

UNITED STATES FIRE INSURANCE COMPANY
Administrative Office: 5 Christopher Way, Eatontown, NJ 07724
(Herein called "we, "our", or "us")

GROUP TRAVEL PROTECTION
CERTIFICATE OF INSURANCE

POLICY NUMBER: US022609

POLICY EFFECTIVE DATE: August 1, 2011

POLICY TERMINATION DATE: July 31, 2012

POLICYHOLDER: Gardner-Webb University

STATE: NC

Wherever a masculine pronoun is used in this certificate, it includes the feminine also unless the context clearly indicates the contrary. Words that are in **boldface** (other than captions) have a special meaning and are defined in this certificate.

We certify that:

Your coverage under the policy begins on your Effective Date if:

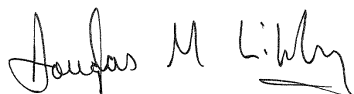
- a. You are eligible; and
- b. The required premium for your coverage has been paid.

This certificate of insurance, as issued to each Insured Person is a part of a group policy. In case of differences or errors, the policy will govern.

This certificate is subject to the provisions of the group policy. It replaces all other certificates and any amendments for coverage previously issued to you under the policy.

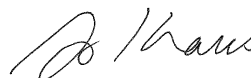
PLEASE READ YOUR CERTIFICATE CAREFULLY

Signed for **United States Fire Insurance Company** By:



Douglas M. Libby

Chairman and CEO



James Kraus

Secretary

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ELIGIBILITY - NON-U.S. RESIDENTS

Eligibility

If you are a Non-U.S. citizen and will be traveling outside your Home Country, We will provide you Medical Coverage while on your trip. Home Country will mean where you have your true, fixed and permanent home and principal establishment.

Period of Coverage

The minimum Period of Coverage under this plan is 15 days, the maximum is 12 months. Benefits can be purchased in a combination of months and or daily periods by paying the appropriate Plan Cost.

Effective Date of Individual Coverage

Coverage under the Policy is effective on the later of the following:

1. The date Global Underwriters receives a completed application and the appropriate Plan Cost; or
2. The Effective Date requested on the application; or
3. The moment you depart from your Home Country.

Termination Date of Individual Coverage

Coverage under the Policy ends on the earliest of the following:

1. The moment you return to your Home Country, except as provided under the Home Country Coverage; or
2. The expiration of 12 months from the Effective Date of Coverage; or
3. The date shown on the Certificate issued to you by Global Underwriters or
4. The end or the period for which the Plan Cost has been paid; or
5. The date you are no longer considered an Eligible Person; or

DESCRIPTION OF BENEFITS

A. Medical Expenses

We will pay Reasonable and Customary charges for Covered Expenses, excess of the chosen Deductible(\$100) and Coinsurance(80% to \$5,000 then 100%) up to the selected Medical Maximum(\$100,000 or \$10,000 for athletic injury), incurred by you due to an accidental Injury or Illness which occurred during the Period of Coverage outside your Home Country (except as provided under the Home Country Coverage). All bodily disorders existing simultaneously which are due to the same or related causes will be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement, the Disablement will be considered a continuation of the prior Disablement and not a separate Disablement. The initial treatment of an Injury or Illness must occur within 30 days of the date of Injury or onset of Illness.

Only such expenses which are specifically enumerated in the following list of charges, are incurred within 180 days from the date of accident or onset of Illness, and which are not excluded will be considered.

B. Covered Expenses

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, Treatment and Surgery by a Physician.
4. Charges made for an operating room.
5. Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
6. Charges made for the cost and administration of anesthetics.
7. Charges for Medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment.
8. Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.
9. Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
10. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation will be by licensed ground ambulance only, within the metropolitan area in which you are located at that time the service is used. If you are in a rural area, then licensed ground ambulance transportation to the nearest metropolitan area will be considered a Covered Expense.

C. Emergency Medical Evacuation and Repatriation:

Benefits are paid for Covered Expenses incurred up to **\$100,000**, for any covered Injury or Illness commencing during the Period of Coverage that result in a Medically Necessary Emergency Medical Evacuation or Repatriation. The decision for an Emergency Medical Evacuation or Repatriation must be pre-approved and arranged by the Assistance Company in consultation with your local attending Physician.

Emergency Medical Evacuation or Repatriation means:

1. Your medical condition warrants immediate transportation from the place where you are located (due to inadequate medical facilities) to the nearest adequate medical facility where medical Treatment can be obtained.
2. After being treated at a local medical facility, your medical condition warrants transportation with a qualified medical attendant to your Home Country to obtain further medical Treatment or to recover.
3. Both 1. and 2. above.

