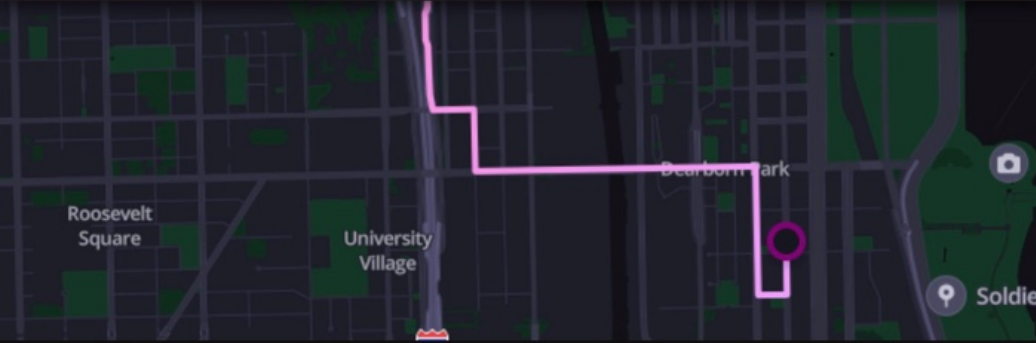




Ride on 3/11/26, 4:01 PM



1345 S Wabash Ave
Chicago, IL 60605

Pickup
4:01 PM

McDonald's Hamburger University
Chicago, IL 60607

Drop-off
4:18 PM

Payment

XL fare (3.1 mi, 17m)	\$24.18
Priority Pickup Upgrade	\$3.00
Lyft Pink free Priority Pickup upgrade	-\$3.00
City of Chicago Accessibility Fee	\$0.10
City of Chicago Fee	\$1.13
Downtown Zone Surcharge	\$1.50
Ride Upgrade Discount	-\$10.00
Flash discount	-\$2.53



American Express *1003
Total charge

\$14.38





Personal
American Express *1003





Ride on 3/24/26, 7:57 AM



	1345 S Wabash Ave Chicago, IL 60605	Pickup 7:57 AM
	Southwest Airlines Chicago, IL 60638	Drop-off 8:20 AM

Payment

XL fare (11.5 mi, 22m)	\$56.24
Priority Pickup Upgrade	\$4.00
Lyft Pink free Priority Pickup upgrade	-\$4.00
City of Chicago Fee	\$1.13
City of Chicago Airport, McCormick Place, Navy Pier Surcharge	\$5.00
Downtown Zone Surcharge	\$1.50
City of Chicago Accessibility Fee	\$0.10
Ride Upgrade Discount	-\$28.00



American Express *1003
Total charge

\$35.97



Personal
American Express *1003



SSP America

MDW Int'l.
Chicago IL 60638
1-888-310-0583

** TRANSACTION RECORD **

Tran. #: 29597
Workstation #: 0020
Check #: 742
Employee #: 254
Employee: Sherissa

Purchase
American Express
xxxxxxxxxxxx1003
Chip Read

APPROVED

Amount \$17.25
Tip \$1.00
=====

TOTAL USD\$18.25

No signature required

RRN: 608313674048 C
Auth. #: 880621
Mode: Issuer
S0001T0020/0022814036
00 (001)
03/24/2026 8:37:10 AM

AID: A000000025010801
App Name:
AMERICAN EXPRESS
TVR: 0000008000
IAD: 06540103A0A002
TSI: E800

Customer Copy

Chick Fil A
Concourse C
8500 Pena Blvd
Denver, CO 80249

ADRIEN

Host: Miguel
ADRIEN

03/24/2026
12:06 PM
30177

Chicken Strips	9.05
4ct	
Medium Waffle Fries	3.45
Chick-fil-A Sauce	0.00
Garden Herb Ranch	0.00

Subtotal	12.50
Tax	1.00

Dine In Total 13.50

AMEX #XXXXXXXXXXXX1003 13.50
Auth:868909

Thank you!!!
We would love to hear from you
feedback@skyportco.com
or call: 720-680-0585
Due to penny discontinuation,
cash purchases are rounded to
the nearest nickel

--- Check Closed ---

KALLISTO MEDITERRANEAN

1456 CHAMPA ST
DENVER, CO 80202
720 541 4608

Dine In

24-Mar-2026 6:29:43P

Transaction **011854**

1 Chicken Wrap \$13.98

Subtotal \$13.98

Sales Tax 9.15% \$1.28

Total \$15.26

Tip \$1.53

CREDIT CARD SALE \$16.79
AMEX 1003

24-Mar-2026 6:30:17P

\$16.79 | Method: CONTACTLESS

AMERICAN EXPRESS XXXXXXXXXXXXX1003

Reference ID: 608400523440

Auth ID: 862698

MID: *****2883

AID: A000000025010801

AthNtwkNm: AMEX

Card total \$15.26

Cash Total \$14.81

***** REPRINT *****

Clover ID: BC0FB4SZ7E31P

Payment 27AZC3DPA5TJG

Clover Privacy Policy
<https://clover.com/privacy>



Trompeau Bakery - Cafe
Croissant

934 16th St
Denver, CO
80202-2902
(720) 900-0134
<https://trompeau-bakery.com/>

March 25, 2026
7:51 AM

Ticket: Adrien
Receipt: v5dE
Authorization: 868029

AMERICAN EXPRESS
AID A0 00 00 00 25 01 08 01

TO GO

Mocha Latte	\$7.25
20oz, Almond milk (\$1.00)	
Almond Croissant	\$4.50
Almond	
<hr/>	
Subtotal	\$11.75
Baker's Apprciation Fee (5%)	\$0.59
Denver Combined (state, county, city) (9.15%)	\$1.08
Tip	\$2.01
<hr/>	
Total	\$15.43
American Express 1003 (Contactless)	\$15.43

WiFi Name: Trompeau Cafe-Guest
WiFi Password: Trompeau
Bathroom code: 66615

MAGNOLIA DENVER TRIBUTE
818 17th Street
Denver, CO 80202
303-607-9000

03/25/2026 12:29

Check: 24065 Table: D4
Server: Riley Guests: 0
RVC: Harry's

Regular Check

Seat#: 01
1 Hot Chicken Samm 25.00

Subtotal 25.00
Tax 2.00

TOTAL 27.00

TIP: 5.00

TOTAL: 32.00

ROOM NUMBER: _____

X Adrean Vargas
PRINT NAME

X [Signature]
SIGNATURE

THANK YOU!

Enroll in Bonvoy now.
Earn rewards on every journey!

03/25/2026

12:32

SALES DRAFT

MAGNOLIA DENVER TRIBUTE
818 17th Street
Denver, CO 80202
303-607-9000

RVC: Harry's
CASHIER: Riley
TERMINAL: 2

American Express

NAME: VALUED CUSTOMER
NUMBER: XXXXXXXXXXXX1003
EXPIRE: XX/XX
AUTH: 865213
AMOUNT: 27.00

AMERICAN EXPRESS

ENTRY MODE: Contactless
CVM: Signature

Auth Mode: issuer
AID: A000000025010801
TVR: 0000008000
IAD: 06640103A00002
TSI: E800
ARC: 00

CHECK: 24065

TOTAL: 27.00

TIP: _____

TOTAL: _____

I agree to pay above total
amount according to my card
issuer agreement.

X [Signature]
SIGNATURE

Merchant Copy

Magnolia Hotel Denver
818 17th Street
Denver, CO 80202
United States Of America
Tel: 303-607-9000 Fax: 303-607-0101



ADREAN VARGAS
2020 W HURON ST
CHICAGO, IL, 606121304
United States Of America

Page Number : 2
Guest Number : 493948
Folio ID : A
Arrive Date : 24-MAR-26 13:18
Depart Date : 26-MAR-26 09:08
No. Of Guest : 1
Room Number : 175
Marriott Bonvoy Number : 1255

EXPENSE SUMMARY REPORT

Currency: USD

Date	Other	Total	Payment
03-24-2026	321.79	321.79	0.00
03-25-2026	231.50	231.50	0.00
03-26-2026	0.00	0.00	-553.29
Total	553.29	553.29	-553.29

Chick Fil A
Concourse C
8500 Pena Blvd
Denver, CO 80249

ADRIAN

Host: Jeanette
ADRIAN
03/26/2026
1:37 PM
50240

Grilled Chicken Club	10.75
Medium Waffle Fries	3.45
Garden Herb Ranch (2 @0.00)	0.00
Chick-fil-A Sauce	0.00
Subtotal	14.20
Tax	1.14

Dine In Total 15.34

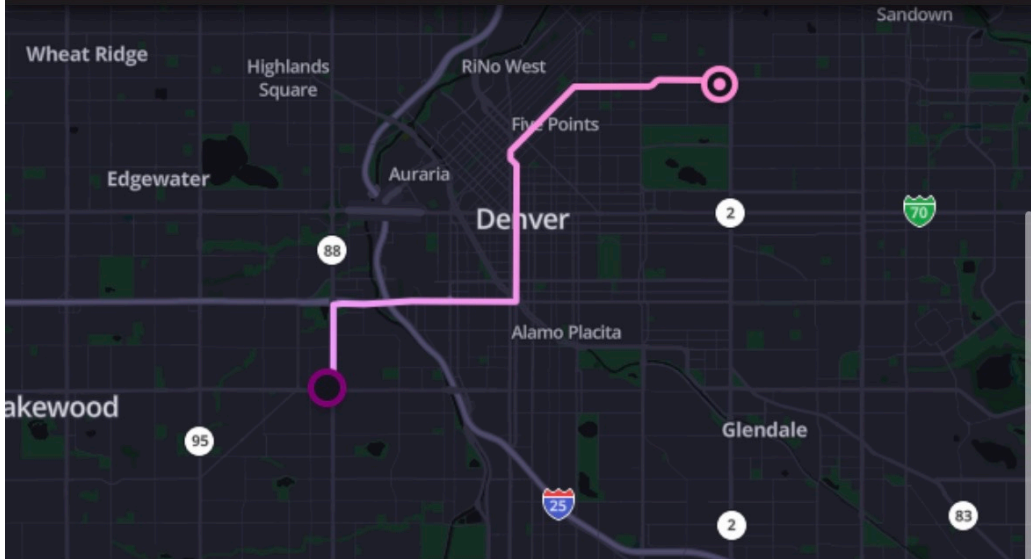
AMEX #XXXXXXXXXXXX1003 15.34
Auth:806190

Thank you!!!
We would love to hear from you
feedback@skyportco.com
or call: 720-680-0585
Due to penny discontinuation,
cash purchases are rounded to
the nearest nickel

---- Check Closed ----



Ride on 3/25/26, 5:18 PM



Mi Casa Resource Center

Denver, CO 80219

Pickup

5:18 PM

Providence Bible Church

Denver, CO 80205

Drop-off

5:51 PM

Payment

Lyft Standard fare (7.6 mi, 32m)	\$22.92
Priority Pickup Upgrade	\$4.00
Lyft Pink free Priority Pickup upgrade	-\$4.00
Driver Support Organization Fee	\$0.07
Lyft Credit	-\$3.44



American Express *1003

Total charge

\$19.55



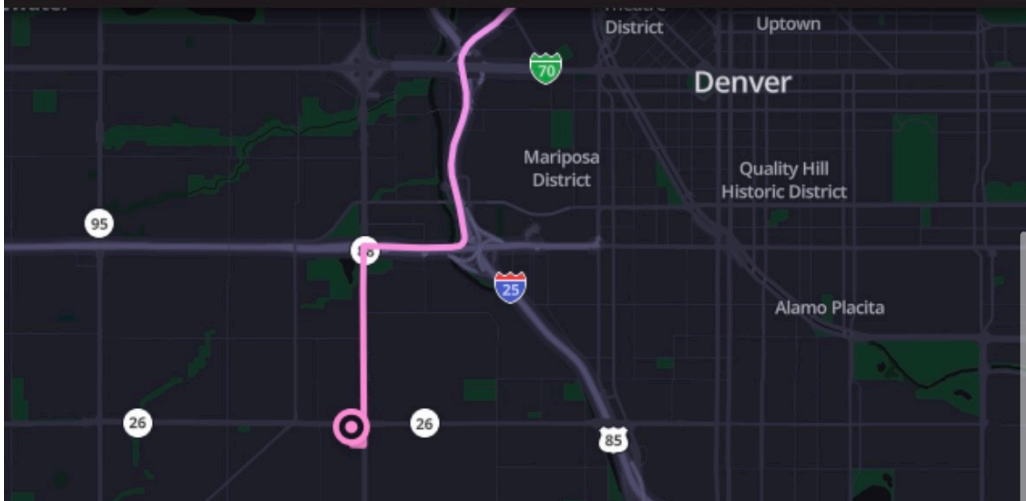
Personal

American Express *1003





Ride on 3/25/26, 12:54 PM



Tribute Portfolio Hotel-Magnolia...

Denver, CO 80202

Pickup

12:54 PM

Mi Casa Resource Center

Denver, CO 80219

Drop-off

1:10 PM

Payment

XL fare (4.7 mi, 16m)	\$17.84
Priority Pickup Upgrade	\$4.00
Lyft Pink free Priority Pickup upgrade	-\$4.00
Driver Support Organization Fee	\$0.07
Ride Upgrade Discount	-\$7.00
Flash discount	-\$1.63



American Express *1003

Total charge

\$9.28



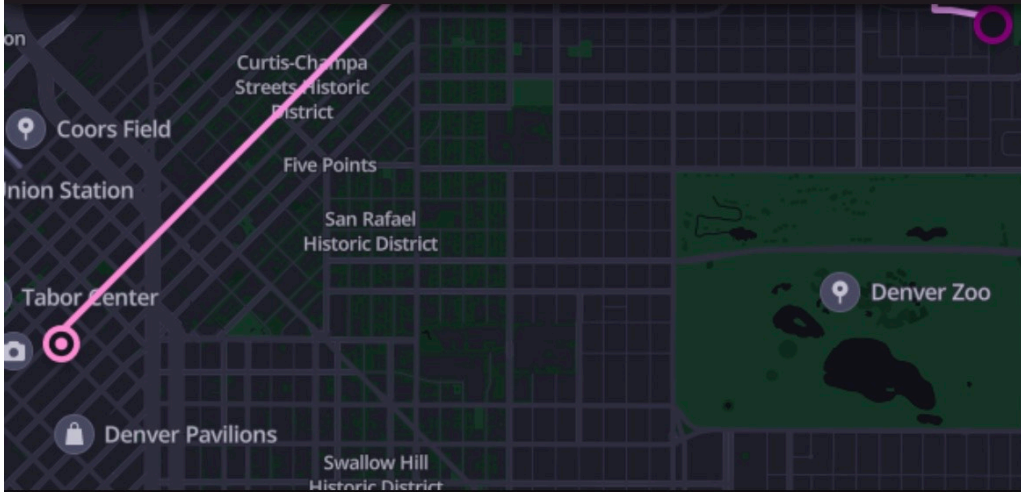
Personal

American Express *1003





Ride on 3/24/26, 3:21 PM



CrossPurpose

Denver, CO 80205

Pickup

3:21 PM

Tribute Portfolio Hotel-Magnolia...

Denver, CO 80202

Drop-off

3:32 PM

Payment

XL fare (3.2 mi, 11m)	\$19.91
Priority Pickup Upgrade	\$4.00
Lyft Pink free Priority Pickup upgrade	-\$4.00
Driver Support Organization Fee	\$0.07
Ride Upgrade Discount	-\$8.00
Flash discount	-\$1.19



American Express *1003

Total charge

\$10.79



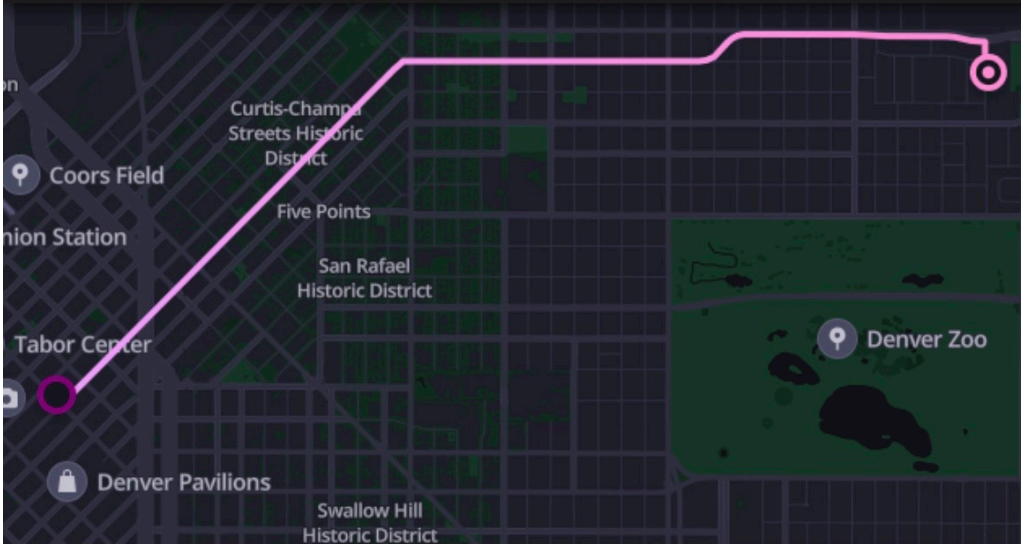
Personal

American Express *1003





Ride on 3/24/26, 2:04 PM



Tribute Portfolio Hotel-Magnolia H...

Denver, CO 80202

Pickup

2:04 PM

Providence Bible Church

Denver, CO 80205

Drop-off

2:14 PM

Payment

Lyft Standard fare (3.2 mi, 10m)	\$9.86
Wait time fee - 9 sec	\$0.04
Priority Pickup Upgrade	\$4.00
Lyft Pink free Priority Pickup upgrade	-\$4.00
Driver Support Organization Fee	\$0.07



American Express *1003

Total charge

\$9.97



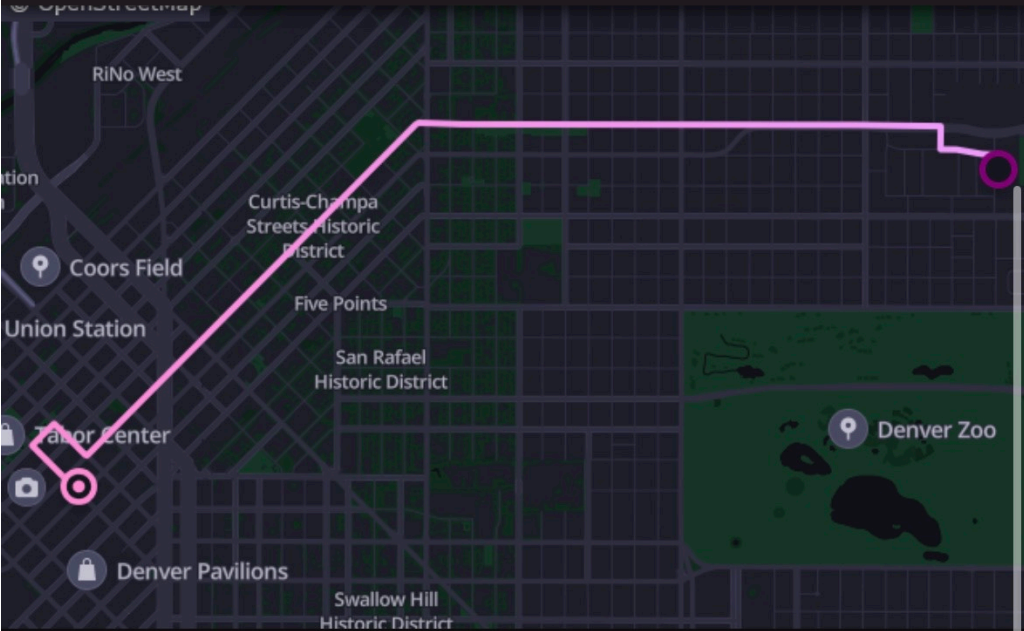
Personal

American Express *1003





Ride on 3/25/26, 7:43 PM



CrossPurpose

Denver, CO 80205

Pickup

7:43 PM

Tribute Portfolio Hotel-Magnolia...

