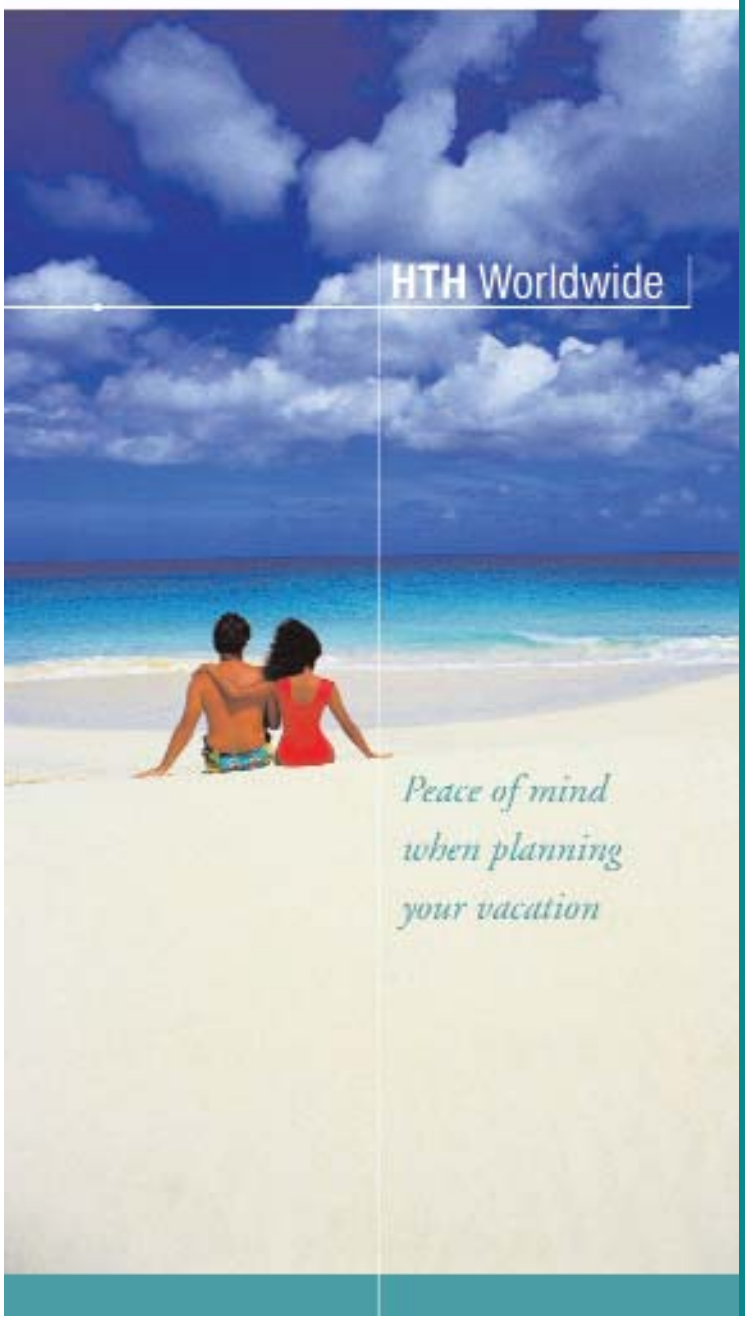
TripProtector

Travel Insurance and
Assistance Services



To Enroll in TripProtector

by **Mail, Phone, FAX or Online**

Mail **Insurance Services of America**
1757 East Baseline Rd
Suite 126
Gilbert AZ, 85233
USA

