

## DESCRIPTION OF COVERAGE

Underwritten by Arch Insurance Company

**Master Contract Number:** 11TVL9314500

You are not eligible for insurance under the plan until You have enrolled for coverage and paid the appropriate premium and providing You have not already departed on Your Trip.

The master policy is on file with American Group Travel Trust, Bank Newport as Trustee. In the event of any conflict between the Description of Coverage and the master policy, the master policy will govern.

Individual Short Term Travel policy Insurance for residents of CO, GA, KS, LA, MI, NY, OH, OR, SD, TX, UT, VT, WY.

Notice to residents of IN, MN, MO, NH & WA; This is not Your Description of Coverage. To obtain Your state-specific insurance policy, call 866-889-7409.

Notice to Residents of AK, AR, KY, LA, OK, VA and WI: Your policy consists of this Description of Coverage and the enclosed State Exceptions. If You do not receive one of these documents, please call 866-889-7409.

## SCHEDULE OF COVERAGE & SERVICES

Coverage	Maximum Benefit Per Rental
Security Deposit Waiver	\$3,000

## SECURITY DEPOSIT WAIVER

If, during a Stay at a Rental Property, an Insured Person, causes any damage to, or theft of, real or personal property of the Rental Property as a result of inadvertent acts or omissions, the Company will reimburse the Property Management Company on your behalf for the cost of repair or replacement of such property up to Maximum Benefit shown in the on the Schedule of Coverage and Services.

## LIMITATIONS AND EXCLUSIONS

Benefits will not be provided for any loss or damage due to:

- Natural Disaster;
- intentional acts of an Insured Person;
- gross negligence, willful or wanton conduct by an Insured Person;
- normal wear and tear of the Rental Property unit;
- loss of use of the Rental Property unit;
- theft or damage to any property owned by or brought by

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- an Insured Person onto the Rental Property premises;
- theft or damage caused by anyone visiting other than an Insured Person;
- theft without a valid police report;
- damage without a valid police report unless the damage is caused by an Insured Person;
- damage or theft in a Rental Property unit if the number of persons occupying the unit exceeds that unit's occupancy limit.

This Description of Coverage describes all of the benefits, underwritten by Arch Insurance Company and herein referred to as the Company. The insurance benefits vary from program to program. Please refer to Schedule of Coverage and Services, as it provides You with specific information about the program You purchased.

## DEFINITIONS

- "Company"** means Arch Insurance Company.
- "Coverage"** means any other fund or insurance policy (except this Policy and any fund or insurance policy providing the Property Management Company with coverage for any claims, causes of action or rights the Insured or such other person may have against the Property Management Company).
- "Insured"** as used in this coverage, means a person who: (a) is a registered guest at a Rental Property; (b) completes any required enrollment form for Security Deposit Waiver coverage; and (c) for whom premium has been paid by check-in at the Rental Property. Insured also means 'You or Your'.
- "Insured Person"** as used in this coverage means the Insured and all persons booked to share the same unit of accommodations at the Rental Property.
- "Natural Disaster"** means flood, fire, hurricane, tornado, earthquake, volcanic eruption, blizzard or avalanche that is due to natural causes.
- "Property Management Company"** means the property management company who applies for coverage under the Policy and remits the required premium to the Company.
- "Rental Property"** means a property owned/managed by the Property Management Company.
- "Stay"** means the duration of time from the date the Insured checks-in at the Rental Property to the date the Insured checks-out of the Rental Property.
- "Third Party(ies)"** means any person, corporation or other entity (except the Insured,

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the Property Management Company and the Company).

## GENERAL PROVISIONS

**SECURITY DEPOSIT COVERAGE DISPUTE RESOLUTION:** All suits, actions or legal proceedings seeking determination of the rights and liabilities of the parties under this coverage shall be submitted to binding arbitration in accordance with the Federal Rules of Civil Procedure. A written demand for arbitration hereunder must be made by the Insured and served on the Company on or before three years from the date of the loss or be barred. No demand for arbitration can be brought to recover benefits unless 60 days have elapsed following written submission to the Company of the Proof of Loss information required.

## SECURITY DEPOSIT SUBROGATION AND RIGHT OF RECOVERY

As a condition to receiving Security Deposit Waiver benefits under this coverage t, the Insured (or, if he or she is deceased, an authorized representative of the Insured) or the person to whom payment was made, agrees, except as may be limited or prohibited by applicable law:

- To reimburse the Company for any such benefits paid to or on behalf of the Insured or such other person, if such benefits are recovered, in any form, from any Third Party or Coverage; and
- Without limiting the preceding, that the Company is subrogated, for the purpose of the Company's recovery of any such benefits paid to or on behalf of the Insured or such other person, to any and all claims, causes of action or rights that he or she has or that may rise against any Third Party who has or may have caused, contributed to or aggravated the condition for which the Insured claims an entitlement to Policy benefits, and to any claims, causes of action or rights he or she may have against any Coverage for the condition for which the Insured claims an entitlement to Policy benefits.

The Company will not pay or be responsible, without its written consent, for any fees or costs associated with the pursuit of a claim, cause of action or right by or on behalf of an Insured or such other person against any Third Party or Coverage.

## COVERAGE EFFECTIVE AND TERMINATION DATES

**Effective Dates.** The Security Deposit Waiver coverage will take effect on the date and time the Insured checks-in as a

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registered guest at the Rental Property provided the appropriate premium has been paid by check-in.

