficient information to identify You. However, no claim will be denied based upon Your failure to provide notice within such specified time period unless this failure operates to prejudice Our rights, as per Missouri regulation 20 CSR 100-1.020.

4. The 3rd paragraph of the "Payment of Claim" provision, located within the "How to File a Claim" section of the certificate, is deleted and replaced with the following:

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

5. The "Legal Actions Against Us" provision, located within the "General Provisions" section of the certificate, is hereby deleted and replaced with the following:

Legal Actions Against Us: All Policy terms will be interpreted under the laws of the state in which the Policy was issued. No legal action may be brought to recover on the Policy within sixty (60) days after written Proof of Loss has been furnished. No legal action for a claim may be brought against Us after 10 years from the time written Proof of Loss is required to be furnished.

6. The “Concealment and Misrepresentation” provision, located within the “General Provisions” section of the certificate, is deleted and replaced with the following:

Concealment and Misrepresentation: The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this insurance has been concealed or misrepresented.

T7000GC-AE.MO

NEVADA AMENDATORY ENDORSEMENT

The certificate is hereby amended for Nevada as follows:

1. The “Disagreement Over Size of Loss” provision, located within the “How to File a Claim” section of the certificate, is void and will have no effect.

T7000GB-AE.NV

NEW HAMPSHIRE AMENDATORY ENDORSEMENT

The certificate is hereby amended for New Hampshire as follows:

1. The “Concealment and Misrepresentation” provision, located within the “General Provisions” section of the certificate, is hereby deleted and replaced with the following:

Concealment and Misrepresentation: The entire coverage will be cancelled if You knowingly either concealed or misrepresented any material fact or circumstance relating to this insurance before, during or after a loss. If more than one person is covered by this certificate, the cancellation shall not apply to any covered person who did not knowingly either conceal or misrepresent any material fact or circumstance relating to this insurance before, during or after a loss.

2. The following language is hereby added to the certificate:

Cancellation by the Company: If the certificate is cancelled by the Company pursuant to the Concealment and Misrepresentation provision, the cancellation shall not take effect unless We first physically (not electronically) deliver or mail to You at Your address a written notice of the cancellation. Such notice shall:

- I.) State the date on which such cancellation shall become effective. The effective date shall not be less than 45 days after the date the notice is mailed or delivered to You provided however, the effective date may be 10 days from the date of mailing or delivery when the certificate is not a renewal certificate and the cancellation notice is mailed or delivered within 90 days of the certificate’s effective date.
 - II.) II.) State the specific reason or reasons of for the cancellation or be accompanied by a statement that upon Your written request, mailed or delivered to Us not less than 10 days prior to the effective date of cancellation, We will specify the reason or reasons for such cancellation. If requested, We shall supply such information within 5 days of Our receipt of such a request.
3. The “Disagreement Over Size of Loss” provision, located within the “How to File a Claim” section of the certificate, is void and will have no effect.
 4. The “Misstatement of Age” provision, located within the “General Provisions” section of the certificate, is hereby deleted and replaced with the following:

Misstatement of Age: If premiums are based on age and You have misstated Your age, there will be a fair adjustment of premiums based on Your true age. We may require satisfactory proof of age before paying any claim.

T7000GB-AE.NH

NORTH DAKOTA AMENDATORY ENDORSEMENT

The certificate is hereby amended for North Dakota as follows:

1. The “Legal Actions Against Us” provision located within the “General Provisions” section of the certificate is hereby deleted and replaced with the following:

Legal Actions Against Us: All policy terms will be interpreted under the laws of the state in which the policy was issued. No legal action may be brought to recover on the policy within sixty (60) days after written Proof of Loss has been furnished. No legal action for a claim may be brought against Us after 3 years from the time written Proof of Loss is required to be furnished.

2. In Section IX, “Exclusions and Limitations,” the general exclusion regarding the commission of or attempt to commit a felony is deleted and replaced with the following:
 5. the commission of or attempt to commit a felony or being engaged in an illegal occupation by You, a Traveling Companion, Family Member, or Business Partner. The sole exception to this exclusion is for situations where a Family Member commits, or attempts to commit, an act of violence against another Family Member. In such cases, the Family Member who is the victim, or the intended victim, of the act of violence and all innocent coinsureds are still eligible to have their loss or losses covered under the certificate;
3. The “Disagreement Over Size of Loss” provision, located within the “How to File a Claim” section of the policy, is void and will have no effect.

