International Helpers (Guernsey) Trust Trip Cancellation & Interruption



Insurance | Risk Management | Consulting

International Helpers (Guernsey) Trust (IHT) makes available to certain participants a Trip Cancellation package specifically designed for those **travelling outside their home country**. This plan helps to protect the financial investment you have made in your **mission trip** in the event that you need to cancel or terminate it early. Gallagher Charitable International Insurance Services (GCIIS) can assist you in accessing this benefit. Lloyd's, London provides this cover to IHT.

Schedule of Benefits

Maximum benefit per participant

Trip Cancellation/Interruption: \$10,000

Travel Delay: \$500 (\$100 per day)

Baggage Delay \$100

Right to Terminate Participation

If you are not satisfied for any reason, you may notify GCIIS and return the memorandum within ten days after receipt, provided you have not already departed on your trip or filed a claim. The participation fee will be refunded, less a processing fee. The participation will be null and void.

Benefits

Trip Cancellation/Interruption

Subject to the limitations stated below, we will pay for nonrefundable, unused payments and deposits, not to exceed the lesser of the total trip protection purchased, or the maximum benefit shown on the Schedule of Benefits, if your trip is cancelled or interrupted as a result of any one of the following events that occurs after your benefits are in effect and before such benefits terminates:

- 1. Emergency illness, injury or death to:
- You;
- A family member;
- A business partner;
- A travel companion; or
- A travel companion's family member.

The emergency illness or injury must be so disabling as to reasonably cause a trip to be delayed, cancelled or interrupted upon the written opinion of a treating physician. For trip cancellation benefits, an actual examination by a physician must take place before the cancellation is made. For trip interruption benefits, this examination must take place during the trip. If the emergency illness or injury occurs to a family member or travel companion's family member, that person must require your care or the care of a travel companion.

We will not pay for those unused payments or deposits that are non-refundable as a result of your failure to notify the travel supplier of the cancellation of a trip within ten days after the death of a family member, business partner, travel companion or travel companion's family member.

We will not pay this benefit if your illness, injury or death is a result of a pre-existing condition. This pre-existing condition exclusion is waived if benefits are purchased within 14 days from the date your initial deposit for the trip was paid to the travel supplier and all persons are medically able to travel on the date benefits are purchased.

- 2. Financial default of a travel supplier (other than the travel supplier from whom you purchased the Trip) which stops service more than 30 days after the date your benefits became effective. Financial default of a travel supplier before or on the date your benefits became effective or within 30 days after the date your benefits became effective is excluded. This benefit must be purchased within 14 days from the date of initial deposit for the trip.
- 3. A terrorist incident, if you are scheduled to arrive at a destination within 30 days following the terrorist incident and the travel supplier is not offering a substitute itinerary. Travel to any destination for which travel warnings have been issued by the U.S. State Department at the time these benefits are purchased is excluded. Travel to any destination in which such a terrorist incident has occurred in the 180 days prior to the date these benefits are purchased is excluded.
- 4. Organized labor strike, natural disasters or bad weather resulting in the complete cessation of services by a travel supplier for at least 24 consecutive hours.
- You or a travel companion being hijacked or medically quarantined by order of a governmental health authority.

- **6.** You or a travel companion being **summoned to serve on a jury or served with a court order** issued after the date your benefits became effective, which mandates the appearance in court during the time period of the trip.
- 7. Your home or the home of a travel companion is made uninhabitable by fire, windstorm, vandalism or flood.
- **8.** A traffic accident directly involving either you or a travel companion, substantiated by a police report, while on route to a scheduled departure point for the trip.
- 9. You or a travel companion is on active military duty in the United States Armed Forces or is an active duty police officer or firefighter, whose personal leave is revoked within 10 days before your departure date. Such revocation must be in writing by a superior officer and must not be due to a base or unit mobilization, unit or personal reassignment for any reason (whether temporary or permanent) or disciplinary action.
- 10. Employer termination or your layoff. You must have been employed with the same employer for at least one year, and you must have worked at least 30 hours per week, excluding time off for paid vacation and holidays, for the entire period of employment.

If your trip is interrupted due to any of the events listed above, we will reimburse you for a one-way economy airfare to return you to the starting point of your trip, less any amounts credited or refunded to you; except you will not be reimbursed if a family member or travel companion with whom you permanently reside suffers an illness, injury or death as a result of a pre-existing condition that is not waived.

