

Group Number: SCGB00724

Group Name or ID: Thornton

Plan Number: SCGB-1217

Location Number: 46-0034

Account Name: A LA CARTE TRAVEL

Brochure Number: SCGB-1217

## Benefits

| Plan Benefits                       | Maximum Coverage Per Person<br>(up to the limits shown below) |
|-------------------------------------|---|
| Trip Cancellation                   | 100% of Insured Trip Cost                                     |
| Trip Interruption                   | 150% of Insured Trip Cost                                     |
| Trip Delay                          | \$1,000 (\$250/day)   |
| Equipment Delay                     | \$200   |
| Missed Connection                   | \$1,000   |
| Baggage & Personal Effects          | \$500   |
| Baggage Delay                       | \$250   |
| Emergency Medical & Dental Expense  | \$15,000 (\$500 dental sublimit)                              |
| Emergency Evacuation & Repatriation | \$50,000  |
| 24 Hour AD&D                        | \$10,000  |
| Cancel for Any Reason Upgrade       | None  |
| Travel Assistance Services          | Included  |

## Purchase Limitations &amp; Disclaimers

**PRE-EXISTING CONDITION EXCLUSION WAIVER:** The pre-existing condition exclusion is waived if the plan was purchased at or before final trip payment. To maintain waiver on any subsequent purchase of Trip Cancellation coverage, the cost of any subsequent Trip arrangements booked after the final payment date must be added to the policy within 24 hours of the date the payment or deposit is made for the subsequent Trip arrangement.

**CANCEL FOR ANY REASON UPGRADE:** The Cancel for Any Reason upgrade must be purchased within 21 days of initial trip payment and at the time of plan purchase. Maximum Trip Cost is \$10,000 per person.

**FINANCIAL DEFAULT COVERAGE:** Financial default coverage is included if the plan was purchased at or before final trip payment.

All policy benefits and coverage is determined at time of claim and any reason for cancellation must occur after the Effective Date of the policy. Benefits are not payable during travel to a country subject to OFAC sanctions or when the Insured or Beneficiary is subject to OFAC Sanctions.

Travel Insurance is underwritten by Berkshire Hathaway Specialty Insurance Company; NAIC #22276, under Policy Form series (all states except as otherwise noted) PG-TA-IPL-USE. In KS, MN, MO, MT, OR, and VA Policy Form series PG-TA-IPL-NV. In CA Policy Form # PT-TA-IPL-CAEAH, CO Policy Form # PG-TA-IPL-COEAH and PG-TA-IPL-COEIM, IL Policy Form # PG-TA-IPL-ILE, IN Policy Form # PG-TA-IPL-INEAH and PG-TA-IPL-NVIM, MD Policy Form # PG-TA-IPL-MDE, NH Policy Form # PG-TA-IPL-NHE, NY Policy Form # PG-TA-IPL-NVIM and PG-TA-IPL-NVAH-NY, PA Policy Form # PG-TA-IPL-USIM and PG-TA-IPL-NVAH-PA, TX Policy Form # PG-TA-IPL-TXEAH and PG-TA-IPL-TXEIM, WA Policy Form # PG-TA-IPL-NVIM and PG-TA-IPL-WAEAHA.

**Traveler Details**

| Travelers             | Traveler Confirmation Number | Insured Trip Cost | Individual Travel Dates | Effective Date | Premium Paid Date |
|-----------------------|------------------------------|-------------------|-------------------------|----------------|-------------------|
| COLIN DORSCHIED       | SCGB00724.14174962           | \$2,495.00        | 03/18/2020 - 03/28/2020 | 10/15/2019     | 10/14/2019        |
| EMMANUEL SILVA        | SCGB00724.14174963           | \$2,495.00        | 03/18/2020 - 03/28/2020 | 06/20/2019     | 06/19/2019        |
| JADE VALDEZ           | SCGB00724.14174964           | \$2,495.00        | 03/18/2020 - 03/28/2020 | 09/21/2019     | 09/20/2019        |
| JALYN EVANS           | SCGB00724.14174965           | \$2,495.00        | 03/18/2020 - 03/28/2020 | 06/29/2019     | 06/28/2019        |
| GUENEVERE TRAVERSIE   | SCGB00724.14174966           | \$2,495.00        | 03/18/2020 - 03/28/2020 | 08/26/2019     | 08/25/2019        |
| SAMANTHA DAVENPORT    | SCGB00724.14174967           | \$2,495.00        | 03/18/2020 - 03/28/2020 | 07/21/2019     | 07/20/2019        |
| FREDERICO SALAZAR Jr  | SCGB00724.14174968           | \$2,495.00        | 03/18/2020 - 03/28/2020 | 08/14/2019     | 08/13/2019        |
| HUNTER KELLERMAN      | SCGB00724.14174969           | \$2,495.00        | 03/18/2020 - 03/28/2020 | 09/21/2019     | 09/20/2019        |
| TAYLOR HARRIS         | SCGB00724.14174970           | \$2,495.00        | 03/18/2020 - 03/28/2020 | 09/28/2019     | 09/27/2019        |
| TAVIAN PALMER         | SCGB00724.14174971           | \$2,495.00        | 03/18/2020 - 03/28/2020 | 11/08/2019     | 11/07/2019        |
| ALAN SPRIGGS          | SCGB00724.14174972           | \$0.00            | 03/18/2020 - 03/28/2020 | 03/18/2020     | 10/22/2019        |
| MARIE FAINE-CZARNECKI | SCGB00724.14174973           | \$0.00            | 03/18/2020 - 03/28/2020 | 03/18/2020     | 12/04/2019        |

**Travel Insurance Administrator's Contact Information**
**QUESTIONS PRIOR TO YOUR TRIP DEPARTURE?**

**Travellex Insurance Services**

888.574.7026

8:00am - 7:00pm CST, M-F

[360group@travelexinsurance.com](mailto:360group@travelexinsurance.com)

**NEED EMERGENCY ASSISTANCE WHILE TRAVELING?**

**On Call International**

24 Hours a Day, 7 Days a Week

855.892.6495 (within USA & Canada)

603.328.1373 (outside USA & Canada)

[mail@oncallinternational.com](mailto:mail@oncallinternational.com)

**EXPERIENCE A LOSS & NEED TO FILE A CLAIM?**

**Berkshire Hathaway Specialty Insurance**

**Start Here - File a Claim Online at [travelexinsurance.com](http://travelexinsurance.com)**

Download 'Travellex Insurance' on iTunes or Google Play

**Call, Email, or Fax**

855.205.6054

7:00am - 7:00pm CST, M-F

[travelex.claims@bhspecialty.com](mailto:travelex.claims@bhspecialty.com)

715.303.6328 (fax)

**Mail**

BHSI

P.O. Box 31003

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