T7000GB-AE.ND

OKLAHOMA AMENDATORY ENDORSEMENT

1. The following provision is hereby added to the certificate:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information, is guilty of a felony.

T7000GB-AE.OK

RHODE ISLAND AMENDATORY ENDORSEMENT

The certificate is hereby amended for Rhode Island as follows:

1. The “Disagreement Over Size of Loss” provision located within the “How to File a Claim” section of the certificate is hereby deleted and replaced with the following:

Disagreement Over Size of Loss: If there is a disagreement about the amount of the loss, either You or We can make a written demand for an appraisal, if voluntary and mutually acceptable. After the demand, You and We each select our own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by You is paid by You. We will pay the appraiser We choose. You will share with Us the cost for the arbitrator and the appraisal process.

2. If included, the “Subrogation” provision is hereby deleted and replaced with the following:

Subrogation: If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We will be subrogated to that right. You shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will

hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss.

If We collect a casualty loss from a third party, We shall, from the funds collected, first pay to You the deductible portion of the casualty loss less the prorated share of Subrogation expenses and only after this retain any funds in excess of the deductible portion of the recovery.

3. The definition of **Family Member** in **General Definitions** section is deleted and replaced as follows:

Family Member means the following relatives of the Insured:

- o) Spouse, including a civil union partner, Domestic Partner, or fiancé;
- p) children, children-in-law, step-children, foster children, ward or legal ward or fiancé's child;
- q) siblings, siblings-in-law, step-siblings;
- r) parents, parents-in-law, step-parents, legal guardians, or Guardians;
- s) grandparents, step-grandparents, grandchildren, or step-grandchildren;
- t) aunts or uncles;
- u) nieces or nephews.

T7000GB-AE.RI

SOUTH CAROLINA AMENDATORY ENDORSEMENT

The certificate is hereby amended for South Carolina as follows:

1. The "The Contract" provision located within the "General Provisions" section of the certificate is hereby deleted and replaced with the following:

The Contract: The entire contract is made up of the Policy and amendments if applicable, the Policyholder's Application, a copy of which is attached and the Certificates of Insurance. This Policy may be changed, renewed, or ended without notice to or consent of any person with a beneficial interest in this Policy who is not a party to the Contract.

2. The following contact information for United States Fire Insurance Company is hereby added to the certificate:

United States Fire Insurance Company

Administrative Office: 5 Christopher Way, Eatontown, NJ 07724

Phone Number: 1-800-392-1970

T7000GB-AE.SC

SOUTH DAKOTA AMENDATORY ENDORSEMENT

The certificate is hereby amended for South Dakota as follows:

1. The last sentence of the **Legal Actions Against Us** provision appearing in **GENERAL PROVISIONS** section is deleted and replaced as follows:

No legal action for a claim may be brought against Us after six (6) years from the time written Proof of Loss is required to be furnished.

2. The **Disagreement Over Size of Loss** provision, located within the **How to File a Claim** section of the certificate, is void and will have no effect.

T7000GB-AE.SD Rev. 7.30.2020

TENNESSEE AMENDATORY ENDORSEMENT

The certificate is hereby amended for Tennessee as follows:

1. The “Pre-Existing Medical Condition” definition of the “Definitions” section of the certificate is hereby deleted and replaced with the following:

Pre-Existing Medical Condition means an illness, disease, or other condition during the sixty (60) day period immediately prior to the date Your coverage is effective for which You or a Family Member:

- 4) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute, or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or
- 5) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the sixty (60) day period before coverage is effective under this certificate.
- 6) required a change in prescribed medication. Change in prescribed medication means the dosage or frequency of a medication has been reduced, increased, stopped and/or new medications have been prescribed due to the worsening of an underlying condition that is being treated with the medication, unless the change is:
 - c) between a brand name and a generic medication with comparable dosage; or
 - d) an adjustment to insulin or anti-coagulant dosage.
- 4) A Pre-Existing Medical Condition will not apply to Annual coverage.

Death resulting from a pre-existing medical condition will not be excluded. Death must occur prior to the termination date of the benefit under which the claim is being made.

2. The “Children/Child” definition in the “General Definitions” section of the certificate is hereby deleted and replaced with the following:

Children/Child means a person:

3. under age of seventeen (17) and primarily dependent on You for support and maintenance; or
4. who is at least age seventeen (17) but less than age twenty-four (24) unmarried and dependent upon You for support and maintenance.

The age limit does not apply to a child who is incapable of self-sustaining employment by reason of intellectual or physical incapacity.

