

# Description of Coverage

## APCI Federal Credit Union Master Disclosure For All Travel Insurance Provisions

### Travel Accident & Baggage Delay Insurance, and Auto Rental Loss Damage Waiver

THE PLAN: As an eligible Cardholder of APCI Federal Credit Union, you, your spouse or Domestic Partner and your Dependent Children will be automatically insured up to the benefit amount associated with your card against accidental loss of life, limb, sight, speech or hearing occurring on a Common Carrier Covered Trip while 1) riding as a passenger in, entering or exiting any Common Carrier on which the Insured Person has purchased passage; or 2) riding as a passenger in, entering or exiting any Conveyance licensed to carry the public for hire or any Courtesy Transportation provided without a specific charge and while traveling to or from the airport, terminal or station: a) immediately preceding the departure of the scheduled Common Carrier on which the Insured Person has purchased passage; or b) immediately following the arrival of the scheduled Common Carrier on which the Insured Person was a passenger; or 3) at the airport, terminal or station at the beginning or end of the Common Carrier Covered Trip. If the purchase of the Common Carrier passenger fare is not made prior to the Insured Person's arrival at the airport, terminal or station, coverage will begin at the time the cost of the Common Carrier passenger fare is charged to the Insured Person's Account.

Eligible Cards	Benefit Amount
Mastercard Plus	\$500,000

ELIGIBILITY: This insurance plan is provided to eligible Cardholders of APCI Federal Credit Union automatically when the entire cost of the passenger fare(s) are charged to an eligible Card account while the insurance is effective. It is not necessary for you to notify your financial institution, the administrator or the Company when tickets are purchased.

THE COST: This insurance plan is provided at no additional cost to eligible cardholders. Your financial institution pays the full cost of the insurance.

BENEFICIARY: The Loss of Life benefit will be paid to the beneficiary designated by you. If no such designation has been made, that benefit will be paid to the first surviving beneficiary in the following order: a) your spouse, b) your children, c) your parents, d) your brothers and sisters, e) your estate. All other indemnities will be paid to you.

THE BENEFITS: The full Benefit Amount is payable for accidental loss of life; loss of speech and loss of hearing; loss of speech and one of loss of hand, foot or sight of one eye; loss of hearing and one of loss of hand, foot or sight of one eye; loss of both hands, both feet, loss of sight or any combination thereof that occurs as the result of an accident. 50% of the Principal Sum is payable for accidental loss of hand, foot or sight of one eye (any one of each); loss of speech or loss of hearing. 25% of the Principal Sum is payable of loss of thumb and index finger of the same hand. "Loss" means, with respect to a hand, complete severance through or above the knuckle joints of at least 4 fingers on the same hand; with respect to a foot, complete severance through or above the ankle joint. The Company will consider it a loss of hand or foot even if they are later reattached. "Benefit Amount" means the Loss amount at the time the entire cost of the passenger fare is charged to an eligible Card account. The loss must occur within one year of the accident. The Company will pay the single largest applicable Benefit Amount.

ACCOUNT AGGREGATE LIMIT OF INSURANCE: If more than one Insured Person insured under the same Account suffers a loss in the same accident, Federal Insurance Company (the Company) will not pay more than three (3) times the applicable benefit amount (the aggregate limit of insurance). If an accident results in benefit amounts becoming payable, which when totaled, exceed three times the applicable benefit amount, then the aggregate limit of insurance will be divided proportionally among the Insured Persons, based on each applicable benefit amount.

#### ADDITIONAL BENEFITS:

##### **Baggage Delay**

We will reimburse the Insured Person up to the Daily Benefit Amount of \$100 per day, in the event of a Baggage

Delay. **Baggage Delay** means a delay or misdirection of the Insured Person's Baggage by a Common Carrier for more than four (4) hours from the time the Insured Person arrives at the destination on the Insured Person's ticket. Our payment is limited to expenses incurred for the emergency purchase of essential items needed by the Insured Person while on a Common Carrier Covered Trip and at a destination other than the Insured Person's primary residence. The Baggage Delay Daily Benefit Amount will be payable up to three (3) days.

Essential items not covered by Baggage Delay include, but are not limited to:

- 1) contact lenses, eyeglasses or hearing aids;
- 2) artificial teeth, dental bridges or prosthetic devices;
- 3) tickets, documents, money, securities, checks, travelers checks and valuable papers;
- 4) business samples;
- 5) jewelry and watches; or
- 6) cameras, video recorders and other electronic equipment.