Denver, CO 80202

Drop-off

7:54 PM

Payment

Lyft Standard fare (3.5 mi, 11m)	\$8.86
Priority Pickup Upgrade	\$3.00
Lyft Pink free Priority Pickup upgrade	-\$3.00
Driver Support Organization Fee	\$0.07



American Express *1003

Total charge

\$8.93



Personal

American Express *1003



Chicago (Midway) to Denver

Confirmation # **AP22RW**

Confirmation date: 03/13/2026

PASSENGER **Adrean Vargas**
RAPID REWARDS # 20639947020
TICKET # 5262140658531
EST. POINTS EARNED 1,486

SEATS [Modify seat](#)
MDW - DEN 26F - Standard
DEN - MDW 19F - Standard

Rapid Rewards® points are only estimations.

Your itinerary

Flight 1: Tuesday, 03/24/2026 Est. Travel Time: 2h 45m [Choice](#)

FLIGHT #1049	DEPARTS MDW 10:05AM Chicago (Midway)		ARRIVES DEN 11:50AM Denver
------------------------	--	--	--

Flight 2: Thursday, 03/26/2026 Est. Travel Time: 2h 15m [Basic](#)

FLIGHT #1447	DEPARTS DEN 02:50PM Denver		ARRIVES MDW 06:05PM Chicago (Midway)
------------------------	--	---	--

Payment information

Total cost

Air - AP22RW		
Base Fare	\$	379.54
U.S. Transportation Tax	\$	28.47
U.S. 9/11 Security Fee	\$	11.20
U.S. Flight Segment Tax	\$	10.60
U.S. Passenger Facility Chg	\$	9.00
Standard seat x1	\$	24.00
Total	\$	462.81

Payment

March 13, 2026	
Payment Amount	\$438.81
Amer Express ending in 1003	
<hr/>	
March 13, 2026	
Payment Amount	\$24.00
Amer Express ending in 1003	

This is your official receipt for the order that you recently placed with Dynamic Works Institute. We thank you for your business.

Order Information

Description:	Goods or Services		
Customer ID	a2cUZ00001XtxHFYAZ	Tax Exempt	No

Billing Information

Adrean Vargas
1345 s. wABASH AVE
Chicago, IL 60605
US
avargas@unidosus.org
7734807568

Shipping Information

Total: \$449.00 (USD)

Payment Information

Date/Time:	19-Mar-2026 10:35:46 EDT
Transaction ID:	121526832512
Payment Method:	American Express xxxx1003
Transaction Type:	Purchase
Auth Code:	121439

Merchant Contact Information

Dynamic Works Institute
Waukesha, WI 53186
US
info@dwfs.us

Thank you again for your business. Please keep a copy of this message for your records.

Your trip confirmation and receipt

You can check in via the American app 24 hours before your flight and get your mobile boarding pass.

Confirmation code: **FVQAID**

Monday, April 6, 2026

[Manage your trip](#)

Confirmation code: **FVQAID**

DCA
Washington Reagan
4:59 PM **AA 2154**

PHX
Phoenix
7:17 PM
Seat: **36C**
Class: **Economy (V)**
Meals: **Food for purchase**

Wednesday, April 8, 2026

PHX
Phoenix
11:46 PM **AA 2831**

DCA
Washington Reagan
7:00 AM
Seat: **25C**
Class: **Economy (V)**
Meals: **Refreshment**

⚠ Flight arrives Thursday, April 9, 2026

[Manage your trip](#)

[Earn up to 70,000 bonus miles*](#)
[Find the Citi® / AAdvantage® card that's right for you. Terms apply.](#)
[Learn more](#)



Your purchase

Johanna Lara - AAdvantage® #: W0U****

New ticket (0012327721142) **\$705.56**
[\$627.68 + Taxes & carrier-imposed fees \$77.88]

Total cost \$705.56

Your payment

AmericanExpress (ending 1003) **\$705.56**

Total paid \$705.56



Hi ADREAN,

Thank you for protecting your travel plans with us. We're here to give you peace of mind before, during, and after your trip.

To get the most out of your travel protection plan, we recommend downloading our free, award-winning Allyz® app. It allows you to view your plan on your smartphone, file a claim on the go, and get 24-hour emergency assistance with the touch of a button. It's one of the many ways we make it easier for you to get the help you need, when you need it.

This packet contains your Declaration of Coverage, your Policy/Certificate of Insurance, and a description of the Travel Assistance Services available to you. The total amount paid was \$31.70, which includes \$30.26 for insurance and \$1.44 for assistance — giving you access to our worldwide team of problem-solving experts that can help with medical and travel-related emergencies.

Please read the attached documents for a complete description of your benefits, and save all your receipts in case you need to file a claim. We want you to have the best travel experience possible.

Have a safe trip,

Allianz Partners

OUR PROMISE TO YOU

Since your satisfaction is our priority, we are pleased to give you 10 days to review your plan. If, during this 10-day period, you are not completely satisfied for any reason, you may cancel your plan and receive a full refund. Please note that this refund is only available if the trip has not started and if a claim has not been initiated. After this 10-day period, your plan is nonrefundable. Some states provide for longer periods or different terms for refunds. For more information, please refer to the plan documents that begin on the next page.

JEFFERSON INSURANCE COMPANY
9950 MAYLAND DRIVE, RICHMOND, VIRGINIA 23233

DECLARATION OF COVERAGE

Product Name:	Domestic Lodging Protector Plus
Policy Number:	EUSP2557387387
Number of People Insured:	1
Insured(s):	ADREAN VARGAS
Date of Purchase:	March 13, 2026
Coverage Effective Date:	March 14, 2026
Coverage End Date:	March 26, 2026
Departure Date:	March 24, 2026
Return Date:	March 26, 2026
Total Insurance Cost for All Insureds:	\$30.26

COVERAGE	WHEN IT APPLIES	MAXIMUM BENEFIT
Trip Cancellation Coverage	<p>You have to cancel your trip before you depart.</p> <p>Pre-existing Medical Condition Limit: Claims for Trip Cancellation due to a pre-existing medical condition can be covered up to the maximum Trip Cancellation benefit limit, not to exceed \$576.44. Conditions apply.</p>	\$576.44
Trip Interruption Coverage	<p>Your travel plans are interrupted while you are on your trip.</p> <p>Pre-existing Medical Condition Limit: Claims for Trip Interruption due to a pre-existing medical condition can be covered up to the maximum trip interruption benefit limit, not to exceed \$864.66. Conditions apply.</p>	\$864.66
Travel Delay Coverage	<p>Your travel plans are delayed while you are on your trip.</p> <p>Maximum reimbursement per 24-hour period of delay: No Receipts Daily Limit - \$125.00 Minimum Required Delay - 6 hours With Receipts Daily Limit - \$250.00 Minimum Required Delay - 6 hours</p>	\$500.00
Personal Belongings Coverage	<p>Your personal belongings are lost, damaged, or stolen while on your trip.</p> <p>Maximum benefit for all high value items, per policy - \$500.00</p>	\$1,000.00
Baggage Delay Coverage	<p>Your baggage is delayed by an airline, cruise line, or other travel carrier while on your trip.</p> <p>Minimum Required Delay - 24 hours No Receipts Sublimit - \$100.00 (outbound only)</p>	\$300.00

Emergency Transportation Coverage	Transportation is needed following a medical emergency while on your trip.	\$15,000.00
Emergency Medical/Dental Coverage	You have to pay for emergency medical or dental while on your trip. Dental Care maximum sublimit - \$500.00 One-Time Deductible - \$50.00	\$10,000.00

ENDORSEMENTS:	WHEN IT APPLIES	MAXIMUM BENEFIT
Epidemic Coverage	Adds coverage for certain losses resulting from an epidemic or pandemic disease.	Included
Missed Activity Coverage	You miss a prepaid activity during your trip.	\$300.00
Lodging Reservation Coverage	Persons, in addition to you, are staying in the room(s) covered by the reservation.	Included

The above is only a brief description of the coverage available under your policy. Terms, conditions, and exclusions apply to all coverages. Please carefully review your policy for complete details. Any term used in this Declaration of Coverage is as defined in your policy's Definitions section.

Important Notices:

- Your policy does not cover pre-existing medical conditions.
- Emergency Medical/Dental Coverage is primary.
- Trip Cancellation Coverage maximum limit is per policy.
- Trip Interruption Coverage maximum limit is per policy.
- If not otherwise specified, the benefit limits shown above are per insured.
- If your policy was purchased with a one-way booking, your Departure Date will be the departure date for your trip as shown on your travel documents, and your Coverage End Date and Return Date will be the return date for your trip as shown on your travel documents (not exceeding 180 days from the Departure Date). Please contact us if you need to make any changes to your dates.
- AGA Service Company is the licensed producer and administrator for this policy.
- Insurance coverage is provided under Form 101-P-IL-807-2018 PC and 101-P-IL-800-2018 AH issued by Jefferson Insurance Company, 9950 Mayland Drive, Richmond, VA 23233.

OUR PROMISE TO YOU

Since your satisfaction is our priority, we are pleased to provide you 15 days to review your plan following the date of delivery. If, during this 15-day period, you are not completely satisfied for any reason, you may cancel your plan and receive a full refund of the plan price. Please note that this refund is not available if either the trip has started or a claim has been filed. After this 15-day period, the plan price is nonrefundable.

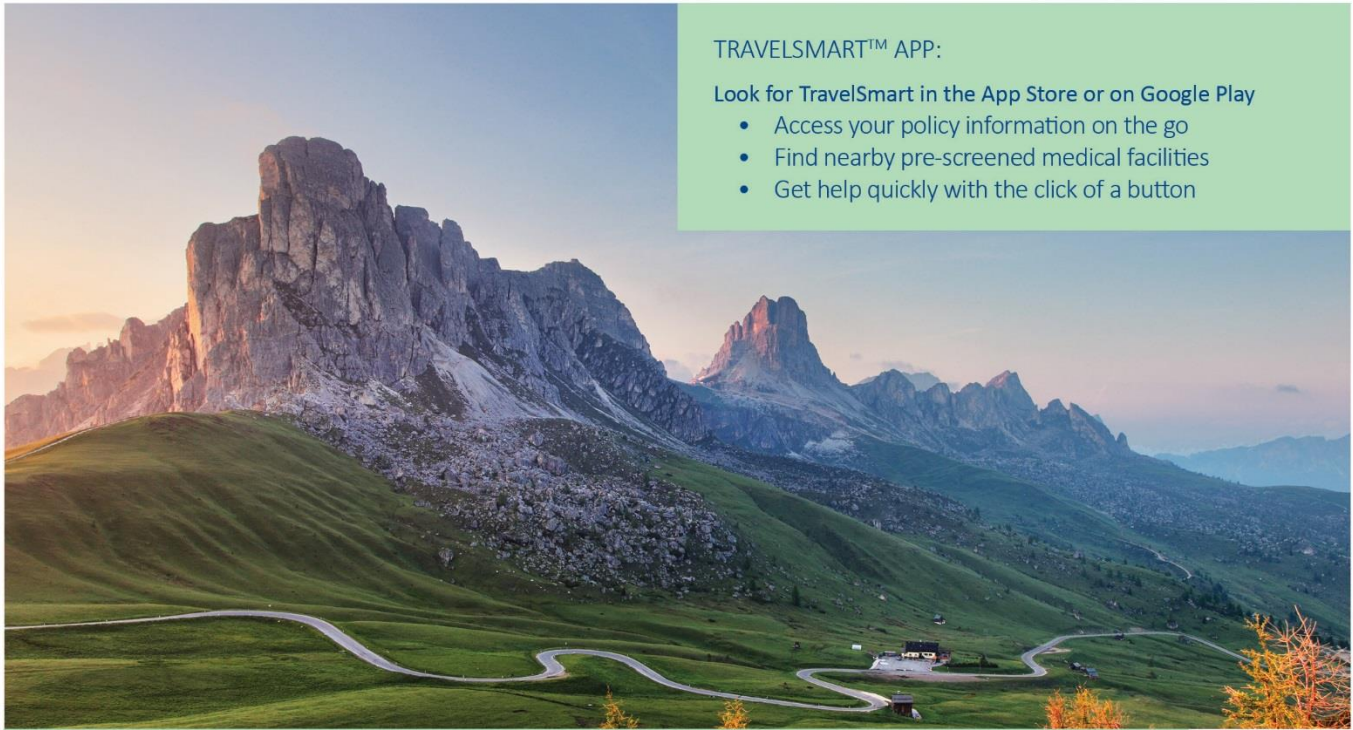
For customer service, please call:

1-888-897-2661 **1-804-281-5700**
(From U.S.) (Outside U.S./Collect)

To file a claim, please visit:

<http://www.etravelprotection.com/marriott3>

WELCOME_LTR * TRDEC_BP1ED_2020 * TI_807_S13_P_IL_V4S * 101_PA1_IL_2025 * 101_POE_03_IL_800_2020_04 *
101_POE_03_IL_800_2020_AH_03 * 101_POE_17_800_2018 * 101_POE_18_800_2018 * 101_PA2_2021 *
Travel_Concierge_Services_2017 * JICPRIVNOT



TRAVELSMART™ APP:

Look for TravelSmart in the App Store or on Google Play

- Access your policy information on the go
- Find nearby pre-screened medical facilities
- Get help quickly with the click of a button

INDIVIDUAL TRAVEL INSURANCE POLICY

Worry less and enjoy the journey.
Review your coverage and assistance benefits before you leave.

EMERGENCY ASSISTANCE DURING YOUR TRIP:

1-800-654-1908
(Toll-free, Domestic)

1-804-281-5700
(Collect, International)

POLICY AND CLAIMS SERVICES:

www.etravelprotection.com

1-800-284-8300
(Toll-free, Domestic)



Allianz Travel branded plans are underwritten by Jefferson Insurance Company.
AGA Service Company is the licensed producer and administrator of this plan.

**JEFFERSON INSURANCE COMPANY
(A STOCK COMPANY)**

ABOUT THIS POLICY

This *policy* is *our* contract with *you*. Please read it carefully. *We* have tried to make it simple and easy to understand while also clearly describing the terms and conditions of *your* coverage. *We* also recognize that insurance can be confusing, so if *you* have any questions, *we* are available 24 hours a day, 365 days a year. Just visit *us* online or give *us* a call. And if *your* travel arrangements change, please be sure to let *us* know so *we* can make any necessary updates to *your policy*.

This *policy* has been issued based on the information *you* provided at the time of purchase. *We* will provide the insurance described in this *policy* in return for payment of the premium and *your* compliance with all provisions of this *policy*. *You* will also notice that some words are italicized. These words are defined in the “Definitions” section. Headings are provided for convenience only and do not affect *your* coverage in any way.

WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

This travel insurance *policy* covers only the specific situations, events, and losses included in this *policy*, and only under the conditions described. For this reason, it is known as a “named perils” policy. Please review this *policy* carefully.

Your policy consists of two parts:

1. This *policy* document (including any amendments and endorsements), which describes the coverages and conditions; and
2. The Declaration of Coverage (“Declarations”), which provides the particular list of coverages, benefits, and individuals covered under *your policy*.

NOTE:

- Not every loss is covered, even if it is due to something sudden, unexpected, or out of *your* control. Only those losses meeting the conditions described in this *policy* may be covered.

OUR PROMISE TO YOU

Since *your* satisfaction is *our* priority, *we* are pleased to provide *you* 15 days to review *your plan* following the *date of delivery*. If, during this 15-day period, *you* are not completely satisfied for any reason, *you* may cancel *your plan* and receive a full refund of the *plan* price. Please note that this refund is not available if either the *trip* has started or a claim has been filed. After this 15-day period, the *plan* price is nonrefundable.

**SIGNED FOR JEFFERSON INSURANCE COMPANY
9950 MAYLAND DRIVE, RICHMOND, VIRGINIA 23233**









Jeff Wright, President



Jack Zemp, Secretary

INDIVIDUAL TRAVEL INSURANCE POLICY

WHAT'S INSIDE

	DEFINITIONS	3
	DESCRIPTION OF COVERAGES	6
	A. TRIP CANCELLATION COVERAGE	6
	B. TRIP INTERRUPTION COVERAGE	8
	C. TRAVEL DELAY COVERAGE	10
	D. PERSONAL BELONGINGS COVERAGE	11
	E. BAGGAGE DELAY COVERAGE	11
	GENERAL EXCLUSIONS	13
	PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER	14
	WHEN YOUR COVERAGE BEGINS AND ENDS	15
	CLAIMS INFORMATION	16
	GENERAL PROVISIONS AND CONDITIONS	17

DEFINITIONS

Throughout this *policy*, words and any form of the word appearing in italics are defined in this section.

<i>Accident</i>	An unexpected and unintended event that causes <i>injury</i> , property damage, or both.
<i>Accommodation</i>	A hotel or any other kind of lodging for which <i>you</i> make a reservation or where <i>you</i> stay and incur an expense.
<i>Actual cash value</i>	The amount an item is reasonably worth based on its fair market value, age, usage, and condition immediately prior to the loss.
<i>Baggage</i>	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
<i>Climbing sports</i>	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
<i>Cohabitant</i>	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old. <i>You</i> must be able to show evidence that <i>you</i> have lived together for 12 consecutive months.
<i>Coverage period</i>	The period of time between and including the Coverage Effective Date and the Coverage End Date.
<i>Covered reasons</i>	The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> .
<i>Criminal act</i>	An act that is criminally unlawful.
<i>Date of delivery</i>	The date <i>plan</i> materials are sent to <i>you</i> .
<i>Departure date</i>	The originally scheduled date that <i>you</i> have selected to begin travel as shown on <i>your trip</i> itinerary and in <i>your</i> Declarations.
<i>Doctor</i>	Someone who is legally authorized to practice medicine or dentistry and is licensed if required. This cannot be <i>you</i> , a <i>traveling companion</i> , <i>your family member</i> , a <i>traveling companion's family member</i> , or the sick or <i>injured person's family member</i> .
<i>Epidemic</i>	A contagious disease that spreads rapidly and widely among the population in an area and which is recognized as an epidemic by the World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC).
<i>Family member</i>	<i>Your</i> : <ol style="list-style-type: none">1. Spouse (by marriage, domestic partnership, or civil union);2. <i>Cohabitants</i> (defined above);3. Parents and stepparents;4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process;5. Siblings;6. Grandparents and grandchildren;7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent;8. Aunts, uncles, nieces, and nephews;9. Legal guardians and wards;10. Paid, live-in caregivers; and11. Service animals (as defined by the Americans with Disabilities Act).
<i>High-altitude activity</i>	An activity that includes, or is intended to include, going above 15,000 feet in elevation, other than as a passenger in a commercial aircraft.
<i>High value items</i>	Collectibles, jewelry, watches, gems, furs, cameras (including video cameras) and related equipment, musical instruments, professional audio equipment, <i>sporting equipment</i> , electronic mobile devices, smartphones, computers, radios, drones, robots, and other electronic items.

<i>Injury</i>	Physical bodily harm.
<i>Mechanical breakdown</i>	A mechanical issue which prevents the vehicle from being driven normally, including flat tires or running out of fuel, fluids, or power.
<i>Natural disaster</i>	A large-scale extreme weather or environmental event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.
<i>Personal belongings</i>	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
<i>Plan</i>	The travel protection plan <i>you</i> purchased, which may include travel insurance, travel assistance services, and cancellation fee waivers.
<i>Policy</i>	The travel insurance coverage purchased. The <i>policy</i> includes this policy document, any amendments and endorsements attached to it, and the Declarations.
<i>Primary residence</i>	<i>Your</i> permanent, fixed home address for legal and tax purposes.
<i>Pre-existing medical condition</i>	<p>An <i>injury</i>, illness, or medical condition that, within the 120 days prior to and including the purchase date of this <i>policy</i>:</p> <ol style="list-style-type: none"> 1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>; 2. Presented symptoms; or 3. Required a person to take medication prescribed by a <i>doctor</i> (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed). <p>For example, a sprained knee <i>you</i> have had treated in the 120 days prior to and including the purchase date of <i>your policy</i> will be considered a <i>pre-existing medical condition</i>. If <i>you</i> later have to cancel <i>your trip</i> because, for instance, the sprained knee now requires surgery, or because <i>your</i> recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a <i>pre-existing medical condition</i>.</p>
<i>Quarantine</i>	Mandatory confinement, intended to stop the spread of a contagious disease to which <i>you</i> or a <i>traveling companion</i> may have been exposed.
<i>Refund</i>	Cash, credit, or a voucher for future travel that <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to receive from <i>your</i> employer, another insurance company, a credit card issuer, or any other entity.
<i>Severe weather</i>	Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.
<i>Sporting equipment</i>	Equipment or goods used to participate in a sport.
<i>Terrorist event</i>	An act carried out by an organized terrorist group recognized by the U.S. State Department that <i>injures</i> people or damages property to achieve a political, ethnic, or religious result. It does not include general civil protest, unrest, rioting, or acts of war.
<i>Travel carrier</i>	<p>A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include:</p> <ol style="list-style-type: none"> 1. Rental vehicle companies; 2. Private, chartered, or non-commercial transportation carriers; or 3. Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport <i>you</i> or a <i>traveling companion</i> less than 100 miles.
<i>Travel supplier</i>	A travel agent, tour operator, airline, cruise line, hotel, or other travel service provider.

