

### Supplementary Insurance Coverage

**CICD** has secured supplemental coverage for our participants that will assist in covering fees paid in association with their Intern/Training/SWT programs due to any of the following: Trip Cancellation, Trip Delay or Trip Interruption.

At the time of application participants may choose to purchase the Travel Cancellation and Travel Interruption Insurance. The cost of this insurance is **\$100** for the length of the program and will provide insurance coverage that will provide benefits for cancellation of participants program prior to arrival and interruption of participants program during their time in the United State for covered reasons. ***This fee is not part of the program fee and is charged in addition to all other fees.***

Date:

I, participant Name: \_\_\_\_\_,  
understand and agree that **CICD** has offered me the ability and option to purchase Travel Cancellation and Travel Interruption Insurance.

If I choose **not** to purchase the Travel Cancellation and Travel Interruption Insurance, I understand and agree that I **will not** receive a program fee refund from **CICD** of program fees I paid should I withdraw from the program or should my program be cancelled due to any of the causes covered under this Travel Cancellation and Travel Interruption Insurance policy as stated below.

I understand and accept that under these circumstances, any refund of benefits shall accordingly be provided by the insurance company and not by **CICD**.

I choose to purchase Travel Cancellation and Travel Interruption Insurance

I decline to purchase Travel Cancellation and Travel Interruption Insurance

Participant Signature: \_\_\_\_\_

#### Description of Coverage:

##### **Program/Trip Cancellation:**

If your trip is cancelled outright and deemed as covered under the policy by the Insurance Company Insurance, the Insurance Company will reimburse you up to a maximum of \$4500.00 if you are prevented from taking Your Trip for any of the following covered reasons that take place after the Effective Date of coverage: Sickness, Accidental Injury or death; Being quarantined\*; being required to serve on a jury; subpoenaed for court; Natural Disaster; Terrorist Attack; unpublished or unannounced Strike; Breakdown of Common Carrier. \*Quarantine coverage is limited up to 14 days maximum and \$150.00 per day maximum for food, lodging and transportation.

**Example:** If you have purchased your airline ticket to come to the U.S. and have paid your program fees, and you are unable to come to the U.S. for any of the above stated reasons, the insurance company will reimburse fees you have paid toward your plane ticket and program fees up to \$4500.00. (NOTE: Visa denials are *not* a covered expense).

##### **Trip Delay:**

Insurance Company will reimburse you up to \$4500.00 for Covered Expenses on a one-time basis, if you are delayed in-route to or from Your Trip for twelve (12) or more hours. You must be a ticketed passenger on a Common Carrier.

Covered Expenses include charges incurred for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts.

This benefit is payable only for one delay of the Insured's Trip. Travel Delay must be caused by one of the following reasons: (a) Injury, Sickness or death of the Insured Person; (b) carrier delay; (c) lost or stolen passport, travel documents or money; (d) Natural Disaster; (e) the Insured being delayed by a traffic accident while in route to a departure; (f) hijacking; (g) unpublished or unannounced strike; (h) civil disorder or commotion; (i) riot; (j) inclement weather which prohibits Common Carrier departure; (k) a Common Carrier strike or other job action; (l) equipment failure of a Common Carrier; or (m) the loss of the Insured's and/or traveling companion's travel documents, tickets or money due to theft.

The Insured's Duties in the Event of Loss: The Insured (you) must provide the insurance company with proof of the Travel Delay such as a letter from the airline, / newspaper clipping/ weather report/ police report or the like and proof of the expenses claimed as a result of Trip Delay

### **Program/Trip Interruption:**

Insurance Company will reimburse You up to a maximum of \$4500.00 if your program is interrupted and **you must return to your home country** due to one of the following events that take place after the Effective Date of coverage, and while you are active in your program: sickness, accidental Injury or death; being quarantined\*, natural disaster; terrorist attack; strike; or theft of passports, visas or event passes that has been reported to the local authorities, program cancellation by Host Organization. \*Quarantine coverage is limited up to 14 days maximum and \$150.00 per day maximum for food, lodging and transportation.

**Example:** If you are in the U.S. and your program is interrupted and you are required to return home for any of the above stated reasons causing you to lose time on your program, the insurance company will reimburse you up to \$4500.00 of fees you have paid toward your program and airline fees. Program fee reimbursement will be based on a pro-rata basis (For Example: if you are ½ way through your program and you have to return to your home country due to any of the above-mentioned reasons, the insurance company will only reimburse you for the time remaining on your program that you lost). Combined maximum payment up to \$4500.00.

### **Policy Exclusions:**

**Under Accidental Death and Dismemberment, Trip Cancellation, Trip Interruption, Trip Delay you will not be reimbursed for any of the following:**

- Suicide, attempted suicide, or any intentionally self-inflicted injuries while sane or insane.
- War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war.
- Participation in any military maneuver or training exercise. Any loss starting while You are in the service of the armed forces of any country. Orders to active military service for training purposes of two (2) months or less will not constitute service in the forces. Upon notice to insurance company of entering the armed forces, insurance company will return to you on a pro-rata basis for any premium paid, less any benefits paid, for any period during which You are in such service.
- Piloting or learning to pilot or acting as a member of the crew of any aircraft.
- Mental or nervous disorders, unless hospitalized.
- Participation as a professional in athletics. Semi-professional sports.
- Being under the influence of drugs or intoxicants, unless prescribed by a Physician. Physician cannot be a family member.
- Pregnancy and/or Childbirth.
- Commission or the attempt to commit a criminal act.
- Participating in skydiving; hang gliding; parachuting except parasailing; mountaineering; any race; bungee jumping; speed contest; (speed contest shall not include any of the regatta races;) scuba diving unless accompanied by a dive master and not deeper than thirty (30) feet; spelunking or caving; heli-skiing; extreme skiing.
- Accidental Injury or Sickness when traveling against the advice of a Physician. Physician cannot be a family member.
- In addition, this policy will not reimburse fees should the following occur preventing your participation in the program: Visa Denial and Border Closures.
- In addition, should you have to cancel your program for any of the covered reasons listed above, the following fees remain non-refundable: SEVIS Fees and Visa Fees paid to the U.S. government either by, **CICD or any other entity on your behalf**. Under these conditions, our normal refund policy will apply.