Covered Expenses are expenses for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation or Repatriation. All transportation arrangements must be by the most direct and economical route. Expenses for special transportation and medical supplies and services must be:

- a) Pre-approved and ordered by the Assistance Company and
- b) Required by the standard regulations of the conveyance transportation. Transportation means any land, water or air conveyance required to transport you. Special transportation includes, but is not limited to, licensed ground and air ambulances, commercial airlines, and private motor vehicles.

D. Return of Mortal Remains:

Benefits will be paid for Reasonable and Customary Covered Expenses incurred up to **\$20,000**, to return your remains to your Home Country, if you should die. Covered Expenses include, but are not limited to, expenses for embalming or Cremation, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains or Cremation must be pre-approved and arranged by the Assistance Company.

E. Emergency Medical Reunion:

When the Assistance Company and your attending Physician determine that it is necessary and prudent for you to have an Emergency Medical Evacuation or Repatriation, this Plan will arrange to bring an individual of your choice, from your current Home Country, to be at your side while you are hospitalized and then accompany you during your return to your current Home Country. Benefits will be paid up to **\$10,000** for a round trip economy air fare ticket as well as for reasonable travel and accommodation expenses up to a maximum of 10 days, as pre-approved and arranged by the Assistance Company.

F. **Accidental Death & Dismemberment:**

Benefits will be paid to **You** if **You** sustain an accidental Injury. The Injury must occur during the Period of Coverage and death or dismemberment as a result of that accident must occur within 365 days from the date of Accident. Benefits payable for any such loss will be in accordance with the following table: if **You** incur more than one Loss stated in the following table as the result of one Accident, only the largest amount, will be payable.

Accidental Death and Dismemberment
Aggregate Limit of Indemnity Per Accident \$170,000

Principal Sum
\$ 10,000

Description of Loss
(for Loss of)

	<u>Principal Sum</u>
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
	100%
Either Hand or Foot and Sight of One Eye	
Either Hand or Foot	50%
Sight of One Eye	50%
Quadriplegia	100%
Paraplegia (total paralysis of both lower limbs)	75%
Hemiplegia (total paralysis of upper and lower limbs of one side the body)	50%
Uniplegia (total paralysis of one limb)	25%

PLAN DEFINITIONS

Benefit Period means the allowable time period you have from the date of Injury or onset of Illness to receive treatment for a Covered Injury or Illness. If your Plan terminates during your Benefit Period, you will still be eligible to receive treatment so long as the treatment is within your Benefit Period and outside your Home Country (except as provided under the Home Country Coverage).

Coinsurance means the percentage amount of Covered Expenses, after the Deductible, which is your responsibility to pay.

Deductible means the amount of Covered Expenses which is your responsibility to pay before benefits under the Plan are payable.

Home Country means the country where you have your true, fixed and permanent home and principal establishment.

Inpatient means if you are confined in an institution and are charged for room and board.

Insured Person(s) means a person eligible for coverage under the Policy as defined in Section I, Declarations #4 "Eligible Persons" who has applied for coverage and is named on the application and for whom the company has accepted premium. This may be the Primary Insured Person or Dependent(s).

Outpatient means if you receive care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Illness or Injury, but who is confined and is not charged for room and board.

Pre-existing Condition means:

1. A condition that would have caused a person to seek medical advice, diagnosis, care or treatment during the 6 months prior to the Effective Date of coverage under this Plan.
2. A condition for which manifestation, medical advice, diagnosis, care or treatment was recommended, received or noticed during the 6 months prior to the Effective Date of coverage under this Plan.

Reasonable and Customary means the maximum amount that the Plan determines is Reasonable and Customary for Covered Expenses you receive, up to but not to exceed charges actually billed. The determination considers:

1. Amounts charged by other Service Providers for the same or similar service in the locality were received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received;
2. Any usual medical circumstances requiring additional time, skill or experience; and
3. Other factors included but not limited to, a resource based relative value scale.

Treatment means a specific in-office or Hospital physical examination of or care rendered to you, consultation, diagnostic procedures and services, Surgery, medical services and supplies including medication prescribed or provided by a Service Provider.

"We, Us or Our" means the United States Fire Insurance Company

"You" or "Your" means the Insured Person.

