



Emergency travel assistance services are provided by April Travel Protection. If you need assistance, you can call toll free 24 hours a day, 365 days a year at one of these telephone numbers:

Worldwide Travel & Emergency Assistance	
In the United States & Canada: 855.743.6739	Worldwide Customer Call Collect: 305.455.1571
Email for Sales & Pre-Travel Customer Service: isic@apriltravelprotection.com	Email for Policy Changes: changesisic@apriltravelprotection.com
Email for Claims: claims@apriltravelprotection.com	Email for Travel Assistance & Concierge Services: assistus@apriltravelprotection.com
Skype for All Services: april_us	SMS Text Short Code for all Services: 51303
Global Toll-Free Numbers for Travel Assistance (including Stress Less Benefits) & Concierge Services:	
Argentina: 0800-666-2556	Australia: 1800-148-640
China (Northern): 1-0-800-713-1836	China (Southern): 1-0-800-130-1798
Ireland: 1800-630-134	Italy: 800-786072
Japan: 0066-338-21566	Mexico: 01-877-819-7916
Netherlands: 0800-022-3187	Spain: 900-948-701
United Kingdom: 800-0517174	United States: 866.245.0380

AVAILABILITY OF SERVICES: You are eligible for assistance and transportation services at any time after you purchase this plan. The services become available when you actually start your trip. Emergency Medical & Travel Assistance end at the earliest of: midnight on the day your policy expires; when you reach your return destination; or when you complete your trip.

There may be times when circumstances beyond April Travel Protection's control hinder its endeavors to provide services. April Travel Protection will, however, make all reasonable efforts to provide such services and help you resolve the emergency situation. April Travel Protection will not provide any services when the U.S. or other applicable trade or economic sanctions, laws or regulations prohibit April Travel Protection from providing such services, including, but not limited to, the payment of any claims. Accordingly, no services will be provided in connection with travel to Cuba and such services may be limited and/or delayed, or prohibited, in other countries.

Your Travel Insurance Coverage

Your coverage is effective upon enrollment and purchase of the International Student Identification Card. Coverage is underwritten by American Modern Home Insurance Company under plan number AMT254032014.

Schedule of Benefits – Premium Plan	
We will provide the coverage described in this policy and listed below.	
Benefits	Limits
Trip Interruption – Return Air Only	\$1,500
Trip Delay	Minimum 12 Hours Delay - \$200 / Day, Up to \$500
Accident Hospital Indemnity	\$500 Per Day, Up to 30 Days
Emergency Medical Evacuation	\$500,000
Repatriation of Remains	\$50,000
Emergency Non-Medical Evacuation Due to Catastrophe	\$50,000
Security or Political Evacuation	\$50,000
Accidental Death and Dismemberment	Principal Sum: \$25,000
Accidental Death and Dismemberment – Common Carrier (Air Only)	Principal Sum: \$100,000
Baggage Delay	Minimum 12 Hours Delay - \$200 / Day, Up to \$200
Baggage and Personal Effects Including Lost Passport or Visa Replacement Expense	\$2,000, Per Item: \$250, Described Valuables: \$500



**This is an Accident Only Policy and
it does not pay benefits in the event of sickness.**



This health plan, alone, does not meet Minimum Creditable Coverage standards, and will not satisfy the individual mandate that you have health insurance.

As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website (www.mahealthconnector.org).

This policy, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance.

This plan is not intended to provide comprehensive health care coverage and does not meet Minimum Creditable Coverage standards, even if it does include services that are not available in the insured's other health plans.

TRAVEL INSURANCE POLICY

This Policy is issued in consideration of enrollment and payment of the premium due. This Policy describes all of the travel insurance benefits underwritten by American Modern Home Insurance Company, herein referred to as We, Us, and Our. This Policy is a legal contract between You (herein referred to as You or Your) and Us. It is important that You read Your Policy carefully. Insurance benefits vary from program to program. Please refer to the Confirmation of Benefits. It provides You with specific information about the program You purchased. This policy is issued for a stated term as shown on the Confirmation of Benefits.

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SECTION I. GENERAL DEFINITIONS

"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 bodily injury caused by an Accident, directly and independently of all other causes and sustained on or after the Effective Date of this coverage and on or before the Scheduled Return Date. Benefits for Accidental Injury will not be paid for any loss caused by Sickness or other bodily diseases or infirmity.



“Actual Cash Value” means purchase price less depreciation.

“Additional Expense” means any reasonable expenses for meals and lodging which were necessarily incurred as the result of a covered loss and which were not provided by the Common Carrier or any other party free of charge.

“Assistance Company” means the service provider with whom We have contracted to coordinate and deliver emergency travel assistance, medical evacuation and repatriation.

“Baggage” means luggage and personal effects and possessions whether owned, borrowed, or rented, and taken by You on the Covered Trip.

“Business Equipment” means property used in trade, business, or for the production of income; or offered for sale or trade or components of goods offered for sale or trade.

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

“Common Carrier” means any regularly scheduled land, sea, and/or air conveyance operating under a valid license for the Transportation of passengers for hire.

“Complications of Pregnancy” means a condition whose diagnosis is distinct from pregnancy but is adversely affected or caused by pregnancy.

“Covered Expenses” means expenses incurred by You which are for Medically Necessary services, supplies, care, or treatment; Accidental Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under the Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits, under each stated benefit.

“Covered Trip” means a trip for which You request insurance coverage and pay the required premium, and includes:

- (a) a period of travel away from home to a destination outside Your city of residence; and
- (b) at least 100 miles from Your primary place of residence; and
- (c) the trip has defined Departure and Return dates; and
- (d) does not exceed 365 days.

“Deductible” means the dollar amount You must contribute to the loss.