Fax 1.866.793.4779
Visit www.InsuranceForTrips.com

Call **1.800.647.4589**
1.480.821.9052

HTH Worldwide

BENEFIT PLANS

INSURANCE BENEFITS (Underwritten by Stonebridge Casualty Insurance Company)	TripProtector℠ [1] MAXIMUM BENEFIT PER PERSON	TripProtector Preferred℠ [1] MAXIMUM BENEFIT PER PERSON
Trip Cancellation [2]	100% Trip Cost	100% Trip Cost
Trip Interruption [2]	100% Trip Cost	150% Trip Cost
Medical or Dental Expense	$100,000	$250,000
Emergency Assistance (Emergency Medical Transportation)	$500,000	$1,000,000
Baggage and Personal Effects	$1,000	$1,500
Baggage Delay	$200	$200
Travel Delay ($150 Daily Limit)	$1,000	$1,000
Air Flight Accident	$100,000	$200,000
Rental Car Damage Not available to residents of Oregon or Texas.	Not Included	$50,000
Identity Theft (Provided by HTH Administration Services' designated provider)	Not Included	$20,000

ADDITIONAL SERVICES PROVIDED [3]

24-Hour Emergency Hotline Services	Global Health and Security Services	Concierge Services
• Medical or Legal Referral	• Access to Quality Providers in more than 170 countries	• Sporting and Entertainment ticketing
• Emergency Cash Transfer	• Access to Worldwide Security Information in more than 150 countries and 175 cities	• Fine dining reservations
• Lost Ticket and Passport Assistance	• Drug and Medical Translation Guide	• Golf Tee Times
• Emergency Prescription Refill	• Health and Security News Alerts and more	• Special Events
• Nurse Help Line		• Hotel Accommodations
• Embassy and Consular Services		• Airline Reservations
• Pre-Travel Advice		• Rental Car Reservations
• Lost Baggage Tracking		

[1] TripProtector℠ and TripProtector Preferred℠ are only available to residents of the United States.
[2] If you insure a $0 trip cost, all benefits except for Trip Cancellation and Trip Interruption will be provided.
[3] ADDITIONAL SERVICES are provided by HTH Administration Services' designated provider.

PROTECT YOUR TRIP NOW!

Each year, thousands of leisure travelers protect themselves, their families and their travel plans with **TripProtector℠.**

What is TripProtector℠?

A travel protection plan that includes trip cancellation, trip interruption, baggage protection, medical evacuation and other critical insurance coverages. Insurance Coverage/Benefits are underwritten by Stonebridge Casualty Insurance Company.

Why buy TripProtector℠?

Your vacation investment is at risk from illness, accidental injury, terrorism, financial default by your tour or cruise operator, dangerous weather conditions and more. TripProtector℠ covers certain non-refundable expenses should covered circumstances force you to cancel or interrupt your vacation.

TripProtector℠ also brings you added benefits: coverage for medical care and emergency evacuation as well as *critical services* that help you understand health and security risks and find appropriate doctors and hospitals if you are traveling abroad.

TripProtector℠ is **a wise investment in the peace of mind you need** to enjoy your travels to the fullest.

time **sensitive** **Bonus**

The pre-existing condition exclusion waiver is automatically included if purchased within 24 hours of final trip payment and you are not disabled from travel when you make your plan payment.

Ten Day Free Look Period

If you are not completely satisfied with our product, simply call 1.888.243.2358 within 10 days of receipt of your certificate and indicate your desire to cancel. If you have not already left on your trip, you will receive a full refund.

PLAN PRICING

TripProtector℠-Plan pricing for trips up to 31 days

trip cost per person	age 30 & under	31-55	56-70	71-75	76-80	81-84	85 & over
$0	$29	$33	$42	$47	$56	$69	$74
$1-500	$40	$45	$54	$63	$74	$106	$123
$501-1,000	$57	$61	$80	$112	$124	$160	$198
$1,001-1,500	$75	$82	$110	$155	$177	$209	$273
$1,501-2,000	$92	$102	$139	$199	$228	$268	$348
$2,001-2,500	$112	$126	$171	$245	$282	$327	$424
$2,501-3,000	$132	$149	$209	$291	$334	$384	$504
$3,001-3,500	$153	$172	$241	$339	$388	$445	$574
$3,501-4,000	$173	$196	$273	$385	$442	$515	$649
$4,001-4,500	$195	$218	$316	$433	$497	$580	$725
$4,501-5,000	$213	$239	$354	$479	$549	$644	$800
$5,001-5,500	$226	$254	$391	$506	$582	$725	$875
$5,501-6,000	$251	$282	$440	$567	$651	$800	$956
$6,001-6,500	$265	$298	$472	$598	$686	$875	$1,031
$6,501-7,000	$288	$325	$515	$654	$752	$945	$1,106
$7,001-8,000	$325	$369	$574	$746	$857	$1,063	$1,257
$8,001-9,000	$362	$412	$644	$839	$963	$1,182	$1,408
$9,001-10,000	$399	$455	$709	$927	$1,063	$1,295	$1,563
Up to $30,000	5.00%	5.00%	8.00%	10.00%	11.00%	13.00%	16.00%
Over 31 Days	$3.00	$4.00	$5.00	$6.00	$7.00	$8.00	$8.00

