



Security Deposit Protection
Description of Coverage
PLAN CODE 10SDI

This is a brief Description of Coverage. This is not your Policy/Certificate of Insurance. Please call (866) 999-4018 to obtain your Individual Policy in OR, WA and WY or your Certificate of Insurance for all other states.

Important: Keep this document and carry a copy with you when you travel. If you need to cancel your Trip, contact the company you booked with immediately to cancel your reservation.

FOR CERTIFICATE/POLICY INQUIRIES, REQUESTS OR CUSTOMER SERVICE CALL:
(866) 999-4018

SCHEDULE OF COVERAGES AND SERVICES

INSURANCE COVERAGE

(Underwritten by Stonebridge Casualty Insurance Company)

Table with 2 columns: Coverages, Maximum Limit per Reservation. Rows include Security Deposit Protection (\$3,000.00) and Trip Cancellation (\$39.00).

INSURANCE COVERAGE

Underwritten by Stonebridge Casualty Insurance Company

Coverage is provided to all persons occupying the property listed on the reservation confirmation. This plan is available to U.S. residents. It is also available to non-U.S. residents for travel to the U.S. (if the plan is purchased through a U.S. vacation rental company). There is no coverage unless payment has been made for this plan. There is no coverage unless your loss was caused by an unforeseeable event that occurs while coverage is in effect.

YOUR SATISFACTION IS GUARANTEED

If you are not satisfied for any reason, you may cancel your coverage within 10 days of your application date or receipt of this document, whichever is later. A letter indicating your desire to cancel should be sent to the vacation rental company. If you haven't already left on your Trip, you will receive a full refund of your plan cost. After this 10-day free look period, the payment for this plan is non-refundable.

EFFECTIVE DATES OF INSURANCE

An Insured's coverage, for Security Deposit Protection Benefits, will take effect on the later of:

- 1. 12:01 A.M. Standard Time on the date after the premium is received by us or our authorized agent;
2. The date and time the Insured starts a Covered Trip; or
3. 12:01 A.M. Standard Time on the Scheduled Departure Date of a Covered Trip.

Trip Cancellation Effective Dates of Coverage

Trip Cancellation coverage will take effect at 12:01 A.M. Standard Time on the day after the date your premium is received by the vacation rental company.

All coverages automatically end on the earlier of:

- 1. the date the Covered Trip is completed; or
2. the Scheduled Return Date of the Trip; or
3. your arrival at the return destination on a roundtrip, or the destination on a one-way trip; or
4. cancellation of the Covered Trip.

COVERAGE AND BENEFITS

The following coverage and benefits are a sample of the listed coverage and benefits in your Policy or Certificate of Insurance and are described on a general basis only. Please call (866) 999-4018 to obtain your Policy or Certificate of Insurance, which will govern the final determination of any provision or claim.

This plan covers you for certain unforeseeable events that occur while your coverage is in effect. They include:

Security Deposit Protection Benefits

If the Insured rents an Accommodation and the Insured damages the real or personal property assigned to that Accommodation during the Covered Trip, we will reimburse the Insured the lesser of: a) the cost of repairs or b) the Actual Cash Value of the property, up to the amount shown in the Schedule.

Coverage is provided to the Insured occupying the Accommodation during the Covered Trip provided the Insured is listed on the lease agreement.

Coverage is not provided for loss due to:

- a. inclement weather or natural disaster;
b. intentional acts or gross negligence of the Insured;
c. normal wear and tear of the real or personal property assigned to the Accommodation;
d. any damage that occurs if the Insured is in violation of the lease agreement;
e. loss, theft or damage to any personal effects owned by the Insured or brought on the Covered Trip by the Insured;
f. loss, theft or damage caused by any person other than the Insured unless substantiated by a police report.

The Insured's Duties in the Event of a Loss:

The Insured must:

- 1. take all reasonable, necessary steps to protect the property and prevent further damage to it;
2. report the loss in writing within 3 days of the completion of the Covered Trip to the staff responsible for managing the Accommodation;
3. provide us all documentation such as the lease agreement, police report and damage estimate.

Pre-Departure Trip Cancellation Benefits

We will pay a Pre-Departure Trip Cancellation Benefit, up to the amount shown in the Schedule if you are prevented from taking your Covered Trip.

GENERAL PLAN EXCLUSIONS

The following exclusions are a sample of the listed exclusions in your Policy or Certificate of Insurance and are described on a general basis only. **Please call (866) 999-4018 to obtain your Policy or Certificate of Insurance**, which will govern the final determination of any provision or claim.