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

“Dependent Child(ren)” means Your children, including an unmarried child, stepchild, legally adopted child or foster child who is: less than age 19 and primarily dependent on You for support and maintenance; or who is at least age 19 but less than age 23 and who regularly attends an accredited school or college; and who is primarily dependent on You for support and maintenance.

“Domestic Partner” means a person, at least 18 years of age, with whom You have been living in a spousal relationship with evidence of cohabitation for at least 6 continuous months prior to the Effective Date of coverage.

“Effective Date” means the date and time Your coverage begins, as outlined in Section III. Eligibility and Period of Coverage of the Policy.

“Emergency Medical Evacuation” means Your medical condition warrants immediate Transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained.

“Emergency Sickness” means an illness or disease, diagnosed by a legally licensed Physician, which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of Your condition or place Your life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while Your coverage is in force and during Your Covered Trip.

“Emergency Treatment” means necessary medical treatment, including services and supplies, which must be performed during the Covered Trip due to the serious and acute nature of the Accidental Injury or Sickness.

“Family Member” means Your legal or common law spouse or Domestic Partner, Your parent, legal guardian, step-parent, parents-in-law, natural or adopted child, foster child, ward, step-child, brother, sister, step-brother, step-sister, brother-in-law, or sister-in-law.

“Hazard” means:

- (a) Any delay of a Common Carrier (including Inclement Weather);
- (b) Any delay by a traffic Accident en route to a departure, in which You are directly or not directly involved;
- (c) Any delay due to lost or stolen passports, travel documents or money; quarantine; hijacking; unannounced Strike; Natural Disaster; civil commotion or riot.



"Hospital" means a facility that:

- (a) holds a valid license if it is required by the law;
- (b) operates primarily for the care and treatment of sick or injured persons as in-patients;
- (c) has a staff of 1 or more Physicians available at all times;
- (d) provides 24 hour nursing service and has at least 1 registered professional nurse on duty or call;
- (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the Hospital on a pre-arranged basis; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged or similar institution.

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

"Insured" means a person who has enrolled for insurance under this Policy. You and Your also means the Insured.

"Medically Necessary" means that a treatment, service, or supply is: essential for diagnosis, treatment or care of the Accidental Injury or Sickness for which it is prescribed or performed, meets generally accepted standards of medical practice and is ordered by a Physician and performed under his or her care, supervision or order.

"Natural Disaster" means flood, fire, hurricane, tornado, earthquake, tsunami, volcanic eruption, blizzard or avalanche that is due to natural causes.

"Physician" means a licensed practitioner of medical, surgical or dental services acting within the scope of his or her license and shall include Christian Science Practitioners. The treating Physician may not be You, a Traveling Companion or a Family Member.

"Policy" shall mean this individual Policy document, the Confirmation and Schedule of Benefits, and any endorsements, riders or amendments that will attach during the period of coverage.

"Pre-Existing Condition" means any Accidental Injury or condition of You or Your Family Member booked to travel with You for which medical advice, diagnosis, care or treatment was recommended or received within the 60 day period ending on the Effective Date. Conditions are not considered pre-existing if the condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

"Reasonable and Customary / Reasonable and Customary Charges" means an expense which:

- (a) is charged for treatment, supplies, or medical services Medically Necessary to treat Your condition;
- (b) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and
- (c) does not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary charges exceed the actual amount charged.

"Scheduled Departure Date" means the date on which You are originally scheduled to leave on the Covered 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 or to Your primary residence from a Covered Trip.

"Sickness" means an illness or disease which is diagnosed or treated by a Physician on or after the Effective Date of insurance and while You are covered under the Policy.

"Strike" means a stoppage of work (a) announced, organized and sanctioned by a labor union and (b) which interferes with the normal departure and arrival of a Common Carrier. Included in the definition of Strikes are work slowdowns and sickouts.

"Transportation" means any land, sea or air conveyance required to transport You during an Emergency Medical Evacuation. Transportation includes, but is not limited to, Common Carrier, air ambulances, land ambulances and private motor vehicles.

"Traveling Companion" means person(s) booked to accompany You on Your Covered Trip. Note: A group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

"Travel Supplier" means any entity involved in providing travel services or travel arrangements.

"Unforeseen" means not anticipated or expected, and occurring on or after the Effective Date of the Policy.



SECTION II. GENERAL PROVISIONS

The following provisions apply to all coverage:

SUIT AGAINST US: No legal action for a claim can be brought against Us until 60 days after We receive Proof of Loss. No legal action for a claim can be brought against Us unless there has been full compliance with all of the terms of this Policy and no more than 2 years after the time required for giving Proof of Loss.

MISREPRESENTATION AND FRAUD: Your coverage shall be void if, whether before or after a loss, You have concealed or misrepresented any material fact or circumstance concerning the Policy or the subject thereof, or Your interest therein, or if You commit fraud or material misrepresentations in connection with this insurance coverage.

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 to preserve Our rights against those responsible for the loss. This may involve signing any papers and taking any other steps We may reasonably require. If We take over Your rights, You (or Your designated representative if a minor) must sign an appropriate subrogation form supplied by Us. We will not retain any payments until You have been made whole with regard to any claim payable under the Policy.

CONTROLLING LAW: Any part of the Policy that conflicts with the state law where the Policy is issued is changed to meet the minimum requirements of that law.

CHANGE OF BENEFICIARY: Unless You make an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to You and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this Policy or to any change of beneficiary or beneficiaries, or to any other changes in this Policy.

SECTION III. ELIGIBILITY AND PERIOD OF COVERAGE

Eligibility and Enrollment: Each Insured must enroll for his or her own insurance. If accepted by Us, each person will become Insured.

Effective Date and Policy Term: The Effective Date of Your Policy is shown in the Schedule of Benefits and remains in effect for the stated term shown in the Schedule of Benefits.

