

Travel Insurance Certificate for passengers of Mayflower Tours

IMPORTANT

The Pre-Existing Condition Exclusion is waived provided you meet the following requirements: 1) your payment for the plan is received by Mayflower Tours with your initial deposit/payment for your Trip and 2) you are not disabled from travel at the time you make your plan payment.

Please Note, this policy may not be purchased after you have made final payment for your Trip.

Part A

The Pre-Departure Cancellation Fee & Unused Services Waiver Benefits of this Part A are provided by Mayflower Tours.

Summary of Coverages - Part A

PRE-DEPARTURE CANCELLATION FEE & UNUSED SERVICES WAIVER

	MAXIMUM BENEFIT AMOUNT
SCHEDULE OF COVERAGES	
Pre-Departure Cancellation Fee & Unused Services Waiver	Up To Trip Cost

This Cancellation Fee Waiver is not insurance. The benefits described are provided by Mayflower Tours.

We will provide this protection if you must cancel your Trip due to any reason. We will also pay this benefit if, while on tour, your Trip is interrupted due to Sickness, Injury, or Death of You, an Immediate Family Member, or your Traveling Companion.

Injury or Sickness must be, in the written opinion of a Physician, so disabling as to cause a Trip to be interrupted and must require the care and attendance by a Physician at the place of occurrence.

Benefits – Pre-Departure Cancellation

We will reimburse you all monies paid to Mayflower Tours by you or your travel provider less the Cancellation Fee Waiver amount, provided we are notified of the cancellation before your tour departs.

Benefits – Post-Departure Interruption

While on tour, if you have to leave early due to a Personal Illness, Illness or Death of a Member of the Immediate Family or Traveling Companion, we will refund you any unused services after the departure of the tour. Handling of return air transportation is included if your airline tickets were provided by Mayflower Tours.

Exclusions

This program has certain exclusions. Mayflower Tours reserves the right to modify the above mentioned benefits when a substantial amount of cancellation or postponement of travel is attributable to conditions resulting from an Act of God, Natural or Man-made Disaster, Fire, Government Actions, Civil Disorder, War, Hostilities between Nations, or Unavailability of Transportation through no fault of Mayflower Tours.

“Freedom to Travel” Guarantee

On those rare occasions when the Exclusions mentioned above make it necessary to modify its refund and cancellation policy, Mayflower’s “Freedom to Travel” Guarantee will take effect. This Guarantee will allow you to apply all monies paid to Mayflower Tours, including the Cancellation Fee Waiver, toward any future Mayflower tour that departs within 12 months of your notification.

Where to Present Part A Claims

Mayflower Tours
1225 Warren Avenue
P.O. Box 490
Downers Grove, IL 60515
Telephone: 1-800-323-7604

Part B

The Travel Insurance Benefits of this Part B are provided by the insurance company listed on Page 3 of this brochure.

Summary of Coverages - Part B

Schedule: Mayflower Tours

Benefit	Maximum Benefit Amount
Accidental Death and Dismemberment	\$25,000
Medical Expense/Emergency Assistance	\$25,000
Accident and Sickness Medical Expense	
Emergency Evacuation and Repatriation	
Travel Delay (Up to \$100 Per Day)	\$500
Baggage and Personal Effects	\$2,000
Baggage Delay (Up to \$100 Per Day)	\$500

Accidental Death and Dismemberment

We will pay this benefit up to the amount on the Schedule if you are injured in an Accident which occurs while you are on a Trip and covered under the plan, and you suffer one of the losses listed below within 365 days of the Accident.

The Principal Sum is the benefit amount shown on the Schedule.

Loss: **Percentage of Principal Sum Payable:**

Life	100%
Both Hands; Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
One Hand; One Foot or Sight of One Eye	50%

If you suffer more than one loss from one Accident, we will pay only for the loss with the larger benefit.

Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight of an eye means complete and irrecoverable loss of sight.

Medical Expense/Emergency Assistance

We will pay this benefit, up to the amount on the Schedule for the following Covered Expenses incurred by you, subject to the following: 1) Covered Expenses will only be payable at the Usual and Customary level of payment; 2) benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Trip; 3) benefits payable as a result of incurred Covered Expenses will only be paid after benefits have been paid under any Other Valid and Collectible Group Insurance in effect for you. We will pay that portion of Covered Expenses which exceed the amount of benefits payable for such expenses under your Other Valid and Collectible Group Insurance provision.