<i>Traveling companion</i>	A person or service animal (as defined by the Americans with Disabilities Act) traveling with <i>you</i> or traveling to accompany <i>you</i> on <i>your trip</i> . A group or tour leader is not considered a <i>traveling companion</i> unless <i>you</i> are sharing the same room with the group or tour leader.
<i>Trip</i>	<i>Your</i> travel to, within, and/or from a location at least 100 miles from <i>your primary residence</i> . It cannot include travel with the intent to receive health care or medical treatment of any kind, moving, or commuting to and from work, and it cannot last longer than 180 days.
<i>Uninhabitable</i>	A <i>natural disaster</i> , fire, flood, burglary, or vandalism has caused enough damage (including extended loss of power, gas, or water) to make a reasonable person find their home or destination inaccessible or unfit for use.
<i>We, Us, or Our</i>	Jefferson Insurance Company and its agents, including AGA Service Company.
<i>You or Your</i>	All persons listed as insureds on the Declarations.

DESCRIPTION OF COVERAGES

In this section, we will describe the many different types of insurance coverages which are included in *your policy*. We explain each type of coverage and the specific conditions that must be met for the coverage to apply.

A. TRIP CANCELLATION COVERAGE

If *your trip* is canceled or rescheduled for a *covered reason* listed below, we will reimburse *you* for *your* non-refundable *trip* payments, deposits, cancellation fees, and costs to rebook *your* transportation (less available *refunds*), up to the maximum benefit for Trip Cancellation Coverage. Please note that this coverage only applies before *you* have left for *your trip*.

Also, if *you* prepaid for shared *accommodations* and *your traveling companion* cancels their *trip* due to one or more of the *covered reasons* listed below, we will reimburse any additional *accommodation* fees *you* are required to pay, such as a single supplement fee from a cruise line.

IMPORTANT: *You* must notify all of *your travel suppliers* within 72 hours of discovering that *you* will need to cancel *your trip* (this includes being advised to cancel *your trip* by a *doctor*). If *you* notify any *travel suppliers* later than that and get a smaller *refund* as a result, we will not cover the difference. If a serious illness, *injury*, or medical condition prevents *you* from being able to notify *your travel suppliers* within that 72 hour period, *you* must notify them as soon as *you* are able.

Covered reasons:

1. *You* or a *traveling companion* becomes ill or *injured*, or develops a medical condition.

The following conditions apply:

- a. The illness, *injury*, or medical condition must be disabling enough to make a reasonable person cancel their trip; and
- b. A *doctor* advises *you* or a *traveling companion* to cancel *your trip* before *you* cancel it. If that isn't possible, a *doctor* must either examine or consult with *you* or the *traveling companion* within 72 hours after the cancellation to confirm the decision to cancel.

2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition.

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor* or require hospitalization.

3. *You*, a *traveling companion*, or *family member* dies on or after *your policy's* Coverage Effective Date and before *your trip*.

4. *You* or a *traveling companion* is *quarantined*.

5. *You* or a *traveling companion* is in a traffic *accident* (not including a *mechanical breakdown*) on the *departure date*.

One of the following conditions must apply:

- a. *You* or a *traveling companion* need medical attention; or
- b. The vehicle needs to be repaired because it is not safe to operate.

6. Family or friends outside the U.S. cannot accommodate *you* as planned because someone in their household has died, become seriously ill or *injured*, or developed a serious medical condition.
7. *You* are legally required to attend a legal proceeding during *your trip*.

The following condition applies:

- a. The attendance is not in the course of *your* occupation (for example, if *you* are attending in *your* capacity as an attorney, court clerk, expert witness, law enforcement officer, or other such occupation, this would not be covered).
8. *Your primary residence* is *uninhabitable*.
 9. *Your destination* is *uninhabitable*.
 10. *Your travel carrier* cannot get *you* to *your* original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:
 - A. A *natural disaster*; or
 - B. *Severe weather*.

However, if *you* can get to *your* original destination another way, *we* will reimburse *you* for the following, up to *your policy's* Trip Cancellation Coverage maximum benefit:

- i. The reasonable cost of the alternate transportation, less available *refunds*; and
- ii. The cost of any lost prepaid *accommodations* caused by *your* delayed arrival, less available *refunds*.

The following condition applies:

- a. Alternate transportation arrangements must be in a similar or lower class of service as *you* were originally booked with *your travel carrier*.
11. A *terrorist event* happens within 100 miles of any U.S. or foreign city *you* are traveling to during *your trip*, as indicated on *your* original itinerary.

The following condition applies:

- a. A *terrorist event* must not have occurred within 25 miles of that city any time in the 30 days prior to *your policy's* Coverage Effective Date.
12. *Your* or a *traveling companion's primary residence* is permanently relocated by at least 200 miles due to a transfer by *your* or a *traveling companion's* current employer. This coverage includes relocation due to transfer by *your cohabitant's* current employer.
 13. *You* or a *traveling companion* is terminated or laid off by a current employer after *your policy's* purchase date.

The following conditions apply:

- a. The termination or layoff is not *your* or *your traveling companion's* fault;
 - b. The employment must have been permanent (not temporary or contract); and
 - c. The employment must have been for at least three continuous years.
14. *You*, a *traveling companion*, or a *family member* serving in the U.S. Armed Forces is reassigned or has personal leave status changed, except because of war, the War Powers Act, or disciplinary action.

15. The National Oceanic and Atmospheric Administration (NOAA) or foreign equivalent has issued a cyclone, hurricane, or typhoon warning at *your* destination that is in effect within 24 hours prior to *your departure date*.

The following condition applies:

a. The purchase of *your policy* must be prior to the storm being named by NOAA or a foreign equivalent.

16. Government authorities order a mandatory evacuation at *your* destination that is in effect within 24 hours prior to *your departure date*.

The following condition applies:

a. *Your policy* was purchased prior to public knowledge of the event leading to the mandatory evacuation.

IMPORTANT: Please refer to *your* Declarations to confirm *your* applicable limit.

B. TRIP INTERRUPTION COVERAGE

If *you* have to interrupt *your trip* or end it early due to one or more of the *covered reasons* listed below, *we* will reimburse *you*, less available *refunds*, up to the maximum benefit for Trip Interruption Coverage listed in *your* Declarations, for:

- i. The prorated portion of *your* unused non-refundable *trip* payments and deposits.
- ii. Additional *accommodation* fees *you* are required to pay, such as a single supplement fee from a cruise line, if *you* prepaid for shared *accommodations* and *your traveling companion* has to interrupt their *trip*.
- iii. Reasonable transportation expenses *you* incur to continue *your trip* or return to *your primary residence*.
- iv. Additional *accommodation* and transportation expenses if the interruption causes *you* to stay at *your* destination (or the location of the interruption) longer than originally planned. There is a *per policy* maximum of \$250 per day for 5 days.

IMPORTANT: *You* must notify all of *your travel suppliers* within 72 hours of discovering that *you* will need to interrupt *your trip* (this includes being advised to interrupt *your trip* by a *doctor*). If *you* notify any *travel suppliers* later than that and get a smaller *refund* as a result, *we* will not cover the difference. If a serious illness, *injury*, or medical condition prevents *you* from being able to notify *your travel suppliers* within that 72 hour period, *you* must notify them as soon as *you* are able.

Covered reasons:

1. *You* or a *traveling companion* becomes ill or *injured*, or develops a medical condition.

The following conditions apply:

- a. The illness, *injury*, or medical condition must be disabling enough to make a reasonable person interrupt their trip; and
- b. A *doctor* must either examine or consult with *you* or the *traveling companion* within 72 hours of the trip interruption to confirm the decision to interrupt the *trip*.

2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition.

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor* or require hospitalization.

3. *You*, a *traveling companion*, or *family member* dies during *your trip*.

4. *You or a traveling companion is quarantined during your trip.*
5. *You miss at least 50% of the length of your trip due to one of the following:*
 - A. *A travel carrier delay (except for the financial condition of the travel carrier, with or without filing for bankruptcy);*
 - B. *A natural disaster;*
 - C. *Roads being closed or impassable due to severe weather;*
 - D. *Lost or stolen travel documents;*
 - E. *Civil disorder; or*
 - F. *Being involved in or delayed by a traffic accident.*
6. *You or a traveling companion is in a traffic accident (not including a mechanical breakdown).*

One of the following conditions must apply:

- a. *You or a traveling companion needs medical attention; or*
 - b. *The vehicle needs to be repaired because it is not safe to operate.*
7. *Family or friends outside the U.S. cannot accommodate you as planned because someone in their household has died, become seriously ill or injured, or developed a serious medical condition.*
 8. *You are legally required to attend a legal proceeding during your trip.*

The following condition applies:

- a. *The attendance is not in the course of your occupation (for example, if you are attending in your capacity as an attorney, court clerk, expert witness, law enforcement officer or other such occupation, this would not be covered).*
9. *Your primary residence is uninhabitable.*
 10. *Your destination is uninhabitable.*
 11. *Your travel carrier cannot get you to your original itinerary's destination for at least 24 consecutive hours from the originally scheduled arrival time due to one of the following reasons:*
 - A. *A natural disaster; or*
 - B. *Severe weather.*

However, if you can get to your original destination another way, we will reimburse you for the following, up to your policy's maximum Trip Interruption Coverage maximum benefit:

- i. *The reasonable cost of alternate transportation, less available refunds; and*
- ii. *The cost of any lost prepaid accommodations caused by your delayed arrival, less available refunds.*

The following condition applies:

- a. *Alternate transportation arrangements must be in a similar or lower class of service as you were originally booked with your travel carrier.*
12. *You or a traveling companion is a traveler on a hijacked aircraft, train, vehicle, or vessel.*

13. A *terrorist event* happens within 100 miles of any U.S. or foreign city *you* are traveling to during *your trip*, as indicated on *your* original itinerary.

The following condition applies:

a. A *terrorist event* must not have occurred within 25 miles of that city any time in the 30 days prior to *your policy's* Coverage Effective Date.

14. *You*, a *traveling companion*, or a *family member* serving in the U.S. Armed Forces is reassigned or has personal leave status changed, except because of war, the War Powers Act, or disciplinary action.

15. The National Oceanic and Atmospheric Administration (NOAA) or foreign equivalent issues a cyclone, hurricane, or typhoon warning at *your* destination while *you* are on *your trip*.

The following condition applies:

a. The purchase of *your policy* must be prior to a storm being named by NOAA or a foreign equivalent.

16. Government authorities order a mandatory evacuation at *your* destination while *you* are on *your trip*.

The following condition applies:

a. *Your policy* was purchased prior to public knowledge of the event leading to the mandatory evacuation.

IMPORTANT: Please refer to *your* Declarations to confirm *your* applicable limit.

C. TRAVEL DELAY COVERAGE

If *your* or a *traveling companion's* trip is delayed for one of the *covered reasons* listed below, we will reimburse *you* for the following expenses, up to the maximum benefit shown in *your* Declarations for Travel Delay:

i. *Your* lost prepaid *trip* expenses and additional expenses *you* incur while and where *you* are delayed for meals, *accommodation*, communication, and transportation, subject to a daily (24 hours) limit listed in *your* Declarations:

- If *you* provide receipts, the With Receipts Daily Limit applies; or
- If *you* do not provide receipts, the No Receipts Daily Limit applies.

The most we will pay per 24 hours of delay is the With Receipts Daily Limit stated in *your* Declarations.

ii. If the delay causes *you* to miss the departure of *your* cruise or tour, reasonable transportation expenses to either help *you* rejoin *your* cruise/tour or reach *your* destination.

The delay must be for at least the Minimum Required Delay listed in *your* Declarations and due to one of the following *covered reasons*:

1. A *travel carrier* delay;
2. A strike, unless threatened or announced prior to the purchase of *your policy*;
3. *Quarantine*;
4. A *natural disaster*;
5. Lost or stolen travel documents;
6. Hijacking; or
7. Civil disorder.

IMPORTANT: Please refer to *your* Declarations to confirm *your policy* applicable limit.

D. PERSONAL BELONGINGS COVERAGE

If *your personal belongings* are lost, damaged, or stolen while *you* are on *your trip*, we will pay *you*, less available *refunds*, the lowest of the following, up to the maximum benefit listed for Personal Belongings in *your* Declarations:

- i. *Actual cash value* of the *personal belongings*;
- ii. Cost to repair the damaged *personal belongings*; or
- iii. Cost to replace the lost, damaged, or stolen *personal belongings*.

The following conditions apply:

- a. *You* have taken reasonable steps to keep *your personal belongings* safe and intact and to recover it;
- b. *You* have filed a report giving a description of the property and its value with the appropriate local authorities, *travel carrier*, hotel, or tour operator within 24 hours of discovery of the loss;
- c. *You* must provide original receipts for the lost items. For items without an original receipt, we will cover up to 75% of the *actual cash value*; and
- d. *High value items* are covered up to the maximum benefit for *high value items* shown in *your* Declarations.

The following items are not covered:

1. Animals, including remains of animals;
2. Cars, motorcycles, motors, aircraft, watercraft, and other vehicles and related accessories and equipment;
3. Bicycles, skis, and snowboards (except while they are checked with a *travel carrier*);
4. Hearing aids, eyeglasses, sunglasses, and contact lenses;
5. Artificial teeth and prosthetics;
6. Wheelchairs and other mobility devices;
7. Consumables, medicines, medical equipment/supplies, perfumes, cosmetics, and perishables;
8. Tickets, passports, deeds, blueprints, stamps, and other documents;
9. Money, currency, credit cards, notes or evidences of debt, negotiable instruments, securities, bullion, and keys;
10. Rugs and carpets;
11. Firearms and other weapons, including ammunition;
12. Intangible property, including software and electronic data;
13. Property for business or trade;
14. Property *you* do not own; and
15. *Personal belongings* while they are:
 - a. Shipped, unless with *your travel carrier*;
 - b. In or on a car trailer; or
 - c. Unattended and in an unlocked car.

IMPORTANT: Please refer to *your* Declarations to confirm *your* applicable limit.

E. BAGGAGE DELAY COVERAGE

If *your baggage* is delayed by a *travel supplier* during *your trip*, we will reimburse *you* for expenses *you* incur for the essential items *you* need until *your baggage* arrives, up to the maximum benefit shown in *your* Declarations for Baggage Delay.

The following conditions apply:

- a. *Your baggage* must be delayed for at least the Minimum Required Delay listed under Baggage Delay in *your* Declarations.

b. If *you* do not provide receipts, the maximum amount payable is the No Receipts Limit listed in *your* Declarations. Only available for *your* outbound travel (not *your* return travel).

IMPORTANT: The maximum payable under this coverage will not exceed the limits stated in *your* Declarations. Please refer to *your* Declarations to confirm *your* applicable limit.

If *your baggage* is delayed by *your travel supplier*, we can work with the carrier to locate *your baggage*. We can provide *you* status updates, inform *you* when the *baggage* is found, and coordinate delivery of *your baggage*. *You* will be responsible for any delivery charges not paid by the *travel supplier*.

GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all coverages under *your policy*. An “exclusion” is something that is not covered by this insurance *policy*, and therefore no reimbursement would be available.

This *policy* does not provide coverage for any loss that results directly or indirectly from any of the following general exclusions if they affect *you*, a *traveling companion*, or a *family member*:

1. Any loss, condition, or event that was known, foreseeable, intended, or expected when *your policy* was purchased;
2. *Pre-Existing medical conditions*, except as waived under the Pre-Existing Medical Condition Exclusion Waiver;
3. *Your* intentional self-harm or if *you* attempt or commit suicide;
4. Normal pregnancy or childbirth;
5. Fertility treatments or elective abortion;
6. A mental or nervous health disorder, as recognized by the American Psychiatric Association, including but not limited to Alzheimer’s disease, anxiety, dementia, depression, neurosis, psychosis, or any related physical symptoms. This exclusion applies only to Trip Cancellation Coverage and Trip Interruption Coverage;
7. Intoxication (including physical complications) resulting from alcohol or substance abuse beyond the legal limit as defined in the jurisdiction where the condition occurs and which is measured by a *doctor* or person in law enforcement. This exclusion does not apply to drugs prescribed by a *doctor* and used as prescribed;
8. Acts committed with the intent to cause loss;
9. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft or commercial vehicle or commercial watercraft;
10. Participating in or training for any professional sporting competition;
11. Participating in or training for any amateur sporting competition while on *your trip*;
12. Participating in extreme, high-risk sports and activities, including but not limited to:
 - a. Skydiving, BASE jumping, hang gliding, or parachuting;
 - b. Bungee jumping;
 - c. Caving, rappelling, or spelunking;
 - d. Skiing or snowboarding outside marked trails or in an area accessed by helicopter;
 - e. *Climbing sports* or free climbing;
 - f. Any *high-altitude activity*;
 - g. Personal combat or fighting sports;
 - h. Racing or practicing to race any motorized vehicle or watercraft;
 - i. Free diving; or
 - j. Scuba diving at a depth greater than 60 feet or without a dive master.
13. A *criminal act* resulting in a conviction, except when *you*, a *traveling companion*, or a *family member* is the victim of such act;
14. An *epidemic*;
15. *Natural disaster*, except as expressly covered under Trip Cancellation Coverage, Trip Interruption Coverage, or Travel Delay Coverage;
16. Air, water, or other pollution, or the threat of a pollutant release, including thermal, biological, and chemical pollution or contamination. The exclusion does not apply to damage that results from heat, smoke, or fumes from a hostile fire (one which becomes uncontrollable or breaks out from where it was intended);
17. Nuclear reaction, radiation, or radioactive contamination;
18. War (declared or undeclared) or acts of war;
19. Military duty, except as expressly covered under Trip Cancellation Coverage or Trip Interruption Coverage;
20. Civil disorder or unrest, except as expressly covered under Trip Cancellation Coverage, Trip Interruption Coverage, or Travel Delay Coverage;

21. Acts, travel alerts/bulletins, or prohibitions by any government or public authority, except as expressly covered under Trip Cancellation Coverage or Trip Interruption Coverage;
22. Any *travel supplier's* complete cessation of operations due to financial condition, with or without filing for bankruptcy, except as expressly covered under Trip Cancellation Coverage;
23. *Travel supplier* restrictions on any *personal belongings*, including medical supplies and equipment; or
24. Ordinary wear and tear or defective materials or workmanship.

This *policy* does not provide any coverage, benefit, or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.

IMPORTANT: *You* are not eligible for reimbursement under any coverage if:

1. *Your travel carrier* tickets do not show travel date(s);
2. The travel dates in *your* Declarations do not represent when *you* actually intended to travel (does not apply to insurance purchased with a one-way booking); or
3. *You* intend to receive health care or medical treatment of any kind while on *your trip*.

PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

This Pre-Existing Medical Condition Exclusion Waiver describes the circumstances in which a *pre-existing medical condition* MAY be covered under this *policy* and NOT excluded from coverage.

Because *your policy* includes this waiver, *you* can still be covered for losses due to a *pre-existing medical condition* if *you* meet all of the following requirements:

- a. *Your policy* was purchased within 14 days of the date of the first *trip* payment or deposit;
- b. *You* were a U.S. resident when the *policy* was purchased; and
- c. *You* were medically able to travel when the *policy* was purchased.

If *you* incur additional non-refundable *trip* expenses after *you* purchase this *policy*, *you* must insure them with *us* within 14 days of their purchase. If *you* do not, those expenses will still be subject to the *pre-existing medical condition* exclusion.

IMPORTANT: The amount payable for claims for Trip Cancellation Coverage or Trip Interruption Coverage due to a *pre-existing medical condition* cannot exceed the Pre-Existing Medical Condition Limit listed in *your* Declarations. Amounts payable for claims under other coverages are subject to limits listed in *your* Declarations.

WHEN YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if *we* accept *your* request for insurance. *Your policy's* Coverage Effective Date and Coverage End Date are indicated in *your* Declarations. The *policy* is effective on the day after *we* receive both the order and the full premium. The order and full premium must be received on or before the *departure date*.

