

# LaTrelles Galley LP

7000 NE Airport Way,  
Concourse E  
Portland, OR 97218  
(281) 359-9959

Aug 29, 2024  
9:50 AM  
Marcellis

---

Ticket: Adrian  
Receipt: BAOJ  
Authorization: 823514

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AMERICAN EXPRESS  
AID A0 00 00 00 25 01 08 01

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## FOR HERE

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Mocha × 1	\$9.00
Mocha 16oz, Add shot (\$2) (\$2.00), Whip Cream, Almond	
Croissant × 1	\$3.90
<hr/>	
Subtotal	\$12.90
Tip	\$1.94
<hr/>	
Total	\$14.84
AmEx 1003 (Contactless)	\$14.84
Valued Customer	

---

**GRASSA 6**  
7000 NE AIRPORT WAY  
PORTLAND, OR 97218  
5032220600  
<http://www.grassapdx.com>

**ORDER: adrian v  
ToGo**

29-Aug-2024 9:14:48A

Transaction **207091**

1 Sausage Egg & Cheese Sandwich	\$13.00
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<b>Total</b>	<b>\$13.00</b>
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<b>Tip</b>	<b>\$2.34</b>
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CREDIT CARD SALE AMEX 1003	\$15.34
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Retain this copy for statement validation

29-Aug-2024 9:15:19A

\$15.34 | Method: EMV

AMERICAN EXPRESS XXXXXXXXXXXXX1003

ADREAN VARGAS

Reference ID: 424200627507

Auth ID: 844167

MID: \*\*\*\*\*2880

AID: A000000025010801

AthNtwkNm: AMEX

Clover ID: DM7ZVBVGKW856

Payment 4SZBAN70ZMG5E

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

Best Western Woodburn Inn

(503) 982-6515

bestwesternwdbn@gmail.com

2980 Tom Tennant Dr.  
WOODBURN, OR 97071

C/O 08/29/2024 07:58 AM Mirella

Loyalty Club: 600663-78080-87001 BASE

Room # 316-A

Registered To:

Conf # 502976385-01

VARGAS, ADREAN  
PBM

Arrival 08/27/24

1345 s. wABASH AVE  
Chicago, IL 60605

Departure 08/29/24

Room Type K - KING

(773) 480-7568

Guests 1 / 0

Payment Amex

Acct XXXX-XXXX-XXXX-1003

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
08/27/24	Matthew	RC	ROOM CHARGE			\$125.10
08/27/24	Matthew	9	CITY OCCUPANCY TAX			\$11.26
08/27/24	Matthew	91	STATE OCCUPANCY TAX			\$1.88
08/27/24	Matthew	CAT	Corporate Activity Tax			\$0.71
08/28/24	Matthew	RC	ROOM CHARGE			\$125.10
08/28/24	Matthew	9	CITY OCCUPANCY TAX			\$11.26
08/28/24	Matthew	91	STATE OCCUPANCY TAX			\$1.88
08/28/24	Matthew	CAT	Corporate Activity Tax			\$0.71
08/29/24	Mirella	AX	PAYMENT AMEX		1003 - 827045	\$277.90-
<b>Balance Due</b>						<b>\$0.00</b>

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

Each BWH Hotels property is independently owned and operated.

\_\_\_\_\_  
Signature



## Here's your receipt for your ride, Adrean

We hope you enjoyed your ride this morning.

<b>Total</b>	<b>\$7.08</b>
<hr/>	
Trip fare	\$5.90
<hr/>	
<b>Subtotal</b>	<b>\$5.90</b>
Booking Fee	\$1.18
<hr/>	

[Visit the trip page](#) for more information, including invoices (where available)

You rode with Allen

UberX 1.57 miles | 5 min

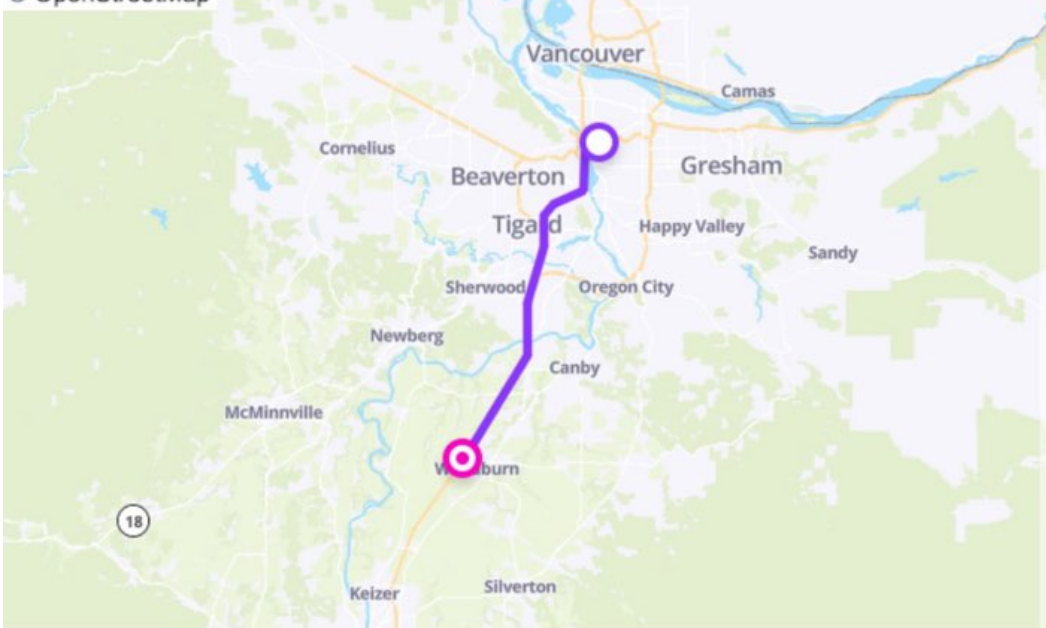
- 9:06 AM | 2980 Tom Tennant Dr, Woodburn, OR 97071, US
- 9:11 AM | 120 E Lincoln St, Woodburn, OR 97071-5024, US

Fare does not include fees that may be charged by your bank. Please contact your bank directly for inquiries.



Ride on 8/28/24, 5:53 PM

© OpenStreetMap



**Sandy Hut**  
Portland, OR 97232

Pickup  
5:53 PM

**2980 Tom Tennant Dr**  
Woodburn, OR 97071

Drop-off  
6:42 PM

## Payment

Lyft fare (31.3 mi, 49m)	\$84.01
Priority Pickup Upgrade	\$2.75
Lyft Pink free Priority Pickup upgrade	-\$2.75
City Of Portland Surcharge	\$0.76

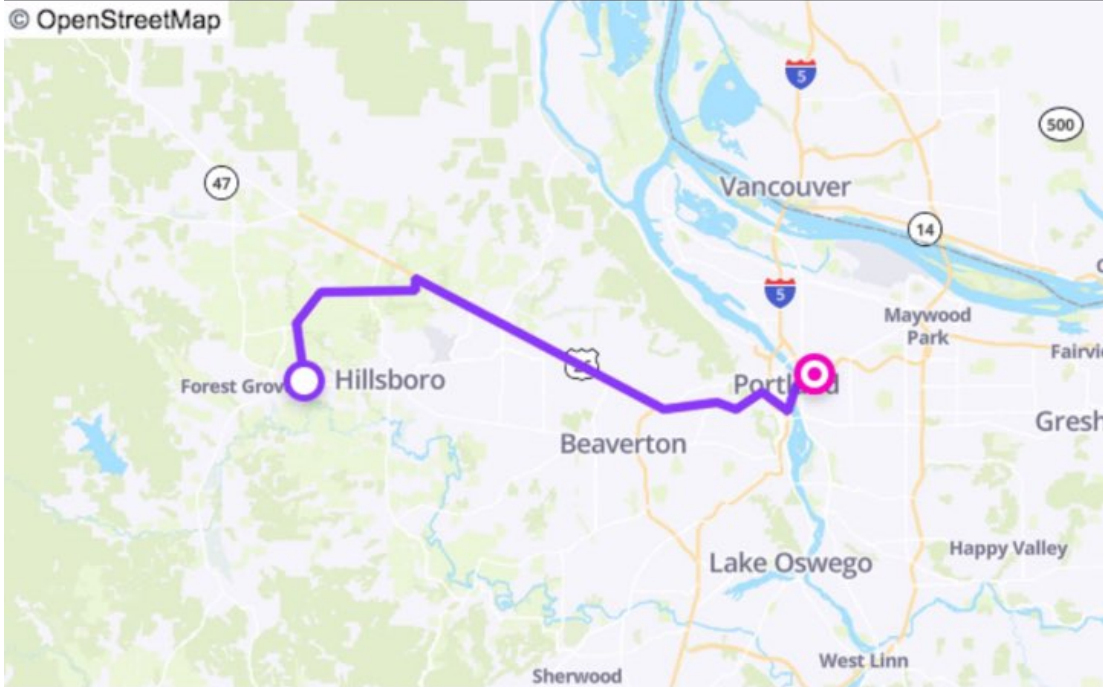


American Express \*1003  
Total charge

**\$84.77**

# Trip

Aug 28, 2024, 3:31PM • 26.9 miles • 54 min



1134 Baseline St  
Cornelius, OR 97113

Pickup  
3:31 PM

Sandy Hut  
Portland, OR 97232

Drop-off  
4:26 PM

## Payment

Lyft Standard fare (26.9 mi, 54m) \$40.76

Lyft Pink member-exclusive savings -\$2.03



American Express \*1003  
Total charge

**\$38.73**

OPERATED BY



DUNKIN' DONUTS  
CHICAGO INTERNATIONAL AIRPORT

132821 Mehfuzab

-----  
CHK 4343 GST 1  
SEP16'24 7:42AM  
-----

TO GO

1 ICD LATTE M 5.19

ALMOND MILK 0.60

ADD SWIRL MOCHA 0.60

SUBTOTAL 6.39

SERVICE CHARGE 1.00

FOODTX ADD207001 0.75

AMOUNT PAID 8.14

CHARGED TIP 1.00

AT841513 XXX1003

AMEX CC 8.14

---132821 Closed SEP16 07:43AM---

We value your feedback!  
Scan the QR code below to share  
your experience!