When Your coverage for Benefits Begins:

Subject to payment of any premium due:

- (a) For Trip Delay: Coverage is in force while en route to and from the Covered Trip.
- (b) For all other coverage: Coverage begins at the later of the point and time of Your departure on the Scheduled Departure Date; or your actual departure for Your Covered Trip.

In the event the Scheduled Departure Date and/or the Scheduled Return Date are delayed, or the point and time of departure and/or point and time of return are changed because of circumstances over which You have no control, Your term of coverage shall be automatically adjusted in accordance with Your notice to Us of the delay or change.

When Your Coverage Ends:

Coverage is effective for the stated term shown in Your Schedule of Benefits. In addition, Your coverage will end at 11:59 P.M. local time on the date which is the earliest of the following:

- (a) the Scheduled Return Date as stated on the travel tickets;
- (b) the date You return to Your origination point if prior to the Scheduled Return Date;
- (c) the date You leave or change Your Covered Trip (unless due to Unforeseen and unavoidable circumstances covered by the Policy);
- (d) the date You cancel Your Covered Trip.



SECTION IV. COVERAGES

We will provide the coverage described in this policy only if it is listed on the Schedule of Benefits.

TRIP INTERRUPTION

We will pay a benefit, up to the maximum shown on the Schedule of Benefits, if You are prevented from continuing or resuming Your Covered Trip due to any of the Unforeseen events listed below.

We will pay You for the following:

- (a) unused, non-refundable travel arrangements prepaid to the Travel Supplier(s); or
- (b) additional Transportation expenses incurred by You; or
- (c) return air travel up to the lesser of the cost of an economy flight or the amount shown in the Schedule of Benefits, less the value of applied credit from an unused return travel ticket.

In no event shall the amount We pay exceed the lesser of the amount You prepaid for the Covered Trip or the maximum benefit shown on the Schedule of Benefits.

Special Conditions: 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 and Us as soon as reasonably possible.

Unforeseen Events Include: Accidental Injury, Sickness 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 or continued participation in the Covered Trip. The severity or acuteness of his or her condition, or the circumstances surrounding that condition, is/are such that an ordinarily prudent person must interrupt the Covered Trip.

TRIP DELAY

We will pay You for Additional Expenses on a one-time basis, up to the maximum shown in the Schedule of Benefits, if You are delayed en route to or from the Covered Trip for 12 or more hours due a defined Hazard.

Additional Expenses include:

- (a) any prepaid, unused, non-refundable land, air, or water accommodations;
- (b) any reasonable Additional Expenses incurred;
- (c) an economy fare from the point where You ended Your Covered Trip to a destination where You can resume Your Covered Trip; or
- (d) a one-way economy fare to return You to Your originally scheduled return destination.

ACCIDENT HOSPITAL INDEMNITY

Subject to the Limitations and Exclusions section, We will pay the daily benefit of either \$50 or \$100 per day, up to 30 days as shown in the Schedule of Benefits for each day You are confined to a Hospital as a registered inpatient as a result of Accidental Injury due to an Accident that occurs while on a Covered Trip. Such confinement must be Medically Necessary and recommended by an attending Physician. The confinement must occur while You are on a Covered Trip. We will pay up to the total number of days shown in the Schedule of Benefits per Covered Trip.

EMERGENCY MEDICAL EVACUATION

We will pay, subject to the limitations set out herein, for Covered Emergency Medical Evacuation expenses reasonably incurred if You suffer an Accidental Injury or Emergency Sickness that warrants Your Emergency Medical Evacuation while You are on a Covered Trip. Benefits payable are subject to the Maximum Benefit per Insured shown on the Schedule of Benefits for all Emergency Medical Evacuations due to all injuries from the same Accident or all Emergency Sickness from the same or related causes.

A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Medical Evacuation and must certify that the severity of Your Accidental Injury or Emergency Sickness warrants Your Emergency Medical Evacuation to the closest adequate medical facility. The Assistance Company or We must review and approve the necessity of the Emergency Medical Evacuation based on the inadequacy of local medical facilities. The Emergency



Medical Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier.

Covered Emergency Medical Evacuation expenses are those for Medically Necessary Transportation, including Reasonable and Customary medical services and supplies incurred in connection with Your Emergency Medical Evacuation. Expenses for Transportation must be: (a) recommended by the attending Physician; and (b) required by the standard regulations of the conveyance transporting You; and (c) reviewed and pre-approved by the Assistance Company.

We will also pay Reasonable and Customary expenses, for escort expenses required by You, if You are disabled during a Covered Trip and an escort is recommended in writing by an attending Physician and such expenses are pre-approved by the Assistance Company.

If You are hospitalized for more than 7 days following a Covered Emergency Medical Evacuation, We will pay, subject to the limitations set out herein, for expenses to bring 1 person chosen by You to and from the Hospital or other medical facility where You are confined if You are alone, but not to exceed the cost of 1 round-trip economy airfare ticket.

In addition to the above Covered Expenses, if We have previously evacuated You to a medical facility, We will pay Your airfare costs from that facility to Your primary residence, within 1 year from Your original Scheduled Return Date, less refunds from Your unused Transportation tickets. Airfare costs will be economy, or first class if Your original tickets are first class. This benefit is available only if it is not provided under another coverage in the Policy.

REPATRIATION OF REMAINS

We will pay the reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the Covered Trip. No payment will exceed the maximum shown on the Schedule of Benefits.

Covered Expenses include: The collection of the body of the deceased; the transfer of the body to a professional funeral home; embalming and preparation of the body or cremation if so desired; standard shipping casket; any required consular proceedings; the transfer of the casket to the airport and boarding of the casket onto the plane; any required permits and corresponding airfare; and the transfer of the deceased to its final destination. All Covered Expenses must be approved in advance by the Assistance Company.