In order to be eligible for coverage, losses must occur while *your policy* is in effect. The maximum policy length is 770 days.

Your policy ends on the Coverage End Date listed in *your* Declarations. However, there are situations where *your policy* may end on a different date. *Your policy* will end on the earliest of:

1. The day *you* cancel *your policy*;
2. The day *you* cancel *your trip*;
3. The day *you* end *your trip*, if *you* end *your trip* early;
4. The day *you* arrive at a medical facility for further care if *you* end *your trip* due to a medical reason; or
5. The 180th day of the *trip*.

However, if *your* return travel is delayed due to a *covered reason*, *we* will extend *your coverage period* until the earlier of when *you* are able to return to *your* point of origin or *primary residence*, or until *you* arrive at a medical facility for further care following a medical repatriation or *trip* interruption.

Please note that this *policy* applies for a specific *trip* and cannot be renewed.

CLAIMS INFORMATION

We believe that filing an insurance claim should not be difficult, that is why we simplified *our* process and requirements. We hope *you* like the results!

Before *you* file a claim, please review *your policy* details and the Declarations to ensure that *your* situation meets the criteria for a covered claim. Please note that not every loss is covered, even if it is due to something sudden, unexpected, or out of *your* control.

To File *Your Claim* Online:

- Go to www.etravelprotection.com and click on File a Claim.
- Provide *policy* details.
- Determine which forms and documentation are required.
- File *your* claim and track *your* claim status.

Or, To File *Your Claim* by Contacting *Us* by Phone or Email

- Email: claimsinqury@allianzassistance.com
- Toll-Free: 800.334.7525

GENERAL PROVISIONS AND CONDITIONS

In addition to the conditions, limitations, and exclusions specified above, the below general provisions and conditions apply to all coverages under *your policy*.

Proof of Loss

As with any insurance, *you* are responsible for proving *your loss*. *We* require that *you*:

1. Notify *us* of *your claim* within 90 days of the date of loss or as soon as reasonably possible (except as otherwise allowed by law). If *you* do not report *your claim* within this time, *we* will not invalidate or reduce it unless the delay impairs *our* rights;
2. Make all reasonable efforts to minimize *your loss* (including without limitation making reasonable efforts to start, catch up to, or continue *your trip*; and promptly notifying *your travel supplier* upon discovering that *you* need to cancel or interrupt *your trip*, including being advised to cancel or interrupt *your trip* by a *doctor*);
3. Provide to *us* a signed, sworn proof of loss upon *our* request;
4. Provide all requested documentation (including without limitation proof of payment for claimed losses, statements and records from treating *doctors*, police reports, and information from *travel suppliers*);
5. Cooperate with *us* in the investigation of *your claim*; and
6. At *our* request, submit to examination under oath and/or provide a sworn affidavit.

All benefits will be paid within 30 days after receipt of complete proof of *your loss*.

Benefits Payable

All benefits are payable to the first named insured in *your* Declarations or a party *you* designate in writing. If *you* are under 18 years old, benefits are payable to *your* parent or legal guardian or a party they designate. Benefits are limited to the amount of *your loss* and are subject to the applicable limit of liability and any deductible stated in the Declarations. If *you* die, benefits will be paid to *your* estate unless *you* have designated one or more beneficiaries. If *you* have named one or more beneficiaries, benefits will be paid to each named beneficiary in equal shares (unless *you* have designated otherwise). Except as described here, there are no other beneficiaries of any of the benefits under this *policy*. All dollar amounts described in this *policy* are expressed in U.S. dollars. If *you* have a loss, *you* will not be reimbursed twice for the same expense. For example, *you* cannot be reimbursed for the same expense under both Travel Delay and Trip Interruption coverages.

Changes and Cancellation

You or the *policy* purchaser may request changes to the *policy* by notifying *us*. *You* may request to change the return date at any time prior to *your* Coverage End Date. All other changes to *your policy* must be requested prior to *your* original *departure date*. If the change results in an increase in premium, *you* must pay the increase in premium. Any decrease in premium as a result of the change will be refunded to the *policy* purchaser. Any change will be effective immediately, so long as *we* have received any additional premium due. If the *plan* is canceled within 15 days following the *date of delivery*, *we* will provide a full refund of the *plan* price. Please note that this refund is not available if either the *trip* has started or a claim has been filed. After this 15-day period, the *plan* price is nonrefundable.

Duplicate Coverage

If *you* are covered by another insurance policy with the same or similar coverage, *we* shall share proportionately with any similar coverage in the amount of the loss, subject to the limits of liability as stated on the Declarations.

Fraud and Misrepresentation

You are responsible for all statements or other representations *you* make. Any materially misleading or inaccurate information in any statements or representations *you* make may result in *us* cancelling *your policy* or reducing benefits, or *we* may use them to defend *our* decision about a claim.

Fraud is illegal and may subject *you* to criminal prosecution and civil penalties. *We* will deny *your* claim if *you* or someone acting on *your* behalf:

1. Makes any false statements or statements that are deliberately misleading or deceptive;
2. Conceals or misrepresents any material fact; or
3. Otherwise attempts or commits fraud.

Inquiries or Complaints

You may contact *us* at the address or telephone number below for complaint issues or coverage or premium inquiries:

Jefferson Insurance Company
9950 Mayland Drive
Richmond, VA 23233
800.284.8300

If *we* fail to provide *you* with reasonable and adequate service, *you* may contact:

Illinois Department of Insurance
Consumer Division
122 S. Michigan Ave, 19th Floor
Chicago, Illinois 60603

or

Illinois Department of Insurance
320 West Washington Street
Springfield, Illinois 62767

Medical Examinations and Autopsy

We have the right to have *you* medically examined as reasonably necessary to make a decision about *your* medical claim. If someone covered by *your policy* dies, *we* may also require an autopsy, unless the law or *your* religion forbids it. *We* will cover the cost of these medical examinations or autopsies.

Recovery

We have the right to recover any amount *you* receive from *us* that exceeds the total amount of *your* loss unless prohibited by law.

Resolving Disputes

If *you* disagree with *our* decision about a claim, *you* can request to go to arbitration. If *we* agree, *you* can submit a dispute to desk arbitration at least 60 days from the date of that decision, but not more than 10 years after the date of submission of claim.

No action may be brought against *us* unless *you* have complied with all applicable provisions of this *policy* and such action is started within 10 years of the date of the loss.

Subrogation

When someone is responsible for *your* loss, *we* have the right to recover any payments *we* have made to *you* or someone else in relation to *your* claim, as permitted by law. In such case, *we* may require any person receiving payment from *us* to assign their rights to recover such payment, including signing and providing any documents reasonably required allowing *us* to do so. Everyone eligible to receive payment for a claim submitted to *us* must cooperate with this process and must refrain from doing anything that would adversely affect *our* rights to recover payment.

Travel Requirements

You are responsible for meeting all requirements to travel, including obtaining required travel authorizations/documentation (for example, passports or visas), obtaining required immunizations (unless *you* are medically unable) and medical supplies/equipment (including verifying that *your* supplies/equipment meet *your travel supplier's* requirements), and anything else required for *you* to travel.

Waiver or Amendment

No one has the right to describe *our policy* any differently than is described here or to change or waive any of its provisions.

**JEFFERSON INSURANCE COMPANY
(A STOCK COMPANY)**

ABOUT THIS POLICY

This *policy* is *our* contract with *you*. Please read it carefully. *We* have tried to make it simple and easy to understand while also clearly describing the terms and conditions of *your* coverage. *We* also recognize that insurance can be confusing, so if *you* have any questions, *we* are available 24 hours a day, 365 days a year. Just visit *us* online or give *us* a call. And if *your* travel arrangements change, please be sure to let *us* know so *we* can make any necessary updates to *your policy*.

This *policy* has been issued based on the information *you* provided at the time of purchase. *We* will provide the insurance described in this *policy* in return for payment of the premium and *your* compliance with all provisions of this *policy*. *You* will also notice that some words are italicized. These words are defined in the “Definitions” section. Headings are provided for convenience only and do not affect *your* coverage in any way.

WHAT THIS POLICY INCLUDES AND WHOM IT COVERS

This travel insurance *policy* covers only the specific situations, events, and losses included in this *policy*, and only under the conditions described. For this reason, it is known as a “named perils” policy. Please review this *policy* carefully.

Your policy consists of two parts:

1. This *policy* document (including any amendments and endorsements), which describes the coverages and conditions; and
2. The Declaration of Coverage (“Declarations”), which provides the particular list of coverages, benefits, and individuals covered under *your policy*.

NOTE:

- Not every loss is covered, even if it is due to something sudden, unexpected, or out of *your* control. Only those losses meeting the conditions described in this *policy* may be covered.

OUR PROMISE TO YOU

Since *your* satisfaction is *our* priority, *we* are pleased to provide *you* 15 days to review *your plan* following the *date of delivery*. If, during this 15-day period, *you* are not completely satisfied for any reason, *you* may cancel *your plan* and receive a full refund of the *plan* price. Please note that this refund is not available if either the *trip* has started or a claim has been filed. After this 15-day period, the *plan* price is nonrefundable.

**SIGNED FOR JEFFERSON INSURANCE COMPANY
9950 MAYLAND DRIVE, RICHMOND, VIRGINIA 23233**









Jeff Wright, President



Jack Zemp, Secretary

INDIVIDUAL TRAVEL INSURANCE POLICY

WHAT'S INSIDE

	DEFINITIONS	22
	DESCRIPTION OF COVERAGES	25
	A. EMERGENCY MEDICAL/DENTAL COVERAGE	25
	B. EMERGENCY TRANSPORTATION COVERAGE	25
	GENERAL EXCLUSIONS	28
	PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER	29
	WHEN YOUR COVERAGE BEGINS AND ENDS	30
	CLAIMS INFORMATION	31
	GENERAL PROVISIONS AND CONDITIONS	32

DEFINITIONS

Throughout this *policy*, words and any form of the word appearing in italics are defined in this section.

Baggage	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
Cohabitant	A person <i>you</i> currently live with and have lived with for at least 12 consecutive months and who is at least 18 years old. <i>You</i> must be able to show evidence that <i>you</i> have lived together for 12 consecutive months.
Coverage period	The period of time between and including the Coverage Effective Date and the Coverage End Date.
Covered reasons	The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> .
Criminal act	An act that is criminally unlawful.
Date of delivery	The date <i>plan</i> materials are sent to <i>you</i> .
Departure date	The originally scheduled date that <i>you</i> have selected to begin travel as shown on <i>your trip</i> itinerary and in <i>your</i> Declarations.
Doctor	Someone who is legally authorized to practice medicine or dentistry and is licensed if required. This cannot be <i>you</i> , a <i>traveling companion</i> , <i>your family member</i> , a <i>traveling companion's family member</i> , or the sick or <i>injured person's family member</i> .
Epidemic	A contagious disease that spreads rapidly and widely among the population in an area and which is recognized as an epidemic by the World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC).
Family member	<p><i>Your:</i></p> <ol style="list-style-type: none"> 1. Spouse (by marriage, common law, domestic partnership, or civil union); 2. <i>Cohabitants</i> (defined above); 3. Parents and stepparents; 4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process; 5. Siblings; 6. Grandparents and grandchildren; 7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent; 8. Aunts, uncles, nieces, and nephews; 9. Legal guardians and wards; 10. Paid, live-in caregivers; and 11. Service animals (as defined by the Americans with Disabilities Act).
Hospital	<p>A short-term, acute care facility that has a primary function of diagnosing and treating sick and <i>injured</i> people under the supervision of <i>doctors</i>. It must:</p> <ol style="list-style-type: none"> 1. Be primarily engaged in providing inpatient diagnostic and therapeutic services; 2. Have organized departments of medicine and major surgery; and 3. Be licensed where required.
Injury	Physical bodily harm.
Medical escort	A professional person contracted by <i>our</i> medical team to accompany a seriously ill or <i>injured</i> person while they are being transported. A <i>medical escort</i> is trained to provide medical care to the person being transported. This cannot be a friend, <i>traveling companion</i> , or <i>family member</i> .
Medically necessary	Treatment that is required for <i>your</i> illness, <i>injury</i> , or medical condition, consistent with <i>your</i> symptoms, and can safely be provided to <i>you</i> . Such treatment must meet the standards of good medical practice and is not for <i>your</i> or the provider's convenience.

Natural disaster	A large-scale extreme weather or environmental event that damages property, disrupts transportation or utilities, or endangers people, including without limitation: earthquake, fire, flood, hurricane, or volcanic eruption.
Personal belongings	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
Plan	The travel protection plan <i>you</i> purchased, which may include travel insurance, travel assistance services, and cancellation fee waivers.
Policy	The travel insurance coverage purchased. The <i>policy</i> includes this policy document, any amendments and endorsements attached to it, and the Declarations.
Primary residence	<i>Your</i> permanent, fixed home address for legal and tax purposes.
Pre-existing medical condition	<p>An <i>injury</i>, illness, or medical condition that, within the 120 days prior to and including the purchase date of this <i>policy</i>:</p> <ol style="list-style-type: none"> 1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>; 2. Presented symptoms; or 3. Required a person to take medication prescribed by a <i>doctor</i> (unless the condition or symptoms are controlled by that prescription, and the prescription has not changed). <p>The illness, <i>injury</i>, or medical condition does not need to be formally diagnosed in order to be considered a <i>pre-existing medical condition</i>.</p> <p>For example, a sprained knee <i>you</i> have had treated in the 120 days prior to and including the purchase date of <i>your policy</i> will be considered a <i>pre-existing medical condition</i>. If <i>you</i> later have to cancel <i>your trip</i> because, for instance, the sprained knee now requires surgery, or because <i>your</i> recovery is taking longer than expected, or for any other reason arising out of the knee sprain, this would be considered a <i>pre-existing medical condition</i>.</p>
Reasonable and customary costs	The amount usually charged for a specific service in a particular geographic area. The charges must be appropriate to the availability and complexity of the service, the availability of needed parts/materials/supplies/equipment, and the availability of appropriately-skilled and licensed service providers.
Refund	Cash, credit, or a voucher for future travel that <i>you</i> are eligible to receive from a <i>travel supplier</i> , or any credit, recovery, or reimbursement <i>you</i> are eligible to receive from <i>your</i> employer, another insurance company, a credit card issuer, or any other entity.
Travel carrier	<p>A company licensed to commercially transport passengers between cities for a fee by land, air, or water. It does not include:</p> <ol style="list-style-type: none"> 1. Rental vehicle companies; 2. Private, chartered, or non-commercial transportation carriers; or 3. Local, commuter, or other urban transit system carriers (such as commuter rail, city bus, subway, ferry, taxi, for-hire driver, or other such carriers) that transport <i>you</i> or a <i>traveling companion</i> less than 100 miles.
Travel supplier	A travel agent, tour operator, airline, cruise line, hotel, or other travel service provider.
Traveling companion	A person or service animal (as defined by the Americans with Disabilities Act) traveling with <i>you</i> or traveling to accompany <i>you</i> on <i>your trip</i> . A group or tour leader is not considered a <i>traveling companion</i> unless <i>you</i> are sharing the same room with the group or tour leader.

Trip

Your travel to, within, and/or from a location at least 100 miles from *your primary residence*. It cannot include travel with the intent to receive health care or medical treatment of any kind, moving, or commuting to and from work, and it cannot last longer than 180 days.

We, Us, or Our

Jefferson Insurance Company and its agents, including AGA Service Company.

You or Your

All persons listed as insureds on the Declarations.

DESCRIPTION OF COVERAGES

In this section, *we* will describe the many different types of insurance coverages which are included in *your policy*. *We* explain each type of coverage and the specific conditions that must be met for the coverage to apply.

A. EMERGENCY MEDICAL/DENTAL COVERAGE

If *you* receive emergency medical or dental care while *you* are on *your trip* for one of the following *covered reasons*, *we* will reimburse the *reasonable and customary costs* of that care for which *you* are responsible, up to the maximum benefit listed for Emergency Medical/Dental Coverage in *your* Declarations (dental care is subject to the maximum sublimit listed for Dental Care):

1. While on *your trip*, *you* have a sudden, unexpected illness, *injury*, or medical condition that could cause serious harm if it is not treated.
2. While on *your trip*, *you* have a dental *injury* or infection, a lost filling, or a broken tooth that requires treatment.

The following conditions and exclusions apply:

- a. The care must be *medically necessary* to treat an emergency condition, and such care must be provided by a *doctor*, dentist, *hospital*, or other provider authorized to practice medicine or dentistry.
- b. This coverage will not pay for any care provided after *your* coverage ends.
- c. This coverage will not pay for non-emergency care or services, such as:
 1. Elective cosmetic surgery or care;
 2. Annual or routine exams;
 3. Long-term care;
 4. Allergy treatments (unless life threatening);
 5. Exams or care related to or loss of/damage to hearing aids, dentures, eyeglasses, and contact lenses;
 6. Physical therapy, rehabilitation, or palliative care (except as necessary to stabilize *you* to transport);
 7. Experimental treatment; and
 8. Any other non-emergency medical or dental care.

IMPORTANT: Please refer to *your* Declarations to confirm *your* applicable limit and any deductible that may apply.

If *you* need to be admitted to a *hospital* as an inpatient for longer than 24 hours, *we* can guarantee or advance payments, where accepted, up to the limit of *your* emergency medical/dental coverage.

B. EMERGENCY TRANSPORTATION COVERAGE

IMPORTANT: If *your* emergency is immediate and life threatening, seek local emergency care at once.

Emergency Evacuation (Transporting *you* to the nearest appropriate *hospital*)

If *you* become seriously ill or *injured* or develop a medical condition while on *your trip* and *we* determine that the local medical facilities are unable to provide appropriate medical treatment:

1. *Our* medical team will consult with the local *doctor*;
2. *We* will identify the closest appropriate *hospital* or other appropriate facility, make arrangements to transport *you* there, and pay for that transport; and
3. *We* will arrange and pay for a *medical escort* if *we* determine one is necessary.

The following condition applies:

- a. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

Medical Repatriation (Getting you home after you receive care)

If *you become* seriously ill or *injured* or develop a medical condition while on *your trip* and *our* medical team confirms with the treating *doctor* that *you* are medically stable to travel, *we* will:

1. Arrange and pay for *you* to be transported via a commercial transportation carrier in the same class of service that *you* originally booked (unless otherwise *medically necessary*) for the return leg of *your trip*, less available *refunds* for unused tickets. The transportation will be to one of the following:
 - a. *Your primary residence*;
 - b. A location of *your* choice in the U.S.; or
 - c. A medical facility near *your primary residence* or in a location of *your* choice in the U.S. In either case, the medical facility must be willing and able to accept *you* as a patient and must be approved by *our* medical director as medically appropriate for *your* continued care.
2. Arrange and pay for a *medical escort* if *our* medical team determines that one is necessary.

The following conditions apply:

- a. Special accommodations must be *medically necessary* for *your* transportation (for example, if more than one seat is *medically necessary* for *you* to travel).
- b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

Transport to Bedside (Bringing a friend or family member to you)

If *you are* told by the treating *doctor* that *you* will be hospitalized for more than 48 hours during *your trip*, *we* will arrange and pay for round-trip transportation in economy class on a *travel carrier* for one friend or *family member* to stay with *you*.

The following condition applies:

- a. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

Return of Dependents (Getting minors and dependents home)

If *you* are told by the treating *doctor* *you* will be hospitalized for more than 24 hours during *your trip*, *we* will arrange and pay to transport *your traveling companions* who are under the age of 18 or dependents requiring *your* full-time supervision and care to one of the following:

1. *Your primary residence*; or
2. A location of *your* choice in the U.S.

Transportation will be on a *travel carrier* in the same class of service they were originally booked. Available *refunds* for unused tickets will be deducted from the total amount payable.

The following conditions apply:

- a. This benefit is only available while *you* are hospitalized and if *you* do not have an adult *family member* traveling with *you* that is capable of caring for the minors/dependents.
- b. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.

Repatriation of Remains (Getting *your* remains home)

We will arrange and pay for the reasonable and necessary services and supplies to transport *your* remains to one of the following:

1. A funeral home near *your primary residence*; or
2. A funeral home located in the U.S.

This benefit does not include funeral, burial, or cremation expenses, or related containment expenses for items such as a casket, urn, or vault.

The following conditions apply:

- a. Someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements; and
- b. The death must occur while on *your trip*.

IMPORTANT: The most *we* will pay for benefits under *your* Emergency Transportation Coverage is the maximum benefit listed for Emergency Transportation Coverage in *your* Declarations. Please refer to *your* Declarations to confirm *your* applicable limit.

GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all coverages under *your policy*. An “exclusion” is something that is not covered by this insurance *policy*, and therefore no reimbursement would be available.

This *policy* does not provide coverage for any loss that results directly from any of the following general exclusions if they affect *you*, a *traveling companion*, or a *family member*:

1. Any loss, condition, or event that was known, foreseeable, intended, or expected when *your policy* was purchased;
2. *Pre-Existing medical conditions*, except as waived under the Pre-Existing Medical Condition Exclusion Waiver;
3. *Your* intentional self-harm or if *you* attempt or commit suicide;
4. Normal pregnancy or childbirth;
5. Fertility treatments or elective abortion;
6. Intoxication (including physical complications) resulting from alcohol or substance abuse at or beyond the legal limit as defined in the jurisdiction where the condition occurs and which is measured by a *doctor* or person in law enforcement. This exclusion does not apply to drugs prescribed by a *doctor* and used as prescribed;
7. Acts committed with the intent to cause loss;
8. Operating or working as a crew member (including as a trainee or learner/student) aboard any aircraft;
9. A *criminal act* resulting in a conviction, except when *you*, a *traveling companion*, or a *family member* is the victim of such act;
10. An *epidemic*;
11. *Natural disaster*;
12. War (declared or undeclared) or acts of war;
13. Military duty;
14. Civil disorder or unrest;
15. Acts, travel alerts/bulletins, or prohibitions by any government or public authority;
16. Any *travel supplier's* complete cessation of operations due to financial condition, with or without filing for bankruptcy;
17. *Travel supplier* restrictions on any *baggage*, including medical supplies and equipment;
18. Ordinary wear and tear or defective materials or workmanship; or
19. Benefits that are covered under any worker's compensation, employer's liability, or occupational disease law.

This *policy* does not provide any coverage, benefit, or services for any activity that would violate any applicable law or regulation, including without limitation any economic/trade sanction or embargo.

IMPORTANT: *You* are not eligible for reimbursement under any coverage if:

1. *Your travel carrier* tickets do not show travel date(s);
2. The travel dates in *your* Declarations do not represent when *you* actually intended to travel (does not apply to insurance purchased with a one-way booking); or
3. *You* intend to receive health care or medical treatment of any kind while on *your trip*.

PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

This Pre-Existing Medical Condition Exclusion Waiver describes the circumstances in which a *pre-existing medical condition* MAY be covered under this *policy* and NOT excluded from coverage.

Because *your policy* includes this waiver, *you* can still be covered for losses due to a *pre-existing medical condition* if *you* meet all of the following requirements:

- a. *Your policy* was purchased within 14 days of the date of the first *trip* payment or deposit;
- b. *You* were a U.S. resident when the *policy* was purchased; and
- c. *You* were medically able to travel when the *policy* was purchased.

If *you* incur additional non-refundable *trip* expenses after *you* purchase this *policy*, *you* must insure them with *us* within 14 days of their purchase. If *you* do not, those expenses will still be subject to the *pre-existing medical condition* exclusion.

WHEN YOUR COVERAGE BEGINS AND ENDS

You are only eligible for coverage if *we* accept *your* request for insurance. *Your policy's* Coverage Effective Date and Coverage End Date are indicated in *your* Declarations. The *policy* is effective on the day after *we* receive both the order and the full premium. The order and full premium must be received on or before the *departure date*.

In order to be eligible for coverage, losses must occur while *your policy* is in effect. The maximum policy length is 770 days.

Except for one-way and same-day return *trips*, the *departure date* and return date that *you* provided at time of purchase are counted as two separate days of travel when *we* calculate the duration of *your trip*.

Your policy ends on the Coverage End Date listed in *your* Declarations. However, there are situations where *your policy* may end on a different date. If *your policy* was purchased with a one-way booking, *your* Coverage End Date will be the scheduled return date for *your trip* as shown on *your* travel documents (not exceeding 180 days from the *departure date* shown on *your* travel documents). Additionally, *your policy* will end on the earliest of:

1. The day *you* cancel *your policy*;
2. The day *you* cancel *your trip*;
3. The day *you* end *your trip*, if *you* end *your trip* early;
4. The day *you* arrive at a medical facility for further care if *you* end *your trip* due to a medical reason; or
5. The 180th day of the *trip*.

However, if *your* return travel is delayed due to a *covered reason*, *we* will extend *your coverage period* until the earlier of when *you* are able to return to *your* point of origin or *primary residence*, or until *you* arrive at a medical facility for further care following a medical repatriation or *trip* interruption.

Please note that this *policy* applies for a specific *trip* and cannot be renewed.

CLAIMS INFORMATION

We believe that filing an insurance claim should not be difficult, that is why we simplified *our* process and requirements. We hope *you* like the results!

Before *you* file a claim, please review *your policy* details and the Declarations to ensure that *your* situation meets the criteria for a covered claim. Please note that not every loss is covered, even if it is due to something sudden, unexpected, or out of *your* control.

To File *Your Claim* Online:

- Go to www.etravelprotection.com and click on File a Claim.
- Provide *policy* details.
- Determine which forms and documentation are required.
- File *your* claim and track *your* claim status.

Or, To File *Your Claim* by Contacting *Us* by Phone or Email

- Email: claimsinqury@allianzassistance.com
- Toll-Free: 800.334.7525

GENERAL PROVISIONS AND CONDITIONS

In addition to the conditions, limitations, and exclusions specified above, the below general provisions and conditions apply to all coverages under *your policy*.

Proof of Loss

As with any insurance, *you* are responsible for proving *your loss*. *We* require that *you*:

1. Make all reasonable efforts to minimize *your loss* (including without limitation making reasonable efforts to start, catch up to, or continue *your trip*; and promptly notifying *your travel supplier* upon discovering that *you* need to cancel or interrupt *your trip*, including being advised to cancel or interrupt *your trip* by a *doctor*);
2. Provide to *us* a signed, sworn proof of loss upon *our* request;
3. Provide all requested documentation (including without limitation proof of payment for claimed losses, statements and records from treating *doctors*, police reports, and information from *travel suppliers*);
4. Cooperate with *us* in the investigation of *your claim*; and
5. At *our* request, submit to examination under oath and/or provide a sworn affidavit.

All benefits will be paid within 30 days after receipt of complete proof of *your loss*. All benefits will be paid within 30 days after receipt of complete proof of *your loss*. Failure to pay within such period shall entitle *you* to interest at the rate of nine percent per annum from the 30th day after receipt of such proof of loss to date of late payment.

Assignment

You can assign *your rights* under *your policy* by notifying *us* in writing. The assignment will not be effective until *we* receive the written notice. However, *we* will not recognize the assignment of any right or benefit under this *policy* to any person or organization engaged in the business of medical transportation unless *we* approve this assignment in writing and in advance. Any attempt to make such an assignment will be void as between *you* and *us*. *We* do not assume any responsibility for the validity of any assignment.

Benefits Payable

All benefits are payable to the first named insured in *your* Declarations or a party *you* designate in writing. If *you* are under 18 years old, benefits are payable to *your* parent or legal guardian or a party they designate. Benefits are limited to the amount of *your loss* and are subject to the applicable limit of liability and any deductible stated in the Declarations. If *you* die, benefits will be paid to *your* estate unless *you* have designated one or more beneficiaries. If *you* have named one or more beneficiaries, benefits will be paid to each named beneficiary in equal shares (unless *you* have designated otherwise). Except as described here, there are no other beneficiaries of any of the benefits under this *policy*. All dollar amounts described in this *policy* are expressed in U.S. dollars. If *you* have a loss, *you* will not be reimbursed twice for the same expense.

Change of Beneficiary

Unless the insured makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the insured and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this *policy* or to any change of beneficiary or beneficiaries, or to any other changes in this *policy*.

Changes and Cancellation

You or the *policy* purchaser may request changes to the *policy* by notifying *us*. *You* may request to change the return date at any time prior to *your* Coverage End Date. All other changes to *your policy* must be requested prior to *your original departure date*. If the change results in an increase in premium, *you* must pay the increase in premium. Any decrease in premium as a result of the change will be refunded to the *policy* purchaser. Any change will be effective immediately, so long as *we* have received any additional premium due. If the *plan* is canceled within 15 days following the *date of delivery*, *we* will provide a full refund of the *plan* price. Please note that this

refund is not available if either the *trip* has started or a claim has been filed. After this 15-day period, the *plan* price is nonrefundable.

Claim Forms

Upon receipt of a notice of claim, *we* will furnish *you* such forms as are usually furnished by *us* for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, *you* shall be deemed to have complied with the requirements of this *policy* as to proof of loss upon submitting, within the time fixed in the *policy* for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Duplicate Coverage

If *you* are covered by another insurance policy with the same or similar coverage, *we* shall share proportionately with any similar coverage in the amount of the loss, subject to the limits of liability as stated on the Declarations.

Entire Contract

This *policy*, including the endorsements and attached papers, if any, constitutes the entire contract of insurance. No change in this *policy* shall be valid until approved by an executive officer of the insurer and unless the approval is endorsed hereon or attached hereto. No agent has authority to change this *policy* or to waive any of its provisions.

Fraud and Misrepresentation

You are responsible for all statements or other representations *you* make. Any materially misleading or inaccurate information in any statements or representations *you* make may result in *us* voiding *your policy* or reducing benefits, or *we* may use them to defend *our* decision about a claim. After two years from the date of issue of this *policy* no misstatements, except fraudulent misstatements, made by *you* shall be used to void the *policy* or to deny a claim for loss incurred or disability commencing after the expiration of such two year period.

Fraud is illegal and may subject *you* to criminal prosecution and civil penalties. *We* will deny *your* claim if *you* or someone acting on *your* behalf:

1. Makes any false statements or statements that are deliberately misleading or deceptive;
2. Conceals or intentionally misrepresents any material fact; or
3. Otherwise attempts or commits fraud.

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 the *policy* shall continue in force.

Inquiries or Complaints

You may contact *us* at the address or telephone number below for complaint issues or coverage or premium inquiries:

Jefferson Insurance Company
9950 Mayland Drive
Richmond, VA 23233
800.284.8300

If we fail to provide *you* with reasonable and adequate service, *you* may contact:

Illinois Department of Insurance
Consumer Division
122 S. Michigan Ave, 19th Floor
Chicago, Illinois 60603
312.814.2420

or

Illinois Department of Insurance
320 West Washington Street
Springfield, Illinois 62767
217.782.4515

Medical Examinations and Autopsy

We have the right to have *you* medically examined as reasonably necessary to make a decision about *your* medical claim. If someone covered by *your policy* dies, *we* may also require an autopsy (except where prohibited by law). We will cover the cost of these medical examinations or autopsies.

Notice of Claim

Written notice of claim must be given to *us* within 90 days after the occurrence or commencement of any loss covered by the *policy*, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the insured or the beneficiary to the company at 800.334.7525 or claimsinquiry@allianzassistance.com, or to any authorized agent of the company, with information sufficient to identify the insured, shall be deemed notice to the company.

Recovery

We have the right to recover any amount *you* receive from *us* that exceeds the total amount of *your* loss unless prohibited by law.

Reinstatement

If any renewal premium be not paid within the time granted the insured for payment, a subsequent acceptance of premium by *us* or by any agent duly authorized by *us* to accept such premium, without requiring in connection therewith an application for reinstatement, shall reinstate the *policy*; provided, however, that if *we* or such agent requires an application for reinstatement and issues a conditional receipt for the premium tendered, the *policy* will be reinstated upon approval of such application by *us* or, lacking such approval, upon the 45th day following the date of such conditional receipt unless the company has previously notified *you* in writing of its disapproval of such application. The reinstated policy shall cover only losses resulting from accidental *injury* as may be sustained after the date of reinstatement and loss due to such sickness as may begin more than 10 days after such date. In all other respects *you* and *we* shall have the same rights thereunder as *you* and *we* had under the *policy* immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

Resolving Disputes

If *you* disagree with *our* decision about a claim, *you* can request to go to arbitration. If *we* agree, *you* can submit a dispute to desk arbitration at least 60 days from the date of that decision, but not more than 10 years after the date of submission of claim.

No action may be brought against *us* unless *you* have complied with all applicable provisions of this *policy* and such action is started within 10 years of the date of the loss.

Subrogation

When someone is responsible for *your* loss, *we* have the right to recover any payments *we* have made to *you* or someone else in relation to *your* claim, as permitted by law. In such case, *we* may require any person receiving payment from *us* to assign their rights to recover such payment, including signing and providing any documents reasonably required allowing *us* to do so. Everyone eligible to receive payment for a claim submitted to *us* must cooperate with this process and must refrain from doing anything that would adversely affect *our* rights to recover payment.

Travel Requirements

You are responsible for meeting all requirements to travel, including obtaining required travel authorizations/documentation (for example, passports or visas), obtaining required immunizations (unless *you* are medically unable) and medical supplies/equipment (including verifying that *your* supplies/equipment meet *your travel supplier's* requirements), and anything else required for *you* to travel.

Waiver or Amendment

No one has the right to describe *our policy* any differently than is described here or to change or waive any of its provisions.

We're only a click away!

Visit www.etravelprotection.com:

- To file a claim
- To check claim status

**JEFFERSON INSURANCE COMPANY
(A Stock Company)**

ILLINOIS POLICY AMENDMENT

Your policy is amended as follows:

1. **GENERAL PROVISIONS AND CONDITIONS**, the Inquiries and Complaints provision is deleted in its entirety and replaced with the following:

Inquiries or Complaints

This notice is to advise *you* that should any complaints arise regarding this insurance, *you* may contact the following:

Jefferson Insurance Company
9950 Mayland Drive
Richmond, VA 23233
800.284.8300

You may file a consumer complaint online at the Illinois Department of Insurance's website or by mail. The Department maintains a Consumer Division in Chicago at 115 S. LaSalle St, 13th Floor Chicago, Illinois 60603 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767.

There are no other changes to the *policy*.

Jefferson Insurance Company



Jeff Wright, President

JEFFERSON INSURANCE COMPANY
(A Stock Company)

ENDORSEMENT

EPIDEMIC COVERAGE ENDORSEMENT

I. DEFINITIONS

The following definitions are removed in their entirety and replaced with the following:

Epidemic A contagious disease recognized or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.

Quarantine Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which *you* are booked to travel during *your trip*, which is intended to stop the spread of a contagious disease to which *you* or a *traveling companion* has been exposed.

II. DEFINITIONS

The following definition is added:

Pandemic An *epidemic* that is recognized or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.

III. DESCRIPTION OF COVERAGES

Trip Cancellation Coverage

Covered reasons 1 and 2 under Trip Cancellation Coverage are removed in their entirety and replaced with the following:

1. *You* or a *traveling companion* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).

The following conditions apply:

- a. The illness, *injury*, or medical condition must be disabling enough to make a reasonable person cancel their trip; and
 - b. A *doctor* advises *you* or a *traveling companion* to cancel *your trip* before *you* cancel it. If that isn't possible, a *doctor* must either examine or consult with *you* or the *traveling companion* within 72 hours after the cancellation to confirm the decision to cancel.
2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor* or require hospitalization.

Trip Cancellation Coverage

The “*You or a traveling companion is quarantined*” covered reason under Trip Cancellation Coverage is removed in its entirety and replaced with the following:

1. *You or a traveling companion is quarantined before your trip* due to having been exposed to:
 - a. A contagious disease other than an *epidemic or pandemic*; or
 - b. An *epidemic or pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic or pandemic*; and
 - ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including without limitation shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.

IV. DESCRIPTION OF COVERAGES

Trip Interruption Coverage

Covered reasons 1 and 2 under Trip Interruption Coverage are removed in their entirety and replaced with the following:

1. *You or a traveling companion becomes ill or injured, or develops a medical condition (including being diagnosed with an epidemic or pandemic disease such as COVID-19).*

The following conditions apply:

- a. The illness, *injury*, or medical condition must be disabling enough to make a reasonable person interrupt their trip;
 - b. A *doctor* must either examine or consult with *you* or the *traveling companion* within 72 hours of the *trip* interruption to confirm the decision to interrupt the *trip*; and
 - c. *You or a traveling companion* must not have traveled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip*.
2. A *family member* who is not traveling with *you* becomes ill or *injured*, or develops a medical condition (including being diagnosed with an *epidemic or pandemic* disease such as COVID-19).

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor* or require hospitalization.

Trip Interruption Coverage

The “*You or a traveling companion is quarantined*” covered reason under Trip Interruption Coverage is removed in its entirety and replaced with the following:

1. *You or a traveling companion is quarantined during your trip* due to having been exposed to:
 - a. A contagious disease other than an *epidemic or pandemic*; or
 - b. An *epidemic or pandemic* (such as COVID-19), but only when the following conditions are met:
 - i. The *quarantine* is specific to *you* or a *traveling companion*, meaning that *you* or a *traveling companion* must be specifically and individually designated by name in an order or directive to be placed in *quarantine* due to an *epidemic or pandemic*; and

- ii. The *quarantine* does not apply generally or broadly (a) to some segment or all of a population, geographical area, building, or vessel (including without limitation shelter-in-place, stay-at-home, safer-at-home, or other similar restriction), or (b) based on to, from, or through where the person is traveling. This condition (ii) applies even if the *quarantine* order or directive specifically designates *you* or a *traveling companion* by name to be *quarantined*.

Trip Interruption Coverage

The following *covered reason* is added under Trip Interruption Coverage:

1. A *travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a *traveling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

V. DESCRIPTION OF COVERAGES

Travel Delay Coverage

The following *covered reason* is added under Travel Delay Coverage:

1. A *travel carrier* denies *you* or a *traveling companion* boarding based on a suspicion that *you* or a *traveling companion* has a contagious medical condition (including an *epidemic* or *pandemic* disease such as COVID-19). This does not include *your* refusal or failure to comply with rules or requirements to travel or of entry to *your* destination.

VI. GENERAL EXCLUSIONS

The general exclusion for “an *epidemic*” is removed in its entirety and replaced with the following:

1. An *epidemic* or *pandemic*.

VII. OTHER AMENDMENTS

1. The general exclusion for “an *epidemic* or *pandemic*” does not apply to the covered reasons added or revised by this endorsement under: Trip Cancellation Coverage, Travel Delay Coverage or Trip Interruption Coverage.
2. Other than as expressly stated in this endorsement, coverage is excluded for all losses directly or indirectly resulting from “an *epidemic* or *pandemic*.”

There are no other changes to *your policy*.

Jefferson Insurance Company



Jeff Wright, President

JEFFERSON INSURANCE COMPANY
(A Stock Company)

ENDORSEMENT

EPIDEMIC COVERAGE ENDORSEMENT

I. DEFINITIONS

The following definitions are removed in their entirety and replaced with the following:

<i>Epidemic</i>	A contagious disease recognized or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.
<i>Quarantine</i>	Mandatory involuntary confinement by order or other official directive of a government, public or regulatory authority, or the captain of a commercial vessel on which <i>you</i> are booked to travel during <i>your trip</i> , which is intended to stop the spread of a contagious disease to which <i>you</i> or a <i>traveling companion</i> has been exposed.

II. DEFINITIONS

The following definition is added:

<i>Pandemic</i>	An <i>epidemic</i> that is recognized or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.
------------------------	--

III. DESCRIPTION OF COVERAGES

Emergency Medical/Dental Coverage

The Emergency Medical/Dental Coverage section is removed in its entirety and replaced with the following:

If *you* receive emergency medical or dental care while *you* are on *your trip* for one of the following *covered reasons*, we will reimburse the *reasonable and customary costs* of that care for which *you* are responsible, up to the maximum benefit listed for Emergency Medical/Dental Coverage on *your* Declarations (dental care is subject to the maximum sublimit listed for Dental Care):

1. While on *your trip*, *you* have a sudden, unexpected illness, *injury*, or medical condition that could cause serious harm if it is not treated (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).
2. While on *your trip*, *you* have a dental *injury* or infection, a lost filling, or a broken tooth that requires treatment.

The following conditions and exclusions apply:

- a. The care must be *medically necessary* to treat an emergency condition, and such care must be provided by a *doctor*, dentist, *hospital*, or other provider authorized to practice medicine or dentistry.
- b. This coverage will not pay for any care provided after *your* coverage ends.
- c. This coverage will not pay for non-emergency care or services, such as:
 1. Elective cosmetic surgery or care;
 2. Annual or routine exams;
 3. Long-term care;
 4. Allergy treatments (unless life threatening);
 5. Exams or care related to or loss of/damage to hearing aids, dentures, eyeglasses, and contact lenses;
 6. Physical therapy, rehabilitation, or palliative care (except as necessary to stabilize *you* to transport);

7. Experimental treatment; and
 8. Any other non-emergency medical or dental care.
- d. *You* must not have traveled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip*.

