

TRAVEL PROTECTION BENEFITS GUIDE

Trip Protection



Go Ahead travelers are offered insurance through a plan provided by Specialty Insurance Solutions (SIS) that is underwritten by United States Fire Insurance Company. This plan includes travel insurance benefits to help you secure your investment.

The insurance portion of the plan is summarized in this document. This insurance portion is secondary to any other insurance that you have.

For full certificate details, see the United States Fire Insurance Company Certificate of Insurance at goaheadtours.com/siscertificate.

INSURANCE COVERAGE DETAILS

This insurance package is comprised of coverage for:

- Tour Cancellation
- Baggage & Personal Effects
- Tour Interruption
- Baggage Delay
- Travel Delay
- Accident & Sickness

TOUR CANCELLATION

A refund of the cancellation fee will be issued should you be forced to cancel your tour due to:

1. your, a Family Member's, or traveling companion's death before departure on your tour;
2. your, a Family Member's, or traveling companion's covered Sickness or Injury that a) occurs before departure on your tour, b) requires medical treatment at the time of cancellation resulting in medically imposed restrictions, as certified by a Legally Qualified Physician, and c) prevents your participation in the tour;
3. you or your traveling companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after coverage effective date), served with a court order to appear as a witness in a legal action in which you or your traveling companion are not a party (except law enforcement officers);
4. your primary place of residence or destination being rendered uninhabitable and remaining uninhabitable during your scheduled tour, by fire, flood, burglary, or other Natural Disaster;
5. a documented theft of passports or visas;
6. you or your traveling companion being directly involved in a traffic accident, substantiated by a police report, while en route to your scheduled point of departure;
7. you or your traveling companion are in the military and called to emergency duty for a national disaster other than war;
8. an involuntary employer termination or layoff that occurs 30 days or more after your coverage effective date and affects you or a traveling companion. Employment must have been with the same employer for at least 1 continuous year. You will receive benefits up to 100% of the non-refundable Prepaid travel expenses.

Benefits will also be paid, up to the Maximum Benefit Amount, for the additional cost incurred as a result of a change in the per person occupancy rate for Prepaid Travel Arrangements if a traveling companion's or Family Member's tour is canceled for a covered reason and you do not cancel your tour.

TOUR INTERRUPTION

A refund of the amount paid for unused non-refundable land or water Travel Arrangements will be issued should you be forced to interrupt your tour due to:

1. your, a Family Member's, or traveling companion's death while you are on your tour;
2. your, a Family Member's, or traveling companion's covered Sickness or Injury that a) occurs while you are on your tour, b) requires medical treatment at the time of interruption resulting in medically imposed restrictions, as certified by a legally qualified physician, and c) prevents your continued participation on your tour.

You will be reimbursed for any Additional Transportation Cost paid a) to join your tour if you must depart after your Scheduled Departure Date or travel via alternate Travel Arrangements by the most direct route possible to reach your tour destination; or b) to rejoin your tour or transport you to your originally scheduled return destination, if you must interrupt your tour after departure, each by the most direct route possible.

If you cannot continue travel due to a covered Injury or Sickness not requiring Hospitalization and you must extend your tour due to medically imposed restrictions, as certified by a legally qualified physician, benefits will be paid for additional accommodation, meal, telephone call, and local Transportation Expenses up to \$100 per day, limited to 5 days and a maximum of \$500.

Benefits will also be paid, up to the maximum benefit amount, for the additional cost incurred as a result of a change in the per person occupancy rate for Prepaid Travel Arrangements if a traveling companion's or Family Member's tour is interrupted for a covered reason and you do not interrupt your tour.

TRAVEL DELAY

You are eligible for benefits if you are delayed for 8 hours or more while en route to or from, or during your Trip, due to a) any certified delay of a Common Carrier; b) a traffic accident in which you or your traveling companion are not directly involved and is substantiated by a police report; c) quarantine, hijacking, Strike, Natural Disaster, terrorism, or riot; or d) a documented weather condition preventing you from getting to the point of departure.

Benefits will be paid up to \$500 per day, up to the Maximum Benefit Amount of \$2,500, for:

1. the unused non-refundable portion of the Prepaid expenses for your tour as long as the expenses are supported by proof of purchase and are not reimbursable by any other source;
2. reasonable accommodation, meal, telephone call, and local Transportation Expenses incurred by you.

Benefits will not be paid for any expenses that have been reimbursed or for any services that have been provided by the Common Carrier.

BAGGAGE & PERSONAL EFFECTS

Benefits will be paid, up to the Maximum Benefit Amount of \$2,000, against all risks of permanent loss, theft, or damage to your baggage and personal effects occurring while coverage is in effect. Coverage is subject to all general exclusions and the additional limitations and exclusions specific to baggage and personal effects detailed in the Certificate of Insurance.

VALUATION AND PAYMENT OF LOSS

The lesser of the following amounts will be paid:

1. the actual cash value at the time of loss, theft, or damage, except as provided below;
2. the cost to repair or replace the article with material of a like kind and quality; or
3. \$300 per article.

