



# BUSINESS TRAVEL

# ACCIDENT INSURANCE PLAN



Insurance underwritten by:  
**National Union Fire Insurance Company of Pittsburgh, Pa.**  
 with its principal place of business in New York, NY ("the Company")

This brochure is valid in all states EXCEPT: Colorado, New Hampshire and New York.  
 Group Size Limitations: Florida (minimum of 51 lives) and New Mexico (minimum of 10 lives).

# Business Travel Accident Insurance and Assistance Services

## Why Business Travel Accident Insurance and Assistance Services?

Employees traveling for business are vulnerable to disruption in their lives and need insurance coverage and assistance services they can count on. Whether an employee's challenge is a lost passport, a medical need, or an emergency evacuation due to political unrest, they can find a solution with business travel accident insurance and assistance services. Our business travel accident insurance (BTA) plan provides employees with a full range of insurance coverage and traveler assistance services whether they are traveling across the street or across the world — all accessible through a single, easy-to-use point of contact.

### Plan Highlights

- Helps employers meet “Duty of Care” obligations; demonstrates and reinforces their commitment to the safety and well-being of employees.
- Proactive and differentiated services like security alert information to help prevent Insureds from traveling to dangerous travel destinations.
- Access to largest travel service and out-of-country medical provider network.
- Seamless integration of insurance and service offerings helps minimize out-of-pocket expenses for employees and liability for employers.

### Eligibility

Class	Description of Class	Principal Sum
I	All active employees of the insured employer (“the Policyholder”) While on the Business of the Policyholder.	5x Annual Salary to a maximum of \$500,000 rounded to the next highest \$1,000
II	Eligible Spouses (including civil unions or domestic partnerships) as defined in the Policy, when accompanying the employee on a trip authorized and/or paid by the Policyholder, who are not in any other class.	\$50,000
III	Eligible Dependent Children as defined in the Policy, when accompanying the employee on a trip authorized and/or paid by the Policyholder, who are not in any other class.	\$25,000
IV	Board of Directors that are non-employee directors, who are engaged in an activity of the Policyholder.	\$250,000

\* Coverage for Class IV is available in all states except for – MN, RI, and WA.

### Plan Effective and Termination Dates

*Effective and Termination Dates may vary depending on the state of issue.*

**Effective Date** An Insured Person's coverage under the Policy begins on the latest of: 1) the Policy Effective Date; 2) the date the person becomes a member of an eligible class of persons as described in the “Eligibility” section; or 3) a coverage effective date agreed to by the Policyholder and the Company.

**Termination Date** An Insured Person's coverage under the Policy ends on the earliest of: 1) the date the Policy is terminated; 2) the premium due date if premiums are not paid when due; or 3) the date the Insured Person ceases to be a member of any eligible class of persons as described in the “Eligibility” section.

### Plan Summary

*Benefit descriptions may vary depending on the state of issue. State specific variations will be contained in the issued Policy.*

**Accidental Death, Dismemberment and Paralysis** When Injury to an Insured Person results directly in any of the following covered Losses within 365 days (no limit of days in PA for Accidental Death) from the date of the accident that caused the Injury, We will pay, in one sum, the indicated percentage of the Principal Sum:

Loss of	% of Principal Sum
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing in both ears	100%
One hand or one foot	50%
Sight of one eye	50%
Speech or hearing in both ears	50%
Hearing in one ear	25%
Thumb and index finger of same hand	25%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	75%
Uniplegia	25%

If more than one loss is sustained by an Insured Person as a result of the same accident, only one amount (the largest) will be paid.

**Reduction Schedule** The Principal Sum for a loss will be reduced if an Insured Person is age 70 or older on the date of the accident causing the loss, according to the following schedule:

Age on Date of Accident	Percentage of Amount Otherwise Payable
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

Premium for an Insured Person age 70 or older is based on 100% of the coverage that would be in effect if the Insured Person were under age 70.

**Exposure and Disappearance** If, by reason of an accident occurring while coverage is in force, an Insured Person is unavoidably exposed to the elements and, as a result of such exposure, suffers a loss for which a benefit is otherwise payable, the loss will be covered under the terms of the Policy. If an Insured Person's body has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking

of a conveyance in which the Insured Person was an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that the Insured Person has suffered accidental death within the meaning of the Policy.

**Extraordinary Commutation (Class I and IV only)** An Insured is covered for Injury sustained while commuting by automobile or other means of transportation between the Insured's residence and place of regular employment with the Policyholder, but only when it is necessary for the Insured to use such means of transportation because of the discontinuance of service, due to strike or major breakdown, of one or more public transportation systems he or she regularly uses.

