iTravelInsured

d.b.a. iTravelInsured Insurance Services in CA.
d.b.a. iTravelInsured Insurance Agency in NY.

A wholly owned subsidiary of:

INTERNATIONAL MEDICAL GROUP

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For marketing questions, please call:

1.866.368.3724

Please direct claims questions to:

iTravelInsured - Program Manager
P.O. Box 88503
Indianapolis, IN 46208-0503 USA
Toll Free (U.S. and Canada): 1.866.243.7524
Collect (Outside U.S. and Canada): 01.317.655.9798
Email: itravelclaims@itravelinsured.com
Fax: 1.317.655.4505

While on your trip, 24/7 emergency travel assistance:

Toll Free (U.S. and Canada): 1.866.243.7524
Collect (Outside U.S. and Canada): 01.317.655.9798

ASSOCIATION REFERRER INFORMATION

Contact Information:

Community Ins Agency, Inc
425 Huehl Road, Suite. 22-A
Northbrook, IL US 60062
Phone: 1-800-344-9540
Fax: 1-847-897-5130
info@ciainsagency.com
http://www.visitorsinsurance.com

Certificate form #: iTI100-14; iTI200-14

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Patriot T.R.I.P.® Elite

First class travel protection

iTravelInsured

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INTERNATIONAL MEDICAL GROUP

Travel insurance is underwritten and offered where available by Delos Insurance Company, New York, NY 10036.

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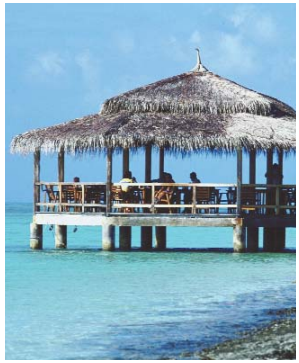
First Class Travel Protection



Cruising on the open sea, strolling on a pristine beach, hiking through emerald green forests - whatever your choice of vacation, you expect first class service. So what would happen if you are prevented from taking your long-awaited journey? What if you become ill or injured before or during your trip? What if your selected airline or cruise line should go out of business? Those advance deposits and trip payments for that dream vacation could be lost.

To provide superior protection for a picture perfect vacation, there is Patriot T.R.I.P.® Elite, (**Tr**avel **I**tinerary **P**rotection), a premier travel insurance and emergency travel assistance services program. Patriot T.R.I.P. Elite provides coverage for many of those unforeseen circumstances that may force the cancellation of your travel plans or interrupt your covered trip.

With Patriot T.R.I.P. Elite, you may recover non-refundable, unused payments and deposits when a trip is cancelled or interrupted for a variety of reasons. Benefits are also provided for travel delays, baggage delays, emergency medical treatment, and medical evacuation while you're away from home.

Separate from these benefits, International Medical Group® (IMG®) can provide first-rate non-insurance emergency travel assistance, such as legal and medical referrals, embassy or consulate referrals, emergency cash transfers and help you replace lost travel documents or lost prescriptions, if necessary. All of these services are designed to make your trip as stress-free as possible.

You expect top-notch service if the unexpected should happen. Make sure you have the premier protection you need with Patriot T.R.I.P. Elite.

Program Manager

iTravelInsured has a wealth of experience designing and managing travel protection programs. Since 1999, on behalf of recognized insurers, iTravelInsured has offered protection to over 300,000 travelers.

Emergency Travel Assistance

International Medical Group is a worldwide leader in designing, distributing and administering global health care benefits, including emergency travel assistance services. Since 1990, IMG has provided benefits and services to more than a million clients in 170 countries.

IMG prides itself on delivering superior service around the globe, around the clock. Its dedicated staff of professionals includes multilingual claims administrators, on-site medical staff, and customer service professionals who work together to help meet your needs.

NSBTHA Membership

When you purchase Patriot T.R.I.P. Elite you automatically become a member of the National Small Business Travel & Health Association (NSBTHA). Through this association members may access travel insurance, emergency travel assistance services, and information about events, legislation, and other matters that affect travel. Information about NSBTHA is available at www.NSBTHA.org.