3. The “Notice of Claim” provision in “How To File A Claim” section of the certificate is hereby deleted and replaced with the following:

Notice of Claim: Notice of claim must be reported to Us or Our authorized representative within twenty (20) days no later than 1 year after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to Us or Our authorized representative and should include sufficient information to identify You. Failure by You or someone on Your behalf to make such notification may result in no benefits being paid.

4. The “Proof of Loss” provision in “How To File A Claim” section of the certificate is hereby deleted and replaced with the following:

Proof of Loss: Proof of loss must be provided within ninety (90) days after the date of the loss or as soon as is reasonably possible. Failure to furnish such proof within provided period will not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof during that time. Proof of Loss must, however, be furnished no later than twelve (12) months from the time it is otherwise required, except in the absence of legal capacity.

All claims require You to provide iTravelInsured with the following: a Trip invoice, itinerary or confirmation showing details of Your Trip (dates of travel, destination, etc.); and any other information reasonably required to prove the loss.

5. The “Legal Actions Against Us” provision in “General Provisions” section of the certificate is hereby deleted and replaced with the following:

Legal Actions Against Us: All certificate terms will be interpreted under the laws of the state in which the certificate was issued. No legal action may be brought to recover on the certificate within sixty (60) days after written Proof of Loss has been furnished. No legal action for a claim may be brought against Us after three (3) years from the time written Proof of Loss is required to be furnished.

6. The “Concealment and Misrepresentation” provision, located within the “General Provisions” section of the certificate, is hereby deleted and replaced with the following:

Concealment and Misrepresentation: The entire coverage will be void, if You conceal or misrepresent any material fact or circumstance relating to this insurance in the application or enrollment form for this certificate.

7. The “Recovery” provision, located within the “How to File a Claim” section of the certificate, is hereby deleted and replaced with the following:

Recovery: To the extent We pay for a loss suffered by You, We will be assigned the rights and remedies You had relating to the loss. You will be made whole before We begin recovery. You must help Us preserve Our rights against those responsible for Your loss. This may involve signing any papers and taking any other steps We may reasonably require. When You have been paid benefits under this certificate but also recover from another certificate, the amount recovered from the other certificate shall be held in trust for Us by You and reimbursed to Us to the extent of Our payment.

As a condition to receiving the applicable benefits listed above, You agree, except as may be limited or prohibited by applicable law, to reimburse Us for any such benefits paid to or on behalf of You, if such benefits are recovered from any Third Party or coverage.

We will not pay or be responsible, without Our written consent, for any fees or costs associated with the pursuit of a claim, cause of action or right by or on behalf of You or such other person against any Third Party or coverage.

Coverage as used in this Recovery section, means any other fund or insurance certificate except coverage provided under this certificate.

8. The “Subrogation” provision, located within the “General Provisions” section of the certificate, is hereby deleted and replaced with the following:

Subrogation: If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We will be subrogated to that right. You shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss.

9. The “Maximum Benefit Limit of Liability” provision, located within the “General Provisions” section of the certificate, is hereby deleted in its entirety.

T7000GBC-A&H-AE.TN

TEXAS AMENDATORY ENDORSEMENT

The certificate is hereby amended for Texas as follows:

1. The “Disagreement Over Size of Loss” provision, located within the “How to File a Claim” section of the certificate, is void and will have no effect.
2. The “Proof of Loss” provision, located within the “How to File a Claim” section of the certificate, is hereby deleted and replaced with the following:

Proof of Loss: Proof of loss must be provided within ninety (90) days of the date that We request proof of loss to be provided. Failure to furnish such proof within provided period will not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof during that time. Proof of Loss must, however, be furnished no later than twelve (12) months from the time it is otherwise required, except in the absence of legal capacity.

All claims require You to provide iTravelInsured with the following: a Trip invoice, itinerary or confirmation showing details of Your Trip (dates of travel, destination, etc.); and any other information reasonably required to prove the loss.

3. The following provision is hereby added to the certificate:

Time of Payment of Claims: We shall notify You in writing of the acceptance or rejection of a claim not later than the 15th business day after We receive all items, statements, and forms required by Us to secure final proof of loss.

If We are unable to accept or reject the claim within the period specified above, We shall, within that same period, notify You of the reasons that We need additional time. We shall accept or reject the claim not later than the 45th day after the date We notify You of Our need for additional time.

If We notify You that We will pay a claim or part of a claim, We shall pay the claim not later than the 5th business day after the date notice is made.