**Emergency Evacuation with Family Travel** Pays for Covered Emergency Evacuation Expenses reasonably incurred if an Insured Person suffers an Injury or Emergency Sickness while he or she is at least 100 miles from their current place of primary residence and the Injury or Emergency Sickness warrants a Medically Necessary Emergency Evacuation Service, up to a maximum of \$1,000,000. Also provides benefits for reasonable expenses incurred following a covered Emergency Evacuation to return to their current place of primary residence, with an attendant if necessary, the Insured Person's eligible Children traveling with the Insured Person, but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets; and to bring one person (chosen by the Insured Person) to and from the medical facility where the Insured Person is confined if the Insured Person is alone, but not to exceed the cost of one round-trip economy airfare ticket. The place of confinement must be at least 100 miles from their current place of primary residence. AIG Travel Protect must make all arrangements and must authorize all expenses in advance for this benefit to be payable.

**Attendor** If a Repatriation of Remains benefit is payable, We will also pay for expenses reasonably incurred for one person (referred to as the Attendor) to accompany the deceased Insured Person's remains from the place where death occurred to the deceased Insured Person's place of primary residence, but not to exceed the cost of one round-trip economy airfare ticket. We will also pay for the Attendor's lodging and meals for up to 7 days, but (a) only while the Attendor is away from his or her place of primary residence in connection with accompanying the deceased Insured Person's remains as described above, and (b) not to exceed \$100 per day for lodging and \$50 per day for meals. AIG Travel Protect must make all arrangements and must authorize all expenses in advance for this benefit to be payable.

**Bedside Visit** If an Insured Person is confined to a Hospital or other medical facility for three days or more due to an Illness which begins while coverage under the policy is in force or Injury, We will pay for expenses reasonably incurred to bring one person chosen by the Insured Person's to and from the Hospital or other medical facility where the Insured Person is confined if the place of confinement is outside a 100-mile radius from the Insured Person's place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket. We will also pay for lodging and meals for up to 7 days for such person in the area of such place of confinement, but (a) only while the Insured Person remains so confined, and (b) not to exceed \$100 per day for lodging and \$50 per day for meals. AIG Travel Protect must make all arrangements and must authorize all expenses in advance for this benefit to be payable.

**Repatriation of Remains** Pays benefits for covered expenses reasonably incurred to return the Insured Person's body to his or her current place of primary residence if the Insured Person suffers a covered loss of life due to Injury or Emergency Sickness while at least 100 miles from their current place of primary residence, up to a maximum of \$1,000,000. AIG Travel Protect must make all arrangements and must authorize all expenses in advance for this benefit to be payable.

**Coma** Pays a monthly benefit of one percent of the Principal Sum if an Insured Person suffers a covered Coma, within 90 days (180 days in UT; 365 days in WA) of an accident and the Insured Person remains Comatose for at least 30 consecutive days (30 day requirement not applicable in CT). No benefits are payable for the first 30 days (not applicable in CT). This benefit is payable monthly for 11 months if the Insured Person remains Comatose due to that Injury. If the Insured Person remains Comatose through the 11th month, any residual portion of that Insured Person's Principal Sum will become payable on the first day of the 12th month during which the Insured Person remains Comatose. If the Insured Person ceases to be Comatose due to the Injury any time during the first 11 months, the monthly benefit will end. No benefit is payable after the date the total amount of monthly Coma benefits paid equals 100% of the Principal Sum. This benefit is not available in GA.

**Bereavement and Trauma Counseling** If an Insured Person suffers a covered Accidental Death, Accidental Dismemberment or Paralysis, or covered Coma, We will pay benefits for Covered Bereavement and Trauma Counseling Expense(s) for the Insured Person and all of his or her Immediate Family Member(s) for up to 10 sessions combined, with a maximum of \$150 per session. The expenses must be incurred within one year of the date of the accident. In addition to the General Exclusions, Covered Bereavement and Trauma Counseling Expenses do not include any expenses for or resulting from any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.

**Rehabilitation** Reimburses Covered Rehabilitative Expense(s), up to a maximum of \$50,000, incurred within two years of and as a result of an Injury causing a covered Accidental Dismemberment or Paralysis. In addition to the General Exclusions, Covered Rehabilitative Expenses do not include any expenses for or resulting from any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.

