

The Travel Protection Program for Guests of Royal Caribbean



Cover Page

Royal Caribbean International has partnered with Aon Affinity and Arch Insurance Company to provide our guests with travel protection. This document holds all of the relevant information you will need in regards to your travel protection plan.

Please review the following four (4) sections:

- Cancellation Penalty Waiver Program
- Cruise Vacation Cancellation Enhancement
- Royal Caribbean Travel Protection Insurance Certificate (with applicable State Exceptions)
- The Worldwide Emergency Assistance Program

CANCELLATION PENALTY WAIVER PROGRAM

The following Cancellation Penalty Waiver Program is provided by Royal Caribbean and is not an insurance benefit.

The Cancellation Penalty Waiver Program offers our valued guests the opportunity to receive a refund from Royal Caribbean International (beyond the standard refund policy published in our cruise brochure) for those otherwise non-refundable cruise vacation-related costs prepaid to Royal Caribbean International, should you cancel or interrupt your cruise vacation for the reasons stated below.

Cancellation & Interruption Penalty Waiver.....Cash Refund Up To Total Cruise Vacation Cost

This Cancellation Penalty Waiver is an addendum to your cruise ticket contract. Through the Travel Protection Program, Royal Caribbean International will waive their standard cancellation provision and refund to you IN CASH the otherwise non-refundable value of the unused portion of your prepaid cruise vacation, should you or your traveling companion need to cancel your cruise vacation for any one of the following reasons (subject to the restrictions noted below*). In addition, through the Travel Protection Program, should you or your traveling companion need to interrupt your cruise vacation (embark after your scheduled departure date or disembark before your scheduled return date) for any one of the same following reasons (subject to the restrictions noted below*) you will be refunded IN CASH the otherwise non-refundable value of the unused portion of your prepaid cruise vacation.

1. sickness, injury, or death of yourself, a traveling companion or members of either of your immediate families, which is diagnosed and treated by a physician at the time your cruise vacation is terminated;
2. involvement in a traffic accident, en route to departure, that causes you to miss your cruise;
3. your home is made uninhabitable by a natural disaster such as fire, flood, earthquake, hurricane or volcano;
4. you are called into active duty by the military to provide aid or relief as a result of a natural disaster;
5. subpoena or being called to serve for jury duty.

Cancellation Penalty Waiver refunds are also provided if you are charged a change in occupancy/single supplement charge as a result of your traveling companion's cancellation due to one of the reasons cited above. Please advise your travel agent, Royal Caribbean International or the Program Administrator as soon as possible in the event of cancellation. Refunds will not be provided for additional charges incurred that would not have been charged had you notified these parties as soon as reasonably possible.

***Please note the following restrictions:**

Royal Caribbean International will not waive their cancellation penalty and provide a cash refund, should you cancel or interrupt your cruise vacation for any of the following reasons:

- a condition that first presents, worsens, becomes acute or has symptoms causing a person to seek diagnosis, care or treatment, or prompts a change in medication, during the 60 days before you purchased this waiver;
- mental, nervous or psychological disorders, or normal pregnancy, unless hospitalized; elective abortion; drugs or intoxicants, unless prescribed by a Physician;
- business, contractual or educational obligations of you, an immediate family member, or traveling companion;
- declared or undeclared war, or any act of war;
- service in the armed forces of any country;
- any unlawful acts, committed by you or a traveling companion;
- other condition, event or circumstance occurring prior to your purchase of the Travel Protection Program.

Where To Report Cruise Vacation Cancellations and/or Interruptions

Contact your travel agent, Royal Caribbean International or the Program Administrator IMMEDIATELY to notify them of your cancellation (or interruption) and to avoid any non-covered expenses due to late reporting. The Administrator will then forward the appropriate form(s) that must be completed by you and the attending physician (if applicable). The Administrator can be contacted at 1-800-453-4022 or 1-516-342-7262.

CRUISE VACATION CANCELLATION ENHANCEMENT

The following Cruise Vacation Cancellation Enhancement is provided by Royal Caribbean and is not an insurance benefit

“Any Reason” Cruise Credits.....equal to 75% of the non-refundable pre-paid Cruise Vacation Cost

In the event that you choose to cancel for a reason not authorized above or for a reason that is otherwise restricted, at any time up until departure, and you have purchased the Royal Caribbean Travel Protection Program, Royal Caribbean International will provide you a cruise credit equal to 75% of the non-refundable value (excluding AIR2SEA) of your Cruise Vacation prepaid to Royal Caribbean International, for your use toward a future cruise. This additional enhancement is offered by Royal Caribbean International as a special service to guests that purchase this cruise ticket Cancellation Penalty Waiver Addendum. Certain restrictions on the use of these cruise credits (such as blackout periods) may apply. Credits are valid for one year from issue date, are not transferable, and have no cash value. To be eligible for credits, notification of cancellation must be given to Royal Caribbean International prior to the ship's departure. Once you've cancelled with Royal Caribbean International, please contact the Royal Caribbean Travel Protection Program Help Line at 1-800-453-4022 or 1-516-342-7262 regarding cruise credits. AIR2SEA is not subject to this cruise credit feature.