**Termination Dates.** The Security Deposit Waiver coverage will end on the earlier of: (1) the normal checkout time on the Insured's scheduled check-out date from the Rental Property; or (2) the actual date of departure of the Insured from the Rental Property.

In no event will the Policy cover a Stay longer than 180 days from the date of check-in as a registered guest at a Rental Property.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under this coverage part.

### CLAIMS PROCEDURES

**Insured/Guest:** All damage or theft should be reported to the Property Manager by the end of your stay. The Company will reimburse the Property Management Company on your behalf.

**Property Management:** Property Management Company must report a claim within 72 hours after the last day of the Insured/Guest stay. Property Management Company must include all necessary documentation as required on the Security Deposit Waiver Claim Form. Claim forms can be obtained by contacting your Property Management Company.

### CONTACT INFORMATION

**For questions concerning Security Damage Waiver coverage or to file a claim, contact Arch Insurance Solutions:**

**Phone:** 866-889-7409

**Email:** [redsky@archinsurance.com](mailto:redsky@archinsurance.com)

**Mail:** Red Sky Travel Insurance c/o Arch Insurance Company  
8601 LaSalle Rd, Ste 102

Towson, MD 21286

**Office Hours:** Monday – Friday, 8:30am – 5pm EST

### STATE EXCEPTIONS

**RESIDENTS OF INDIANA, MINNESOTA, MISSOURI, NEW HAMPSHIRE AND WASHINGTON:** Separate policies are required.

**ALASKA RESIDENTS:** The following provision is added: Examination under Oath: You are allowed to have legal representation present when examined under oath.

**ARKANSAS RESIDENTS:** For inquiries regarding your policy you can either contact your broker or the company at the administrative office noted on your declarations page. You

may also call the company's toll free number at 1-866-889-7409.

If Arch Insurance Company fails to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201  
(501) 371-2640 or (800)852-5494

**KENTUCKY RESIDENTS:** The Security Deposit Dispute Resolution provision is deleted in its entirety and replaced with the following:

**SECURITY DEPOSIT COVERAGE DISPUTE RESOLUTION**  
If the Company and Insured agree, then a suit, action or legal proceeding seeking determination of the rights and liabilities of the parties under this coverage shall be submitted to binding arbitration in accordance with the Federal Rules of Civil Procedure. A request for settlement by Arbitration hereunder must be made by the Insured and served on the Company on or before three years from the date of the loss or be barred. No request for arbitration can be brought unless 60 days have elapsed following written submission to the Company of the Proof of Loss information required.

**LOUISIANA RESIDENTS:** The first paragraph under the provision entitled **SECURITY DEPOSIT COVERAGE DISPUTE RESOLUTION** is amended to read:

All suits, actions or legal proceedings seeking determination of the rights and liabilities of the parties under this coverage may be submitted to non-binding arbitration in accordance with the Federal Rules of Civil Procedure. A written demand for arbitration hereunder must be made by the Insured and served on the Company on or before three years from the date of the loss or be barred. No demand for arbitration can be brought to recover benefits unless 60 days have elapsed following written submission to the Company of the Proof of Loss information required. Louisiana courts have jurisdiction.

**OKLAHOMA RESIDENTS:** The following Fraud Statement is added:

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any Company, makes any claim for proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of felony.

**VIRGINIA RESIDENTS:** The second paragraph, second column of the Description of Coverage is revised to read as follows:

**THIS PROGRAM IS ISSUED FOR A STATED TERM AS SHOWN IN YOUR ACCOMPANYING CONFIRMATION OF COVERAGE**

This Description of Coverage describes all of the travel insurance benefits, underwritten by Arch Insurance Company and herein referred to as the Company. The insurance benefits vary from program to program. Please refer to the accompanying Confirmation of Benefits. It provides You with specific information about the program You purchased.

The definition of "Natural Disaster" is deleted in its entirety.

**IMPORTANT INFORMATION REGARDING YOUR INSURANCE**

In the event you need to contact someone about this insurance for any reason please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions you may contact the insurance company issuing this insurance at the following address and telephone number: Arch Insurance Company, 300 Plaza Three, Jersey City, NJ 07311, 1-866-889-7409

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at: P.O. Box 1157, Richmond, VA 23218, 1- 800-552-7945 (for in-state calls) or 1-877-310-6560 (for out-of-state calls).

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

**WISCONSIN RESIDENTS:**  
The **SECURITY DEPOSIT COVERAGE NOTICE OF CLAIM** provision is replaced with the following:

**SECURITY DEPOSIT COVERAGE NOTICE OF CLAIM.**

All damage or theft for which a claim may be made under this coverage must be reported to the Rental Property staff no later than the Termination Date or as soon as reasonably possible.

The **SECURITY DEPOSIT COVERAGE DISPUTE RESOLUTION** provision is deleted in its entirety.

Under **SECURITY DEPOSIT SUBROGATION AND RIGHT OF RECOVERY**, section 1. is replaced with the following:

1. To reimburse the Company after the Insured has been made whole, taking into account comparative negligence, for any such benefits paid to or on behalf of the Insured or such other person, if such benefits are recovered, in any form, from any Third Party or Coverage; and to recover benefits