IMPORTANT: Please refer to *your* Declarations to confirm *your* applicable limit and any deductible that may apply.

If *you* need to be admitted to a *hospital* as an inpatient for longer than 24 hours, *we* can guarantee or advance payments, where accepted, up to the limit of *your* emergency medical/dental coverage.

IV. DESCRIPTION OF COVERAGES

Emergency Transportation Coverage

The “Emergency Evacuation” and “Medical Repatriation” sections of Emergency Transportation Coverage are removed in their entirety and replaced with the following:

Emergency Evacuation (Transporting *you* to the nearest appropriate *hospital*)

If *you* become seriously ill or *injured* or develop a medical condition while on *your trip* (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19) and *we* determine that the local medical facilities are unable to provide appropriate medical treatment:

1. *Our* medical team will consult with the local *doctor*;
2. *We* will identify the closest appropriate *hospital* or other appropriate facility, make arrangements to transport *you* there, and pay for that transport; and
3. *We* will arrange and pay for a *medical escort* if *we* determine one is necessary.

The following conditions apply:

- a. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.
- b. One or more emergency transportation providers must be willing and able to transport *you* from *your* current location to the identified *hospital* or facility.
- c. *You* must not have traveled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip*.

Medical Repatriation (Getting *you* home after *you* receive care)

If *you* become seriously ill or *injured* or develop a medical condition while on *your trip* (including being diagnosed with an epidemic or pandemic disease such as COVID-19) and *our* medical team confirms with the treating *doctor* that *you* are medically stable to travel, *we* will:

1. Arrange and pay for *you* to be transported via regularly scheduled service on a common carrier in the same class of service that *you* originally booked (unless a different class of service is otherwise *medically necessary*) for the return leg of *your trip*, less available *refunds* for unused tickets. The transportation will be to one of the following:
 - a. *Your primary residence*;
 - b. A location of *your* choice in the U.S.; or
 - c. A medical facility near *your primary residence* or in a location of *your* choice in the U.S. In either case, the medical facility must be willing and able to accept *you* as a patient and must be approved by *our* medical director as medically appropriate for *your* continued care.
2. Arrange and pay for a *medical escort* if *our* medical team determines that one is necessary.

The following conditions apply:

- a. One or more common carriers must be willing and able to transport *you* on regularly scheduled service from *your* current location to *your* chosen destination.
- b. Special accommodations must be *medically necessary* for *your* transportation (for example, if more than one seat is *medically necessary* for *you* to travel).
- c. *You* or someone on *your* behalf must contact *us*, and *we* must make all transportation arrangements in advance. If *we* did not authorize and arrange the transportation, *we* will only pay up to what *we* would have paid if *we* had made the arrangements.
- d. *You* must not have traveled against the orders or advice of any government or other public authority at any location to, from, or through which *you* are traveling on *your trip*.

V. GENERAL EXCLUSIONS

The general exclusion for “an *epidemic*” is removed in its entirety and replaced with the following:

1. An *epidemic* or *pandemic*.

VI. OTHER AMENDMENTS

1. The general exclusion for “an *epidemic* or *pandemic*” does not apply to the covered reasons added or revised by this endorsement under: Emergency Medical/Dental Coverage or Emergency Transportation Coverage.
2. Other than as expressly stated in this endorsement, coverage is excluded for all losses directly resulting from “an *epidemic* or *pandemic*.”

There are no other changes to *your policy*.

Jefferson Insurance Company



Jeff Wright, President

JEFFERSON INSURANCE COMPANY
(A Stock Company)

ENDORSEMENT

MISSED ACTIVITY COVERAGE

I. DESCRIPTION OF COVERAGES, the following coverage is added:

MISSED ACTIVITY COVERAGE

If *you* cannot attend one or more of *your* prepaid activities for a *covered reason* listed below, we will reimburse *you* for *your* non-refundable costs, less available *refunds*, up to the maximum benefit for Missed Activity Coverage. Please note that this coverage only applies before the start of the activity.

Covered reasons:

1. *You*, a *traveling companion*, or a *family member* becomes ill or *injured*, or develops a medical condition.

The following conditions apply:

- a. The illness, *injury*, or medical condition must be disabling enough to make a reasonable person not attend the activity; and
- b. A *doctor* advises *you* or a *companion* not to attend the activity before the activity takes place. If that isn't possible, a *doctor* must either examine or consult with *you* or the *companion* within 72 hours of the activity, or as soon as reasonably possible, to confirm the decision not to attend.

2. *Your family member* who is not attending the activity becomes ill or *injured*, or develops a medical condition.

The following condition applies:

- a. The illness, *injury*, or medical condition must be considered life threatening by a *doctor*, require hospitalization, or require *your* care.

3. *Your* or a *traveling companion's* death.

4. The death of *your family member* on or within 30 days prior to the activity date.

5. *Your* prepaid activity is canceled by the supplier of the activity due to *severe weather*.

6. *Your* ski resort closes 75% or more of its ski trails due to lack of snow.

The following condition applies:

- a. The closure is for at least 50% of the normal operating hours on the calendar day *you* intend to use the lift tickets.

IMPORTANT: The most we will pay for benefits under *your* Missed Activity Coverage is the maximum benefit shown on *your* Declarations.

Jefferson Insurance Company



Jeff Wright, President

JEFFERSON INSURANCE COMPANY
(A Stock Company)

ENDORSEMENT

LODGING RESERVATION COVERAGE

I. DEFINITIONS, the following definition is removed and replaced with:

You or Your Any person staying in the accommodations covered by the *reservation*. The number of persons covered is limited to the published maximum occupancy for each accommodation included in the *reservation*.

II. DEFINITIONS, the following definition is added:

Reservation An arrangement to have *accommodations* held for *your* use during the travel dates shown on the Declarations.

There are no other changes to the *policy*.

Jefferson Insurance Company



Jeff Wright, President

JEFFERSON INSURANCE COMPANY
(A Stock Company)

TRIP INTERRUPTION AMENDMENT

Your policy is changed as follows:

1. **DESCRIPTION OF COVERAGES**, the following paragraph of Trip Interruption Coverage is revised as follows:

If *you* have to interrupt *your trip* or end it early due to one or more of the *covered reasons* listed below, *we* will reimburse *you*, less available *refunds*, up to the maximum benefit for Trip Interruption Coverage listed in *your* Declaration of Coverage for:

- i. The prorated portion of *your* unused non-refundable *trip* payments and deposits.
- ii. Additional *accommodation* fees *you* are required to pay, such as a single supplement fee from a cruise line, if *you* prepaid for shared *accommodations* and *your traveling companion* has to interrupt their *trip*.
- iii. Reasonable transportation expenses *you* incur to continue *your trip* or return to *your primary residence*.
- iv. Additional *accommodation* and transportation expenses if the interruption causes *you* to stay at *your* destination (or the location of the interruption) longer than originally planned. There is a per *policy* maximum of \$250 per day for 5 days. In the event of a covered Trip Interruption loss resulting from an *epidemic* or *pandemic* disease such as COVID-19, the 5-day limit will not apply, but the *policy* maximum of \$250 per day will apply.

There are no other changes to the *policy*.

Jefferson Insurance Company



Jeff Wright, President



Travel Assistance Services during your trip provided by AGA Service Company

If you need travel or medical assistance related to your trip, we are available 24 hours a day. With our global reach and multi-lingual staff, we are here to help you anytime, anywhere. Throughout this document, the words “you” and “your” refer to the person or people insured under the attached travel insurance policy or certificate. The words “we”, “us”, and “our” refer to AGA Service Company.

IMPORTANT: You are responsible for the cost of any expenses incurred as a result of the services provided.

To Reach Us:

In the United States, Canada, Puerto Rico
and U.S. Virgin Islands:
800-654-1908

All other locations, call:

804-281-5700
We will accept collect calls, or call you back.

TRAVEL ASSISTANCE SERVICES PROVIDED BY AGA SERVICE COMPANY

Prescription Replacement

If you need to refill your prescription, we can refer you to a physician and a pharmacy to assist you.

Medical Equipment Arrangements

If you need medical equipment while traveling, we can refer you to a medical supply vendor or assist you in getting the supplies you need.

Personal Effects Collection and Return

If you cannot take your personal belongings home with you or leave them behind while on your trip, we can assist in locating them and arranging their collection and return.

Child Care Equipment Assistance

If you need child care equipment (such as cribs, highchairs, or car seats) to use during your trip, we can assist in the location and delivery of the equipment.

Care of Your Pet While on Your Trip

If you need assistance in the lodging of your pet, return of your pet, or locating a veterinarian, we can provide you with referral options and assist you in making reservations.

CONCIERGE TRAVEL ASSISTANCE SERVICES PROVIDED BY AGA SERVICE COMPANY

All of our concierge benefits are service benefits, not financial benefits. Payment of any costs associated with these services is your responsibility. The following are types of services you can contact us for assistance with:

Activity/Entertainment Planning

When you are traveling or planning your trip, we can assist you with referrals, reservations, or ticketing for:

- Restaurants
- Sports events, shows, and festivals
- Theater and concert events
- Health Clubs
- Golf courses and tee times
- Tours
- Museums
- Shopping
- Hobby or special interest classes
- Other such activities/entertainment

Destination Information

Get information on your destination, such as:

- Highlights and sightseeing
- Airport and mass transportation
- Health and security
- Local customs and duty
- Exchange rates
- Visa and passport requirements
- ATM locations

Business Services

When traveling on business, we can assist with:

- Computer and mobile device rental
- Audio/visual equipment rental
- Translation service
- Messenger service
- Location of banquet or private meeting venues
- Arranging catering, banquet, and event services

Specialty Services

When you are traveling, we can arrange specialty services, such as:

- Gift basket delivery
- Flower delivery
- Gift idea referrals
- Gourmet food delivery
- Personal care referrals (such as hair, makeup, and massages)

All of our concierge benefits are service benefits, not financial benefits. Payment of any costs associated with these services is your responsibility.

PRIVACY NOTICE

AWP USA Inc. and its subsidiaries, including Jefferson Insurance Company and AGA Service Company d/b/a Allianz Partners are committed to protecting your privacy. By using our products, services or website, you consent to our collection and use of your Personal Data as described in this notice ("Notice").

Definitions

The below definitions apply to this Notice:

1. "Personal Data" means non-public personal information that identifies a specific identified or identifiable person ("you"). An identifiable person is one who can be identified by reference to an identifier (such as name) or other factors specific to that person. Personal Data does not include publicly available, de-identified, or aggregated data.
2. "Sensitive Data" means Personal Data about a person's race or ethnicity; political, religious, philosophical, ideological, or trade union memberships, opinions, views or activities; medical or health conditions; genetic or biometric data; financial account information (e.g. bank account number); government-issued ID numbers; sexuality; or social security measures or administrative or criminal proceedings and sanctions that are treated outside pending proceedings. Sensitive Data also includes information we receive from a third party who treats and notes the information as sensitive.
3. "Agent" means a third party that collects or uses Personal Data to perform tasks on our behalf or provide information to us, or our underwriters and reinsurers.
4. "We/Us/Our" means one or more of AWP USA Inc., Jefferson Insurance Company, and AGA Service Company.

Privacy Practices

This Notice describes how we collect, use, and maintain Personal Data. It also describes your and our rights.

1. Notice of Collection and Uses/Disclosures

A. Collection of Personal Data

We collect Personal Data from you, or from your agents, representatives, suppliers and providers, cookies, analytics tools, and other tracking technologies, social networks, advertising networks, or other parties from whom you have authorized us to collect it on your behalf. This Personal Data may include:

- (i) Identifiers and other identifying personal information (e.g. name, contact information like address, email address, phone number, or other unique personal identifiers, signature, date of birth, insurance policy numbers, education, employment information and history);
- (ii) billing or payment information (e.g. bank account or payment card number and billing information);
- (iii) information about your trip, event, or enrollment (e.g. agents, suppliers, trip itinerary and plans; tuition and enrollment information);
- (iv) information about your transactions or business with us or others (e.g. personal information you provide us for us to generate quotes or to purchase products, quote/purchase history, receipts, insurance EOBs);
- (v) financial account information (e.g. account numbers, statements);
- (vi) health information (e.g. health insurance information, disability information, medical treatment history, invoices);
- (vii) information about or related to any claim you make or other use of our products (e.g. details of your loss, police reports, health/vital records, professional or employment-related information) records of interactions, communications and correspondence between you and us, including audio and electronic information);
- (viii) information about your websites and/or mobile application (e.g. browser data, IP address, information about your interaction with a website, application, or advertisement);
- (ix) geolocation data (e.g. for location-based website or mobile app customization or services);
- (x) biometric information (e.g. fingerprinting required for insurance licenses);
- (xi) protected class information (e.g. age, which may be used for purposes of quoting, or disability which may be used in administration of your claim);
- (xii) government-issued identification numbers (e.g. social security number, driver's license number, passport number);
- (xiii) job application, education, or employment-related information; or
- (xiv) any other information provided to us by you or on your behalf.

We may also collect Personal Data from consumer reporting agencies, fraud prevention organizations, groups, databases, or reports (including from industry groups, our affiliates, and other insurance companies). This data may be collected from forms, such as enrollment or claim forms; by phone, website, email, fax, or correspondence; or via cookies or similar technology.

If you are purchasing insurance on another's behalf, we and the insurer may require the personal information of the insured to provide and administer the benefits of their plan. By providing the insured's personal information at the time of purchase, you confirm that you have obtained the insured's consent to provide this personal information for this use.

B. Use and Disclosure of Personal Data

We may use the Personal Data we collect from any of the above categories:

- (i) to offer, market, sell, underwrite, or make available to you insurance or assistance products or services;
- (ii) to provide you with information or services for such products and services;
- (iii) to service and administer your insurance, assistance, or other products and services. This may include, for example: providing travel assistance or concierge services, servicing and processing your policy or claims, conducting quality or satisfaction surveys and assessments, keeping electronic or audio records of our interactions and correspondence with you and documents sent and received; and fraud prevention;
- (iv) to arrange for the provision of products and services you request, which may include products and/or services provided by a third party;
- (v) to review and process job applications and for other employment-related purposes;
- (vi) to protect or enforce our legal rights or to respond to lawful requests by public authorities, including to meet national security or law enforcement requirements or as otherwise required by law; or
- (vii) for purposes to which you've otherwise consented or as you've directed, unless revoked.

We may also use or disclose Personal Data for one or more of the following purposes, to the extent permitted by law:

- (i) for public health and safety issues;
- (ii) to comply with legal or regulatory requirements;
- (iii) to address or comply with workers' compensation, law enforcement, or other legal, regulatory, or other government mandates, investigations, examinations, or requests;
- (v) to respond to lawsuits or legal or regulatory actions;
- (vi) for required institutional risk control or for resolving client or consumer complaints or inquiries;
- (vii) if we sell or transfer all or a portion of our business assets (for example, further to a merger, acquisition, bankruptcy, reorganization, or other disposition of all or any of our business, or any other business transaction, including negotiations of such transactions);
- (viii) to protect, enforce, or defend our or your legal rights, interests, property, or safety;
- (ix) to enforce our policies;
- (x) with our consent or at your direction unless revoked; or
- (xi) other purposes permitted or required by, and in accordance with, applicable law.

Where and to the extent permitted by law, we may disclose Personal Data we have obtained as described above to our Agents, affiliates, business partners, service providers, and other insurance companies and insurance organizations, as well as to third parties for whom you have claimed expenses (such as travel suppliers or healthcare providers). Such disclosures are only for the purposes described in this Notice or for everyday business purposes as required or allowed by law (e.g. to process transactions, to maintain accounts, to prevent, investigate, and/or report fraud, to respond to court orders and legal investigations, or to report to credit bureaus). These Agents may be affiliated or nonaffiliated and may be located inside or outside the US. They may be financial services providers (e.g. underwriting insurers, reinsurers). They may also be non-financial companies (e.g. health service providers, travel service providers, the agent/agency through whom you purchased, service providers helping us with marketing or technology).

Information Collected Automatically, Advertising, and Analytics

We, the vendors advertising networks, and partners we work with, and social networks we connect to, may use various tools and technologies like cookies, pixels, and other tracking technologies or tools to collect certain information automatically about you when you visit our website. This information may include IP addresses, website navigation and Internet usage/network activity data and device/browser-generated data, including regarding your browsing history and your interaction with our and other websites, applications, and advertisements.

Cookies are text files on your computer. When you access our website or use our mobile application, we use cookies and other tracking technologies to collect data about your web usage. We may use third-party technologies, tools, or services such as Meta, Google, Inc.'s Google Analytics and AdWords services, and other similar third-party vendor services.

We use the following Google Analytics Advertising Features:

- (i) "Remarketing with Google Analytics" to serve advertisements to you across the Internet based on your visits to our site(s) by leveraging Google Analytics cookies.
- (ii) "Demographics and Interest Reporting" to collect information about our site traffic by tracking users across websites and across time via third-party cookies, which generates a report for us to better understand our site users.
- (iii) "Display Network Impression Reporting" to gather insights into how our ads are served and viewed across the Google Display Network, including aggregated data on ad impressions and user interactions.

- (vi) “Segments” to isolate and analyze subsets of site users by sorting our Google Analytics data.
- (v) “Google Ads” to display targeted ads based on user interests and interactions with our website.
- (vi) “Google Search Console” to monitor and analyze our website’s visibility and performance in Google search results.

We, along with third-party vendors such as Google, use first-party and third-party cookies to analyze and understand user interactions with our website and serve targeted advertisements based on your prior visits to our site or other websites. Third-party vendors, including Google, use cookies to serve ads based on users’ visits to our website. These cookies enable personalized advertising and may involve the collection of your demographic information, such as age and gender, and interest-based data.

We also may use third party chat and monitoring services on our website provided through Cognigy or other service providers. These services may use JavaScript to provide such services. Information you provide through chat services may be monitored and recorded and used for purposes of providing the services and assistance you request and for other uses related to your policy and claim, as well as for purposes of quality assurance, training, and improvement of products and services. By using the chat service, you agree to such monitoring, recording, and uses, and the processing of your data in accordance with this Privacy Policy.

These services may use technologies to collect and receive data from the website and elsewhere on the Internet and use that data to create a profile of you, measure your interests, detect your device, personalize your content, and provide advertising services to us. These vendors may provide this data to us or store and/or aggregate this data to analyze such usage and create reports for us. We, our affiliates and our Agents use such data and reports for our own business purposes (e.g. to provide customer service, to optimize the content you see from us, traffic and trend analysis, website and user experience improvement, other purposes stated in this Notice, etc.) and Payment Card Industry Data Security Standard (“PCI”) compliance. These vendors may also display our ads on sites across the Internet, and they may use this data to later display ads or other information to you based on your website usage or other information collected as described above. Data from these first- and third-party cookies may be combined or linked together to provide a more comprehensive understanding of user behavior on our sites and across other sites, platforms, and devices. Please note that we or other parties may collect Personal Data about your online activities over time and across different devices and online properties when you use our website. Our websites use functional cookies that are required for the website to operate (including ReCAPTCHA and others). These cookies cannot be disabled. However, you can refuse cookies by disabling them in your browser (this may affect functionality and content available to you).

By using our website with cookies enabled, you consent to this use of cookies and data for these purposes. You can manage your cookie preferences for each of our websites by clicking the “Do Not Sell or Share My Personal Information” link on that website domain – see “Your Privacy Choices / Opt Our Rights” below for more information.

For more information on how Google Analytics uses data it collects, visit policies.google.com/technologies/partner-sites. To opt out of Google Analytics, visit tools.google.com/dlpage/gaoptout or disable cookies in your browser. To adjust your Google advertising settings, visit: myadcenter.google.com.

You may be able to opt out of certain interest-based advertising using the settings on your browser. To find out more about how these online analytics services manage the privacy of information in conjunction with delivering ads online, and how to opt out of information collection by these networks, please visit: youradchoices.com/appchoices, optout.aboutads.info, or thenai.org.

Other Uses

We may use your geolocation information for generating location-specific product advertisements and offers or to provide and administer the insurance and assistance services as described above. This information may also be used for location-based website or mobile website application services, such as access to local alerts and emergency services numbers and providers, location of healthcare providers or medical services, maps, translation services, and other similar services, or for purposes to which you otherwise consent or as described here.