ROYAL CARIBBEAN TRAVEL PROTECTION PROGRAM

Underwritten By:

Arch Insurance Company

Administrative Office: Harborside Three
210 Hudson Street, Suite 300
Jersey City, NJ 07311-1107

Administered By:

Aon Affinity Travel Practice

900 Stewart Avenue
Garden City, NY 11530-9998
Phone: 1-800-453-4022 or 1-516-342-7262
Online: www.travelclaim.com

TRAVEL PROTECTION INSURANCE CERTIFICATE

This Certificate describes the travel insurance benefits underwritten by Arch Insurance Company, herein referred to as the "Company" or as "We", "Us" and "Our". Please refer to the Schedule of Benefits or Confirmation of Benefits, which provides the Plan Participant, also referred to as "You" or "Your", with specific information about the program You purchased.

If You are not satisfied for any reason, You may return Your Certificate in writing to Aon Affinity Travel Practice, 900 Stewart Avenue Garden City, NY 11530-9998, within 10 days after receipt. Your premium will be refunded, provided You have not already departed on the Trip or filed a claim. When so returned, all coverages under the Certificate are void from the beginning.

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IN WITNESS WHEREOF, The **Company** has caused this Certificate to be executed and attested.



John Mentz
President



Patrick Nails
Secretary

SCHEDULE OF BENEFITS

Benefits	Maximum Benefit Amount
Part A – Travel Arrangement Protection	
Trip Delay	\$500
Part B – Travel Insurance Benefits	
Emergency Accident Medical Expense	\$10,000
Emergency Dental Treatment	\$2,500
Emergency Sickness Medical Expense	\$10,000
Emergency Medical Evacuation	\$25,000
Repatriation of Remains	\$25,000
Coverage For Your Belongings and Property of Others	
Baggage and Personal Effects	\$1,500
Baggage Delay	\$500

SECTION I – COVERAGES

No benefit will duplicate any other benefit or coverage provided under this Certificate. Should there be a duplication of coverage or benefits, then We will pay the benefit providing the largest amount of coverage.

PART A – TRAVEL ARRANGEMENT PROTECTION

TRIP DELAY

If You are delayed while en route to, during or returning from Your Trip due to a covered Travel Hazard, We will reimburse You up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the expenses You incur for Your Additional Transportation Cost to join the departed Trip, Your prepaid expenses for the unused land or water Travel Arrangements, and/or additional hotel nights, meals, telephone calls and economy transportation while You are delayed.

For the purposes of this benefit:

“**Travel Hazard**” means delay caused by or resulting from:

- a) any delay of a Common Carrier (the delay must be documented by the Common Carrier);
- b) a traffic accident in which You or Your Traveling Companion while en route to departure (must be substantiated by a police report);
- c) Your or Your Traveling Companion’s lost or stolen passports, travel documents or money;
- d) quarantine, hijacking, Strike, or riot;
- e) a documented weather condition preventing You from getting to the point of departure for Your Trip.

Trip Delay Benefits will not be paid for: 1) any expenses which have been reimbursed; or 2) for any services that have been provided, by a Common Carrier or travel services provider.

PART B – TRAVEL INSURANCE BENEFITS

EMERGENCY ACCIDENT & SICKNESS MEDICAL EXPENSE

Benefits will be paid for covered Medical Expenses incurred, up to the Maximum Benefit Amount shown in the Schedule of Benefits, subject to the following: 1) covered Medical Expenses will only be payable at the Usual and Customary level of charges; 2) benefits will be payable only for covered Medical Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on Your Trip; and 3) only Medical Expenses incurred by You within 365 days of the date of onset of Your Injury or Sickness will be reimbursed.

Benefits will include up to \$2,500 for expenses incurred during Your Trip for emergency dental treatment. Dental expenses incurred after Your Trip is completed are not covered.

“**Medical Expenses**” means expenses incurred only for the following:

1. medical services (including charges for anesthetics, x-ray examinations or treatments, and laboratory tests) and supplies, prescription drugs, and therapeutic services ordered or prescribed by a Physician as Medically Necessary for treatment;
2. Hospital or ambulatory medical-surgical center services (including expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Trip, if recommended by Your attending Physician and approved by Us as a substitute for a hospital room for recovery from Your Injury or Sickness;
3. local Transportation Expense to and/or from a Hospital.

We will not pay benefits in excess of the Usual and Customary level of charges. We will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

We will advance payment to a Hospital, up to the Maximum Benefit Amount shown on the Schedule of Benefits, if needed to secure Your admission to a Hospital because of a covered Injury or Sickness.

MEDICAL EVACUATION AND REPATRIATION OF REMAINS

Benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits, when You suffer a covered Sickness, Injury, or Loss of life, during Your Trip, for the following:

Emergency Medical Evacuation

We will pay the Usual and Customary level of charges for Transportation Expense for an emergency Medical Evacuation to the nearest Hospital or medical facility where suitable Medically Necessary treatment is available, provided: 1) Your local attending Physician and Our Program Assistance Provider determine that Your condition is acute, severe or life threatening; and 2) that adequate Medically Necessary treatment is not available in Your immediate area.

