



ARCH INSURANCE

RoamRight Global Plan

Document Information

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**ARCH ROAMRIGHT
GLOBAL PLAN**

Underwritten By:

H&W Indemnity SPC Ltd. for and on behalf of Global Solutions SP
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PO Box 32203
Grand Cayman, KY1-1208, Cayman Islands

Plan Administrator:

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**TRAVEL PROTECTION PLAN
PLAN DOCUMENT ("Plan Document")**

This Plan Document may describe optional coverages that You did not purchase. Make sure You carefully review the Plan Document Summary to confirm the benefits and coverages purchased.

Here's where to find:

COVERAGES	Section I
DEFINITIONS	Section II
LIMITATIONS AND EXCLUSIONS	Section III
COVERAGE PROVISIONS	Section IV
CLAIMS PROVISIONS	Section V
GENERAL PROVISIONS	Section VI
COORDINATION OF BENEFITS	Section VII

This Plan Document describes the travel insurance benefits underwritten by H&W Indemnity SPC for and on behalf of Global Solutions SP, herein referred to as the "Insurer" or as "We", "Us" and "Our". Please refer to the Plan Document Summary shown on the Confirmation of Benefits, which provides You with specific information about the Plan Document.

If You are not satisfied for any reason, You may cancel your subscription and request a full Refund of Your subscription by notifying the Plan Administrator in writing within 14 days after payment. Your subscription will be Refunded, provided that You have not already departed on the Trip or filed a claim.

When so returned, all coverages under this Plan Document are void from the inception of the Plan Document. After expiration of the referenced 14 day period, Your subscription is Non-Refundable. This Plan Document or payment thereof is not divisible.

PLAN DOCUMENT SUMMARY

BENEFITS	MAXIMUM BENEFIT AMOUNT
Part A – Travel Arrangement Protection	
Trip Cancellation	100% of Trip Cost up to \$25,000
Cancel for Work Reasons	100% of Trip Cost up to \$25,000
Trip Interruption and Delayed Arrival	150% of Trip Cost
Return Flight Cost	\$750
Occupancy Upgrade	100% of Trip Cost up to \$25,000
Itinerary Change	\$500
Missed Connection	\$750
Trip Delay	\$2,000 (\$200/day 6+ hours)
Part B – Travel Insurance Benefits	
Accidental Death and Dismemberment	\$10,000
Air Flight Only Accidental Death and Dismemberment	\$25,000
Emergency Accident & Sickness Medical Expense	\$50,000
Emergency Dental Treatment	\$750
Medical Evacuation and Repatriation of Remains	\$250,000
Coverage For Your Belongings and Property of Others	
Baggage and Personal Effects	\$1,500
Per Item	\$250
Special Limitations Combined Maximum	\$600
Baggage Delay (Outward Journey Only)	\$400 12+ hours

SECTION I – COVERAGES

No benefit will duplicate any other benefit or coverage provided under this Plan Document. Should there be a duplication of coverage or benefits, then We will pay the benefit providing the largest amount of coverage.

PART A – TRAVEL ARRANGEMENT PROTECTION

TRIP CANCELLATION

We will reimburse You, up to the Maximum Benefit Amount shown in the Plan Document Summary, for the amount of the unused Non-Refundable prepaid Payments or Deposits for the Travel Arrangements You purchased for Your Trip, when You cancel Your Trip prior to departure for a covered Unforeseen reason.

Trip Cancellation must be due to one of the following Unforeseen reasons:

1. Your, a Family Member's, or a Traveling Companion's, or a Traveling Companion's Family Member's or a Business Partner's death, that occurs before departure on Your Trip; or
2. Your, a Family Member's, or a Traveling Companion's or a Traveling Companion's Family Member's or a Business Partner's covered Sickness or Injury, that: a) occurs before departure on Your Trip; b) requires Medical Treatment at the time of cancellation; and c) as certified by a Physician, results in medical restrictions so disabling as to cause Your Trip to be cancelled; or
3. for **Other Covered Events**, as defined;

provided any such covered Unforeseen reason occur while coverage is in effect for You.

CANCEL FOR WORK REASONS

We will reimburse You, up to the Maximum Benefit Amount shown in the Plan Document Summary, for the amount of the unused Non-Refundable prepaid Payments or Deposits for the Travel Arrangements You purchased for Your Trip, when You cancel Your Trip for one of the following covered Unforeseen reasons provided payment for this Plan Document is received within the Time Sensitive Period:

- a) Your or Your Traveling Companion's transfer of employment of 100 miles or more by the employer with whom You or Your Traveling Companion are employed on Your Effective Date that requires Your or Your Traveling Companion's principal residence to be relocated;
- b) Your or Your Traveling Companion's place of employment is rendered unsuitable for business or company operations or is interrupted due to burglary, vandalism or a Natural Disaster, product recall, Bankruptcy or Default and You and/or Your Traveling Companion are required to work as a result.

provided any such covered Unforeseen reason occurs while coverage is in effect for You.

Additional Trip Cancellation Benefits: We will reimburse You for the following:

If Your Travel Supplier cancels Your Trip, We will reimburse You up to \$300 for the reissue fee charged by the airline to change Your tickets.

If You elect to depart for Your Trip up to 48 hours in advance of Your Scheduled Departure as documented by your Trip itinerary to avoid cancellation of Your Trip due to a Severe Weather Advisory forecast for Your departure city; We will reimburse You up to \$500 for airfare change fees, and accommodations. The Plan Document needs to be purchased more than 14 days from Your Scheduled Departure Date for this benefit to apply.

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 as soon as reasonably possible.

TRIP INTERRUPTION AND DELAYED ARRIVAL

We will reimburse You, up to the Maximum Benefit Amount shown in the Plan Document Summary, for unused, prepaid Non-Refundable Payments or Deposits for Your land or water Travel Arrangements, plus the Additional Transportation Cost paid to:

- a) join Your Trip if You must depart after Your Scheduled Departure Date or travel via alternate travel; or
- b) rejoin Your Trip from the point where You interrupted Your Trip or transport You to Your originally scheduled return destination;

for a covered Unforeseen reason.

Trip Interruption must be due to one of the following Unforeseen reasons:

1. Your, a Family Member's, or a Traveling Companion's, or a Traveling Companion's Family Member's or a Business Partner's death, which occurs while You are on Your Trip; or
2. Your, a Family Member's, or a Traveling Companion's or a Traveling Companion's Family Member's or a Business Partner's covered Sickness or Injury which: a) occurs while You are on Your Trip, b) requires Medical Treatment at the time of interruption; and c) as certified by a Physician, results in medical restrictions so disabling as to prevent Your continued participation on the Trip; or
3. for **Other Covered Events** as defined;

provided any such covered Unforeseen reason occurs while coverage is in effect for You.

Delayed Arrival must be due to one of the following Unforeseen reasons which occurs within 7 days of Your Scheduled Departure Date:

1. Your, a Family Member's, a Traveling Companion's or a Business Partner's death; or
2. Your, a Family Member's, or a Traveling Companion's or a Business Partner's covered Sickness or Injury which: a) requires Medical Treatment at the time of occurrence; and b) as certified by a Physician, results in medical restrictions so disabling as to prevent You from departing on Your Trip on Your Scheduled Departure Date; or
3. for **Other Covered Events** as defined;

provided any such covered Unforeseen reason occurs while coverage is in effect for You.

Additional Trip Interruption Benefits:

If You have insured \$0 Trip cost, and You interrupt Your Trip for a covered Unforeseen reason, or due to a Level 4 travel warning, advising You to return home, We will reimburse You for the additional cost incurred for one-way airfare (using the same class of fare as the original travel ticket) to return You to Your originally scheduled return destination up to the Maximum Benefit Amount shown in the Plan Document Summary.

