

**BCS INSURANCE COMPANY**  
**2 MID AMERICA PLAZA, SUITE 200, OAKBROOK TERRACE, IL 60181**  
**800.621.9215**

**Policyholder:** AAA Northampton County  
**Policy Number:** AAAME00188-1221  
**Policy Effective Date:** December 1, 2021  
**Anniversary Date:** December 1, 2022 and December 1<sup>st</sup> of each succeeding year

We agree with the *policyholder* to insure eligible individuals. We promise to pay benefits for loss(es) covered by this policy in accordance with its provisions.

The *policyholder* should read this policy carefully and contact us promptly with any questions.

**POLICY EFFECTIVE DATE AND TERM**

This policy takes effect on the Policy Effective Date stated above subject to any participation requirement stated in this policy. All insurance periods will be computed from that date. This policy remains in force for the period for which premium has been paid. It may be renewed for further successive periods by payment of premium as stated in this policy.

All periods of insurance begin and end at 12:01 a.m., standard time, at the *policyholder's* address as stated in this policy, and on the *application*.

**SIGNED FOR BCS INSURANCE COMPANY**  
**2 MID AMERICA PLAZA, SUITE 200, OAKBROOK TERRACE, IL 60181**








  
PRESIDENT

  
SECRETARY

Non-Participating

**GROUP TRAVEL POLICY**  
**READ THIS POLICY CAREFULLY.**

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## SCHEDULE OF BENEFITS

### CLASS NAME – Premier Members

<b>Eligibility:</b>	Premier members of AAA Northhampton County are eligible upon enrollment. All members are subject to a 48-hour waiting period for upgrades to Premier membership.	
<b>Benefits (by level/type)</b>		
<b>Trip Interruption, Per Trip, Per Insured Person or Covered Traveler</b>		\$1,500.00
<b>Vehicle Return, Per Trip</b>		\$500.00

THIS SCHEDULE OF BENEFITS CANCELS AND REPLACES ALL OTHER SCHEDULES PREVIOUSLY ISSUED UNDER THIS POLICY. IT OUTLINES POLICY FEATURES. THE FOLLOWING PAGES PROVIDE A COMPLETE DESCRIPTION OF THE PROVISIONS OF THIS POLICY.

## DEFINITIONS

Throughout this policy, words and any form of the word appearing in italics are defined in this section.

<b><i>Accident</i></b>	An unexpected, unintended, unforeseeable event causing <i>injury</i> or death to the <i>insured person</i> or <i>covered traveler</i> ; or causing damage to the <i>motor vehicle</i> or <i>rental car</i> which prevents the vehicle from being driven.
<b><i>Accommodation</i></b>	Temporary lodging in an establishment licensed to provide temporary lodging to paying guests.
<b><i>Common carrier</i></b>	A company that is licensed to carry passengers on land, water, or in the air for a fee, not including car rental companies.
<b><i>Covered traveler</i></b>	A person who is an <i>immediate family member</i> and is traveling with the <i>insured person</i> .
<b><i>Epidemic</i></b>	A contagious disease recognized or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.
<b><i>Family member</i></b>	The AAA member's spouse, civil union partner or domestic partner; children and step-children (including children who are or are in the process of becoming adopted); parents and step-parents; siblings; grandparents and grandchildren; in-laws (mother, father, son, daughter, brother, sister).
<b><i>Illness</i></b>	A sickness, infirmity, or disease that causes a loss that begins during a <i>trip</i> .
<b><i>Immediate family member</i></b>	The AAA member's spouse, civil union partner or domestic partner; children and step-children (including children who are or are in the process of becoming adopted) under the age of 21; parents, step-parents, siblings, grandparents, and grandchildren who reside with the <i>insured person</i> .
<b><i>Injury</i></b>	Bodily injury caused by an <i>accident</i> occurring during a <i>trip</i> , and resulting directly and independently of all other causes of loss.
<b><i>Insured person</i></b>	<p>A person:</p> <ol style="list-style-type: none"> <li>1. Who is a member of an Eligible Class of persons as described in the Eligibility Class section of the Schedule of Benefits;</li> <li>2. For whom premium has been paid; and</li> <li>3. While covered under this policy.</li> </ol> <p>An <i>insured person</i> may be Primary or Secondary. Primary <i>insured person</i> is a AAA member possessing the primary membership in a household. Secondary <i>insured person</i> is any AAA member possessing an Associate membership in a household.</p>
<b><i>Mechanical breakdown</i></b>	A mechanical issue which prevents the vehicle from being driven. <i>Mechanical breakdown</i> does not include running out of gas, tire trouble, or failure to perform routine maintenance.
<b><i>Motor vehicle</i></b>	<p>A self-propelled private passenger vehicle, or a towable trailer, which is a type both designed and required to be licensed for use on public roads. Motorcycles and recreational vehicles (such as motorhomes, campers, or similar) are included. The term <i>motor vehicle</i> does not include:</p> <ol style="list-style-type: none"> <li>1. Trucks (except for pickup trucks and vans);</li> <li>2. Motorbikes and all-terrain vehicles;</li> <li>3. Off-road vehicles;</li> <li>4. Vehicles that don't have to be licensed;</li> <li>5. Vehicles that are used for commercial or livery purposes, including limousines; or</li> <li>6. Other conveyances.</li> </ol>