<https://www.hmshost.com/contact>

STOREID: ORDDDS30

Your order number is: 4343



## EL CHAMPI

[152 CALLE DEL SANTO CRISTO BLDG](#)  
[SAN JUAN, PR 00901](#)  
[+1 787-903-4648](#)

[tfoster@lacristogroup.org](mailto:tfoster@lacristogroup.org)

### ORDER M1 - MAIN FLOOR

Paella Mariscos		\$29.00
Lonchas Manchego		\$12.00
Patatas Bravas		\$12.00
Croquetas Mixtas		\$15.00
<hr/>		
Subtotal		\$68.00
Food Tax	10.50%	\$7.14
Tip		\$13.60

**Total**                    \$ 88 74



AMERICAN EXPRESS  
1003

\$88.74

Caribe Hilton  
Nectar  
1 San Geronimo St  
San Juan, PR 000904

10087 Espailat 1

CHK 1018 TBL 1/1 GST 1  
9/17/2024 8:57 AM

1 Toast	5.00
Kids Under 5	-5.00
100.00 %	
2 Parfait	20.00
2 Coffee	8.00
Subtotal	\$28.00
City Tax 1%	\$0.28
Reduced Tax 6%	\$1.68
<b>Total Due</b>	<b>\$29.96</b>

We suggest 15 % Gratuity  
15% of your check: \$4.95  
18% of your check: \$5.94  
20% of your check: \$6.60

TIP: 4.95

TOTAL \$34.91

ROOM #: 1038

NAME PRINT Adrean Vargas

SIGNATURE [Signature]

AMERICAN EXPRESS

SEPT 2024 9 0067

TRAVEL TRADE # 3067  
1 SAN GERONIMO STREET  
SAN JUAN, PR 00901  
(787) 781-0303

83240	8.42 RED BULL SF	6.00	-
330092	1LT SMARTWATER	8.50	-
	BEVERAGES BUY 2 ITE	0.50	-
330092	1LT SMARTWATER	8.50	-
	BEVERAGES BUY 2 ITE	0.50	-
330092	1LT SMARTWATER	8.50	-
	BEVERAGES BUY 2 ITE	0.50	-

SUBTOTAL	30.00
1% Muni Tax @ 1.000%	0.05
13.5% State Tax @ 10.500%	0.63
TOTAL	30.69

AMEX 30.69

AMEX SALE \$30.69

XXXXXXXXXXXX1003 CHIP

APFR: 840735

JOURNAL: 3057012658256473

CC 124

AID: A300000025010801

APL AMERICAN EXPRESS

0300008000

BA9FBAFED20A7B88

AIP 3000

CID 43

Merch Code: 573 112L 001 00AE



\*573112L00100AE\*

25557

Register: REG1

826 # 10

Sep 17 2024 10:16 AM

RETURNS ARE ACCEPTED WITHIN 30 DAYS ON  
UNUSED/UNWORN ITEMS WITH ORIGINAL TAGS  
IN-TACT. ORIGINAL RECEIPT IS REQUIRED

Caribe Hilton  
Bagua  
1 San Geronimo St  
San Juan, PR 000904

30033 Manuel M

CHK 328

TBL 1/1

GST 2

9/17/2024 12:35 PM

2 Rostisserie Turkey Wrap 32.00  
1 Fish Tacos 20.00

Subtotal \$52.00

City Tax 1% \$0.52

Reduced Tax 6% \$3.12

**Total Due \$55.64**

We suggest 15 % Gratuity  
15% of your check: \$7.80  
18% of your check: \$9.36  
20% of your check: \$10.40

TIP: 10.40

TOTAL 66.04

ROOM #: 10.38

NAME PRINT Adrian Vargas

SIGNATURE [Signature]

Caribe Hilton  
Nectar  
1 San Geronimo St  
San Juan, PR 000904

10054 Orlando L

CHK 1051 TBL 1/2 GST 1  
9/18/2024 7:40 AM

1 Espresso	6.00
Subtotal	\$6.00
City Tax 1%	\$0.06
Reduced Tax 6%	\$0.36
<b>Total Due</b>	<b>\$6.42</b>

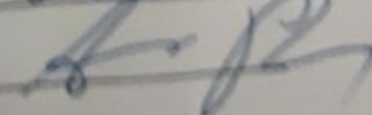
We suggest 15 % Gratuity  
15% of your check: \$0.90  
18% of your check: \$1.08  
20% of your check: \$1.20

TIP: 1.08

TOTAL \$7.50

ROOM #: 1038

NAME PRINT Adream Vargas

SIGNATURE 

GIFT SHOP # 3067

TRAVEL TRADERS #3067  
1 SAN GERONIMO STREET  
SAN JUAN, PR 00901  
(787) 721-0303

33C217	HSH_ PM PSCT 4Z	11.00	T
35E092	1LT SMARTWATER	8.50	
	BEVERAGES BUY 2 ITE	0.50	-
35E092	1LT SMARTWATER	8.50	
	BEVERAGES BUY 2 ITE	0.50	-

SJBTOTAL	27.00
1% Muni Tax @ 1.000%	0.11
10.5% State Tax @ 10.500%	1.16
TOTAL	28.27

AMEX 28.27

AMEX SALE \$28.27

XXXXXXXXXXXX1003 CHIP

APPR: 869023

JOURNAL: 3057012669274057

TX 124

AIC A000000025010801

APL AMERICAN EXPRESS

TVR 0300008000

TC 9E=E096C03E88041

AIP 3000

CID 40

Tran Code: 57J 1I2M 001 0237



\*57J1I2M0010237\*

27109

Register: REG1

827 # 51

Sep 18 2024 4:52 PM

Caribe Hilton  
Caribar  
1 San Geronimo St  
San Juan, PR 000904

10071 Wanda

CHK 2743

TBL 9/1

9/18/2024 7:37 PM

1 Skirt Steak	32.00
Subtotal	\$32.00
City Tax 1%	\$0.32
Reduced Tax 6%	\$1.92
<b>Total Due</b>	<b>\$34.24</b>

We suggest 15% Gratuity  
15% of your check: \$4.80  
18% of your check: \$5.76  
20% of your check: \$6.40

TIP: 5.76

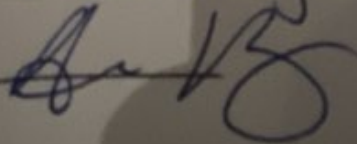
TOTAL 40.00

ROOM #: 1038

NAME PRINT

Adrean Vargas

SIGNATURE



MERCHANT COPY

Pollo Tropical  
Hato Rey  
(787) 765-5784

**ADRIAN**

Host: MARITZA	09/19/2024
ADRIAN	12:40 PM
Order Type: Aquí	
	10082
Churrasco MED	13.08
Churrasco	
Tostones (RG)	
Amarillos (RG)	
Agua	
Papas Fritas (RG)	2.69
Subtotal	15.77
IVU Est 6% Tax	0.95
IVU Mun 1% Tax	0.16
Total Tax	1.11
Aquí Total	16.88
AMEX #1003	16.88

Servicio al Invitado  
1-(866)-TUPOLLO-(887-6556)  
Gracias por su visita  
Gerente: William Martinez  
[facebook.com/pollotropicalpr](https://www.facebook.com/pollotropicalpr)

--- Check Closed ---

CONTROL: DOFGB-KVBK5  
YC  
Processed by YCS PR

Luis Munoz Marin Int. Airport  
Gustos Cafe TB  
Terminal B

Server: Daelis  
Fast Close/1  
Guests: 1

09/19/2024  
2:25 PM

#10318

Iced Latte 12z	7.00
Almond Milk 12oz	0.69
XT Syrup Dark Chocolate	1.50
Xtra Shot	2.50
Whipped Cream	0.99
Sahale Pistachio	4.25

Subtotal 16.93

REDUC Tax 1.02

MUN Tax 0.17

Total Tax 1.19

Total 18.12

AMEX Off #2092 \$18.12

Balance Due \$0.00

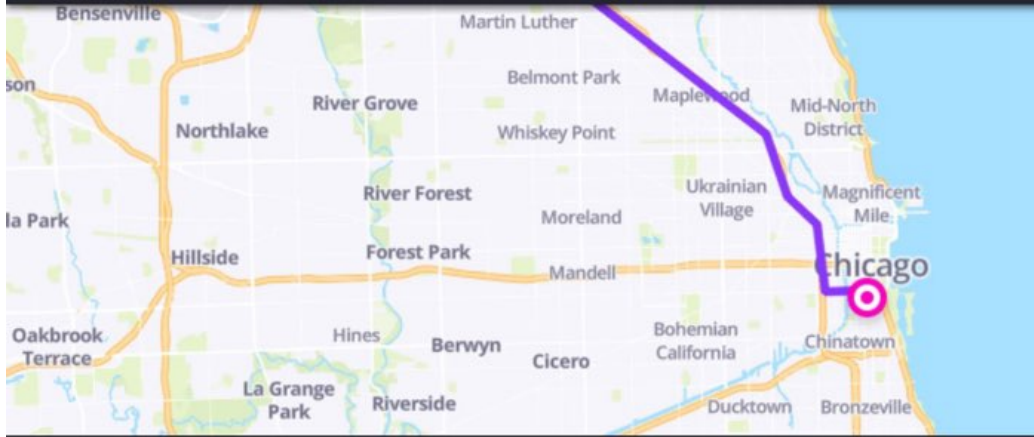
Come Back Soon!

