

# DESCRIPTION OF COVERAGE

## Listerhill Credit Union Master Disclosure For All Travel Insurance Provisions

### Worldwide Automatic Travel Accident, Financial Services Common Carrier Trip Cancellation/Trip Interruption, Checked & Carry-On Baggage & Baggage Delay Insurance

**THE PLAN:** As an eligible Cardholder of Listerhill Credit Union, you, your spouse or Domestic Partner and your Dependent Children will be automatically insured up to the benefit amount associated with the eligible credit card Account (see table below) against Accidental Loss of Life, Limb, Sight, Speech or Hearing occurring on a Common Carrier Covered Trip while 1) riding as a passenger in, entering or exiting any Common Carrier on which the Insured Person has purchased passage; or 2) riding as a passenger in, entering or exiting any Conveyance licensed to carry the public for hire or any Courtesy Transportation provided without a specific charge and while traveling to or from the airport, terminal or station: a) immediately preceding the departure of the scheduled Common Carrier on which the Insured Person has purchased passage; or b) immediately following the arrival of the scheduled Common Carrier on which the Insured Person was a passenger; or 3) at the airport, terminal or station at the beginning or end of the Common Carrier Covered Trip. If the purchase of the Common Carrier passenger fare is not made prior to the Insured Person's arrival at the airport, terminal or station, coverage will begin at the time the cost of the Common Carrier passenger fare is charged to the Insured Person's Account.

Eligible Cards	Benefit Amount
Visa Platinum	\$500,000
Visa Signature	\$500,000

**ELIGIBILITY:** This insurance plan is provided to eligible Cardholders of Listerhill Credit Union, automatically when the entire cost of the passenger fare(s) are charged to an eligible Card account while the insurance is effective. It is not necessary for you to notify your financial institution, the administrator or the Company when tickets are purchased.

**THE COST:** This insurance plan is provided at no additional cost to eligible cardholders. Your financial institution pays the full cost of the insurance.

**BENEFICIARY:** The Loss of Life benefit will be paid to the beneficiary designated by you. If no such designation has been made, that benefit will be paid to the first surviving beneficiary in the following order: a) your spouse, b) your children, c) your parents, d) your brothers and sisters, e) your estate.

All other indemnities will be paid to you.

**THE BENEFITS:** The full Benefit Amount is payable for Accidental Loss of Life; Loss of Speech and Loss of Hearing; Loss of Speech and one of Loss of Hand, Foot or Sight of one eye; Loss of Hearing and one of Loss of Hand, Foot or Sight of one eye; Loss of both Hands, both Feet, Loss of Sight or any combination thereof that occurs as the result of an Accident. 50% of the Principal Sum is payable for Accidental Loss of Hand, Foot or Sight of one eye (any one of each); Loss of Speech or Loss of Hearing. 25% of the Principal Sum is payable of Loss of Thumb and Index Finger of the same Hand. Loss means, with respect to a hand, complete severance through or above the knuckle joints of at least 4 fingers on the same hand; with respect to a foot, complete severance through or above the ankle

joint. The Company will consider it a Loss of hand or foot even if they are later reattached. **Benefit Amount** means the Loss amount at the time the entire cost of the passenger fare is charged to an eligible Card account. The Loss must occur within one year of the Accident. The Company will pay the single largest applicable Benefit Amount.

**ACCOUNT AGGREGATE LIMIT OF INSURANCE:** If more than one Insured Person insured under the same Account suffers a Loss in the same Accident, Federal Insurance Company (the Company) will not pay more than three (3) times the applicable Benefit Amount (the aggregate limit of insurance). If an Accident results in Benefit Amounts becoming payable, which when totaled, exceed three times the applicable Benefit Amount, then the aggregate limit of insurance will be divided proportionally among the Insured Persons, based on each applicable Benefit Amount.

#### **ADDITIONAL BENEFITS:**

##### **Baggage Delay**

We will reimburse the Insured Person up to the Daily Benefit Amount of up to \$100 per day, in the event of a Baggage Delay. **Baggage Delay** means a delay or misdirection of the Insured Person's Baggage by a Common Carrier for more than four (4) hours from the time the Insured Person arrives at the destination on the Insured Person's ticket. Our payment is limited to expenses incurred for the emergency purchase of essential items needed by the Insured Person while on a Common Carrier Covered Trip and at a destination other than the Insured Person's primary residence. The Baggage Delay Benefit will be payable up to three (3) days.