**Home Alteration and Vehicle Modification** Pays Covered Home Alteration and Vehicle Modification Expenses incurred within one year of the date of the accident, up to a maximum of \$25,000, if an Insured Person suffers a covered accidental dismemberment or paralysis for which an Accidental Dismemberment and Paralysis Benefit is payable under the Policy and the Insured Person did not, prior to the accident, require the use of a wheelchair and, as a direct result of the covered loss, now requires a wheelchair to be ambulatory. In addition to the General Exclusions, Covered Home Alteration and Modification Expenses do not include any expenses for or resulting from any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.

**Physical Therapy** If an Accidental Dismemberment or Paralysis Benefit is payable under the Policy, We will pay Covered Physical Therapy Expenses that are due to the Injury causing the loss. The expenses must be incurred within one year (not applicable in MD) after the date of the accident causing the Injury and excludes any expenses for or resulting from Injury for which the Insured Person is entitled to benefits paid or payable by Workers' Compensation or other similar law. The amount payable for this benefit is \$100 per session, for up to 10 sessions for treatment of all losses caused by the same accident. This benefit is not available in MN.

**Psychological Therapy** If an Injury results within 365 days of a covered accident for which an Accidental Dismemberment benefit is payable under the Policy, We will pay Covered Psychological Therapy Expenses that are due to the Injury causing the dismemberment. The Covered Psychological Therapy Expenses must be incurred within one year after the date of the accident causing the Injury. The amount payable for this benefit is the lesser of: 1) 5% of the Insured Person's Principal Sum; or 2) \$5,000. Covered Psychological Therapy Expenses do not include any expenses for or resulting from an Injury for which the Insured Person is entitled to benefits paid or payable by Workers' Compensation or other similar law. This benefit is not available in MN.

## Plan Summary (continued)

**Seat Belt and Air Bag** Pays a benefit of the lesser of: 1) 10% of the Insured Person's Principal Sum; or 2) \$50,000 if an Insured Person is protected by a properly fastened, original, factory-installed seat belt when he/she suffers a covered Accidental Death under the Policy while operating or riding as a passenger in an Automobile. If the Insured Person is also protected by a properly functioning, original, factory-installed air bag that inflates on impact, an additional benefit of the lesser of: 1) 10% of the Insured Person's Principal Sum; or 2) \$50,000 is payable.

**Severe Burn** If an Insured Person suffers an Injury that is a Severe Burn, We will pay the indicated maximum percentage of the Insured Person's Principal Sum:

Specified Body Area	Maximum % of Principal Sum
Face and Neck and Head	99%
Hand and Forearm Below Elbow Joint (Right)	22.5%
Hand and Forearm Below Elbow Joint (Left)	22.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Right)	13.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Left)	13.5%
Torso Below Neck to Shoulder Joints and Hip Joints (Front)	36%
Torso Below Neck to Shoulder Joints and Hip Joints (Back)	36%
Thigh Below Hip Joint to Knee Joint (Right)	9%
Thigh Below Hip Joint to Knee Joint (Left)	9%
Foot and Lower Leg Below Knee Joint (Right)	27%
Foot and Lower Leg Below Knee Joint (Left)	27%

If only one Specified Body Area is Severely Burned and less than 100% of that specified area is Severely Burned, the amount payable is the same lesser proportion of the Maximum % of Principal Sum shown above. If more than one of the Insured Person's Specified Body Areas is Severely Burned as a result of the same accident, the amount payable is the lesser of: 1) the sum of the benefit amounts calculated separately with respect to each such Specified Body Area; or 2) 100% of the Insured Person's Principal Sum.

**Day Care** Helps pay covered Day Care expenses equal to the least of: 1) the actual cost of care; 2) 10% of the Insured's Principal Sum; or 3) \$5,000 on behalf of eligible Child(ren) who are enrolled or who subsequently enroll in a licensed Day Care Center within 365 days of the Insured's covered accidental death for up to 4 years or the date the Child attains age 13, whichever is sooner. A one-time lump sum benefit of \$1,000 will be paid to the Insured's designated beneficiary if the Insured does not have a Child eligible for a benefit within 365 days of the Insured's death.

**Tuition** Pays a benefit equal to the least of: 1) the actual tuition (exclusive of room and board); 2) 10% of the Insured's Principal Sum; or 3) \$25,000 if the Insured suffers a covered accidental death so that the Insured's eligible Child who is enrolled full-time, or is in grade 12 and enrolls full-time within 365 days of the Insured's death, in an institution of higher learning can continue or commence his or her education. The benefit will be paid for each year of continuous full-time enrollment, to a maximum of four consecutive years or the date the Child reaches age 26, whichever comes first. The benefit is not payable for any term of enrollment that begins before the Insured's death. If there is no Child under age 26 eligible for the benefit within 365 days after the date of the Insured's death, We will pay a one-time lump sum benefit of \$1,000 to the Insured's designated beneficiary.