TripProtector Preferred℠-Plan pricing for trips up to 31 days

trip cost per person	age 30 & under	31-55	56-70	71-75	76-80	81-84	85 & Over
$0	$41	$47	$51	$65	$70	$89	$99
$1-500	$56	$65	$69	$80	$94	$109	$134
$501-1,000	$75	$80	$99	$135	$155	$174	$214
$1,001-1,500	$90	$105	$140	$190	$220	$239	$294
$1,501-2,000	$115	$130	$175	$250	$285	$309	$364
$2,001-2,500	$141	$160	$215	$300	$345	$375	$449
$2,501-3,000	$166	$186	$255	$360	$415	$445	$534
$3,001-3,500	$191	$211	$296	$415	$480	$515	$599
$3,501-4,000	$211	$241	$331	$470	$545	$590	$689
$4,001-4,500	$241	$266	$371	$535	$615	$670	$769
$4,501-5,000	$261	$301	$411	$590	$675	$740	$849
$5,001-5,500	$286	$321	$466	$670	$770	$825	$929
$5,501-6,000	$311	$346	$506	$706	$810	$865	$1,009
$6,001-6,500	$331	$381	$561	$776	$885	$950	$1,089
$6,501-7,000	$361	$396	$586	$816	$945	$985	$1,159
$7,001-8,000	$396	$456	$661	$911	$1,045	$1,125	$1,309
$8,001-9,000	$446	$506	$731	$1,021	$1,170	$1,260	$1,459
$9,001-10,000	$487	$551	$811	$1,126	$1,295	$1,390	$1,619
Up to $30,000	5.00%	6.00%	9.00%	12.00%	13.00%	14.00%	17.00%
Over 31 Days	$5.00	$6.00	$7.00	$8.00	$9.00	$10.00	$10.00

If you do not want trip cancellation/interruption you can buy a plan with a $0 trip cost.

HOW TO ORDER

by **Mail, Phone, FAX or Online**

Applications are available online or may be initiated by telephone or email. **See front page for details.**

Please circle the plan you are choosing:

COST CALCULATION

TripProtector℠ **TripProtector Preferred℠**

check one

Total Trip Cost $_____ ☐ total ☐ per person

The chart at left reflects the trip cost per person and plan price by age on the date of purchase. Please insert name(s), age and plan price below by matching the trip cost per person to the applicable age.

Traveler Information

1/ Traveler Name	**Date of Birth**	**(mm/dd/yyyy)**	**Plan Price**
2/ Traveler Name	**Date of Birth**	**(mm/dd/yyyy)**	**Plan Price**
3/ Traveler Name	**Date of Birth**	**(mm/dd/yyyy)**	**Plan Price**
4/ Traveler Name	**Date of Birth**	**(mm/dd/yyyy)**	**Plan Price**
5/ Traveler Name	**Date of Birth**	**(mm/dd/yyyy)**	**Plan Price**
6/ Traveler Name	**Date of Birth**	**(mm/dd/yyyy)**	**Plan Price**

TOTAL $ _____

*If your travel party exceeds six travelers, contact your agent or call **HTH** Worldwide at 1.888.243.2358 (10 travelers allowed per policy).*

ENROLLMENT FORM

Purchaser Information

First Name: _____ MI: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail (optional): _____

Trip Information

Departure date: _____ Return date: _____

If Departure and/or Return Dates change for any reason, notify **HTH** Administration Services as soon as possible.

