

## CSA TRAVEL PROTECTION®

## Security Deposit Protection



**CERTIFICATE  
PLAN CODE SDINC**

The material contained within is your Certificate of Insurance. No coverage is in force unless payment has been made for this plan. The Master Policy, available upon request, will govern the final interpretation of any provision or claim.

**IMPORTANT:** Keep this document and carry a copy with you when you travel. If you need to cancel your trip, contact the company you booked with immediately to cancel your reservation.

**FOR CERTIFICATE INQUIRIES OR CUSTOMER SERVICE, CALL:  
(866) 999-4018**

## SCHEDULE OF COVERAGES AND SERVICES

Coverages	Maximum Benefit Limit per Reservation
Security Deposit Protection . . . . .	\$3,000.00
Trip Cancellation . . . . .	\$39.00

## WHO IS ELIGIBLE FOR COVERAGE

A person who has arranged to take a Covered Trip, and pays the required plan payment, and is a resident of the United States of America or Canada.

## INDIVIDUAL EFFECTIVE DATES AND TERMINATION DATES OF COVERAGE

An Insured's coverage, for Security Deposit Protection Benefits, will take effect on the later of:

- 12:01 A.M. Standard Time on the date after the premium is received by us or our authorized agent;
- The date and time the Insured starts a Covered Trip; or
- 12:01 A.M. Standard Time on the Scheduled Departure Date of a Covered Trip.

Pre-Departure Trip Cancellation Benefits will take effect on the earlier of 1) 12:01 A.M. Standard Time on the day after the date the premium is received by us or our authorized agent; or 2) if mailed, at 12:01 A.M. Standard Time on the day after the post-marked date.

### An Insured's coverage automatically ends on the earlier of:

- The date the Covered Trip is completed;
- The Scheduled Return Date of the Covered Trip;
- The Insured's arrival at the return destination on a round-trip, or destination on a one-way trip; or
- Cancellation of a Covered Trip.

### All coverages for a Covered Trip under this Policy will be extended if, the Insured's:

- entire Covered Trip is insured by the coverage term of this Policy; and
- return is delayed by unavoidable circumstances beyond his/her control.

### If coverage is extended for the above reasons, coverage will end on the earlier of:

- the date the Insured reaches his/her originally scheduled return destination; or
- 7 days after the Scheduled Return Date.

## SECURITY DEPOSIT PROTECTION BENEFIT

If the Insured rents an Accommodation and the Insured damages the real or personal property assigned to that Accommodation during the Covered Trip, we will reimburse the Insured the lesser of: a) the cost of repairs or b) the Actual Cash Value of the property, up to the amount shown in the Schedule.

Coverage is provided to the Insured occupying the Accommodation during the Covered Trip provided the Insured is listed on the lease agreement.

### Coverage is not provided for loss due to:

- inclement weather or natural disaster;
- intentional acts or gross negligence of the Insured;
- normal wear and tear of the real or personal property assigned to the Accommodation;
- any damage that occurs if the insured is in violation of the lease agreement;
- loss, theft or damage to any personal effects owned by the Insured or brought on the Covered Trip by the Insured;
- loss, theft or damage caused by any person other than the Insured unless substantiated by a police report.

### The Insured's Duties in the Event of a Loss:

The Insured must:

- take all reasonable necessary steps to protect the property and prevent further damage to it;
- report the loss in writing within 3 days of the completion of the Covered Trip to the staff responsible for managing the Accommodation;
- provide us all documentation such as the lease agreement, police report and damage estimate.

## PRE-DEPARTURE TRIP CANCELLATION

We will pay a Pre-Departure Trip Cancellation Benefit, up to the amount on the Schedule if the Insured is prevented from taking his/her Covered Trip.

## DEFINITIONS

**ACCOMMODATION** means any establishment used for the purpose of temporary, overnight lodging for which a fee is paid and reservations are secured.

**ACTUAL CASH VALUE** means original purchase price less depreciation or replacement cost, whichever is less.

**COVERED TRIP** means a period of round-trip travel away from home to a destination outside the city of residence; the purpose of the Covered Trip is business or pleasure and is not to obtain health care or treatment of any kind; the Covered Trip has defined departure and return dates specified when the Insured enrolls; the Covered Trip does not exceed 180 days.