<b>Natural disaster</b>	An event, including but not limited to wind storm, rain, snow, sleet, hail, lightning, dust or sand storm, earthquake, tornado, flood, volcanic eruption, wildfire or other similar event that: <ol style="list-style-type: none"> <li>1. Is due to natural causes; and</li> <li>2. Results in widespread severe damage such that the area of damage is officially declared a disaster area and the area is deemed to be uninhabitable or dangerous.</li> </ol>
<b>Pandemic</b>	An <i>epidemic</i> that is recognized or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.
<b>Physician</b>	A licensed practitioner of the healing arts acting within the scope of their license. The attending physician may not be: (a) an <i>insured person</i> ; (b) an <i>insured person's</i> spouse, civil union partner or domestic partner; (c) a person booked to accompany an <i>insured person</i> on a <i>trip</i> ; or (d) a person who is related to an <i>insured person</i> , an <i>insured person's</i> spouse, civil union partner or domestic partner, child, parent, or sibling.
<b>Policy territory</b>	<ol style="list-style-type: none"> <li>1. For Trip Interruption, Vehicle Return, Stolen Baggage/Personal Effects, and Baggage: Outside of a 50 mile radius from the <i>insured person's primary residence</i> but within the US, Puerto Rico, Mexico and Canada.</li> <li>2. For all other coverages (including Emergency Medical Transportation, Repatriation of Remains, and Travel Accident): Outside of a 50 mile radius from the <i>insured person's primary residence</i>, worldwide.</li> </ol>
<b>Policyholder</b>	The organization to whom this policy was issued.
<b>Primary residence</b>	The <i>insured person's</i> permanent and main home for legal and tax purposes. It does not include any secondary or vacation home or residence.
<b>Rental car</b>	A <i>motor vehicle</i> that is rented by the <i>insured person</i> and evidenced by a car rental agreement. The term <i>rental car</i> does not include: <ol style="list-style-type: none"> <li>1. Motorcycles, motorbikes, and all-terrain vehicles;</li> <li>2. Trucks;</li> <li>3. Campers, trailers, and recreational vehicles;</li> <li>4. Off-road vehicles;</li> <li>5. Vehicles that do not have to be licensed;</li> <li>6. Vehicles that are used for commercial or livery purposes, including limousines; or</li> <li>7. Other conveyances.</li> </ol>
<b>Severe weather</b>	<ol style="list-style-type: none"> <li>1. The local government or the National Weather Service issues an advisory against travel as a result of rain, snow, or wind; or</li> <li>2. A "state of emergency" due to weather is declared by the federal, state, or local government.</li> </ol>
<b>Terrorist event</b>	An act, outside the context of declared or undeclared war or of any form of unrest or civil disturbance, committed by one or more persons, neither enlisted nor commissioned in the armed forces of any nation state, for the express or implied purpose of achieving a political, ethnic, or religious goal which causes physical damage to humans, property or infrastructure.
<b>Trip</b>	A planned round-trip travel to and from a place at least 50 miles from the <i>insured person's primary residence</i> . A trip does not include travel to receive health care or medical treatment of any kind, vehicle repairs, or commuting to and from work. <p>A <i>trip</i>:</p> <ol style="list-style-type: none"> <li>1. Does not exceed, and was not planned to exceed, 45 consecutive days;</li> <li>2. Was intended to include at least one overnight stay;</li> <li>3. For Vehicle Return: Is a driving <i>trip</i> taken by <i>motor vehicle</i> or <i>rental car</i>; and</li> <li>4. For all other coverages: Is a <i>trip</i> taken by <i>motor vehicle</i>, <i>rental car</i>, <i>common carrier</i>, or a combination of these.</li> </ol>
<b>We, Us, or Our</b>	BCS Insurance Company.

