



(Herein called the Company, We, Us, Our)

2 MidAmerica Plaza, Suite 200
Oakbrook Terrace, Illinois 60181
800-621-9215

Policyholder: AAA Club Alliance Inc.
Policy Number: AAAME00212
Policy Effective Date: July 1, 2016
Anniversary Date: July 1, 2017

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 have 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.

The President and Secretary of BCS Insurance Company witness this Policy:

HFBucham, III
PRESIDENT

Terry Hackett
SECRETARY

Non-Participating

GROUP TRAVEL POLICY
READ THIS POLICY CAREFULLY.

TABLE OF CONTENTS

PAGE

Page

Schedule of Benefits3

Section I - Eligibility, Effective and Termination Dates.....4

Section II – Premium5

Section III - Definitions.....6

Section IV - Coverages.....8

 Trip Interruption8

Section V - Exclusions9

Section VI - General Provisions10

Note: All capitalized terms are listed and defined in the DEFINITIONS section or within this Policy itself.

ATTACHMENTS:

- Master Application
- Optional Coverage Endorsements
 - Vehicle Return
 - Travel Accident
- Premium Schedule
- Assistance Services
 - Assistance Service A – 24-Hour Assistance
 - Assistance Service B – Concierge Service

SCHEDULE OF BENEFITS: PREMIER

Eligibility:	Premier members are eligible upon enrollment. All clubs will have a 7 day waiting period for upgrades to Premier.	
Eligibility Waiting Period:	If Premier Member, N/A If upgrading, 7 days from upgrade	
Eligibility Date:	If Premier Member, upon enrollment If upgrading, 7 days from upgrade	
Elimination Period:	Upon termination of membership	
Benefits (by level/type)		
Trip Interruption, Per Trip, Per Insured Person or Covered Traveler		\$1,500
Vehicle Return, Per Trip		\$750
Travel Accident, Insured Person		\$25,000
Travel Accident, Covered Traveler		\$5,000

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.

SECTION I - ELIGIBILITY, EFFECTIVE AND TERMINATION DATE

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 Eligibility section of the Schedule of Benefits, provided: (1) this Policy is in force; and (2) the required premium is paid.

Policy Termination by the Policyholder: The Policyholder may terminate this Policy, by mailing or delivering written notice at least 180 days in advance. Notice of termination can be given to the Company or its agent. Termination will take effect at 12:01 a.m. at the Policyholder's address on the date of termination.

Policy Termination by the Company: Except for non-payment of premium or the failure to meet continued underwriting standards, if any, the Company may not terminate this Policy prior to the third anniversary of the Policy Effective Date. The Company 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 180 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 the Company.

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 the Company 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.

SECTION II - PREMIUM

Premium: The premiums due for this Policy shall be remitted to the Company. The premium rates are as stated in the attached Premium Schedule.

1. Change of Premium Rates: The Company may change the Premium Rates at any time by notifying the Policyholder within 31 days of its intention to do so.
2. Payment of Premiums: Premiums for this Policy shall become due and payable on the effective date of this Policy and on the first day of each month thereafter, unless otherwise indicated on the Schedule of Benefits.
3. 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 right of the Company to cancel in accordance with the Termination Provision, but the Policyholder shall be liable to the Company for the payment of the premium accruing for the period this Policy continues in force.

SECTION III - DEFINITIONS

Accident – means an unexpected, unintended, unforeseeable event causing Injury or death to the Insured Person or Covered Traveler; or causing damage to the Motor Vehicle or Rental Car which prevents the vehicle from being driven.

Accommodations – means temporary lodging in an establishment licensed to provide temporary lodging to paying guests.

Common Carrier – means a company that is licensed to carry passengers on land, water or in the air for a fee, not including car rental companies.

Covered Traveler – means a person who is an Immediate Family Member and is traveling with the Insured Person.