For claimed items without original receipts, payment of loss will be calculated based upon 75% of the actual cash value at the time of loss, not to exceed \$300 per article.

A combined maximum of \$1,000 will be paid for jewelry; precious or semi-precious stones; watches; articles consisting in whole or in part of silver, gold, or platinum; furs or articles trimmed with fur; cameras and their accessories and related equipment; computer, digital, or electronic equipment or media. Not to exceed \$300 per article.

A maximum of \$100 will be paid for the cost of replacing a passport or visa.

A maximum of \$100 will be paid for the cost associated with the unauthorized use or replacement of lost or stolen credit cards, subject to verification that you have complied with all conditions of the credit card company.

EXCLUSIONS TO BAGGAGE & PERSONAL EFFECTS COVERAGE

Money; prescribed medications; animals; automobiles and automobile equipment; boats or other vehicles or conveyances; trailers; motors; aircraft; bicycles, except when checked as baggage with a Common Carrier; household effects and furnishings; antiques and collectors' items; artificial limbs or other prosthetic devices; keys, stamps, and credit cards (except as otherwise specifically covered herein); securities, tickets, and documents (except as otherwise specifically covered herein); professional or occupational equipment or property, whether or not electronic business equipment, with the exception of Personal Diving Equipment or sporting equipment if the loss results from the use thereof.

Benefits are not payable for any loss caused by or resulting from situations such as breakage of fragile articles; wear and tear or gradual deterioration; theft while left in any unlocked vehicle; your negligent acts or omissions. Additional exclusions may apply; see the Certificate of Insurance for full details.

BAGGAGE DELAY

If your checked baggage is delayed or misdirected by a Common Carrier for more than 24 hours from your time of arrival at a destination other than your return destination, benefits will be paid up to \$100 per day, up to a Maximum Benefit Amount of \$300, for the actual expenditure for necessary personal effects. You must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

ADDITIONAL PROVISIONS APPLICABLE TO BAGGAGE & PERSONAL EFFECTS AND BAGGAGE DELAY COVERAGE

Benefits will not be paid for any expenses that have been reimbursed or for any services that have been provided by the Common Carrier, hotel, or Travel Supplier; nor will benefits be paid for loss or damage to property specifically scheduled under any other insurance.

ACCIDENT & SICKNESS

Benefits will be paid for the covered expense incurred, up to the Maximum Benefit Amounts described below, as a result of a Covered Accidental Injury or covered Sickness that first occurs during your tour:

1. Medical expenses up to \$50,000 will be paid for necessary treatment and prescribed medication relating to an Accident occurring or an illness acquired on tour.
2. Expenses up to \$50,000 will be paid for either emergency evacuation to the traveler's Home country if Medically Necessary and approved by Seven Corners, Inc., or for Home repatriation in the event of death.
3. Expenses will be paid to transport one person, chosen by you, by Economy Transportation, for a single visit to and from your bedside, if you are traveling alone and will be Hospitalized for more than three consecutive days and emergency evacuation is not imminent.
4. Pre-Existing Condition: If you have a Pre-Existing Condition, certain limitations apply; see the complete Certificate of Insurance for details.
5. Expenses up to \$750 will be paid for emergency dental treatment.
6. Expenses up to \$50,000 will be paid for accidental death or dismemberment.

GENERAL EXCLUSIONS

Benefits are not payable for any loss due to, arising from, or resulting from:

1. an act of declared or undeclared war;
2. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard;
3. being Intoxicated as defined herein, or under the influence of any controlled substance unless as administered or prescribed by a Legally Qualified Physician;
4. the commission of or attempt to commit a felony or engaging in an illegal occupation;
5. normal childbirth or pregnancy (except complications of pregnancy) or voluntarily induced abortion;
6. dental treatment (except as coverage is otherwise specifically provided herein);
7. amounts that exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits;
8. a Pre-Existing Condition, as defined in the Certificate. This limitation does not apply to the emergency medical evacuation or return of remains coverage, and is not applicable if you have a Pre-Existing Condition waiver;
9. any amount paid or payable under any worker's compensation, disability benefit, or similar law;
10. a loss or damage caused by detention, confiscation, or destruction by customs;
11. Elective Treatment and Procedures;
12. complications from elective treatment and procedures otherwise not payable under this Certificate;
13. medical treatment during or arising from a tour undertaken with the purpose or intent of securing medical treatment;
14. failure of any tour operator, Common Carrier, or other Travel Supplier, person, or agency to provide the bargained-for Travel Arrangements for reasons other than bankruptcy or default;
15. a mental or nervous condition, unless Hospitalized or Partially Hospitalized for that condition while the Certificate is in effect for you;
16. a loss that results from an illness, disease, or other

condition, event, or circumstance that occurs at a time when the Certificate is not in effect for you;

17. bankruptcy or default or failure to supply services by a supplier of travel services;
18. loss or damage (including death or Injury) and any associated cost or expense resulting directly from the discharge, explosion, or use of any device, weapon, or material employing or involving chemical, biological, radiological, or similar agents, whether in time of peace or war, and regardless of who commits the act and regardless of any other sequence thereto;
19. Diving while in an abnormal state of which you were aware and/or due to which you were disqualified or not entitled to engage in Diving;
20. Diving in an area where Diving is forbidden;
21. an assessment from a Legally Qualified Physician advising you in writing that you, a traveling companion, Family Member, or Business Partner booked to travel with you are not Medically Fit to Travel, as defined in the Certificate, at the time of purchase of coverage for a tour.