Travel Delay

Subject to the limitations listed below, we will pay up to the maximum benefit shown on the Schedule of Benefits for additional reasonable traveling expenses that are incurred by you on a trip because of a travel delay of at least eight hours, and are not otherwise paid by a travel supplier or common carrier. You must make every reasonable effort to avoid additional expenses. This benefit is payable for only one delay per trip. Travel delay must be caused by:

- 1. Travel supplier delay;
- 2. Lost or stolen passport, travel documents or money;
- 3. Medical quarantine;
- 4. Natural disaster; or
- 5. Injury or emergency illness of you or a travel companion.

Any benefit payable will be reduced by all amounts credited or refunded to you by any other source.

Baggage Delay

In the event your checked baggage is delayed by a common carrier on a trip for eight hours or more from the actual time of arrival at a destination, subject to the limitations stated below, we will reimburse costs you incurred up to the maximum benefit shown on the schedule of benefits for reasonable additional clothing and essential personal articles you purchased. Verification of the delay by the common carrier and receipts for the necessary purchases must accompany any claim. The following limitations will apply:

- We will pay benefits of only one baggage delay per enrolled trip.
- 2. We will cover only one baggage delay per trip.
- This benefit is in excess of any reimbursable costs paid by a common carrier.

Claim Provisions

To help facilitate prompt payment of claims, you should report all claims as soon as possible directly to:

Gallagher Charitable International Insurance Services P.O. Box 2860

Greenville, SC 29602

Phone: 800.922.8438 | Fax: 803.252.1988

gcclaims@ajg.com

Written notice of claim must be given to us within 30 days after an 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 confirmation number.

Provisions

Eligibility and Effective Date

Subject to our acceptance of your enrollment and payment of the participation fee in full, all benefits except trip cancellation will begin on the departure date. The trip cancellation benefit will begin at 12:01 AM on the day after your enrollment date.

Termination Date

All benefits for an enrolled trip end on the earliest of:

- 1. Arrival at your return destination;
- 2. The return date; or
- 3. Cancellation of your trip.

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 this agreement.
- 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 without 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 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 benefits 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.



Mail or Email to:

P.O. Box 2860 Greenville, SC 29602 P: 800.922.8438 | F: 803.252.1988

Email: gallaghercharitable@ajg.com www.TravelWithGallagher.com

Trip Cancellation and Interruption Application Form

- 1. Complete this form.
- 2. If paying by check, please make payable to GCIIS.
- 3. Mail or fax completed form to:



Mail or Email to:

P.O. Box 2860 Greenville, SC 29602 P: 800.922.8438

Email: gallaghercharitable@ajg.com

4. Once GCIIS has reviewed and approved this form, you will receive an email with a enrollment number.

| Name: | Passport Number: | | | | | | |
|-------------------------------------------------------------------------------|------------------------------|-------|----------------------|------|--|--|--|
| Signature: | Date: | | | | | | |
| Address: | | | | | | | |
| City: | | State | : | Zip: | | | |
| Phone: | Er | nail: | | | | | |
| Sponsoring Organization or Other Group: | | | | | | | |
| Destination City: | | | Destination Country: | | | | |
| Expected D | Date of Departure from Home: | | | | | | |
| Expected D | Date of Arrival Back Home: | | | | | | |
| Total number of Days (Include date of departure and return when calculating): | | | | | | | |

Travelers

If there are more than five travelers, please attach a separate sheet with their names, dates of birth, passport number, and Trip Costs (optional). The cost is \$5.20 per person/per day.

| Name | Date of Birth | Passport Number | Beneficiary | Trip Cost |
|------|------------------|--------------------|-------------|-----------|
| | | | | \$ |
| | | | | \$ |
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| | | | | \$ |

Fee Calculation

(Please include the departure and return date when computing travel days)

| | x | (| Х | \$5.20 | _ = | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------|---------|----------------------------|-----|-----------|--|
| | Number of travelers | Number of travel days | | Fee per person/ per day | | Total Fee | |
| By checking the box to the left and submitting this form, you are agreeing to participate in the International Helpers (Guranust. As a declared member of the Trust, you have the benefits of Trip Cancellation & Interruption. | | | | | | | |
| | "I certify that this is missions trip, no | t-for-profit, or humanitaria | n relie | f travel." | | | |