“Trip Cancellation” is a pre- trip benefit and “Trip Interruption” and “Trip Delay” are benefits provided during a trip. Each has causes and circumstances described in the policy description required for a claim to be filed and paid out.

E.g.: “Trip interruption” – once participants arrive to begin their program, “trip interruption” is valid for one year. “Trip cancellation” and “delay” occur before the participant arrives, and coverage for these occurrences begins on the date the participant pays in full for program fees *and* the trip insurance policy. E.g. if a participant’s policy has been paid prior to them booking their ticket or arrival and their trip is cancelled or delayed for reasons covered in the policy, then those would be covered expenses/claims. To be clear, the “trip interruption” portion of the policy obviously does not start until the participant actually arrives to begin the program.



Dallas, Texas

Administrative Office: 399 Park Avenue, 8<sup>th</sup> Floor, New York, New York 10022

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**Leisure Travel Policy**  
*(herein called the "Policy")*

**Group Policy Number: LTG 273750**  
**Policy Effective Date: November 15, 2020**  
**Policy Expiration Date: January 1, 2022**

**This Policy is a legal contract between the Company and The Association of Cultural Exchange Organizations**

**Subject to the terms of this Policy, We** agree to insure a Covered Person of the Policyholder.  
Policyholder: The Association of Cultural Exchange Organizations, 205 N Church Ave Dyersburg, TN 38204

**A. CONSIDERATION:**

Benefits are provided for a Covered Person of the Policyholder, subject to the terms and conditions of this Policy and the attached Evidence of Coverage (hereafter "EOC"). In return, the Policyholder agrees to pay premium as listed in the Schedule of Coverage when due to the Company.

**B. POLICY TERM:**

The Policy becomes effective on the Policy Effective Date and expires on the Policy Expiration Date shown above. The Policy shall then automatically renew continuously for successive twelve (12) month terms upon expiration unless canceled or non-renewed by the Company or Policyholder, pursuant to the provisions set forth in the termination provision. Renewal dates will hereinafter be referred to as Policy Anniversary Date. Each Policy Term begins and ends at 12:01 A.M. standard time, at the Policyholder's address listed above.

**C. DEFINITIONS:**

**Company, We, Us, or Our** means Starr Indemnity & Liability Company 399 Park Avenue, New York, NY 10022.

**Covered Person** means the specific class of people listed on the Schedule of Coverage who have enrolled for coverage during the Policy term.

**Policy Anniversary Date** means the annual reoccurrence of the Policy Effective Date.

**Policyholder** means the entity listed in the EOC.

**D. INSURING PROVISIONS**

**Individual EOC:** An EOC, stating the terms of coverage, may be made available to each Covered Person. Only those coverage's offered by the Company, listed on the Schedule of Coverage and selected by the Policyholder, are covered under this Policy.

**Effective Date of Covered Person's Coverage:** Refer to B Term of Coverage of the attached Evidence of Coverage.

**Expiration Date of Covered Person's Coverage:** Refer to B Term of Coverage of the attached Evidence of Coverage.

## **E. PREMIUMS**

**Premium Rates:** Rates for the insurance provided by this Policy are shown in the Schedule of Coverage and are subject to the Premium Change provision contained below in this Policy.

**Payment of Premium:** The Policyholder must pay the premium to the Company within Ninety (90) days of the end of each month.

**Premium Change:** The Company will provide the Policyholder with at least Ninety (90) days prior written notice of an increase or decrease to the premium for coverage provided under this Policy. Any increase or decrease in premium shall apply to all **Covered Persons** after the premium change effective date indicated in the written notice provided by Company.

## **F. ADDITIONAL PROVISIONS**

**Records; Information To Be Furnished:** The Policyholder will maintain records showing the essential particulars of this insurance applying to each Covered Person and must be furnished monthly on forms acceptable to Us. The Company will be permitted to examine the Policyholder's records relating to this Policy. The Company may do this at any time during the Policy term and within two (2) years after expiration of this Policy or until final adjustment and settlement of all claims under this Policy have been made, whichever is later.

**Advertising Approval:** The Policyholder and its subscribing organizations must receive the prior written approval of the Company for all advertising material, including but not limited to, direct mail, printed materials, electronic media and telemarketing scripts relating to this Policy or to the Company. The Company shall have no responsibility for loss resulting from advertising material that has not been approved by the Company.

### **Termination:**

#### **Cancellation of the Policy:**

1. The Policyholder may cancel this Policy for any reason by mailing to the Company or its authorized representative written notice of cancellation at least thirty (30) days before the effective date of cancellation.
2. The Company may cancel this Policy by mailing or delivering to the Policyholder written notice of cancellation accompanied by the reason(s) for cancellation:
  - a. thirty (30) days before the effective date of cancellation if the Company cancels for nonpayment of premium; or
  - b. ninety (90) days before the effective date of cancellation if the Company cancels for any of the following reasons:
    1. The Policyholder induced issuance of the Policy through material misrepresentation;
    2. The Policyholder violates any of the terms and conditions of the Policy;
    3. If the insurance commissioner determines that to continue the Policy could place the Company in violation of the state insurance code.
3. The Company will mail the notice to the Policyholder's last mailing address known to the Company.