Eligible Trip – means a Trip which:

1. Does not exceed, and was not planned to exceed, 45 consecutive days;
2. Was intended to include at least one overnight stay;
3. For Trip Interruption, Vehicle Return, Stolen Baggage/Personal Effects, and Baggage: Is a driving Trip taken by Motor Vehicle or Rental Car; and
4. For all other coverages (including Emergency Medical Transportation, Repatriation of Remains, and Travel Accident): Is a Trip taken by Motor Vehicle, Rental Car, Common Carrier, or a combination of these.

Family Member – means 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).

Hospital – means a provider that is a short-term, acute, general Hospital that:

1. Is a duly licensed institution;
2. In return for compensation from its patients, is primarily engaged in providing inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under supervision of physicians;
3. Has organized departments of medicine and major surgery;
4. Provides 24-hour nursing service by or under the supervision of registered graduate nurses; and
5. Is not other than incidentally: a) a skilled nursing facility, nursing home, custodial care home, health resort, spa or sanatorium, place for rest, place for the aged, place for the provision of rehabilitation care; b) a place for the treatment of mental illness; c) a place for the treatment of alcoholism or drug abuse; d) a place for the provision of hospice care; or e) a place for the treatment of pulmonary tuberculosis.

Illness – means a sickness, infirmity or disease that causes a loss that begins during an Eligible Trip.

Immediate Family Member – means 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 Insured Person.

Injury – means bodily injury caused by an Accident occurring during an Eligible Trip, and resulting directly and independently of all other causes in loss.

Insured Person – means a person:

1. Who is a member of an Eligible Class of persons as described in the Eligibility Class section of the Schedule of Benefits;
2. For whom premium has been paid; and
3. While covered under this Policy.

An Insured Person may be Primary or Secondary. Primary Insured Person is a AAA member possessing the primary membership in a household. Secondary Insured Person is any AAA member possessing an Associate membership in a household.

Mechanical Breakdown – means a mechanical issue which prevents the vehicle from being driven. Mechanical Breakdown does not include running out of gas, tire trouble or failure to perform routine maintenance.

Motor Vehicle – means a self-propelled private passenger vehicle which is a type both designed and required to be licensed for use on public roads. The term Motor Vehicle does not include:

1. Motorcycles (except as noted below);
2. Trucks (except for pickup trucks and vans);
3. Trailers;
4. Motorbikes and all-terrain vehicles;
5. Off-road vehicles;
6. Vehicles that don't have to be licensed;
7. Vehicles that are used for commercial or livery purposes, including limousines; or
8. Other conveyances.

If the Insured Person's AAA membership explicitly includes motorcycles, then motorcycles are included in the term Motor Vehicle in that situation.

Natural Disaster – means 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:

1. Is due to natural causes; and
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.

Physician – means a licensed practitioner of the healing arts acting within the scope of their license. The attending physician may not be: (a) an Insured Person; (b) an Insured Person's spouse, civil union partner or domestic partner; (c) a person booked to accompany an Insured Person on an Eligible Trip; or (d) a person who is related to an Insured Person, an Insured Person's spouse, civil union partner or domestic partner, child, parent, or sibling.

Policy Territory – means

1. For Trip Interruption, Vehicle Return, Stolen Baggage/Personal Effects, and Baggage: Outside of a 100 mile radius from the Insured Person's Primary Residence but within the US, Mexico and Canada. .
2. For all other coverages (including Emergency Medical Transportation, Repatriation of Remains, and Travel Accident): Outside of a 100 mile radius from the Insured Person's Primary Residence, worldwide.

Policyholder – means the organization to whom this Policy was issued.

Primary Residence – means the Insured Person's permanent and main home for legal and tax purposes. It does not include any secondary or vacation home or residence.