If You have Trip Cost and You interrupt Your Trip due to a Level 4 travel warning, advising You to return home, We will reimburse You up to \$750 for the additional cost incurred for one-way airfare (using the same class of fare as the original travel ticket) to return You to Your originally scheduled return destination.

"Other Covered Events" means:

- a. You or Your Traveling Companion being hijacked, physically Quarantined, required to serve on a jury (notice of jury duty must be received after Your Effective Date), served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers). Coverage for this Other Covered Event only applies if Your payment for this Plan Document is received within the Time Sensitive Period;
- b. You or Your Traveling Companion is the victim of a felonious assault within 10 days of the Scheduled Departure Date of Your Trip;
- c. Your or Your Traveling Companion's primary place of residence is made Uninhabitable and remains Uninhabitable by fire, flood, Natural Disaster, vandalism or burglary, which has caused enough damage to make the property inaccessible or unfit to use. We will only pay benefits for losses occurring within 15 calendar days after the event renders Your primary place of residence Uninhabitable;

- d. Your or Your Traveling Companion's Trip destination is made Uninhabitable by fire, flood, Natural Disaster, vandalism or burglary, which has caused enough damage to make the property inaccessible or unfit to use. We will only pay benefits for losses occurring within 15 calendar days after the event renders Your Trip destination Uninhabitable.
- e. You or Your Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to Your scheduled point of departure;
- f. Inclement Weather that causes complete cessation of services for at least 24 consecutive hours of the Common Carrier on which You or Your Traveling Companion are scheduled to travel;
- g. mechanical breakdown of the aircraft on which You are scheduled to travel that causes a cancellation or delay of Your or Your Traveling Companion's flight for at least 24 consecutive hours provided no alternative flights are available;
- h. Your or Your Traveling Companion's involuntary Employment Termination or layoff which occurs 30 days or more after Your Effective Date. Employment must have been with the same employer for at least 1 continuous year;
- i. a Terrorist Incident that occurs within 30 days of Your Scheduled Departure Date in a city listed on the itinerary of Your or Your Traveling Companion's Trip;
- j. the death or hospitalization of Your Host at Destination;
- k. mandatory evacuation ordered by local government authorities at Your Trip destination due to a Natural Disaster or a hurricane named after the Effective Date of Your coverage. You must have 50% or less, but not more than 7 nights of Your Trip length remaining at the time the mandatory evacuation ends in order to cancel or interrupt Your Trip and for this benefit to be payable. We will only pay benefits for losses occurring within 30 calendar days after the mandatory evacuation;
- l. a cancellation of Your Trip if Your arrival on the Trip is delayed and causes You to lose 50% or more of the scheduled Trip duration due to the reasons covered under the Trip Delay Benefit. This does not apply to Common Carrier delays/cancellations due to a government-mandated shutdown, government mandated travel reduction, or nationwide grounding of flights for any reason (except as coverage is otherwise specifically provided in "Other Covered Events");
- m. Your or Your Traveling Companion's pregnancy, provided the pregnancy occurs after Your Effective Date for Trip Cancellation, as verified by medical records;
- n. You or Your Traveling Companion are attending the childbirth of Your Family Member, provided the pregnancy occurs after Your Effective Date for Trip Cancellation, as verified by medical records;
- o. a government-mandated shutdown of an airport or air traffic control system due to a Natural Disaster. Coverage for this Other Covered Event only applies if Your payment for this Plan Document is received within the Time Sensitive Period.

In no event shall the amount reimbursed for Trip Cancellation exceed the lesser of the amount You prepaid for Your Trip or the Maximum Benefit Amount shown in the Plan Document Summary.

In no event shall the amount reimbursed for Trip Interruption exceed 150% of the amount You prepaid for Your Trip.

OCCUPANCY UPGRADE

We will reimburse You, up to the Maximum Benefit Amount shown in the Plan Document Summary for Trip Cancellation, for the additional cost You incur as the result of a change in the per person occupancy rate for Your Travel Arrangements if Your Traveling Companion's Trip is canceled for a covered Unforeseen reason and You do not cancel Your Trip.

ITINERARY CHANGE

If Your Travel Supplier makes a change in Your Trip itinerary after Your Scheduled Departure Date which prevents You from participating in a prepaid event or activity, We will reimburse You, up to the Maximum Benefit Amount shown in the Plan Document Summary, for Your unused Non-Refundable event or activity expenses, provided the event or activity was:

- 1. prepaid prior to departure;
- 2. scheduled on Your Trip itinerary; and
- 3. no comparable event or activity of equivalent cost was rescheduled during the course of the Trip.

Verification by Your Travel Supplier of the change in the scheduled Trip itinerary will be necessary for claim payment.

MISSED CONNECTION

If You miss Your Trip departure because Your arrival at Your Trip destination including Your return destination is delayed for 3 or more hours, due to:

1. any delay of a Common Carrier;
2. documented weather condition preventing You from getting to the point of departure for Your Trip;
3. Quarantine, hijacking, Strike, Natural Disaster, Terrorist Incident or riot;
4. You are denied access by a customs, airline, or TSA agent or employee due to positive results of a medical screening or suspicion that You may have a contagious disease (including an Epidemic or Pandemic) while attempting to board. This must be substantiated by written documentation from the entity denying access detailing the reason for denied access.

We will reimburse You, up to the Maximum Benefit Amount shown in the Plan Document Summary, for:

1. Your Additional Transportation Cost to join the departed Trip; and
2. Your prepaid expenses for the unused land or water Travel Arrangements.

TRIP DELAY

If You are delayed for 6 hours or more while en route to, during or returning from Your Trip due to a covered Travel Hazard, We will reimburse You up to the Maximum Benefit Amount shown in the Plan Document Summary, for the expenses You incur for additional hotel nights, meals and local transportation while You are delayed.

For the purposes of this benefit:

“Travel Hazard” means delay caused by or resulting from:

- a) any delay of Your Common Carrier;
- b) a traffic accident in which You or Your Traveling Companion are directly involved while en route to departure (must be substantiated by a police report);
- c) Your or Your Traveling Companion’s lost or stolen passports, travel documents or money (must be substantiated by a police report);
- d) Quarantine, hijacking, Strike, Natural Disaster, Terrorist Incident or riot;
- e) a Road Closure (substantiated by the department of transportation, state police, etc.) preventing You from getting to the point of departure for Your Trip;
- f) Your Sickness or Injury or the Sickness, Injury or death of Your Traveling Companion, or Family Member traveling with You.

Trip Delay Benefits will not be paid for: 1) any expenses which have been reimbursed, or 2) for any services that have been provided, by a Common Carrier or travel services provider.

PART B – TRAVEL INSURANCE BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT

We will pay the percentage indicated in the Table of Losses of the Maximum Benefit Amount shown in the Plan Document Summary when You, as a result of an Injury caused by an Accident occurring during Your Trip, sustain a Loss shown in the Table of Losses below. The Loss must occur within one hundred eighty (180) days after the date of the Injury causing the Loss.

AIR FLIGHT ONLY ACCIDENTAL DEATH AND DISMEMBERMENT

We will pay the percentage indicated in the Table of Losses of the Maximum Benefit Amount shown in the Plan Document Summary, when You sustain an Injury caused by an Accident occurring during Your Trip while riding solely as a passenger in or on, boarding or alighting from, any aircraft operated under a license for the transportation of passengers for hire of a regularly scheduled airline or regularly scheduled charter company that results in a Loss shown in the Table of Losses below. The Loss must occur within one hundred eighty (180) days after the date of the Injury causing the Loss.

