

STUDY GROUP USA INSURANCE PLAN

Schedule of Benefits:

All Coverage and Benefits are in U.S. Dollar Amounts	
Accident and Sickness Medical Maximums Per Injury or Illness	\$250,000
Deductible per Injury or Illness*	See below
Coinsurance	100% to plan max
Benefit Period	Covered Expenses incurred during the Period of Coverage
Maternity	Covered as any other Illness
Extension of Coverage	Up to a max of 30 days
Mental Illness	Inpatient: \$5,000 payable at 50%, up to a max of 40 days Outpatient: \$500 payable at 80%
Alcohol and Drug Abuse	Up to \$1,000 payable at 50%
Dental (emergency)	\$100 per tooth to a maximum of \$500
Accidental Death & Dismemberment	\$10,000
Emergency Medical Evacuation	\$50,000
Return of Mortal Remains/Cremation	\$25,000
Emergency Reunion	\$5,000
Assistance	24 hours – Worldwide
Personal Liability	\$100,000 per occurrence, \$200,000 in the aggregate
Trip Interruption	Up to \$2,500
Loss of Baggage	Up to \$500, subject to a \$50 deductible

* Deductible for High School Exchange participants and Embassy CES is \$50. Deductible for College or University participants is \$100, or \$50 if treated by Student Health Services

DESCRIPTION OF BENEFITS

Medical Expenses:

This Plan shall pay Reasonable and Customary charges for Covered Expenses, excess of the chosen Deductible and Coinsurance up to the Medical Maximum, incurred by you due to a covered Injury or Illness which occurred during the Period of Coverage outside your Home Country. All bodily disorders existing simultaneously which are due to the same or related causes shall 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 shall 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 the Period of Coverage, and which are not excluded shall be considered Covered Expenses:

- 1) Charges made by a Hospital for semi-private 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, to a maximum of \$500, if recommended by a Physician for the Treatment of a specific Disablement following hospitalization 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 shall be by licensed ground ambulance only to a limit of \$350, 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 air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.
- 11) Home Country Coverage – Incidental trips to the Insured's Home Country provides 30 days of coverage up to a maximum of \$1,000 within 30 days of returning to your Home Country
- 12) Sports-related Injuries up to \$10,000

Mental Illness / Alcohol and Drug Abuse:

Refer to the policy for full plan details.

Maternity

Refer to the policy for full plan details.

Emergency Dental Treatment:

Benefits are paid for Reasonable and Customary expenses in excess of the chosen Deductible and Coinsurance of \$100 per tooth up to a maximum of \$500, for the emergency repair or replacement to sound, natural teeth damaged as the result of a Covered Accident.

Interruption of Trip:

If Your trip is interrupted due to the Death of a Family Member, Benefits will be paid, up to \$2,500, for the cost of economy travel less the value of applied credit from an unused return travel ticket to return You home to Your area of principal residence.

Loss of Baggage:

This Plan will reimburse You for loss, theft or damage to Your baggage or personal effects, checked with a Common Carrier provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. This Plan is secondary to any coverage provided by a Common Carrier and all other valid and collective insurance. This Plan will pay the lesser of: 1) the actual cash value (cost less proper deduction for depreciation at the time of loss, theft or damage); 2) the cost to repair or replace the article with material of a like kind and quality; or, 3) \$100 per article, to a maximum of \$500.

Emergency Medical Evacuation:

Benefits are paid for Covered Expenses incurred up to the plan maximum, for any covered Injury or Illness commencing during the Period of Coverage that result in a Medically Necessary Emergency Medical Evacuation. The decision for an Emergency Medical Evacuation must be pre-approved and arranged by the assistance company in consultation with Your local attending physician.

Refer to the policy for full plan details.

Return of Mortal Remains:

Should death occur, benefits will be paid for Reasonable and Customary Covered Expenses incurred up to plan maximum, to return Your remains to Your Home Country. Refer to the policy for full plan details.

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, 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. Refer to the policy for full plan details.

Accidental Death & Dismemberment:

Benefits shall 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 shall 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, shall be payable. Please see the policy for additional details.

Description of Loss	Percent of Principal Sum
Life	100%
Both hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Either hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%

PLAN DEFINITIONS

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

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

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

Pre-existing Condition shall mean any condition for which a licensed Physician was consulted, or for which Treatment or Medication was prescribed, or for which manifestations or symptoms would have caused a person to seek medical advice 24 months prior to the Effective Date of coverage under the Policy, except If the Injured Person is covered under the Policy for 24 consecutive months, the Pre-existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement.