How was it? Tell us  
[customerservice@mgicaribe.com](mailto:customerservice@mgicaribe.com)

--- Check Closed ---



Ride on 9/19/24, 9:00 PM



**Black Zone A**

Chicago, IL 60666

Pickup

9:00 PM

**1345 S Wabash Ave**

Chicago, IL 60605

Drop-off

9:41 PM

## Payment

Lyft fare (19.3 mi, 40m)	\$42.49
Priority Pickup Upgrade	\$2.00
Lyft Pink free Priority Pickup upgrade	-\$2.00
City of Chicago Fee	\$1.13
City of Chicago Accessibility Fee	\$0.10
City of Chicago Airport, McCormick Place, Navy Pier Surcharge	\$5.00



American Express \*1003

Total charge

**\$48.72**

## Here's your receipt for your ride, Adrean

We hope you enjoyed your ride this afternoon.

**Total** **\$13.64**

---

Trip fare \$10.48

---

**Subtotal** **\$10.48**  
Airport Fee \$3.00  
Booking Fee \$0.88  
Promotion **-\$0.72**

---

### Payments



American Express \*\*\*\*1003  
9/17/24 2:11 AM

**\$13.64**

[Visit the trip page](#) for more information, including invoices (where available)

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You rode with LUIS

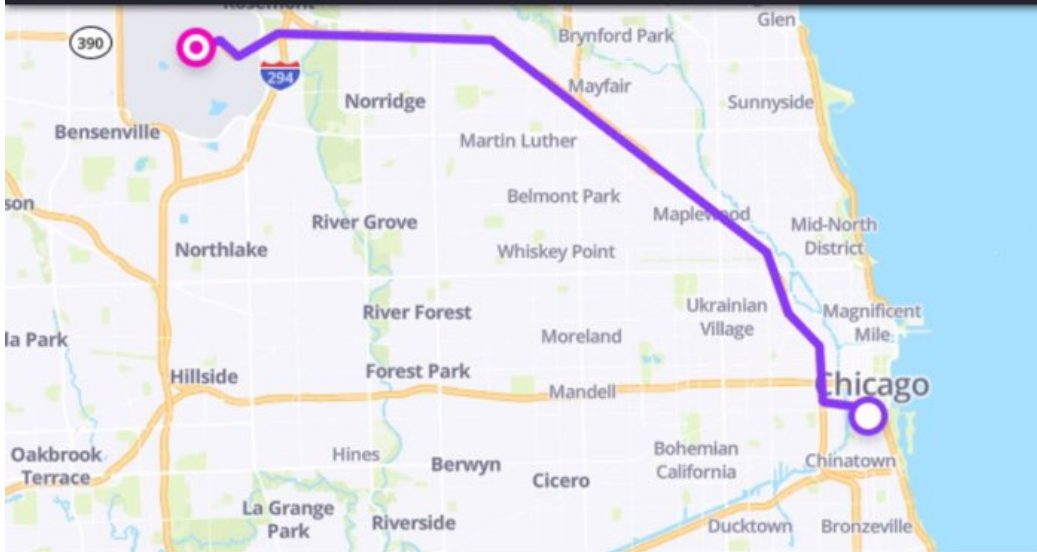
**UberX** 6.30 miles | 15 min

- 3:20 PM | Av Aeropuerto, Carolina, PR 00937, US
- 3:36 PM | 1 San Geronimo Street, San Juan, PR 00901, US

Fare does not include fees that may be charged by your bank. Please contact your bank directly for inquiries.



Ride on 9/16/24, 6:44 AM



1345 S Wabash Ave  
Chicago, IL 60605

Pickup  
6:44 AM

United  
Chicago, IL 60666

Drop-off  
7:24 AM

## Payment

Lyft Standard fare (19.2 mi, 40m)	\$75.76
Lyft Pink member-exclusive savings	-\$4.09
City of Chicago Airport, McCormick Place, Navy Pier Surcharge	\$5.00
City of Chicago Accessibility Fee	\$0.10
City of Chicago Fee	\$1.13

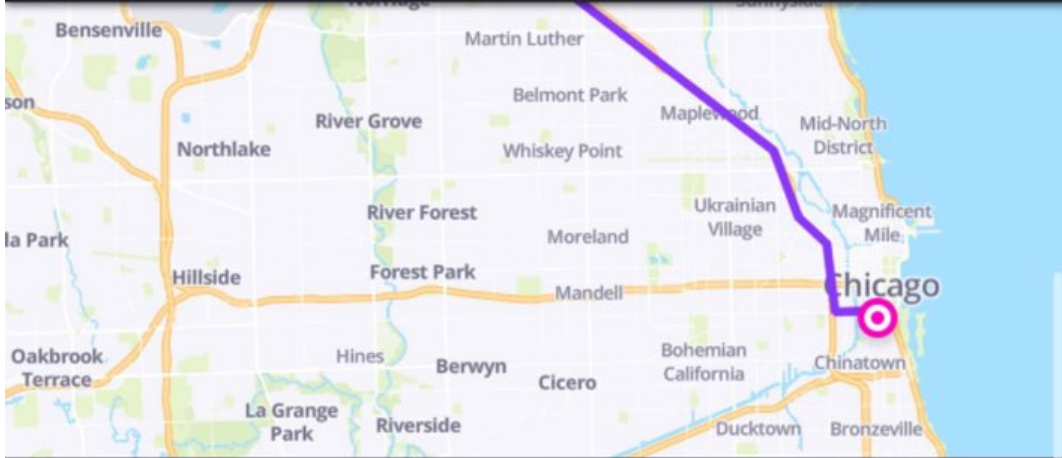


American Express \*1003  
Total charge

**\$77.90**



Ride on 8/29/24, 6:08 PM



**Black Zone A**

Chicago, IL 60666

Pickup

6:08 PM

**1345 S Wabash Ave**

Chicago, IL 60605

Drop-off

6:59 PM

**Payment**

Lyft Standard fare (19.3 mi, 50m)	\$47.76
Priority Pickup Upgrade	\$2.18
Lyft Pink free Priority Pickup upgrade	-\$2.18
City of Chicago Airport, McCormick Place, Navy Pier Surcharge	\$5.00
City of Chicago Fee	\$1.13
City of Chicago Accessibility Fee	\$0.10



American Express \*1003

Total charge

**\$53.99**

## Here's your receipt for your ride, Adrean

We hope you enjoyed your ride this morning.

<b>Total</b>	<b>\$98.98</b>
<hr/>	
Trip fare	\$87.60
<hr/>	
<b>Subtotal</b>	<b>\$87.60</b>
Airport Surcharge	\$3.00
Booking Fee	\$8.38
<hr/>	

[Visit the trip page](#) for more information, including invoices (where available)

You rode with GARY

**UberX** 43.48 miles | 58 min



8:01 AM | 2980 Tom Tennant Dr, Woodburn, OR 97071, US



9:00 AM | Main Terminal, Portland International Airport (PDX), Portland, OR 97218, US

Fare does not include fees that may be charged by your bank. Please contact your bank directly for inquiries.



# Corporate Card Statement of Account

**Sign-up For  
Online Statements**

[www.americanexpress.com/gopaperless](http://www.americanexpress.com/gopaperless)

Prepared For  
ADREAN VARGAS  
UNIDOS US

Account Number  
XXXX-XXXXX5-51003

Closing Date  
09/28/24

Page 1 of 5

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	<b>Balance Due \$</b>
4,472.01	4,063.22	0.00	4,472.01	0.00	<b>4,063.22</b>

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](http://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 \$4,063.22**  
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 000406322000406322 2&H

**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](http://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  
**09/28/24**

**Activity** Date reflects either transaction or posting date

Card Number	XXXX-XXXXX5-51003	Reference Code	Amount \$
09/16/24	CORPORATE REMITTANCE RECEIVED 09/16		-4,472.01
08/28/24	LYFT *RIDE WED 3PM SAN FRANCISCO CA NT_QKOROD 1986761602173288194104 08/28/24 1986761602173288194 ROC NUMBER NT_QKORODCK9MHNB		38.73
08/28/24	LYFT *RIDE WED 5PM SAN FRANCISCO CA NT_QKROQB 1986802169081214794104 08/28/24 1986802169081214794 ROC NUMBER NT_QKROQB8IDHJS8 TAX \$0.76		84.77
08/29/24	KFC J118003 0000 WOODBURN OR REF# 87500030 806-935-4663 08/28/24 FAST FOOD RESTAURAN ROC NUMBER 87500030	87500030000	10.99
08/29/24	LATRELLES GALLEY LP Portland OR REF# BAOJbYGHpBy squareup.com/re 08/29/24		14.84
08/29/24	UBER TRIP HTTPS://HELP.UBER.CA 34TDH4QR SMI4T7JB 97071 08/29/24 ROC NUMBER 34TDH4QR		7.08
08/30/24	BEST WESTERN WOODBUR WOODBURN OR FOL# 0000052295 BEST WESTERN 08/28/24 ARRIVAL DATE DEPARTURE DATE 08/26/24 08/28/24 00 ROOM RATE \$125.10 ROC NUMBER 0000052295	24050814700	277.90
08/30/24	GRASSA 6 0000 PORTLAND OR REF# 34800149 503-222-0600 08/29/24 FOOD/BEVERAGE ROC NUMBER 34800149	34800149000	15.34
08/30/24	LYFT *RIDE THU 5PM SAN FRANCISCO CA NT_QKMPRL 1987144643560755194104 08/29/24 1987144643560755182 ROC NUMBER NT_QKMPRLRS1XX29 TAX \$6.23		53.99
08/30/24	UBER TRIP HTTPS://HELP.UBER.CA 7H6AF2WW X7EQTE6W 97218 08/30/24 ROC NUMBER 7H6AF2WW		98.98
09/16/24	LYFT *RIDE MON 6AM SAN FRANCISCO CA NT_QRLSKR 1993648113098337994104 09/16/24 1993648113098337954 ROC NUMBER NT_QRLSKRGCIVPKD TAX \$6.23		77.90
09/16/24	UBER TRIP HTTPS://HELP.UBER.CA 1DF4B0WA DY6ZP6YY 00979 09/16/24 ROC NUMBER 1DF4B0WA		2.70
09/17/24	DUNKIN DONUTS T1 B12 CHICAGO IL 4343 4343 60666 09/16/24 ROC NUMBER 4343 TAX \$0.75	43430000000	8.14
09/17/24	UBER TRIP HTTPS://HELP.UBER.CA NVFW56CH HMZX66IP 00901 09/17/24 ROC NUMBER NVFW56CH		13.64
09/18/24	GIFTSHOPCARIBEHILTON SAN JUAN REF# 00500000002 7737627077 09/17/24 GIFT SHOPS ROC NUMBER 00500000002 TAX \$0.69	00500000002	30.69