TABLE OF LOSSES	
Loss of:	Percentage of Maximum Benefit Amount Payable:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One Hand and One Foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%

"Loss" with regard to: 1) hand or foot, means actual complete severance through and above the wrist or ankle joints; and 2) eye means an entire and irrecoverable loss of sight.

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.

Exposure and Disappearance:

We will pay benefits for covered Losses that result from You being unavoidably exposed to the elements because of an Accident occurring during Your Trip. The Loss must occur within 365 days after the event that caused the exposure.

If, while on Your Trip, You are in an Accident resulting in the disappearance, sinking or damaging of a covered air or water conveyance on which You are traveling, and if Your body has not been found within 365 days from the date of the Accident, it will be presumed, unless there is evidence to the contrary, that You suffered Loss of life.

Benefits are not payable for any loss due to, arising or resulting from: suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane.

EMERGENCY ACCIDENT & SICKNESS MEDICAL EXPENSE

Benefits will be paid for covered Medical Expenses incurred, up to the Maximum Benefit Amount shown in the Plan Document Summary, subject to the following:

- 1) covered Medical Expenses will only be payable at the Usual and Customary level of charges;
- 2) benefits will be payable only for covered Medical Expenses resulting from an Emergency Condition that first manifests itself or occurs while on Your Trip; and
- 3) only Medical Expenses incurred during Your Trip will be reimbursed. Medical Expenses incurred after You return from Your Trip are not covered.

Benefits will include up to \$750 for expenses incurred during Your Trip for emergency dental treatment. Dental expenses incurred after Your Trip is completed are not covered.

"Emergency Condition" means an Injury or Sickness diagnosed by a Physician for which You have sudden and unexpected severe or acute symptoms requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of Your condition or place Your life in jeopardy. The severe or acute symptoms must occur while on Your Trip.

"Medical Expenses" means expenses incurred only for the following:

1. medical services (including charges for anesthetics, x-ray examinations or treatments, and laboratory tests) and supplies, prescription drugs, and therapeutic services ordered or prescribed by a Physician as Medically Necessary for treatment;
2. Hospital or ambulatory medical-surgical center services (including expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Trip), if recommended by Your attending Physician and approved by Us or Our Designated Assistance Provider as a substitute for a hospital room for recovery from Your Emergency Condition;
3. local Transportation Expense to and/or from a Hospital.

We will not pay benefits in excess of the Usual and Customary level of charges. We will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

We will advance payment to a Hospital, up to the Maximum Benefit Amount shown on the Plan Document Summary, if needed to secure Your admission to a Hospital because of a covered Emergency Condition.

MEDICAL EVACUATION AND REPATRIATION OF REMAINS

Benefits will be paid, up to the Maximum Benefit Amount shown in the Plan Document Summary, when You suffer a covered Sickness, Injury, or Loss of life, during Your Trip, for the following:

Emergency Medical Evacuation

We will pay the Usual and Customary level of charges for Transportation Expense for an emergency Medical Evacuation to the nearest Hospital or medical facility where suitable Medically Necessary treatment is available, provided: 1) Your local attending Physician and We or Our Designated Assistance Provider determine that Your condition is acute, severe or life threatening; and 2) that adequate Medically Necessary treatment is not available in Your immediate area.

Medically Necessary Repatriation

We will pay for a Medical Evacuation to return You to Your point of origin, Your primary place of residence, or to a Hospital or medical facility closest to Your primary place of residence capable of providing continued treatment, if Your local attending Physician and We or Our Designated Assistance Provider determine that it is Medically Necessary.

We will pay for one of the following methods of transportation, as pre-approved by Us or Our Designated Assistance Provider:

- 1) commercial air upgrade to Business or First Class, less Refunds from Your unused transportation tickets;
- 2) other Transportation Expense.

Transportation must be via the most direct and economical route.

Hospital of Choice: You may choose to be transported to a Hospital in a city within Your home country other than the city of Your primary place of residence. The maximum amount payable is limited to the cost of transportation to Your primary place of residence.

Repatriation of Remains

Benefits will be paid for covered Repatriation Expenses incurred, up to the Maximum Benefit Amount shown in the Plan Document Summary, to return Your body to Your city of primary residence in Your home country if You die during Your Trip.

"Repatriation Expenses" means expenses for embalming, local cremation, minimally necessary casket for transport and air transportation of Your remains and any other expenses required to comply with local laws or regulations to arrange transport of Your remains.

All Repatriation Expenses must be approved in advance by Us or Our Designated Assistance Provider.

Additional Medical Evacuation Benefits:

Transportation to Join You: If You are or will be Hospitalized for more than 7 days, We will pay, up to the cost of a single round-trip Economy Transportation ticket and, up to \$250 per day up to 5 days for expenses for hotel nights, meals and local transportation for one person chosen by You to visit Your bedside, provided You are traveling alone and emergency Medical Evacuation or non-emergency Medical Evacuation is not imminent.

Transportation of Dependent Children: If You die or are Hospitalized for more than 7 days, We will pay, up to the cost of a single one-way Economy Transportation ticket (less the value of applied credit from any unused return travel tickets) per person, to return Your Dependent children (and any accompanying minor persons under Your care) who are left unattended by Your death or hospitalization to their home (with an attendant, if considered necessary by Us or Our Designated Assistance Provider).

COVERAGE FOR YOUR BELONGINGS AND PROPERTY OF OTHERS

BAGGAGE AND PERSONAL EFFECTS

We will reimburse You, up to the Maximum Benefit Amount shown in the Plan Document Summary, less any amount paid or payable by a party responsible for Your loss, for Your Baggage which is permanently lost, stolen, damaged or destroyed during Your Trip, provided You have taken all reasonable measures to protect, save and/or recover Your property at all times.

We will also reimburse You for fees associated with the replacement of Your passport and visas which are lost, stolen, damaged or destroyed during Your Trip.

We will also reimburse You for charges and interest incurred due to unauthorized use or replacement of Your lost or stolen credit cards if such use or loss occurs during Your Trip and if You have complied with all credit card conditions imposed by the credit card companies.

Valuation and Payment of Loss:

The lesser of the following amounts will be paid:

- 1) the Actual Cash Value at the time Your Baggage is lost, stolen, damaged or destroyed;
- 2) the cost to repair or replace the item with material of a like kind and quality; or
- 3) \$250 per item.

For claimed items without original receipts, payment of loss will be calculated based upon 75% of the Actual Cash Value at the time of loss, not to exceed \$250.

Items Subject To Special Limitations: We will reimburse You up to \$600 in total on all jewelry; precious or semi-precious stones; watches; articles consisting in whole or in part of silver, gold or platinum; furs or articles trimmed with fur; electronic devices, including but not limited to: cameras, computers, cell phones, and other mobile devices and sporting equipment.

If You have checked Your property with a Common Carrier and delivery is delayed, coverage for Baggage will be extended until the Common Carrier delivers the property.

BAGGAGE DELAY

We will reimburse You, up to the Maximum Benefit Amount shown in the Plan Document Summary, for the cost of reasonable additional clothing and personal items purchased by You while Your Baggage is delayed 12 hours or more from Your time of arrival at a destination other than Your return destination.

This coverage terminates upon Your arrival at the return destination of Your Trip.

The following exclusions and limitations apply to Baggage and Personal Effects, Baggage Delay:

We will not provide benefits for any loss or damage to:

- 1) animals;
- 2) automobiles and automobile equipment; boats or other vehicles or conveyances; motorcycles; trailers; motors; or aircraft;
- 3) bicycles, except when checked as baggage with a Common Carrier;
- 4) household effects and furnishings; antiques and collector items;
- 5) eyeglasses, sunglasses, contact lenses, artificial teeth, dentures, dental bridges, or retainers, or other orthodontic devices or hearing aids;
- 6) artificial limbs or other prosthetic devices;
- 7) keys, money, and credit cards (except as otherwise specifically covered herein); securities, stamps, tickets, and documents (except as coverage is otherwise specifically provided herein);
- 8) sporting equipment if the loss results from the use thereof.