Benefit Highlights

Trip Cancellation • Your emergency illness, injury or death, or that of a family member, a business partner, a travel companion, or a travel companion's family member • A terrorist incident • Organized labor strike, natural disaster or bad weather resulting in the cessation of the travel supplier's services • Hijacking • Medical quarantine • Jury duty • Your home or that of a travel companion made uninhabitable by fire, windstorm, vandalism, or flood • Your auto accident or that of your travel companion on the way to the scheduled departure point • Employer termination or layoff • Financial default of a travel supplier • Cancelled leave if you or your travel companion is on active duty for the military, police or fire department	The amount of your trip you elected to protect up to US$20,000 per person
Trip Interruption • Applies to the same events as listed above	150% of the amount of your trip you elected to protect per person
Travel Delay • Travel supplier delay • Lost or stolen passport, travel documents, or money • Medical quarantine • Natural disaster • Your injury or illness or that of your travel companion • Missed cruise departures because of flight delay due to bad weather	Up to US$1,000 per person (US$200 per day after 24 hours OR US$500 for missed connection)
Baggage and Personal Possessions • Damage to, loss of, or theft of your checked or stored baggage by a common carrier or while stored with your hotel	Up to US$2,000 per person
Baggage Delay	Up to US$500 per person

Emergency Medical/Dental Expenses	Up to US$50,000 per person
Emergency Medical Evacuation/Repatriation • Reasonable expenses for evacuation to the nearest adequate medical facility, provided you are traveling more than 120 miles away from your primary place of residence • Reasonable expenses when you are confined in a medical facility more than 120 miles from your primary residence, and your treating physician and we determine it is medically necessary to transfer you to a medical facility nearer to your primary residence	Up to US$1,000,000 per person
Emergency Reunion or Return of Mortal Remains • Return of minor children or grandchildren • Transportation and lodging for a family member to be at your bedside • Return of a rental vehicle • Return of mortal remains	Up to US$3,000 per person
Common Carrier Accidental Death and Dismemberment	Up to US$100,000 per person
Violent Attack	US$250 per person

This is a summary of the principal provisions of the master policy offered through NSBTHA for its members. ***It is not considered to be a contract of insurance.*** *Complete details of coverage, terms, limitations, and exclusions that may affect benefits payable are provided in the master policy and summarized in the certificates.*

This brochure is not intended to be an offer to sell Patriot T.R.I.P. Elite or a solicitation by iTravelInsured in any jurisdiction where such action would be unlawful or in which iTravelInsured is not qualified to do so.

Coverage offered through the Patriot T.R.I.P. Elite program may vary by state and may not be available in all states. Read your certificate carefully and note all state exceptions that may apply. For more information regarding the exclusions and all other terms and conditions of the Patriot T.R.I.P. Elite programs, please see the applicable certificate wording which is available upon request.

EXCLUSIONS

We will not pay for any Illness, Injury or loss caused by or as a result of:

1. A Pre-Existing Condition.*
2. War or any act of war (whether declared or undeclared), civil disturbance, riot or insurrection.
3. Serving in one of the armed forces of any country or international authority.
4. Operating, learning to operate, piloting or riding in or on any aircraft or flying device, other than riding as a passenger in a licensed commercial aircraft.
5. Suicide or attempted suicide, intentionally self-inflicted Injury or Illness.
6. Being under the influence of any intoxicant, drug or narcotic unless prescribed by a Physician.
7. Training, practicing or participating in any motor sport or motor racing.
8. Parachuting, hang gliding, parasailing, hot air ballooning, scuba diving below 135 feet or any type of scuba diving without the proper diving training and certification from a professional organization, rock or mountain climbing, or hunting.
9. Pregnancy or childbirth when You are expected to give birth within two months from the date of a Covered Trip or an elective abortion.
10. Traveling against the advice of a Physician, traveling while on a waiting list for inpatient Hospital or clinic treatment, or traveling for the purpose of obtaining medical treatment abroad.
11. Taking part in any scheduled athletic event or competition.
12. Any emotional, psychological, mental or nervous disorder.
13. Any potentially fatal condition which was diagnosed before the date Your coverage became effective, or any condition for which You are traveling to seek treatment.
14. Dental treatment due to normal wear and tear or the normal maintenance of dental health.

**Under the Patriot T.R.I.P. Elite program, the pre-existing condition exclusion may be waived under the terms of the policy.*

Exclusions may vary by state. Read your certificate carefully and note all exclusions that may apply. For more information regarding these exclusions and all other terms and conditions of Patriot T.R.I.P. Elite, please see the applicable certificate wording which is available upon request.

PRE-EXISTING CONDITIONS

The Pre-Existing Condition exclusion is waived if coverage is purchased within 14 days after the date your initial payment for the covered trip was paid to the travel supplier. Insureds also must be medically able to travel on the date coverage is purchased.