4. Notice of cancellation will state the effective date of cancellation.

The Policy period will end on that date. All provisions, terms and conditions of this Policy will continue to apply for any Covered Person whose **EOC** has an Effective Date that is after the Policy Effective Date and prior to the cancellation date of this Policy for the period premium was paid.

5. If this Policy is cancelled, the Company will send the Policyholder any premium refund due.

Refunds will be calculated on a pro-rata basis. The cancellation will be effective even if the Company has not made or offered a refund.

**Nonrenewal of the Policy:** This Policy may be non-renewed as of any Policy Expiration date by the Company mailing written notice accompanied by the reason(s) for nonrenewal to the Policyholder by certified mail, at the last address known by the Company, not less than ninety (90) days prior to the effective date of the nonrenewal.

**Notice to Covered Person:** If this Policy is cancelled or non-renewed, the Policyholder will provide all **Covered Persons** with thirty (30) days' notice of such cancellation or nonrenewal.

**Policy Change:** This Policy contains all agreements between the Policyholder and **Us**. No agent may alter this Policy. Changes in this Policy can only be made by a filed endorsement to the Policy issued by **Us**.

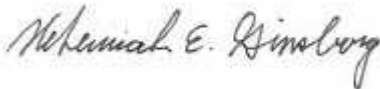
**No Benefit to Others:** This coverage will in no way inure directly or indirectly to the benefit of any insurer, person, organization or other bailee.

**Conformity of Statute:** Terms of this Policy which are in conflict with the statutes of the state in which it is issued are automatically changed to conform to minimum requirements of such statutes.

**Coverage and Individual Provisions:** The coverage and provisions of this Policy with respect to the Covered Person are contained in the Evidence of Coverage. A copy of the Evidence of Coverage is attached to and made a part of this Policy.

**Schedule of Coverage:** A copy of the Schedule of Coverage(s) is attached to and made a part of this Policy.

Signed for **Starr Indemnity & Liability Company** By:



Nehemiah E. Ginsburg  
General Counsel and Secretary



Steve Blakey  
President and Chief Executive Officer

**Starr Indemnity & Liability Company**  
399 Park Avenue, New York, NY10022

**The Association of Cultural Exchange Organization  
Evidence of Coverage**

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## A. DEFINITIONS

Throughout this document, **You** and **Your** refer to the named Covered Person as defined on the **EOC Schedule**. We, Us, and **Our** refer to Starr Indemnity & Liability Company. In addition, when in **bold** certain words and phrases are defined as follows:

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

**Accidental Injury** means a **Bodily Injury** caused by an **Accident** (of external origin) being the direct and independent cause in the loss.

**Aggregate Policy Deductible** means the Aggregate applies collectively to Accident Death and Dismemberment, Trip Cancellation, Trip Delay and Trip Interruption that occur during the policy period. The Limit We will pay for collectively per Policy Year. The Aggregate Deductible is shown in the Schedule of Benefits.

**Bodily Injury** means identifiable physical injury which: (a) is caused by an **Accident**, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by, such injury.

**Carry-On Baggage** means a piece of baggage that has not been checked and is owned by and accompanies **You** while traveling on a **Common Carrier**.

**Check-In** means the moment **You** register at the **Hotel/Motel**.

**Check-Out** means the moment **You** vacate the **Hotel/Motel** room and pay the itemized total costs incurred for **Your** stay.

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

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

**Covered Activities** means a work study or school study program sponsored by the **Policyholder**.

**Covered Accident** means an **Accident** that occurs: 1) while coverage is in force for a **Covered Person**; and 2) when the **Covered Person** is covered under a **Hazard**

**Covered Persons** means a customer of the Policyholder who has enrolled for coverage

**Default** means a material failure or inability to provide contracted services due to financial insolvency.

**Dependent** means a Covered Person's lawful spouse or **Domestic Partner**; or a Covered Person's unmarried child, from the moment of birth to age 26. A child, for eligibility purposes, includes a Covered Person's:

1. natural child
2. stepchild
3. adopted child (a child is considered adopted from the moment the Covered Person is party in a suit to adopt the child); and.
4. grandchild who is dependent on the Covered Person for federal income tax purposes at the time application for coverage of the child is made.

Insurance will continue for any child who reaches age 26 who is (1) unable to engage in any substantial gainful activity because of a mental or physical handicap and (2) is chiefly dependent on the **Covered Person** for support and maintenance. The **Covered Person** must send **Us** satisfactory proof of the handicap within 30 days of the child reaching the maximum age for insurance to continue. **We** may in **Our** sole discretion require further proof at any time after that. **We** may not require this more often than annually after two years.

If the Covered Person has elected coverage for a **Dependent** child, any newly born child of the **Covered Person** will be covered from the moment of birth for 30 days. Coverage may be continued beyond this time period if the **Covered Person** notifies **Us** within 31 days of the child's birth and pays any required premium.

**Domestic Partner** means a person of the same or opposite sex of the Covered Person who:

1. Shares the Covered Person's primary residence;
2. Has resided with the Covered Person for at least 12 months prior to the date of enrollment and is expected to reside with the Covered Person indefinitely;
3. Is financially interdependent with the Covered Person in each of the following ways;
  - a. by holding one or more credit or bank accounts, including a checking account, as joint owners;
  - b. by owning or leasing their permanent residence as joint tenants;
  - c. by naming, or being named by the other as a beneficiary of life insurance or under a will;
  - d. by each agreeing in writing to assume financial responsibility for the welfare of the other.
4. Has signed a Domestic Partner declaration with Covered Person, if recognized by the laws of the state in which he or she resides with the Covered Person;
5. Has not signed a Domestic Partner declaration with any other person within the last 12 months;
6. Is 18 years of age or older;
7. Is not currently married to another person; and
8. Is not in a position as a blood relative that would prohibit marriage.