Covered Expenses:

- (1) expenses for the following Physician-ordered medical services: services of legally qualified Physicians and graduate nurses, charges for Hospital confinement and services, local ambulance services, prescription drugs and medicines, and therapeutic services, incurred by you within one year from the date of your Sickness or Injury during a Trip;
- (2) expenses for emergency dental treatment incurred by you during a Trip;
- (3) expenses incurred by you for Physician-ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable Hospital, when you are critically ill or injured and no suitable local care is available, subject to the Program Medical Advisors' prior approval;
- (4) expenses incurred for non-emergency medical evacuation, including medically appropriate transportation and medical care en route, to a Hospital or to your place of residence in the United States of America or Canada, when deemed medically necessary by the attending Physician, subject to the Program Medical Advisors' prior approval;

- (5) expenses for transportation not to exceed the cost of one round-trip economy class air fare to the place of hospitalization for one person chosen by you, provided that you are traveling alone and are hospitalized for more than 7 days;
- (6) expenses for transportation not to exceed the cost of one-way economy class air fare to your place of residence in the United States of America or Canada, including escort expenses, if you are 18 years of age or younger and left unattended due to the death or hospitalization of an accompanying adult(s), subject to the Program Medical Advisors' prior approval;
- (7) expenses for one-way economy class air fare (or first class, if your original tickets were first class) to your place of residence in the United States of America or Canada, from a medical facility to which you were previously evacuated, less any refunds paid or payable from your unused transportation tickets, if these expenses are not covered elsewhere in the plan;
- (8) repatriation expenses for preparation and air transportation of your remains to your place of residence in the United States of America or Canada, or up to an equivalent amount for a local burial in the country where death occurred, if you die while outside the United States of America or Canada.

Please see the Definitions, page 3, for an explanation of Pre-Existing Conditions which are excluded under the Medical Expense/Emergency Assistance and Travel Delay Benefits. (Unless this exclusion is waived, see page 1)

Travel Delay

If your Trip is delayed for 12 hours or more, we will reimburse you, up to the amount shown in the Schedule for reasonable additional expenses incurred by you for hotel accommodations, meals, telephone calls and local transportation while you are delayed. We will not pay benefits for expenses incurred after travel becomes possible.

Travel Delay must be caused by or result from: 1) Common Carrier delay; or 2) loss or theft of your passport(s), travel documents or money; or 3) quarantine; or 4) hijacking; or 5) natural disaster or closure of public roadways by government authorities due to adverse weather; or 6) Injury or Sickness of you, an Immediate Family Member traveling with you, or a Traveling Companion; or 7) death of you, an Immediate Family Member traveling with you, or a Traveling Companion.

Baggage and Personal Effects

We will reimburse you, less any amount paid or payable from any other valid and collectible insurance or indemnity, up to the amount shown in the Schedule, for direct loss, theft, damage or destruction of your Baggage, passports or visas during your Trip. We will also pay for loss due to unauthorized use of your credit cards, if you have complied with all of the credit card conditions imposed by the credit card companies.

Items Subject to Special Limitations: We will not pay more than \$500 (or the Baggage and Personal Effects limit, if less) on all losses to jewelry; watches; precious or semi-precious gems; decorative or personal articles consisting in whole or in part of silver, gold, or platinum; cameras, camera equipment; digital or electronic equipment and media; and articles consisting in whole or in part of fur. Items not included above are subject to a \$250 per item limit.

Valuation and Payment of Loss: Payment of loss under the Baggage and Personal Effects Benefit will be calculated based upon an Actual Cash Value basis. For items without receipts, payment of loss will be calculated based upon 75% of the Actual Cash Value at the time of loss. At our option, we may elect to repair or replace your Baggage. We will notify you within 30 days after we receive your proof of loss. We may take all or part of a damaged Baggage as a condition for payment of loss. In the event of a loss to a pair or set of items, we will: 1) repair or replace any part to restore the pair or set to its value before the loss; or 2) pay the difference between the value of the property before and after the loss.