Also pays a benefit equal to the least of: 1) the actual tuition (exclusive of room and board); 2) 10% of the Insured's Principal Sum; or 3) \$25,000

if the Insured suffers a covered accidental death so that the Insured's Spouse, who is enrolled or enrolls within 30 months after the Insured's death in an institution of higher learning or professional or trade training program, can obtain an independent source of support or enrich his or her ability to earn a living. The benefit will be paid for each year of continuous enrollment, to a maximum of four consecutive years. The benefit is not payable for any term of enrollment that begins before the Insured's death. If there is no Spouse eligible for the benefit within 30 months after the date of the Insured's death, We will pay a one-time lump sum benefit of \$1,000 to the Insured's designated beneficiary.

**Carjacking** If an Insured Person suffers a covered Accidental Death, Accidental Dismemberment, Paralysis or Coma as a result of a Carjacking of an Automobile while the Insured Person was operating or riding as a passenger in the Automobile, We will pay a benefit up to the lesser of \$10,000 or 10% of the largest benefit payable for the covered loss. Only one benefit is payable for all losses as a result of the same Carjacking.

**Medical Repatriation** If an Insured Person suffers an Injury or Sickness outside a 50 mile radius from their current primary place of residence and has sufficiently recovered to travel with minimal risk to his or her health, We will pay for Covered Medical Repatriation Expenses reasonably incurred for a non-scheduled commercial air flight or a regularly scheduled air flight with special equipment and/or personnel to return the Insured Person to their current primary place of residence, Home Country or a location selected by the Insured Person. Any Medical Repatriation must be recommended by the attending Physician. Benefits are payable up to a maximum of \$250,000. AIG Travel Protect must make all arrangements and must authorize all expenses in advance for this benefit to be payable. (In OH, the Insured Person must be on a Trip of not more than 364 days.)

**Non-Medical Repatriation** If an Insured Person suffers an Injury or Sickness outside a 50 mile radius from their current place of residence and has sufficiently recovered to travel with minimal risk to his or her health, We will pay for Covered Non-Medical Repatriation Expenses reasonably incurred for a regularly scheduled economy class air flight without special equipment or personnel to return the Insured Person to their current place of primary residence, Home Country, or a location selected by the Insured Person. Any Non-Medical Repatriation must be recommended by the attending Physician. Benefits are payable up to a maximum of \$250,000. AIG Travel Protect must make all arrangements and must authorize all expenses in advance for this benefit to be payable. (In OH, the Insured Person must be on a Trip of not more than 364 days.)

The Medical and Non-Medical Repatriation benefits are not available in MN, NM, and OR.

**Out-of-Country Medical Expense** If, while traveling outside of an Insured Person's country of permanent residence, during the course of any Trip of less than 30 Days and While on the Business of the Policyholder, an Insured Person suffers an Injury or contracts a Sickness that requires him or her to be treated by a Physician, We will pay, the Usual and Customary Charges incurred for Covered Medical Services received due to that Injury or Sickness up to \$250,000 per Insured Person. This benefit is payable for such charges incurred outside the Insured Person's country of permanent residence and within 52 weeks (51 weeks in OH). Covered Medical Service(s), means any of the following services, if the service is Medically Necessary:

1. Hospital semi-private room and board (or, when Medically Necessary, room and board in an intensive care or cardiac care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center;
2. services of a Physician or a registered nurse (R.N.);
3. ambulance service to or from a Hospital;
4. laboratory tests;
5. radiological procedures;
6. anesthetics and the administration of anesthetics;

7. blood, blood products and artificial blood products, and the transfusion thereof; physical therapy and occupational therapy;
8. rental of Durable Medical Equipment;
9. artificial limbs, artificial eyes or other prosthetic appliances; or
10. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

**Medical Emergency Guarantee Charge Expense Benefit.** If, while traveling outside of his or her country of permanent residence, an Insured Person suffers a Medical Emergency for which Out-of-Country Medical Expense benefits become payable and such person incurs a Hospital Admission Guarantee Charge and/or a Medical Expense Guarantee Charge, We will pay the actual expenses incurred for guarantee of the payment to the Hospital or the medical provider up to a maximum of \$10,000.

- **Hospital Admission Guarantee Charge** means any charge or expense made by a Hospital prior to and as a condition of an Insured Person's admission to that Hospital.
- **Medical Expense Guarantee Charge** means any charge or expense made by a medical provider other than a Hospital prior to and as a condition of an Insured Person being provided with the medical service or treatment by that provider.