We will not provide benefits for any loss or damage caused by or resulting from:

- 1) breakage of brittle or fragile articles;
- 2) wear and tear or gradual deterioration;
- 3) confiscation or appropriation by order of any government or custom's rule;
- 4) theft or pilferage while left in any unlocked or unattended vehicle;

- 5) property illegally acquired, kept, stored or transported;
- 6) Your negligent acts or omissions;
- 7) property shipped as freight or shipped prior to the Scheduled Departure Date;
- 8) electrical current, including electric arcing that damages or destroys electrical devices or appliances;
- 9) insects, vermin or inherent vice.

We will not provide benefits for any loss or damage to Your Baggage which has been reimbursed by a Common Carrier, hotel or Travel Supplier.

SECTION II - DEFINITIONS

“Accident” means a sudden, unexpected, unusual, specific event that occurs at an identifiable time and place, and shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

“Actual Cash Value” means current replacement cost for items of like kind and quality less depreciation.

“Additional Transportation Cost” means the actual cost incurred for one-way Economy Transportation (or for the original class of fare, if the original tickets were for a higher class of fare) by Common Carrier by the most direct route, less any Refunds paid or payable, for unused original tickets.

“Air Carrier” means any air conveyance operating under a valid license for the transportation of passengers for hire.

“Baggage” means luggage and personal effects (whether owned, borrowed or rented) taken by You on Your Trip.

“Bankruptcy or Default” means the total cessation of operations due to financial insolvency, with or without the filing of a bankruptcy.

“Business Partner” means an individual who: (a) is involved in a legal general partnership with You; and (b) is actively involved in the day to day management of Your business.

“Caregiver” means an individual employed for the purpose of providing assistance with activities of daily living to You or to Your Family Member who has a physical or mental impairment. The Caregiver must be employed by You or Your Family Member. A Caregiver is not a babysitter; childcare service, facility or provider; or a person employed by any service, provider or facility to supply assisted living or skilled nursing personnel.

“Child Caregiver” means an individual providing basic childcare service needs for Your minor children under the age of 18 while You are on the Trip without the minor children. The arrangement of being the Child Caregiver while You are on the Trip must be made 30 or more days prior to the Scheduled Departure Date.

“Common Carrier” means any land, sea, or air conveyance operating under a valid license for the transportation of passengers for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

“Complications of Pregnancy” means conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible. Complications of Pregnancy does not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

“Dependent” means lawful spouse, Your children including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age 19 and primarily dependent on You for support and maintenance; or (2) who is at least age 19 but less than age 26 and who regularly attends an accredited school or college; and who is primarily dependent on You for support and maintenance.

“Designated Assistance Provider” means On Call International, LLC.

“Domestic Partner” means an opposite or same-sex partner who is at least eighteen (18) years of age and has met all the following requirements for at least 10 months:

- 1) Resides with You;
- 2) Shares financial assets and obligations with You;
- 3) Is not related by blood to You to a degree of closeness that would prohibit a legal marriage;
- 4) Neither You nor Your Domestic Partner is married to anyone else, or has any other Domestic Partner.

“Economy Transportation” means the lowest published available transportation rate for a ticket on a Common Carrier.

“Effective Date” means the date and time Your coverage begins, as indicated in Section IV-Coverage Provisions, When Coverage Begins and Ends.

“Elective Treatment and Procedures” means any medical treatment or surgical procedure that is not medically required, including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority to be research or experimental or that is not recognized as a generally accepted medical practice.

“Eligible Person” means international travelers (who are not permanent US or Cayman residents) seeking such coverage during periods of travel excluding domestic travel within their home country.

“Employment Termination” means involuntary dismissal from job duties without pay or benefits, including involuntary layoff.

“Epidemic” means an outbreak of a contagious illness or disease that spreads rapidly and widely and that is declared an epidemic by The Centers for Disease Control and Prevention.

“Family Member” means any of the following: Your or Your Traveling Companion’s legal spouse (or common-law spouse where legal), legal guardian or ward, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew, Domestic Partner, Caregiver, or Child Caregiver.

“Hospital” means (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident in-patients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; (d) other than a residence, a place where treatment in a Hyperbaric chamber can be received. Not included is a hospital or institution licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

“Hospitalized” means admitted to a Hospital for a period of at least 24 hours or where the patient is charged by the Hospital for a minimum of one day of inpatient charges.

“Host at Destination” means a person with whom You are sharing pre-arranged overnight accommodations at the host’s usual principal place of residence.

“Inclement Weather” means any weather condition that delays the scheduled arrival or departure of a Common Carrier.

“Injury” means bodily harm caused by an Accident that: 1) occurs while Your coverage is in effect under the Plan Document; and 2) requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

“Insurer” means H&W Indemnity SPC Ltd.

“Intoxicated” mean a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where You are located at the time of an incident.

“Maximum Benefit Amount” means the maximum amount payable for coverage provided to You as shown in the Plan Document Summary.

“Medical Evacuation” means Physician-ordered Transportation Expense which is arranged and approved by Our Designated Assistance Provider. An unscheduled return by the same or like mode of transportation as originally scheduled without additional transportation requirements is not a Medical Evacuation.

“Medically Necessary” means a service which is appropriate and consistent with the treatment of the condition in accordance with accepted standards of community practice.

“Medical Treatment” means examination and treatment by a Physician.

“Natural Disaster” means earthquake, flood, fire, hurricane, blizzard, avalanche, tornado, tsunami, volcanic eruption, or landslide that is due to natural causes, and which to the extent applicable, is named by the National Weather Service, NOAA, or equivalent U.S or Non-U.S. authority.

“Non-Refundable” means the amount of Payments or Deposits for which You did not receive or were denied a Refund as defined in this Plan Document.

“Pandemic” means an Epidemic that has spread over a very wide area, or worldwide, over several countries or continents, crossing international boundaries, usually affecting a large number of people.

“Payments or Deposits” means the cash, check, or credit card amounts, rewards, miles or points; actually paid or used for Your Trip. Vouchers, Plan Documents, discounts and/or credits applied (in part or in full) towards the cost of Your Travel Arrangements are not Payments or Deposits unless they were provided as a Refund and the Plan Participant provides original proof of payment as defined herein.

“Physician” means a person licensed as a medical doctor in the jurisdiction where the services are rendered or a Christian Science Practitioner who is: (a) other than You, a Traveling Companion or a Family Member; and (b) practicing within the scope of his or her license.

“Plan Administrator” means Arch Insurance Solutions Inc.

“Pre-Existing Condition” means an illness, disease, or other condition during the 120 day period immediately prior to the Effective Date of Your coverage for which You or Your Traveling Companion, Business Partner or Family Member: (1) received or received a recommendation for a test, examination, or Medical Treatment for a condition which first manifested itself, worsened or became acute, or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or (2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or Change In Prescribed Medication throughout the 120 day period before Your coverage is effective under this Plan Document; (3) Change In Prescribed Medication means the dosage or frequency of a medication has been reduced, increased, stopped and/or new medications have been prescribed due to the worsening of an underlying condition that is being treated with the medication, unless the change is: (a) between a brand name and a generic medication with comparable dosage; or (b) an adjustment to insulin or anti-coagulant dosage.