Following a covered emergency Medical Evacuation or a covered Injury or Sickness, We will pay for a Medical Evacuation to return to You to Your point of origin, Your primary place of residence, or to a Hospital or medical facility closest to Your primary place of residence capable of providing continued treatment, if Your local attending Physician and Our Program Assistance Provider determine that it is Medically Necessary.

We will pay for transportation via the most direct and economical route, as pre-approved by Our Program Assistance Provider.

Repatriation of Remains

Benefits will be paid for covered Repatriation Expenses incurred, up to the Maximum Benefit Amount shown in the Schedule of Benefits, to return Your body to Your city of primary residence if You die during Your Trip.

“Repatriation Expenses” means expenses for embalming, local cremation, minimally necessary casket for transport and air transportation of Your remains and any other expenses required to comply with local laws or regulations to arrange transport of Your remains.

Additional Medical Evacuation Benefits:

The following are additional benefits that do not reduce the Maximum Benefit Amount payable under the Medical Evacuation and Repatriation of Remains Benefit.

Transportation to Join You: If You are or will be hospitalized for more than 7 days, We will pay, up to the cost of a single round-trip Economy Transportation ticket for one person chosen by You to visit Your bedside, provided You are traveling alone and emergency Medical Evacuation or non-emergency Medical Evacuation is not imminent.

Transportation of Dependent Children: If You die or are hospitalized, We will pay, up to the cost of a single one-way Economy Transportation ticket (less the value of applied credit from any unused return travel tickets) per person, to return Your Dependent children (and any accompanying minor persons under Your care) who are left unattended by Your death or hospitalization to their home (with an attendant, if considered necessary by Our Program Assistance Provider).

COVERAGE FOR YOUR BELONGINGS AND PROPERTY OF OTHERS

BAGGAGE AND PERSONAL EFFECTS

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, less any amount paid or payable by a party responsible for Your loss, for Your Baggage which is permanently lost, stolen, damaged or destroyed during Your Trip, provided You have taken all reasonable measures to protect, save and/or recover Your property at all times.

We will also reimburse You for fees associated with the replacement of Your passport and visas which are lost, stolen, damaged or destroyed during Your Trip.

Valuation and Payment of Loss:

The lesser of the following amounts will be paid:

- 1) the Actual Cash Value at the time Your Baggage is lost, stolen, damaged or destroyed;
- 2) the cost to repair or replace the item with material of a like kind and quality.

For claimed items without original receipts, payment of loss will be calculated based upon 75% of the Actual Cash Value at the time of loss.

We may take all or part of Your damaged Baggage as a condition for payment of loss. In the event of a loss to a pair or set of items, We will:

- 1) repair or replace any part to restore the pair or set to its value before the loss; or
- 2) pay the difference between the value of the property before and after the loss.

BAGGAGE DELAY

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the cost of reasonable additional clothing and personal items purchased by You while Your Baggage is delayed or misdirected by a Common Carrier 24 hours or more from Your time of arrival at a destination other than Your return destination.

This coverage terminates upon Your arrival at the return destination of Your Trip.

The following exclusions and limitations apply to Baggage and Personal Effects and Baggage Delay:

We will not provide benefits for any loss or damage to:

- 1) animals;
- 2) automobiles and automobile equipment; boats or other vehicles or conveyances; motorcycles; trailers; motors; or aircraft;
- 3) household effects and furnishings; antiques and collector items;
- 4) eyeglasses, sunglasses, contact lenses, artificial teeth, dentures, dental bridges, retainers, or other orthodontic devices or hearing aids;
- 5) artificial limbs or other prosthetic devices;
- 6) keys, money, and credit cards (except as otherwise specifically covered herein); securities, stamps, tickets, and documents (except as coverage is otherwise specifically provided herein);
- 7) sporting equipment if the loss results from the use thereof;
- 8) professional or occupational equipment or property, whether or not electronic business equipment.

We will not provide benefits for any loss or damage caused by or resulting from:

- 1) breakage of brittle or fragile articles;
- 2) wear and tear or gradual deterioration;
- 3) confiscation or appropriation by order of any government or custom's rule;
- 4) theft or pilferage while left in any unlocked or unattended vehicle;
- 5) property illegally acquired, kept, stored or transported;
- 6) Your negligent acts or omissions;
- 7) property shipped as freight or shipped prior to the Scheduled Departure Date;
- 8) electrical current, including electric arcing that damages or destroys electrical devices or appliances;
- 9) insects, vermin or inherent vice.

We will not provide benefits for any loss or damage to Your Baggage which has been reimbursed by a Common Carrier, hotel or Travel Supplier.

SECTION II - DEFINITIONS

“Accident” means a sudden, unexpected, unusual, specific event that occurs at an identifiable time and place, and shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

“Actual Cash Value” means original purchase price for items of like kind and quality less depreciation.

“Additional Transportation Cost” means the actual cost incurred for one-way Economy Transportation (or for the original class of fare, if the original tickets were for a higher class of fare) by Common Carrier by the most direct route, less any refunds paid or payable, for unused original tickets.

“Baggage” means luggage and personal effects (whether owned, borrowed or rented) taken by You on Your Trip.

“Business Partner” means an individual who: (a) is involved in a legal general partnership with You; and (b) is actively involved in the day to day management of Your business.