The Baggage Delay Benefit Amount is excess over any other insurance (including homeowners) or indemnity (including any reimbursements by the airline, cruise line, railroad, station authority, occupancy provider) available to the Insured Person.

DEFINITIONS: **Accident or Accidental** means a sudden, unforeseen and unexpected event happening by chance. **Accidental Bodily Injury** means bodily injury which is accidental, the direct cause of a loss, is independent of disease, illness or other cause and occurs while you are insured under this policy, which is in force. **Account** means credit card accounts, debit card accounts, central bill accounts, checking accounts and savings accounts as set forth in the policy. **Accountholder** means any individual who is named on an open and active account with the Policyholder. **Cardholder** means an individual who is named on the account card issued by the policyholder. **Common Carrier** means any motorized land, water or air conveyance organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract. **Common Carrier Covered Trip** means travel on a common carrier when the full fare for transportation has been charged to your account issued by the policyholder. **Credit Card**

means a payment medium that takes the form of a credit card, credit plate, charge plate, courtesy card or other identification card or device issued to you. You may use the credit card to purchase, hire, rent or lease property or services. Credit Card does not include a debit card. **Debit Card** means a payment medium that takes the form of a card, plate or other identification card or device issued to you as an owner of a deposit account maintained by the issuer. You may use the debit card to purchase, hire, rent or lease property or services. Debit Card does not include credit card. **Dependent Child** means the primary insured person's unmarried child, dependent on the primary insured person for maintenance and support, under the age of 25, or classified as an incapacitated dependent child. **Domestic Partner** means a person designated by the primary insured person who is registered as a domestic partner or legal equivalent under the laws of the governing jurisdiction or who is at least 18 years of age and competent to enter into a contract; is not related to the primary insured person by blood; has exclusively lived with the primary insured person for at least 12 consecutive months; is not legally married or separated and has with the primary insured person at least 2 of the following financial arrangements: a joint mortgage or lease, a joint bank account, joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease or a joint credit card account with a financial institution. Neither the primary insured person nor domestic partner can be married to, nor in a civil union with, anyone else. **Immediate Family Member** means the insured person's spouse or domestic partner; children including adopted children or step-children; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces and nephews. **Injury** means bodily injury which is accidental; is the direct source of a loss; is independent of illness, disease or other cause and occurs while you are insured under this policy which is in force. **Loss** means accidental loss of foot, loss of hand, loss of hearing, loss of life, loss of sight, loss of sight of one eye, loss of speech, loss of thumb and index finger. Loss must occur within one year after the accident. **Loss of Foot** means the complete severance of a foot through or above the ankle joint. **Loss of Hand** means a complete severance, as determined by a physician, of at least 4 fingers at or above the metacarpal phalangeal joint on the same hand or at least 3 fingers and the thumb on the same hand. **Loss of Hearing** means permanent, irrecoverable and total deafness, as determined by a

physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device. **Loss of Property** means Baggage Delay. **Loss of Sight** means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a physician. **Loss of Sight of One Eye** means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device as determined by a physician. **Loss of Speech** means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a physician. **Loss of Thumb and Index Finger** means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a physician. **Physician** means a licensed practitioner of the healing arts acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include you, an immediate family member, your employer or business partner or the policyholder. **Policyholder** means PSCU **Proof of Loss** means written evidence acceptable to us that an accident, accident bodily injury or loss has occurred. **Specialized Aviation Activity** means use of a properly certified aircraft for flight on a rocket propelled or rocket launched aircraft. Specialized Aviation Activity shall include any flight which requires a special permit or waiver from a governmental authority having jurisdiction over civil aviation, whether or not such permit or waiver is granted. **Spouse** means your husband or wife who is recognized as such by the laws of the jurisdiction in which the primary insured person resides. **We, Us and Our** means Federal Insurance Company.

**EXCLUSIONS:** This insurance does not apply to any Accident, Accidental Bodily Injury, Loss, Covered Loss or Loss of Property when: 1) the United States of America has imposed any trade or economic sanctions prohibiting insurance of any Accident, Accidental Bodily Injury, Loss, Covered Loss or Loss of Property; or 2) there is any other legal prohibition against providing insurance for any Accident, Accidental Bodily Injury, Loss, Covered Loss or Loss of Property. Additionally, this insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, the Insured Person 1) entering, or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform

pilot or crew functions in a life-threatening emergency; 2) the Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment or diagnosis thereof. This exclusion does not apply to the Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria; 3) participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority; 4) traveling or flying on any aircraft engaged in Specialized Aviation Activities; 5) suicide, attempted suicide or intentionally self-inflicted injury; or 6) a declared or undeclared War.