If payment of the claim or part of the claim is conditioned on the performance of an act by You, We shall pay the claim not later than the 5th business day after the date the act is performed.

T7000GB-AE.TX

UTAH AMENDATORY ENDORSEMENT

The certificate is hereby amended for Utah as follows:

1. The “Disagreement Over Size of Loss” provision, located within the “How to File a Claim” section is void and will have no effect.
2. The **Proof of Loss** provision appearing in “How To File A Claim” section is amended to include the following sentence at the end of the provision:

Failure to give notice or file proof of loss in a timely manner does not bar recovery under the certificate if We fail to show that We were prejudiced by the failure to provide proof in a timely manner. Failure to give notice in a timely manner does not bar recovery under the certificate if You give notice as soon as reasonably possible.

3. The **Legal Actions Against Us** provision in the “General Provisions” section is hereby deleted and

replaced with the following:

Legal Actions Against Us: All certificate terms will be interpreted under the laws of the state in which the certificate was issued. No legal action may be brought to recover on the certificate within sixty (60) days after written Proof of Loss has been furnished. No legal action for a claim may be brought against Us after three (3) years from the time written Proof of Loss is required to be furnished.

4. If the policy contains an exclusion for “Pre-Existing Medical Conditions,” the following paragraph is hereby added to the policy:

Pre-Existing Condition Limitation

For Trip Cancellation and Trip Interruption coverages, We will not pay for any loss or expense caused due to, arising or resulting from a Pre-Existing Medical Condition.

Pre-Existing Medical Condition means an illness, disease, or other condition during the sixty (60) day period immediately prior to the date Your coverage is effective for which You or a Family Member:

- 1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute, or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or
- 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the sixty (60) day period before coverage is effective under this certificate.
- 3) required a change in prescribed medication. Change in prescribed medication means the dosage or frequency of a medication has been reduced, increased, stopped and/or new medications have been prescribed due to the worsening of an underlying condition that is being treated with the medication, unless the change is:
 - a) between a brand name and a generic medication with comparable dosage; or
 - b) an adjustment to insulin or anti-coagulant dosage.

Death resulting from a pre-existing medical condition will not be excluded. Death must occur prior to the termination date of the benefit under which the claim is being made.

5. The general exclusion which reads “participation in a Civil Disorder or Riot, or insurrection” and the general exclusion which begins with “the commission of or attempt to commit a felony or being engaged in an illegal occupation” are hereby deleted and replaced with the following:

4. voluntary participation in a Civil Disorder or Riot, or insurrection;
5. the voluntary commission of or attempt to commit a felony or being engaged in an illegal occupation;

T7000GB-AE.UT

VERMONT AMENDATORY ENDORSEMENT

The certificate is hereby amended for Vermont as follows:

1. The **Disagreement Over Size of Loss** section of **How to File a Claim** provision is void and will have no effect.
2. The **Concealment and Misrepresentation** provision under **General Provisions** is deleted and replaced as follows:

Fraud and Material Misrepresentation: The entire coverage will be void if the certificate was obtained through fraud or material misrepresentation. The certificate may be cancelled and the claim may be denied for fraud or

material misrepresentation in the presentation of a claim.

3. The **Conformity with Statute** provision under **General Provisions** is deleted and replaced as follows:

Conformity with Statute: Any provision of the certificate, which is in direct conflict with the laws, regulations and statutes of the state of Vermont, will be governed by the laws, regulations and statutes of the state of Vermont as of the effective date of the certificate.

4. The **Physician Examination and Autopsy** provision under **General Provisions** is deleted and replaced as follows:

Physician Examination and Autopsy: We, at Our expense, may have You examined when and as often as is reasonable while the claim is pending. We may have an autopsy done (at Our expense), unless the law or your religion forbids it.

5. Whenever the term Spouse is used throughout the certificate, or in any document attached to the certificate, this term, and any other term denoting a marital relationship, shall include parties to a civil union under Vermont law. Any Family Member brought within the scope of the certificate as a result of Your marriage is also brought within the scope of the certificate by Your civil union under Vermont law.

6. The following is hereby added to the certificate:

Time of Payment of Claims: If We agree to settle a claim, We shall pay, or shall mail payment, within 10 business days, unless a further delay is mandated under an order by a court of competent jurisdiction or required by law.

T7000GB-AE.VT

WISCONSIN AMENDATORY ENDORSEMENT

The certificate is hereby amended for Wisconsin as follows:

1. The "Disagreement Over Size of Loss" provision, located within the "How to File a Claim" section of the certificate, is void and will have no effect.

