NSBTHA

When you purchase a Mission Travel Cancellation Program you automatically become a member of the National Small Business Travel & Health Association (NSBTHA). Through this association members may access travel insurance, emergency travel assistance services, and information about events, legislation, and other matters that affect travel. Information about NSBTHA is available at www.NSBTHA.org.

EMERGENCY SERVICES

Separate from the benefits under the Mission Travel Cancellation Program., as a member of NSBTHA the following non-insurance Emergency Travel Assistance Services are available to you from IMG. These services include:

❒ Emergency Travel Arrangements ❒ Lost Passport/Travel Documents Assistance ❒ Lost Luggage Assistance ❒ Embassy or Consulate Referral ❒ Emergency Message Relay ❒ Emergency Prescription Replacement ❒ Medical Referral ❒ 24-Hour Medical Monitoring ❒ Emergency Cash Transfer ❒ Legal Referrals ❒ Emergency Translations

d.b.a. iTravelInsured Insurance Services in CA.
d.b.a. iTravelInsured Insurance Agency in NY.

Program Manager

iTravelInsured®, Inc.
P.O. Box 88503
Indianapolis, IN 46208-0503 USA
Toll Free (U.S. and Canada): 866.243.7524
Outside U.S. and Canada: 01.317.655.9798
Claims Email: itravelclaims@itravelinsured.com
Fax: 317.655.4505

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ASSOCIATION REFERRAL INFORMATION

Contact Information:

Adams & Associates International - Arthur J. Gallagher
Phone: 1.803.758.1400
www.aaintl.com
email: aai@ajg.com

Certificate form #: iTI100-1b

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Mission Travel Cancellation Program

Trip cancellation insurance to protect your mission travels

Insurance products are underwritten and offered where available by Delos Insurance Company, New York, NY 10036.

Protecting Your Mission Travels

There's a lot of work that goes into planning a mission trip. You select how you're going to travel, where you'll stay, and what to do while on the trip. You make your reservations, make the required payments, update your passport if necessary, and you're ready to go. But what if you are prevented from taking your trip? What if you become suddenly and unexpectedly ill or injured before or during your trip? What if your selected airline should go out of business? Those hard-earned payments could be lost.

To help protect you from losing the money you've spent to travel, there is the Mission Travel Cancellation Program. It provides coverage for many of those unforeseen circumstances that may force the cancellation or interruption of your covered trip.

With Mission Travel Cancellation, you may recover non-refundable, unused payments and deposits when a trip is cancelled or interrupted for a variety of reasons. Benefits are also provided for travel delays, baggage delays, and emergency medical treatment while you're away from home.

Separate from these benefits, you have access to non-insurance emergency travel assistance, to help you replace lost travel documents or prescriptions, emergency cash transfers, and legal or medical referrals when necessary. All of these services are designed to make your trip as stress-free as possible.

Taking a mission trip is an exciting and rewarding adventure, but the unexpected could happen. Make sure you have the protection you need with the Mission Travel Cancellation Program.

Benefit Highlights

Benefit	Amount
Trip Cancellation/Interruption • Your emergency illness, injury or death, or that of a family member, a business partner, a travel companion, or a travel companion's family member • Financial default of a travel supplier • A terrorist incident • Organized labor strike, natural disaster or bad weather resulting in the cessation of the travel supplier's services • Hijacking • Medical quarantine • Jury duty • Your home or that of a travel companion made uninhabitable by fire, windstorm, vandalism, or flood • Your auto accident or that of your travel companion on the way to the scheduled departure point • Cancelled leave if you or your travel companion is on active duty for the military, police or fire department • Employer termination or layoff	Up to US $10,000
Travel Delay • Travel supplier delay • Lost or stolen passport, travel documents, or money • Medical quarantine • Natural disaster • Your injury or emergency illness or that of your travel companion • Missed cruise departures because of flight delay due to bad weather	Up to US$500
Baggage Delay	Up to US$100
Emergency Medical/Dental Expenses	Up to US$10,000

This is a summary of the principal provisions of the master policy offered through the NSBTHA for its members. ***It is not considered to be a contract of insurance.*** *Complete details of coverage, terms, limitations, and exclusions that may affect benefits payable are provided in the master policy and summarized in the certificate.*

Coverage may vary by state and may not be available in all states. Read your certificate carefully and note all state exceptions that may apply. For more information regarding the exclusions and all other terms and conditions of Mission Travel Cancellation Program., please see the certificate wording for your state which is available upon request.

