



**STA TRAVEL / ISIC – PREMIUM TRAVEL INSURANCE PLAN  
DESCRIPTION OF COVERAGE**

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

Within the USA Toll Free: (855) 327-1408      Outside the USA Collect: (630) 694-9755  
Or via email: [ustravel@axa-assistance.us](mailto:ustravel@axa-assistance.us)

**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 the program expires; when you reach your return destination; or when you complete your trip.

<b>Assistance Services</b>	
<b>Emergency Medical Evacuation &amp; Repatriation</b>	<b>Travel Assistance</b>
Medical Transport	Telephone Interpretation Service
Dispatch of a Physician or Specialist	General Travel Assistance & Information
Transportation of a Family Member	Pre-Trip & Cultural Information
Escort Services	Emergency Cash & Bail Assistance
Repatriation of Remains	International Claims Assistance
<b>Medical Assistance Services</b>	Lost Luggage Assistance
Medical & Dental Referrals	Lost Document Assistance
Medical Case Management & Monitoring	Urgent Message Relay
Coordinate Hospital Admission & Discharge	Legal Referrals
Vaccination Recommendations & Precautions	Emergency Evacuation Due to Catastrophe
Prescriptions Replacement	Security or Political Evacuation

There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide services. AXA Assistance USA will, however, make all reasonable efforts to provide such services and help you resolve the emergency situation.

AXA Assistance USA will not provide any services when the U.S. or other applicable trade or economic sanctions, laws or regulations prohibit AXA Assistance USA 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.

<b>Schedule of Benefits – Premium Plan</b>	
<b>We will provide the coverage described in this policy and listed below.</b>	
<b>Benefits</b>	<b>Limits</b>
Trip Interruption – Return Air Only	\$1,500
Trip Delay	Minimum 12 Hours Delay, \$200 per Day, Maximum of \$500
Emergency Accident and Emergency Sickness Medical Expense	\$100,000, No Deductible Emergency Dental Only: \$500
Emergency Medical Evacuation and Medically Necessary Repatriation	\$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 per Day, Maximum of \$200
Baggage and Personal Effects Including Lost Passport or Visa Replacement Expense	\$2,000, Per Item: \$250, Described Valuables: \$500



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This is a brief Description of Coverage. This is not the entire Policy. Please visit <http://www.myisic.com/> to obtain your Policy. Coverage is underwritten by American Modern Home Insurance Company, herein referred to as We, Us, and Our. Your Policy will govern the final interpretation of any provision or claim. It is important that You read Your Policy carefully. Please refer to the ISIC Plan #AMT254032014.

**EXCESS INSURANCE LIMITATION**

The insurance provided by this Policy (except for Accidental Death and Dismemberment and Accidental Death and Dismemberment – Common Carrier (Air Only)) shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any Loss there is other valid and collectible insurance or indemnity in place, We shall be liable only for the excess of the amount of Loss, over the amount of such other insurance or indemnity, and applicable Deductible.

**WHEN AND WHERE COVERAGE IS IN EFFECT**

**Effective Date and Policy Term:** Your Policy begins upon issuance of Your International Student Identification Card and remains in effect for the stated term shown on the Card.

**When Your Travel Coverage Begins:**

- (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 coverage shall be automatically adjusted.

**When Your Travel Coverage Ends:**

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 an Unforeseen Event and unavoidable circumstances covered by the Policy); or
- (d) the date You cancel Your Covered Trip.

“Covered Trip” includes a period of travel away from home to a destination outside Your city of residence; and at least 100 miles from Your primary place of residence with and the trip has defined Departure and Return dates.

**COVERAGES**

**The Schedule of Benefits lists the coverages described below:**

**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:

unused, non-refundable travel arrangements prepaid to the Travel Supplier(s); or additional Transportation expenses incurred by You; or 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.



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**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.

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; or
- (c) Any delay due to lost or stolen passports, travel documents or money; quarantine; hijacking; unannounced Strike; Natural Disaster; civil commotion or riot.

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.

**EMERGENCY ACCIDENT AND EMERGENCY SICKNESS MEDICAL EXPENSE**

We will pay Reasonable and Customary Charges up to the maximum limit shown on the Schedule of Benefits if You incur necessary Covered Expenses while on your Covered Trip and as a result of an Accidental Injury or Emergency Sickness which first manifests itself during the Covered Trip.

Covered Expenses are Medically Necessary services and supplies which are recommended by the attending Physician. They include but are not limited to: (a) the services of a Physician; (b) charges for Hospital confinement and use of operating rooms; (c) Hospital or ambulatory medical-surgical center services (this may also include expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Covered Trip, if recommended as a substitute for a Hospital room for recovery from a Sickness); (d) charges for anesthetics (including administration); (e) x-ray examinations or treatments, and laboratory tests; (f) ambulance service; (g) drugs, medicines, prosthetics and therapeutic services and supplies; and (h) emergency dental treatment for the relief of pain.