**CLAIM NOTICE:** Written claim notice must be given to the Company within 20 days after the occurrence of any loss covered by this policy or as soon as reasonably possible. Failure to give notice within 20 days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible.

**CLAIM FORMS:** When the Company receives notice of a claim, the Company will send you forms for giving proof of loss to us within 15 days. If you do not receive the forms, you should send the Company a written description of the loss.

**CLAIM PROOF OF LOSS:** Complete proof of loss must be given to us within 90 days after the date of loss, or as soon as reasonably possible. Failure to give complete proof of loss within these time frames will not invalidate any otherwise valid claim if notice is given as soon as reasonably possible and in no event later than 1 year after the deadline to submit complete proof of loss.

**TIME PAYMENT of CLAIMS:** The Company will pay you or your beneficiary the applicable benefit amount as soon as complete proof of loss is received if you, the Policyholder and/or the beneficiary have complied with all the terms of this policy. If a claim is contested by us, we will notify you or your beneficiary the reasons for contesting the claim within 45 days of receipt of complete Proof of Loss. If we request additional information from you or your beneficiary, upon receipt of requested information we will pay or deny the claim within 60 days. All overdue claim

payments will bear simple interest at the rate of 10% per year.

**EFFECTIVE DATE:** Your insurance becomes effective on the latest of: the effective date of this policy, the date on which you first meet the eligibility criteria as the Insured Person or the beginning of the period for which required premium is paid for you. Insurance for you automatically terminates on the earliest of: the termination date of this policy, the expiration of the period for which required premium has been paid for you, the date on which you no longer meets the eligibility criteria as the Insured Person or the date on which the Company pays out 100% of the principal sum.

**FOR CUSTOMER SERVICE INQUIRIES PLEASE CALL THE NUMBER ON THE BACK OF YOUR CARD.**

**Administrator**

The Direct Marketing Group, Inc,  
9931 South 136<sup>th</sup> Street  
Suite 100  
Omaha, NE 68138  
844-312-2802

For claims related matters ONLY, please contact the Claims Administrator:

Broadspire, a Crawford Company  
PO Box 459084  
Sunrise, FL 33345  
Phone# 844-245-2030  
Fax# 855-830-3728

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Complete policy provisions are contained in the Master Policy 9907-84-82, which is on file with the Policyholder. Insurance benefits are underwritten by Federal Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

**AUTO RENTAL LOSS DAMAGE WAIVER  
SUMMARY OF COVERAGE**

**THE PLAN**

As an eligible Cardholder you are eligible to receive reimbursement for repair or replacement of the Rented Automobile\*\*\* as a result of Damage or Loss\*\* to the Rented Automobile up to \$50,000. Reimbursement will be on an Actual Cash Value\*\*\*\* basis, for loss for which the Insured is responsible, when the loss occurs Worldwide. This coverage applies provided the entire rental fee for the Rented Automobile has been charged or debited to your Account; and, provided you have rejected, at the time of rental, any waiver of liability for Damage or Loss available from the Rental Agency\*\*\*\*\*.

\*Insured means Cardholders, Cardmembers and Accountholders of the Policyholder. Cardholder means an individual who has been issued an Account card by the Policyholder. Cardmember means any authorized primary or additional card user who has been issued an Account card by the Policyholder. Accountholder means any individual who has an open and active Account with the Policyholder.

\*\*Damage or Loss means direct and accidental loss to a Rented Automobile.

\*\*\*Rented Automobile means a four-wheeled private passenger type motor vehicle or a mini-van manufactured and designed to transport a maximum of seven passengers and used exclusively to carry passengers. A Rented Automobile must be designed for travel on public roads and rented from a licensed rental company. Off-road, antique or limited edition vehicles are excluded, as are trucks, recreational vehicles, campers, pick-up trucks and mini-buses.

\*\*\*\*Actual Cash Value means the cost to repair or replace the Damage or Loss to the Rented Automobile at the time of loss, less depreciation.

\*\*\*\*\*Rental Agency means a commercial automobile rental company licensed under the laws of the applicable jurisdiction.

**ELIGIBILITY**

This Damage or Loss reimbursement is provided to you, as an Insured, automatically when the entire rental fee for the Rented Automobile is charged or debited to your eligible card. It is not necessary for you to notify the

Insurance Company or Plan Administrator at the time the rental fee is charged or debited to your Account

**THE COST**

This coverage is provided at no additional cost to eligible Insureds under the master policy issued to PSCU by Federal Insurance Company (the Company).