Rental Car – means Motor Vehicle that is rented by the Insured Person and evidenced by a car rental agreement. The term Rental Car does not include:

1. Motorcycles, Motorbikes and all-terrain vehicles;
2. Trucks;
3. Campers, trailers and recreational vehicles;
4. Off-road vehicles;
5. Vehicles that don't have to be licensed;
6. Vehicles that are used for commercial or livery purposes, including limousines; or
7. Other conveyances.

Severe Weather – means:

1. The local government or the National Weather Service issues an advisory against travel as a result of rain, snow or wind; or
2. A "state of emergency" due to weather is declared by the federal, state or local government.

Trip – means a planned round-trip travel to and from a place at least 100 miles from the Insured Person's Primary Residence. A trip does not include travel to receive health care or medical treatment of any kind, vehicle repairs, or commuting to and from work.

We, Us, Our – means, or refers to, BCS Insurance Company, including its authorized agents.

SECTION IV - COVERAGES

TRIP INTERRUPTION

When/Where/To Whom Coverage Applies

Coverage applies to the Insured Person and any Covered Traveler during each Eligible Trip within the Policy Territory, up to the limit specified in the Schedule of Benefits, when the Insured Person is either a driver or passenger in the Motor Vehicle or Rental Car used for the Eligible Trip.

What is Covered

The Company will provide benefits for Trip Interruption due to the following events:

1. Vehicle disablement due to Mechanical Breakdown (excluding tire trouble), substantiated by garage or repair facility or rental car company report;
2. Accident involving Motor Vehicle or Rental Car, substantiated by a police report;
3. Theft of Motor Vehicle or Rental Car, substantiated by a police report;
4. Illness, Injury or death of the Insured Person, Covered Traveler, or Insured Person's Family Member or adult with whom the Insured Person resides who is not traveling with the Insured Person;
5. Natural Disaster; or
6. Severe Weather.

The benefit 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:

1. The cost of additional Accommodations and meal expenses; AND (if applicable),
2. The cost of substitute transportation to continue the Eligible Trip.

Conditions of Coverage

The following conditions apply to this coverage part:

1. Overnight interruption of the Eligible Trip is required.
2. If the Trip Interruption is due to Illness or Injury of the Insured Person or Covered Traveler, a Physician must recommend that the person interrupt the Eligible Trip due to the severity of the person's condition.
3. If the Trip Interruption is due to Illness or Injury of the Insured Person's Family Member or an adult with whom the Insured Person resides who is not traveling 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.

Limitations of Coverage

Only expenses incurred in the first ninety-six (96) hours from the initial interruption of the Eligible Trip are covered.

SECTION V - EXCLUSIONS

The Policy does not cover any loss that results directly or indirectly from any of the following:

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. Epidemic;
9. Pollution or threat of pollutant release;
10. Any unlawful acts committed by the Insured Person or Covered Traveler; or
11. Any expected or reasonably foreseeable events.

SECTION VI - GENERAL PROVISIONS

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 the Company's 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 the Company and provide any information required by the Company relating to this Insurance.

The Company 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, the Company 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. The Company has issued this Policy in reliance upon the Policyholder's representations.

The Company relies 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. The Company 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 Company

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

1. 60 days after the Company has 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. The Company 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 the Company becomes liable for any payment to an Insured Person under this Policy for losses suffered, the Company 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 the Company, 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 the Company to bring suit in the name of the Insured Person.

No Assignment of Coverages

An Insured Person's coverages under this Policy may not be assigned or transferred by the Insured Person, and any rights which may arise under this Policy (including any claims made, or which may be made) may not be assigned or transferred by the Insured Person either by operation of law or by contract, without the prior written consent of the Company. Assignment or transfer by the Insured Person of the coverages under this Policy without such prior written consent will void all coverage as to the assignor/transferor and assignee/transferee under this Policy.

Notice of Claim

Written notice of claim must be given to the Company 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 authorized agent of the Company, with information sufficient to identify the Insured Person will be deemed notice to the Company.

