

JEFFERSON INSURANCE COMPANY
9950 MAYLAND DRIVE, RICHMOND, VIRGINIA 23233

DECLARATION OF COVERAGE

Product Name:	Global Travel Protector II
Policy Number:	XXXXXXXXXXXX
Number of People Insured:	1
Insured(s):	XXXXXXXXXX
Date of Purchase:	March 7, 2023
Coverage Effective Date:	March 8, 2023
Coverage End Date:	October 12, 2023
Departure Date:	September 24, 2023
Return Date:	October 12, 2023
Total Insurance Cost for All Insureds:	\$55.18

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT
Trip Cancellation Coverage	You have to cancel your trip before you depart. Pre-existing Medical Condition Limit: Claims for Trip Cancellation due to a pre-existing medical condition can be covered up to the maximum trip cancellation benefit limit, not to exceed \$761.15. Conditions apply.	\$761.15
Trip Interruption Coverage	Your travel plans are interrupted while you are on your trip. Pre-existing Medical Condition Limit: Claims for Trip Interruption due to a pre-existing medical condition can be covered up to the maximum trip interruption benefit limit, not to exceed \$1,141.73. Conditions apply.	\$1,141.73
Baggage Loss Coverage	Your baggage is lost, damaged, or stolen while on your trip. Maximum benefit for all high value items, per policy - \$300.00	\$300.00
Emergency Transportation Coverage	Transportation is needed following a medical emergency while on your trip.	\$50,000.00
Emergency Medical/Dental Coverage	You have to pay for emergency medical or dental while on your trip. Dental Care maximum sublimit - \$500.00 One-Time Deductible - \$50.00	\$50,000.00

ENDORSEMENTS:	WHEN IT APPLIES	MAXIMUM BENEFIT
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Epidemic Coverage**Adds coverage for certain losses resulting from an epidemic or pandemic disease.****Included**

The above is only a brief description of the coverage available under your policy. Terms, conditions, and exclusions apply to all coverages. Please carefully review your policy for complete details. Any term used in this Declaration of Coverage is as defined in your policy's Definitions section.

Important Notices:

- Emergency Medical/Dental Coverage is primary.
- If not otherwise specified, the benefit limits shown above are per insured.
- If your policy was purchased with a one-way booking, your Departure Date will be the departure date for your trip as shown on your travel documents, and your Coverage End Date and Return Date will be the return date for your trip as shown on your travel documents (not exceeding 180 days from the Departure Date). Please contact us if you need to make any changes to your dates.
- AGA Service Company is the licensed producer and administrator for this policy.
- Insurance coverage is provided under Form 101-P-IL-800-2018 PC and 101-P-IL-800-2018 AH issued by Jefferson Insurance Company, 9950 Mayland Drive, Richmond, VA 23233.

OUR PROMISE TO YOU

Since your satisfaction is our priority, we are pleased to provide you 15 days to review your plan following the date of delivery. If, during this 15-day period, you are not completely satisfied for any reason, you may cancel your plan and receive a full refund of the plan price. Please note that this refund is not available if either the trip has started or a claim has been filed. After this 15-day period, the plan price is nonrefundable.

For customer service, please call:**1-800-628-5404**

(From U.S.)

1-804-281-5700

(Outside U.S./Collect)

To file a claim, please visit:**<http://www.etravelprotection.com/aa>**

THE RATES DOES NOT APPLY TO: MO, NY, OR, PA, MT AND WA.

PLEASE CALL KWOK YEE (626) 252-1363-CELL

全球旅遊保險 (Kwok Yee Ins. Agency) 88 Talisman, Irvine, CA 92620 / CA Insurance License #: 0761658
 查詢電話 (For information, please call): / (626) 252-1363 Fax: 1-949-415-2618 Agent Number: 53088
 E-Mail: kwokyee@gmail.com