This brochure is not intended to be an offer to sell Mission Travel Cancellation Program or a solicitation by iTravelInsured in any jurisdiction where such action would be unlawful or in which iTravelInsured is not qualified to do so.

EXCLUSIONS

We will not pay for any Illness, Injury or loss caused by or as a result of:

1. A Pre-Existing Condition, except as waived by Us under the terms of the Policy.
2. War or any act of war (whether declared or undeclared), civil disturbance, riot or insurrection.
3. Serving in one of the armed forces of any country or international authority.
4. Operating, learning to operate, piloting or riding in or on any aircraft or flying device, other than riding as a passenger in a licensed commercial aircraft.
5. Suicide or attempted suicide, while sane; intentionally self-inflicted Injury or Illness.
6. Being under the influence of any intoxicant, drug or narcotic unless prescribed by a Physician.
7. Training, practicing or participating in any motor sport or motor racing.
8. Parachuting, hang gliding, parasailing, hot air ballooning, scuba diving below 135 feet or any type of scuba diving with out the proper diving training and certification from a professional organization, rock or mountain climbing, or hunting.
9. Pregnancy or childbirth when You are expected to give birth within two months from the date of a Covered Trip or an elective abortion.
10. Traveling against the advice of a Physician, traveling while on a waiting list for inpatient Hospital or clinic treatment, or traveling for the purpose of obtaining medical treatment abroad.
11. Taking part in any scheduled athletic event or competition.
12. Any emotional, psychological, mental or nervous disorder.
13. Any potentially fatal condition which was diagnosed before the date Your coverage became effective, or any condition for which You are traveling to seek treatment.
14. Dental treatment due to normal wear and tear or the normal maintenance of dental health.

Exclusions may vary by state. Read your certificate carefully and note all exclusions that may apply. For more information regarding these exclusions and all other terms and conditions of The Mission Travel Cancellation Program, please see the certificate wording for your state which is available upon request.

PRE-EXISTING CONDITIONS

We will not pay for any services or covered expenses incurred as a result of a pre-existing condition. ***However, this pre-existing condition exclusion is waived if coverage is purchased within 14 days from the date your initial deposit for the covered trip was paid to the travel supplier, and all insureds are medically able to travel on the date coverage is purchased.***

HOW TO APPLY

To apply, simply fill out the Application on panels 5 and 6 and calculate the program cost based on the length of your trip. Once you have completed the Application, return it to iTravelInsured. Subject to acceptance of your Application and payment of the program cost, coverage for all benefits except trip cancellation will begin on the departure date. The trip cancellation benefit will begin at 12:01 a.m. on the day after we receive your Application. Coverage ends on the earliest of the following dates: 1) Arrival at your return destination; 2) The return date; 3) The 30th consecutive day after the departure date or 4) Cancellation of the covered trip.

APPLICATION PROCESSING

Applications are normally processed within 24 hours of receipt. Once the processing is complete, correspondence will be sent to you via email, to the email address listed on the Application, concerning your fulfillment materials. If an email address is not provided, a $3.00 postage and handling fee will be assessed for postal mail fulfillment.

RIGHT TO CANCEL

If you are not satisfied for any reason, you may return the certificate to us within 10 days after receipt provided you have not already departed on your trip or filed a claim. The program cost will then be refunded, and the certificate will be void from the beginning.