EMERGENCY NON-MEDICAL EVACUATION DUE TO CATASTROPHE

For purposes of this Benefit, "Catastrophe" means a violent and destructive natural event causing a sudden change in a feature of the earth. Catastrophe includes but is not limited to earthquakes, tsunamis, hurricanes, mudslides, and other similar destructive Natural Disasters.

We will pay, subject to the limitations set out herein, for Covered Emergency Non-Medical Evacuation expenses reasonably incurred if You must be evacuated during Your Covered Trip due to a Catastrophe. Benefits payable are for Transportation only and are subject to the maximum benefit shown on the Schedule of Benefits for all Emergency Non-Medical Evacuations due a single Catastrophe per person.

Your claim must be substantiated by a report from an appropriate authority confirming that it was unsafe and unacceptable for You to stay in Your current accommodations. The certification and approval for Emergency Non-Medical Evacuation must be coordinated through the most direct and economical conveyance and route possible.

Expenses for Transportation must be:

- (a) required by the standard regulations of the conveyance transporting You; and
- (b) reviewed and pre-approved by the Assistance Company.

SECURITY OR POLITICAL EVACUATION

The following definitions apply only with respect to Security or Political Evacuation coverage:

"Covered Expenses" means the necessary expenses incurred by You in Your Security Evacuation or Political Evacuation and which do not exceed the maximum shown on the Schedule of Benefits for Security Evacuation or a Political Evacuation.

"Emergency Security Situation" means a civil and/or military uprising, insurrection, war, revolution, or other violent disturbance in a Host Country, which, in the opinion of either the recognized government of Your Home Country or the Host Country, immediate evacuation is advised. Emergency Security Situation does not include Natural Disasters.

"Home Country" means the country or territory as shown on Your passport.



“Host Country” means a country or territory You are visiting or in which You are living and which is not Your Home Country.

“Political Evacuation” means:

- (a) The Political Situation warrants immediate Transportation from Your Host Country;
- (b) You have notified the Assistance Company regarding the need to evacuate; and
- (c) The Assistance Company has arranged Your evacuation from an international airport or other safe departure point they designate to the nearest safe haven.

“Political Situation” means a written recommendation by officials of Your Home Country that You leave Your Host Country for non-medical reasons, or if You are expelled or declared “persona non grata” on the written authority of Your Host Country.

“Security Evacuation” means:

- (a) The Emergency Security Situation warrants immediate Transportation from Your Host Country;
- (b) You have notified the Assistance Company regarding the need to evacuate; and
- (c) The Assistance Company has arranged Your evacuation from an international airport, or other safe departure point they designate, to the nearest safe haven.

We will pay benefits for Covered Expenses incurred, up to the maximum shown on the Schedule of Benefits, if an Emergency Security Situation or a Political Situation commences while You are in a Host Country and results in Your Security Evacuation or Political Evacuation, and if such evacuation is reasonably possible under the circumstances. We will pay benefits for Your Security Evacuation or Political Evacuation only if the actual evacuation process has been initiated within 7 days from the initial evacuation notice advised or posted, whichever is earlier, by the recognized government of Your Home Country or the Host Country.

Following a Security Evacuation or a Political Evacuation, and when safety allows, We will pay for one-way economy airfare to return You to either the Host Country or Your Home Country, whichever country You designate.

Additional Services: We will pay the Assistance Company to provide the following services:

- (a) The Assistance Company will arrange for Your Security Evacuation or Political Evacuation as provided and limited herein.
- (b) The Assistance Company will assist You with the arrangement of ground Transportation to the designated international airport or other safe departure point. You will be responsible for any costs associated with this segment of the evacuation.
- (c) If Your Security Evacuation becomes impractical due to hostile or dangerous conditions, the Assistance Company will maintain contact with You and advise You until evacuation becomes viable or the Emergency Security Situation has passed.
- (d) Upon Your request, the Assistance Company will provide You with the latest authoritative information and security guidance.
- (e) In the event You feel Your personal safety is threatened, but the situation does not dictate a Security Evacuation or Political Evacuation and You still request to be evacuated, the Assistance Company will assist You with the evacuation arrangements. You will be responsible for the costs associated with this type of voluntary evacuation.

These payments are in addition to the maximum shown on the Schedule of Benefits for Security Evacuation or a Political Evacuation.

Security Evacuation Coverage Conditions and Limitations:

- (a) The benefits and services described herein are provided to You only if the Assistance Company provides or coordinates them.
- (b) The Assistance Company has sole discretion regarding the means, methods and timing of a Security Evacuation or a Political Evacuation. However, the decision to travel is Your sole responsibility.
- (c) You will be responsible for all Transportation and living costs while at the safe haven.



- (d) We and/or the Assistance Company are not responsible for the availability, timing, quality, results of, or failure to provide any service caused by conditions beyond Our or Your control. This includes Your failure to obtain Security Evacuation or a Political Evacuation, or any additional services where the rendering of such evacuation or service is prohibited by the laws of the United States of America, local laws or regulatory agencies.
- (e) Security Evacuation and Political Evacuation are not covered from Afghanistan, Iraq or Somalia.
- (f) The maximum shown on the Schedule of Benefits for Security Evacuation or a Political Evacuation is in United States currency and applies per person per Emergency Security Situation or Political Situation.
- (g) We do not cover:
 1. Security Evacuation or a Political Evacuation from Your Home Country.
 2. Security Evacuation or a Political Evacuation when the Emergency Security Situation or Political Situation precedes Your arrival in the Host Country.
 3. Security Evacuation or a Political Evacuation when the evacuation notice has been issued or posted by the recognized government of Your Home Country or the Host Country for a period of more than 7 days and You have failed to notify the Assistance Company regarding the need to evacuate.
 4. The actual or threatened use or release of any nuclear, chemical or biological weapon or device, or exposure to nuclear reaction or radiation, regardless of contributory cause.
 5. More than 1 Security Evacuation or a Political Evacuation from a country or territory per Covered Trip.