EXCLUSIONS AND LIMITATIONS

A. No Benefit will be payable for Accident Medical, Sickness Medical, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Emergency Medical Reunion, as the result of:

1. Any Pre-Existing Condition as defined hereunder. This exclusion does not apply to Emergency Evacuation/Repatriation.
2. Injury or Illness which is not presented to Us for payment within 3 months of receiving treatment.
3. Charges for treatment which is not Medically Necessary.
4. Charges provided at no cost to you.
5. Charges for Treatment which exceed Reasonable and Customary charges.
6. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes.
7. Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician.
8. Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while sane.
9. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
 - a. War, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
 - b. Mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
 - c. Martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said Occurrences will be deemed to be consequences for which the Plan will not be liable for except to the extent that you prove that such consequence happened independently of the existence of such abnormal conditions.

10. Injury sustained while participating in professional athletics.
11. Injury sustained while participating in Amateur or Interscholastic Athletics; unless otherwise stated in the policy
12. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician.
13. Treatment of the Temporomandibular joint.
14. Vocational, speech, recreational or music therapy.
15. Services or supplies performed or provided by a Relative of yours, or anyone who lives with you.
16. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Plan, treatment of a deviated nasal septum will be considered a cosmetic condition.
17. Elective Surgery which can be postponed until you returns to your Home County, where the objective of the trip is to seek medical advice, treatment or Surgery.
18. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids.
19. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder.
20. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent.
21. Injury sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician for a condition which is covered hereunder, but not for the treatment of drug addiction.
22. Any Mental and Nervous disorders or rest cures.
23. Congenital abnormalities and conditions arising out of or resulting therefrom.

24. Expenses which are non-medical in nature.
25. Expenses as a result or in connection with intentionally self-inflicted Injury or Illness.
26. Expenses as a result or in connection with the commission of a felony offense.
27. Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding, scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified, scuba diving, involving underwater breathing apparatus, snorkeling, water skiing, snow skiing, spelunking, parasailing and snow boarding.
 Hazardous Sport Coverage: the following are covered if the required premium has been paid: mountaineering where ropes or guides are normally used (4500 meter limit); parachuting, bungee jumping, snowmobiling, scuba diving, involving underwater breathing apparatus, must be PADI or NAUI certified, snorkeling, water skiing, snow skiing, spelunking, and snow boarding.
28. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any you.
29. Treatment of venereal disease.
30. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan.
31. Routine Dental Treatment.
32. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage.
33. For miscarriage resulting from Accident.
34. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof.
35. Treatment for human organ tissue transplants and their related treatment.
36. Expenses incurred while in your Home Country, except as provided under the Home Country Coverage.
37. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
38. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical treatment for a condition;
39. Covered Expenses incurred during a Trip after your Physician has limited or restricted travel.
40. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy.
41. Weight reduction programs or the surgical treatment of obesity.
42. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).

- B. No Benefit will be payable for Accidental Death and Dismemberment as the result of:
1. Suicide or attempt thereof while sane or self destruction or any attempt thereof while insane.
 2. Disease of any kind; Bacterial infections except pyogenic infection which will occur through an accidental cut or wound.
 3. Hernia of any kind.
 4. Injury sustained while you are riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;
 5. Injury sustained while you are riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft.
 6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with.
 - a. War, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
 - b. Mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.

- c. Acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.
- d. Martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences will be deemed to be consequences for which the Plan will not be liable except to the extent that the you can prove that such consequence happened independently of the existence of such abnormal conditions.

- 7. Service in the military, naval or air service of any country.
- 8. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests.
- 9. Flying in any rocket-propelled aircraft.
- 10. Flying in any aircraft being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose.
- 11. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted.
- 12. Sickness of any kind;
- 13. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon;
- 14. Injury occasioned or occurring while you are committing or attempting to commit a felony or to which a contributing cause was you being engaged in an illegal occupation;
- 15. While riding or driving in any kind of competition;
- 16. Pregnancy, childbirth, miscarriage or abortion;
- 17. This plan does not insure against loss or damage (including death or Injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless or any other cause or event contributing concurrently or in any other sequence thereto.

GENERAL PROVISIONS:

Refund of Plan Cost:

We will only refund your Plan Cost if a written request is received prior to the plan's effective date. The Plan Cost is non-refundable after that date.

Notice of Claim:

Written notice of claim must be given to the Company within 60 days after the occurrence or commencement of any Disablement covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrative Offices of the Company, or to any authorized agent of the Company, with information sufficient to identify the Insured Person will be deemed notice to the Company.