**DOMESTIC PARTNER** means a person who is at least eighteen years of age and who can show evidence of cohabitation for at least the previous 6 months plus one of the following: 1) evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; 2) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

**FAMILY MEMBER** includes the Insured's or the Insured's Traveling Companion's spouse, fiancé, child, spouses child, son/daughter-in-law, parent(s), siblings, brother/sister, grandparents, grandchild, step-brother/sister, step-parent(s), parent(s)-in-law, brother/sister-in-law, uncle, aunt, niece, nephew, guardian, Domestic Partner, foster child, or ward.

**INSURED** means a person who has arranged to take a Covered Trip and for whom the required premium is paid.

**PHYSICIAN** means a person who has successfully completed the prescribed course of studies in medicine in a medical school officially recognized by the country in which it is located, and who has acquired the requisite qualifications for licensure in the practice of medicine in locale where they are practicing. The Physician may not be the Insured, or the Insured's Traveling Companion, Family Member, or Domestic Partner.

**POLICY** means the contract issued to the Policyholder providing the benefits specified herein.

**POLICYHOLDER** means the legal entity in whose name this Policy is issued.

**DEPARTURE DATE** means the date on which the Insured is originally scheduled to leave on his/her Covered Trip.

**SCHEDULED RETURN DATE** means the date on which the Insured is originally scheduled to return to the point where the Covered Trip started or a different final destination.

**TRAVELING COMPANION** means a person whose name(s) appear(s) with the Insured on the same Covered Trip arrangement and who during the Covered Trip, will share an Accommodation with the Insured in the same room, cabin, condominium, apartment unit, or other lodging.

## GENERAL EXCLUSIONS

### The following exclusions apply to all benefits:

1. We will not pay for any loss under this policy, arising directly or indirectly out of or as a result of the actions of the Insured's Family Member, Traveling Companion, or Domestic Partner booked to travel with the Insured:
  - a. mental, nervous, or psychological disorders;
  - b. being under the influence of drugs or intoxicants, unless prescribed by a Physician.
  - c. declared or undeclared war, or any act of war;
  - d. civil disorder;
  - e. any committed unlawful criminal acts;
  - f. a loss that results from an illness, disease, or other condition, event or circumstance, which occurs at a time when coverage is not in effect for the Insured.
2. We will not pay for any loss under this Policy, arising directly or indirectly out of a result of the following that occur to the Insured:
  - a. a loss or damage caused by detention, confiscation, or destruction by customs.

## GENERAL PROVISIONS

**Concealment Or Fraud** We do not provide coverage if the Insured has intentionally concealed or misrepresented any material fact or circumstance relating to this Policy.

**Conformity To Law** Any provision of this Policy that is in conflict with the laws of the state in which it is issued is amended to conform to the laws of that state.

**Duplication Of Coverage** The Insured may only purchase one certificate of Travel Insurance from us for each Covered Trip. If an Insured does purchase more than one certificate for a specific Covered Trip, the maximum limit of coverage payable will be as specified in the certificate with the highest level of benefits. We will refund premium received from the Insured under any other certificate.

**Entire Contract: Changes** This Policy, Application and any other attachments is the entire contract between us. Any statement you or the Insured makes is a representation and not a warranty. No statement will be used by us to void or reduce benefits unless that statement is a part of any enrollment process. This Policy may be changed at any time by written agreement between us. Only our President, Vice President or Secretary may change or waive the provisions of this Policy. No agent or other person may change this Policy or waive any of its terms. The change will be endorsed on this Policy.

**Maximum Limit Of Coverage** The maximum benefit amount for each claim is listed in the Schedule, subject to the individual benefit amount and the company's Maximum Limit of Liability. The total limit of our liability for any one covered occurrence, in which two or more persons submit a claim, is subject to the individual benefit amount and the company's Maximum Limit of Liability. In the event of multiple claims by Insured's for one occurrence, the available funds will be distributed in order of notice of claim by each Insured subject to the above limitations.

**Maximum Limit Of Liability** All limits are applied per Covered Trip. We will pay no more than \$250,000 per occurrence to or on account of any person insured under this Policy. All limits are applied per Covered Trip. Our Maximum Limit of Liability for all claims resulting from the same occurrence will be \$10,000,000 collectively under the TAHC series of policies. We will pay no more than \$250,000 per occurrence, under the TAHC series of policies, to or on account of any person insured under the TAHC series of policies.