## DESCRIPTION OF COVERAGES

### A. TRIP INTERRUPTION COVERAGE

Coverage applies to the *insured person* and any *covered traveler* during each *trip* within the *policy territory* when the *insured person* is traveling by *motor vehicle, rental car, common carrier*, or a combination of these. The coverage will provide reimbursement for out-of-pocket expenses incurred by the *insured person* or *covered traveler* up to the limit specified in the Schedule of Benefits for:

- i. The cost of additional *accommodations* and meal expenses: and (if applicable)
- ii. The cost of substitute transportation to continue the *trip*.

The following conditions apply:

- a. The expenses incurred must be due to an overnight interruption of the *trip*; and
- b. Only expenses incurred within the first 96 hours of the initial interruption of the *trip* are covered.

#### Covered reasons:

1. Vehicle disablement due to *mechanical breakdown* (excluding tire trouble), verified by garage or repair facility or rental car company report.
2. *Accident* involving *motor vehicle* or *rental car*, verified by a police report.
3. Theft of *motor vehicle* or *rental car*, verified by a police report.
4. *Illness, injury*, or death of the *insured person, covered traveler, insured person's family member*, or an individual that lives with the *insured person* (including being diagnosed with an *epidemic or pandemic* disease such as COVID-19).

The following conditions apply:

- a. For interruptions due to *illness or injury* of the *insured person* or *covered traveler*, a *physician* must recommend that the person interrupt the *trip* due to the severity of the person's condition.
  - b. For interruptions due to *illness or injury* of the *insured person's family member* or an individual that lives with the *insured person*, the *illness or injury* must be life threatening, require hospitalization, or he or she must require the *insured person's* care.
  - c. The *insured person* or *covered traveler* must not have traveled against the orders or advise of any government or other public authority at any location to, from, or through which the *insured person* or *covered traveler* is traveling during the *trip*.
5. *Natural disaster*.
  6. *Severe weather*.

**IMPORTANT:** Please refer to the Schedule of Benefits to confirm the applicable limit.

## GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all coverages under this policy. An “exclusion” is something that is not covered by this insurance policy, and therefore no reimbursement would be available.

This policy does not provide coverage for any loss that results directly or indirectly from any of the following general exclusions if they affect the *insured person*, a *covered traveler*, or a *family member*.

1. Alcohol or substance abuse or use, or conditions or physical complications related thereto;
2. War (whether declared or undeclared), acts of war, military duty, civil disorder, or unrest;
3. Participation in professional or amateur sporting events (including training);
4. All extreme, high risk sports including but not limited to: bodily contact sports, skydiving, hang gliding, bungee jumping, parachuting, mountain climbing, or any other high altitude activities, caving, heli-skiing, extreme skiing, or any skiing outside marked trails;
5. Scuba diving (unless accompanied by a dive master and not deeper than 130 feet);
6. Operating or learning to operate any aircraft as pilot or crew;
7. Nuclear reaction, radiation, or radioactive contamination;
8. An *epidemic* or *pandemic*, except when an *epidemic* or *pandemic* is expressly referenced in and covered under Trip Interruption or Emergency Medical Transportation;
9. Pollution or threat of pollutant release;
10. Any unlawful acts committed by the *insured person* or *covered traveler*; or
11. Any unexpected or reasonably foreseeable events.