“Caregiver” means an individual employed for the purpose of providing assistance with activities of daily living to You or to Your Family Member who has a physical or mental impairment. The Caregiver must be employed by You or Your Family Member. A Caregiver is not a babysitter; childcare service, facility or provider; or a person employed by any service, provider or facility to supply assisted living or skilled nursing personnel.

“Child Caregiver” means an individual providing basic childcare service needs for Your minor children under the age of 18 while You are on the Trip without the minor children. The arrangement of being the Child Caregiver while You are on the Trip must be made 15 or more days prior to the Scheduled Departure Date.

“Common Carrier” means any land, sea, or air conveyance operating under a valid license for the transportation of passengers for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

“Complications of Pregnancy” means conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible. Complications of Pregnancy does not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

“Dependent” means lawful spouse, Your children including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age 19 and primarily dependent on You for support and maintenance; or (2) who is at least age 19 but less than age 26 and who regularly attends an accredited school or college; and who is primarily dependent on You for support and maintenance.

“Domestic Partner” means an opposite or same-sex partner who is at least eighteen (18) years of age and has met all the following requirements for at least 6 months:

- 1) Resides with You;
- 2) Shares financial assets and obligations with You;
- 3) Is not related by blood to You to a degree of closeness that would prohibit a legal marriage;
- 4) Neither You nor Your Domestic Partner is married to anyone else, or has any other Domestic Partner.

“Economy Transportation” means the lowest published available transportation rate for a ticket on a Common Carrier.

“Effective Date” means the date and time Your coverage begins, as indicated in Section IV- Coverage Provisions, When Coverage Begins and Ends.

“Elective Treatment and Procedures” means any medical treatment or surgical procedure that is not medically required, including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority to be research or experimental or that is not recognized as a generally accepted medical practice.

“Family Member” means any of the following: Your or Your Traveling Companion’s legal spouse (or common-law spouse where legal), legal guardian or ward, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew, Domestic Partner, Caregiver, or Child Caregiver.

“Home” means Your primary place of residence.

“Hospital” means (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident in-patients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; (d) other than a residence, a place where treatment in a Hyperbaric chamber can be received. Not included is a hospital or institution licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

“Hospitalized” means admitted to a Hospital for a period of at least 24 hours or where the patient is charged by the Hospital for a minimum of one day of inpatient charges.

“Injury” means bodily harm caused by an Accident that: 1) occurs while Your coverage is in effect under the Certificate; and 2) requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

“Intoxicated” mean a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where You are located at the time of an incident.

“Maximum Benefit Amount” means the maximum amount payable for coverage provided to You as shown in the Schedule of Benefits.

“Medical Evacuation” means Physician-ordered Transportation Expense which is arranged and approved by Our Program Assistance Provider. An unscheduled return by the same or like mode of transportation as originally scheduled without additional transportation requirements is not a Medical Evacuation.

“Medically Necessary” means a service which is appropriate and consistent with the treatment of the condition in accordance with accepted standards of community practice.

“Medical Treatment” means examination and treatment by a Physician.

“Payments or Deposits” means the cash, check, or credit card amounts actually paid for Your Trip. Certificates, vouchers, discounts and/or credits applied (in part or in full) towards the cost of Your Travel Arrangements are not Payments or Deposits as defined herein.

“Physician” means a person licensed as a medical doctor in the jurisdiction where the services are rendered or a Christian Science Practitioner who is: (a) other than You, a Traveling Companion or a Family Member; and (b) practicing within the scope of his or her license.

“Plan Participant” means the person that: is scheduled to participate on a Trip arranged by Royal Caribbean International, provided the required plan payment has been paid. Plan Participant also means “You” and “Your”.

“Pre-Existing Condition” means an illness, disease, or other condition during the 60 day period immediately prior to the Effective Date of Your coverage for which You or Your Traveling Companion, Business Partner or Family Member scheduled or booked to travel with You: 1) received or received a recommendation for a test, examination, or medical treatment; or 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60 day period before Your coverage is effective under this Certificate.

“Program Assistance Provider” means On Call International.

“Scheduled Departure Date” means the date on which You are originally scheduled to leave on Your Trip.

“Scheduled Return Date” means the date on which You are originally scheduled to return to the point of origin or the original final destination of Your Trip.

“Sickness” means an illness or disease of the body that: 1) requires examination and treatment by a Physician, and 2) commences while Your coverage is in effect. An illness or disease of the body that first manifests itself and then worsens or becomes acute prior to the Effective Date of Your coverage is not a Sickness as defined herein and is not covered by the Certificate.

“Strike” means any organized and legally sanctioned labor disagreement resulting in a stoppage of work: (a) as a result of a combined effort of workers which is unannounced and unpublished at the time Travel Arrangements are purchased; and (b) which interferes with the normal departure and arrival of a Common Carrier.

“Third Party(ies)” means any person, corporation or other entity except You, and Us.

“Transportation Expense” means the cost of Medically Necessary conveyance and personnel, including Usual and Customary charges for required medical services and supplies, and fees imposed in accordance with The Jones Act up to \$300.

“Travel Arrangement(s)” means: (a) transportation; (b) accommodations; and (c) other specified services arranged by Your Travel Supplier for Your Trip.