ACCIDENTAL DEATH AND DISMEMBERMENT

We will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Covered Trip, sustain a loss shown in the Table below. The loss must occur within 180 days after the date of the Accident causing the loss. The Principal Sum is shown on the Schedule of Benefits.

If more than one loss is sustained as the result of an Accident, the amount payable shall be the largest amount of a sustained loss shown in the Table of Losses.

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%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%

"Loss" with regard to:

- (a) hand or foot, means actual complete severance through and above the wrist or ankle joints; or
- (b) eye means an entire and irrecoverable loss of sight; or
- (c) speech or hearing means entire and irrecoverable loss of speech or hearing of both ears.

No benefit is payable for loss resulting from or due to stroke, cerebral vascular, or cardiovascular Accident or event; myocardial infarction (heart attack); coronary thrombosis, or aneurysm.

Exposure: We will pay benefits for covered Losses which result if You are unavoidably exposed to the elements due to an Accident. The loss must occur within 180 days after the event which caused the exposure.

Disappearance: We will pay benefits for loss of life if Your body cannot be located one year after Your disappearance due to an Accident.



ACCIDENTAL DEATH AND DISMEMBERMENT - COMMON CARRIER (AIR ONLY)

We will pay benefits for Accidental Injuries resulting in a Loss as described in the Table of Losses below, that occurs while You are riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the Transportation of passengers for hire during the Covered Trip. The Loss must occur within 180 days after the date of the Accident causing the Loss. The Principal Sum is shown on the Schedule of Benefits.

If more than 1 Loss is sustained as the result of an Accident, the amount payable shall be the largest amount shown in the Table of Losses.

TABLE OF LOSSES

Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
1 hand and 1 foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of 1 eye	50%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of same hand	25%

"Loss" with regard to:

- (a) hand or foot, means actual complete severance through and above the wrist or ankle joints;
- (b) eye means an entire and irrecoverable Loss of sight;
- (c) speech or hearing means entire and irrecoverable Loss of speech or hearing of both ears; and
- (d) thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

BAGGAGE DELAY (Outward Journey Only)

We will pay You for the expense of replacing necessary personal effects, up to the maximum shown on the Schedule of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than 12 hours, while on a Covered Trip, except for return travel to Your primary residence.

You must be a ticketed passenger on a Common Carrier. All claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchase or replacement of necessary personal effects must accompany any claim.

BAGGAGE/PERSONAL EFFECTS

We will pay You up to the maximum shown on the Schedule of Benefits, for loss, theft or damage to Baggage and personal effects, provided You have taken all reasonable measures to protect, save and/or recover the property at all times. The Baggage and personal effects must be owned by and accompany You during the Covered Trip. If You have checked Your Baggage with a Common Carrier and delivery is delayed, coverage for Baggage will be extended until the Common Carrier delivers the property.

This coverage is secondary to any coverage provided by a Common Carrier and all other valid and collectible insurance, and shall apply only when such other benefits are exhausted.

There is a per article limit shown on the Schedule of Benefits. There is a combined maximum limit shown on the Schedule of Benefits for the following: jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; sports equipment; personal computers; radios; cameras; camcorders and their accessories and related equipment; and other electronic items.

We will pay You for fees associated with the replacement of Your Passport and/or Visa during Your Covered Trip. Receipts are required for reimbursement.



We will pay the lesser of the following:

- (a) Actual Cash Value, as determined by Us, at time of loss, theft or damage to Baggage and Personal Effects; or
- (b) the cost of repair or replacement.

SECTION V. CLAIMS PROCEDURES AND PAYMENT

All benefits will be paid in United States dollars. The following provisions will apply to all benefits.

PAYMENT OF CLAIMS: We, or Our authorized Agent or Administrator, will pay a claim after receipt of acceptable proof of Loss. Benefits for Loss of life are payable to Your beneficiary. If a beneficiary is not otherwise designated by You, benefits for Loss of life will be paid to the following surviving beneficiaries in the order shown:

- (a) Your spouse;
- (b) Your child or children jointly;
- (c) Your parents jointly if both are living or the surviving parent if only 1 survives;
- (d) Your brothers and sisters jointly; or
- (e) Your estate.

All other claims will be paid to You. All or a portion of all other benefits provided may, at Our option, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, We may make arrangements to pay claims to Your legal guardian, committee or other qualified representative. Any payment made in good faith will discharge Our liability to the extent of the claim.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other Insurance Policies for the same Loss.

NOTICE OF CLAIM: Written notice of claim must be given by either You or someone acting for You to Us or our authorized designee within 20 days after a covered loss first begins or as soon as reasonably possible. Notice should include Your name, the Travel Supplier's name and the Policy number. Notice should be sent to Our administrative office, at the address shown on the Schedule of Benefits or to Our authorized designee.

Under Baggage / Personal Effects Coverage, If Your covered property is lost, stolen or damaged, You must:

- (a) notify Us, or Our Administrator as soon as possible;
- (b) take immediate steps to protect, save and/or recover the covered property;
- (c) give immediate notice to the carrier or bailee who is or may be liable for the Loss or damage; and
- (d) notify the police or other authority in the case of robbery or theft within 24 hours.

CLAIM FORMS: When We receive a notice of claim, We will send You the forms to be used in filing proof of claim. If We or Our designee do not send You these forms within 15 days, You can meet the Proof of Loss requirement by sending Us or Our designee a written statement of the occurrence, nature and extent of the loss within the time allowed for filing Proof of Loss under this Policy.

PROOF OF LOSS: You must send Us or our authorized designee proof of loss within 90 days after a covered loss occurs or as soon as reasonably possible.

OTHER INSURANCE WITH US: You may be covered under only 1 travel Policy with Us for each Covered Trip. If You are covered under more than 1 such Policy, You may select the coverage that is to remain in effect. In the event of death, the selection will be made by the beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

PHYSICAL EXAMINATIONS: We at our own expense shall have the right and opportunity to examine You when and as often as we may reasonably require during the pendency of a claim hereunder.