T7000-GB-AE.WI

If there is a conflict between the certificate and these Endorsements, the terms of these Endorsements will govern.

Signed for United States Fire Insurance Company By:



Marc J. Adee
Chairman and CEO



Michael P. McTigue
Secretary

ARKANSAS NOTICE

Policyholders have the right to file a complaint with the Arkansas Insurance Department (AID). You may call AID to request a complaint form at (800) 852-5494 or (501) 371-2640 or write the Department at:

**Arkansas Insurance Department
1 Commerce Way, Suite 102
Little Rock, AR 72202**

The Insurance Company may be contacted at:

United States Fire Insurance Company
Admin. Offices: 5 Christopher Way
Eatontown, NJ 07724
1-800-392-1970

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

United States Fire Insurance Company

To get information or file a complaint with your insurance company or HMO:

Call: Complaint Department at 732-676-9800

Toll-free: 1-800-392-1970

Email: AHComplaintHandling@cfins.com

Mail: United States Fire Insurance Company
Complaint Department
c/o Crum & Forster
5 Christopher Way
Eatontown, NJ 07724

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

United States Fire Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a Complaint Department al 732-676-9800

Teléfono gratuito: 1-800-392-1970

Correo electrónico: AHComplaintHandling@cfins.com

Dirección postal: United States Fire Insurance Company
Complaint Department
c/o Crum & Forster

5 Christopher Way
Eatontown, NJ 07724

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

PRIVACY NOTICE

United States Fire Insurance Company, The North River Insurance Company and affiliates within Crum & Forster (collectively, "The Company") values your business and your trust. In order to administer insurance policies and provide you with effective customer service, we must collect certain information including nonpublic personal information about our customers and claimants. Nonpublic personal information means information that allows someone to identify or contact you ("Information"). We are committed to protecting such Information and we will comply with all applicable federal and state laws and regulations. This notice describes how we collect, use and share your Information, your rights with respect to insurance products issued by The Company and our legal duties and privacy practices. State laws require that we provide this notice. Please review this Notice and keep a copy of it with your records.

Your privacy is our concern

When you apply to The Company for insurance or make a claim against a policy written by The Company, you disclose information about yourself to us. The Company limits the collection, use, and disclosure of such information to only what is needed to properly produce, underwrite and service its insurance products and/or fulfill legal or regulatory requirements. The Company maintains administrative, technical and physical safeguards that comply with state and federal regulations to protect your Information. We also limit employee access to Information to those with a business reason for knowing such Information and we take measures to enforce employee privacy responsibilities.

What kind of information do we collect about you and from whom?

We obtain most of our Information from you. The application or claim form you complete, as well as any additional information you provide, generally gives us most of the information we need to know. Sometimes we may contact you by phone or mail to obtain additional information. We may use information about you from other transactions with us, our affiliates, or others. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for coverage. We may obtain the additional information we need from third parties, such as other insurance companies or agents, government agencies, medical providers, insurance support organizations, the state motor vehicle department, information clearinghouses, credit reporting agencies, courts, or public records. A report from a consumer reporting agency may contain information as to creditworthiness, credit standing, credit capacity, character, general reputation, hobbies, occupation, personal characteristics, or mode of living.

What do we do with the information collected about you?

The Company collects nonpublic information to conduct its business of producing, underwriting, servicing and administering its insurance products. If coverage is declined or the charge for coverage is increased because of information contained in a consumer report we obtained, we will inform you, as required by state law or the federal Fair Credit Reporting Act. We will also give you the name and address of the consumer reporting agency making the report. We may retain information about our former customers and may disclose that information to affiliates and non-affiliates only as described in this notice.

To whom do we disclose information about you?

Access to non-public personal information is limited to those employees, and authorized representatives, attorneys and service providers who specifically need such information to conduct their business responsibilities. In addition, we may disclose all the information that we collect about you to affiliated companies and nonaffiliated third parties (as permitted by law), such as:

- Insurance companies;
- Insurance agencies;
- Loss adjusters;
- Medical providers;
- Third party non-insurance service providers;
- Third party administrators;

- Medical bill review companies;
- Reinsurance companies; and
- Similar service providers.