Claim Forms:

The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing Proofs of Loss. If such forms are not furnished within fifteen days after the giving of such notice the claimant will be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting, within the time fixed in the policy for filing Proofs of Loss written proof covering the occurrence, the character and the extent of the Disablement for which claim is made.

Proof of Loss:

Written Proof of Loss must be furnished to the Company at its said office in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss within 90 days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety days after the date of such loss. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible. [In any case, the proof required must be given no later than [one year] from the time specified except in the absence of legal capacity.

Payment of Claims:

Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity will be payable to your estate. If any indemnity of the Plan will be payable to a minor or otherwise not competent to give a valid release, the plan will pay such indemnity, up to an amount not exceeding \$1,000, to any Relative by blood or connection by marriage of you who is deemed to be equitably thereto. Any payment made by the Plan in good faith pursuant to this provision will fully discharge the Plan to the extent of such payment. Subject to any written direction by you all or a portion of any indemnities provided by this Plan on account of Hospital, nursing, medical or Surgical service may, at the Plan's option and unless you request otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but is not required the service be rendered by a particular Hospital or person.

Time of Payment of Claims:

Indemnities payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written Proof of Loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid at the expiration or each four weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

Claims will be paid within [30 days] following receipt by the Company of due Proof of Loss. Failure to pay within such period will entitle the claimant to interest at the rate of 9 percent per annum from the 30th day after receipt of such Proof of Loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. A claimant or a claimant's assignee will be notified by the Company of any known failure to provide sufficient documentation for a due Proof of Loss within 30 days after receipt of the claim. Any required interest payments will be made within 30 days after the payment.

Excess Benefits:

All coverages, except Accidental Death and Dismemberment, will be in excess of all other valid and collectible Insurance Indemnity and will apply only when such benefits are exhausted.

Other valid and collectible Insurance Indemnity for which benefits may be payable are Insurance programs provided by:

1. Individual, group or blanket Insurance or coverage;
2. Other prepayment coverage provided on a group or individual basis;
3. Any coverage under labor management trusted plans, union welfare plans, employer organizational plans, employee benefit organization plans, or other arrangement of benefits for individuals of a group;
4. Any coverage required or provided by any statute, socialized Insurance program;
5. Any no-fault automobile Insurance;
6. Any third party liability Insurance.

Monetary Limits:

The monetary limits stated in this Plan and the plan cost will be in U.S. dollars. For service outside of the territorial limits of the United States, the exchange rate date used to determine the amount of U.S. dollars to be paid is the exchange rate effective for the date the claims expense was incurred.

Subrogation:

To the extent the Plan pays for a loss suffered by you, the Plan will take over the rights and remedies you had relating to the loss. This is known as subrogation. You must help the Plan to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Plan may reasonably require. If this Plan takes over your rights, you must sign an appropriate subrogation form supplied to you.

Underwriter:

Products underwritten by United States Fire Insurance Company, under the management of Fairmont Specialty, a Crum & Forster Company.

Please note that United States Fire Insurance Company's "Privacy Policy & Practices" and "Grievance Procedures" apply to the plan You have purchased. If You would like to receive a copy of this information, please contact [the administrator].

Renewal:

Coverage under this Plan is not renewable. If additional coverage time is needed, a new application must be completed and correct Premium submitted to the administrator. A new Deductible, Coinsurance, and Pre-Existing Condition Exclusion will apply at each succeeding or subsequent Period of Coverage.

PRE-CERTIFICATION

This coverage contains pre-certification requirements **Emergency Medical Evacuation and Repatriation, Return of Mortal Remains and Emergency Medical Reunion**. Failure to comply will result in a reduction of benefits.

FOR PRE-CERTIFICATION COMPLIANCE

Call toll free

(Within the United States and Canada)

1-866-509-7711

Or Call Collect

1-603-898-8752

(From all other locations)

To pre-notify, verify eligibility or to file a Claim call toll free:

800-513-2981 (Within the United States and Canada) or

513-533-1330 (From all other locations)

Weekdays 8:30 AM to 4:30 PM ET

Obtain claim forms at www.globalunderwriters.com

Mail all claims to:

Global Claims Administrators
3195 Linwood Road Suite 201
Cincinnati, OH 45208
USA

For travel assistance please call:

ON Call Travel Assistance 866-509-7715 in USA or collect 603-898-9159 outside the USA

You must contact the assistance provider in advance, to make arrangements or receive any benefits provided, for emergency evacuation, emergency reunion or repatriation. Failure to do so will result in a lesser benefit being paid for those services