***Please refer to policy certificate for full details. prices are subject to change with no notice**

保障項目 (Benefits)	最高理賠額度 (Max. Coverage)	保費(以 30 天為限) (Plan Rate/30Days)
旅行取消賠償(Trip Cancellation)/(如需更高保額, 請與我們聯絡)	\$ 1,000	0-34 歲 (Age) \$ 64
旅行中斷賠償(Trip Interruption) (如需更高保額, 請與我們聯絡)	\$ 1,500	35-58 \$ 75
行程延誤賠償 (Trip Delay)---(6 hrs.)---(\$200/day)	\$ 1,500	59-65 \$ 83
疾病醫療險 (Emergency Medical Benefits)	\$100,000	66-70 \$ 101
牙齒保險 (dental sublimit)	\$ 750	71-80 \$ 149
緊急輸送 (Emergency Medical Evacuation/Repatriation)	\$1,000,000	81- 85 \$ 226
行李遺失 (Baggage Lost)	\$ 1,000	86 + \$ 269
行李延誤 (Baggage Delay)---(12 hrs.)	\$ 500	30 天以後每天保費 多加\$7. 最高購 買期為 180 天
24 小時意外險 (24 hr. AD&D /Accidental Death & Dismemberment)	\$ 10,000	
飛行意外險 (Flight accident)	\$ 100,000	
小孩十七歲以下同父母一起旅行, 保險費每人- \$ 9 per child (Children 17 and under traveling with an insured adult - \$9 per child)		
Trips from 31-180 days please add \$ 7 per day	Maximum 180 days	
Accidental coverage (AD&D) Land and Sea	\$ 10,000	
Quarantine (bed rest) optional benefits - \$13	\$4000	

飛行意外險可更高, 保費如下: (Flight accident plan can increase)
 \$250,000 / \$11 - \$500,000/ \$ 35 - \$1,000,000/ \$ 59

申請表 (Enrollment Form) 傳真至 (Fax to): 949 415-2618 旅遊經紀(Travel Agent): _____
 出發日期(Departure Date): _____ / 回程日期(Return Date): _____
 前往國家(Country of Destination): _____
 遊客姓名(Traveler Name #1): _____ / 生日(Birthday): _____
 遊客姓名(Traveler Name #2): _____ /生日(Birthday): _____
 遊客姓名(Traveler Name #3): _____ /生日(Birthday): _____
 遊客姓名(Traveler Name #4): _____ /生日(Birthday): _____
 遊客聯絡電話(Traveler Phone #): _____
 遊客郵寄地址(Traveler Mailing Address): _____
 遊客電子郵件信箱 (Traveler E Mail): _____
 受益人姓名 (Beneficiary): _____
 付款(Payment): ___ VISA ___ MasterCard ___ Discover ___ American Express (Total Amount Due): _____ 卡號(Card Number): _____ 信用卡失效日期(Expiration Date): _____
 持卡人姓名(Card Holder Name): _____ 信用卡安全碼 (3 digit code) _____

ADDITIONAL AD&D BENEFITS UP TO \$1,000,000 (AIR, LAND AND SEA)

\$250,000 - \$18.13 \$500,000 - \$36.26 \$750,000 - \$54.39 \$1,000,000 - \$72.52

EXCLUSIONS AND LIMITATIONS --- PLEASE REQUEST INFORMATION

THERE WILL BE \$10 PROCESSING FEE FOR EACH AD&D POLICY

CONTACT KWOK YEE FOR MORE INFORMATION --- (626) 252-1363 - CELL

Allianz AllTrips Premier Plan

DECLARATION OF COVERAGE

Product Name:	AllTrips Premier Plan
Policy Number:	[REDACTED]
Insured(s):	[REDACTED]
Insured(s):	[REDACTED]
Date of Purchase:	June 13, 2022
Coverage Effective Date:	July 21, 2022
Coverage End Date:	July 21, 2023
Total Insurance Cost for All Insureds:	\$634.00

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT
Trip Cancellation Coverage	<p>You have to cancel your trip before you depart.</p> <p>Pre-existing Medical Condition Limit: Claims for trip cancellation due to a pre-existing medical condition can be covered up to the maximum trip cancellation benefit limit, not to exceed \$5,000.00. Conditions apply.</p>	\$5,000.00
Trip Interruption Coverage	<p>Your travel plans are interrupted while you are on your trip.</p> <p>Pre-existing Medical Condition Limit: Claims for trip interruption due to a pre-existing medical condition can be covered up to the maximum trip interruption benefit limit, not to exceed \$5,000.00. Conditions apply.</p>	\$5,000.00
Travel Delay Coverage	<p>Your travel plans are delayed while you are on your trip.</p> <p>Maximum reimbursement per 24-hour period of delay: Daily Limit - \$300.00 Minimum Required Delay - 6 hours</p>	\$1,500.00
Baggage Loss Coverage	<p>Your baggage is lost, damaged, or stolen while on your trip.</p> <p>Maximum benefit for all high value items, per certificate - \$500.00</p>	\$2,000.00
Baggage Delay Coverage	<p>Your baggage is delayed by an airline, cruise line, or other travel carrier while on your trip.</p> <p>Minimum Required Delay - 12 hours</p>	\$2,000.00
Rental Car Damage and Theft Coverage	<p>Your rental car is damaged or stolen while on your trip.</p>	\$45,000.00
Emergency Transportation Coverage	<p>Transportation is needed following a medical emergency while on your trip.</p>	\$500,000.00
Emergency Medical/Dental Coverage	<p>You have to pay for emergency medical or dental while on your trip.</p> <p>Dental Care maximum sublimit - \$750.00</p>	\$50,000.00