“Prohibited Access” means restriction imposed by government authorities or the U.S. Department of State due to a Pandemic or Epidemic that prevents You from reaching a destination listed on the itinerary of Your Trip.

“Plan Participant” means an Eligible Person who completed the enrollment to subscribe to the “Trust” and who is named on the confirmation of benefits and is scheduled to participate on a Trip, provided the required payment has been made. Plan Participant also means “insured” “You” and “Your”.

“Quarantine” and “Quarantined” means the enforced strict isolation and confinement of You or Your Traveling Companion at a single location, for medical reasons, pursuant to an order by an official government authority, a lawfully authorized deputy of such authority, or a licensed practicing Physician, which prevents any interaction with other persons for a specified period of time not exceeding the incubation period for a contagious disease to which You or Your Traveling Companion have been exposed. Governmental orders imposing Prohibited Access, social distancing, self-isolation that does not meet all of the requirements set forth above, shelter in place, or stay at home requirements or recommendations do not constitute a Quarantine.

“Refund” means and includes a return of Your Payments or Deposits in the form of cash, credit to Your credit card, or a voucher/travel credits for future travel from a Travel Supplier, or any credit, recovery, or reimbursement from Your employer, another insurance company, a credit card issuer, or any other entity regardless of Your acceptance.

“Road Closure” means that a local road to Your destination or from Your departure point is completely impassable and the operations of that road have been suspended entirely for more than 24 hours due to severe storms, flooding, or Natural Disaster and is substantiated by the department of transportation or state police.

“Scheduled Departure Date” means the date on which You are originally scheduled to leave on Your Trip.

“Scheduled Return Date” means the date on which You are originally scheduled to return to the point of origin or the original final destination of Your Trip.

“Severe Weather Advisory” means a significant weather event as defined by the National Weather Service, NOAA or equivalent U.S or Non-U.S. authority.

“Sickness” means an illness or disease of the body that: 1) requires examination and treatment by a Physician, and 2) commences while Your coverage is in effect. An illness or disease of the body that first manifests itself and then worsens or becomes acute prior to the Effective Date of Your coverage is not a Sickness as defined herein and is not covered by the Plan Document.

“Strike” means any labor disagreement resulting in a stoppage of work: (a) as a result of a combined effort of workers which is unannounced and unpublished at the time Travel Arrangements are purchased and (b) which interferes with the normal departure and arrival of a Common Carrier.

“Terrorist Incident” means an act of violence, other than civil disorder or riot (that is not an act of war, declared or undeclared), that results in loss of life or major damage to person or property, by any person acting on behalf of or in connection with any organization which is generally recognized as having the intent to overthrow or influence the control of any government.

“Terminal Illness” means a medical condition which, as diagnosed by the treating Physician, is not curable and from which no recovery is expected, and which carries a prognosis of anticipated death occurring within {6-12} months of Your Plan Effective Date.

“Third Party(ies)” means any person, corporation or other entity except You and Us.

“Time Sensitive Period” means within 21 days of the date Your initial deposit/payment for Your Trip is received.

“Transportation Expense” means the cost of Medically Necessary conveyance and personnel, including Usual and Customary charges for required medical services and supplies.

“Travel Arrangement(s)” means the following services arranged by Your Travel Supplier for Your Trip: transportation; accommodations; and other specified services for Your Trip.

“Travel Supplier” means any entity or organization that coordinates or supplies travel services for You.

“Traveling Companion” means a person or persons up to 8 persons whose names appear with Yours on the same Travel Arrangements and who, during Your Trip, will accompany You. A group or tour organizer, sponsor or leader is not a Traveling Companion as defined, unless sharing accommodations in the same room, cabin, condominium unit, apartment unit or other lodging with You.

“Trip” means a scheduled trip of 30 days or less in length; 1) for which coverage is elected and payment made and all Travel Arrangements are arranged prior to the Scheduled Departure Date; and 2) is 100 miles or more from Your primary residence.

“Unforeseen” means not foreseeable, anticipated, or expected and occurring after Your purchase of the Plan Document.

“Uninhabitable” means: (1) the building structure itself is unstable and there is a risk of collapse in whole or in part; (2) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; (3) immediate safety hazards have yet to be cleared; or (4) the property is without electricity, gas, sewer service or water or under an order of mandatory evacuation by local government authorities.

“Usual and Customary” means the comparable level of charges for similar treatment, services and supplies in the geographic area where treatment, services or supplies are provided or performed.

“Warning Levels 1 through 4” means travel warnings or restrictions as defined by The U.S. Department of State.

SECTION III – LIMITATIONS AND EXCLUSIONS

Benefits are not payable for any loss due to, arising or resulting from:

1. due to a Pre-Existing Condition, as defined in the Plan Document. This Pre-Existing Condition exclusion does not apply to the Emergency Medical Evacuation or Repatriation of Remains coverage;

Waiver of the Pre-Existing Condition Exclusion

The exclusion for Pre-Existing Condition will be waived provided:

- a) Your payment for this Plan Document is received within the Time Sensitive Period; and
- b) You insure 100% of the cost of all Travel Arrangements that are subject to cancellation penalties or restrictions by the Travel Supplier; and
- c) You are not disabled from travel at the time Your payment is paid; and

- d) The booking for the Trip is the Plan Participant's first and only booking for this travel period and destination.
2. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war;
 3. participating in maneuvers or training exercises of an armed service or police force of any country;
 4. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment), rock climbing without equipment, cliff diving, or any activity materially similar to the above;
 5. participating as a professional in a stunt, athletic or sporting event or competition;
 6. participating in skydiving or parachuting, hang gliding, bungee cord jumping, multi-sport endurance competitions, BASE jumping, free diving, fly by wire, parkour, wingsuit flying, extreme skiing or extreme snowboarding, skiing outside marked trails or heli-skiing or heli-snowboarding, any race or speed contests, bull riding, running of the bulls, scuba diving if the depth exceeds 130 feet or if You are not PADI or NAUI certified to dive and a dive master is not present during the dive; spelunking or bodily contact sports or any activities materially similar to the above;
 7. piloting or learning to pilot or acting as a member of the crew of any aircraft;
 8. being Intoxicated or under the influence of any controlled substance unless taken as administered or prescribed by a Physician;
 9. the commission of or attempt to commit a felony or being engaged in an illegal occupation;
 10. normal pregnancy (except Complications of Pregnancy) and/or resulting childbirth, except as otherwise covered under Trip Cancellation or Trip Interruption, or voluntarily induced abortion;
 11. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses, contacts or any Elective Treatment and Procedures;
 12. any loss occurring during a Trip booked or taken for the purpose or intent of securing medical treatment;
 13. failure of any tour operator, Common Carrier, travel agent, accommodation provider, cruise line, Air Carrier or other carrier, car rental agency, any other travel or tourism services provider or other Travel Supplier, person or agency or any other entity they deal with, to provide the bargained-for travel or accommodation arrangements; or provide a Refund due You for any reason;
 14. a mental, or nervous or psychological disorder, unless Hospitalized for that condition while the Plan Document is in effect for You. **This exclusion does not apply if You qualify for the Waiver of the Pre-Existing Condition Exclusion;**
 15. Due to a Pandemic, an Epidemic, Prohibited Access. Except as specifically provided by this Plan Document;
 16. Any loss, condition, or event that was known, foreseeable, anticipated, intended, expected or occurring when Your Plan Document was purchased;
 17. This Plan does not provide coverage for any loss or death, arising directly or indirectly from a Terminal Illness. This exclusion applies to a Terminal Illness that was diagnosed before the Effective Date of coverage, and includes any complications, deterioration, or death resulting from such Terminal Illness;
 18. Bankruptcy or Default or failure to supply services by a Travel Supplier;
 19. traveling against the advice of a Physician and any loss occurring during such a Trip;
 20. a loss or damage caused by detention, confiscation or destruction by customs official.