Reasonable and Customary shall mean 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 where 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.

Please see the full policy for additional Plan Definitions

EXCLUSIONS AND LIMITATIONS

No Benefit shall be payable for Accident Medical, Sickness Medical, Mental Illness, Alcohol and Drug Abuse, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, and Emergency Medical Reunion, as the result of:

1. Any Pre-Existing Condition as defined hereunder. This exclusion does not apply to Emergency Evacuation/Repatriation or Return of Mortal Remains.
2. Injury or Illness which is not presented to the Company 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 exceeds 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. 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, arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall 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 covered hereunder;
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 shall be considered a cosmetic condition;
17. Elective Surgery which can be postponed until you return to your Home Country, 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, unless otherwise covered under this policy;
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, unless otherwise covered under this policy;
23. Congenital abnormalities and conditions arising out of or resulting there from;
24. Expenses which are non-medical in nature;
25. Expenses as a result of or in connection with intentionally self-inflicted Injury or Illness;
26. Expenses as a result of 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, snorkeling, water skiing, snow skiing, spelunking, parasailing 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 any cost to 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 miscarriage resulting from Accident;
33. 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;
34. Treatment for human organ tissue transplants and their related treatment;
35. Expenses incurred while in your Home Country, except as provided under the Home Country Coverage;
36. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
37. Injury sustained as the result of the Insured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place;
38. Covered Expenses incurred for which the Trip to the Host Country or the United States 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;

Note: There are alternative exclusions for the Accidental Death & Dismemberment benefit. Please refer to the full policy for details.

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

Personal Liability:

SCHEDULE OF BENEFITS

A. Personal Liability Insurance Coverage	Limit per CLAIM:	\$ <u>\$100,000</u>
	Deductible per CLAIM	\$ <u>nil</u>
	Aggregate Limit per INSURED	\$ <u>200,000</u>
B. Medical Payments Coverage:		\$ <u>25,000</u>
C. Additional Living Expenses Coverage:		\$ <u>10,000</u>
D. Payment of Deductible Under Homeowner's Insurance Coverage		\$ <u>1,000</u>
E. Policy Aggregate		\$ <u>200,000</u>

DEFINITIONS

"AUTOMOBILE" means a land motor vehicle, trailer or semi-trailer designed for travel on public roads (including any machinery or apparatus attached thereto)

"BODILY INJURY" means bodily injury, sickness or disease sustained by any person, including death. It does not include any communicable disease.

"CLAIM(S)" means a demand for money or the service of a suit naming an INSURED and alleging an INCIDENT. CLAIMS does not include proceedings seeking injunctive or other non-pecuniary relief.

"CLAIMS EXPENSES" means:

(a) Fees charged by an attorney or attorneys designated by the Company and all other fees, costs, and expenses resulting from the investigation, adjustment, defense settlement and appeal of a CLAIM, suit or proceeding arising in connection therewith, if incurred by the Company, or incurred by the INSURED with written consent of the Company, but does not include salary charges or expenses of regular employees or officials of the Company, or fees and expenses of independent adjusters;

(b) All costs against the INSURED in such suits and all interest on the entire amount of any judgment therein which accrues after entry of the judgment and before the Company has paid or tendered or deposited, whether in court or otherwise, that part of the judgment which does not exceed the limit of the Company's liability thereon;

(c) Premiums on appeal bonds and premiums on bonds to release attachments in such suits, but not for bond amounts in excess of the applicable limit of liability of this policy. The Company shall have no obligation to pay for or furnish any bond;

(d) Up to \$250 for loss of earnings to each INSURED for each day or part of a day of their attendance at the Company's request at a trial, hearing or arbitration proceeding involving a civil suit against such INSURED for covered DAMAGES, but the amount so payable for any one or series of trials, hearings or arbitration proceedings arising out of the same INCIDENTS shall in no event exceed \$5,000.

"DAMAGES" means compensatory judgments, settlement or awards, but does not include fines or penalties, the return of fees or other consideration paid to the INSURED.

"HOST FAMILY" means the person(s) responsible for providing the INSURED'S room, board, general welfare, and care while on a Covered Trip/Program.