We will pay benefits, up to \$500, for emergency dental treatment for Accidental Injury to sound natural teeth. We will not pay benefits in excess of the Reasonable and Customary Charges. We will not cover any expenses incurred by another party at no cost to You or already included within the cost of the Covered Trip. We will advance payment to a Hospital, up to the maximum shown on the Schedule of Benefits, if needed to secure Your admission to a Hospital because of Accidental Injury or Emergency Sickness.

**EMERGENCY MEDICAL EVACUATION & MEDICALLY NECESSARY REPATRIATION**

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**

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**

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.



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- (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**

<b>Loss of:</b>	<b>Percentage of Principal Sum:</b>
Life, both hands or both feet, sight of both eyes, one hand and one foot, either hand or foot and sight of one eye, and/or speech and hearing in both ears.	<b>100%</b>
Either hand or foot, sight of one eye, speech, and/or hearing in both ears.	<b>50%</b>

"Loss" with regard to:

hand or foot, means actual complete severance through and above the wrist or ankle joints; eye means an entire and irrecoverable loss of sight; or 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.





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**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**

<b>Loss of:</b>	<b>Percentage of Principal Sum:</b>
Life, Both hands or both feet, sight of both eyes, one hand and one foot, either hand or foot and sight of one eye, speech and hearing in both ears	<b>100%</b>
Either hand or foot, sight of one eye, speech, and/or hearing in both ears	<b>50%</b>
Thumb and index finger of same hand	<b>25%</b>

"Loss" with regard to:

hand or foot, means actual complete severance through and above the wrist or ankle joints; eye means an entire and irrecoverable Loss of sight; speech or hearing means entire and irrecoverable Loss of speech or hearing of both ears; and 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.



## HOW TO PRESENT A CLAIM

**Trip Interruption:** Call your travel supplier to report your trip interruption and avoid non-covered expenses due to late reporting. If you are prevented from taking your trip due to sickness or injury, you should obtain medical care immediately. We require a certification by the treating physician at the time of sickness or injury that medically imposed restrictions prevented your participation in the trip.

**Trip Delay:** Obtain any specific dated documentation, which provides proof of the reason for delay (airline or cruise line forms, medical statements, etc). Submit this documentation along with your trip itinerary and all receipts from additional expenses incurred.

**Medical Expenses:** Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment; submit these first to other medical plans. Provide a copy of their final disposition of your claim.

**Baggage:** Obtain a statement from the common carrier that your baggage was delayed or a police report showing your baggage was stolen along with copies of receipts for your purchases.

Report your claim to AXA Assistance USA at one of these telephone numbers:

Within the USA:	Toll Free - (855)327-1408
Outside the USA:	Collect - (630)694-9755
Or by Email at:	<a href="mailto:ustravel@axa-assistance.us">ustravel@axa-assistance.us</a>
Claim Submission Email:	<a href="mailto:travelclaims@axa-assistance.us">travelclaims@axa-assistance.us</a>
Claims Address:	AXA Assistance USA – ISIC Claims PO Box 260337 Miami FL 33126

All benefits will be paid in United States Dollars.

## EXCLUSIONS

**Pre-Existing Conditions:** We do not cover any Loss caused by or resulting from Pre-Existing Conditions, which are defined as any Accidental Injury, Sickness 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. Sicknesses or conditions are not considered pre-existing if the Sickness or condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

Some of the other Exclusions which apply to all benefits under this plan include the following:

1. Commission or the attempt to commit a criminal act by You or Your Family Member, whether insured or not;
2. Dental treatment except as a result of an Accidental Injury to sound natural teeth;
3. Expenses incurred as a result of being under the influence of drugs or intoxicants, unless prescribed by a Physician;
4. Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
5. 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;
6. 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;
7. Participation as a professional athlete; participation in non-professional, organized amateur or interscholastic athletics or sports competitions or events;
8. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
9. Pregnancy and childbirth (except for Complications of Pregnancy) except if hospitalized;
10. Services not shown as covered;
11. 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;
12. 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;
13. Traveling for the purpose of securing medical treatment;



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14. 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;
15. Your participation in civil disorder, riot or a felony;
16. Accidental Injury or Sickness when traveling against the advice of a Physician;
17. Care or treatment which is not Medically Necessary;
18. Services not shown as covered; and expenses not approved by the Assistance Company in advance;
19. 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
20. 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.

For Baggage Delay and Baggage and Personal Effects. We will not provide benefits for any loss or damage to:

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

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

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

**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 Web site at [www.amig.com](http://www.amig.com).

**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.