“Traveling Companion” means a person or persons whose names appear with Yours on the same Travel Arrangements and who, during Your Trip, will accompany You.

“Travel Supplier” means Royal Caribbean International.

“Trip” means a scheduled trip for which coverage is elected and the premium paid and all Travel Arrangements are arranged prior to the Scheduled Departure Date.

“Usual and Customary” means the comparable level of charges for similar treatment, services and supplies in the geographic area where treatment, services or supplies are provided or performed.

SECTION III - CERTIFICATE LIMITATIONS AND EXCLUSIONS

Benefits are not payable for any loss due to, arising or resulting from:

1. due to a Pre-Existing Condition, as defined in the Certificate. This Pre-Existing Condition exclusion does not apply to the Emergency Medical Evacuation or Repatriation of Remains coverage;
2. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war;
3. participating in maneuvers or training exercises of an armed service or police force of any country;
4. piloting or learning to pilot or acting as a member of the crew of any aircraft;
5. being Intoxicated or under the influence of any controlled substance unless taken as administered or prescribed by a Physician;
6. the commission of or attempt to commit a felony or being engaged in an illegal occupation;
7. normal pregnancy (except Complications of Pregnancy) and/or resulting childbirth or voluntarily induced abortion;
8. any amount paid or payable under any Worker’s Compensation, Disability Benefit or similar law;
9. a loss or damage caused by detention, confiscation or destruction by customs official;
10. any non-emergent treatment or surgery, routine physical examinations, hearing aids, eye glasses, contacts or any Elective Treatment and Procedures;
11. any loss occurring during a Trip booked or taken for the purpose or intent of securing medical treatment;
12. failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements;
13. business, contractual or educational obligations of You, a Family Member, Business Partner, or Traveling Companion;

14. a mental, or nervous or psychological disorder, unless Hospitalized for that condition while the Certificate is in effect for You;
15. a loss that results from an illness, disease or other condition, event or circumstance that occurs at a time when the Certificate is not in effect for You.

SECTION IV – COVERAGE PROVISIONS

When Coverage Begins and Ends

When Coverage Begins:

Trip Delay: Coverage begins when You depart on Your first scheduled Travel Arrangement (or if You must use an alternate travel arrangement after Your Scheduled Departure Date to reach Your Trip destination, on the Scheduled Departure Date) for Your Trip. This is Your “Effective Date” and time for Trip Delay.

All Other Coverages: Coverage begins at 12:01 AM on the date when You depart on the first Travel Arrangement (or alternate travel arrangement if You must use an alternate Travel Arrangement to reach Your Trip destination) for Your Trip. This is Your “Effective Date” and time for all other coverages.

When Coverage Ends:

All Other Coverages: Your coverage automatically ends on the earlier of: 1) the date the Trip is completed; 2) the Scheduled Return Date; 3) Your arrival at the return destination on a round-trip, or the destination on a one-way trip; 4) cancellation of the Trip covered by the Certificate; 5) the expiration of the Certificate.

Termination of the Certificate will not affect a claim for loss that occurs after premium has been paid.

SECTION V – CLAIMS PROVISIONS

Your duties in event of a loss:

Trip Delay: Obtain any specific dated documentation that provides proof of the reason for delay (airline or cruise line forms, medical statements, etc). Submit this documentation along with Your trip itinerary and all receipts for additional expenses incurred.

Medical Expenses: Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment. Submit these first to other medical plans. Provide a copy of their final disposition of Your claim.

For Baggage and Personal Effects and Baggage Delay:

In case of lost, stolen, damaged, destroyed or delayed Baggage and Personal Effects, You must:

- a) take all necessary and reasonable steps to protect, save or recover the property;
- b) notify, within 48 hours of the loss in writing, the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any Common Carrier or bailee who has custody of Your property at the time of loss;
- c) obtain a copy of the reported loss, damage, delay or theft of the item from the Common Carrier who had possession of the item at the time of the loss to include the Common Carrier’s liability for such loss;
- d) produce records needed to verify the claim and its amount, and permit copies to be made;
- e) provide Us, within 90 days from the date of loss, a detailed proof of loss signed and sworn to; and
- f) allow the property to be examined, if requested.

Where to Report a Claim:

Online: www.travelclaim.com

Mail: Aon Affinity Travel Practice, 900 Stewart Avenue, Garden City, NY 11530-9998

Phone: 1-800-453-4022 or 1-516-342-7262

Notice of Claim: Notice of claim must be reported to Us within 30 days after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to Us or Our designated representative and should include sufficient information to identify You.

Claim Forms: Obtain claim forms from Aon Affinity or at www.travelclaim.com which will provide all the details for filing Your claim appropriately. Please read the instructions carefully. The instructions will direct You toward filing all the correct, necessary documentation and following the appropriate procedures in order to have Your claim settled as quickly as possible.

Proof of Loss: Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

Payment of Claims: Benefits for Loss of life will be paid to Your designated beneficiary. If a beneficiary is not otherwise designated by You, benefits for Loss of life will be paid to the first of the following surviving preference beneficiaries:

- a) Your spouse;
- b) Your child or children jointly;
- c) Your parents jointly if both are living or the surviving parent if only one survives;
- d) Your brothers and sisters jointly; or
- e) Your estate.