*The \$250,000 maximum payable under the Out-of-Country Medical Expense Benefit will be reduced by any amounts paid or payable under this Medical Emergency Guarantee Charge Expense Benefit.*

The Out-of-Country Medical Expense Benefit is not available in AR.

**Security Evacuation** Employers have an obligation to help ensure the safety and well-being of employees who travel outside their Home Country on the employer's behalf, including those who require a Security Evacuation. The Security Evacuation benefit pays for eligible expenses up to a \$100,000 benefit maximum to take an Insured Person to the Nearest Place of Safety, as determined by the Designated Security Consultant. Security Evacuation benefits are payable only once per Occurrence. Covered Occurrences may include:

- Expulsion by Appropriate Authorities from Host Country or being declared persona non-grata.
- Political or military events that trigger an Advisory from Appropriate Authorities involving a Host Country.
- Verified Physical Attack or Verified Threat of Physical Attack from a third party.
- The Insured Person is deemed kidnapped or a Missing Person by local or international authorities and his or her safety or well-being are in question within seven days of being found.
- Natural Disaster (within 7 days of an event).

The benefit also includes options to return the Insured Person to the Host Country, Home Country, or place of assignment within 7 days of Security Evacuation. Such location will be chosen by the Designated Security Consultant. Benefits are also payable for consulting services of the Designated Security Consultant for seeking information if the Insured Person is deemed kidnapped or a Missing Person by local or international authorities. AIG Travel Protect must make all arrangements and must authorize all expenses in advance for the Security Evacuation benefit to be payable. This benefit is not available in ME, VA or WA. *(For producers with a valid A&H and P&C license, alternative plan designs may be available in ME and VA. Please contact your AIG representative for more information.)*

## Definitions

*Definitions may vary depending on the state of issue.*

**Annual Salary** means the Insured's base annual salary exclusive of overtime, bonuses, tips, commission, and special compensation.

**Injury** means bodily injury: 1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage is in force; 2) which occurs under

the circumstances described in a Hazard applicable to that person; and 3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

**Insured** means a person: 1) who is a member of an eligible class of persons as described in the Eligibility section; 2) for whom premium has been paid; and 3) while covered under the Policy. However, an Insured does not include any person covered under the Policy solely as an Insured Spouse (including civil unions or domestic partnerships) or Insured Dependent Child.

**Insured Person** means an Insured, an Insured Spouse (including civil unions or domestic partnerships) or an Insured Dependent Child.

### **Loss as used in the Accidental Death, Dismemberment and Paralysis Benefit**

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable Loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable Loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable Loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

- "Quadriplegia" means the complete and irreversible paralysis of both upper and lower limbs.
- "Paraplegia" means the complete and irreversible paralysis of both lower limbs.
- "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs on the same side of the body.
- "Uniplegia" means the complete and irreversible paralysis of one limb.
- "Limb" means entire arm or entire leg.

**Medical Emergency as used in the Out-of-Country Medical Expense Benefit** means a condition caused by an Injury or Sickness which meets all of the following criteria: 1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy; 2) the severe or acute symptom occurs suddenly and unexpectedly; and 3) the severe or acute symptom occurs while the Policy is in force for the person suffering the symptom and under the circumstances described in a Hazard (a) applicable to that person and (b) to which the Out-of-Country Medical Expense Benefit applies.

**Sickness as used in the Out-of-Country Medical Expense Benefit** means any disease, illness, or infection of an Insured Person that begins while coverage is in force as to the Insured Person.

**Trip** means a Trip taken by an Insured While on the Business of the Policyholder, which begins when the Insured leaves his or her residence or place of regular employment for the purpose of going on the Trip (whichever occurs last), and is deemed to end when the Insured returns from the Trip to his or her residence or place of regular employment (whichever occurs first). However, the Trip is deemed to exclude any period of time during which the Insured is on an authorized leave of absence or vacation or travel to and from the Insured's place of regular employment. "Trip" does not include the Insured's Trip to a location that extends for more than 365 days. Such a Trip will be deemed to change the Insured's residence or place of regular employment to the new location. Coverage includes personal deviations if the deviation is no more than 25% of the duration of the Business Trip up to a maximum of 7 days.

**We, Our** means the Company.

**While on the Business of the Policyholder** means while on assignment by or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder, but does not include any period of time: 1) while the Insured is working at his or her regular place of employment; 2) during the course of everyday travel to and from work; or 3) during an authorized leave of absence or vacation. If an Insured's assignment to a location exceeds 365 days, such assignment will be deemed to change the Insured's residence and regular place of employment to the new location.