FULFILLMENT KIT

Once we have received and processed your Application, you will receive an email that contains all of the hyperlinks to obtain the fulfillment information through the Internet. The fulfillment kit will include your coverage verification letter, an insurance certificate, and an explanation of the non-insurance assistance services available as a benefit of membership in the NSBTHA.

TO FILE A CLAIM

To file a claim, please contact: iTravelInsured, Inc.
P.O. Box 88503, Indianapolis, IN 46208-0503
Ph: (866) 243-7524 or (317) 655- 9798 Fax: (317) 655-4505

Written notice of claim must be given to us within 30 days after a covered injury, illness or loss occurs or begins. If such notice cannot be given during such time, then it must be done as soon as reasonably possible. The notice must include the claimant's name, your name and the certificate number.

Written proof of loss must be sent to us within 90 days after the end of each period that benefits are payable. For any other loss, written proof must be given within 90 days after the date of loss. If proof of loss cannot be given in that time, such proof of loss must be given as soon as reasonably possible.

To Apply for Membership and Insurance

1. Complete this entire Application, panels 5 and 6.
2. If paying by check or money order, please make payable to: iTravelInsured, Inc.
3. Mail or fax completed Application to:

iTravelInsured, Inc.
P.O. Box 88503
Indianapolis, IN 46208-0503
Fax: 1.317.655.4505

Contact Information **Please Print** ❏ **Mr.** ❏ **Mrs.** ❏ **Ms.**

Name (First)__________________ (Last)__________________________

Address____

City, State, Country, Zip____

Email address____

Phone____

Date of departure________________ Date of return_________________

Important: Please include your departure date and return date when counting # of days.

1) First Name_________________ Last Name____________________

Date of birth__________________ Citizenship____________________

_______________ X $5.45 = _______________
Trip Length (# of days) Rate Cost

2) First Name_________________ Last Name____________________

Date of birth__________________ Citizenship____________________

_______________ X $5.45 = _______________
Trip Length (# of days) Rate Cost

3) First Name_________________ Last Name____________________

Date of birth__________________ Citizenship____________________

_______________ X $5.45 = _______________
Trip Length (# of days) Rate Cost

4) First Name_________________ Last Name____________________

Date of birth__________________ Citizenship____________________

_______________ X $5.45 = _______________
Trip Length (# of days) Rate Cost

5) First Name_________________ Last Name____________________

Date of birth__________________ Citizenship____________________

_______________ X $5.45 = _______________
Trip Length (# of days) Rate Cost

Please attach a separate page, if necessary, to list all travelers and continue to panel 6.

Total Program Cost Calculation

Please add together the program cost of each traveler to determine your total program cost.

$_________ + $_________ + $_________ + $_________ + $_________
#1 Cost #2 Cost #3 Cost #4 Cost #5 Cost

+ $_____________________ = **Total Program Cost $**______________
Cost from attached pages

MEMBERSHIP I (we) hereby apply for membership to the National Small Business Travel and Health Association.

CERTIFICATION I (we) hereby certify and represent that I (we) have read, or have had read to me (us), all statements and answers recorded on this application. They are true, complete and correctly recorded. I (we) confirm that all travelers listed on this application are medically able to travel on the date this coverage is purchased. I (we) understand and agree that subject to the acceptance of this application and payment of the program cost in full, coverage will begin at 12:01 a.m. on the day after this completed application is received. I (we) understand that if payment is returned unpayable for any reason, coverage becomes null and void.

X **Signature of Applicant or Proxy**

____

Date_____________________ Phone_____________________________

Payment Method

❏ Check (iTravelInsured) ❏ Money Order (iTravelInsured) ❏ Visa
❏ Mastercard ❏ Discover ❏ American Express

If paying by credit card, I authorize iTravelInsured to debit my credit card account for the total charge as specified in Total Program Cost. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I agree to comply with the cardholder agreement.

Card#_____________________________Expiration date______________

Name on Card____

Signature____

Your Daytime Phone____

Your Billing Address____

____