Claim Forms

The Company 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 the Company 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 the Company within 90 days of the date of loss. If it is not possible to give this proof of loss within the time required, the Company 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

The Company 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 the Company's liability to the extent of that payment.

Physical Examination

The Company, at its own expense, has the right to have the Insured Person examined as often as reasonably necessary while a claim is pending.

BCS INSURANCE COMPANY
(A Stock Company)

**TRAVEL PROTECTION POLICY APPLICATION
FOR COVERAGE UNDER POLICY**

Application is made for travel insurance under the Policy based on statements and representations in this application and any attachments.

1. NAME OF POLICY HOLDER: AAA Club Alliance Inc.
ADDRESS: 1 River Place Wilmington, DE 19801

2. DESCRIPTION OF ELIGIBLE MEMBERS
[As defined by the Policyholder.]

3. ELIGIBILITY
Eligibility Waiting Period: _____ months, _____ weeks
Eligibility Date: Elimination Period: _____
All Clubs have a 7-day waiting period for upgrades to Plus or Premier _____

4. SCHEDULE OF BENEFITS FOR CLASSES OF ELIGIBLE INSURED (Defined in Provision 2 of this Application)

Maximum Principal Sum

Listing of Benefits

<input type="checkbox"/> Trip Interruption, Per Trip, Per Insured or Covered Traveler	<input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input checked="" type="checkbox"/> \$1,500
<input type="checkbox"/> Worldwide Trip Interruption, Per Trip, Per Insured or Covered Traveler	<input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500
<input type="checkbox"/> Stolen Baggage/Personal Effects, Per Trip, Per Insured or Covered Traveler	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500
<input type="checkbox"/> Baggage (Lost, Damaged, Stolen), Per Trip, Per Insured or Covered Traveler	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500
<input type="checkbox"/> Worldwide Baggage (Lost, Damaged, Stolen), Per Trip, Per Insured or Covered Traveler	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500
<input type="checkbox"/> Vehicle Return, Per Trip, Per Insured or Covered Traveler	<input type="checkbox"/> \$500 <input checked="" type="checkbox"/> \$750
<input type="checkbox"/> Emergency Medical Transportation, Per Trip, Per Insured or Covered Traveler	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000
<input type="checkbox"/> Repatriation of Remains, Per Trip, Per Insured or Covered Traveler	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
<input type="checkbox"/> Travel Accident, Insured Person	<input type="checkbox"/> \$10,000 <input checked="" type="checkbox"/> \$25,000
<input type="checkbox"/> Travel Accident, Covered Traveler	<input type="checkbox"/> \$2,500 <input checked="" type="checkbox"/> \$5,000

5. POLICY EFFECTIVE DATE: 12:01 A.M. at location of the Policyholder
POLICY TERMINATION DATE: 11:59 P.M. at the location of the Policyholder

NOTE: If there is to be more than one class of eligible members, please include a duplicate of this page for each eligible class.

APPLICANT FRAUD WARNINGS

For states other than those listed below - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.

For residents of Alabama - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

For residents of Alaska - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

For residents of Arizona - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For residents of Arkansas, Louisiana, Rhode Island, West Virginia - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of California - For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For residents of Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For residents of Delaware - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

For residents of District of Columbia - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For residents of Idaho - Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

For residents of Indiana - A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

For residents of Kansas - 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 act material thereto may be guilty of fraud as determined by a court of law, and may be subject to criminal and civil penalties.

For residents of Maine, Tennessee, Virginia, Washington - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

For residents of Maryland - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of Minnesota - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

For residents of New Hampshire - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

For residents of New Jersey - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For residents of New Mexico - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

For residents of North Carolina - Any person who knowingly and with intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a Class H felony and may be subject to criminal and civil penalties.

For residents of Ohio - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For residents of Oklahoma - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For residents of Oregon - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

For residents of Pennsylvania - 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 civil penalties.