## WHEN THE COVERAGE BEGINS AND ENDS

### **Policy Effective Date**

This policy takes effect at 12:01 a.m. standard time at the address of the *policyholder* on the Effective Date shown on the first page of this policy and will continue in effect until terminated as set forth below.

### **Insured Person's Eligibility**

An *insured person* must be a member of an Eligible Class as shown in the Schedule of Benefits.

### **Insured Person's Effective Date**

Coverage for an *insured person* under this policy will take effect on the date such person becomes a member of an Eligible Class of persons as described in the Schedule of Benefits, provided: (1) this policy is in force; and (2) the required premium is paid.

### **Termination by the *Policyholder***

The *policyholder* may terminate this policy, by mailing or delivering written notice at least 90 days in advance. Notice of termination can be given to *us* or *our* agent. Termination will take effect at 12:01 a.m. at the *policyholder's* address on the date of termination.

### **Termination by *Us***

Except for non-payment of premium or the failure to meet continued underwriting standards, if any, *we* may not terminate this policy prior to the third anniversary of the Policy Effective Date. *We* may terminate this policy on any premium due date after the third anniversary of the Policy Effective Date by mailing or delivering to the *policyholder* written notice at least 90 days in advance. Termination will take effect at 12:01 a.m. at the *policyholder's* address on the date of termination.

Policy termination may take effect on any date mutually agreed upon in writing by both the *policyholder* and *us*.

Policy termination will not affect coverage in effect prior to the termination date, for which premium has been, or will be, paid in the manner described in the Premiums section of the Schedule of Benefits; however, *we* will not accept additional premium for any coverage beyond the policy termination date.

### **Insured Person's Termination Date**

Coverage for an *insured person* under this policy will immediately terminate on the earliest of the following dates: (1) the premium due date next following the date this policy is terminated; (2) the premium due date if the required premium payment is not made by the *policyholder* when due (subject to the Grace Period provided), except as a result of a clerical error; (3) the premium due date next following the date the *insured person* ceases to be a member of an Eligible Class of persons as described in the Eligibility section of the Schedule of Benefits. At the *policyholder's* option, in lieu of item (1) coverage for *insured persons* under this policy will immediately terminate on the date this policy is terminated, and all unearned premiums will be refunded.

Termination of coverage will not affect a claim for a loss that occurs while the *insured person's* coverage was in force under this policy.



## PREMIUM

The premiums due for this policy shall be remitted to *us*. The premium rates are as stated in the attached Premium Schedule.

### **Change of Premium Rates**

*We* may change the Premium Rates at any time by notifying the *policyholder* within 31 days of *our* intention to do so.

### **Payment of Premiums**

Premiums for this policy shall become due and payable on the Policy Effective Date and on the first day of each month thereafter, unless otherwise indicated on the Schedule of Benefits.

### **Grace Period**

A grace period of 31 days will be granted for the payment of each premium falling due after the first premium, during which grace period this policy will continue in force, subject to the *our* right to cancel in accordance with the Termination by *Us* Provision, but the *policyholder* shall be liable to *us* for the payment of the premium accruing for the period this policy continues in force.

## GENERAL PROVISIONS AND CONDITIONS

### Entire Contract Changes

The entire contract is made up of this policy, the Schedule of Benefits and the *policyholder's* Application, and any attached riders and endorsements.

Any change to this policy must be: (1) made in writing; (2) signed by one of *our* officers; and (3) attached to this policy. No agent has authority to change the policy or waive any of its provisions. The consent of an *insured person* is not needed to change this policy.

### Records

The *policyholder* must maintain adequate records acceptable to *us* and provide any information required by *us* relating to this Insurance.

*We* will be permitted to examine and audit the records of the *policyholder* that relate to this policy at: (1) any time during the policy term; and (2) within two years after the expiration of this policy; or (3) until all claims have been settled or adjusted, whichever is later.

### Clerical Error

If a clerical error is made, it will not affect the coverage of any *insured person*. An error will not continue coverage of any *insured person* beyond the date coverage would end if the error had not been made. After an error is found, *we* will take appropriate action. This may include adjusting, collecting, or refunding premium.