Essential items not covered by Baggage Delay include, but are not limited to:

1. contact lenses, eyeglasses or hearing aids;
2. artificial teeth, dental bridges or prosthetic devices;
3. tickets, documents, money, securities, checks, travelers checks and valuable papers;
4. business samples;
5. jewelry and watches; or
6. cameras, video recorders and other electronic equipment.

The Baggage Delay Benefit is excess over any other insurance (including homeowners) or indemnity (including any reimbursements by the airline, cruise line, railroad, station authority, occupancy provider) available to the Insured Person.

##### **Financial Services Common Carrier Trip Cancellation/Trip Interruption**

In the event of the Insured Person's Common Carrier Trip Cancellation or Trip Interruption, We will pay up to \$1,500. In no event will We pay more than either: 1) the actual Non-Refundable amount paid by the Insured Person for a Common Carrier passenger fare(s); or 2) \$1,500. **Trip Cancellation** means the cancellation of Common Carrier travel arrangements when the Insured Person is prevented from traveling on a Common Carrier Covered Trip on or before the departure of the Covered Trip. **Trip Interruption** means the interruption of the Insured Person's Covered Trip either on the way to the point of departure or after departure of the Covered Trip.

The Insured Person will relinquish to us any unused vouchers, tickets, coupons or travel privileges for which we have reimbursed the Insured Person. The Trip Cancellation or Trip Interruption of the Insured Person must be caused by or result from death, Accidental injury, disease or physical illness of the Insured Person or an Immediate Family Member of the Insured Person; or default of the Common Carrier resulting from Financial Insolvency. The death, Accidental injury, disease or physical illness must be verified by a Physician and must prevent the Insured Person from traveling on a Common Carrier Covered Trip.

This benefit does not apply to Loss caused by or resulting from:

1) a Pre-Existing Condition; or 2) Accidental Bodily Injuries arising from participation in interscholastic or professional sports events, racing or speed contests, or uncertified scuba diving; or 3) cosmetic surgery, unless such cosmetic surgery is rendered necessary as a result of a Loss covered under this policy; or 4) the Insured or an Immediate Family Member being under the influence of drugs (except those prescribed and used as directed by a Physician) or alcohol; or 5) the Insured or an Immediate Family Member: a) traveling against the advice of a Physician; or b) traveling while on a waiting list for specified medical treatment; or c) traveling for the purpose of obtaining medical treatment; or d) traveling in the third trimester (seventh month or after) of pregnancy.

**Financial Insolvency** means the inability of an entity to provide travel services because it ceases operations either following the filing of a petition for bankruptcy or as the result of a denial of credit or the inability to meet financial obligations. **Pre-Existing Condition** means illness, disease or Accidental injury of the Insured Person, Traveling Companion, Immediate Family Member of the Insured Person or Immediate Family Member of the Traveling Companion, for which medical advice, diagnosis, care or treatment was recommended or received within the sixty (60) day period immediately prior to the deposit date or booking date of a Common Carrier Covered Trip. The taking of prescription

drugs or medication for a controlled condition throughout this sixty (60) day period will not be considered to be a treatment of illness or disease. **Traveling Companion** means an individual who has made advanced arrangements with you to travel together for all or part of the Covered Trip.