SECTION VI. GENERAL LIMITATIONS AND EXCLUSIONS

The following exclusions apply to Trip Interruption, Trip Delay, Accident Hospital Indemnity, Emergency Medical Evacuation and Medically Necessary Repatriation, and Repatriation of Remains, Accidental Death and Dismemberment, Accidental Death and Dismemberment – Common Carrier (Air Only), Baggage Delay, and Baggage and Personal Effects.

Loss caused by or resulting from:

1. Pre-Existing Conditions;
2. Commission or the attempt to commit a criminal act by You or Your Family Member, whether insured or not;
3. Dental treatment except as a result of an Accidental Injury to sound natural teeth;
4. Expenses incurred as a result of being under the influence of drugs or intoxicants, unless prescribed by a Physician;
5. Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
6. Participating in bodily contact sports; skydiving; mountaineering where ropes or guides are normally used; hang gliding; parachuting; any race by horse, motor vehicle, or motorcycle; bungee cord jumping; spelunking or caving; or rock climbing; or helicopter skiing or extreme skiing;
7. Participation in any military maneuver or training exercise, police service, or any loss while You are in the service of the armed forces of any country;
8. Participation as a professional athlete; participation in non-professional, organized amateur or interscholastic athletics or sports competitions or events;
9. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
10. Pregnancy and childbirth (except for Complications of Pregnancy) except if hospitalized;
11. Services not shown as covered;
12. Cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child;
13. Suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Colorado and Missouri, sane only) committed by You or Your Family Member, whether or not insured;
14. Traveling for the purpose of securing medical treatment;
15. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war; or Your participation in any military maneuver or training exercise;
16. Your participation in civil disorder, riot or a felony;
17. Accidental Injury or Sickness when traveling against the advice of a Physician;
18. Care or treatment which is not Medically Necessary;
19. Services not shown as covered; and expenses not approved by the Assistance Company in advance;
20. Care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation; or
21. Directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination.

The following exclusions apply to Baggage Delay and Baggage and Personal Effects. We will not provide benefits for any loss or damage to:

1. animals;
2. automobiles and automobile equipment; trailers; motors; motorcycles;
3. boats or other vehicles or conveyances; aircraft;
4. bicycles (except when checked as Baggage with a Common Carrier);
5. eye glasses, sunglasses, contact lenses, artificial teeth and dental bridges, hearing aids, or prosthetic limbs;
6. keys, money, stamps, and securities;
7. art objects and musical instruments;
8. consumables including medicines, perfumes, cosmetics, and perishables;
9. professional or occupational equipment or property, whether or not electronic Business Equipment; or
10. property illegally acquired, kept, stored or transported.



Any loss caused by or resulting from the following is excluded:

1. wear and tear or gradual deterioration;
2. breakage of brittle or fragile articles;
3. insects or vermin;
4. inherent vice or damage while the article is actually being worked upon or processed;
5. confiscation or expropriation by order of any government;
6. radioactive contamination;
7. war or any act of war whether declared or not;
8. property shipped as freight or shipped prior to the Scheduled Departure Date.
9. delay or loss of market value;
10. indirect or consequential loss or damage of any kind;
11. theft or pilferage while left unattended in any vehicle if the vehicle is not properly secured;
12. electrical current including electric arcing that damages or destroys electrical devices or appliances; or
13. mysterious disappearance.

In witness whereof American Modern Home Insurance Company has caused this Policy to be signed by its President and Secretary, at Amelia, Ohio.

President

Secretary

FRAUD WARNING NOTICE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



MASSACHUSETTS OUTLINE OF COVERAGE

Read your policy carefully. This disclosure statement is a very brief summary of your policy. The policy itself sets forth the rights and obligations of both you and the insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY**.

COMPLAINTS: If you have a complaint, call your agent. If you are not satisfied, you may write or call the Massachusetts Division of Insurance.

IMPORTANT: This is a short term, limited benefit, nonrenewable product.

There are no age limitations in this policy.

This policy is not subject to increases in premiums.

There are no free-look back provisions. You have the right to cancel the Policy at any time by giving advance notice to Our Agent or Us (stating when thereafter the cancellation shall be effective). We will refund any unearned premium to You within 10 days of cancellation.

This is a single pay, single term, non-renewable Policy. We have no unilateral right to cancel this Policy after the Effective Date of coverage.

Please refer to your Confirmation of Benefits for any Deductibles, Coinsurance and Maximum Limits that may apply.

COVERAGES

ACCIDENT HOSPITAL INDEMNITY

Subject to the Limitations and Exclusions section, We will pay the daily benefit of either \$50 or \$100 per day, up to 30 days as shown in the Schedule of Benefits for each day You are confined to a Hospital as a registered inpatient as a result of Accidental Injury due to an Accident that occurs while on a Covered Trip. Such confinement must be Medically Necessary and recommended by an attending Physician. The confinement must occur while You are on a Covered Trip. We will pay up to the total number of days shown in the Schedule of Benefits per Covered Trip.

ACCIDENTAL DEATH AND DISMEMBERMENT

We will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Covered Trip, sustain a loss shown in the Table below. The loss must occur within 180 days after the date of the Accident causing the loss. The Principal Sum is shown on the Schedule of Benefits.

If more than one loss is sustained as the result of an Accident, the amount payable shall be the largest amount of a sustained loss shown in the Table of Losses.

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%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%

"Loss" with regard to:



**STA TRAVEL / ISIC – PREMIUM TRAVEL INSURANCE PLAN
AMERICAN MODERN HOME INSURANCE COMPANY
MASSACHUSETTS**

(d) hand or foot, means actual complete severance through and above the wrist or ankle joints; or

(e) eye means an entire and irrecoverable loss of sight; or

(f) speech or hearing means entire and irrecoverable loss of speech or hearing of both ears.