## General Exclusions

*Exclusions may vary depending on the state of issue.*

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or auto-eroticism;
2. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, whether as a Passenger, pilot, operator or crew member;
3. declared or undeclared war, or any act of declared or undeclared war.
4. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these;
5. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
7. the Insured Person being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance;
8. the Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician;
9. the Insured Person's commission of or attempt to commit a crime;
10. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;
11. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.

*Sickness as defined and applicable to the Out-of-Country Medical Expense benefit is not excluded from coverage.*

## Out-Of-Country Medical Expense Exclusions

*Exclusions may vary depending on the state of issue.*

In addition to the General Exclusions, Out-of-Country Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Medical Services do not include, any expense for or resulting from:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment in the underlying bodily condition;
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of the Injury or Sickness not to exceed \$500 per tooth per accident;
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless the Injury or Sickness has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment of sight;

4. new hearing aids or hearing examinations unless the Injury or Sickness has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment of hearing;
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in Our sole judgment, Out-of-Country Medical Benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, We may, but are not required to, choose to consider such purchase expense as a Usual and Customary Covered Medical Expense in lieu of such rental expense);
6. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals;
7. any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.

## Security Evacuation Exclusions

*Exclusions may vary depending on the state of issue.*

In addition to the General Exclusions, no benefits are payable under the Security Evacuation Expense Benefit for charges, fees or expenses:

1. payable under any other provision of, or rider to, the Policy;
2. that are recoverable through the Insured Person's employer;
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by an Insured Person, acting alone or in collusion with others;
4. arising from or attributable to an alleged: a. violation of the laws of the Host Country by an Insured Person; or b. violation of the laws of the Insured Person's Home Country; unless the Designated Security Consultant determines that such allegations were intentionally false, fraudulent and malicious and made solely to achieve a political, propaganda and/or coercive effect upon or at the expense of the Insured Person;
5. due to the Insured Person's failure to maintain and possess duly authorized and issued required travel documents and visas;
6. arising from an Occurrence which took place in an Excluded Country;
7. for repatriation of remains expenses;
8. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization;
9. for medical services;
10. for monies payable in the form of a ransom if a Missing Person case evolves into a kidnapping;
11. arising from or attributable, in whole or in part, to a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause;
12. arising from or attributable, in whole or in part to non-compliance by the Insured Person with regard to any obligation specified in a contract or license;
13. due to military or political issues if the Insured Person's Security Evacuation request is made more than 7 days after the Appropriate Authority(ies) Advisory was issued.

## Notice of Claim

Written notice of claim must be given to the Company within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at Accident and Health Claims Department, P.O. Box 25987, Shawnee Mission, KS 66225, with information sufficient to identify the Insured Person, is deemed notice to the Company. For more information please contact 1-800-551-0824.

## Travel Assistance Services

AIG Travel Protect provides a broad spectrum of flexible, global services: medical, security and travel assistance while traveling virtually anywhere in the world.

### Key highlights include:

- 24/7 365 days response service to assist travelers and their families;
- Members-only travel assistance app offers easy access to local emergency numbers, travel certificates as well as real-time risk and security alerts;
- Trained professionals working in six centers across the world provide 24/7 365 days access to emergency, medical, travel and services support;
- Global network spans approximately 90,000 active providers across 240 countries, with more than 80% comprising of medical providers, enabling broad global service and local market access;
- Direct payment to local medical providers, when available, helps eliminate travelers' out-of-pocket costs while traveling;
- Our team is comprised of experienced case managers, call handlers and a dedicated travel assistance team. The travel assistance team includes more than 30 qualified professionals with an average of 14 years' experience;
- Supporting travelers with security and travel inconveniences, such as evacuation assistance, meet and greet, lost personal items or luggage;
- Access to security awareness training: online travel safety videos and knowledge.

*Expenses incurred from third-party vendors for services not covered under the plan are the responsibility of the traveler.*

## Limitations

*Limitations may vary depending on the state of issue.*

**Limitation on Multiple Benefits** If an Insured Person suffers one or more losses from the same accident for which amounts are payable under the Accidental Death Benefit, Accidental Dismemberment and Paralysis Benefit, Coma Benefit and/or the Severe Burn Benefit, the maximum amount payable for all of the Benefits combined will not exceed the amount payable for a covered loss under one such benefit, the largest.