### Errors and Omissions

Clerical error or omission by *us* to the *policyholder* will not:

1. Prevent an eligible individual from receiving coverage, if the eligible individual is entitled to coverage under the terms of the policy; or
2. Cause coverage to begin or coverage to continue for an individual when the coverage would not otherwise be effective.

If the *policyholder* gives *us* information about an individual that is incorrect, *we* will:

1. Use the facts to decide whether the individual meets the definition of an *insured person* and has coverage under the policy and in what amounts; and
2. Make a fair adjustment of the premium.

### New Entrants

All individuals added to an Eligible Class shown in the Schedule of Benefits are eligible for insurance under this policy.

### Representations

By accepting this policy, the *policyholder* agrees that:

1. The statements in Application made part of this policy are accurate and complete;
2. Those statements are based upon the representations by the *policyholder*; and
3. *We* have issued this policy in reliance upon the *policyholder's* representations.

*We* rely on statements made by the *policyholder* in the Application. If there is no fraud, the *policyholder's* statements: (a) are considered representations and not warranties and (b) will not be used to void this policy or reduce any claim. *We* will not contest this policy after it has been in effect for 2 years, except for fraud.

**False Claim**

If an *insured person* makes any claim knowing it to be false or fraudulent under any Coverage Part or Assistance Service, that Coverage Part or Assistance Service will no longer apply to that *insured person* and all his or her claims thereunder will be forfeited.

**Action against Us**

No action at law or in equity may be brought to recover under this policy until:

1. 60 days after we have been given written proof of loss in accordance with the requirements of this policy; and
2. All terms and conditions of this policy have been complied with.

**Conformity with State Statutes**

Any provision of this policy that, on its effective date, is in conflict with the laws and regulations of the state in which this policy was delivered is amended to conform to the minimum requirements of those laws and regulations.

**Due Diligence**

The *insured person* must use due diligence and concur in doing all things reasonably practicable to avoid or diminish any loss or damage to the property insured hereunder. We will not unreasonably apply this provision to avoid claims.

**Benefits Provided For Insured Persons and Covered Travelers Only**

The insurance provided by this policy are solely for the benefit of the *insured persons* and *covered travelers*. No other person or entity will have any legal or equitable right, remedy or claim for coverages or damages under or arising from this policy.

**No Benefit to Bailee**

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

**Subrogation**

If we become liable for any payment to an *insured person* under this policy for losses suffered, we will be subrogated, to the extent of such payment, to all the rights and remedies of the *insured person* against any party with respect to such loss, and will be entitled at its own expense to sue in the name the *insured person*. The *insured person* agrees to assist us, as it may reasonably require, in preserving its rights against those responsible for such loss, including but not limited to, executing all documents necessary to enable us to bring suit in the name of the *insured person*.

**No Assignment without Consent**

Neither the *policyholder* nor an *insured person* may assign or otherwise transfer any one or more rights, duties, obligations, claims, coverages, or benefits under this policy without our prior written consent. Any attempt to make such an assignment or transfer without our prior written consent will be null and void in all respects.

**Notice of Claim**

Written notice of claim must be given to us within 30 days after the occurrence or commencement of any loss covered by this policy, or as soon as reasonably possible. Notice given by or on behalf of the claimant to the *policyholder* at its office or to any of our authorized agents, with information sufficient to identify the *insured person* will be deemed notice to us.

**Claim Forms**

We will furnish claim forms to the *insured person* within 15 days of receipt of a notice of claim. If these forms are not furnished within 15 days, the *insured person* will satisfy this requirement by sending *us* written proof of loss. This proof should include information sufficient to identify the *insured person*, this policy number, and a description of both the occurrence and the nature and extent of the loss.

**Proof of Loss**

Written proof of loss must be given to *us* within 90 days of the date of loss. If it is not possible to give this proof of loss within the time required, *we* will not reduce or deny any coverages if the proof is given as soon as practicable. However, in no event, other than legal capacity, will proof be given more than one year after the date of loss.

**Time of Payment of Claims**

We will pay the claim after receipt of acceptable proof of loss. Claims will be paid in accordance with the payment of claims provision.

**Payment of Claims**

All claims will be paid to the *insured person*, if living; otherwise, to his or her estate.

Any payment made in good faith will discharge *our* liability to the extent of that payment.