"INCIDENT" means any act or omission committed by the INSURED during the Policy Term which unexpectedly, unintentionally, and suddenly results in BODILY INJURY, PROPERTY DAMAGE or PERSONAL INJURY provided the act or omission committed by the INSURED was during the POLICY TERM.

"INSURED LOCATION" means (1) the HOST FAMILY'S residence premises and the part of any other premises, structures and grounds used by the Insured; or (2) Any part of a premises where an Insured is temporarily staying. An INSURED LOCATION does not include coverage for PROPERTY DAMAGE to property rented to, occupied by, used by, or in the care of any INSURED, to the extent that the INSURED is required by contract to provide insurance.

"MOBILE EQUIPMENT" means a land vehicle (including any machine or apparatus attached thereto, whether or not self-propelled), (1) not subject to motor vehicle registration, or (2) maintained for use exclusively on premises owned by or rented to any INSURED, including the ways immediately adjoining, or (3) designed for use principally off public roads, or (4) designed or maintained for the sole purpose of affording mobility to equipment of the following types forming an integral part of or permanently attached to such vehicle: power cranes, shovels, loaders, diggers and drills; concrete mixers (other than the mix-in-transit type); graders,

scrapers, rollers and other construction or repair equipment; air compressors, pumps and generators, including spraying, welding and building cleaning equipment; and geophysical exploration and well servicing equipment, or (5) anything with a motor that rolls, flies or dives, such as snowmobiles, mopeds, motorbikes, dirt bikes or (6) anything that flies such as parasails, parachutes and hang gliders.

“PERSONAL INJURY” means:

- (a) false arrest, detention or imprisonment, wrongful entry or eviction, other invasion of private occupancy, or malicious prosecution;
- (b) the publication or utterance of a libel, slander or other defamatory or disparaging material; or
- (c) a publication or an utterance in violation of an individual's right of privacy.
- (d) shock, mental anguish, or mental injury;

PERSONAL INJURY does not include the transmission intentionally or unintentionally of any illness, sickness or disease by the INSURED to anyone, or any consequence resulting from that illness, sickness or disease.

“PROPERTY DAMAGE” means

- (a) physical injury to or destruction of tangible property, including the loss of use thereof at any time resulting therefrom or
- (b) loss of use, or loss of the value of tangible property which has not been physically injured or destroyed.

Personal Liability Insurance Coverage

The Company will pay on behalf of the INSURED all sums which the INSURED shall become legally obligated to pay as DAMAGES for personal liability CLAIMS first made against the INSURED and reported to the Company, during the Policy Term that his endorsement is in effect, arising out of any INCIDENT covered under this Policy, provided always that such INCIDENT happens:

- (a) on or after the Policy Effective Date on which this endorsement becomes effective; or
- (b) on or after the effective date of the earliest claims-made policy issued by the Company covering the INSURED to which this is a continuous renewal.

For any claim brought in the United States of America (including its territories and possessions), Puerto Rico or Canada, the Company shall have the right and duty to defend any suit against the INSURED seeking DAMAGES to which this insurance applies even if any of the allegations of the suit are groundless, false or fraudulent. The Company may make such investigation and settlement of any CLAIM, or suit as it deems expedient. With respect to claims brought or suits instituted in courts elsewhere than within the United States of America (including its territories and possessions), Puerto Rico or Canada, the Company shall have the right, but not the duty, to:

- 1) Defend and suit; and
- 2) Make such investigation, negotiation and settlement of any claim or suit as the Company deems expedient. Any claim or suit which the Company elects not to investigate, settle or defend, the INSURED, under the Company's supervision, will make or cause to be made, such investigation and defense as may be reasonably necessary. Subject to prior authorization by the Company, the INSURED will effect, to the extent possible, such settlements as the Company and the INSURED deem prudent. The Company will reimburse the Insured for the cost of any such (#2 cont) investigation, settlement or defense, in the currency of the United States of America at the rate of exchange prevailing on the date of payment.

In no event shall the Company be obligated to pay DAMAGES or CLAIM EXPENSES or to defend, or continue to defend, any suit after the applicable limit of the Company's liability has been exhausted by payment of DAMAGES and/or CLAIM EXPENSES.

OTHER INSURANCE. If other valid and collectible insurance is available to the Insured for a covered loss under Coverage A, Personal Liability Insurance Coverage, the Company's obligations are limited as follows:

(a) Primary Insurance

This insurance is primary over the PARTICIPATING ORGANIZATION'S liability insurance. If this insurance is primary, our obligations are not affected unless any insurance other than the PARTICIPATING ORGANIZATION'S insurance is also primary. Then we will share with all that other insurance by the Method of Sharing described in (b) below.