All other benefits will be paid directly to You, unless otherwise directed. Any accrued benefits unpaid at Your death will be paid to Your estate. If You have assigned Your benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

All or a portion of all benefits provided by the Certificate may, at Our option, be paid directly to the provider of the service(s) to You. All benefits not paid to the provider will be paid to You.

If any benefit is payable to: (a) a Plan Participant who is a minor or otherwise not able to give a valid release; or (b) Your estate, We may pay any amount due under the Certificate to Your beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.

SECTION VI - GENERAL PROVISIONS

Excess Insurance: Insurance provided by this Certificate shall be in excess of all other valid and collectible insurance or indemnity or as required by state law. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, We shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible. Recovery of losses from other parties does not result in a refund of premium paid.

Physician Examination and Autopsy: We, at Our expense, may have You examined when and as often as is reasonable while the claim is pending. We may have an autopsy done (at Our expense) where it is not forbidden by law.

Legal Actions: No legal action for a claim can be brought against Us until 60 days after We receive proof of loss. No legal action for a claim can be brought against Us more than 3 years after the time required for giving proof of loss. This 3 year time period is extended from the date proof of loss is filed and the date the claim is denied in whole or in part.

Concealment and Misrepresentation: The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this insurance has been concealed or misrepresented.

Other Insurance with Us: You may be covered under only one travel insurance Certificate with Us for each Trip. If You are covered under more than one such Certificate, You may select the coverage that is to remain in effect. In the event of death, the selection will be made by Your beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

Subrogation: If We have made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We will be subrogated to that right. You shall help Us exercise Our rights in any reasonable way that We may request; nor do anything after the loss to prejudice

Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss.

Reductions in the Amount of Insurance: The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid for any loss or damage under this coverage for this Trip.

The following provisions apply to Baggage/Personal Effects and Baggage Delay coverages:

Proof of Loss: You must furnish Us, or Our designated representative, with proof of loss. This must be a detailed statement. It must be filed with Us, or Our designated representative within ninety (90) days from the date of loss. Failure to comply with these conditions shall invalidate any claims under this Certificate.

Settlement of loss: Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to Us and We have determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable proof of loss and the value involved to Us.

Benefit to bailee: This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

SECTION VII - COORDINATION OF BENEFITS

Applicability

The Coordination of Benefits ("COB") provision applies to This Plan when a Plan Participant has health care coverage under more than one Plan. "Plan" and "This Plan" are defined below.

If this COB provision applies, the order of benefit determination rules should be looked at first. Those rules determine whether the benefits of This Plan are determined before or after those of another Plan. The benefits of This Plan:

- (a) will not be reduced when, under the order of benefit determination rules, This Plan determines its benefits before another Plan; but
- (b) may be reduced when, under the order of benefit determination rules, another Plan determines its benefits first. This reduction is described further in the section entitled Effect on the Benefits of This Plan.

Definitions

"Plan" is a form of coverage written on an expense incurred basis that provides benefits or services for, or because of, medical or dental care or treatment. "Plan" includes:

- (a) group insurance and group remittance subscriber contracts;
- (b) uninsured arrangements of group coverage;
- (c) group coverage through HMO's and other prepayment, group practice and individual practice Plans; and
- (d) blanket contracts, except blanket school accident coverages or a similar group when the individual policy pays the premium;
- (e) Medicaid or Medicare.

"Plan" does not include individual or family: (a) insurance contracts; (b) direct payment subscriber contracts; (c) coverage through HMO's; or (d) coverage under other prepayment, group practice and individual practice Plans.

"This Plan" is the parts of this blanket contract that provide benefits for health care expenses on an expense incurred basis.

"Primary Plan" is one whose benefits for a person's health care coverage must be determined without taking the existence of any other Plan into consideration. A Plan is a Primary Plan if either:

- (a) the Plan either has no order of benefit determination rules, or it has rules which differ from those in the contract; or
- (b) all Plans that cover the person use the same order of benefits determination rules as in this contract, and under those rules the Plan determines its benefits first.

“Secondary Plan” is one that is not a Primary Plan. If a person is covered by more than one Secondary Plan, the order of benefit determination rules of this contract decide the order in which their benefits are determined in relation to each other. The benefits of each Secondary Plan may take into consideration the benefits of the Primary Plan or Plans and the benefits of any other Plan, which, under the rules of this contract, has its benefits, determined before those of that Secondary Plan.

“Allowable Expense” is the necessary, reasonable, and customary item of expense for health care when the item of expense is covered at least in part under any of the Plans involved.

The difference between the cost of a private hospital room and a semi-private hospital room is not considered an Allowable Expense under the above definition unless the patient’s stay in a private hospital room is medically necessary in terms of generally accepted medical practice.

When a Plan provides benefits in the form of services, the reasonable cash value of each service will be considered both an Allowable Expense and a benefit paid.

“Claim” is a request that benefits of a Plan be provided or paid. The benefits claimed may be in the form of: (a) services (including supplies); (b) payment for all or a portion of the expenses incurred; or (c) a combination of (a) and (b).