**Records: Right To Audit** Sufficient records must be maintained by the Policyholder to show: the names of all Insured's, the dates they became insured, amounts of coverage for each Insured, the effective date of any change in the amount of insurance, the beneficiaries and other such information as may be required to administer this Policy. We have the right to examine and audit these records at any time the Policy is in effect, within three years after the Policy is terminated, or later, if claims are still pending.

## Transfer Of The Insured's Rights And Duties Under This Policy

The Insured's rights and duties under his/her certificate may not be transferred without our written consent except: 1) in the case of death of an individual named Insured, or 2) at our option, we will honor an assignment of rights if a properly executed assignment of rights has been filed with us.

## CLAIMS PROVISIONS

**Arbitration** If the Insured and we disagree on the amount of loss, either may make written demand for arbitration. In this event, each party will select a competent and impartial arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that a judge of a court having jurisdiction make the selection. Each party will 1) pay the expense it incurs and 2) bear the expenses of the third arbitrator equally. A decision agreed to by two arbitrators will be binding.

**Claim Forms** When we receive notice of claim, the Insured will be sent forms to file proof of loss. If the forms are not sent within 15 days after we receive notice, then the claimant will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss. This must be sent to us within the time limit stated in the Proof of Loss provision.

**Examination Under Oath** As often as we may reasonably require, the Insured or any person making a claim under this Policy must submit to examination under oath.

**Excess Insurance** This Policy is excess over any other insurance policy or cruise/tour operator waiver or indemnity that the Insured may have in effect at the time of loss, unless otherwise noted in this Policy.

**Legal Actions** No legal action may be brought to recover on this Policy within 60 days after written proof of loss has been given. No such action will be brought after three years from the time written proof of loss is required to be given. If a time limit of this Policy is less than allowed by the laws of the State where the Insured lives, the limit is extended to meet the minimum time allowed by such law.

**Notice Of Claim** We must be given written notice of claim within 180 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the Insured's name and enough information to identify him/her.

**Our Right To Recover From Others** We have the right to recover any payments we have made from anyone who may be responsible for the loss. The Insured and anyone else we insure must sign any papers, and do whatever is necessary to transfer this right to us. The Insured and anyone else we insure will do nothing after the loss to affect our right.

**Payment Of Claims** Claims for benefits provided by this Policy will be paid as soon as written proof is received. Benefits for loss of life will be paid in accordance with the

beneficiary designation in effect at the time of payment. All other benefits are paid directly to the Insured, unless otherwise directed.

Any accrued benefits unpaid at the Insured's death will be paid to his/her estate, or if no estate, to the Insured's beneficiary. If the Insured has assigned his/her benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

**Proof Of Loss** Written proof of loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written proof of loss within the time allowed. In any event, the Insured must give us written proof of loss within twelve (12) months after the date the loss occurs unless the Insured is legally incapacitated.

**The Insured's Duty To Cooperate** The Insured must provide us with receipts, proof of payment, medical authorizations, or other records and documents we may reasonably require concerning his/her claim. Failure or refusal to cooperate may delay or impede the resolution of the Insured's claim.

## **TEN DAY RIGHT TO EXAMINE CERTIFICATE**

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If an Insured is not satisfied for any reason, he/she may return his/her certificate within 10 days after receipt. The Insured's premium will be refunded, provided there has been no incurred covered expense and the Insured has not departed on his/her Covered Trip. When so returned, the certificate is void from the beginning. Return the certificate to us at our home office or to our authorized agent.

## **WHERE TO PRESENT A CLAIM**

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**All claims should be presented to the Program Administrator:**

**CSA Travel Protection**

P. O. Box 939057

San Diego, CA 92193-9057

**(800) 541-3522 (Toll-Free)**

## **TRAVEL INSURANCE IS UNDERWRITTEN BY:**

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Stonebridge Casualty Insurance Company, Columbus, Ohio; NAIC # 10952 under Policy/Certificate Form series TAH-C7000GCS, TAH-C7000GPS, SDPB01, DEFPC02, DEFPC06, and DEFPC07.