Continued on reverse

<b>Activity Continued</b>		Reference Code	Amount \$
09/19/24	EL CHAMPI PJ CIEN LL SAN JUAN PR FOL# LOD123 RESTAURANT 09/16/24 ARRIVAL DATE DEPARTURE DATE 06/01/19 06/01/19 00 ROOM RATE \$10.00 ROC NUMBER LOD123	00881185196	88.74
09/19/24	CARIBE HILTON F&B 21 SAN JUAN PR 216460449 1018 00901 09/18/24 Toast Parfait Coffee ROC NUMBER 2164604493 TAX \$1.96	21646044930	34.91
09/19/24	CARIBE HILTON F&B 21 SAN JUAN PR 217341014 328 00901 09/18/24 Rostisserie Turkey Wrap Fish Tacos ROC NUMBER 2173410142 TAX \$3.64	21734101420	66.04
09/19/24	CARIBE HILTON F&B 21 SAN JUAN PR 224205116 1051 00901 09/19/24 Espresso ROC NUMBER 2242051163 TAX \$0.42	22420511630	7.50
09/19/24	CARIBE HILTON F&B 21 SAN JUAN PR 228771688 2743 00901 09/19/24 Skirt Steak ROC NUMBER 2287716889 TAX \$2.24	22877168890	40.00
09/19/24	GIFTSHOPCARIBEHILTON SAN JUAN REF# 00610000014 7737627077 09/18/24 GIFT SHOPS ROC NUMBER 00610000014 TAX \$1.27	00610000014	28.27
09/20/24	ALLIANZ TRAVEL INS RICHMOND VA REF# 20BNXNJ 8002848300 09/20/24		36.12
09/20/24	American Airlines FT WORTH TX TKT# 001217779837 AMERICAN AIR 09/20/24 PASSENGER TICKET CARAVEO/SANDRA American Airlines American Airlines FT WORTH TX FROM EL PASO TX TO CARRIER CLASS DALLAS/FT WORTH TX AA G TO WASHINGTON NAT'L D AA G TO DALLAS/FT WORTH TX AA Q TO EL PASO TX MQ Q	20240920000	560.95
09/20/24	HILTON CARIBE HILTON SAN JUAN FOL# 2041455 HILTON INTERN 09/20/24 ARRIVAL DATE DEPARTURE DATE 09/16/24 09/19/24 00 ROC NUMBER 2041455	00204145500	1,030.05
09/20/24	GUSTOS CAFE TB GUSTO SAN JUAN REF# 000000000135 7875673540 09/19/24	00000000013	18.12
09/20/24	POLLO TROPICAL 3 POL SAN JUAN REF# 000000001290 FAST FOOD RESTA 09/19/24	00000000129	16.88
09/20/24	LYFT *RIDE THU 8PM SAN FRANCISCO CA NT_QSH9WT 1994978468318240194104 09/19/24 1994978468318240126 ROC NUMBER NT_QSH9WTZLVWBOQ TAX \$6.23		48.72

Continued on next page



Prepared For  
**ADREAN VARGAS**  
 UNIDOS US

Account Number  
 XXXX-XXXXX5-51003

Closing Date  
 09/28/24

<b>Activity Continued</b>		Reference Code	<b>Amount \$</b>
09/21/24	THE QUINCY DC027 THE WASHINGTON DC FOL# 0761399881 LODGING 09/20/24 ARRIVAL DATE DEPARTURE DATE 09/19/24 09/20/24 00 ROC NUMBER 0761399881	81000400300	658.37
09/21/24	THE QUINCY DC027 THE WASHINGTON DC FOL# 0761429654 LODGING 09/20/24 ARRIVAL DATE DEPARTURE DATE 09/19/24 09/20/24 00 ROC NUMBER 0761429654	81000400400	687.94
09/21/24	LYFT *DIVVY BIKE R SAN FRANCISCO CA NT_QTF8A5 (NONE) 94104 09/21/24 (NONE) ROC NUMBER NT_QTF8A5RSNUPT7 TAX \$0.20		1.00
09/21/24	LYFT *DIVVY BIKE R SAN FRANCISCO CA NT_QTGVYK (NONE) 94104 09/21/24 (NONE) ROC NUMBER NT_QTGVYK91DC4QQ TAX \$0.20		1.46
09/21/24	LYFT *DIVVY BIKE R SAN FRANCISCO CA NT_QTGMWV (NONE) 94104 09/21/24 (NONE) ROC NUMBER NT_QTGMWVIOU9BBF TAX \$0.20		1.00
09/21/24	LYFT *DIVVY BIKE R SAN FRANCISCO CA NT_QTFG7I (NONE) 94104 09/21/24 (NONE) ROC NUMBER NT_QTFG7IH1S8ZKC TAX \$0.20		1.46
<b>Total for ADREAN VARGAS</b>		New Charges/Other Debits Payments/Other Credits	4,063.22 -4,472.01





# Corporate Card Statement of Account

**Sign-up For  
Online Statements**

[www.americanexpress.com/gopaperless](http://www.americanexpress.com/gopaperless)

Prepared For  
ADREAN VARGAS  
UNIDOS US

Account Number  
XXXX-XXXXX5-51003

Closing Date  
09/28/24

Page 1 of 5

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	<b>Balance Due \$</b>
4,472.01	4,063.22	0.00	4,472.01	0.00	<b>4,063.22</b>

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](http://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 \$4,063.22**  
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 000406322000406322 2&H

**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](http://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  
**09/28/24**

**Activity** Date reflects either transaction or posting date

Card Number	XXXX-XXXXX5-51003	Reference Code	Amount \$
09/16/24	CORPORATE REMITTANCE RECEIVED 09/16		-4,472.01
08/28/24	LYFT *RIDE WED 3PM SAN FRANCISCO CA NT_QKOROD 1986761602173288194104 08/28/24 1986761602173288194 ROC NUMBER NT_QKORODCK9MHNB		38.73
08/28/24	LYFT *RIDE WED 5PM SAN FRANCISCO CA NT_QKROQB 1986802169081214794104 08/28/24 1986802169081214794 ROC NUMBER NT_QKROQB8IDHJS8 TAX \$0.76		84.77
08/29/24	KFC J118003 0000 WOODBURN OR REF# 87500030 806-935-4663 08/28/24 FAST FOOD RESTAURAN ROC NUMBER 87500030	87500030000	10.99
08/29/24	LATRELLES GALLEY LP Portland OR REF# BAOJbYGHpBy squareup.com/re 08/29/24		14.84
08/29/24	UBER TRIP HTTPS://HELP.UBER.CA 34TDH4QR SMI4T7JB 97071 08/29/24 ROC NUMBER 34TDH4QR		7.08
08/30/24	BEST WESTERN WOODBUR WOODBURN OR FOL# 0000052295 BEST WESTERN 08/28/24 ARRIVAL DATE DEPARTURE DATE 08/26/24 08/28/24 00 ROOM RATE \$125.10 ROC NUMBER 0000052295	24050814700	277.90
08/30/24	GRASSA 6 0000 PORTLAND OR REF# 34800149 503-222-0600 08/29/24 FOOD/BEVERAGE ROC NUMBER 34800149	34800149000	15.34
08/30/24	LYFT *RIDE THU 5PM SAN FRANCISCO CA NT_QKMPRL 1987144643560755194104 08/29/24 1987144643560755182 ROC NUMBER NT_QKMPRLRS1XX29 TAX \$6.23		53.99
08/30/24	UBER TRIP HTTPS://HELP.UBER.CA 7H6AF2WW X7EQTE6W 97218 08/30/24 ROC NUMBER 7H6AF2WW		98.98
09/16/24	LYFT *RIDE MON 6AM SAN FRANCISCO CA NT_QRLSKR 1993648113098337994104 09/16/24 1993648113098337954 ROC NUMBER NT_QRLSKRGCIVPKD TAX \$6.23		77.90
09/16/24	UBER TRIP HTTPS://HELP.UBER.CA 1DF4B0WA DY6ZP6YY 00979 09/16/24 ROC NUMBER 1DF4B0WA		2.70
09/17/24	DUNKIN DONUTS T1 B12 CHICAGO IL 4343 4343 60666 09/16/24 ROC NUMBER 4343 TAX \$0.75	43430000000	8.14
09/17/24	UBER TRIP HTTPS://HELP.UBER.CA NVFW56CH HMZX66IP 00901 09/17/24 ROC NUMBER NVFW56CH		13.64
09/18/24	GIFTSHOPCARIBEHILTON SAN JUAN REF# 00500000002 7737627077 09/17/24 GIFT SHOPS ROC NUMBER 00500000002 TAX \$0.69	00500000002	30.69