**Economy Transportation** means the lowest published available transportation rate for a ticket on a **Common Carrier** matching the original class of transportation that **You** purchased for **Your Trip**, reduced by the value of an unused return travel ticket.

**Effective Date** means the date and time **Your** coverage begins under this **EOC**. (See B, Term of Coverage.)

**EOC Schedule** means the attached document listing the named Covered Person, **Trip**, benefit(s), and limits.

**Evidence of Coverage (EOC)** means this document. It describes the terms, conditions, and exclusions that apply to each benefit. The **EOC** is the entire agreement between **You** and **Us**. Representations or promises made by anyone that are not contained in this document are not a part of **Your** benefits. This **EOC** also includes any endorsements, riders, and amendments that are subsequently issued or attached.

**Expiration Date** means Policy Expiration Date and the date and time coverage ends under this **EOC**. (See B, Term of Coverage.)

**Family Member** means **Your** and/or legal or common law spouse, **Domestic Partner**, parent, legal guardian, step-parent, step-parents-in-law, grandparent, grandchild, natural or adopted child, foster child, ward, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, or cousin, who reside in the United States.



**Hazard** means:

1. Delay of a **Common Carrier** (including **Inclement Weather**) which is certified by the **Common Carrier**.
2. Equipment failure of a **Common Carrier** which is certified by the **Common Carrier**.
3. Delay due to a documented weather condition preventing **You** from getting to the point of departure.
4. Delay by a traffic accident en route to a departure, in which **You** or **Your Dependent** are not directly involved (must be substantiated by a report to the police or the appropriate authority).
5. Delay due to lost or stolen passports, travel documents or money (must be substantiated by a report to the police or the appropriate authority).
6. Delay due to quarantine, hijacking, unannounced **Strike** or other job action, natural disaster, terrorism,
7. A closed roadway causing cessation of travel to the destination of **Your Trip** substantiated by the department of transportation, state police, or appropriate authority.

**Hospital** means a facility that:

1. Holds a valid license if it is required by the law;
2. Operates primarily for the care and treatment of sick or injured persons as in-patients;
3. Has a staff of one or more **Physicians** available at all times.
4. Provides 24-hour nursing service and has at least one registered professional nurse on duty or call;
5. Has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and
6. Is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.

**Host at Destination** means a person or entity with whom **You** are sharing pre-arranged overnight accommodations at the host's usual principal place of residence or business ( hotel for example).

**Hotel/Motel** means a licensed establishment located inside or outside the United States that provides lodging for the general public.

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

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

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

**Sickness** means an illness or disease which is diagnosed or treated by a **Physician** after the **Effective Date** of coverage and while **You** are covered under this **EOC**.

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

**Terrorist Attack** means an incident deemed an act of terrorism by the U.S. Department of State. an act of violence, resulting in loss of life or major property damage, by any person acting on behalf of, or in connection with, any organization that intends to overthrow or influence the control of any government, and which is declared as such by the U.S. State Department or other appropriate U.S. government agency. A Terrorist Act does not include general civil protests, unrest, rioting, or acts of war.

**Terrorist Incident** means an incident deemed a Terrorist Act by the U.S. Government that causes property damage and loss of life.

**Travel Arrangements** means any travel arrangements made by the **Travel Supplier**.

**Travel Supplier** means tour operator, or cruise line, or **Hotel**, or scheduled airline which has made the **Travel Arrangements**.

**Trip** means a sponsored trip of a covered Member Participating Organization of the Policyholder, for its covered J-1 Visa participants.

## **B. TERM OF COVERAGE**

### ***TRIP CANCELLATION:***

#### **1. Effective Date** of Coverage

Trip Cancellation, described in Section C, will take effect at 12:00:01 A.M. local time, at **Your** location, on the later of the following:

- a. Refer to Schedule

#### **2. Expiration Date** of Coverage

Trip Cancellation, described in Section C, will end at 11:59:59 p.m. local time on the date that is the earliest of the following:

- a. Refer to Schedule

### ***ALL OTHER COVERAGES:***

#### **1. Effective Date** of Coverage

All coverage's, described in Section C, other than Trip Cancellation will take effect at 12:00:01 A.M. local time, at **Your** location, on the later of the following:

- a. The **Scheduled Departure Date** as stated on **Your** issued ticket.

#### **2. Expiration Date** of Coverage

All coverage's, described in Section C, other than Trip Cancellation will end at 11:59:59 P.M. local time on the date that is the earliest of the following:

- a. The **Scheduled Return Date** as stated on the travel tickets.
- b. The date **You** cancel **Your Trip**.

## **C. BENEFITS**

### **ACCIDENTAL DEATH AND DISMEMBERMENT**

We will pay benefits for **Your Loss**, described in the below Table of Losses, resulting directly from an **Accidental Injury** that occurs during **Your Trip**. Such **Loss** must occur within one hundred eighty (180) days of the date of the **Accident** causing the **Loss**.

Coverage is limited to the principal sum shown on the **EOC Schedule** multiplied by the appropriate percentage shown in the below Table of Losses.

If more than one **Loss** is sustained as the result of an **Accident**, the amount payable shall be the largest amount payable for all of the sustained Losses arising from this one **Accident**.

The aggregate limit of liability for any one **Accident** for all **Covered Persons** named in the **EOC Schedule** is limited to the amount shown on the **EOC Schedule**. If the total of all benefits payable for all **Covered Persons** per **Accident**, in the absence of this provision exceeds the aggregate amount, each benefit amount will be proportionately reduced so that the total will equal the aggregate amount.