If the Pre-Existing Condition exclusion is not waived, your pre-existing condition might still be covered if the answer to all of the following questions is "no."

1. Were you treated for a new illness in the last 60 days?
2. Has your condition worsened or required medical attention in the past 60 days?
3. Have you received any new medications in the past 60 days or have any of your current dosages been changed?

HOW TO ENROLL

To enroll, simply fill out the enrollment form on panels 7 and 8 and calculate the program cost based on the cost of your trip, your age, and the ages of your travel companions. Once you have completed the enrollment form, return it to iTravelInsured. Subject to acceptance of your enrollment form and payment of the program cost, coverage for all benefits except trip cancellation will begin on the departure date. The trip cancellation benefit will begin at 12:01 a.m. on the day after we receive your enrollment form.

Patriot T.R.I.P. Elite coverage ends on the earliest of the following dates: 1) Arrival at your return destination; 2) The return date; 3) 30 consecutive days from the departure date; or 4) Cancellation of your covered trip.

ENROLLMENT PROCESSING

Enrollment forms normally are processed within 24 hours of receipt. Once processing is complete, a fulfillment kit will be mailed to the mailing address listed on the enrollment form unless you request online fulfillment (see panel 9). The fulfillment kit will include your coverage verification letter, an insurance certificate, and an explanation of the non-insurance assistance services available as a benefit of membership in NSBTHA.

RIGHT TO CANCEL

If you are not satisfied for any reason, you may return the certificate to us within 10 days after receipt provided you have not already departed on your trip or filed a claim. The program cost will then be refunded, and the certificate will be void from the beginning.

To Enroll for Membership and Insurance

1. Complete this entire enrollment form, panels 7 and 8.
2. If paying by check or money order, please make payable to iTravelInsured and enclose in envelope with signed enrollment form.
3. Mail or fax completed enrollment form to:
   iTravelInsured, P.O. Box 88503
   Indianapolis, Indiana 46208-0503 USA Fax 317-655-4505

☐ **I will use the Online Fulfillment Kit Option (see page 9 for details - an email address is required)**

Contact Information **Please Print** ☐ **Mr.** ☐ **Mrs.** ☐ **Ms.**

Name (First)_____ (Last)_____

Address_____

City, State, Country, Zip_____

Email address_____

Phone_____

Date of departure_____ Date of return_____

Total Years	0 - 49	50 - 59	60 - 69	70 +
Factor	.0504	.0691	.0876	.1272

Program Cost Calculation ***(please complete the following for each traveler, using the appropriate factor from above). Factors are subject to change.***

1) First Name_____ Last Name_____

Date of birth_____

Current year	-	Birth year	=	Total years	$ Cost of trip	X Factor	= $ **Cost**
_____	-	_____	=	_____	$_____	X _____	= $_____

2) First Name_____ Last Name_____

Date of birth_____

Current year	-	Birth year	=	Total years	$ Cost of trip	X Factor	= $ **Cost**
_____	-	_____	=	_____	$_____	X _____	= $_____

3) First Name_____ Last Name_____

Date of birth_____

Current year	-	Birth year	=	Total years	$ Cost of trip	X Factor	= $ **Cost**
_____	-	_____	=	_____	$_____	X _____	= $_____

4) First Name_____ Last Name_____

Date of birth_____

Current year	-	Birth year	=	Total years	$ Cost of trip	X Factor	= $ **Cost**
_____	-	_____	=	_____	$_____	X _____	= $_____

5) First Name_____ Last Name_____

Date of birth_____

Current year	-	Birth year	=	Total years	$ Cost of trip	X Factor	= $ **Cost**
_____	-	_____	=	_____	$_____	X _____	= $_____

Please attach a separate page, if necessary, to list all travelers and continue to panel 8.

Total Program Cost Calculation

Please add together the program cost of each traveler to determine your total program cost*.

$_____ + $_____ + $_____ + $_____ + $_____
#1 Cost #2 Cost #3 Cost #4 Cost #5 Cost

+ $_____ = **Total Program Cost $_____**
Cost from attached pages

*The trip cost is subject to the following minimum amounts per traveler: $500.

MEMBERSHIP I (we) hereby enroll for membership to the National Small Business Travel and Health Association.