For residents of Puerto Rico - Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

For residents of Texas - Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For residents of Vermont - Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

For residents of Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of New York - Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

FOR THE POLICYHOLDER:

SIGNATURE: _____ NAME/TITLE (PRINT): _____ DATE: _____

FOR THE COMPANY: BCS Insurance Company

SIGNATURE: _____

NAME/TITLE (PRINT): _____ DATE: _____

APPLICATION FOR POLICY NUMBER: _____

BCS INSURANCE COMPANY
(A Stock Company)

ENDORSEMENT

Vehicle Return

This endorsement modifies coverage under:

GROUP TRAVEL POLICY

The following is added to **SECTION IV – COVERAGES**:

When/Where/To Whom Coverage Applies

Coverage applies to the Insured Person and any Covered Traveler during each Eligible Trip within the Policy Territory, up to the limit specified in the Schedule of Benefits, when the Insured Person is either a driver or passenger in the Insured Person's or Covered Traveler's Motor Vehicle used for the Eligible Trip.

What is Covered

The Company will provide benefits for Vehicle Return in the event of Illness or Injury of:

1. The Insured Person or Covered Traveler; or
2. Driver of the Motor Vehicle, if other than the Insured Person or Covered Traveler.

The benefit will provide reimbursement for payment for the cost of transporting the Motor Vehicle to the Insured Person's place of Primary Residence, up to the limit specified in the Schedule of Benefits.

Conditions of Coverage

The following conditions apply to this coverage part:

1. If the Vehicle Return is due to Illness or Injury, a Physician must recommend that the person interrupt or delay the Eligible Trip due to the severity of the person's condition;
2. The Insured Person or Covered Traveler must contact the Company prior to making arrangements, unless it is not reasonably possible to do so; and
3. The Motor Vehicle must be operable and transportation must be performed by an accredited transportation company.

Limitations of Coverage

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.

There are no other changes to the Policy.

BCS Insurance Company

HFBlaicham, III
PRESIDENT

BCS INSURANCE COMPANY
(A Stock Company)

ENDORSEMENT

Travel Accident

This endorsement modifies coverage under:

GROUP TRAVEL POLICY

The following is added to **SECTION IV – COVERAGES**:

When/Where/To Whom Coverage Applies

Coverage applies to the Insured Person and any Covered Traveler during each Eligible Trip within the Policy Territory, up to limit specified in the Schedule of Benefits.

What is Covered

The Company will provide benefits, up to the limit specified in the Schedule of Benefits, in the event the Insured Person or Covered Traveler has a covered Accident resulting in:

1. Death;
2. Total and permanent loss of sight in one or both eyes; or
3. Permanent loss of one or both hands or feet when they are severed at or above the wrist or ankle.

If the Accident results in death, the benefit is equal to 100% of the specified limit.

If the Accident results in the loss of one eye, hand or foot, the benefit is equal to 50% of the specified limit.

If the Accident results in the loss of more than one eye, hand or foot, in any combination, the benefit is equal to 100% of the specified limit.

Benefits are payable for only one loss per person and are payable in a lump sum.

Conditions of Coverage

For this coverage part, the loss must be a direct result of the Accident and happen within 365 days of the Accident.

There are no other changes to the Policy.

BCS Insurance Company


PRESIDENT

MONTHLY PREMIUM SCHEDULE:

Plan A: Premier

Per Member	\$0.0777
Per Family	\$0.1047

ASSISTANCE SERVICES

24 HOUR TRAVEL ASSISTANCE

Within the U.S. and Canada, call toll-free: 800.546.3180 **Outside the U.S., call collect: 804.673.1661**

Services are available while on an 'eligible trip'.

If you need help while traveling, our 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 you.

CONCIERGE SERVICE

Within the U.S. and Canada, call toll-free: 800.546.3180 **Outside the U.S., call collect: 804.673.1661**

Services are available while on an 'eligible trip'.

Our Concierge services are designed to help make your travels more enjoyable. Our Concierge associates can assist you 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 you.