“Claim Determination Period” is the period of time, which must not be less than 12 consecutive months, over which Allowable Expenses are compared with total benefits payable in the absence of COB, to determine: (a) whether over insurance exists; and (b) how much each Plan will pay or provide.

For the purposes of this contract, Claim Determination Period is the period of time beginning with the Effective date of coverage and ending 12 consecutive months following the date of loss or longer as may be determined by the proof of loss provision.

Order of Benefit Determination Rules

When This Plan is a Primary Plan, its benefits are determined before those of any other Plan and without considering another Plan’s benefits.

When This Plan is a Secondary Plan, its benefits are determined after those of any other Plan only when, under these rules, it is secondary to that other Plan.

When there is a basis for a Claim under This Plan and another Plan, This Plan is a Secondary Plan that has its benefits determined after those of the other Plan, unless:

- (a) the other Plan has rules coordinating its benefits with those of This Plan; and
- (b) both those rules and This Plan’s rules, as described below, require that This Plan’s benefits be determined before those of the other Plan.

Rules. This Plan determines its order of benefits using the first of the following rules which applies:

- (a) **Nondependent/Dependent Rule.** The benefits of the Plan which covers the person as an employee, member or subscriber (that is, other than as a dependent) are determined before those of the Plan that covers the person as a dependent.
- (b) **Longer/Shorter Length of Coverage Rule.** The benefits of the Plan that covered an employee, member or subscriber longer are determined before those of the Plan that covered that person for the shorter time.

To determine the length of time a person has been covered under a Plan, two Plans shall be treated as one if the claimant was eligible under the second within 24 hours after the first ended. Thus, the start of a new Plan does not include: (a) a change in the amount or scope of a Plan’s benefits; (b) a change in the entity which pays, provides or administers the Plan’s benefits; or (c) a change from one type of Plan to another. The claimant’s length of time covered under a Plan is measured from the claimant’s first date of coverage under that Plan. If that date is not readily available, the date the claimant first became a member of the group shall be used as the date from which to determine the length of time the claimant’s coverage under the present Plan has been in force.

Effect on the Benefits of This Plan When it is Secondary

The benefits of This Plan will be reduced when it is a Secondary Plan so that the total benefits paid or provided by all Plans during a Claim Determination Period are not more than the total Allowable Expenses, not otherwise paid, which were incurred during the Claim Determination Period by the person for whom the Claim is made. As each Claim is submitted, This Plan determines its obligation to pay for Allowable Expenses based on all Claims that were submitted up to that point in time during the Claim Determination Period.

Right to Receive and Release Needed Information

Certain facts are needed to apply these COB rules. We have the right to decide which facts are needed. We may get needed facts from or give them to any other organization or person. We need not tell, or get the consent of, any person to do this. Each person claiming benefits under This Plan must give Us any facts We need to pay the Claim.

Facility of Payment A payment made under another Plan may include an amount that should have been paid under This Plan. If it does, We may pay that amount to the organization that made that payment. That amount will then be treated as though it were a benefit paid under This Plan. We will not have to pay that amount again. The term “payment made” includes providing benefits in the form of services, in which case “payment made” means reasonable monetary value of the benefits provided in the form of services.

Right of Recovery

If the amount of the payments made by Us is more than We should have paid under this COB provision, We may recover the excess from one or more of: (a) the persons We have paid or for whom We have paid; (b) insurance companies; or (c) other organizations.

Non-complying Plans

This Plan may coordinate its benefits with a Plan that is excess or always secondary or which uses order of benefit determination rules which are inconsistent with those of This Plan (non-complying Plan) on the following basis:

- (a) If This Plan is the Primary Plan, This Plan will pay its benefits on a primary basis;
- (b) if This Plan is the Secondary Plan, This Plan will pay its benefits first, but the amount of the benefits payable will be determined as if This Plan were the Secondary Plan. In this situation, Our payment will be the limit of This Plan's liability; and
- (c) if the non-complying Plan does not provide the information needed by This Plan to determine its benefits within 30 days after it is requested to do so, We will assume that the benefits of the non-complying Plan are identical to This Plan and will pay benefits accordingly. However, We will adjust any payments made based on this assumption whenever information becomes available as to the actual benefits of the non-complying Plan.

ROYAL CARIBBEAN TRAVEL PROTECTION PROGRAM

Arch Insurance Company
Administrative Office: Harborside Three
210 Hudson Street, Suite 300
Jersey City, NJ 07311-1107

FLORIDA TRAVEL PROTECTION INSURANCE CERTIFICATE AMENDATORY ENDORSEMENT

This Amendatory Endorsement is subject to all of the terms, provisions, exclusions and limitations of the Certificate. If there is a conflict between the Certificate and this Amendatory Endorsement, the terms of this Amendatory Endorsement will govern. This Individual Travel Protection Amendatory Endorsement is a part of the Certificate to which it is attached. It is issued in consideration of payment of the required premium.

The Certificate is hereby amended for **Florida Residents** as follows:

A. All references to “Coordination of Benefits”, including that Section, are deleted in their entirety.

B. In SECTION II - DEFINITIONS:

The definition of “Domestic Partner” is deleted in its entirety.

The following definition is deleted and replaced as follows:

“Family Member” means any of the following: Your or Your Traveling Companion’s legal spouse (or common-law spouse where legal), legal guardian or ward, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew, domestic partner, Caregiver, or Child Caregiver.