CERTIFICATION I (we) hereby certify and represent that I (we) have read, or have had read to me (us), all statements and answers recorded on this enrollment form. They are true, complete and correctly recorded. I confirm that all travelers listed on this enrollment form are medically able to travel on the date this coverage is purchased. I understand and agree that subject to the acceptance of this enrollment form and payment of the program cost in full, coverage will begin at 12:01 a.m. on the day after this completed enrollment form is received. I (we) understand that if payment is returned unpayable for any reason, coverage becomes null and void.

X **Signature of Applicant or Proxy**

_____

Date_____ Phone_____

Payment Method ☐ Check (To iTravelInsured)
☐ Money Order (To iTravelInsured) ☐ Mastercard ☐ Visa
☐ American Express ☐ JCB ☐ Discover eCheck (ACH) available online

If paying by credit card, I authorize iTravelInsured to debit my credit card account for the total charge as specified in Total Program Cost. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I agree to comply with the cardholder agreement.

Card#_____Expiration date_____

Name on Card_____

Signature_____

Your Daytime Phone_____

Your Billing Address_____

_____

Producer/Referrer # 18490
Name Community Ins Agency, Inc
Address 425 Huehl Road, Suite. 22-A
City Northbrook Phone 1-800-344-9540
State IL Zip Code 60062

ONLINE FULFILLMENT KIT

You may choose to download your fulfillment kit from the Internet rather than having it mailed to you. To do this, you must check the appropriate box on the enrollment form. We must have your correct email address to complete this process. Once we have received and processed your enrollment form, you will receive an email that contains all of the hyperlinks to obtain the fulfillment information through the Internet.

TO FILE A CLAIM

To file a claim, please contact:

iTravelInsured - Program Manager
P.O. Box 88503
Indianapolis, IN 46208-0503 USA
Toll Free (U.S. and Canada): 1.866.243.7524
Collect (Outside U.S. and Canada): 01.317.655.9798
Email: itravelclaims@itravelinsured.com
Fax: 1.317.655.4505

NOTICE OF CLAIM / PROOF OF LOSS

Written notice of claim must be given to us within 30 days after a covered injury, illness or loss occurs or begins. If such notice cannot be given during such time, then it must be done as soon as reasonably possible.

Written proof of loss must be sent to us within 90 days after the date of loss. If proof of loss cannot be given in that time, such proof of loss must be given as soon as reasonably possible.

EMERGENCY MEDICAL EVACUATION, EMERGENCY REUNION AND RETURN OF MORTAL REMAINS

Any service or expense for emergency medical evacuation, emergency reunion and return of mortal remains must be approved by us before it is incurred and coordinated by us in advance to be eligible for payment.

We will not pay for any such services or expenses without our prior consent or approval.

EMERGENCY TRAVEL ASSISTANCE SERVICES

Separate from the benefits under Patriot T.R.I.P. Elite, as a member of NSBTHA the following non-insurance Emergency Travel Assistance Services are available to you from IMG:

- **Emergency Travel Arrangements:** In the event you must return home or discontinue your trip as a result of an interruption in travel due to an illness of your spouse, child, parent, in-law, or grandparent, IMG will help you make the appropriate travel arrangements. You are responsible for the cost of the travel tickets.
- **Lost Passport/Travel Documents Assistance:** IMG will help you report, retrieve or replace lost or stolen travel documents, such as your passport, credit cards and airline tickets.
- **Lost Luggage Assistance:** IMG will assist you in communicating with the commercial carrier for the return of your lost luggage.
- **Embassy or Consulate Referral:** IMG will inform you of the location and contact telephone numbers for the nearest embassy or consulate, no matter where you are.
- **Emergency Message Relay:** IMG will receive or transmit emergency messages between you, your family and your employer.
- **Emergency Prescription Replacement:** IMG will assist with the replacement of lost or damaged prescription medication. You are responsible for the cost of the actual medication and shipping costs (if any).
- **Medical Referral:** If urgent medical advice or care is needed, IMG is prepared to refer you to the nearest appropriate care facility or provide a listing of available medical care to you. IMG will also help with obtaining an appointment with the medical care provider you have chosen.
- **24-Hour Medical Monitoring:** If you are hospitalized, IMG will provide medical professionals to communicate with your treating doctor(s) and help you monitor your condition. IMG can also communicate with your family doctor as you direct.
- **Emergency Cash Transfer:** IMG will help you transfer funds, up to US$500, in the event of a medical or travel emergency.
- **Legal Referrals:** IMG will provide you with a referral to the nearest attorney.
- **Emergency Translations:** IMG will provide personal, emergency telephone translation services and referral to a local interpreter service should you require language assistance.