#### TABLE OF LOSSES

Loss of: Percentage of Principal Sum:	
Life.....	100%
Both hands or both feet .....	100%
Sight of both eyes.....	100%
One hand and one foot .....	100%
Either hand or foot and sight of one eye .....	100%
Either hand or foot.....	50%
Sight of one eye .....	50%
Hearing in both ears .....	50%
Thumb and index finger of same hand.....	25%

For purposes of this Benefit: **Loss**, with regard to:

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

#### EXPOSURE

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

#### DISAPPEARANCE

We will pay benefits for **Loss** of life if **Your** body cannot be located within three hundred sixty five (365) days after **Your** disappearance due to an **Accident** occurring during **Your Trip**.

#### TRIP CANCELLATION

We will reimburse You, up to the maximum shown on the **EOC Schedule**, if **You** are prevented from taking **Your Trip** for any of the following covered reasons that take place after the **Effective Date**:

Covered Reasons are:

- (a) **Sickness, Accidental Injury** or death of **You, or a Family Member**, which results in medically imposed restrictions as certified by a **Physician** at the time of loss preventing **Your** participation in the **Covered Trip**. A **Physician** must advise cancellation of the **Covered Trip** on or before the **Scheduled Departure Date**. The incident that causes cancellation must occur within 30 days of **Your** scheduled travel dates.
- (b) **You** being quarantined in the location where **You** are intending to travel, required to serve on a jury, subpoenaed, required to appear as a witness in a legal action, provided **You** are not a party to the legal action or except as a law enforcement officer the victim of felonious assault within 15 days of departure; or having **Your** principal place of residence made uninhabitable by fire, flood or other **Natural Disaster**; or burglary of

**Your** principal place of residence within 10 days of departure. You are terminated or laid off from employment, (with the exception of due cause), from a place of employment for which You have been employed.

- (c) The death or hospitalization of **Your Host at Destination**.
- (d) If within 45 days of **Your** departure, a **Terrorist Attack** occurs within a 50 mile radius of the **City** limits of the **City** shown on **Your** itinerary for which **You** have registered and if the United States government issues a travel advisory indicating that Americans should not travel to a **City** named on the itinerary; this coverage only applies if the **Policy** was purchased within 10 calendar days of initial **Trip** payment.
- (e) If there is a **Terrorist Attack** in the **City** of **Your Covered Trip**. Coverage is provided for the cost of an economy one way coach ticket not to exceed \$300, for the additional **Transportation** required to return **You** back to the **City** of departure. Once the **Covered Trip** has begun, there is no coverage for recovery of tuition, room and board or other fees.
- (f) **Strike**, resulting in the complete cessation of travel services at the point of departure and/or destination.
- (g) **Strike** that causes complete cessation of **Your Common Carrier** services for at least 48 consecutive hours.
- (h) Weather at the departure site which causes complete cessation of services of **Your Common Carrier** for at least 48 consecutive hours and prevents **You** from reaching **Your** destination. This benefit does not apply if a storm has been named prior to the purchase of this coverage.
- (i) **Natural Disaster** or documented man-made disaster at the site of **Your** destination which renders **Your** accommodations at **Your** destination uninhabitable. This coverage is limited to the cost of the airfare of **Your Covered Trip**. This benefit does not apply if the **Natural Disaster** is a storm that has been named prior to the purchase of this coverage.
- (j) Theft of passports, visas or event passes that has been reported to the local authorities.
- (k) Theft of **Your automobile** that has been reported to the local authorities and results in **Your** inability to take the **Covered Trip**.
- (l) Documented mechanical breakdown of the **Common Carrier** on which the Covered Person is scheduled to travel resulting in a cancellation or suspension of travel by that **Common Carrier** for **Your Covered Trip**.
- (m) The airport terminal from which **You** are scheduled to fly, is closed due to a documented security breach within 24 hours of arrival at the terminal or while **You** are physically at the terminal.

**Sickness, Accidental Injury**, or death of You, which results in medically imposed restrictions as certified by a **Physician** at the time of loss preventing **Your** participation in **Your Trip**. A **Physician** must advise cancellation of **Your Trip** on or before the **Scheduled Departure Date**.

You being hijacked, quarantined, required to serve on a jury, subpoenaed, court ordered appearance as a witness in a legal action in which **You** is not a party (except law enforcement officers).

You having **Your** home made uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster; or being rendered uninhabitable by unforeseen circumstances or being burglarized within ten (10) days of departure.

**Natural disaster** at the site of **Your** destination which renders **Your** destination accommodations uninhabitable limited to the cost of the airfare of the **Your Trip**; for a period of fourteen (14) days after the date of the natural disaster. This benefit will not apply to purchases made once the potential natural disaster has been forecasted or once a storm has been named.

The death or hospitalization of the **Your Host at Destination**.

If **Your Trip** is delayed or has arrangements cancelled by a **Common Carrier** due to delays resulting from **Inclement Weather**, mechanical breakdown, or organized labor **Strikes** that affect public transportation, provided (a) the scheduled **Common Carrier** connecting times are no less than ninety (90) minutes; and (b) the scheduled

time between arrival at **Your** scheduled **Trip** departure **City** and **Your** scheduled **Trip** departure must be four (4) hours or longer.

Revocation of **Your** previously granted leave or re-assignment due to war. Official written revocation/reassignment by a supervisor or commanding officer of the appropriate branch of service will be required. This benefit only applies if the coverage has been purchased within ten (10) days of **Your** initial payment for **Your Trip** and for the full cost of **Your Trip**.

Mandatory evacuation ordered by local authorities at **Your** final destination due to hurricane or other natural disaster. **You** must have four (4) days or fifty percent (50%) of **Your** total **Trip** length or less remaining on **Your Trip**, at the time the mandatory evacuation ends, in order to interrupt **Your Trip**.