Initial Trip Deposit Date: _____ (mm/dd/yyyy)

This is the date you made your initial payment (e.g. deposit, down payment or payment-in-full) for your trip.

Travel Destination _____

Principle Travel Suppliers (Airline, Cruise of Tour Operator)

_____

Payment Options

Type: Personal Check (make checks payable to "**HTH Worldwide**")

[ ] VISA [ ] MasterCard [ ] American Express [ ] Discover

Card Number: _____

Expiration Date: _____

Name on Card: *(if different from above)*: _____

I understand that certain medical conditions are not covered. For details, refer to the Pre-existing Conditions Section of this brochure. I certify that the ages of Insureds listed in this application are true and correct. I understand that failure to provide correct ages may affect my coverage.

Beneficiary Name: _____

Beneficiary Relation: _____

Please read and sign.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. If you are a resident of one of the following states (AK, AZ, AR, CA, CO, DE, DC, FL, ID, IN, KY, LA, ME, MN, NH, NJ, NM, NY, OH, OK, PA, TN, UT, VA, WA) read the state specific warnings at www.hthtravelinsurance.com/fraudwarnings.

Signature of Enrollee: _____

To find a doctor or healthcare information for your destination, please visit **hthtravelinsurance.com**. Click on returning customer, click on register here, enter your certificate number and other details. Your certificate number will be included in your welcome packet.

For Agents use only. _____

Agent # _____

INSURANCE COVERAGES

(Underwritten by Stonebridge Casualty Insurance Company)

Trip Cancellation & Trip Interruption

These coverages reimburse certain non-refundable expenses if your trip is cancelled or interrupted for the following covered reasons

- Unforeseeable financial default or bankruptcy of a tour operator, cruise line or airline that occurs more than 14 days after coverage is purchased;
- Covered Sickness, injury or death of you, your family member, or traveling companions;
- A terrorist act (or acts) in your departure city or a city which is a scheduled destination when the incident occurs within 7 days of your scheduled departure date;
- Common carrier delays due to inclement weather, mechanical breakdown or organized labor strikes that affect public transportation;
- Your home being made uninhabitable due to fire, flood volcano, earthquake, hurricane or other natural disasters;
- You are subpoenaed, required to serve on a jury, hijacked or quarantined (except as a result of pandemic or epidemic);
- A documented theft of passport or visas.

Travel Delay

This coverage reimburses for reasonable additional expenses for hotel accommodations, meals, telephone calls and local transportation if your trip is delayed for 6 hours or more due to a covered reason.

Medical or Dental Expense

This coverage reimburses you for certain expenses incurred due to sickness or injury which occurs while on your trip. This coverage is in excess over any medical or health insurance available to you.

Baggage Delay

If your baggage is delayed more than 24 hours, you will be reimbursed for the cost of reasonable additional clothing and personal articles purchased by you.

Baggage and Personal Effects

Reimburses you, less any amount paid or payable from any other valid and collectible insurance or indemnity, if your baggage is lost, stolen, or damaged while on your trip.

Air Flight Accident

Provides reimbursement for loss of life or limbs in the event of an accident while traveling as a ticketed passenger on a certified passenger aircraft provided by a regularly-scheduled airline.

Damage To Your Rental Car (Not available to residents of Oregon or Texas.)

This benefit provides primary coverage if the car you rented while on your trip is damaged due to collision, fire, flood, theft, vandalism, windstorm or hail.