SECTION IV - COVERAGE PROVISIONS

Who Is Eligible For Coverage

A Plan Participant who is booked to travel on an eligible Trip.

When Coverage Begins and Ends

When Coverage Begins:

Trip Cancellation:

Coverage begins at 12:01 a.m. at Your location on the day after the date the required payment for this Plan Document to cover Your Trip is received by the Insurer.

This is Your "Effective Date" and time for Trip Cancellation.

Trip Interruption and Missed Connection: Coverage begins when You depart on Your first scheduled Travel Arrangement (or if You must use an alternate travel arrangement after Your Scheduled Departure Date to reach Your Trip destination, on the Scheduled Departure Date) for Your Trip. This is Your “Effective Date” and time for Trip Interruption and Missed Connection.

All Other Coverages: Coverage begins at 12:01 AM on the date when You depart on the first Travel Arrangement (or alternate travel arrangement if You must use an alternate Travel Arrangement to reach Your Trip destination) for Your Trip. This is Your “Effective Date” and time for all other coverages.

When Coverage Ends:

Trip Cancellation: Your coverage automatically ends on the earlier of: 1) the scheduled departure time on the Scheduled Departure Date of Your Trip; 2) the date and time You depart on Your Trip; or 3) the date and time You cancel Your Trip.

All Other Coverages: Your coverage automatically ends on the earlier of: 1) the date the Trip is completed; 2) the Scheduled Return Date; 3) Your arrival at the return destination on a round Trip, or the destination on a one-way Trip; 4) cancellation of the Trip covered by the Plan Document; 5) the expiration date of the Plan Document.

All coverages under the Plan Document will be extended if Your entire Trip is covered by the Plan Document and Your return is delayed due to unavoidable circumstances beyond Your control. If coverage is extended for the above reasons, coverage will end on the earlier of the date You reach Your originally scheduled return destination or seven (7) days after the Scheduled Return Date.

Termination of the Plan Document will not affect a claim for loss that occurs after payment has been paid.

SECTION V – CLAIMS PROVISIONS

Your duties in event of a loss:

For Trip Cancellation and Trip Interruption:

Immediately, or as soon as possible, call Your Travel Supplier and the Plan Administrator (see Where to Report a Claim) to report Your cancellation, interruption to avoid non-covered charges due to late reporting.

If You are prevented from taking Your Trip as scheduled or must interrupt 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 or continued participation in the Trip. Provide all unused transportation tickets, official receipts, etc.

Trip Delay or Missed Connection:

Obtain any specific dated documentation that 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 for additional expenses incurred.

Medical Expenses:

Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment.

For Baggage and Personal Effects, Baggage Delay:

In case of lost, stolen, damaged, destroyed or delayed Baggage and Personal Effects, You must:

- a) take all necessary and reasonable steps to protect, save or recover the property;
- b) notify, within 48 hours of the loss in writing, the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any Common Carrier or bailee who has custody of Your property at the time of loss;
- c) obtain a copy of the reported loss, damage, delay or theft of the item from the Common Carrier who had possession of the item at the time of the loss to include the Common Carrier's liability for such loss;
- d) produce records needed to verify the claim and its amount, and permit copies to be made;
- e) provide Us, within 90 days from the date of loss, a detailed proof of loss signed and sworn to; and
- f) allow the property to be examined, if requested.

Where to Report a Claim:

Arch Insurance Solutions Inc.
Executive Plaza IV
11350 McCormick Rd., Suite 102
Hunt Valley, MD 21031
Phone: 1-855-762-6252
Fax: 1-443-279-2901
Email: claims@roamright.com

Notice of Claim: Notice of claim must be reported to Us within 30 days after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to Us or Our designated representative and should include sufficient information to identify You.

Claim Forms: When notice of claim is received by Us or Our designated representative, forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by You sending Us a written statement of what happened. This statement must be received within the time given for filing proof of loss.

Proof of Loss: Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

Payment of Claims: Benefits for Loss of life will be paid to Your designated beneficiary. If a beneficiary is not otherwise designated by You, benefits for Loss of life will be paid to the first of the following surviving preference beneficiaries:

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

All other benefits will be paid directly to You, unless otherwise directed. Any accrued benefits unpaid at Your death will be paid to Your estate. If You have assigned Your 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.

All or a portion of all benefits provided by the Plan Document may, at Our option, be paid directly to the provider of the service(s) to You. All benefits not paid to the provider will be paid to You.

If any benefit is payable to: (a) an Plan Participant who is a minor or otherwise not able to give a valid release; or (b) Your estate, We may pay any amount due under the Plan Document to Your beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.

SECTION VI - GENERAL PROVISIONS

Excess Insurance: Insurance provided by this Plan Document shall be in excess of all other valid and collectible insurance or indemnity or as required by state law. 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. Recovery of losses from other parties does not result in a refund of payment paid.

Physician Examination and Autopsy: We, at Our expense, may have You examined when and as often as is reasonable while the claim is pending. We may have an autopsy done (at Our expense) where it is not forbidden by law.

Legal Actions: No legal action for a claim can be brought against Us until 60 days after We receive proof of loss. No legal action for a claim can be brought against Us more than 3 years after the time required for giving proof of loss. This 3 year time period is extended from the date proof of loss is filed and the date the claim is denied in whole or in part.

Concealment and Misrepresentation: The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this insurance has been concealed or misrepresented.

Other Insurance with Us: You may be covered under only one travel insurance Plan Document with Us for each Trip. If You are covered under more than one such Plan Document, You may select the coverage that is to remain in effect. In the event of death, the selection will be made by Your beneficiary or estate. Payment paid (less claims paid) will be Refunded for the duplicate coverage that does not remain in effect. For purposes of this provision Plan Document, this does not include Security Deposit Waiver Insurance or Auto Rental Damage Insurance policies.

Subrogation: If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We will be subrogated to that right. You shall help Us exercise Our rights in any reasonable way that We may request, including but not limited to: assigning Your rights to recover such payment, signing and providing any documents reasonably allowing Us to do so. In the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss. Everyone eligible to receive payment for a claim submitted to Us must cooperate with this process and must refrain from doing anything that would adversely affect Our rights to recover payment. Everyone eligible to receive payment for a claim submitted to Us must cooperate with this process and must refrain from doing anything that would adversely affect Our rights to recover payment. Our right of subrogation applies even if Your entire loss has not been compensated.

Reductions in the Amount of Insurance: The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid for any loss or damage under this coverage for this Trip.

Electronic Delivery: You agree to receive, accept, obtain or submit any and all documentation including the Plan Document in electronic form e.g. via email and agree that electronic communications is a reasonable and proper form of communication that fully satisfies any requirement that communications be provided in writing.

Economic Sanctions Provision: This Plan Document does not provide any coverage, benefit, or services for any activity that would violate any applicable economic/trade sanction or embargo law or regulation, including without limitation sanctions administered and enforced under the Office of Foreign Assets Control "OFAC".

The following provisions apply to Baggage/Personal Effects and Baggage Delay coverages:

Proof of Loss: You must furnish Us, or Our designated representative, with proof of loss. This must be a detailed statement. It must be filed with Us, or Our designated representative within ninety (90) days from the date of loss. Failure to comply with these conditions shall invalidate any claims under this Plan Document.

Settlement of loss: Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to Us and We have determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable proof of loss and the value involved to Us.