The airport terminal from which **You** are scheduled to fly, within twelve (12) hours of arrival at the terminal or while **You** are physically at the terminal, is closed due to a documented security breach.

Weather at the departure site which causes complete cessation of services of the **Common Carrier** for at least forty-eight (48) consecutive hours and prevents **You** from reaching **Your** destination. This benefit will not apply if the potential natural disaster has been forecasted or a storm has been named prior to purchase of this coverage.

**Inclement Weather** or natural disaster resulting in the obstruction of public roadways, or curtailment of public transportation, which prevents **Your** ability to arrive at **Your** Final Destination. This benefit will not apply if the potential natural disaster has been forecasted or a storm has been named prior to purchase of this coverage.

***SPECIAL CONDITIONS:***

**You** must be medically capable of travel on the day **You** purchase the coverage. The event which necessitates **Your** Trip Cancellation must first occur after **You** pay for the coverage.

**You** must advise the **Travel Supplier** and **Us** as soon as possible in the event of a claim. **We** will not pay benefits for any additional charges incurred that would not have been charged had **You** notified the **Travel Supplier** as soon as reasonably possible.

***SINGLE OCCUPANCY COVERAGE:***

**We** will reimburse **You**, up to the maximum shown on the **EOC Schedule**, for additional cost incurred during **Your Trip** as a result of a change in the per person occupancy rate for prepaid **Travel Arrangements** if a person booked to share accommodations with **You** has their **Trip** canceled for a covered reason and **You** do not cancel.

**TRIP DELAY**

**We** will reimburse **You** for Covered Expenses on a one-time basis, up to the maximum shown in the **EOC Schedule**, if **You** are delayed en route to or from **Your Trip** for twelve (12) or more hours due to a defined **Hazard**.

**You** must be a ticketed passenger on the **Common Carrier**.

For purposes of this benefit, Covered Expenses Include:

1. Any prepaid, unused, non-refundable land and water accommodations, or unused portion of the prepaid expenses for **Your Trip**; as long as the expenses are supported by proof of purchase and are not reimbursable by any other source.
2. Additional Transportation Cost to join **Your Trip** or return home.
3. Up to \$150 per day, the maximum benefit limit, for reasonable accommodations, meals and lodging not

5. provided by the **Common Carrier** or party responsible.
6. **Economy Transportation** from the point where **You** ended **Your Trip** to a destination where **You** can catch up to **Your Trip**; or One-way **Economy Transportation** to return **You** to **Your** originally scheduled return destination less the value of the original unused return travel ticket.

## TRIP INTERRUPTION

We will reimburse You, up to the maximum shown on the **EOC Schedule**, if **Your Trip** is interrupted due to one of the following events that take place after the **Effective Date** and while on **Your Trip**:

Covered Reasons are:

- (a) **Sickness, Accidental Injury** or death of **You** or **Your Family Member**, which results in medically imposed restrictions as certified by a **Physician** at the time of loss preventing **Your** participation in the **Covered Trip**. A **Physician** must advise cancellation of the **Covered Trip** on or before the **Scheduled Departure Date**. The severity or acuteness of his or her condition, or the circumstances surrounding that condition, is/are such that an ordinarily prudent person must cancel the **Covered Trip**.
- (b) **You** being hijacked, quarantined in the location where **You** are intending to travel or are currently located, required to serve on a jury, subpoenaed, required to appear as a witness in a legal action, provided **You** are not a party to the legal action or except as a law enforcement officer the victim of felonious assault within 15 days of departure; or having **Your** principal place of residence made uninhabitable by fire, flood or other **Natural Disaster**; or burglary of **Your** principal place of residence within 10 days of departure. You are terminated or laid off from employment (with the exception of due cause), from a place of employment for which You have been employed.
- (c) The death or hospitalization of **Your Host at Destination**;
- (d) **Strike**, resulting in the complete cessation of travel services at the point of departure and/or destination.
- (e) **Strike** that causes complete cessation of **Your Common Carrier** services for at least 48 consecutive hours.
- (f) Weather at the departure site which causes complete cessation of services of **Your Common Carrier** for at least 48 consecutive hours and prevents **You** from reaching **Your** destination. This benefit does not apply if a storm has been named prior to the purchase of this coverage.
- (g) **Natural Disaster** or documented man-made disaster at the site of **Your** destination which renders **Your** accommodations at **Your** destination uninhabitable. This coverage is limited to the cost of the airfare of **Your Covered Trip**. This benefit does not apply if the **Natural Disaster** is a storm that has been named prior to the purchase of this coverage
- (h) Theft of passports, visas or event passes that has been reported to the local authorities.

**Sickness, Accidental Injury** that occurs during **Your Trip**, or death of You, which results in medically imposed restrictions as certified by a **Physician** at the time of loss preventing **Your** continued participation in **Your Trip**. A **Physician** must verify interruption of **Your Trip** before **Your Trip** is terminated.

You being hijacked, quarantined, required to serve on a jury, subpoenaed, court ordered appearance as a witness in a legal action in which **You** or **Your Traveling Companion** is not a party (except law enforcement officers).

You having **Your** home made uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster; or being rendered uninhabitable by unforeseen circumstances or being burglarized.

You being directly involved in a traffic accident substantiated by a police report, while en route to a departure on **Your Trip**.

**Strike** that causes complete cessation of services for at least forty-eight (48) consecutive hours.

Natural disaster at the site of **Your** destination which renders **Your** destination accommodations uninhabitable for the remainder of **Your Trip** limited to the cost of **Your** airfare of **Your Trip**. This benefit will not apply to purchases made once the potential natural disaster has been forecasted or once a storm has been named.