Items Not Covered: We will not pay for damage to or loss of: 1) animals; 2) property used in trade, business or for the production of income, household furniture, musical instruments, brittle or fragile articles, or sporting equipment if the loss results from the use thereof; 3) boats, motors, motorcycles, motor vehicles, aircraft, and other conveyances or equipment, or parts for such conveyances; 4) artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces, retainers or other orthodontic devices,

hearing aids, any type of eyeglasses, sunglasses or contact lenses; 5) documents or tickets, except for administrative fees required to reissue tickets; 6) money, stamps, stocks and bonds, postal or money orders, securities, accounts, bills, deeds, food stamps or credit cards, except as noted above; 7) property shipped as freight or shipped prior to the Scheduled Departure Date; 8) contraband.

Losses Not Covered: We will not pay for loss arising from: 1) defective materials or craftsmanship; or 2) normal wear and tear, gradual deterioration, inherent vice; or 3) rodents, animals, insects or vermin; or 4) theft or pilferage from an unattended vehicle; or 5) mysterious disappearance; or 6) electrical current, including electric arcing that damages or destroys electrical devices or appliances.

Baggage Delay

We will reimburse you, less any amount paid or payable from any other valid and collectible insurance or indemnity, up to the amount shown in the Schedule for the cost of reasonable additional clothing and personal articles purchased by you, if your Baggage is delayed for 24 hours or more during your Trip. We will also reimburse you up to \$25 for expenses incurred during your Trip to expedite the return of your delayed Baggage. This coverage terminates upon your arrival at the return destination of your Trip.

Who Is Eligible For Coverage

A person who has arranged to take a Trip, pays the required plan payment, and is a citizen or resident of the USA or Canada.

When Coverage Begins

All coverages will take effect on the later of 1) the date the plan payment has been received by Mayflower Tours; 2) the date and time you start your Trip; or 3) 12:01 A.M. Standard Time on the Scheduled Departure Date of your Trip.

When Coverage Ends

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. Termination of the plan will not affect a claim for loss that occurs after payment for the plan has been made. All coverages under the plan will be extended if your entire Trip is covered by the plan and your return is delayed by 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.

Definitions

In this plan, "you", "your" and "yours" refer to the Plan Participant. "We", "us" and "our" refer to the company or Insurer providing this coverage. In addition certain words and phrases are defined as follows:

"Accident" means a sudden, unexpected, unintended and external event, which causes Injury.

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

"Baggage" means luggage, personal possessions and travel documents taken by you on the Trip.

"Business Partner" means an individual who is involved, as a partner, with you in a legal general partnership and shares in the management of the business.

"Common Carrier" means any land, water or air conveyance operated under a license for the transportation of passengers for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

"Domestic Partner" means a person who is at least eighteen years of age and you can show: 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) evidence of cohabitation for at least the previous 6 months; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

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

“Hospital” means an institution, which meets all of the following requirements: 1) it must be operated according to law; 2) it must give 24 hour medical care, diagnosis and treatment to the sick or injured on an inpatient basis; 3) it must provide diagnostic and surgical facilities supervised by Physicians; 4) registered nurses must be on 24 hour call or duty; and 5) the care must be given either on the hospital’s premises or in facilities available to the hospital on a pre-arranged basis. A Hospital is not: a rest, convalescent, extended care, rehabilitation or other nursing facility; a facility which primarily treats mental illness, alcoholism, or drug addiction (or any ward, wing or other section of the hospital used for such purposes); or a facility which provides hospice care (or wing, ward or other section of a hospital used for such purposes).

“Immediate Family Member” includes your or the Traveling Companion’s spouse, child, spouse’s child, son-daughter-in-law, parent(s), sibling(s), grandparent(s), grandchild, step brother-sister, step-parent(s), parent(s)-in-law, brother-sister-in-law, aunt, uncle, niece, nephew, guardian, Domestic Partner, foster-child, or ward.

“Injury” means bodily harm caused by an accident which: 1) occurs while your coverage is in effect under the plan; 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.

“Insured” means an Eligible Person who arranges a Trip and pays any required plan payment.

“Insurer” means Stonebridge Casualty Insurance Company.