Emergency Assistance (Emergency Medical Transportation)

If you have a covered sickness or injury while on your trip, this coverage will:

- Arrange for and transport you to the nearest suitable medical facility;
- Provide you with assistance to return home, if medically necessary;
- Provide round-trip economy airfare to send someone of your choice to be with you if you are traveling alone and are in the hospital for more than 7 days;
- Return your children home with an escort if you are traveling with them and they are left unattended;
- Arrange for and transport your remains to your home city in the event of your death

Exclusions

Exclusions apply to all coverages. Please note additional exclusions may apply to specific coverages. All exclusions will be indicated in your certificate/policy. Please read your certificate/policy carefully when you receive it. No benefit will be paid for any loss caused by or resulting from:

- your, your Traveling Companion's or Family Member's suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane (while sane in CO & MO);
- mental, nervous or psychological disorders;
- being under the influence of drugs or intoxicants, unless prescribed by a Physician;
- normal pregnancy or resulting childbirth or elective abortion;
- participation as a professional in athletics;
- riding or driving in a motor competition;
- declared or undeclared war or any act or war;
- civil disorder (does not apply to Travel Delay);
- service in the armed forces of any country;
- nuclear reaction, radiation or radioactive contamination;
- operating or learning to operate any aircraft (pilot or crew);
- mountain climbing, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than a regularly scheduled airline or air charter company;
- any unlawful acts committed by you or a Traveling Companion (whether insured or not);

- any amount paid or payable by Workers Compensation, Disability Benefit or similar law;
- a loss or damage caused by detention, confiscation or destruction by customs;
- Elective Treatment and Procedures;
- pandemic and/or epidemic;
- medical treatment if the purpose or intent of the trip is to secure medical treatment;
- Financial insolvency of the person, organization or firm from whom you directly purchased or paid for your trip, Financial Insolvency which occurred, or for which a petition for bankruptcy was filed by a travel supplier;
- business, contractual or educational obligations of you, a Family Member or a Traveling Companion;
- failure of any tour operator, common carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements;
- a loss that results from an illness, disease or condition, event or circumstance which occurs at a time when the plan is not in effect.

Pre-Existing Condition Exclusion

Exclusion applies to **TripProtector**℠ and **TripProtector Preferred**℠ Plans

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. Pre-Existing condition means an illness, disease, or other condition during the 180-day period immediately prior to your effective date for which you, your Traveling Companion, or Family Members:

1. 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 180-day period before coverage is effective under this Policy.

Pre-Existing Condition Exclusion Waiver

The Pre-Existing Condition Exclusion is waived provided you meet all of the following requirements:

1. The payment for this plan is received prior to/or within 24 hours of your final trip payment for your Covered Trip; and;
2. You are not disabled from travel at the time you pay your plan payment; and;
3. The booking for the Covered Trip must be the first and only booking for this travel period and destination.

Please Note: Benefits in this brochure are described on a general basis only. Certain restrictions, exclusions and limitations apply to all coverages and services. This brochure is not a contract of insurance.

General Provisions

Your coverage for trip cancellation begins the day after we receive your payment. This plan is available to persons who pay the required plan cost prior to trip departure, and whose primary residence is in the United States. These coverages and services are designed to protect you from the specific listed other covered events, not from circumstances known or likely to occur.

Travel Insurance is underwritten by Stonebridge Casualty Insurance Company, Columbus, Ohio; NAIC # 10952 (all states except as otherwise noted) under Policy Form series TAHC5000. In CA, CT, HI, NE, NH, PA, TN and TX, Policy Form series TAHC5100 and TAHC5200. In IL, IN, KS, LA, OR, OH, VT, WA and WY, Policy TAHC5100IPS and TAHC5200IPS.

For policy inquiries or customer service call: 1.866.501.3254

This plan is administered by:
HTH Administration Services.
5454 Ruffin Road
San Diego, California 92123

Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. If you are a resident of one of the following states (AK, AZ, AR, CA, CO, DE, DC, FL, ID, IN, KY, LA, ME, MN, NH, NJ, NM, NY, OH, OK, PA, TN, UT, VA, WA) read the state specific warnings at www.hthtravelinsurance.com/fraudwarnings.

Identity Theft Protection and Insurance

(Provided by HTH Administration Services' designated provider)

Detection and recovery assistance and insurance to help pay out-of-pocket costs when your identity has been compromised. These essential safeguards are automatically included for 180 days beginning on your trip departure date.

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Oct 2006