(b) Method of Sharing

If the other insurance permits the contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

The Policy provides excess coverage over and above insurance which may cover the Insured, Host Family or a third party involved in an Occurrence. The amount paid is pursuant to the applicable coverage provision(s) of the Policy and is reduced by the amount payable by any such Underlying Insurance.

Medical Payments Coverage

The Company will pay up to \$5,000 on behalf of the INSURED for Medical Expenses that are incurred or medically ascertained within 52 weeks after the date of the INCIDENT and which result from an INCIDENT causing BODILY INJURY to:

- (a) A person who is on the INSURED LOCATION with the permission of the HOST FAMILY, if the INCIDENT is caused by the activities of the INSURED or by an animal owned by, or in the care of, an INSURED.
- (b) A person not on the INSURED LOCATION, if the INCIDENT is caused by the activities of an INSURED or by an animal owned by, or in the care of, an INSURED.

Medical Expenses are defined as those expenses recommended and approved by a Physician for hospital room and board, use of an operating room, emergency room, ambulatory medical center, fees of physicians and nurses, laboratory tests, prescription medicines or drugs, anesthetics, transfusions, diagnostic testing, and therapeutics.

The Company will pay the benefit pursuant to this provision only after due proof of the Medical Expenses incurred. has been submitted to the Company,

This coverage does not apply to the INSURED or to a dependent of an INSURED.

Additional Living Expenses Coverage

If an INCIDENT caused by the activities of the INSURED results in the INSURED LOCATION becoming unfit to live in, the Company will pay for any necessary increase in living expenses incurred by the HOST FAMILY so that the household can maintain its normal standard of living. Payment will be for the shortest time required to repair or replace the damage to the INSURED LOCATION or, if the HOST FAMILY permanently relocates, the shortest time required for the HOST FAMILY to settle elsewhere. The Company will pay the HOST FAMILY benefits up to a maximum of \$5,000 on behalf of the INSURED per POLICY TERM for Additional Living Expenses.

Payment. The Company will pay the benefit pursuant to this provision only after due proof of the additional living expenses incurred has been submitted to the Company.

Payment of Deductible Under Homeowner's Insurance Coverage

If an INCIDENT caused by the activities of the INSURED results in a claim being paid under a valid and collectible homeowner's insurance policy of the HOST FAMILY covering the INSURED LOCATION, the Company will pay the HOST FAMILY for the loss incurred up to the amount of the deductible under the HOST FAMILY'S homeowner's insurance policy, not to exceed \$1,000 per INSURED per POLICY TERM.

Payment. The Company will pay the benefit pursuant to this provision only after due proof of the deductible amount which was incurred has been submitted to the Company

LIMIT OF LIABILITY - CLAIMS

Regardless of the number of INSUREDS under this Policy, the number of persons or organizations which sustain injury, or the number of CLAIMS made or suits brought, the Company's liability for the Coverages provided is stated in the Schedule of Benefits.

Notwithstanding the limit of liability identified in the Schedule of Benefits, a sub-limit of \$25,000 each claim and aggregate, as part of and not in addition to the limit of liability identified in the Schedule for Benefits, shall constitute the only limit of liability available for all damages and claims expenses arising out of or attributable to any suit brought against any INSURED alleging, in whole or part sexual assault, abuse, molestation or habitual neglect, or licentious, immoral, amoral, other behavior that was threatened, committed or alleged to have been committed, by an INSURED or by any person for whom the INSURED is legally responsible, This sub-limit is inclusive of all expenses derived from or based upon the defense of any above described act. This sub-limit of liability shall constitute the only limit of liability available for all damages and claim expenses arising from the above described acts and no other limit of liability shall be available for any damages or claim expenses arising from the above described acts

The limit of liability stated in the Schedule of Benefits as applicable to "each claim" is the limit of the Company's liability for all DAMAGES because of each CLAIM covered hereby. All CLAIMS arising from the same or related INCIDENT shall be considered a single CLAIM for the purpose of this insurance and shall be subject to the same limit of liability. The limit of liability stated in the Schedule of Benefits as "AGGREGATE" is, subject to the above provision respecting "each claim", the total limit of the Company's liability under this Policy for all DAMAGES as a result of all CLAIMS made and reported to the Company during the POLICY TERM, including

any Extended Reporting Period. CLAIMS EXPENSES are included within the applicable limit of liability stated in the Schedule of Benefits.