Crum & Forster requires its service providers to abide by privacy laws in handling non-public personal information obtained through its business relationship with Crum & Forster. Additionally, Crum & Forster may disclose non-public personal information to third parties as allowed or required by law. For example, Crum & Forster may release your Information to comply with reporting requirements, to comply with a subpoena, warrant, legal process or other order or inquiry of a court, governmental agency or state or federal regulator, or to fulfill C&F's obligations to its insurers and reinsurers. We may also share your personal information in order to establish or exercise our rights, to defend against a legal claim, to investigate, prevent, or take action regarding possible illegal activities, suspected fraud, safety of person or property, or a violation of our policies.

If you conclude your relationship with the Company, the Company will continue to safeguard your privacy in accordance with the standards described in this notice. The Company maintains physical, electronic and procedural safeguards to protect non-public personal information.

About Our Websites

We may collect information via technology about how you use our website, including the elements you have interacted with, metadata, and other details about these elements, clicks, change states, and other user actions. This information is used primarily to provide, maintain, protect, and improve our current products and to develop new ones.

We may use cookies on certain pages of our site. Cookies are stored on your computer, not on our site. Most cookies are "session cookies" which means that they are automatically deleted at the end of each session. A cookie itself does not have the ability to automatically collect personal information about you. A cookie can store certain information that identifies your computer to us so that you do not need to re-enter that information as frequently when you use our site. The cookie does not contain your password.

We reserve the right to change our policy regarding cookies and the collection of information from visitors at any time without advance notice. Should any new policy be put into effect, we will post it on this website, and the new policy will apply only to information collected thereafter. You may opt out of receiving cookies or delete any prior cookies by changing your specific internet browser settings. The privacy of communication over the internet cannot be guaranteed. If you are concerned about the security of your communication, we encourage you to send your correspondence through the postal service or use the telephone to speak directly to us. We do not represent or warrant that the site, in whole or in part, is appropriate or available for use in any particular jurisdiction. Those who choose to access the site, do so on their own initiative and at their own risk, and are responsible for complying with all local laws, rules and regulations. We do not assume any responsibility for any loss or damage you may experience or incur by the sending of personal information over the internet by or to us. This Usage Agreement shall be governed by the laws of the United States and of the State of New Jersey, without giving effect to its conflict of laws provisions.

Please know that The Company has not and will not sell any consumers' personal information. We do not sell your nonpublic personal information to any third parties nor do we use it for marketing purposes.

How to contact us

If you have any questions about this Privacy Notice or about how we use the information we collect, please contact us at:

Crum & Forster Legal Department
305 Madison Avenue
Morristown, NJ 07960

privacyinformation@cfins.com

Changes to this Privacy Notice:

We may revise this notice at any time. If we make material changes, we will notify you as required by law.

For California Residents Only:

If you are a California resident, you may be entitled to additional rights over your Information. We do not, and will not, sell Information collected from you. The California Consumer Privacy Act (CCPA) provides California residents, upon a verifiable consumer request, certain rights that include:

The right to request that we disclose (1) The categories of personal information that we have collected about you; and (2) The categories of personal information that we have disclosed about you for a business purpose

The right to request that we delete the personal information it has collected from you, subject to certain legal exceptions, for example, when such personal information is necessary to fulfill or comply with our legal obligations.

The right to be protected from discrimination for exercising your CCPA rights. If you choose to exercise your privacy rights, we will not charge you different prices or provide different quality of services unless those differences are related to your information.

You may designate an authorized agent to act on your behalf and make a request of us under the CCPA.

To exercise your rights under the CCPA or to seek assistance, please do one of the following:

- If you would like to make a Request to Know, go to <http://www.cfins.com/request-to-know-california-residents/> or call 1.844.254.5754
- If you would like to make a Request to Delete, <http://www.cfins.com/request-to-delete-california-residents/> or call 1.844.254.5754
- Fill out and send back to us the [Request to Know](#) / [Request to Delete](#) form to:

Crum & Forster Legal Department

PO Box 1973

305 Madison Avenue

Morristown, NJ 07962

privacyinformation@cfins.com

We will attempt, where practical, to respond to your requests and to provide you with additional privacy-related information. We will confirm receipt of verifiable consumer requests within ten (10) days of receipt. You may only make a verifiable consumer request for personal information twice within a twelve (12) month period. We cannot respond to your request if we cannot verify your identity or authority to make the request and confirm the personal information relates to you. Any consumer with a disability may access this notice by contacting us at the address, email or toll free number listed above.

We may change this California Privacy Notice and our privacy practices over time. Our most current Privacy Policy and California Privacy Notice can be found on our website at <http://www.cfins.com/terms/>.

January 2020