C. The following heading appearing in SECTION V – CLAIMS PROVISIONS is deleted and replaced as follows:

Where to Report a Claim or Whom to Contact for complaint issues or coverage or premium inquiries:

D. In SECTION V – CLAIMS PROVISIONS, the Payment of Claims provision is deleted and replaced as follows:

Payment of Claims: All benefits payable under the Policy will be paid immediately upon receipt of due written proof of such Loss. All claims shall be paid within 20 days following receipt by the Company of due proof of Loss. Failure to pay within such period shall entitle You to interest at the rate of 12% per annum from the date of the payment agreement. However, if the tender of payment is conditioned upon the execution of a valid release, the interest will not begin to accrue until the executed valid release is provided to Us.

E. In SECTION VI - GENERAL PROVISIONS, in the Legal Actions provision, the references to “3 years” are deleted and replaced with “5 years”.

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Jersey City, NJ 07311-1107

MASSACHUSETTS TRAVEL PROTECTION INSURANCE CERTIFICATE AMENDATORY ENDORSEMENT

This Amendatory Endorsement is subject to all of the terms, provisions, exclusions and limitations of the Certificate. If there is a conflict between the Certificate and this Amendatory Endorsement, the terms of this Amendatory Endorsement will govern. This Individual Travel Protection Amendatory Endorsement is a part of the Certificate to which it is attached. It is issued in consideration of payment of the required premium.

The Certificate is hereby amended for **Massachusetts Residents** as follows:

A. All references to “Coordination of Benefits”, including that Section, if they appear, are deleted in their entirety.

B. In SECTION II – DEFINITIONS, the following definitions, if they appear, are deleted and replaced as follows:

“Dependent” means lawful spouse, Your children including an unmarried child, stepchild, legally adopted child or foster child who is less than age 26 and who is primarily dependent on You for support and maintenance.

“Physician” means a person licensed as a medical doctor in the jurisdiction where the services are rendered or a Christian Science Practitioner who is: (a) other than You, a Traveling Companion or a Family Member; and (b) practicing within the scope of his or her license. Physician includes certified nurse midwives, chiropractors, dentists, optometrists, podiatrists and certified registered nurse anesthetists.

C. In SECTION VI - GENERAL PROVISIONS:

The Excess Insurance provision, if it appears, is deleted in its entirety.

The following provision is deleted and replaced as follows:

Physician Examination and Autopsy: We, at Our expense, may have You examined when and as often as is reasonable while the claim is pending. We may have an autopsy done (at Our expense) where it is not forbidden by law or forbidden by the religious practices or beliefs of the Insured or beneficiary.

The following provision is added as the last provision in this section:

Insurance with Other Insurers: If there be other valid coverage, not with Us, providing benefits for the same loss on a provision of service basis or on an expense incurred basis and of which We have not been given written notice prior to the occurrence or commencement of loss, the only liability under any expense incurred coverage of this Certificate shall be for such proportion of the loss as the amount which would otherwise have been payable hereunder plus the total of the like amounts under such other valid coverages for the same loss of which We had notice bears to the total like amounts under all valid coverages for such loss, and for the return of such portion of the premiums paid as shall exceed the pro-rata portion for the amount so determined. For the purpose of applying this provision when other coverage is on a provision of service basis, the like amount of such other coverage shall be taken as the amount which the services rendered would have cost in the absence of such coverage.



WORLDWIDE EMERGENCY ASSISTANCE

The following Assistance services are provided by On Call International and are not an insurance benefit.

Not a care in the world...when you have our 24/7 global network to assist you.

CareFree™ Travel Assistance

- Arrangements for last-minute flight and hotel changes
- Luggage Locator (reporting/tracking of lost, stolen or delayed baggage)
- Airport transportation, rental car reservations and automobile return
- Coordination of travel for visitors to bedside, return travel for dependent/minors
- Assistance locating the nearest embassy or consulate
- Cash transfers
- Destination guide, weather updates, passport requirements, currency exchange
- Assistance with lost travel documents or passports
- Live email and phone messaging to family and friends
- Multilingual translation and interpretation services

Medical Assistance and Emergency Services

- Medical case management, consultation and monitoring
- Medical transportation, dispatch of doctor or specialist
- Referrals to local medical and dental service providers
- Worldwide medical information, up-to-the-minute travel medical advisories
- Replacement of prescriptions, eyeglasses, contact lenses and dental appliances
- Emergency medical, dental and legal assistance

Worldwide Emergency Assistance Services can be accessed by calling On Call International at **1 (866) 509-7716** or, from outside the U.S. or Canada, call collect*: **1-(603) 328-1716**.

**If you have any difficulty making this collect call, contact the local phone operator to connect you to a US-based long-distance service. In this case, please let the Assistance Provider answering the phone know the number you are calling from, so that he/she may call you back. Any charges for the call will be considered reimbursable benefits.*

Note that the problems of distance, information, and communications make it impossible for the Program Administrator, Royal Caribbean International, or On Call International to assume any responsibility for the availability, quality, use, or results of any emergency service. In all cases, you are still responsible for obtaining, using, and paying for your own required services of all types.