Continued on reverse

<b>Activity Continued</b>		Reference Code	Amount \$
09/19/24	EL CHAMPI PJ CIEN LL SAN JUAN PR FOL# LOD123 RESTAURANT 09/16/24 ARRIVAL DATE DEPARTURE DATE 06/01/19 06/01/19 00 ROOM RATE \$10.00 ROC NUMBER LOD123	00881185196	88.74
09/19/24	CARIBE HILTON F&B 21 SAN JUAN PR 216460449 1018 00901 09/18/24 Toast Parfait Coffee ROC NUMBER 2164604493 TAX \$1.96	21646044930	34.91
09/19/24	CARIBE HILTON F&B 21 SAN JUAN PR 217341014 328 00901 09/18/24 Rostisserie Turkey Wrap Fish Tacos ROC NUMBER 2173410142 TAX \$3.64	21734101420	66.04
09/19/24	CARIBE HILTON F&B 21 SAN JUAN PR 224205116 1051 00901 09/19/24 Espresso ROC NUMBER 2242051163 TAX \$0.42	22420511630	7.50
09/19/24	CARIBE HILTON F&B 21 SAN JUAN PR 228771688 2743 00901 09/19/24 Skirt Steak ROC NUMBER 2287716889 TAX \$2.24	22877168890	40.00
09/19/24	GIFTSHOPCARIBEHILTON SAN JUAN REF# 00610000014 7737627077 09/18/24 GIFT SHOPS ROC NUMBER 00610000014 TAX \$1.27	00610000014	28.27
09/20/24	ALLIANZ TRAVEL INS RICHMOND VA REF# 20BNXNJ 8002848300 09/20/24		36.12
09/20/24	American Airlines FT WORTH TX TKT# 001217779837 AMERICAN AIR 09/20/24 PASSENGER TICKET CARAVEO/SANDRA American Airlines American Airlines FT WORTH TX FROM EL PASO TX TO CARRIER CLASS DALLAS/FT WORTH TX AA G TO WASHINGTON NAT'L D AA G TO DALLAS/FT WORTH TX AA Q TO EL PASO TX MQ Q	20240920000	560.95
09/20/24	HILTON CARIBE HILTON SAN JUAN FOL# 2041455 HILTON INTERN 09/20/24 ARRIVAL DATE DEPARTURE DATE 09/16/24 09/19/24 00 ROC NUMBER 2041455	00204145500	1,030.05
09/20/24	GUSTOS CAFE TB GUSTO SAN JUAN REF# 000000000135 7875673540 09/19/24	00000000013	18.12
09/20/24	POLLO TROPICAL 3 POL SAN JUAN REF# 000000001290 FAST FOOD RESTA 09/19/24	00000000129	16.88
09/20/24	LYFT *RIDE THU 8PM SAN FRANCISCO CA NT_QSH9WT 1994978468318240194104 09/19/24 1994978468318240126 ROC NUMBER NT_QSH9WTZLVWBOQ TAX \$6.23		48.72

Continued on next page



Prepared For  
**ADREAN VARGAS**  
 UNIDOS US

Account Number  
 XXXX-XXXXX5-51003

Closing Date  
 09/28/24

<b>Activity Continued</b>		Reference Code	Amount \$
09/21/24	THE QUINCY DC027 THE WASHINGTON DC FOL# 0761399881 LODGING 09/20/24 ARRIVAL DATE DEPARTURE DATE 09/19/24 09/20/24 00 ROC NUMBER 0761399881	81000400300	658.37
09/21/24	THE QUINCY DC027 THE WASHINGTON DC FOL# 0761429654 LODGING 09/20/24 ARRIVAL DATE DEPARTURE DATE 09/19/24 09/20/24 00 ROC NUMBER 0761429654	81000400400	687.94
09/21/24	LYFT *DIVVY BIKE R SAN FRANCISCO CA NT_QTF8A5 (NONE) 94104 09/21/24 (NONE) ROC NUMBER NT_QTF8A5RSNUPT7 TAX \$0.20		1.00
09/21/24	LYFT *DIVVY BIKE R SAN FRANCISCO CA NT_QTGVYK (NONE) 94104 09/21/24 (NONE) ROC NUMBER NT_QTGVYK91DC4QQ TAX \$0.20		1.46
09/21/24	LYFT *DIVVY BIKE R SAN FRANCISCO CA NT_QTGMWV (NONE) 94104 09/21/24 (NONE) ROC NUMBER NT_QTGMWVIOU9BBF TAX \$0.20		1.00
09/21/24	LYFT *DIVVY BIKE R SAN FRANCISCO CA NT_QTFG7I (NONE) 94104 09/21/24 (NONE) ROC NUMBER NT_QTFG7IH1S8ZKC TAX \$0.20		1.46
<b>Total for ADREAN VARGAS</b>		New Charges/Other Debits	4,063.22
		Payments/Other Credits	-4,472.01



# Caribe Hilton

CARIBE HILTON  
 1 San Geronimo Street | San Juan, PR | 00901  
 T: 787 721 0303 | F: 787 725 8849  
 E: sales.caribehilton@hilton.com

NAME AND ADDRESS:  
 VARGAS, ADREAN  
 1345 S WABASH AVE UNIT 1  
 112  
 CHICAGO IL 60605  
 UNITED STATES OF AMERICA

Room: 1038/K1RV  
 Arrival Date: 9/16/2024 3:42:00 PM  
 Departure Date: 9/19/2024  
 Adult/Child: 1/0  
 Room Rate: 273.00

Rate Plan: K5  
 Hilton Honors #  
 AL  
 Car

Confirmation Number 3137384605



DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
9/16/2024	GUEST ROOM	RODRIGUEZ	18774609	\$273.00		
		CYD				
9/16/2024	ROOM TAX	RODRIGUEZ	18774609	\$24.57		
		CYD				
9/16/2024	RESORT CHARGE-42	RODRIGUEZ	18774609	\$42.00		
		CYD				
9/16/2024	ROOM TAX ON RC	RODRIGUEZ	18774609	\$3.78		
		CYD				
9/17/2024	GUEST ROOM	JAPONTE1	18776247	\$273.00		
9/17/2024	ROOM TAX	JAPONTE1	18776247	\$24.57		
9/17/2024	RESORT CHARGE-42	JAPONTE1	18776247	\$42.00		
9/17/2024	ROOM TAX ON RC	JAPONTE1	18776247	\$3.78		
9/18/2024	GUEST ROOM	JAPONTE1	18777946	\$273.00		
9/18/2024	ROOM TAX	JAPONTE1	18777946	\$24.57		
9/18/2024	RESORT CHARGE-42	JAPONTE1	18777946	\$42.00		
9/18/2024	ROOM TAX ON RC	JAPONTE1	18777946	\$3.78		
	AMOUNT					\$1,030.05



L X R

CONRAD

canopy

Signia  
Hilton



CURIO  
COLLECTION



TAPESTRY  
COLLECTION



TEMPO

MOITO



HOMWOOD  
SUITES



ACCOUNT NO. \_\_\_\_\_ DATE OF CHARGE \_\_\_\_\_ FOLIO NO./CHECK NO. 2041455 A

CARD MEMBER NAME \_\_\_\_\_ AUTHORIZATION \_\_\_\_\_ INITIAL \_\_\_\_\_

ESTABLISHMENT NO. & LOCATION \_\_\_\_\_ ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT  
 FOR BILLING INQUIRIES PLEASE CONTACT: BILLING HELPDESK AT  
 USOTCHELPDESK@HILTON.COM. TELEPHONE 401-829-4095 OR  
 855-274-1414-TOLL FREE

PURCHASES & SERVICES \_\_\_\_\_

TAXES \_\_\_\_\_

TIPS & MISC. \_\_\_\_\_

TOTAL AMOUNT \_\_\_\_\_

PAYMENT DUE UPON RECEIPT \_\_\_\_\_

CARD MEMBER'S SIGNATURE \_\_\_\_\_

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

YOU FOUND THE LOWEST PRICE!

# Your reservation is confirmed.

✔ Confirmation Number: 87805774

A confirmation email has been sent to sandracaraveo@gmail.com



Member  
SXC166045

Thank you for being a Choice Privileges member!

Sandra Caraveo |

## Your upcoming stay from 17 October - 19 October

### The Quincy, Ascend Hotel Collection

1823 L Street Northwest, Washington, DC, 20036, US

(202) 771-2879

 Pet Friendly

 Meeting Space

 Elevator(s)

[View all amenities](#)

Book Another Reservation

# Summary of Charges

Room 1: \$283,90 x 2 Nights:	\$567,80
Estimated Taxes:	\$90,57

---

**Total:** **\$658,37** USD



No cancellations, changes, or refunds.

---

## Payment Method



\*\*\*\*1003

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## Rate

Pay Now and Save (Member)

### Hotel Alerts:

Due to our downtown location, we offer valet parking with in and out privileges for 55.00 USD per night. Guests arriving via car should pull up to the garage entrance adjacent to the hotel upon arrival. Pets Allowed. Pet Charge 100.00 USD Fixed Amount, Per Stay. Pet limit 2 Pet Per Room.

### Guarantee Policy:

This is a pre-paid and non-cancellable rate plan. Once your reservation is confirmed, cancellations or changes are not allowed (including changes to the guest's information). No refunds or credits for early departure, cancellation or no-show. It requires full pre-payment for the entire stay and is fully non-refundable. Your credit card will be charged for the total amount within 24 - 48 hours of booking. The room(s) you have reserved will be held until 7:00 AM the morning following your scheduled arrival date.

### Cancellation Policy:

No cancellations, changes, or refunds.

Your stay is right around the corner! We look forward to seeing you!

Confirmation Number: 87824049



📅 Check-in:

16

Wed, Oct 16, 2024  
3:00 PM

📅 Check-out:

18

Fri, Oct 18, 2024  
11:00 AM

🖨️ Print

**This stay qualifies for an extra personalized weeknight reward**

As a Choice Privileges® member, you get more from your weeknight stays. Choose from additional points, an Amazon.com® credit, a Starbucks® gift card and more. [Learn more!](#)

[View Reservation Details >](#)

[Book Another Reservation >](#)

### Summary of Charges

Room Type:	1 King Bed, No Smoking, Kitchen
Number of Rooms:	1
Number of Occupants:	1
Daily Rates:	Oct 16, 2024 for 2 nights at \$296.65 (per night)

---

Estimated Tax and Other Charges:	\$94.63
<b>Estimated Total:</b>	<b>\$687.93</b>

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Cancellation Policy: No cancellations, changes, or refunds.