No benefit is payable for loss resulting from or due to stroke, cerebral vascular, or cardiovascular Accident or event; myocardial infarction (heart attack); coronary thrombosis, or aneurysm.

Exposure: We will pay benefits for covered Losses which result if You are unavoidably exposed to the elements due to an Accident. The loss must occur within 180 days after the event which caused the exposure.

Disappearance: We will pay benefits for loss of life if Your body cannot be located one year after Your disappearance due to an Accident.

ACCIDENTAL DEATH AND DISMEMBERMENT - COMMON CARRIER (AIR ONLY)

We will pay benefits for Accidental Injuries resulting in a Loss as described in the Table of Losses below, that occurs while You are riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the Transportation of passengers for hire during the Covered Trip. The Loss must occur within 180 days after the date of the Accident causing the Loss. The Principal Sum is shown on the Schedule of Benefits.

If more than 1 Loss is sustained as the result of an Accident, the amount payable shall be the largest amount shown in the Table of Losses.

TABLE OF LOSSES

Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
1 hand and 1 foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of 1 eye	50%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of same hand	25%

"Loss" with regard to:

(e) hand or foot, means actual complete severance through and above the wrist or ankle joints;

(f) eye means an entire and irrecoverable Loss of sight;

(g) speech or hearing means entire and irrecoverable Loss of speech or hearing of both ears; and

(h) thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

GENERAL LIMITATIONS AND EXCLUSIONS

The following exclusions apply to Accident Hospital Indemnity, Accidental Death and Dismemberment, Accidental Death and Dismemberment – Common Carrier (Air Only):

Loss caused by or resulting from:

1. Pre-Existing Conditions;
2. Commission or the attempt to commit a criminal act by You or Your Family Member, whether insured or not;
3. Dental treatment except as a result of an Accidental Injury to sound natural teeth;
4. Expenses incurred as a result of being under the influence of drugs or intoxicants, unless prescribed by a Physician;
5. Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
6. Participating in bodily contact sports; skydiving; mountaineering where ropes or guides are normally used; hang gliding; parachuting; any race by horse, motor vehicle, or motorcycle; bungee cord jumping; spelunking or caving; or rock climbing; or helicopter skiing or extreme skiing;



7. Participation in any military maneuver or training exercise, police service, or any loss while You are in the service of the armed forces of any country;
 8. Participation as a professional athlete; participation in non-professional, organized amateur or interscholastic athletics or sports competitions or events;
 9. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
 10. Pregnancy and childbirth (except for Complications of Pregnancy) except if hospitalized;
 11. Services not shown as covered;
 12. Cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child;
 13. Suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Colorado and Missouri, sane only) committed by You or Your Family Member, whether or not insured;
 14. Traveling for the purpose of securing medical treatment;
 15. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war; or Your participation in any military maneuver or training exercise;
 16. Your participation in civil disorder, riot or a felony;
 17. Accidental Injury or Sickness when traveling against the advice of a Physician;
 18. Care or treatment which is not Medically Necessary;
 19. Services not shown as covered; and expenses not approved by the Assistance Company in advance;
 20. Care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation; or
 21. Directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination.
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American Modern Insurance Group

PRIVACY NOTICE AND NOTICE OF INFORMATION PRACTICES

The companies of the American Modern Insurance Group ("American Modern") respect you and your right to privacy. We value your trust. So, we want you to know our policies and procedures that protect the privacy of your Nonpublic Personal Information (NPI). We also want you to know your rights regarding NPI that we receive about you. Thirdly, we want you to know how we gather NPI about you and how we protect its privacy.

In the course of doing business, we receive NPI related to insurance products and services we provide. These products and services are primarily for personal, family and household purposes. We currently do not share your NPI with any third parties not affiliated with American Modern except as required or permitted by law. We have no intention of doing so without proper authorization from you.

The terms of this Notice apply to individuals who inquire about or obtain insurance from one of the American Modern companies. We will send current policyholders a copy of our most recent Privacy Notice and Notice of Information Practices. We will do so at least annually. We will also send you a Notice if we make changes affecting your rights under our privacy policy. We reserve the right to modify or supplement our privacy policy at any time in accordance with applicable law. This Notice applies to current and former customers of American Modern. This Notice does not in any way affect your insurance coverage. You can find this Notice online on our Website at www.amig.com.

I. WHAT KIND OF INFORMATION WE COLLECT ABOUT YOU

We get most of our NPI about you directly from insurance applications and other forms that you or your insurance representative provide to us. Some examples of NPI include your name, address, income level, Social Security number and certain other financial information. Often, the NPI you provide to your insurance representative at the time you apply gives us everything we need to evaluate you or your property for insurance purposes. But, there are times when we may need more NPI or may need to verify NPI that you have provided. In those cases, we may obtain NPI from outside sources. We will do so at our own expense.

It is common for an insurance company or other financial services company to contact independent sources. Such sources verify and supplement NPI given on an application for insurance or other financial services products. There are many such independent companies. These are commonly called "consumer reporting agencies". They are in the

business of providing independent NPI to insurance companies. We will treat the NPI we receive about you from independent sources according to the terms of this Notice.

You have the right to contact any of the agencies we have used to prepare a report on you. If you wish, please submit your request in writing to the address shown below. Upon our receipt of your written request, we will provide you with the name and address of any agency used to prepare a report on you. Please note that your request must follow the procedures outlined under Sections V. and VI. below.