**Physical Examination**

We, at *our* own expense, have the right to have the *insured person* examined as often as reasonably necessary while a claim is pending.

**BCS INSURANCE COMPANY**  
**(A Stock Company)**

**PENNSYLVANIA STATE AMENDMENT**

The Travel Protection Insurance Policy and the Summary Description are amended as follows:

- I. **Travel Protection Insurance Policy and Summary Description, DEFINITIONS**, the definition of Hospital is deleted in its entirety and replaced with the following:

**Hospital**

A facility that:

1. Is operated according to law and is licensed or approved by the responsible state agency;
2. Is primarily engaged in providing medical care and treatment of sick or *injured* people on an inpatient basis and for which a charge is made; and
3. Provides 24-hour nursing service by or under the supervision of registered nurses (R.N.'s).

A *hospital* does not include:

1. A nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care;
2. A facility that is, other than incidentally, a clinic, rest home, nursing home, convalescent home, home health care, or home for the aged, nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or
3. Any military or veterans hospital or soldiers home or any hospital contracted for or operated by a national government or government agency for the treatment of members or ex-members of the armed forces for which no charge is normally made.

- II. **Travel Protection Insurance Policy, GENERAL PROVISIONS AND CONDITIONS**, Proof of Loss is deleted in its entirety and replaced with the following:

**Proof of Loss**

Written proof of loss must be given to *us* within 90 days of the date of loss. If it is not possible to give this proof of loss within the time required, *we* will not reduce or deny any coverages if the proof is given as soon as practicable. However, in no event, other than legal capacity, will proof be given more than one year after the date of loss.

*We* will, no later than the 15<sup>th</sup> business day after receipt of all of the items, statements and forms *we* requested as necessary to secure final proof of loss, deliver written notification to the *insured person* of:

1. *Our* acceptance of such claim; or
2. *Our* rejection of such claim, accompanied by the reason(s) for rejection.

If *we* are unable to accept or reject the claim within the time period specified above, *we* shall notify the *insured person* of the need for additional time, accompanied by the reason(s) for needing additional time, within 15 business days after receipt of the proof of loss. If the investigation remains incomplete, *we* will, within 30 days from the date of the initial notification and every 45 days thereafter, send to the *insured person* a letter setting for the reason(s) additional time is needed for investigation and state when a decision on the claim may be expected.

If, however, *we* have a reasonable basis to believe the *insured person* has fraudulently caused or contributed to the loss by arson or other illegal activity, *we* shall provide written notification of its acceptance or rejection of the claim within a reasonable time for full investigation after receipt by *us* of a properly executed proof of loss.

- III. **Summary Description, GENERAL PROVISIONS AND CONDITONS**, How to File a Claim is deleted in its entirety and replaced with the following:

**How to File a Claim**

Please gather the information below if *you* have a covered loss during your *trip* as it will be requested when *you* file a claim upon returning home. **All claims must be reported to Allianz Global Assistance within 30 days from the date of loss or as soon after that date as is reasonably possible.**

Written proof of loss must be given to *us* within 90 days of the date of loss. If it is not possible to give this proof of loss within the time required, *we* will not reduce or deny any coverages if the proof of loss is given as soon as practicable. However, in no event, other than legal capacity, will proof be given more than one year after the date of loss.

*We* will, no later than the 15<sup>th</sup> business day after receipt of all of the items, statements, and forms *we* requested as necessary to secure final proof of loss, deliver written notification to *you* of:

1. *Our* acceptance of such claim; or
2. *Our* rejection of such claim, accompanied by the reason(s) for rejection.

If *we* are unable to accept or reject the claim within the time period specified above, *we* will notify *you* of the need for additional time, accompanied by the reason(s) for needing additional time, within 15 business days after receipt of the proof of loss. If the investigation remains incomplete, *we* will, within 30 days from the date of the initial notification and every 45 days thereafter, send to *you* a letter setting forth the reason(s) additional time is needed for investigation and state when a decision on the claim may be expected.

If, however, *we* have a reasonable basis to believe *you* have fraudulently caused or contributed to the loss by arson or other illegal activity, *we* will provide written notification of its acceptance or rejection of the claim within a reasonable time for full investigation after receipt by *us* of a properly executed proof of loss.