Standard Guarantee Policy: Policies vary by [hotel](#). Please view your reservation details online [here](#) to confirm the

**Sandra Caraveo**

---

**From:** American Airlines <no-reply@info.email.aa.com>  
**Sent:** Friday, September 20, 2024 1:41 PM  
**To:** Sandra Caraveo  
**Subject:** Your trip confirmation (ELP - DCA)

**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.

American 

Issued: September 20, 2024

# 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: **CEEEDB**

**Thursday, October 17, 2024**



**ELP**

El Paso  
**7:24 AM**

AA 646



**DFW**

Dallas/Fort Worth  
**10:12 AM**

Seat: **10F**  
Class: **Economy (G)**  
Meals:



**DFW**

Dallas/Fort Worth  
**11:20 AM**

AA 1569



**DCA**

Washington Reagan  
**3:10 PM**

Seat: **10F**  
Class: **Economy (G)**  
Meals: **Refreshment**

**Saturday, October 19, 2024**



**DCA**

Washington Reagan  
**5:50 AM**

AA 1839



**DFW**

Dallas/Fort Worth  
**8:25 AM**

Seat: **12A**  
Class: **Economy (Q)**  
Meals: **Refreshment**



**DFW**

Dallas/Fort Worth  
**10:09 AM**

AA 3856

Operated by Envoy Air as American Eagle



**ELP**

El Paso  
**11:05 AM**

Seat: **13F**  
Class: **Economy (Q)**  
Meals:

[Manage your trip](#)

**Your purchase**

**Sandra Caraveo - AAdvantage® #: K0K\*\*\*\***

New ticket (0012177779837)

\$560.95

[\$476.05 + Taxes & carrier-imposed fees

\$84.90]

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<b>Total cost</b>	<b>\$560.95</b>
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### Your payment

AmericanExpress (ending 1003 )	\$560.95
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<b>Total paid</b>	<b>\$560.95</b>
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### Bag information

#### Checked Bag (Airport)

1 <sup>st</sup> bag	No charge
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2 <sup>nd</sup> bag	\$45.00
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#### Checked Bag (Online\*)

1 <sup>st</sup> bag	No charge
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2 <sup>nd</sup> bag	\$45.00
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Maximum dimensions: 62 inches or 158 centimeters calculated as (length + width + height)

Maximum weight: 50 pounds or 23 kilograms

Bag fees apply at each Check-in location. Additional allowances and/or discounts may apply. For information regarding American Airlines checked baggage policies, please visit: [Bag and optional fees](#)

If your flight is operated by a partner airline, see the [other airline's](#) website for carry-on and checked bag policies.

\*Online payment available beginning 24 hours (and up to 4 hours) before departure.

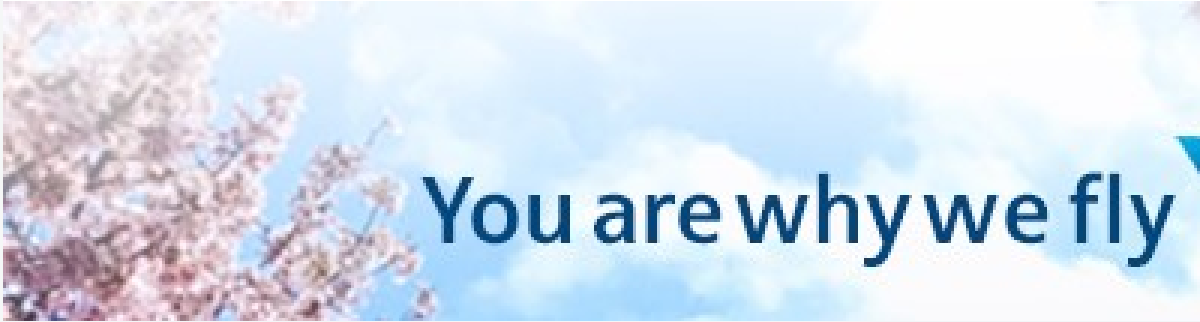
#### Carry-on bags (American Airlines)

<b>Personal item</b>	A small purse, briefcase, laptop bag, or similar item that must fit under the seat in front of you.
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<b>Carry-on</b>	Maximum dimensions must not to exceed: 22" long x 14" wide x 9" tall (56 x 35 x 23 cm).
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[Contact us](#)

[Privacy policy](#)

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You have up to 24 hours from the time of ticket purchase to receive a full refund if you booked at least 2 days before departure. Once canceled, your refund will be processed automatically.

If you have purchased a NON-REFUNDABLE fare, the itinerary must be canceled before the ticketed departure time of the first unused coupon or the ticket has NO VALUE. If the fare allows changes, a fee may be assessed for changes and restrictions may apply.

Some American Airlines check-in counters do not accept cash as a form of payment. For more information, visit our [Airport Information](#) page.



Some everyday products, like e-cigarettes and aerosol spray starch, can be dangerous when transported on the aircraft in carry-on and/or checked baggage. Changes in temperature or pressure can cause some items to leak, generate toxic fumes or start a fire. Carriage of prohibited items may result in fines or in certain cases imprisonment. Please ensure there are no forbidden hazardous materials in your baggage like:

Some Lithium batteries (e.g. spares in checked baggage, batteries over a certain size), Explosives / Fireworks, Strike anywhere matches/ Lighter fluid, Compressed gases / Aerosols Oxygen bottles/ Liquid oxygen, Flammable liquids, Pesticides/ Poison, Corrosive material.

There are special exceptions for small quantities (up to 70 ounces total) of medicinal and toilet articles carried in your luggage, spare lithium batteries for most consumer electronic devices in carry-on baggage, and certain smoking materials carried on your person.

Certain items are required to be carried with you onboard the aircraft. For example, spare lithium batteries for portable electronic devices, cigarette lighters and e-cigarettes must be removed from checked or gate-checked baggage and carried onboard the aircraft. However, e-cigarettes may not be used on-board the aircraft.

Traveling with medical oxygen, liquid oxygen, mobility aids and other assistive devices may require airline pre-approval or be restricted from carriage entirely. Passengers requiring these items should contact the airline operator for information on use of such devices.

#### NOTICE OF INCORPORATED TERMS OF CONTRACT

Air Transportation, whether it is domestic or international (including domestic portions of international journeys), is subject to the individual terms of the transporting air carriers, which are herein incorporated by reference and made part of the contract of carriage. Other carriers on which you may be ticketed may have different conditions of carriage. International air transportation, including the carrier's liability, may also be governed by applicable tariffs on file with the U.S. and other governments and by the Warsaw Convention, as amended, or by the Montreal Convention. Incorporated terms may include, but are not restricted to: 1. Rules and limits on liability for personal injury or death, 2. Rules and limits on liability for baggage, including fragile or perishable goods, and availability of excess valuation charges, 3. Claim restrictions, including time periods in which passengers must file a claim or bring an action against the air carrier, 4. Rights on the air carrier to change terms of the contract, 5. Rules on reconfirmation of reservations, check-in times and refusal to carry, 6. Rights of the air carrier and limits on liability for delay or failure to perform service, including schedule changes, substitution of alternate air carriers or aircraft and rerouting.

You can obtain additional information on items 1 through 6 above at any U.S. location where the transporting air carrier's tickets are sold. You have the right to inspect the full text of each transporting air carrier's terms at its airport and city ticket offices. You also have the right, upon request, to receive (free of charge) the full text of the applicable terms incorporated by reference from each of the transporting air carriers. Information on ordering the full text of each air carrier's terms is available at any U.S. location where the air carrier's tickets are sold or you can click on the Conditions of Carriage link below.

Air transportation on American Airlines and the American Eagle carriers® is subject to American's [conditions of carriage](#).

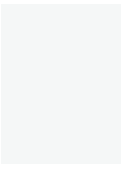
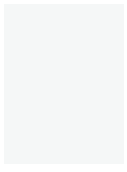
For more on Canada passenger protection regulations visit [aa.com/CanadaPassengers](http://aa.com/CanadaPassengers).

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For all other questions about bookings or upcoming trips, visit our contact page. Contact American >

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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 TravelSmart™ app. It allows you to view your policy 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 \$36.12, which includes \$27.52 for insurance and \$8.60 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 Global Assistance

### **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:	<b>Domestic Lodging Protector II</b>
Policy Number:	<b>EUSP2443290337</b>
Number of People Insured:	<b>1</b>
Insured(s):	<b>ADREAN VARGAS</b>
Date of Purchase:	<b>September 20, 2024</b>
Coverage Effective Date:	<b>September 21, 2024</b>
Coverage End Date:	<b>October 18, 2024</b>
Departure Date:	<b>October 16, 2024</b>
Return Date:	<b>October 18, 2024</b>
Total Insurance Cost for All Insureds:	<b>\$27.52</b>

<b>COVERAGE</b>	<b>WHEN IT APPLIES</b>	<b>MAXIMUM BENEFIT</b>
<b>Trip Cancellation Coverage</b>	<p><b>You have to cancel your trip before you depart.</b></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 \$687.93. Conditions apply.</p>	<b>\$687.93</b>
<b>Trip Interruption Coverage</b>	<p><b>Your travel plans are interrupted while you are on your trip.</b></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 \$1,031.90. Conditions apply.</p>	<b>\$1,031.90</b>
<b>Travel Delay Coverage</b>	<p><b>Your travel plans are delayed while you are on your trip.</b></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>	<b>\$500.00</b>
<b>Personal Belongings Coverage</b>	<p><b>Your personal belongings are lost, damaged, or stolen while on your trip.</b></p> <p>Maximum benefit for all high value items, per policy - \$500.00</p>	<b>\$800.00</b>

<b>Baggage Delay Coverage</b>	<b>Your baggage is delayed by an airline, cruise line, or other travel carrier while on your trip.</b> Minimum Required Delay - 24 hours No Receipts Sublimit - \$100.00 (outbound only)	<b>\$300.00</b>
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<b>ENDORSEMENTS:</b>	<b>WHEN IT APPLIES</b>	<b>MAXIMUM BENEFIT</b>
<b>Epidemic Coverage</b>	<b>Adds coverage for certain losses resulting from an epidemic or pandemic disease.</b>	<b>Included</b>
<b>Lodging Reservation Coverage</b>	<b>Persons, in addition to you, are staying in the room(s) covered by the reservation.</b>	<b>Included</b>

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:**

- 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 issued by Jefferson Insurance Company, 9950 Mayland Drive, Richmond, VA 23233.