PERIOD OF COVERAGE

WHEN COVERAGE BEGINS: COVERAGE EFFECTIVE DATE

Tour Cancellation: Coverage begins on the date and time the appropriate premium payment is received by your tour operator.

Travel Delay: Coverage begins after you have traveled from Home en route to join your tour.

All other coverages: Coverage begins when you depart on the first travel arrangement for your tour.

WHEN COVERAGE ENDS: COVERAGE TERMINATION DATE

Tour Cancellation: Your coverage automatically ends on a) the date and time you depart on your tour or b) the date and time you cancel your tour, whichever occurs first.

All other coverages: Your coverage automatically ends on a) the date your tour is completed, b) the Scheduled Return Date, c) your arrival at your return destination, or d) the cancellation of your tour, whichever occurs first.

All coverages will be extended if your entire tour is covered and your return is delayed due to unavoidable circumstances beyond your control. If coverage is extended for the above reasons, coverage will end on the date you reach your originally scheduled return destination or 10 days after the Scheduled Return Date, whichever occurs first.

DEFINITIONS

INSURED PLAN PARTICIPANT: A person who is booked to travel on a tour, completes the enrollment form, and for whom the required plan premium is paid. Also referred to as "you" and "your."

FAMILY MEMBER: Your or your traveling companion's legal spouse (or common-law spouse where legal), legal guardian or ward, son or daughter (includes adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew, domestic partner, caregiver, or child caregiver.

TRAVELING COMPANION: A person or persons up to 4 persons whose names appear with yours on the same Travel Arrangements and who will accompany you during your tour.

PRE-EXISTING CONDITION: An illness, disease, or other condition during the 180-day period immediately prior to the coverage effective date for which you, your

traveling companion, or Family Member scheduled or booked to travel with you a) receive or received a recommendation for a test, examination, or medical treatment for a condition that first manifested itself, worsened or became acute, or had symptoms that would have prompted a reasonable person to seek diagnosis, care, or treatment; or b) took or received a prescription for drugs or medicine. Item b) of this definition does not apply to a condition that 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 180-day period before coverage is effective.

SICKNESS: An illness or disease of the body that a) requires examination and treatment by a Legally Qualified Physician and b) commences while your coverage is in effect. An illness or disease of the body that first manifests itself and then worsens or becomes acute prior to your coverage effective date is not a Sickness, is considered a Pre-Existing Condition as defined herein, and is not covered by the Certificate except when you have obtained a Pre-Existing Condition waiver.

PARTIAL HOSPITALIZATION: An outpatient program specifically designed for the diagnosis or active treatment of a serious mental disorder when there is a reasonable expectation for improvement or when it is necessary to maintain the patient's functional level and prevent relapse or full Hospitalization. Partial Hospital programs are usually furnished by a Hospital as distinct and organized intensive ambulatory treatment service of less than 24-hour daily care.

COMMON CARRIER: Any land, sea, or air conveyance operating under a valid license for the transportation of passengers for hire, not including taxicabs or rented, leased, or privately owned motor vehicles.

CONTACT INFORMATION

Please note: As a Go Ahead traveler, your group policy number is either US855476 or US855478 if you have the Pre-Existing Condition waiver.

- For claims or Certificate questions please contact Seven Corners, Inc. at 866.887.7148 (toll free) or 317.582.2658 (direct) or tourclaims@sevencorners.com
- For a medical emergency while on tour please call Seven Corners, Inc. 24 hours a day, 7 days a week at 800.690.6295 (U.S.) or 00.800.7771.7777 (abroad)

FOR CANCELLATION CLAIMS:

1. Contact Go Ahead to cancel your tour
2. Once you have canceled with Go Ahead, fill out the claim form found at goaheadtours.com/siscancellation

Please note: Claims will be rejected unless you've canceled your tour with Go Ahead prior to filing your claim.

FOR ALL OTHER CLAIMS:

1. Submit completed Proof of Loss (claim) form, which can be found at goaheadtours.com/sisclaims
2. Include the following:
 - Detailed bills for services received
 - Receipts for Payments made
 - Any other supporting medical documentation pertinent to the claim

COMPLETED CLAIMS CAN BE SUBMITTED VIA MAIL, FAX, OR EMAIL TO:

Seven Corners, Inc.
Attn. Claims
303 Congressional Blvd.
Carmel, IN 46032
Fax: 317.575.2256
Email: tourclaims@sevencorners.com