- IV. **Travel Protection Insurance Policy and Summary Description, GENERAL PROVISIONS AND CONDITIONS**, the following is added:

**Prejudgment Interest**

If awarded, prejudgment interest will be paid outside the limits of the policy.

There are no other changes to the policy or Summary Description.

**BCS Insurance Company**

  
PRESIDENT

  
SECRETARY

# BCS INSURANCE COMPANY

(A Stock Company)

## ENDORSEMENT

### VEHICLE RETURN COVERAGE

**I. DESCRIPTION OF COVERAGES**, the following coverage is added:

#### **B. VEHICLE RETURN COVERAGE**

Coverage applies to the *insured person* and any *covered traveler* during each *trip* within the *policy territory* when the *insured person* is either a driver or passenger in the *insured person's* or *covered traveler's motor vehicle*. We will provide reimbursement for the cost of transporting the *motor vehicle* to the *insured person's primary residence*, up to the limit specified in the Schedule of Benefits.

**Covered reasons:**

1. *Illness or injury* of the *insured person* or *covered traveler*.
2. *Illness or injury* of the driver of the *motor vehicle*, if other than the *insured person* or *covered traveler*.

The following conditions apply:

- a. If the Vehicle Return is due to *illness or injury*, a *physician* must recommend that the person interrupt or delay the *trip* due to the severity of the person's condition;
- b. The *insured person* or *covered traveler* must contact *us* prior to making arrangements, unless it is not reasonably possible to do so; and
- c. The *motor vehicle* must be operable and transportation must be performed by an accredited transportation company.

Coverage is not provided if:

1. The *motor vehicle* is a rental vehicle or has an original lease term of less than one year; or
2. The transportation of the *motor vehicle* could have been performed by the *insured person*, a *covered traveler*, or the driver of the *motor vehicle* if other than the *insured person* or *covered traveler*.

**IMPORTANT:** Please refer to the Schedule of Benefits to confirm the applicable limit.

All provisions, limitations, and exclusions in the policy shall apply. There are no other changes to the policy.

BCS Insurance Company

  
PRESIDENT

  
SECRETARY

**MONTHLY PREMIUM SCHEDULE:**

**Plan A: PREMIER**

Per Primary Member .....	\$0.01328
Per Primary and Associate Members .....	\$0.01766



### ASSISTANCE SERVICES

Services are available while on an 'eligible trip'.

Within the U.S. and Canada, call toll-free:

**1.888.799.2833**

Outside the U.S., call collect:

**1.804.281.5741**

### 24 HOUR TRAVEL ASSISTANCE

If a Member needs help while traveling, AGA's assistance team is available 24 hours a day. Our services are here to make challenging situations a little easier.

This service provides access to such things as:

- Emergency message center
- Lost ticket and document replacement arrangements
- Lost baggage assistance
- Emergency airline and hotel reservation
- Legal referrals
- Money transfers, including emergency cash transfer arrangements
- Assistance translation services
- Prescription replacement arrangements
- Medical provider referrals, appointments and admission arrangements
- Medical case monitoring and liaison service
- Emergency medical transportation arrangements
- Emergency visitation arrangements

24 Hour Travel Assistance services are not financial benefits. Any costs associated with a service are paid by the Member.

### CONCIERGE SERVICE

Our concierge services are designed to help make Members' travels more enjoyable. Our Concierge associates can assist a Member with many different requests such as:

- Destination information  
Including highlights and sights, shopping, museums, local cultural events, exhibitions, shows and festivals, airports, mass transportation, ATM locations, weather forecasts, local customs and duty requirements, current exchange rates, local visa and passport requirements
- Travel referrals and reservations  
Including hotels, bed & breakfasts, flights, rental cars, limo & car services, restaurants
- Restaurant and spa recommendations and services
- Event tickets  
Including sporting events, concerts, theater arrangements
- Health club information, referrals and reservations
- Tour information
- Gift basket and floral delivery
- Business services
- Golf tee times and reservations (subject to availability), golf referrals, and information

Concierge services are not financial benefits. Any costs associated with a service are paid by the Member.