“Other Valid and Collectible Group Insurance” means any group policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a Covered Expense.

“Physician” means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a Traveling Companion, or an Immediate Family Member of yours.

“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, as shown on the Benefit Schedule.

“Pre-Existing Condition” means an illness, disease, or other condition during the 60 day period immediately prior to your effective date for which you or your Traveling Companion or Immediate Family Member scheduled or booked to travel with you: 1) received or received a recommendation for a diagnostic test, examination, or medical 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 the required prescription throughout the 60 day period before coverage is effective under this plan.

“Program Medical Advisors” means ON CALL INTERNATIONAL.

“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 where the Trip started or to a different final destination.

“Sickness” means an illness or disease of the body which: 1) requires examination and treatment by a Physician, and 2) commences while the plan is in effect. An illness or disease of the body which first manifests itself and then worsens or becomes acute prior to the effective date of this plan is not a Sickness as defined herein and is not covered by the plan.

“Traveling Companion” means a person whose name appears with yours on the same Trip arrangement and who, during the Trip, will share accommodations with you in the same room, cabin, condominium unit, apartment unit, or other lodging.

“Trip” means a scheduled trip for which coverage has been elected and the plan payment made and all travel arrangements are arranged by Mayflower Tours prior to the Scheduled Departure Date of the Trip.

“Usual and Customary Charge” means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered and the MDR (Medical Data Research) schedule of fees valued at the 90th percentile.

Plan Exclusions

The following exclusion applies to the Accidental Death and Dismemberment coverage:

1. We will not pay for loss caused by or resulting from Sickness of any kind.

The following exclusion applies to the Medical Expense/Emergency Assistance and Travel Delay coverages:

2. We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, as defined in the plan, including death that results therefrom. This Exclusion does not apply to benefits under covered expenses item #3 (emergency medical evacuation) or item #8 (repatriation of remains) of the Medical Expense/Emergency Assistance Benefits coverage.

Pre-Existing Conditions Exclusion Waiver

The Pre-Existing Condition Exclusion is waived provided you meet the following requirements: 1) the payment for the plan is received with your initial deposit/payment for your Trip and 2) you are not disabled from travel at the time you make your plan payment.

The following exclusion applies to all coverages:

3. We will not pay for any loss under the plan, caused by, or resulting from:
a) suicide, attempted suicide, or intentionally self-inflicted injury of you, a Traveling Companion, Immediate Family Member, or Business Partner booked to travel with you, while sane or insane (while sane in CO & MO); **b)** mental, nervous, or psychological disorders; **c)** being under the influence of drugs or intoxicants, unless prescribed by a Physician; **d)** normal pregnancy or resulting childbirth or elective abortion; **e)** participation as a professional in athletics; **f)** participation in organized amateur and interscholastic athletic or sports competition or events; **g)** riding or driving in any motor competition; **h)** declared or undeclared war, or any act of war; **i)** civil disorder; **j)** service in the armed forces of any country; **k)** nuclear reaction, radiation or radioactive contamination; **l)** operating or learning to operate any aircraft, as pilot or crew; **m)** mountain climbing, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than on a regularly scheduled airline or air charter company; **n)** any unlawful acts, committed by you or a Traveling Companion (whether insured or not); **o)** any amount paid or payable under any Worker’s Compensation, Disability Benefit or similar law; **p)** a loss or damage caused by detention, confiscation or destruction by customs; **q)** Elective Treatment and Procedures; **r)** medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment; **s)** business, contractual or educational obligations of you, an Immediate Family Member, Business Partner, or Traveling Companion; **t)** bankruptcy, financial insolvency, default or failure to supply services by a travel supplier; **u)** failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements; **v)** a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the plan is not in effect for you.

Important Note: Exclusion 3, Item v above, applies to you, an Immediate Family Member, Traveling Companion, or Business Partner.

Where to Present a Part B Claim

All claims should be presented to the Program Administrator:

Trip Mate*
9225 Ward Parkway, Suite 200
Kansas City, Missouri 64114
1-800-888-7292

Plan Number: 431M

*In CA, dba Trip Mate Insurance Agency

Your Duties in the Event of a Loss

In the event of a Medical or Dental Expense:

You must provide us with all bills and reports for medical and/or dental expenses claimed; you must provide any requested information, including but not limited to, an explanation of benefits from any other applicable insurance; and you must sign a patient authorization to release any information required by us, to investigate your claim.