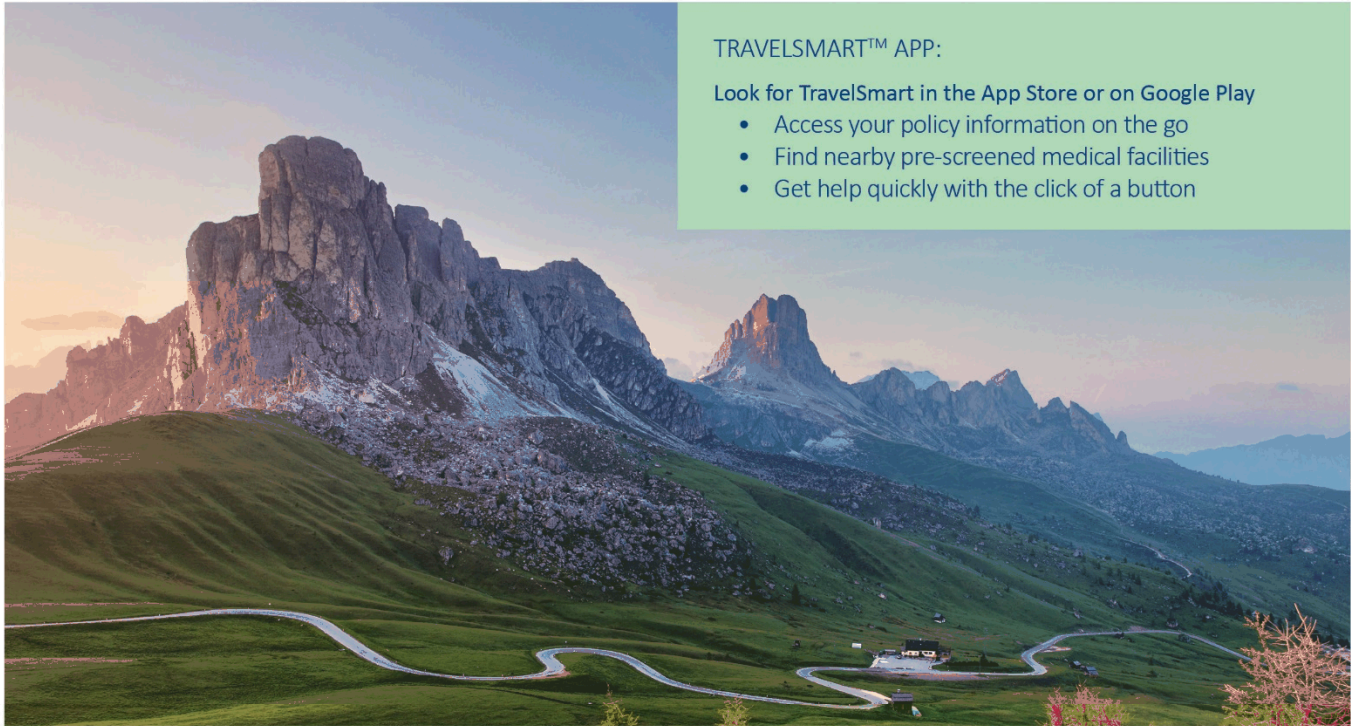
**OUR PROMISE TO YOU**

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:**  
**1-800-892-0395**      **1-804-281-5700**  
 (From U.S.)                      (Outside U.S./Collect)

**To file a claim, please visit:**  
<http://www.etravelprotection.com/choicehotels>

WELCOME\_LTR \* TRDEC\_BP1ED\_2020 \* TI\_807\_S11\_P\_IL\_V4PC \* 101\_POE\_03\_IL\_800\_2020\_04 \* 101\_POE\_18\_800\_2018  
\* 101\_PA2\_2021 \* 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](http://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**

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## TRAVEL SERVICES DURING YOUR TRIP

If *you* need travel or medical assistance during *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.

### 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.

### Flight Assistance

If *you* miss *your* flight or it's canceled, we can give *you* arrival and departure times for other flights that will get *you* to *your* connecting flight or final destination.

### Accommodation Assistance

If *your trip* has been interrupted or delayed, we can assist *you* in changing *your* reservation or finding alternate accommodation.

### Destination Information

We can provide *you* with important information about *your* destination, such as travel documentation requirements, travel advisories, and vaccine requirements.

### Lost Travel Documents Assistance

If *your* passport or other travel documents are lost or stolen, we can assist *you* in getting *your* documents replaced and can help *you* change *your* travel arrangements as required.

### Emergency Language Translation

We can assist *you* with translation services in the event *you* need help in a foreign country.

### Emergency Cash Assistance

If *your* travel is delayed or interrupted and *you* need extra money to pay for unexpected expenses, we can assist in arranging the transfer of funds from *your* family or friends.

### Legal Referrals

We can help *you* find local legal advice if *you* need it while *you* are traveling.

### Emergency Message Delivery

We can assist *you* in getting an urgent message to someone back home.

### Finding a Doctor or Medical Facility

If *you* need care from a *doctor* or medical facility while *you* are traveling, we can assist *you* in finding one.

### Assisting During Your Hospitalization

If *you* are hospitalized, *our* staff will stay in contact with *you*. At *your* request, we can also notify family *you* designate and *your doctor* back home of *your* illness or *injury* and update them on *your* status.

## DEFINITIONS

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

<b><i>Accident</i></b>	An unexpected and unintended event that causes <i>injury</i> , property damage, or both.
<b><i>Accommodation</i></b>	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.
<b><i>Actual cash value</i></b>	The amount an item is reasonably worth based on its fair market value, age, usage, and condition immediately prior to the loss.
<b><i>Baggage</i></b>	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
<b><i>Climbing sports</i></b>	An activity utilizing harnesses, ropes, belays, crampons, or ice axes. It does not include supervised climbing on artificial surfaces intended for recreational climbing.
<b><i>Cohabitant</i></b>	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.
<b><i>Coverage period</i></b>	The period of time between and including the Coverage Effective Date and the Coverage End Date.
<b><i>Covered reasons</i></b>	The specifically named situations or events for which <i>you</i> are covered under this <i>policy</i> .
<b><i>Criminal act</i></b>	An act that is criminally unlawful.
<b><i>Date of delivery</i></b>	The date <i>plan</i> materials are sent to <i>you</i> .
<b><i>Departure date</i></b>	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.
<b><i>Doctor</i></b>	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> .
<b><i>Epidemic</i></b>	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).
<b><i>Family member</i></b>	<i>Your</i> : <ol style="list-style-type: none"><li>1. Spouse (by marriage, domestic partnership, or civil union);</li><li>2. <i>Cohabitants</i> (defined above);</li><li>3. Parents and stepparents;</li><li>4. Children, stepchildren, foster children, adopted children, or children currently in the adoption process;</li><li>5. Siblings;</li><li>6. Grandparents and grandchildren;</li><li>7. The following in-laws: mother, father, son, daughter, brother, sister, and grandparent;</li><li>8. Aunts, uncles, nieces, and nephews;</li><li>9. Legal guardians and wards;</li><li>10. Paid, live-in caregivers; and</li><li>11. Service animals (as defined by the Americans with Disabilities Act).</li></ol>
<b><i>High-altitude activity</i></b>	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.
<b><i>High value items</i></b>	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.

<b><i>Injury</i></b>	Physical bodily harm.
<b><i>Mechanical breakdown</i></b>	A mechanical issue which prevents the vehicle from being driven normally, including flat tires or running out of fuel, fluids, or power.
<b><i>Natural disaster</i></b>	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.
<b><i>Personal belongings</i></b>	Personal property <i>you</i> take with <i>you</i> or acquire on <i>your trip</i> .
<b><i>Plan</i></b>	The travel protection plan <i>you</i> purchased, which may include travel insurance, travel assistance services, and cancellation fee waivers.
<b><i>Policy</i></b>	The travel insurance coverage purchased. The <i>policy</i> includes this policy document, any amendments and endorsements attached to it, and the Declarations.
<b><i>Primary residence</i></b>	<i>Your</i> permanent, fixed home address for legal and tax purposes.
<b><i>Pre-existing medical condition</i></b>	<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"> <li>1. Caused a person to seek medical examination, diagnosis, care, or treatment by a <i>doctor</i>;</li> <li>2. Presented symptoms; or</li> <li>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).</li> </ol> <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>
<b><i>Quarantine</i></b>	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.
<b><i>Refund</i></b>	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.
<b><i>Severe weather</i></b>	Hazardous weather conditions including but not limited to windstorms, hurricanes, tornados, fog, hailstorms, rainstorms, snow storms, or ice storms.
<b><i>Sporting equipment</i></b>	Equipment or goods used to participate in a sport.
<b><i>Terrorist event</i></b>	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.
<b><i>Travel carrier</i></b>	<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"> <li>1. Rental vehicle companies;</li> <li>2. Private, chartered, or non-commercial transportation carriers; or</li> <li>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.</li> </ol>
<b><i>Travel supplier</i></b>	A travel agent, tour operator, airline, cruise line, hotel, or other travel service provider.

<b><i>Traveling companion</i></b>	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.
<b><i>Trip</i></b>	<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.
<b><i>Uninhabitable</i></b>	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.
<b><i>We, Us, or Our</i></b>	Jefferson Insurance Company and its agents, including AGA Service Company.
<b><i>You or Your</i></b>	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 180<sup>th</sup> 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](http://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](mailto: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, 19<sup>th</sup> 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.

## TRAVEL 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 insurance plan. The words “we”, “us”, and “our” refer to AGA Service Company.