The following exclusions apply to all coverage:

We will not pay for any loss under the plan caused by, or resulting from:

1. your, your Traveling Companion's, or Family Member's suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane (while sane in CO & MO);
2. mental, nervous, or psychological disorders;
3. being under the influence of drugs or intoxicants, unless prescribed by a Physician;
4. normal pregnancy or resulting childbirth or elective abortion;
5. participation as a professional in athletics;
6. participation in organized amateur and interscholastic athletic or sports competition or events;
7. riding or driving in any motor competition;
8. declared or undeclared war, or any act of war;
9. civil disorder;
10. service in the armed forces of any country;
11. nuclear reaction, radiation or radioactive contamination;
12. operating or learning to operate any aircraft, as pilot or crew;
13. mountain climbing, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than on a regularly scheduled airline or air charter company;
14. any unlawful acts, committed by you, a Traveling Companion or Family Member traveling with you (whether insured or not);
15. any amount paid or payable under any Worker's Compensation, disability benefit or similar law;
16. a loss or damage caused by detention, confiscation or destruction by customs;
17. Elective Treatment and Procedures;
18. pandemic and/or epidemic;
19. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;
20. Financial Insolvency of the person, organization or firm from whom you directly purchased or paid for your Covered Trip, Financial Insolvency which occurred, or for which a petition for bankruptcy was filed by a travel supplier;

21. business, contractual, or educational obligations of you, a Family Member, or Traveling Companion;
22. failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements;
23. a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the plan is not in effect for you.

DEFINITIONS

The following definitions are a sample of the defined terms in your Policy or Certificate of Insurance and are described on a general basis only. **Please visit call (866) 999-4018 to obtain your Policy or Certificate of Insurance**, which will govern the final determination of any provision or claim.

ACCOMMODATION means any establishment used for the purpose of temporary, overnight lodging for which a fee is paid and reservations are secured.

ACTUAL CASH VALUE means original purchase price less depreciation or replacement cost, whichever is less.

COVERED TRIP (or TRIP) means: 1) A period of round-trip travel away from Home to a destination outside your city of residence; the purpose of the trip is business or pleasure and is not to obtain health care or treatment of any kind; the trip has defined departure and return dates specified when the Insured enrolls; the trip does not exceed 180 days.

FAMILY MEMBER includes your or your Traveling Companion's dependent, spouse, child, spouse's child, son/daughter-in-law, parent(s), sibling(s), grandparent(s), grandchild, step-brother/sister, step-parent(s), parent(s)-in-law, brother/sister-in-law, aunt, uncle, niece, nephew, guardian, Domestic Partner, foster child, or ward.

FINANCIAL INSOLVENCY means the total cessation or complete suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, whether voluntary or involuntary.

PHYSICIAN means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a Traveling Companion, or a Family Member.

SCHEDULED DEPARTURE DATE means the date on which you are originally scheduled to leave on your Covered Trip.

SCHEDULED RETURN DATE means the date on which you are originally scheduled to return to the point where the Covered Trip started or to a different final destination.

TRAVELING COMPANION means a person whose name(s) appear(s) with you on the same Covered Trip arrangement and who, during the Covered Trip, will share Accommodations with you in the same room, cabin, condominium, apartment unit, or other lodging.

WHERE TO PRESENT A CLAIM

All claims should be presented to the Program Administrator:

CSA Travel Protection

P.O. Box 939057

San Diego, CA 92193-9057

(800) 541-3522 (Toll-Free)

CLAIMS AND GENERAL PROVISIONS

The following provisions are a sample of the provisions in your Policy or Certificate of Insurance and are described on a general basis only. **Please call (866) 999-4018 to obtain your Policy or Certificate of Insurance**, which will govern the final determination of any provision or claim.

Concealment or Fraud We do not provide coverage if you have intentionally concealed or misrepresented any material fact or circumstance relating to the coverage.

Notice of Claim We must be given written notice of claim within 90 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and enough information to identify him or her.

Proof of Loss Written proof of loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written proof of loss within the time allowed. In any event, you must give us written proof of loss within twelve (12) months after the date the loss occurs unless you are legally incapacitated.

Duplication of Coverage You may only purchase one plan from us for each Covered Trip. If more than one plan is purchased for any Trip, the maximum limit of coverage payable will be from the plan with the highest level of benefit. We will refund plan payments received for any other plan for the specific Trip.

Our Right to Recover From Others We have the right to recover any payments we have made from anyone who may be responsible for the loss. You and anyone else we insure must sign any papers and do whatever is necessary to transfer this right to us.

TRAVEL INSURANCE IS UNDERWRITTEN BY:

Stonebridge Casualty Insurance Company, Columbus, Ohio; NAIC # 10952 (all states except as otherwise noted) under Policy/Certificate Form series TAHC5000 and TAHC5200SDPBRS. In CA, CT, HI, NE, NH, PA, TN and TX Policy/Certificate Form series TAHC5100 and TAHC5200. In IL, IN, KS, LA, OR, OH, VT, WA and WY Policy Form #'s TAHC5100IPS and TAHC5200IPS.