The death or hospitalization of the **Your Host at Destination**.

If **Your Trip** is delayed or has arrangements cancelled by a **Common Carrier** due to delays resulting from **Inclement Weather**, mechanical breakdown, or organized labor **Strikes** that affect public transportation, provided (a) the scheduled **Common Carrier** connecting times are no less than ninety (90) minutes; and (b) the scheduled time between arrival at **Your** scheduled **Trip** departure **City** and **Your** scheduled **Trip** departure must be four (4) hours or longer.

Mandatory evacuation ordered by local authorities at **Your** final destination due to hurricane or other natural disaster. **You** must have four (4) days or fifty percent (50%) of **Your** total **Trip** length or less remaining on **Your Trip**, at the time the mandatory evacuation ends, in order to interrupt **Your Trip**.

The airport terminal from which **You** are scheduled to fly, within twelve (12) hours of arrival at the terminal or while **You** are physically at the terminal, is closed due to a documented security breach.

***SPECIAL CONDITIONS:***

**You** must be medically capable of travel on the day **You** purchases the coverage. The event which necessitates **Your Trip** Interruption must first occur after **You** pay for the coverage and while **You** are on **Your Trip**.

**You** must advise the **Travel Supplier** and **Us** as soon as possible in the event of a claim. **We** will not pay benefits for any additional charges incurred that would not have been charged had **You** notified the **Travel Supplier** as soon as reasonably possible.

***SINGLE OCCUPANCY COVERAGE:***

**We** will reimburse **You**, up to the maximum shown on the **EOC Schedule**, for additional cost incurred during **Your Trip** as a result of a change in the per person occupancy rate for prepaid **Travel Arrangements** if a person booked to share accommodations with **You** has **Your Trip** interrupted for a covered reason and **You** do not interrupt **Your Trip**.

**D. EXCLUSIONS**

**For all benefits:**

This policy will not cover any claim, loss, injury, damage or legal liability suffered or sustained directly or indirectly by **You** if **You** are:

1. Traveling in a country where such travel is prohibited by an Executive Order of the U.S Government administered by the Office of Foreign Asset Control, or
2. Traveling in a country subject to a Travel Warning issued by the U. S. Department of State.

With the prior consent of the Company, coverage shall apply if such travel has been:

1. licensed by the Office of Foreign Asset Control and the application for such license specifically references travel insurance coverage;
2. authorized or sanctioned by the U.S. Department of State, or

3. declared to the Company with all pertinent information prior to the inception of the travel.

No benefits or payments will be made to any beneficiary (ies) who is/are declared unable to receive benefits or payments under the laws and/or regulations governing this Policy and/or the Company.

**Under Accidental Death And Dismemberment, Trip Cancellation, Trip Interruption, Trip Delay, We exclude the following losses caused to, by or resulting from:**

Suicide, attempted suicide, or any intentionally self-inflicted injuries while sane or insane.

War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war.

Participation in any military maneuver or training exercise;

Any loss starting while **You** are in the service of the armed forces of any country. Orders to active military service for training purposes of two (2) months or less will not constitute service in the forces. Upon notice to **Us** of entering the armed forces, **We** will return to **You** pro-rata any premium paid, less any benefits paid, for any period during which **You** are in such service;

Piloting or learning to pilot or acting as a member of the crew of any aircraft.

While or as a result of riding in any device for aerial navigation other than as provided for in the **EOC**;

Mental or nervous disorders, unless hospitalized.

Participation as a professional in athletics.

Semi-professional.

Being under the influence of drugs or intoxicants, unless prescribed by a **Physician**. **Physician** can not be a family member.

Pregnancy and/or Childbirth.

Commission or the attempt to commit a criminal act.

Participating in skydiving; hang gliding; parachuting except parasailing; mountaineering; any race; bungee jumping; speed contest; (speed contest shall not include any of the regatta races;) scuba diving unless accompanied by a dive master and not deeper than thirty (30) feet; spelunking or caving; heli-skiing; extreme skiing.

**Accidental Injury** or **Sickness** when traveling against the advice of a **Physician**; **Physician** cannot be a family member.



The following limitation applies to **Trip Cancellation**: All cancellations must be reported directly to the **Travel Supplier** within seventy-two (72) hours of the event causing the need to cancel, unless the event prevents it, and then as soon as is reasonably possible. If the cancellation is not reported within the specified seventy-two (72) hour period, **We** will not pay for additional charges which would not have been incurred had **You** notified the **Travel Supplier** in the specified period. If the event prevents **You** from reporting the cancellation, the seventy-two (72) hour notice requirement does not apply; however, **You** must, if requested, provide proof that said event prevented **You** from reporting the cancellation within the specified period.

Disablements due to an act of God, or **Your** participation in war, insurrection, or riot;

Commission or the attempt to commit a criminal act;

A disablement which **You** knowingly and with intent caused

## **E. HOW TO FILE A CLAIM**

To file a claim, **You** must contact the **Administrator** by phone or email within twenty (20) days of the insured event or as soon as reasonably possible.

A claim form will be sent to **You**. The fully completed claim form must be returned to the **Administrator** at address with:

1. Written proof of claim.
2. Any other documentation that the **Administrator** may reasonably request.

All these required items, including the claim form, must be postmarked within ninety (90) days or as soon as reasonably possible after the date of loss. Otherwise, the claim may be denied.

## **F. GENERAL PROVISIONS**

**Benefit to Bailee:** The coverage and provision of this policy will in no way inure directly or indirectly to the benefits of any insurer, person, organization or other bailee.

**Clerical Errors:** **We** will not deny or cancel coverage because of clerical error by **Us**. After an error is found, **We** will take appropriate action. This may include adjusting, collecting or refunding premium.