**DEFINITIONS:** **Accident or Accidental** means a sudden, unforeseen and unexpected event happening by chance. **Accidental Bodily Injury** means bodily injury which is Accidental, the direct cause of a Loss, is independent of disease, illness or other cause and occurs while you are insured under this policy, which is in force. Accidental Bodily Injury does not include conditions caused by repetitive motion injuries or cumulative trauma not a result of an Accident, including, but not limited to: 1) Osgood-Schlatter's Disease; 2) bursitis; 3) Chondromalacia; 4) shin splints; 5) stress fractures; 6) tendinitis; and 7) Carpal Tunnel Syndrome. **Account** means credit card accounts, debit card accounts, central bill accounts, checking accounts and savings accounts as set forth in the policy. **Accountholder** means any individual who is named on an open and active account with the Policyholder. **Cardholder** means an individual who is named on the account card issued by the policyholder. **Common Carrier** means any motorized land, water or air conveyance organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract. **Common Carrier Covered Trip** means travel on a common carrier when the full fare for transportation has been charged to your account issued by the policyholder. **Covered Trip** means any pre-paid tour, trip or vacation: 1) occurring while the insurance is in-force; 2) which includes at least one overnight stay away from the Insured Person's primary residence; 3) with a destination that is more than fifty (50) miles from the Insured Person's primary residence; and 4) not exceeding sixty (60) days in duration. **Credit Card** means a payment medium that takes the form of a credit card, credit plate, charge plate, courtesy card or other identification card or device issued to you. You may use the credit card to purchase, hire, rent or lease property or services. Credit Card does not include a debit card. **Debit Card** means a payment medium that takes the form of a card, plate or other identification card or device issued to you as an owner of a deposit account maintained by the issuer. You may use the debit card to purchase, hire, rent or lease property or services. Debit Card does not include credit card. **Dependent Child** means the primary insured person's unmarried child, dependent on the primary insured person for maintenance and support, under the age of 25, or classified as an incapacitated dependent child. **Domestic Partner** means a person designated by the primary insured person who is registered as a domestic partner or legal equivalent under the laws of the governing jurisdiction or who is at least 18 years of age and competent to enter into a contract; is not related to the primary insured person by blood; has exclusively lived with the primary insured person for at least 12 consecutive months; is not legally married or separated and has with the primary insured person at least 2 of the following financial arrangements: a joint mortgage or lease, a joint bank account, joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease or a joint credit card account with a financial institution. Neither the primary insured person nor domestic partner can be married to, nor in a civil union with, anyone else. **Immediate Family Member** means the insured person's spouse or domestic partner; children including adopted children or step-children; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces and nephews. **Incapacitated Dependent Child** means a child who, as a result of being mentally or physically challenged, is permanently incapable of self-support and permanently dependent on the Primary Insured Person for support and maintenance. The incapacity must have occurred while the child was under the age of twenty-five (25). **Insured Person** means the Cardholder and their Spouse / Domestic Partner and unmarried Dependent Children. **Loss** means Accidental Loss of foot, Loss of hand, Loss of hearing, Loss of life, Loss of sight, Loss of sight of one eye, Loss of speech, Loss of thumb and index finger. Loss must occur within one year after the Accident. **Loss of Foot** means the complete severance of a foot through or above the ankle joint. **Loss of Hand** means a complete severance, as determined by a physician, of at least 4 fingers at or above the metacarpal phalangeal joint on the same hand or at least 3 fingers and the thumb on the same hand. **Loss of Hearing** means permanent, irrecoverable and total deafness, as determined by a physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device. **Loss of Property** means Baggage Delay, Trip cancellation or Trip Interruption which occurs while the Insured Person is insured under this policy which is in-force. **Loss of Sight** means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a physician. **Loss of Sight of One Eye** means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device as determined by a physician. **Loss of Speech** means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a physician. **Loss of Thumb and Index Finger** means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a physician. **Physician** means a licensed practitioner of the healing arts acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include you, an immediate family member, your employer or business partner or the policyholder. **Policyholder** means Velera Financial Services. **Primary Insured Person** means the Cardholder. **Proof of Loss** means written evidence acceptable to us that an Accident, Accidental Bodily Injury or Loss has occurred. **Specialized Aviation Activity**

means use of a properly certified aircraft for flight on a rocket propelled or rocket launched aircraft. Specialized Aviation Activity shall include any flight which requires a special permit or waiver from a governmental authority having jurisdiction over civil aviation, whether or not such permit or waiver is granted. **Spouse** means your husband or wife who is recognized as such by the laws of the jurisdiction in which the primary insured person resides. **We, Us and Our** means Federal Insurance Company.

**EXCLUSIONS (applicable to all benefits):** This insurance does not apply to any Accident, Accidental Bodily Injury, Loss, Covered Loss or Loss of Property when: 1) the United States of America has imposed any trade or economic sanctions prohibiting insurance of any Accident, Accidental Bodily Injury, Loss, Covered Loss or Loss of Property; or 2) there is any other legal prohibition against providing insurance for any Accident, Accidental Bodily Injury, Loss, Covered Loss or Loss of Property. Additionally, this insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, the Insured Person: 1) entering, or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency; 2) the Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment or diagnosis thereof. This exclusion does not apply to the Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria; 3) traveling or flying on any aircraft engaged in Specialized Aviation Activities; 4) suicide, attempted suicide or intentionally self-inflicted injury; or 5) a declared or undeclared War.

**CLAIM NOTICE:** Written claim notice must be given to the Company within 20 days after the occurrence of any Loss covered by this policy or as soon as reasonably possible. Failure to give notice within 20 days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible.