Benefit to bailee: This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

SECTION VII - COORDINATION OF BENEFITS

Applicability

The Coordination of Benefits ("COB") provision applies to This Plan Document when a Plan Participant has health care coverage under more than one Plan Document. "Plan" and "This Plan" for this provision only are defined below.

If this COB provision applies, the order of benefit determination rules should be looked at first. Those rules determine whether the benefits of This Plan are determined before or after those of another Plan. The benefits of This Plan:

- (a) will not be reduced when, under the order of benefit determination rules, This Plan determines its benefits before another Plan; but
- (b) may be reduced when, under the order of benefit determination rules, another Plan determines its benefits first. This reduction is described further in the section entitled Effect on the Benefits of This Plan.

Definitions

"Plan" is a form of coverage written on an expense incurred basis that provides benefits or services for, or because of, medical or dental care or treatment. "Plan" includes:

- (a) group insurance and group remittance subscriber contracts;
- (b) uninsured arrangements of group coverage;
- (c) group coverage through HMO's and other prepayment, group practice and individual practice Plans; and

- (d) blanket contracts, except blanket school accident coverages or a similar group when the individual Plan pays the premium;
- (e) Medicaid or Medicare.

“Plan” does not include individual or family: (a) insurance contracts; (b) coverage through HMO's; or (d) coverage under other prepayment, group practice and individual practice Plans.

“This Plan” is the parts of this contract that provide benefits for health care expenses on an expense incurred basis.

“Primary Plan” is one whose benefits for a person's health care coverage must be determined without taking the existence of any other Plan into consideration. A Plan is a Primary Plan if either:

- (a) the Plan either has no order of benefit determination rules, or it has rules which differ from those in the contract; or
- (b) all Plans that cover the person use the same order of benefits determination rules as in this contract, and under those rules the Plan determines its benefits first.

“Secondary Plan” is one that is not a Primary Plan. If a person is covered by more than one Secondary Plan, the order of benefit determination rules of this contract decide the order in which their benefits are determined in relation to each other. The benefits of each Secondary Plan may take into consideration the benefits of the Primary Plan or Plans and the benefits of any other Plan, which, under the rules of this contract, has its benefits, determined before those of that Secondary Plan.

“Allowable Expense” is the necessary, reasonable, and customary item of expense for health care when the item of expense is covered at least in part under any of the Plans involved.

The difference between the cost of a private hospital room and a semi-private hospital room is not considered an Allowable Expense under the above definition unless the patient's stay in a private hospital room is Medically Necessary in terms of generally accepted medical practice.

When a Plan provides benefits in the form of services, the reasonable cash value of each service will be considered both an Allowable Expense and a benefit paid.

“Claim” is a request that benefits of a Plan be provided or paid. The benefits claimed may be in the form of: (a) services (including supplies); (b) payment for all or a portion of the expenses incurred; or (c) a combination of (a) and (b).

“Claim Determination Period” is the period of time, which must not be less than 12 consecutive months, over which Allowable Expenses are compared with total benefits payable in the absence of COB, to determine: (a) whether over insurance exists; and (b) how much each Plan will pay or provide.

For the purposes of this contract, Claim Determination Period is the period of time beginning with the Effective date of coverage and ending 12 consecutive months following the date of loss or longer as may be determined by the proof of loss provision.

Order of Benefit Determination Rules

When This Plan is a Primary Plan, its benefits are determined before those of any other Plan and without considering another Plan's benefits.

When This Plan is a Secondary Plan, its benefits are determined after those of any other Plan only when, under these rules, it is secondary to that other Plan.

When there is a basis for a Claim under This Plan and another Plan, This Plan is a Secondary Plan that has its benefits determined after those of the other Plan, unless:

- (a) the other Plan has rules coordinating its benefits with those of This Plan; and
- (b) both those rules and This Plan's rules, as described below, require that This Plan's benefits be determined before those of the other Plan.

Rules. This Plan determines its order of benefits using the first of the following rules which applies:

- (a) Nondependent/Dependent Rule. The benefits of the Plan which covers the person as an employee, member or subscriber (that is, other than as a dependent) are determined before those of the Plan that covers the person as a dependent.

- (b) Longer/Shorter Length of Coverage Rule. The benefits of the Plan that covered an employee, member or subscriber longer are determined before those of the Plan that covered that person for the shorter time.

To determine the length of time a person has been covered under a Plan, two Plans shall be treated as one if the claimant was eligible under the second within 24 hours after the first ended. Thus, the start of a new Plan does not include: (a) a change in the amount or scope of a Plan's benefits; (b) a change in the entity which pays, provides or administers the Plan's benefits; or (c) a change from one type of Plan to another. The claimant's length of time covered under a Plan is measured from the claimant's first date of coverage under that Plan. If that date is not readily available, the date the claimant first became a member of the group shall be used as the date from which to determine the length of time the claimant's coverage under the present Plan has been in force.

Effect on the Benefits of This Plan When it is Secondary

The benefits of This Plan will be reduced when it is a Secondary Plan so that the total benefits paid or provided by all Plans during a Claim Determination Period are not more than the total Allowable Expenses, not otherwise paid, which were incurred during the Claim Determination Period by the person for whom the Claim is made. As each Claim is submitted, This Plan determines its obligation to pay for Allowable Expenses based on all Claims that were submitted up to that point in time during the Claim Determination Period.

Right to Receive and Release Needed Information

Certain facts are needed to apply these COB rules. We have the right to decide which facts are needed. We may get needed facts from or give them to any other organization or person. We need not tell, or get the consent of, any person to do this. Each person claiming benefits under This Plan must give Us any facts We need to pay the Claim.

Facility of Payment

A payment made under another Plan may include an amount that should have been paid under This Plan. If it does, We may pay that amount to the organization that made that payment. That amount will then be treated as though it were a benefit paid under This Plan. We will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable monetary value of the benefits provided in the form of services.

Right of Recovery

If the amount of the payments made by Us is more than We should have paid under this COB provision, We may recover the excess from one or more of: (a) the persons We have paid or for whom We have paid; (b) insurance companies; or (c) other organizations.

Non-complying Plans

This Plan may coordinate its benefits with a Plan that is excess or always secondary or which uses order of benefit determination rules which are inconsistent with those of This Plan (non-complying Plan) on the following basis:

- (a) If This Plan is the Primary Plan, This Plan will pay its benefits on a primary basis;
- (b) if This Plan is the Secondary Plan, This Plan will pay its benefits first, but the amount of the benefits payable will be determined as if This Plan were the Secondary Plan. In this situation, Our payment will be the limit of This Plan's liability; and
- (c) if the non-complying Plan does not provide the information needed by This Plan to determine its benefits within 30 days after it is requested to do so, We will assume that the benefits of the non-complying Plan are identical to This Plan and will pay benefits accordingly. However, We will adjust any payments made based on this assumption whenever information becomes available as to the actual benefits of the non-complying Plan.

SUBSCRIPTION AGREEMENT

By completion of this enrolment, I hereby apply to be a Plan Participant of the Global Solutions Insurance Trust (the "Trust") and to participate in the insurance coverage extended to participants under the Trust by H&W Indemnity (SPC) Ltd. for and on behalf of Global Solutions SP (the "Company") to Plan Participants under the Trust (the "Coverage"). I understand that the Coverage is not a general health insurance product, but it is intended for use in the event of a sudden and unexpected event while traveling outside of my home country. I understand that I may obtain full details of the coverage by requesting a copy of the master policy from the Administrator. I understand that the liability of the Company is as provided in the Master Policy.