Once you become a customer of ours, our records on you may contain NPI about our experiences and transactions with you. Such NPI may include coverage, premiums and payment history. It may also include any claims you make under your policy. Any NPI that we collect in connection with a claim will be kept in accordance with this Privacy Notice. We will keep NPI collected by a claims representative and any police or fire report. We may, though, give NPI about claims to one or more insurance support organizations or another insurer. We may do so to underwrite a risk properly. We may also do so to prevent or prosecute fraud, or to detect criminal activity. We may also obtain NPI about you from a report prepared by an insurance support organization. The NPI may be kept by the support organization and provided to other persons.

Each American Modern company may disclose NPI about you to an affiliate regarding its transactions and experiences with you for marketing purposes without obtaining prior authorization. The law does not allow customers to restrict this disclosure. Such NPI may include your payment and claims history. We do not currently share other credit-related NPI about you, except as allowed or required by law.

II. WHAT WE DO WITH INFORMATION WE COLLECT ABOUT YOU

We will keep NPI we have about you in our insurance policy or other records. We will refer to and use that NPI in order to issue and service insurance policies and other financial products. We will also use it to settle claims. Generally, we will not disclose NPI about you in our records to any organization not affiliated with American Modern without your prior permission. But, we may, as allowed by law, share NPI about you contained in our records with certain persons or organizations that are not affiliated with American Modern such as:

- * your insurance representative;

- * medical professionals;
- * other insurance companies, agents or consumer reporting agencies as NPI is needed in connection with any insurance application, policy or claim involving you;
- * our affiliated companies;
- * persons who represent you in a fiduciary capacity, including your attorney or trustee, or who have a legal interest in your insurance policy;
- * persons or organizations who use the NPI to perform a business, professional or insurance function for us;
- * persons or organizations that conduct research, including actuarial or underwriting studies, provided that no individual NPI may be identified in any research study report;
- * adjusters, appraisers, auditors, investigators and attorneys;
- * persons or organizations that perform services, functions or marketing services on our behalf or to other financial institutions with whom we have joint marketing agreements; and
- * a court, state insurance department or other government agency pursuant to a summons, court order, search warrant, subpoena, or as otherwise required by law or regulation.

Health Information

Except as allowed or required by law, we will not use or share any personally identifiable health information about you, other than as follows. We will use such information to underwrite or administer your policy, claim or account, or in a manner as previously disclosed to you by us when we collected it. The above will not apply if we have obtained your written consent to share information.

III. RESPONSIBILITIES OF OTHER PARTIES

This Notice applies only to the American Modern companies. It does not necessarily reflect the privacy standards of other financial institutions or independent agents with whom you do business. Their privacy policies and information practices govern how they collect, use and disclose NPI about you. As described above, we may disclose your nonpublic personal financial or health information to third parties. When we do so, we will require them to use such NPI only for its intended purpose in accordance with applicable law.

IV. WHO HAS ACCESS TO YOUR INFORMATION IN OUR RECORDS

At present, American Modern uses a system of passwords and other physical, electronic and procedural safeguards to protect your NPI. They are designed to protect confidentiality, limit access, and prohibit unlawful disclosure of your NPI. We train our employees about the policies and rights provided under this Notice. We also train them on the importance of protecting customer NPI. Employees who violate our policy in any way are subject to being disciplined. This could include actions up to and including termination of employment. Also, we evaluate our information security practices relevant to changes in technology. We will do so to determine ways to increase the protections outlined above.

V. HOW YOU CAN REVIEW RECORDED INFORMATION WE HAVE ABOUT YOU

Access to Information

You have the right to review and receive most of the NPI we collect about you. As permitted or required by law, some legal and medical documents will not be provided. To access your NPI, please submit a notarized request to the address shown in Section VI. We will need your complete name, address, policy number, daytime phone number and a copy of your driver's license or other personal identification. We will respond to your request within thirty (30) days unless state law requires us to respond earlier. We will let you know the nature and substance of the NPI about you in our files. We will tell you with whom we have shared the information in the last two years. We will identify the source of the information if the source is an institutional one.

Correction of Information

If you believe your NPI is incorrect, please send a notarized request for correction to the address shown in Section VI. We will need your complete name, address, policy number, daytime phone number and a copy of your driver's license or other personal identification. We will respond to your request within thirty (30) days unless state law requires us to respond earlier.

If we agree with you, we will correct the NPI and notify you of the correction. We will notify any person who may have received the incorrect NPI from us in the past two years if you ask us to contact that person. We will also provide the corrected information to any insurance support organization to which we have provided your NPI within the last seven years.

If we disagree with you, we will tell you we are not going to make the correction. We will give you the reason(s) for our refusal. We will also tell you that you may submit a statement to us. Your statement should include the NPI you believe is incorrect. It should also include the reason(s) why you disagree with our decision not to correct the NPI in our files. We will file your statement with the disputed NPI. We will include your statement any time we disclose the disputed NPI. We will also give the statement to any person designated by you if we have disclosed the disputed NPI to that person in the past two years.

VI. HOW TO CONTACT US

Once you have read this, if you have any questions about our privacy policy or the NPI kept in our records about you, please write to us at the address shown below:

AMERICAN MODERN INSURANCE GROUP
7000 Midland Boulevard
Amelia, Ohio 45102-2607
Attn: Privacy Compliance Office

The American Modern Insurance Group's Privacy Notice and Notice of Information Practices are provided on behalf of the following companies:

American Modern Property and Casualty Insurance Company
American Modern Insurance Group, Inc.
American Family Home Insurance Company d/b/a in California AFH Insurance Company
American Modern Home Insurance Company d/b/a in California American Modern Insurance Company
American Modern Home Service Company
American Modern Insurance Company of Florida, Inc.
American Modern Lloyds Insurance Company
American Western Home Insurance Company
American Southern Home Insurance Company
American Modern Select Insurance Company
American Modern Surplus Lines Insurance Company
Lloyds Modern Corporation
Marbury Agency, Inc.
Midwest Enterprises, Inc.
The Atlas Insurance Agency, Inc.
Copper Leaf Research