**Limitation on Multiple Hazards** If an Insured Person's Injury is caused by an accident that occurs under the circumstances of more than one event, occasion, experience or period of time for which coverage is provided under the Policy (Hazard) the Principal Sum for that Insured Person for that accident will be determined as though the accident occurred under the circumstances described in only one such Hazard, the Hazard with the largest Principal Sum.

**Aggregate Limit \$5,000,000 Per Accident** The maximum amount payable under the Policy may be reduced if more than one Insured Person suffers a loss as a result of the same accident, and if amounts are payable for those losses under the Accidental Death Benefit, Accidental Dismemberment and Paralysis Benefit, Coma Benefit and/or Severe Burn Benefit. The maximum amount payable for all Insured Persons combined will not exceed the amount of the Aggregate Limit. If the maximum amount otherwise payable for Insured Persons is reduced to comply with the Aggregate Limit maximum stated above, the reduction will be taken by applying the same percentage of reduction to each Insured Person's maximum amount otherwise payable.



# Business Travel Accident Insurance Plan

Please email your completed questionnaire to [submissions@glatfelterbrokerage.com](mailto:submissions@glatfelterbrokerage.com).

## PRODUCER INFORMATION

Producer of Record: \_\_\_\_\_

Producer Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website Address: \_\_\_\_\_

Are you the incumbent?  Yes  No

*(Only appropriately licensed producers can sell, solicit, and negotiate insurance products with prospective customers.)*

*Standard commission for this program is 15 percent.*

## PROPOSED POLICYHOLDER INFORMATION

Proposed Policyholder Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ FEIN Number: \_\_\_\_\_

Website Address: \_\_\_\_\_

## TYPE OF ORGANIZATION

Describe Organization \_\_\_\_\_

*The following industries are not eligible for this plan: Logging, Sawmills and Forestry and Logging Camps & Contractors; Deep Sea Fishing; Hunting and Trapping; Mining, Oil & Gas Extractions; Offshore Drilling/Drilling Services; Public Administration - Police, Corrections and Fire Protection; Armed Security; Professional Entertainers; and Professional Athletes. Alternative plan designs may be available. Please contact your AIG representative for more information.*

## CHOICE OF COVERAGE

Plan Benefits	Maximum Amount
Accidental Death and Dismemberment (w/ Paralysis)	Employee: Principal Sum of 5x Annual Salary to a maximum of \$500,000 rounded to the next highest \$1k; Eligible Spouse: \$50,000; Eligible Dependent Child(ren): \$25,000. Dismemberment and Paralysis amounts are based on a % of Principal Sum. (See brochure for details.)
Policy Aggregate Limit	\$5,000,000 Per Accident (Aggregate Limit applies to the following Principal Sum Benefits: Accidental Death, Accidental Dismemberment, Paralysis, Coma and Severe Burn Benefits.)
Bereavement & Trauma Counseling	\$150 Per Session, maximum 10 Sessions
Carjacking	Lesser of \$10,000 or 10% Insured Person’s Principal Sum
Coma <sup>1</sup>	1% of the Insured Person’s Principal Sum per month to a maximum of 100% of the Principal Sum
Day Care	Least of actual cost, \$5,000 or 10% Insured’s Principal Sum
Emergency Evacuation w/ Family Travel	\$1,000,000 maximum
Extraordinary Commuting	Injury sustained during Extraordinary Commuting will not be excluded.
Medical/Non-Medical Repatriation <sup>1</sup>	\$250,000 maximum
Home Alteration & Vehicle Modification	\$25,000 maximum
Rehabilitation	\$50,000 maximum

[Continued >](#)

## CHOICE OF COVERAGE (continued)

Plan Benefits	Maximum Amount
Repatriation of Remains	\$1,000,000 maximum
Attendor	Included (Maximum of round-trip economy airfare ticket + Meals \$50 per day & Lodging \$100 per day, up to 7 days)
Seat Belt	Lesser of \$50,000 or 10% Insured Person's Principal Sum
Air Bag	Lesser of \$50,000 or 10% Insured Person's Principal Sum
Tuition	Least of actual tuition, \$25,000 or 10% of Insured's Principal Sum
Bedside Visit	Maximum of round-trip economy airfare ticket + Meals \$50 per day & Lodging \$100 per day, up to 7 days; Minimum Hospital Stay = 3 days
Psychological Therapy <sup>1</sup>	Lesser of \$5,000 or 5% of Insured Person's Principal Sum
Physical Therapy <sup>1</sup>	\$100 Per Session, maximum 10 Sessions
Personal Deviation	Included; 25% Duration of Business Trip up to a maximum of 7 days
Severe Burn	% of Principal Sum (See brochure for details.)
Out-of-Country Medical Expense <sup>1</sup>	\$250,000
Medical Emergency Guarantee Charge Expense Benefit	\$10,000 (The overall \$250,000 Out of Country Medical Expense maximum will be reduced by any amounts paid under this benefit.)
Dental Expense	\$500 per tooth per covered accident
Deductible	None
Security Evacuation <sup>1</sup>	\$100,000 maximum