In case of loss, theft or damage to Baggage and Personal Effects you should:

Immediately report the situation to the hotel manager, tour guide or representative, transportation official, local police or other local authorities and obtain their written report of your loss; take reasonable steps to protect your Baggage from further damage; and make necessary, reasonable and temporary repairs.

We will reimburse you for these expenses. We will not pay for further damage if you fail to protect your Baggage.

Please read this Certificate/brochure carefully, as it is your evidence of coverage under the plan (once you have made your plan payment). If you have any questions about the coverages offered or to report a claim, please contact Trip Mate at 1-800-888-7292. Claims may also be reported online and claim forms downloaded at www.tripmate.com
Plan Number: 431M

The part B Travel Insurance is Underwritten By: Stonebridge Casualty Insurance Company, Columbus, Ohio; (all states except as otherwise noted) under Policy/Certificate Form series TAHC5000. In CA, CT, HI, NE, NH, PA, TN and TX Policy/Certificate Form series TAHC5100 and TAHC5200. In IL, IN, KS, LA, OH, OR, VT, WA and WY Policy Form #'s TAHC5100IPS and TAHC5200IPS.

Notice: If you are a resident of one of the following states (IL, IN, KS, LA, OH, OR, VT, WA, WY) your coverage is provided on an individual policy form. Your policy number is your complete Name plus 431M. Additional information about your policy is available at www.tripmate.com. You can also request this information by calling Trip Mate at 1-800-888-7292.

Note: This policy contains disability insurance benefits or health insurance benefits, or both, that apply only during a covered Trip. You may have coverage from other sources that already provides you with these benefits. You should review your existing policies. If you have any questions about your current coverage, call your insurer or health plan.

Notice to Florida Residents: Your homeowners policy, if any, may provide coverage for loss of personal effects. You are not required to purchase baggage insurance in connection with purchase of tickets or with the lease or rental of a motor vehicle.

24-Hour Worldwide Assistance Service is provided by:

ON CALL International, LLC

Access Your Medical Records Online

With our exclusive **Free Traveler PDQ Service**, you can assure that your important medical records are available to you or any Physician chosen by you, at any time, anywhere in the world, quickly, wherever there is internet access available. Register at www.travelerpdq.com or call, toll free 1-800-379-9887. **It's free during your insured Trip!**

Use Program Code 431M

The Traveler PDQ Service is provided by:

Worldwide PDQ, a division of Cargril Corporation

Trip Mate / On Call

International Travelers Assistance

24-hour Telephone Service—Multi-lingual professionals are available 24 hours a day to provide help and advice with a medical or legal emergency.

International Medical Assistance—If you are in need of medical attention, ON CALL will help you locate local physicians, dentists, or medical facilities. ON CALL will also monitor your condition and contact your personal physician and family, if requested.

Nurse Helpline—Registered nurses are available 24 hours a day before and during your trip to provide general health information, clinical assessment, and health counseling to give you assistance in making appropriate healthcare decisions.

Medical Evacuation—If you need to be transported to a different hospital or treatment facility, or back home, ON CALL will arrange and pay for transportation and a special medical escort if required. Payment is available only for covered claims and up to the amount of coverage provided in the plan.

Telephone Interpretation Service—In a medical emergency, ON CALL provides interpretation services in major languages and will transmit urgent messages to family, friends, and business, if requested.

HOW TO CONTACT ON CALL INTERNATIONAL

The ON CALL Assistance Network extends worldwide. If you are outside the United States or Canada, call the local telephone operator for help in placing your **collect call**. Within the United States and Canada, use the toll free number. Phone answered 24 hours daily.

Within U.S.A. & Canada

1-800-555-9095

Outside U.S.A. & Canada

1-603-894-4710*

*From outside the United States & Canada, you will first have to enter the International Access Code of the country you are calling from.

PLAN NUMBER: 431M

PLEASE NOTE: Neither the Insurer nor ON CALL INTERNATIONAL shall be responsible for the availability, quality or results of any medical treatment or your failure to obtain medical treatment.