Travel Accident Coverage	You are in an accident while on your trip resulting in your death or loss of limb or vision.	\$50,000.00
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ENDORSEMENTS:

Epidemic Coverage	Adds coverage for certain losses resulting from an epidemic or pandemic disease.	Included
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The above is only a brief description of the coverage available under your certificate. Terms, conditions, and exclusions apply to all coverages. Please carefully review your certificate for complete details.

Important Notices:

- Coverage is provided for all family members residing in the same household, excluding service animals.
- Emergency Medical/Dental Coverage is secondary.
- For Trip Cancellation and Trip Interruption Coverages, the maximum benefit limit is per coverage period for all insureds.
- The maximum trip length is 90 days.
- Rental Car Damage and Theft Coverage maximum limit is per trip for all insureds.
- If not otherwise specified, the maximum benefit shown above is per named insured for each trip.
- AGA Service Company is the licensed producer and administrator for this certificate.
- Insurance coverage is provided under Form 101-C-1000-2017 PC and 101-C-1000-2017 AH issued by Jefferson Insurance Company.
- California residents: AGA Service Company is doing business in California as Allianz Global Assistance Insurance Agency, License # 0B01400.

For customer service, please call:

1-800-284-8300

(From U.S.)

1-804-281-5700

(Outside U.S./Collect)

To file a claim, please visit:

<http://www.allianztravelinsurance.com>

SCHEDULE OF BENEFITS

	Maximum Limit Per Person
Trip Cancellation.....	100% of Trip Cost up to a maximum of \$100,000
Trip Interruption.....	150% of Trip Cost up to a maximum of \$150,000
Trip Interruption - Return Transportation Only.....	\$1,000
Single Occupancy.....	up to 100% of Trip Cost up to a maximum of \$100,000
Trip Delay.....	up to \$200 per day, to a maximum of \$1,000
Missed Connection.....	\$1,000
Baggage Coverage.....	\$2,500
<i>Per-item restrictions apply, see benefit wording for details.</i>	
Baggage Delay.....	\$400
Travel Medical Expense.....	\$100,000
Physical Therapy.....	\$2,000
Dental.....	\$500
Emergency Evacuation & Repatriation of Remains.....	\$1,000,000
Non-flight Accidental Death & Dismemberment.....	\$50,000

Extra Coverage

The following is included at no additional cost if the policy is purchased within 21 days of Initial Trip Payment.



Pre-Existing Medical Conditions Exclusion Waiver Provides coverage otherwise excluded due to pre-existing medical conditions

Optional Upgrades

The following will be included if elected and appropriate costs have been paid.



Cancel for Any Reason.....50% of Trip Cost up to a maximum of \$75,000
or.....75% of Trip Cost up to a maximum of \$112,500
(Can only be purchased at the time the base plan is purchased and within 21 days of Initial Trip Payment)
T30361NUFIC-CIC



Rental Vehicle Damage Coverage..... \$50,000
Deductible \$250



Flight Guard®..... Amount Selected up to \$500,000

For Questions or Information, Contact:



www.TravelGuard.com



1.800.826.1300

24 hours a day, 7 days a week

Or call National Union Fire Insurance Company of Pittsburgh, Pa. (an AIG Company) at: 1.212.458.5000

The Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

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SECTION I EFFECTIVE AND TERMINATION DATES

WHEN COVERAGE BEGINS

Pre-Departure Benefits

Trip Cancellation coverages are effective at 12:01 A.M. **Standard Time** on the date following payment to the **Company** of the required cost.

Post-Departure Benefits

Rental Vehicle Damage Coverage is effective when the **Insured** signs the rental agreement and takes possession of the rental vehicle provided the required cost has been paid on or before the date and time the rental agreement has been signed.

All other coverages will begin on the later of:

- (a) 12:01 A.M. **Standard Time** on the scheduled **Departure Date** shown on the travel documents; or
- (b) the date and time the **Insured** starts his/her **Trip**.

WHEN COVERAGE ENDS

Pre-Departure Benefits

Trip Cancellation coverages end on the earlier of: (a) the cancellation of the **Insured's Trip**; or (b) 11:59 P.M. on the day before the scheduled **Departure Date**.