<sup>1</sup> Coma Benefit is not available in GA; Medical/Non-Medical Repatriation Benefit is not available in MN, NM and OR; Psychological Therapy Benefit and Physical Therapy Benefit are not available in MN; Out-of-Country Medical Expense Benefit is not available in AR; Security Evacuation Benefit is not available in ME, VA and WA. For producers with a valid A&H and P&C license, alternative plan designs may be available in ME and VA. Please contact your AIG representative for more information..

### Premium

Number of Employees	Annual Payment	3-Year Annual Installment	3-Year Pre-Paid
2 to 49	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,188	<input type="checkbox"/> \$3,375
50 to 100	<input type="checkbox"/> \$1,900	<input type="checkbox"/> \$1,805	<input type="checkbox"/> \$5,130
101 to 250	<input type="checkbox"/> \$4,100	<input type="checkbox"/> \$3,895	<input type="checkbox"/> \$11,070
251 to 500	<input type="checkbox"/> \$8,200	<input type="checkbox"/> \$7,790	<input type="checkbox"/> \$22,140

### PROPOSED COVERAGE EFFECTIVE DATE

Coverage becomes effective on the proposed date only if the Company has received the completed questionnaire and approved the risk on or before the proposed effective date. If the completed questionnaire is received after the proposed effective date, coverage will not take effect until the Company receives and accepts the questionnaire and approves the risk. Please enter the proposed effective date in the spaces below. The coverage period is one (1) year or three (3) years (if Annual Installment or Pre-Paid option selected) from the organization's Policy effective date.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Continued >

## APPROVAL

We will review the completed questionnaire promptly and notify you if coverage will be provided, or if there are any problems, miscalculations or omissions that would prevent us from issuing coverage.

## PREVIOUS INSURANCE *(rates may vary from this brochure based on prior claim history)*

If an accident insurance program has been in force for your organization's employees, please give full details for the past three (3) years:

Policy year: \_\_\_\_\_

Total premium: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Total paid claims: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number of claims: \_\_\_\_\_

Name(s) of previous carrier(s): \_\_\_\_\_

(Upon review, more detail may be requested.)

Check here if no prior coverage

## SIGNED STATEMENT

All information on the questionnaire is correct to the best of my knowledge. I understand that the Company must accept and approve this questionnaire before coverage is effective. I agree that the Company may audit my records to verify proper payment. By signing below, I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as presented in this brochure.

Officer's name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Title (print) \_\_\_\_\_

Date \_\_\_\_\_

Please email your completed questionnaire to [submissions@glatfelterbrokerage.com](mailto:submissions@glatfelterbrokerage.com).

### Terms capitalized in this document are defined terms in this brochure or in the Policy.

Producers are required to have a P&C license in addition to an A&H license when offering the Security Evacuation Benefit in AK, FL, MD, NV, SC, TN and UT.

This is only a brief description of the BTA coverage(s) available under Policy series C11860DBG, C11860DBG-VT (REV 08/10), C11860DBG(Rev 3/13)DBG, C11860(Rev 9/17)DBG-MO, C11860(Rev 5/21)DBG-DC, C30391DBG-SC, C36060DBG-TX and C36183DBG. The Policy will contain reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between the contents of this document and the Policy, the Policy will govern in all cases. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 1271 Ave of the Americas FL 37, New York, NY 10020-1304. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Coverage may not be available in all states and product features may vary by state. Travel assistance services are provided by AIG Travel Protect.

Non-insurance, travel assistance services provided by AIG Travel Protect. AIG Travel Protect provides around-the-clock global support to customers who experience travel disruptions from minor inconveniences to life threatening emergencies. Designed by International SOS, Inc., owned and operated by AIG. Learn how AIG Travel Protect uses personal information at [www.aig.com/globalprivacy](http://www.aig.com/globalprivacy) and <https://www.internationalsos.com/privacy-centre/member>.

AIG is the marketing name for the worldwide operations of American International Group, Inc. All products and services are written or provided by subsidiaries or affiliates of American International Group, Inc. Products or services may not be available in all countries and jurisdictions, and coverage is subject to underwriting requirements and actual policy language.