**CLAIM FORMS:** When the Company receives notice of a claim, the Company will send you forms for giving Proof of Loss to us within 15 days.

If you do not receive the forms, you should send the Company a written description of the Loss.

**CLAIM PROOF OF LOSS:** Complete proof of Loss must be given to us within 90 days after the date of Loss, or as soon as reasonably possible. Failure to give complete Proof of Loss within these time frames will not invalidate any otherwise valid claim if notice is given as soon as reasonably possible and in no event later than 1 year after the deadline to submit complete Proof of Loss.

**TIME PAYMENT OF CLAIMS:** The Company will pay you or your beneficiary the applicable Benefit Amount as soon as complete proof of Loss is received if you, the Policyholder and/or the beneficiary have complied with all the terms of this policy. If a claim is contested by us, we will notify you or your beneficiary the reasons for contesting the claim within 45 days of receipt of complete Proof of Loss. If we request additional information from you or your beneficiary, upon receipt of requested information we will pay or deny the claim within 60 days. All overdue claim payments will bear simple interest at the rate of 10% per year.

**EFFECTIVE DATE:** Your insurance becomes effective on the latest of: the effective date of this policy, the date on which you first meet the eligibility criteria as the Insured Person or the beginning of the period for which required premium is paid for you. Insurance for you automatically terminates on the earliest of: the termination date of this policy, the expiration of the period for which required premium has been paid for you, the date on which you no longer meets the eligibility criteria as the Insured Person or the date on which the Company pays out 100% of the principal sum.

For claims related matters ONLY, please contact the Claims Administrator:

Broadspire, a Crawford Company  
PO Box 459084  
Sunrise, FL 33345  
Phone: 855-307-9246  
Fax: 855-830-3728

As a handy reference guide, please read this and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained In the Master Policy 9907-84-82, which can be obtained from the Policyholder.

This information is a brief description of the important features of this insurance plan. It

is not an insurance contract. Insurance underwritten and provided by Federal Insurance Company, a Chubb company. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at [www.chubb.com](http://www.chubb.com). All products may not be available in all states or certain terms may be different where required by state law. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. Chubb, 202 Hall's Mill Road, Whitehouse Station, NJ 08889-1600.

VELERA MASTER TRAVEL 0421

#### **Checked & Carry-On Baggage**

**THE PLAN:** As an eligible cardholder you are eligible to receive reimbursement for amounts paid for direct physical loss or damage to Checked and/or Carry-On Baggage and personal property contained therein up to \$3,000. Reimbursement will be the cost to replace the lost or damaged personal property at the time of loss, less depreciation. This coverage applies provided the entire cost of the Common Carrier passage fare is charged or debited to your eligible card account.

**DEFINITIONS:** **Carry-On Baggage** means suitcases or other containers specifically designated for carrying personal property, which are carried on board a Common Carrier by the Insured. **Checked Baggage** means suitcases or other containers specifically designated for carrying personal property, for which a claim check has been issued to the \*Insured by a Common Carrier. **Common Carrier** means any land, water, or air conveyance operated under a license for the transportation of passengers for hire. **Insured** means Cardholders, Cardmembers and Accountholders of the Policyholder. **Cardholder** means an individual who has been issued an Account card by the Policyholder. **Cardmember** means any authorized primary or additional card user who has been issued an Account card by the Policyholder. **Accountholder** means an individual who has an open and active Account with the Policyholder.

**ELIGIBILITY:** This Common Carrier Baggage reimbursement is provided to you, as an Insured, automatically when the entire cost of the Common Carrier passage fare is charged or debited to your eligible Account. It is not necessary for you to notify the Insurance Company or Plan Administrator at the time the passage fee is charged or debited to your Account.

**THE COST:** This coverage is provided at no additional cost to eligible Insureds under the master policy issued to Velera by Federal Insurance Company (the Company).

**AMOUNT OF INSURANCE:** The Company's liability will be for a maximum reimbursement of \$3,000 per Insured, of which no more than \$250 will be for all jewelry and fur. Payment will be on an Actual Cash Value basis at the time of loss. Coverage under this plan will be excess over any amount due solely from the Common Carrier.