The Plan Participant hereby agrees to and accepts all terms and conditions of the applicable master policy, full details of which can be obtained from the Administrator. By acceptance of the coverage and/or submission of any claim for benefits, the Plan Participant ratifies the authority of the signer to so act and bind the Plan Participant. The Plan Participant hereby undertakes to make all premium payments as they fall due in respect of the coverage extended to them and acknowledges that in the event of any failure to do so, then the coverage will lapse (unless otherwise agreed in writing by the Underwriter).

The Plan Participant hereby confirms the accuracy and validity of all information, representations and warranties provided in connection with their enrolment for coverage, howsoever provided, including the terms of this subscription agreement and the information contained in the enrolment form (together "Representations & Warranties"). The Plan Participant acknowledges that certain of such information will be relied upon by the Underwriter as provider of the coverage, and that any inaccuracy therein may result in the invalidity of such coverage as it relates to the Plan Participant, the loss of coverage and all monies paid in relation thereto.

The Plan Participant hereby undertakes to inform the Administrator of any change to any matter that forms the subject of the Representation & Warranties. The Plan Participant hereby undertakes to indemnify and hold harmless the Administrator against any loss or damage (including attorney's fees) occasioned by any inaccuracy in any representation & warranty or failure to advise the Administrator of any change in any matter that forms the subject of any of the representation & warranties. The Plan Participant agrees that the Administrator shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by, or on behalf of, the Plan Participant and the Plan Participant hereby undertakes to indemnify and hold harmless the Administrator against any loss or damage (including attorney's fees) occasioned by the Administrator acting in accordance with such instruction. Payments under the terms of coverage shall be paid by the Underwriter, ITA Global Trust Ltd., or any duly appointed administrator either directly to a provider or to the Plan Participant.

I confirm that I have satisfied myself that the insurance is appropriate for me and that I meet the eligibility criteria. The policy provides limited benefit short duration coverage pursuant to all its terms, conditions, and limits, and exclusions. It is not subject to, and does not provide, certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("ACA"). ACA requires certain U.S. citizens or U.S. residents to obtain ACA compliant coverage. Since January 1, 2014, ACA requires U.S. citizens, U.S. nationals and resident-alien to obtain ACA compliant health insurance coverage, or "minimum essential coverage." ACA also requires certain employers to offer PPACA compliant coverage to their employees. Tax penalties may be imposed on persons who are required to maintain ACA compliant coverage but do not do so. In certain cases, individuals may be deemed to have minimum essential coverage under ACA even if their insurance coverage does not provide all the benefits required by ACA. Eligibility to purchase this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including ACA. Insured Persons should consult their attorney or tax professional to determine whether this coverage meets any obligations they may have under ACA. This plan is not designed to cover US citizens or residents. This insurance is not subject to guaranteed issue or renewability.

Arch RoamRight Global Program Privacy Notice

At Arch RoamRight Global Program,¹ we respect your rights to privacy and the protection of your personal data. The purpose of this privacy notice is to explain how we routinely collect and use personal data about individuals, including applicants and members (“you”) for the provision of our products and services and what rights you have in relation to your personal information.

Throughout this document references to “we”, “us”, “our”, or “the company” refer to your plan’s underwriter and its subsidiaries, affiliated companies, and the designated program administrator listed in your plan document.

Different types of information we collect about you

To allow us to provide our products and services and to run our business, we collect and process various categories of personal contact information about you, including:

- Name;
- Date of birth;
- Email address;
- Contact telephone number (landline & mobile); and
- Health & medical information.

How we collect your personal data

We obtain most our information directly from you, including through the application or claim form(s) you complete as well as any additional information you provide. We may contact you by phone or mail to obtain additional information. We may obtain information about you from other transactions with us, our affiliates, or other third parties.

How we use your personal information

We will use your personal information:

- To consider an application for a insurance plan purchased by you or on your behalf;
- If a plan is accepted, to facilitate the administration of your plan;
- To process a claim and assist you in the event of a medical emergency;
- To communicate with you, including information about your plan and quality of our services;
- To develop reports, including anonymizing your personal information and conducting analysis on our operations; and
- To evaluate any potential risk of fraud.

¹ This Privacy Notice applies to international travel policies that have been underwritten by H & W Indemnity (SPC), Ltd. for and on behalf of Global Solutions SP that are administered by the designated program administrator listed in your plan document.

Legal bases for processing

Our legal bases to use and process your personal information include that the processing is necessary for:

- our legitimate interests, including activities related to coverage and administration of your plan;
- where applicable, for the performance of a contract to which you are a party;
- compliance with our legal obligations, such as complying with regulatory audits, accounting and tax requirements; and
- for sensitive personal data, on the basis of your consent, which may be subsequently withdrawn without affecting the lawfulness of processing based on consent before its withdrawal.

Disclosures of personal information

We may not be able to provide some of our services to you without your personal data. Access to non-public personal information is limited to those employees, authorized representatives, attorneys and service providers who specifically need such information to conduct their business responsibilities. In addition, when providing our services to you, we may share your information with:

- Insurance brokers and other insurers who work with us to help manage the underwriting process and administer our policies;
- Authorized third party administrators who work with us to help manage the underwriting process, administer our policies and help us manage the claims process;
- Authorized service providers, medical clinics, hospitals and other medical facilities, assistance providers, sub-contractors, and third-party service providers;
- Limited members of personnel within the company;
- UnitedHealth Group companies; and
- Statutory and regulatory bodies.

We require that our service providers and third-party vendors abide by applicable privacy laws in handling non-public personal information obtained through their business relationship with us. Additionally, we may disclose non-public personal information to third parties as allowed or required by law. For example, we may release your information to comply with reporting requirements, to comply with a subpoena, warrant, legal process or other order or inquiry of a court, governmental agency or state or federal regulator. We may also share your personal information in order to establish or exercise our rights, to defend against a legal claim, to investigate, prevent, or take action regarding possible illegal activities, suspected fraud, safety of person or property, or a violation of our policies.

If you conclude your relationship with us, we will continue to safeguard your privacy in accordance with the standards described in this notice.

Data Security and Data Integrity

We maintain reasonable physical, electronic and procedural safeguards to protect personal information from loss, interference, misuse, unauthorized access, disclosure, alteration or destruction. We also maintain reasonable procedures to help ensure that such data is reliable for its intended use and is accurate, complete and current.

Data retention

We will retain your personal information only for so long as reasonably necessary for the purposes set out above, in accordance with applicable laws.

Your rights

You have certain rights in relation to how we use your personal information and the manner in which we process it. This includes:

- A right to access your information;
- A right to request that we correct inaccurate information or update incomplete information;
- A right to request that we restrict processing of your information in certain circumstances;
- A right to object to us processing your personal information for our legitimate business interests or direct marketing purposes;
- A right to object to us making decisions relating to you based solely on automated decision-making in certain instances;
- A right to have your information deleted or our use of your data restricted in certain circumstances. We may be unable to comply with a data deletion request where doing so would place us in breach of our obligations under applicable laws, regulation or codes of practice. However, in some circumstances, you may be able to request that your data be blocked from further processing;
- A right to data portability (i.e., obtain a transferable copy of your information we hold to another provider) in certain circumstances; and
- A right to withdraw consent at any time where processing is based on consent.

You may contact us at the address listed below in the “Contact Information” section with any questions relating to this notice or to submit a request relating to any of the above-mentioned rights.

You may lodge a complaint with a supervisory authority, including the Cayman Islands Ombudsman, if you consider our processing of your personal data infringes applicable law.

Contact Information

If you have any questions about this Privacy Notice or about how we use the information we collect, please contact us at:

UnitedHealthcare Customer Service - Privacy Unit
PO Box 740815
Atlanta, GA
30374-0815

Changes to this Privacy Notice

We reserve the right to amend this notice at any time. If we make material changes, we will notify you as required by law.

Effective Date: October 9, 2025