**AMOUNT OF INSURANCE**

The Company's liability will be for a maximum reimbursement of \$50,000. The Amount of Insurance is payable on an excess basis over and above any amount due from any other valid or collectible insurance, including personal auto insurance, or any other form of reimbursement payable by those responsible for the loss. From the amount of reimbursement due the Insured, the amount of any valid and collectible insurance will be deducted. In no event will the Company be liable beyond the amounts actually paid by the Insured.

**EXCLUSIONS**

Coverage does not apply to loss resulting from the following:

- \* Any dishonest, fraudulent or criminal act of the Insured.
- \* Forgery by the Insured.
- \* Loss due to war or confiscation by authorities.
- \* Loss due to nuclear reaction or radioactive contamination.
- \* Intentional damage to the Rented Automobile by the Insured.
- \* Damage which is due and confined to wear and tear, freezing, mechanical or electrical breakdown or failure, unless such damage results from a theft covered by the plan.
- \* Damage to tires unless damaged by fire, malicious mischief or vandalism, or stolen or unless the loss be coincident with a covered loss.
- \* Use of the Rented Automobile to carry passengers and property for hire.
- \* Use of the Rented Automobile in tests, races or contests.
- \* Use of the Rented Automobile by a person other than the one authorized to operate the Rented Automobile by the terms of the Rental Agreement.
- \* The Rented Automobile being operated or located in any territory prohibited by the terms of the Rental Agreement.
- \* Loss of use of the Rented Automobile.

**EFFECTIVE DATE**

This plan is effective the date you first become an eligible cardholder and will cease on the date the master policy terminates (in which case you will be notified by the Policyholder), or on the date you no longer qualify as an eligible Insured, or on the expiration date of the applicable coverage period for the Insured, whichever occurs first.

The coverage period will not exceed thirty-one (31) consecutive days, or forty-five (45) consecutive days if the Insured is an employee of an organization which has provided an Account card to the Insured for business use.

#### **MISREPRESENTATION AND FRAUD**

Coverage of the Insured will be void if, at any time, the Insured has concealed or misrepresented any material fact or circumstance concerning this coverage or the subject thereof or the interest of the Insured herein, or in case of any fraud or false swearing by the Insured relating thereto.

Coverage for an Insured will be void if, whether before or after a loss, the Policyholder or its subscribing organization(s) has concealed or misrepresented any material fact or circumstance concerning this coverage or the subject thereof or the interest of the Insured therein, or in case of any fraud or false swearing by the Policyholder or its subscribing organization(s) relating hereto.

As a handy reference guide, please read this document and keep it in a safe place with your other insurance documents. This Summary of Coverage is not a contract of Insurance but is simply an informative statement to eligible Insureds of the principal provisions of the insurance while in effect. Complete provisions pertaining to this plan of insurance are contained in the master policy on file with PSCU herein referred to as the Policyholder. If a statement in this Summary of Coverage and any provision in the policy differ, the policy (# 99068515) will govern.

#### **CLAIM PROCEDURE**

The Insured must send the Company written notice of a claim, including the Insured's name and policy number, within 45 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. To file a sworn Proof of Loss, the Insured must send the following information to the Company or its authorized representative:

- \* A copy of the Account statement showing the automobile rental transaction.
- \* A copy of the automobile rental agreement.
- \* A copy of the police report.
- \* A copy of the initial claim report submitted to the automobile Rental Agency.
- \* A copy of the paid claim presented by the automobile Rental Agency for the Damage or Loss for which the Insured is responsible.
- \* Proof of submission of the loss to and the results of any settlement or denial by the applicable insurance carrier(s).
- \* If no other insurance is applicable, a notarized statement from the Insured to that effect.

#### **FOR QUESTIONS REGARDING THIS BENEFIT PLEASE CONTACT THE PLAN ADMINISTRATOR:**

Direct Marketing Group  
9931 South 136th Street, Suite 100  
Omaha, NE 68138  
844-312-2802

#### **For claims related matters ONLY, please contact the Claims Administrator:**

Broadspire, a Crawford Company  
PO Box 459084  
Sunrise, FL 33345  
Phone# 844-245-2503  
Fax# 855-830-3728

PLAN UNDERWRITTEN BY  
Federal Insurance Company  
A Chubb Company  
202B Hall's Mill Road, P.O. Box 1650  
Whitehouse Station, New Jersey 08889-1650  
**Policy # 9906-85-15**