**EXCLUSIONS:** Coverage does not apply to loss resulting from: (1) any dishonest, fraudulent or criminal act of the Insured; (2) forgery by the Insured; (3) loss due to war or confiscation by authorities; (4) loss due to nuclear reaction or radioactive contamination. Coverage also does not apply to: (1) sporting equipment, unless checked with the Common Carrier and for which a claim check has been provided by the Common Carrier. (2) animals, perishables; cameras and accessory equipment; eye glasses and contact lenses; prosthetic devices including dentures and hearing aids; tickets, valuable papers and documents; Credit Cards and Debit Cards; securities; money; art objects; electronic equipment; business items; bullion or precious or semi-precious metals, stones or gems other than that contained in items of personal jewelry owned by the Insured; household furniture; motor vehicles, boats or watercraft or aircraft or parts for such conveyances.

**EFFECTIVE DATE:** This plan is effective the date you first meet the definition of an eligible Insured and will cease on the date the master policy terminates (in which case you will be notified by the Policyholder), or on the date you no longer qualify as an eligible Insured or on the expiration date of any applicable period of coverage for any Insured, whichever occurs first.

**MISREPRESENTATION AND FRAUD:** Coverage of the Insured will be void if, at any time, the Insured has concealed or misrepresented any material fact or circumstance concerning this coverage or the subject thereof or the interest of the Insured herein, or in case of any fraud or false swearing by the Insured relating thereto.

Coverage for an Insured will be void if, whether before or after a loss, the Policyholder or its subscribing organization(s) has concealed or misrepresented any material fact or circumstance concerning this coverage or the subject thereof or the interest of the Insured therein, or in case of any fraud or false swearing by the Policyholder or its subscribing organization(s) relating hereto.

**CLAIM PROCEDURE:** The Insured must send the Company written notice of a claim,

including the Insured's name and policy number, within 45 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. To file a sworn Proof of Loss, the Insured must send the following to the Company or its authorized representative: (1) a copy of the Account statement showing the Common Carrier fare charged; (2) a copy of the initial claim report submitted to the Common Carrier; (3) proof of submission of the loss to and the results of any settlement by the Common Carrier; (4) proof of submission of the loss to and the results of any settlement or denial by the Insured's personal insurance carrier(s); (5) if no other insurance is applicable, a notarized statement from the Insured to that effect; and (6) evidence that the personal property has actually been replaced.

The Insured must: a. protect personal property from further loss, theft or damage; b. report within 24 hours any loss, theft or damage to the appropriate official representative such as the police or Common Carrier service; c. report any loss to the Company or its authorized representatives as soon as reasonably possible; d. submit Proof of Loss to the Company; e. cooperate with the Company in the investigation, settlement or handling of any claims; f. permit the Company to question the Insured under oath whenever the Company's investigation deems it necessary. All statements taken will be signed by the Insured; and g. authorize the Company to obtain records or reports necessary to the Company's investigation.

**FOR INSURED WHO ARE NEW YORK STATE RESIDENTS:** To the extent that this plan provides insurance against the loss or damage to baggage and its contents, the following terms and conditions apply: (1) The loss or damage must occur while the Insured is in transit; (2) The maximum amount of insurance is \$2,000 per bag, including contents, subject to a maximum annual aggregate amount of \$10,000 for all Insureds per trip.

As a handy reference guide, please read this document and keep it in a safe place with your other insurance documents. This Summary of Coverage is not a contract of Insurance but is simply an informative statement to eligible Insureds of the principal provisions of the insurance while in effect. Complete provisions pertaining to this plan of insurance are contained in the master policy on file with Velera, herein referred to as the Policyholder. If a statement in this Summary of Coverage and any provision in the policy differ, the policy (# 99068514) will govern.

**FOR QUESTIONS REGARDING THIS BENEFIT PLEASE CONTACT THE PLAN ADMINISTRATOR:**

Direct Marketing Group  
14416 Grover Street  
Omaha, NE 68144  
1-844-312-2802

For claims related matters ONLY, please contact the Claims Administrator:

Broadspire, a Crawford Company  
P.O. Box 459084  
Sunrise, FL 33345  
Phone: 844-312-2802 | Fax: 855-830-3728  
Policy # 9906-85-14

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance underwritten and provided by Federal Insurance Company, a Chubb company. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at [www.chubb.com](http://www.chubb.com). All products may not be available in all states or certain terms may be different where required by state law. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. Chubb, 202 Hall's Mill Road, Whitehouse Station, NJ 08889-1600.

VELERA CC BAGGAGE 0421

**Plan Administrator**  
**The Direct Marketing Group, Inc.**  
**14416 Grover Street**  
**Omaha, NE 68144**  
**844-312-2802**