### 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.

### 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 SERVICES PROVIDED BY AGA SERVICE COMPANY

*Our* Concierge associates are here to assist *you* with requests from the routine to the extraordinary, 24 hours a day, any day of the year. Throughout this document, the words “you” and “your” refer to the person or people insured under the attached insurance plan. The words “we”, “us”, and “our” refer to AGA Service Company.

### 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.

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.

## **We're only a click away!**

Visit [www.etravelprotection.com](http://www.etravelprotection.com):

- To file a claim
- To check claim status

**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:

<b><i>Epidemic</i></b>	A contagious disease recognized or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.
<b><i>Quarantine</i></b>	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:

<b><i>Pandemic</i></b>	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.
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**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**

**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

# IMPORTANT PRIVACY NOTICE

**THIS NOTICE DESCRIBES HOW PERSONAL DATA AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

AWP USA Inc. and its subsidiaries, including Jefferson Insurance Company and AGA Service Company d/b/a Allianz Global Assistance 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 or protected health information ("PHI") as defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"); 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 our underwriters.
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:** We collect Personal Data from you, or from your agents, representatives, suppliers and providers, or other party from whom you have authorized us to collect it on your behalf. This may include:
  - (i) Identifiers and other identifying personal information (e.g. name, contact information like address, email address, 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 use of location-based website or mobile application 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); or
  - (xiii) any other information provided to us by you or on your behalf.

We may also collect Personal Data from consumer reporting agencies or fraud databases (e.g. fraud reports). This data may be collected from forms, such as enrollment or claim forms; by phone, website, email, fax, or correspondence; or via cookies.

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

- (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 services you request;
- (v) to protect 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
- (vi) for purposes to which you've otherwise consented.

This may in some cases include disclosing your Personal Data to Agents. But, such disclosures are only for the purposes described in this Notice, or for everyday business purposes or as required or allowed by law (e.g. to process transactions, maintain accounts, respond to court orders and legal investigations, or report to credit bureaus). These Agents may be affiliated or nonaffiliated, and may be located both inside and outside of the US. They may be financial services providers (e.g. underwriting insurers). 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).

Should you be 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 are confirming that you have obtained the insured's consent to provide this personal information for this use.

Where we are subject to HIPAA, we must notify you of our duties and practices with respect to PHI. Except as described here or allowed or required by law, we will only use or disclose your PHI or health records with your prior express consent. Under HIPAA, we may use and disclose your PHI for one or more of the following purposes:

- (1) monitoring the health care treatment you receive (e.g. we may send or receive PHI to or from a doctor regarding your condition and treatment so we can see that your treatment is appropriate);
- (2) payment for health services (e.g. we may use your PHI to make payments to a hospital that has treated you);
- (3) to help run our company (e.g. we may use your PHI to conduct quality audits of the services we provided to you. However, we may not use or disclose genetic information about you for underwriting purposes); or
- (4) for other purposes as required to administer your insurance or assistance product (e.g. we may use PHI to determine coverage for a claim made under an insurance policy).

We may also in some cases need to use or disclose information about you which may include your PHI for one or more of the following purposes:

- (1) for public health and safety issues;
- (2) to comply with legal or regulatory requirements;
- (3) to address or comply with workers' compensation, law enforcement, or other legal or government mandates or requests; or
- (4) to respond to lawsuits or legal actions.

Cookies are text files on your computer. When you access our website or use our mobile application, we use cookies, among other things, to collect data about your web usage. We also use Google, Inc.'s Google Analytics and AdWords services, iAdvize and Jacada's chat and monitoring service, and other similar third-party vendor services. These services use cookies to transmit your IP address and other 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. iAdvize also uses JavaScript to provide its chat and monitoring services. 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, website 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. By using our website, you consent to this use of cookies and data for these purposes. You can refuse cookies by disabling them in your browser (this may affect the content available to you). Our websites do not respond to "Do Not Track" requests from browsers.

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, maps, and translation services, and other similar services, or for purposes to which you otherwise consent or as described here.

Last, 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.

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. Choice. We reserve the right to disclose Personal Data to third parties as described above. 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 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.

Except as allowed by law, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes, or use or disclose your PHI in a way that would constitute a sale of PHI under HIPAA unless you expressly authorize us to do so. You may revoke this consent at any time. Such revocation will not apply to actions we have already taken based on that consent. You may request restrictions on our use and disclosure of certain health information for treatment, payment, or our operations. However, we are not required to agree to your request, except as required by HIPAA.

We may need to disclose Personal or Sensitive Data if we have a good-faith belief that it is needed to protect or defend our or your rights, interests or property or comply with any law or legal mandate, or if it is otherwise required or allowed by law. We will take reasonable care to disclose only as much of such data as is needed.

3. Accountability for Onward Transfer. We may disclose your Personal Data to our Agents, but only for the limited and specified purposes described here, consistent with the consent you have provided. We will take reasonable and appropriate steps to obtain assurances from our Agents that they will effectively process and safeguard your Personal Data consistent with our obligations under this Notice. Upon discovery, we will take reasonable steps to stop and remediate any unauthorized processing inconsistent with this Notice.

Our Binding Corporate Rules related to data transfers may be viewed here: [https://www.allianz-partners.com/en\\_US/allianz-partners---binding-corporate-rules-.html](https://www.allianz-partners.com/en_US/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. These measures take into account the risks involved in the processing and the nature of the Personal Data. To help maintain the security of your data, we use administrative, physical, and technical safeguards. These include utilizing policies to take reasonable precautions to (a) securely and confidentially maintain your Personal Data; (b) assess and protect against threats and hazards to the security or integrity of such data; and (c) prevent unauthorized access to or use of such data. Also, except where required or allowed by law, we limit use of your Personal Data to the minimum necessary to accomplish the purposes for which that data was collected and to be used as described here. We restrict access to your Personal Data to only those who need to access it to accomplish those purposes. We use encryption to make your online transaction with us safe and secure. We protect the privacy of your credit card information with a high degree of care and in compliance with PCI. We are required by law to maintain the privacy and security of your PHI. If there is a breach as defined under HIPAA of your unsecured PHI, we are required by law to notify you.
5. Data Integrity. We will only collect Personal Data to the extent it is relevant to the purposes for which it was collected. We will not process Personal Data in a way that is incompatible with the purposes for which it has been collected or as you later authorize. To help maintain the integrity of your data, we will take reasonable steps to ensure that Personal Data is reliable for its intended use, relevant, accurate, complete, and current. We will adhere to these principles for as long as we retain this data. We retain Personal Data according to our data retention policy.

6. **Access.** If you discover the 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. Where we are subject to HIPAA, you have the right to request to receive confidential communications of your PHI, as applicable. In accordance with and as allowed by HIPAA, at your request, you may inspect, amend, and copy PHI we maintain about you and receive an accounting of certain disclosures of your PHI (e.g. health payment records).
7. **Recourse, Enforcement, Liability.** You can send complaints about how we handle your Personal Data to us at the contact information below. If the data is PHI, complaints can be made to us or to the U.S. Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

**Links.** Our websites provide links (including social media plugins (“Plugins”)) that connect to third party websites. Clicking such link establishes 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 or comments 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](mailto:privacy@allianzassistance.com)  
Phone: 1-800-284-8300  
Mail: Allianz Global Assistance  
ATTN: Chief Privacy Officer  
9950 Mayland Drive  
Richmond, VA 23233

**Opt Out/Exercise of Rights.** To opt out of non-essential marketing communications or non-essential unaffiliated third party information sharing, please contact our Chief Privacy Officer as noted above 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. We will not unfairly discriminate against any person who chooses to opt out, or exercise any of their rights as described in this Notice.

**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](mailto: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 Global Assistance  
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.** In addition to as defined above, Personal Data may also include information (other than information that is publicly available, de-identified or aggregated), that identifies, relates to, describes, is reasonably capable of being associated with, or could be reasonably linked to a particular California resident or household.

We have collected the following categories of Personal Data from consumers from the sources and for the purposes as described in this Notice in the past 12 months: identifiers, personal information, characteristics of protected classifications, commercial information, biometric information, internet or other electronic network activity information, geolocation data, audio/electronic/visual information, and professional or employment-related information. We use these categories data for purposes as described in Section 1 of this Notice. We do not sell Personal Data. We have disclosed the following categories of Personal Data for business purposes as described in this Notice to the categories of third parties identified in this Notice in the past 12 months: identifiers, personal information, characteristics of protected classifications, commercial information, biometric information, internet or other electronic network activity information, geolocation data, audio/electronic/visual information, and professional or employment-related information.

You may in some cases have certain rights under California law. However, these rights are not available in all cases, and they are subject to applicable exceptions, exemptions, and limitations as provided by law (including without limitation with respect to Personal Data collected pursuant to the Gramm-Leach-Bliley Act). Please contact the Chief Privacy Officer for more information. These rights may include the following: (1) the right to request that we disclose to you the categories and specific pieces of your Personal Data we have collected over the past 12 months; the categories of sources from which that data is collected; the business or commercial purpose for collecting or selling that data; the categories of third parties with whom we share that data; and the specific pieces of that data we have collected about you in that period; the categories of Personal Data sold about you during that period and the categories of third parties to whom that information was sold, by category of Personal Data for each category of third parties to whom the Personal Data was sold; and the categories of Personal Data we disclosed about you for a business purpose during that period; (2) the right to request that we delete Personal Data we have collected about you; (3) the right that we will not discriminate against you for exercising any of these rights, including without limitation by denying goods or services to you; charging a different price or rates for goods or services, including through the use of discounts or other benefits or imposing penalties; providing a different level or quality of goods or services to you; or suggesting that you will receive a different price or rate for, or a different level of quality of, goods or services. You can submit a request to exercise these rights by contacting the Chief Privacy Officer as described above. Upon verification of your request, we will respond to you with the information requested or confirmation of deletion, or with an explanation for why the information will not be provided or why the data will not be deleted, as applicable.

**Effective Date.** This Notice was last revised on, and is effective as of, December 1, 2020.