**Conformity of Statute:** If the terms of this **EOC** are in conflict with the statutes of the State in which it is issued, they are automatically changed to conform to minimum requirements of such statutes.

**Disagreement Over Settlement of Claim:** 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** will each select his/her 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 two (2) of the three (3) (the appraisers and the arbitrator) will be binding. The appraiser selected by **You** is paid by **You**. **We** will pay the appraiser they choose. **You** will share equally with **Us** the cost for the arbitrator and the appraisal process.

**Excess Coverage:** The benefits in this **EOC** are secondary to any coverage provided by any other party and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.

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

**Payment of Claims:** Benefits payable under this **EOC** for any loss will be paid upon receipt of due proof of loss and all required information necessary to support the claim. All benefits payable will be payable to **You** or, in the case of death, to **Your** estate or beneficiary if provided in writing by **You**. No person or entity other than **You** shall have any legal or equitable right, remedy or claim of insurance proceeds and/or damages under or arising out of this coverage.

**Time Payment of Claims:** Indemnities payable under the **EOC** for any loss will be paid immediately upon receipt of due written proof of such loss. All claims shall be paid within thirty (30) days following receipt by **Us** of due proof of loss. Failure to pay within such period shall entitle **You** to interest at the rate of nine percent (9%) per annum at the expiration of each four (4) weeks during the continuance of the period for which **We** are liable, provided that interest amounting to less than one dollar need not be paid. Any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

**Physical Examination and Autopsy:** We, or **Our** designated representative, at their own expense, have the right to have **You** examined as often as reasonably necessary while a claim is pending. We, or **Our** designated representative, also has the right to have an autopsy performed unless prohibited by law.

**Premium:** The Policyholder must pay the premium to the Company within thirty (30) days of the end of each month.

**Proof of Loss:** The Covered Person or beneficiary must send Us, or **Our** designated representative, written proof of loss within ninety (90) days] or as soon as reasonably possible after a covered loss occurs. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**Salvage:** If salvage is requested, it must be sent to the **Administrator** at **Your** expense. Failure to remit requested salvage may result in denial of the claim.

**Subrogation:** To the extent **We** pay for a loss suffered by You, **We** will take over the rights and remedies **You** had relating to the loss. This is known as subrogation. **You** must help **Us** preserve **Our** rights against those responsible for the loss and must do everything necessary to secure these rights and must do nothing that would jeopardize them. This may involve signing any papers and taking any other steps **We** may reasonably require. If **We** take over **Your** rights, **You** may have to sign an appropriate subrogation form supplied by **Us**.

**Starr Indemnity & Liability Company**  
399 Park Avenue, New York, NY 10022

**SCHEDULE OF COVERAGE**

**Group Policy Number: LTG 273750**

**Effective Date: November 15, 2020**

**Expiration Date: January 1, 2022**

**Coverage Begins the date the insured participant arrives in the US and coverage continues as long as the participant is active and able to participate in the covered activity of the Participating Organizations.**

**Coverage Ends on the actual date, the participant or the participating Organization coverage is no longer able to participate in covered activity or returns home and the Participating Organization deems them no longer eligible.**

**Program Name:**

**Policyholder:**

**1. Covered classes of Covered Persons:**

Class 1: Participating Member Organizations, J-1 Visa Participants for Intern Training and Work and Travel, who are coming to the U.S. for Work and Study Programs.

Class 2: Participating Member Organizations J-1 Visa High School Teachers and J-1 Visa Students coming to the U.S, for study programs.

**2. Coverage and Limits available to the Covered Person:**

**Selected Coverage: Limits**

Accidental Death & Dismemberment

Principal Sum.....\$1,000  
Aggregate Limit per Accident..... \$20,000

Trip Cancellation

Maximum Limit..... Class 1: \$4,500 and Class 2: \$7,500 total benefit limits include any unused portion of fees that the participants paid to the Participating Member Organization. (both class 1 and 2 ) \*Quarantine coverage up to 14 days for food, lodging and transportation up to \$150/day

Trip Delay

Maximum Limit .....Class 1: \$4,500 and Class 2 \$7,500, total benefit limits include any unused portion of fees that the participants paid to the Participating Member Organization (for both Class 1 and 2) \*Quarantine Coverage\* up to 14 days for food, lodging and transportation up to \$150/day

Trip Interruption

Maximum Limit..... Class 1: \$4,500 and Class 2: \$7,500, total benefit limits include any unused portion of fees that the participants paid to the Participating

Member Organization (for both Class 1 and 2) \* Quarantine Coverage\* up to 14 days for food, lodging and transportation up to \$150/day

In no instance shall **We** ever pay more than the Benefit Amount listed above to, or on behalf of, a **Covered Person** for the Trip Cancellation, Trip Delay or Trip Interruption that result from the same **Covered Accident** or series of related **Covered Accidents**.

**Aggregate Policy Limit:** \$1,000,000 per Policy Year.

**3. Payment of Premium:**

Premium is payable by the Participating Organization(s) Monthly on the first day of the month immediately following the Policy Effective Date and thereafter.

**4. Frequency of Payment:**

Monthly

**5. Grace Period:**

A grace period of thirty (30) days will be granted for the payment of each premium falling due after the first premium, during which time the Policy will continue in force, subject to the right of the Company to cancel in accordance with the Termination provision of the Policy, but the Participating Organization shall be liable to the Company for the payment of premium accruing for the period the Policy continues in force.

**6. Premium:**

Class 1 \$100\*/Person/Trip  
Class 2 \$300\*/Person/Trip \*\*

\*Once the premium is paid by the participating organization, there is no Return of Premium provided.

\*\* For all Teachers on a sponsored program for more than a year, premiums shall be paid annually for each and every year covered.