WHEN CLAIM IS TO BE CONSIDERED AS FIRST MADE

- (a) When the Company first receives written notice from the INSURED, that a CLAIM has been made, or
- (b) When the Company first receives written notice from the INSURED, of specific circumstances involving a particular person or entity which may result in a CLAIM.

All CLAIMS arising out of the same or related INCIDENT shall be considered as having been made at the time the first such CLAIM is made, and shall be subject to the same limit of liability.

GENERAL PROVISIONS

ACTION AGAINST THE COMPANY. No action shall lie against the Company unless, as a condition precedent thereto, there shall have been full compliance with all of the terms of this policy, but not until the amount of the INSURED's obligation to pay shall have been finally determined either by judgment against the INSURED after actual trial or by written agreement of the INSURED, the claimant and the Company.

ASSIGNMENT. The interest of any INSURED is not assignable. If any INSURED shall die or be judged incompetent, this insurance shall thereupon terminate for such person but shall cover the INSURED's legal representative as the INSURED with respect to liability previously incurred and covered by this insurance.

ASSISTANCE AND COOPERATION OF INSURED IN THE EVENT OF CLAIM OR SUIT. Upon the INSURED becoming aware of any INCIDENT which could reasonably be expected to be the basis of a CLAIM covered hereby, written notice shall be given by the INSURED to the Company together with the fullest information obtainable.

If CLAIM is made or suit is brought against the INSURED, the INSURED shall immediately forward to the Company every demand, notice, summons or other process received by the INSURED or the INSURED's representative. The INSURED shall cooperate with the Company and, upon the Company's request, assist in making settlements in the conduct of suits and in enforcing any right of contribution or indemnity against any person or organization who may be liable to the INSURED because of DAMAGES with respect to which this insurance applies. The INSURED shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The INSURED shall not, except at the INSURED's own cost, voluntarily make any payments, assume any obligation or incur any expense.

CURRENCY. All premiums must be paid to the Company, and the Company will pay all benefits, in the currency of the United States of America at the rate of exchange prevailing on the date of payment.

POLICY TERM. With respect to each INSURED, the POLICY TERM shall begin WHEN AN INSURED'S COVERAGE BEGINS and terminate WHEN AN INSURED'S COVERAGE ENDS as stated in the General Provisions of the Policy.

REIMBURSEMENT. While the Company has no duty to do so, if the Company pays DAMAGES or CLAIMS EXPENSES:

- (a) within the amount of the applicable deductible; or
- (b) in excess of the applicable limit of liability,

the INSURED shall, upon written demand, repay such amounts to the Company within thirty (30) days thereof. Failure to pay any amounts indicated above may lead to policy cancellation and the INSURED shall not have the right to any Extended Reporting Period option.

SUBROGATION. If the Company makes a payment under the Policy and the person to or for whom payment was made has a right to recover damages from another, the Company shall be subrogated to that right. That person shall do:

- 1. Whatever is necessary to enable the Company to exercise the Company's rights; and
- 2. Nothing after the loss to prejudice those rights.

If the Company makes a payment under the Policy and the person to or for whom payment is made recovers damages from another, that person shall:

- 1. Hold in trust for the Company the proceeds of the recover; and
- 2. Reimburse the Company to the extent of the Company's payment.

LIMITATIONS AND EXCLUSIONS

This insurance does not apply to any CLAIM or suit:

1. for BODILY INJURY or PROPERTY DAMAGE arising out of the ownership, maintenance, operation, use, loading or unloading of any AUTOMOBILE, watercraft, MOBILE EQUIPMENT or aircraft owned or operated by or rented or loaned to any INSURED, other than as a passenger.
2. based on or arising out of liability assumed by the INSURED under any contract or agreement, except liability arising out of the performance of written duties required by the Participating Organization as part of the Covered Trip/Program;
3. arising out of discrimination on the basis of age, sex, race, creed, religion, marital status, national origin or sexual preference by any INSURED, including PERSONAL INJURY resulting therefrom;
4. arising from the transmission of or infection by, or the testing or the failure to test for the presence of Acquired Immune Deficiency Syndrome (AIDS), any AIDS related virus or any other disease transmitted through sexual contact or another person's body fluids;
5. based on or arising out of an actual or attempted dishonest, fraudulent, criminal act, act of violence, or malicious act or omission or deliberate misrepresentation committed by, at the direction of, or with the knowledge of any INSURED, including intentional tortious acts;
6. arising from acts by any INSURED expected or intended to cause BODILY INJURY or PROPERTY DAMAGE sustained (This exclusion does not apply to BODILY INJURY resulting from the use of reasonable force to protect person or property.);
7. arising from any obligation for which the INSURED or any carrier as their insurer may be held liable under any worker's compensation, unemployment compensation or disability benefits law, or under any similar law;
8. of PROPERTY DAMAGE to:
 - a) property owned or being transported by the INSURED, or
 - b) property rented to, occupied by or in the care of the INSURED;
9. brought against any INSURED alleging, in whole or part sexual assault, abuse, molestation, corporal punishment or physical or mental abuse, or habitual neglect, or licentious, immoral, amoral other behavior that was threatened, committed, or alleged to have been committed, by any INSURED or by any person for whom the INSURED is legally responsible; however, notwithstanding the foregoing, the INSURED shall be protected under the terms of this policy as to any claim and/or allegation which may be covered by the policy upon which suit may be brought against him, for any such alleged behavior by an INSURED unless a judgment or a final adjudication adverse to the INSURED shall establish that such behavior occurred as an essential element of the cause of action so adjudicated;
10. for injuries caused by or contributed to by the use, sale, manufacture, delivery, transfer or possession of **controlled substances** except as administered by a physician;
11. for BODILY INJURY OR PROPERTY DAMAGE arising from the use of alcohol, intoxicants drugs or narcotics, except as prescribed by a licensed physician;
12. for BODILY INJURY or PROPERTY DAMAGE due to war, whether or not declared, civil insurrection, rebellion or revolution or to any act or condition incidental to any of the foregoing;
13. for PERSONAL INJURY or BODILY INJURY to the INSURED or to a dependent of the Insured;
14. brought against any INSURED arising out of the INSURED'S business pursuits, investments, or other for profit activities;
15. for BODILY INJURY or PROPERTY DAMAGE caused directly or indirectly by nuclear reaction, radiation, contamination whether radioactive or not, regardless of how it was caused.
16. for BODILY INJURY or PROPERTY DAMAGE caused directly or indirectly by pollution or asbestos, regardless of how it was caused.
17. The INSURED'S rendering of day care services when such services are for persons other than the Host Family's children.
18. for BODILY INJURY, PERSONAL INJURY, or PROPERTY DAMAGE arising out or participating in high-risk sports including: Hunting activities, boxing, combat sports, mountaineering or rock climbing, potholing, aerial sports, heli-skiing, motorized racing or speed trials, bungee jumping, scuba diving (unless the Insured has the qualifications recognized by the competent local authority in the contracted destination), wild water rafting, jet-skiing, professional sports, and participation in competitive sporting events of any kind.
19. for BODILY INJURY or PROPERTY DAMAGE among or between INSUREDS traveling together and INSUREDS and their accompanying relatives.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

CLAIMS & CUSTOMER SERVICE CONTACT INFORMATION

In the event of Sickness or Injury, you should

- 1) Report to the Student Health Service, if available, or the nearest physician or hospital.
- 2) When treatment is received, a claim form must be completed and sent with the original itemized bills to the claim administrator within 90 days. You will receive a claim form along with your ID card in your fulfillment kit once you have enrolled in the plan.

Submit Claims to:

Specialty Risk International, Inc. (SRI)

303 Congressional Blvd

Carmel, IN 46032

Phone: 800-683-1427 FAX: 317-575-2256

Email: claims@specialtyrisk.com

Claims & Assistance Services

Upon enrollment you are eligible to use any of the assistance services provided:

- Open 24 Hours a day, 365 days a year
- Multilingual personnel
- Physicians/Nurses on staff
- Locate local facilities
- Help with emergency situations

Within the U.S and Canada call 800-683-1427, Outside the U.S and Canada call collect 317-818-2806.

Please keep this brochure as a general summary of the insurance. This plan is underwritten by the Virginia Surety Company, Inc. The master policy contains complete details of the coverage, and is the governing document. A copy of the Policy is available for inspection at the Plan Administrator's office. The Master Policy shall control in the event of any conflict between this brochure and the Policy.

Underwritten By:

Virginia Surety Company Inc.