

If, during a Stay at a Rental Property, an Insured Person, cause[s] 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 Policyholder for the cost of repair or replacement of such property up to Maximum Benefit of \$1,500.

## DEFINITIONS

**“Insured”** means a person who: (a) is a registered guest at a Rental Property; (b) completes any required enrollment form for Security Deposit Protector coverage; and (c) for whom premium has been paid by check-in at the Rental Property.

**“Insurer”** means National Union Fire Insurance Company of Pittsburgh, PA.

**“Insured Person”** 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.

**“Rental Property”** means a property owned or managed by the Policyholder.

**“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.

## INSURANCE

An Insured under the policy is any traveler who purchases the Security Deposit Protector from a participating property manager, enrolls for coverage, and pays the premium by check-in.

**Effective Dates:** The Security Deposit Protector coverage will take effect on the date and time the Insured checks-in as a registered guest at the Rental Property, provided the appropriate premium has been paid.

**Termination Dates:** The Security Deposit Protector coverage will end on the earlier of (1) the normal check-out 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 Rider. As an Insured under this program, staying at a Rental Property, the Insurer will pay on your behalf (subject to the limits of coverage and the exclusions below) for the theft or damage to covered real or personal property of the Rental Property owner located within the Rental Property occupied by you which is a result of your inadvertent acts or omissions.

## GENERAL EXCLUSIONS

The Security Deposit Protector has certain conditions. The program will not pay a benefit for theft or damage resulting from:

a) Natural Disaster; b) Intentional acts of an Insured Person; c) Gross negligence, willful and wanton conduct by an Insured person; d) Any cause, if the Insured does not report the loss or damage to the staff of the Rental Property by the Termination Date; e) Normal wear and tear of the Rental Property unit; f) loss of use of the Rental Property unit; g) theft or damage to any property owned by or brought by an Insured Person onto the Rental Property premises; h) theft or damage caused by anyone visiting other than an Insured Person; i) theft without a valid police report; j) damage without a valid police report unless the damage is caused by an Insured Person; k) damage or theft in a Rental Property unit if the number of persons occupying the unit exceeds that unit’s occupancy limit.

## NOTICE OF CLAIMS

All claims will be administered by Travel Guard and the property management company. They will have the sole authority to determine the extent of repairs necessary. All damage or theft for which a claim may be made must be reported to the Rental Property staff no later than the Termination Date.

Initial claim form must be submitted by the participating property management company to

Mercury Claims & Assistance of Wisconsin, LLC within 72 hours of initial damage. Remaining correspondence including original receipt or invoice, must be submitted within 60 days of the initial filing to be eligible for reimbursement of claim amount. This policy will be strictly adhered to.

## GENERAL PROVISIONS

**Acts of Agents** - No agent or any person or entity has authority to accept service of the required proof of loss or demand arbitration on the Insurer’s behalf nor to alter, modify or waive any of the provisions of the policy.

**Concealment or Fraud** - The Insurer does not provide coverage for the Insured if the Insured has intentionally concealed or misrepresented any material fact or circumstance relating to the policy or claim.

**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.

**Legal Actions** - No one may sue for benefits less than 90 days after due proof of loss is submitted, nor more than 3 years (or the minimum period of time permitted by state law, if greater) after the date claim forms are due.

**Payment of Premium** - Coverage is not effective unless all premium due has been paid to Travel Guard prior to check-in.

**Subrogation and Right of Recovery** - As a condition to receiving Security Deposit Protector benefits under the policy, 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 pro-

hibited by applicable law: (1) 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; (2) 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 act on or right by or on behalf of an Insured or such other person against any Third Party or Coverage.

**"Coverage"** - For purpose of Subrogation, means any other fund or insurance policy (except this Policy and any fund or insurance policy providing the Policyholder with coverage for any claims, causes of action or rights the Insured of such other person may have against the Policyholder.)

**Termination of the Policy** - Termination of the policy will not affect a claim for a loss which occurred while the coverage is in force.

**Third Party(ies)** - Means any person, corporation or other entity (except the Insured, the Policyholder and the Company).

**Notice to California residents:** The plan contains disability insurance benefits or health insurance benefits, or both, that only apply during your covered Trip. You may have coverage from other sources that already provides you with these benefits. You should review your existing policies. If you have any questions about your current coverage, call your insurer or health plan.

**Notice to Florida residents:** The benefits of the policy providing your coverage are governed by the law of a state other than Florida.

**Notice to Texas residents:** The policy may provide a duplication of coverage already provided by your personal auto insurance, homeowner's, personal liability policy or other source of coverage.



**WHAT TO DO IF A PROBLEM OCCURS**

When calling from the U.S., 1.866.221.8080.  
When calling from abroad, call collect 1.715.345.0505.



**DESCRIPTION OF COVERAGE**

For coverage questions or to request a claim form, call toll-free 1.866.221.8080. For emergency help while on your trip, see the information and phone numbers on the reverse side.

**Blanket Travel Accident Insurance**

This document describes the benefits and basic provisions of the policy. You should read it with care so you will understand the coverage. The policy is the only contract under which benefits are paid.

**PLEASE READ THIS DOCUMENT CAREFULLY!**

**Insurance Coverage**

Underwritten by the National Union Fire Insurance Company of Pittsburgh, PA, with its principal place of business at 70 Pine Street, New York, New York 10270. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445.

This is only a brief description of the insurance coverage(s) available under policy series T30253NUFIC. The Policy contains reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

- Coverage is valid only if premium has been paid prior to occupancy of the Rental Property.

**PRODUCT NUMBER: 007689**

In the event of a claim, please refer to the above Product Number.