We may use and disclose the name, email address, or contact information of current and former customers to Agents for marketing administration purposes. For example, we may need to disclose the email address you provided to us to an Agent providing marketing services on our behalf to help ensure that your opt out choices are respected and that you do not receive duplicate communications.

We may employ automation and technology powered by systems which may be considered artificial intelligence systems under certain laws to market, provide, and improve our services.

Upon notification and consent your Personal Data may be used for other reasons. That notice will state the purpose for collecting and using the data, the types of non-Agent third parties to which we disclose the data, and the means we offer you to limit this.

2. Your Privacy Choices / Opt Out Rights

The law in some jurisdictions allows you the right to choose in some cases to opt out of us sharing your Personal Data with a third party or using it for purposes described or that is materially different from the purposes for which it was originally collected or which you later authorize. You may exercise this right by notifying the Privacy Officer at the information provided below. You may opt out of getting non-essential marketing communications from us by giving notice as described below and either managing your cookie preferences on the website or disabling cookies in your web browser. Except as required or allowed by law (e.g. for fraud prevention), we do not share, sell or otherwise disclose your Personal Data to non-Agent third parties or use it for any purpose other than for which it was originally collected or as you later authorize. If we ever wish to do so, we will give you the opportunity to opt out. If we wish to disclose your Sensitive Data to a non-Agent third party or use such data for a purpose other than for which it was originally collected or as you later authorize, we will only do so with your express consent. We will not unfairly discriminate against you for declining to provide this consent.

To opt out of the sale or sharing of your personal information through tracking technologies such as cookies and pixels, please click the “Do Not Sell or Share My Personal Information” link in the footer of the website domain (e.g. allianztravelinsurance.com) you are using. Please note, we maintain websites on several different domains. If you wish to opt out as described here, you must follow this procedure for each separate website domain that you access/use. If you choose to use an opt-out preference signal such as the Global Privacy Control (GPC), you will be opted out of online, cookie-based sales and sharing of personal information associated with the browser for which you have enabled the signal. If you use multiple browsers or devices, you will need to activate the signal for each one that you use.

To opt out of all other non-essential marketing communications or non-essential unaffiliated third party information selling or sharing, please contact our Chief Privacy Officer as described in “Contact” below with your name, policy number. Please include a statement that says “Opt out” (or something similar). Opt outs will be applied to all products and services we provide. When you opt out or revoke consent, such opt out or revocation will not apply to any action already taken prior to the time of such opt out or revocation. We will not unfairly discriminate against any person who chooses to opt out, or exercise any of their rights as described in this Notice.

3. Information for Users Outside the U.S.

If you are visiting our website from outside of the United States, we may, directly or indirectly, process, store, and transfer the information you provide in or to the United States. By using our website, you acknowledge your Personal Data may be transferred to, and processed in, a jurisdiction outside of your own. Please be aware that the data protection laws and regulations that apply to your Personal Data transferred to the United States or other countries may differ from the laws in your country of residence. Our Binding Corporate Rules related to data transfers may be viewed here: https://www.allianz-partners.com/en_global/allianz-partners---binding-corporate-rules-.html

4. Security

We take reasonable and appropriate measures to protect your data from loss, misuse, or unauthorized access, disclosure, alteration and destruction. To help maintain the security of your data, we use administrative, physical, and technical safeguards. Nevertheless, transmission via the Internet and online digital storage are not completely secure.

5. Data Retention

We keep the categories of personal information described above for as long as is necessary for the purposes described in this Privacy Notice or as otherwise authorized or permitted by law. This generally means holding the information for as long as: (i) it is reasonably necessary to manage our operations, to manage your relationship with us, or to satisfy another purpose for which we collected the information; (ii) it is reasonably necessary to carry out a disclosed purpose that is reasonably compatible with the context in which the personal information was collected; (iii) it is reasonably required to protect or defend our rights or property; or (iv) we are otherwise required or permitted to keep your information by applicable laws or regulations. Where information is used for more than one purpose, we will retain it until the purpose with the latest period expires. For more information about our retention policies, please contact us by sending an email to privacy@allianzassistance.com.

6. Access

If you discover data we hold about you is inaccurate or incomplete, please contact us. We will grant you reasonable access to the Personal Data we hold about you. We will take reasonable steps to allow you to correct, amend or delete your Personal Data that is inaccurate or incomplete, or has been processed in violation of this Notice, so long as it can be done without undue burden or expense on us, without breaching any legal or professional privilege or obligation, and without violating the rights of others.

Links

Our websites provide links (including social media plugins (“Plugins”)) that connect to third party websites. Clicking such link may establish a connection and transmits data to/from the operator of such website. Clicking a Plugin while logged in to a social media account may cause the social media website’s operator to publish activity to your account. To avoid this, log out of your account before clicking the Plugin link. We are not responsible for and make no representations about the content, security, or privacy practices of any other third-party websites. You should read the privacy notices of the websites you visit to understand their data privacy practices.

Changes to Notice

This Notice reflects our business practices. It is not a contract. However, we are required to and will abide by the terms of this Notice as currently in effect. We may amend this Notice at any time. We will notify you of any updates by posting a revised notice on our website. The revised notice will apply to all information collected by us, including previously collected information. You accept the revised notice by your continued use of our website, products or services following any such amendment. If we revise this Notice in a way that would allow us to disclose your Personal Data to a nonaffiliated third party other than as already described here, we will provide you with a revised notice and give you the opportunity to opt out of any such disclosure. You are responsible to regularly review this Notice. You have the right to a paper copy of this Notice upon request.

Contact

If you have any questions, comments, or complaints about this Notice or the way that we collect or handle your Personal Data, or if you would like a paper copy of this Notice, please contact our Chief Privacy Officer by any of:

Email: privacy@allianzassistance.com

Phone: 1-800-284-8300

Mail: Allianz Partners, ATTN: Chief Privacy Officer
9950 Mayland Drive
Richmond, VA 23233

Electronic Notices

Unless you chose to receive them by US mail at the time of purchase, by purchasing your policy, you consent to receive all notices and documents from us electronically. They will be sent to the email address provided at the time of purchase. You may opt to receive notices and documents from us by mail at any time. If you wish to change or update your notice/documents preferences, email us at customerservice@allianzassistance.com. Please include your name, policy number, and a note that says “Only contact me by mail” (or something similar). You can also let us know by phone at 800-284-8300 or by mail to:

Allianz Partners
ATTN: Customer Service – Only contact me by mail
9950 Mayland Drive
Richmond, VA 23233

If you don’t provide an email address at purchase, you’ll receive notices and documents by mail. You may request paper copies of any electronic information we send, or update your electronic contact information at any time by emailing or mailing us at the above address, or by calling us. Documents sent to you from us will be in either PDF or HTML format. If you can’t receive or read the documents we send you, please contact us so we can assist you.

California Residents

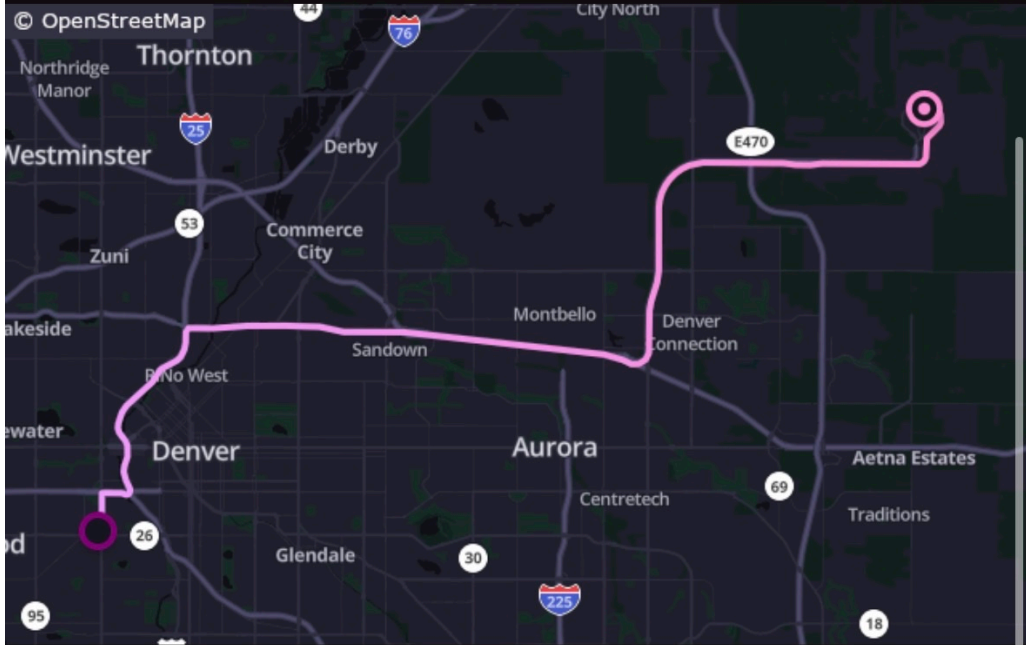
Additional information about our privacy practices with respect to California residents is available at <https://www.allianztravelinsurance.com/legal/privacy> (see “California Residents” section) or by contacting us as described in the “Contact” section above.

Effective Date

This Notice was last revised on, and is effective as of, April 8, 2025.



Ride on 3/26/26, 12:19 PM



Mi Casa Resource Center

Denver, CO 80219

Pickup

12:19 PM

Southwest Airlines

Denver, CO 80249

Drop-off

1:00 PM

Payment

Extra Comfort fare (28.9 mi, 41m)	\$73.84
Driver Support Organization Fee	\$0.07
Lyft Pink discount	-\$3.69
Flash discount	-\$8.00



American Express *1003

Total charge

\$62.22



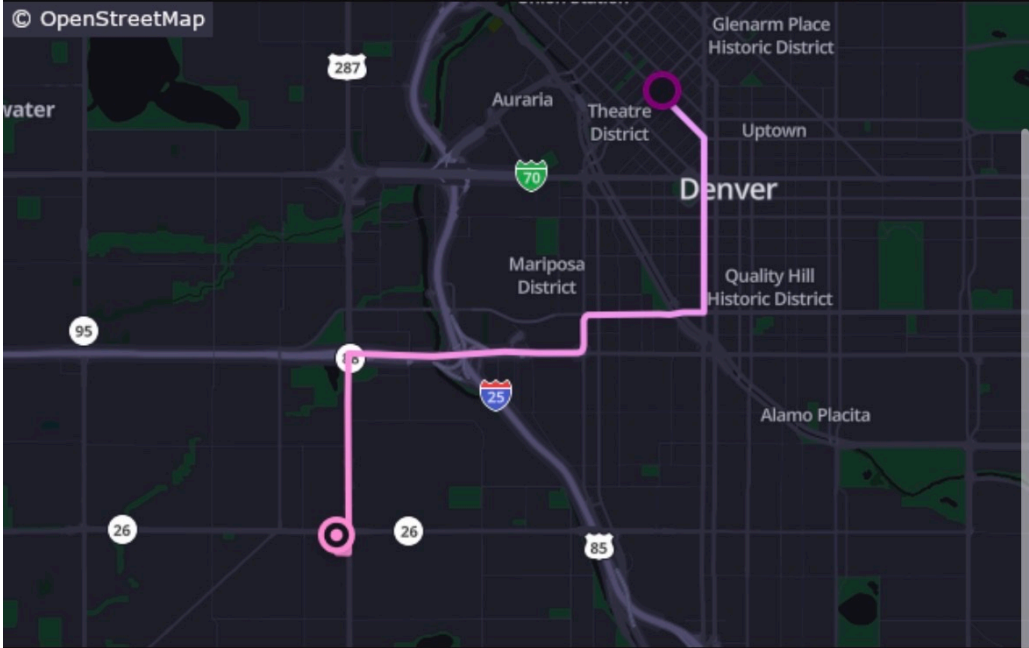
Personal

American Express *1003





Ride on 3/26/26, 9:19 AM



Tribute Portfolio Hotel-Magnolia H...
Denver, CO 80202

Pickup
9:19 AM

Mi Casa Resource Center
Denver, CO 80219

Drop-off
9:35 AM

Payment

Black fare (4.7 mi, 15m)	\$38.90
Driver Support Organization Fee	\$0.07
Lyft Pink discount	-\$1.94
Flash discount	-\$5.55



American Express *1003
Total charge

\$31.48

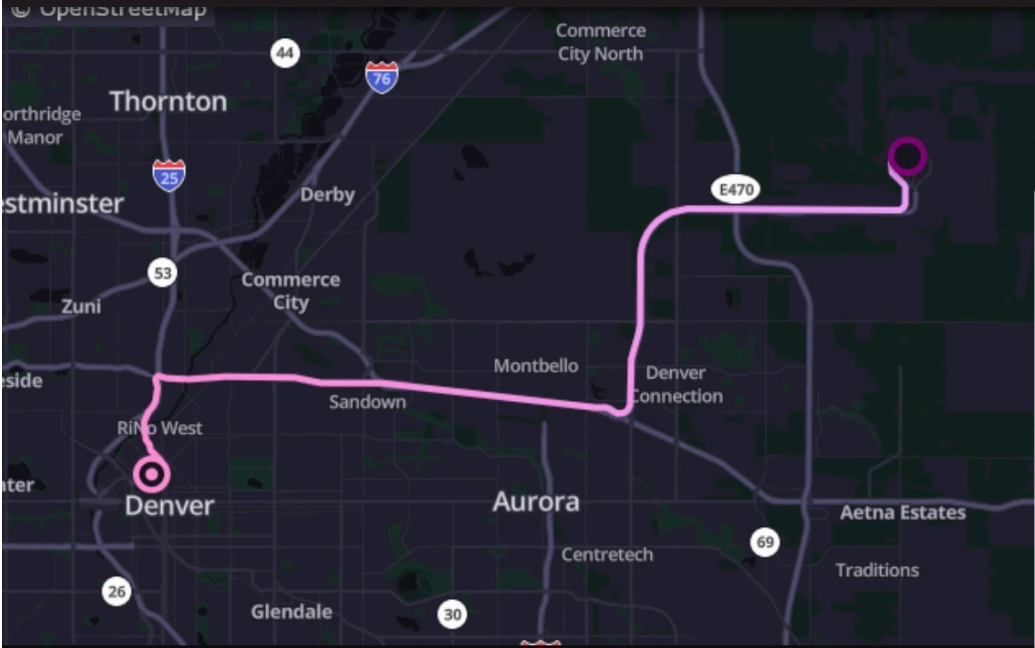


Personal
American Express *1003





Ride on 3/24/26, 12:45 PM



Island 5 | Zone C

Denver, CO 80249

Pickup

12:45 PM

Tribute Portfolio Hotel-Magnolia...

Denver, CO 80202

Drop-off

1:15 PM

Payment

Lyft Standard fare (25 mi, 29m)	\$54.90
Priority Pickup Upgrade	\$4.00
Lyft Pink free Priority Pickup upgrade	-\$4.00
Driver Support Organization Fee	\$0.07



American Express *1003

Total charge

\$54.97



Personal

American Express *1003



MARCH 24 - MARCH 26

MDW DEN

Chicago (Midway) to Denver

Confirmation # **AP22RW**

Confirmation date: 03/13/2026

PASSENGER **Adrean Vargas**
RAPID REWARDS # 20639947020
TICKET # 5262140658531
EST. POINTS EARNED 1,486

SEATS [Modify seat](#)
MDW - DEN 26F - Standard
DEN - MDW 19F - Standard


Rapid Rewards® points are only estimations.

Your itinerary

Flight 1: Tuesday, 03/24/2026 Est. Travel Time: 2h 45m [Choice](#)

FLIGHT #1049 DEPARTS **MDW 10:05AM**  ARRIVES **DEN 11:50AM**
Chicago (Midway) Denver

Flight 2: Thursday, 03/26/2026 Est. Travel Time: 2h 15m [Basic](#)

FLIGHT #1447 DEPARTS **DEN 02:50PM**  ARRIVES **MDW 06:05PM**
Denver Chicago (Midway)

Payment information

Total cost

Air - AP22RW		
Base Fare	\$	379.54
U.S. Transportation Tax	\$	28.47
U.S. 9/11 Security Fee	\$	11.20
U.S. Flight Segment Tax	\$	10.60
U.S. Passenger Facility Chg	\$	9.00
Standard seat x1	\$	24.00
Total	\$	462.81

Payment

March 13, 2026		
Payment Amount		\$438.81
Amer Express ending in 1003		
March 13, 2026		
Payment Amount		\$24.00
Amer Express ending in 1003		



Invoice for Order 1002480985

Order Placed: 3/20/26
 Order Shipped: Not shipped
 Order Number: 1002480985
 Order Total: \$3,800.55

Shipping

Address:

UnidosUS Workforce Development
 UnidosUS
 1126 16th St NW, Suite 600
 Washington, District of Columbia
 US-20036
 (202) 349-7766


Shipping Method: Expedited - FedEx - 3-4 Business Days

Billing

Address:

Adrean Vargas
 1345 S. Wabash Ave.
 Chicago, Illinois
 US-60605
 (773) 480-7568
 Payment Method: Credit Card
Transaction Date: 3/20/26

Order Items

CARD	CARD VALUE	QUANTITY
 Classic Gold Amex Gift Card	\$75.00	48

Card Value Subtotal (1):	\$3,600.00
Purchase Fee(s) Total:	\$189.60
Shipping Total:	\$10.95
Total Paid:	\$3,800.55

Let us help point you in the right direction!



[Privacy - Terms](#)

Chicago (Midway) to Denver

Confirmation # **AP22RW**

Confirmation date: 03/13/2026

PASSENGER **Adrean Vargas**
RAPID REWARDS # 20639947020
TICKET # 5262140658531
EST. POINTS EARNED 1,486

SEATS [Modify seat](#)
MDW - DEN 26F - Standard
DEN - MDW 19F - Standard

Rapid Rewards® points are only estimations.

Your itinerary

Flight 1: Tuesday, 03/24/2026 Est. Travel Time: 2h 45m [Choice](#)

FLIGHT #1049	DEPARTS MDW 10:05AM Chicago (Midway)		ARRIVES DEN 11:50AM Denver
------------------------	--	--	--

Flight 2: Thursday, 03/26/2026 Est. Travel Time: 2h 15m [Basic](#)

FLIGHT #1447	DEPARTS DEN 02:50PM Denver		ARRIVES MDW 06:05PM Chicago (Midway)
------------------------	--	---	--

Payment information

Total cost

Air - AP22RW		
Base Fare	\$	379.54
U.S. Transportation Tax	\$	28.47
U.S. 9/11 Security Fee	\$	11.20
U.S. Flight Segment Tax	\$	10.60
U.S. Passenger Facility Chg	\$	9.00
Standard seat x1	\$	24.00
Total	\$	462.81

Payment

March 13, 2026	
Payment Amount	\$438.81
Amer Express ending in 1003	
<hr/>	
March 13, 2026	
Payment Amount	\$24.00
Amer Express ending in 1003	

Sandra Caraveo

From: Southwest Airlines <southwestairlines@ifly.southwest.com>
Sent: Friday, March 13, 2026 5:03 PM
To: Sandra Caraveo
Subject: You're going to Denver on 03/24 (APCVZJ)!

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Here's your itinerary & receipt. See ya soon!
[View in web browser](#)



[Manage Flight](#) | [Flight Status](#) | [My Account](#)

Travel notice

Do you have a REAL ID? Passengers 18+ need a state-issued REAL ID-compliant license or identification card to fly domestically. Starting February 1, 2026, Passengers who do not have their REAL ID or another TSA acceptable form of ID can pay a \$45 fee to use TSA ConfirmID as an alternative identity verification option. Learn more at <https://www.tsa.gov/tsaconfirm-id>.



Hi Sandra,

We're looking forward to flying together! It can't come soon enough. Below you'll find your itinerary, important travel information, and trip receipt. See you onboard soon!

MARCH 24 - MARCH 26

ELP ✈ DEN

El Paso to Denver

Confirmation # **APCVZJ**

Confirmation date: 03/13/2026

PASSENGER Sandra Caraveo
RAPID REWARDS # 316677001

SEATS [Modify seat](#)
ELP - SAN 08F - Preferred

TICKET # 5262140665116
EST. POINTS EARNED 877

SAN - DEN 07F - Preferred
DEN - LAX 12F - Preferred
LAX - ELP 11F - Preferred

Rapid Rewards® points are only estimations.

Your itinerary

Flight 1: Tuesday, 03/24/2026 Est. Travel Time: 5h 10m [Basic](#)

FLIGHT #3121 **DEPARTS** **ELP 06:30AM**  **ARRIVES** **SAN 07:30AM**
El Paso San Diego

Stop:  Change planes

FLIGHT #0684 **DEPARTS** **SAN 08:15AM**  **ARRIVES** **DEN 11:40AM**
San Diego Denver

Flight 2: Thursday, 03/26/2026 Est. Travel Time: 5h 10m [Basic](#)

FLIGHT #0286 **DEPARTS** **DEN 04:00PM**  **ARRIVES** **LAX 05:40PM**
Denver Los Angeles

Stop:  Change planes

FLIGHT #1533 **DEPARTS** **LAX 06:20PM**  **ARRIVES** **ELP 09:10PM**
Los Angeles El Paso

Payment information

Total cost

Air - APCVZJ		
Base Fare	\$	438.14
U.S. Transportation Tax	\$	32.86
U.S. 9/11 Security Fee	\$	11.20
U.S. Flight Segment Tax	\$	21.20
U.S. Passenger Facility Chg	\$	18.00

Payment

March 13, 2026
Payment Amount **\$521.40**
Amer Express ending in 1003

Total \$ 521.40

Fare rules: if you decide to make a change to your current itinerary it may result in a fare increase.

Your ticket number: 5262140665116

What to expect on your trip, and a few reminders.



With the **Basic fare**, you get one standard carryon and one personal item per ticketed Passenger. Plus earn 2X Rapid Rewards® points per dollar. Flight changes allowed with fare upgrade. [Learn more.](#)



Make sure you know [when to arrive at your airport](#). Times vary by city.



If your plans change, you must cancel your reservation at least 10 minutes prior to the flight's original scheduled departure time. If you do not cancel your reservation at least 10 minutes before the flight's original scheduled departure time, your reservation will be canceled, and your funds and points may be forfeited. [Learn more.](#)

Prepare for takeoff

Use our app to make changes to your trip, get a boarding pass, & more.



Want better than Basic? **Upgrade your fare to Choice and enjoy:**

- 6X Rapid Rewards® points¹
- Choice of Standard seat
- Greater travel flexibility

[Upgrade now](#)

¹All Rapid Rewards® rules and regulations apply and can be found at [Southwest.com/rrterms](https://www.southwest.com/rrterms).



NEW! Up to 2,750 Rapid Rewards® points per night
+ save up to 30% on base rate

Off the plane & on the road in our newest fleet yet.



Earn up to 10,000 Rapid Rewards® points per night

Choose a hotel in Denver.

[Book hotel >](#)



Have questions about your upcoming trip?

Get all the answers before you leave for the airport.

[Prepare now >](#)

Bag fee summary*			
FARE/TIER STATUS	CARRYON	1ST CHECKED BAG	2ND CHECKED BAG
Basic, Choice, Choice Preferred	Free	\$35	\$45
Choice Extra	Free	Free	Free
A-List	Free	Free	\$35
A-List Preferred	Free	Free	Free
Rapid Rewards® Credit Cardmembers	Free	Free	\$45

*Weight and size limits apply. Southwest® allows all ticketed Passengers to bring one standard carryon and one personal item at no cost. Additional allowances, benefits, and/or exceptions may apply. [Learn more.](#)



[Book hotel >](#)



[Book car >](#)



[View all offers >](#)



[Help Center](#)

[Update preferences](#)

[Download mobile app](#)

5262140665116: NONREF/NONTRANSFERABLE -BG WN ELP WN X/SAN WN DEN244.65WN X/LAX WN ELP193.49USD438.14END ZP ELP5.30SAN5.30DEN5.30LAX5.30 XF ELP4.5SAN4.5DEN4.5LAX4.5

MLA7R2E|MLA7R2E
 TLA7R2E|TLA7R2E

No-show policy: If you do not plan to travel on your flight, you must cancel your reservation at least 10 minutes prior to the flight's original scheduled departure time. If you do not cancel your reservation at least 10 minutes before the flight's original scheduled departure time, your reservation will be canceled, and your funds and points may be forfeited. [Learn more](#).

Choice Extra, Choice Preferred, and Choice Transferable Flight Credits created from reservations booked and ticketed and/or changed on or after May 28, 2025 expire twelve months from the date the fare was purchased and ticketed. Basic fare flight credits expire six months from the date the fare was purchased and ticketed.

Prohibition on Multiple/Conflicting Reservations: To promote seat availability for our Customers, Southwest® prohibits multiple reservations for the same Passenger departing from the same city on the same date, or any multiple reservations containing conflicting or overlapping itineraries (such as departures for the same Customer from multiple cities at the same time). Furthermore, without advance notice to the Passenger or purchaser, Southwest may cancel such reservations, or any other reservations that it believes, in its sole discretion, were made without intent to travel. With the exception of Southwest gift cards, funds from proactively canceled reservations by Southwest will be returned to the original form of payment. Reservations paid for with a Southwest gift card will have the amount applied from the gift card held as a flight credit for use by the Customer on a future Southwest Airlines® flight.

If you have purchased a refundable fare and choose not to travel, you must request your refund to the original payment form within 1 year of ticket issuance.

This is a post-only mailing from Southwest Airlines®. Please do not attempt to respond to this message. Your privacy is important to us. Please read our [Privacy Policy](#) and [Terms of Use](#).

See [Southwest Airlines Co. Notice of Incorporated Terms](#)

Cualquier información publicitaria, promocional o de mercadotecnia contenida en este correo electrónico sólo será efectiva y únicamente será aplicable en los Estados Unidos de América.

Southwest Airlines
2702 Love Field Drive
Dallas, TX 75235
1-800-I-FLY-SWA (1-800-435-9792)

© Copyright 2026 Southwest Airlines Co. All Rights Reserved.

Magnolia Hotel Denver
 818 17th Street
 Denver, CO 80202
 United States Of America
 Tel: 303-607-9000 Fax: 303-607-0101



ADREAN VARGAS
 2020 W HURON ST
 CHICAGO, IL, 606121304
 United States Of America

Page Number : 1
 Guest Number : 493948
 Folio ID : A
 Arrive Date : 24-MAR-26 13:18
 Depart Date : 26-MAR-26 09:08
 No. Of Guest : 1
 Room Number : 175
 Marriott Bonvoy Number : 1255

Magnolia Denver 26-MAR-26 09:08 EALDR426

Date	Reference	Description	Charges (USD)	Credits (USD)
24-MAR-26	RT175	Room Chrg - Standard Retail	278.00	
24-MAR-26	RT175	State Tax	11.12	
24-MAR-26	RT175	County Tax	2.78	
24-MAR-26	RT175	City/Local Tax	29.89	
25-MAR-26	RT175	Room Chrg - Standard Retail	200.00	
25-MAR-26	RT175	State Tax	8.00	
25-MAR-26	RT175	County Tax	2.00	
25-MAR-26	RT175	City/Local Tax	21.50	
26-MAR-26	AX	American Express-1003		-553.29

Approve EMV Receipt for AX - 1003: Signature Captured
 Application Label: AMERICAN EXPRESS AID: A000000025010801
 ARC: 00 IAD: 0664010360A002 TSI: F800 TVR: 0000008000

** Total 553.29 -553.29
 *** Balance 0.00

I agreed to pay all room & incidental charges.

Continued on the next page



Corporate Card Statement of Account

**Sign-up For
Online Statements**

www.americanexpress.com/gopaperless

Prepared For
ADREAN VARGAS
UNIDOS US

Account Number
XXXX-XXXXX5-51003

Closing Date
03/30/26

Page 1 of 5

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$
16.11	7,541.45	0.00	16.11	0.00	7,541.45

For important information regarding your account refer to page 2.

Please submit all outstanding expenses.

To manage your Account online or to pay your bill, please visit us at corp.americanexpress.com. For additional contact information, please see the reverse side of this page.

▼ Please fold on the perforation below, detach and return with your payment ▼

Do not staple or use paper clips

Payment Coupon

Account Number 3794-303575-51003

ADREAN VARGAS
UNIDOS US
1345 S WABASH AVE
CHICAGO IL 60605

Payable upon receipt in U.S. Dollars.
Enter 15 digit account number on all payments.
Amount Due \$7,541.45
Checks or drafts must be drawn against banks located in the U.S.

Mail Payment to:

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 96001
LOS ANGELES CA 90096-8000
|||||

0000379430357551003 000754145000754145 30HH

Payments: Your American Express® Corporate Card statement is payable in full upon receipt. Payments received after 5:00pm may not be credited until the next day. Payments must be sent to the payment address shown on your statement and must include the remittance coupon from your statement. Payments must be made in US currency, with a single draft or check drawn on a US bank and payable in US dollars or with a single negotiable instrument payable in US dollars and clearable through the US banking system, or through an electronic payment method clearable through the US banking system. Your Account number must be included on or with all payments. If payment does not conform to these requirements, crediting may be delayed and additional Charges may be imposed. If we accept payment made in a foreign currency, we will choose a conversion rate that is acceptable to us to convert your remittance into US currency, unless a particular rate is required by law. Please do not send post-dated checks. They will be deposited upon receipt. Our acceptance of any payment marked with a restrictive legend will not operate as an accord or satisfaction without our express prior written approval.

Authorization for Electronic Debit: We will process checks electronically, at first presentment and any re-presentments, by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. By submitting a check for payment, you authorize us to initiate an electronic debit from your bank or asset account. When we process your check electronically, your payment may be debited to the bank or asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your bank or asset account statement. If we cannot collect the funds electronically we may issue a draft against the bank or asset account for the amount of the check. If you currently send in an individual payment for expenses on the Corporate Card, please note that you are eligible to pay your bill online.

Authorization for Electronic Payments: By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you will be authorizing us to initiate an electron debit to the financial account you specify in the amount you request. Payments received after 5:00pm may not be credited until the next day.

Transactions Made in Foreign Currencies: If you incur a Charge in a foreign currency, it will be converted into US dollars on the date it is processed by us or our agents. Unless a particular rate is required by applicable law, we will choose a conversion rate that is acceptable to us for that date. Currently the conversion rate that we use for a Charge in a foreign currency is no greater than (a) the highest official conversion rate published by a government agency, or (b) the highest interbank conversion rate identified by us from customary banking sources, on the conversion date or the prior business day, **in each instance increased by 2.5%**. This conversion rate may differ from rates in effect on the date of your Charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

In Case of Errors or Questions About Your Bill: If you think your bill is incorrect, or if you need more information about a transaction on your bill, please call 1-800-528-2122 or the number on the back of your Card. You can also write us on a separate sheet of paper at the Customer Service address noted to the right. Requests for refunds of credit balances (designated "CR") should be made by calling us at 1-800-528-2122 or the number on the back of your Card. Billing disputes can also be initiated online. This applies to Corporate Cards only, not Cards issued under the Corporate Defined Express Program.

In Case of Errors or Questions About Electronic Transfers: Please contact us by calling 1-800-IPAY-AXP for Pay By Phone, Pay By Computer issues and automatic payment issues.

When Contacting Us Regarding Errors or Questions: We must hear from you no later than 60 days after we send you the first bill on which the error or problem appeared. When contacting us, please give us the following information: 1. Your name and account number; 2. The dollar amount of the suspected error; 3. Describe why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.



Manage your Card account online at:
americanexpress.com/
checkyourbill



For all further inquiries or to pay by phone, please call the number on the back of your Card.

If your Card has been lost or stolen, please call 1-800-528-2122

International Collect:
1-336-393-1111

Hearing Impaired Services:
Dial Relay 711 and
1-800-528-2122

Large Print and Braille Statements:
1-800-528-2122



Customer Service
P.O. Box 981531
El Paso, TX
79998-1531

Payments
PO BOX 96001
LOS ANGELES CA 90096-
8000

Change of Address, phone number, email

- Online at www.americanexpress.com/updatecontactinfo
- Via Mobile device
- Voice automated: call the number on the back of your card
- For Name, Company Name, and Foreign Address or Phone changes, please call Customer Care

Please do not add any written communication or address change on this stub.



Prepared For
ADREAN VARGAS
UNIDOS US

Account Number
XXXX-XXXXX5-51003

Closing Date
03/30/26

Activity Date reflects either transaction or posting date

Card Number	XXXX-XXXXX5-51003	Reference Code	Amount \$
03/20/26	CORPORATE REMITTANCE RECEIVED 03/20		-16.11
03/11/26	LYFT *RIDE WED 3PM SAN FRANCISCO CA REF# CH_2T9TJUJBK +18552800278 03/11/26		14.38
03/14/26	AGA SERVICE COMPANY RICHMOND VA REF# 51D5P56S 8042853300 03/13/26		31.70
03/14/26	SOUTHWEST AIRLINES (DALLAS TX TKT# 5262140658531 AIRLINE/AIR C 03/13/26 PASSENGER TICKET VARGAS/ADREAN SOUTHWEST AIRLINES (MAS SOUTHWEST AIRLINES (DALLAS TX FROM MIDWAY ARPT IL TO CARRIER CLASS DENVER CO WN G TO MIDWAY ARPT IL WN T TO UNAVAILABLE YY 00 TO UNAVAILABLE YY 00	79004187240	438.81
03/14/26	SOUTHWEST AIRLINES (DALLAS TX TKT# 5264317555789 AIRLINE/AIR C 03/13/26 MISC. CHARGE ORDER (MCO)/PREPAID TICKET AUTH VARGAS/ADREAN SOUTHWEST AIRLINES (MAS SOUTHWEST AIRLINES (DALLAS TX FROM DENVER CO TO CARRIER CLASS MIDWAY ARPT IL WN 00 TO UNAVAILABLE YY 00 TO UNAVAILABLE YY 00 TO UNAVAILABLE YY 00	79004187240	24.00
03/14/26	SOUTHWEST AIRLINES (DALLAS TX TKT# 5262140665116 AIRLINE/AIR C 03/13/26 PASSENGER TICKET CARAVEO/SANDRA SOUTHWEST AIRLINES (MAS SOUTHWEST AIRLINES (DALLAS TX FROM EL PASO TX TO CARRIER CLASS SAN DIEGO CA WN M TO DENVER CO WN M TO LOS ANGELES CA WN T TO EL PASO TX WN T	79004187240	521.40
03/15/26	NAWDP.ORG WEST PLAINS MO 842029860 202322389269 65775 03/14/26 ROC NUMBER 8420298607498001	84202986074	95.00

Continued on reverse

Activity Continued		Reference Code	Amount \$
03/20/26	American Airlines FT WORTH TX TKT# 0012327721142 AMERICAN AIR 03/20/26 PASSENGER TICKET LARA/JOHANNA American Airlines American Airlines FT WORTH TX FROM WASHINGTON NAT'L D TO CARRIER CLASS PHOENIX AZ AA V TO WASHINGTON NAT'L D AA V TO UNAVAILABLE YY 00 TO UNAVAILABLE YY 00	20260320000	705.56
03/20/26	DYNAMIC WORKS INSTIT WAUKESHA WI REF# 97120001 321-205-1578 03/19/26 CHARITABLE & SOCIAL ROC NUMBER 97120001	97120001000	449.00
03/24/26	LYFT *RIDE TUE 7AM SAN FRANCISCO CA REF# CH_2TEUSJJBK +18552800278 03/24/26		35.97
03/24/26	LYFT *RIDE TUE 2PM SAN FRANCISCO CA REF# CH_2TEAR7JBK +18552800278 03/24/26		9.97
03/24/26	LYFT *RIDE TUE 12P SAN FRANCISCO CA REF# CH_2TEZT6JBK +18552800278 03/24/26		54.97
03/24/26	LYFT *RIDE TUE 3PM SAN FRANCISCO CA REF# CH_2TECEOJBK +18552800278 03/24/26		10.79
03/24/26	AMEXGIFTCARD.COM-BOL ATLANTA GA REF# 1002480985 833-205-8622 03/24/26 BUSINESS SERVICES ROC NUMBER 1002480985	10024809850	3,800.55
03/25/26	CHICK FIL A CONCOURS DENVER CO REF# 311272660840 3033429000 03/24/26	31127266084	13.50
03/25/26	KALLISTO MEDITERRANE DENVER CO REF# 35400065 443-365-3203 03/24/26 FAST FOOD RESTAURAN ROC NUMBER 35400065	35400065000	16.79
03/25/26	TROMPEAU BAKERY - CA Denver CO REF# v5dErGJjuxbU squareup.com/re 03/25/26		15.43
03/25/26	MDW BEECHERS HANDMAD BEDFORD PARK IL 742 60638 03/24/26		18.25
03/25/26	LYFT *RIDE WED 12P SAN FRANCISCO CA REF# CH_2TEWS2JBK +18552800278 03/25/26		9.28
03/25/26	LYFT *RIDE WED 5PM SAN FRANCISCO CA REF# CH_2TF0ZSJBK +18552800278 03/25/26		19.55
03/25/26	LYFT *RIDE WED 7PM SAN FRANCISCO CA REF# CH_2TF2QCJBK +18552800278 03/25/26		8.93
03/26/26	Magnolia Hotel Denve Denver CO 24065 24065 80202 03/25/26 ROC NUMBER 24065 TAX \$2.00	24065000000	32.00
03/26/26	LYFT *RIDE THU 9AM SAN FRANCISCO CA REF# CH_2TFFBUJBK +18552800278 03/26/26		31.48
03/27/26	Magnolia Hotel Denve Denver CO FOL# 493948 MARRIOTT 03/27/26 ARRIVAL DATE DEPARTURE DATE 03/24/26 03/26/26 00 ROC NUMBER 493948	49394800000	553.29



Prepared For
ADREAN VARGAS
 UNIDOS US

Account Number
 XXXX-XXXXX5-51003

Closing Date
 03/30/26

Activity Continued		Reference Code	Amount \$
03/27/26	Magnolia Hotel Denve Denver CO FOL# 493933 MARRIOTT 03/27/26 ARRIVAL DATE DEPARTURE DATE 03/24/26 03/26/26 00 ROC NUMBER 493933	49393300000	553.29
03/27/26	CHICK FIL A CONCOURS DENVER CO REF# 311272660860 3033429000 03/26/26	31127266086	15.34
03/27/26	LYFT *RIDE THU 12P SAN FRANCISCO CA REF# CH_2TFINNJBK +18552800278 03/26/26		62.22
Total for ADREAN VARGAS		New Charges/Other Debits	7,541.45
		Payments/Other Credits	-16.11

Your Receipt from NAWDPORG

Thank you for your Approved transaction with NAWDPORG.

Transaction Date: 2026-03-14 09:51:02 CT

Transaction Type: SALE

Status: Approved

Amount: 95.00

Account Holder: Adrean Vargas

Billing Address: 1345 s. wABASH AVE UNIT 1112 , Chicago, Illinois 60605

Phone:

Email: adreanvargas@gmail.com

Account: xxxxxxxxxxxx1003

Account Type: AMEX

Transaction ID: 202322389269

AVS/CVV2: Y/M

Comments: Membership Dues

Powered by BluePay

<https://secure.bluepay.com>

Professional Development Fund Request Form

USER INSTRUCTIONS

Form Purpose: Use this form to request approval for professional development activities.

How to Complete this Form: Fill out this form, to include manager and component VP signature and submit to HR.

Deadline: This form must be received and approved at least one month in advance of the professional development activity.

Upon Completion of Activity: Submit Certification of Completion or another related document to HR to include in personnel file.

EMPLOYEE INFORMATION

Name: _____

Date: _____

PROFESSIONAL DEVELOPMENT PLAN DETAILS:

Name of training/workshop/conference: _____

Training/workshop/conference Provider: _____

Date(s): _____

Location: _____

Provide details describing objectives, topics, and content that should be covered during this activity.

Explain briefly what you intend to learn or gain (personally and/or professionally) from attending this activity.

How does this training/development relate to your primary role at UnidosUS?

(Managers only) How will your attendance at this activity benefit the staff you supervise or the people you work with?

PROJECTED EXPENDITURE:

Registration cost: _____

APPROVAL:

Employee signature: Adrean Vargas Date: _____

Manager signature: Luis Quinones Date: 1.29.2026

VP signature: Luis Quinones Date: 1.29.2026

HR signature: Anita Youngkin Date: 2.9.2026

Please note: The Professional Development Fund is subject to annual company budgets established for external trainings and memberships. Expenses up to \$1000 per fiscal year approved by your manager/VP will be covered by HR (CC 1811-10)