



VISA INFINITE BUSINESS® GUIDE TO BENEFITS

Your Guide to Benefits describes the benefits in effect as of 8/1/2024. Benefit information in this guide replaces any prior benefit information You may have received. Please read and retain for Your records. Your eligibility is determined by Your financial institution.

For questions about your account, balance, or rewards points please call the customer service number on your Visa Infinite Business® card statement.

With Visa Infinite Business®, you can enjoy the strength, recognition, and acceptance of the Visa® brand—with special perks and benefits in addition to the rewards you already earn.

- You'll enjoy instant access to dozens of perks like preferred seating at popular sports, music, film, and theater events, travel packages and savings, and dining perks. Plus enjoy complimentary 24-hour concierge* service, shopping savings, and special offers from your favorite retailers.
- You're also entitled to security and convenience benefits like Purchase Security and Extended Protection, Roadside Dispatch®, Travel and Emergency Assistance Services, Auto Rental Collision Damage Waiver, Lost Luggage Reimbursement, and Travel Accident Insurance.

Look inside for additional information on Visa Infinite Business card perks and benefits.

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Visa Infinite Concierge

Your complimentary Visa Infinite® Concierge* service is available 24 hours a day to help you find tickets to entertain clients, arrange lunch meetings, or provide ground transportation. Call 888-315-6982 to set up a concierge profile with airline, hotel and car rental loyalty numbers so that your profile is set up and ready for when you need assistance with business travel.

- Whether your business travels take you across the country or around the world, Visa Infinite Concierge* service can help take care of it.
- Last minute client meeting come up? Call your complimentary Visa Infinite Concierge* service to find a hotel that suits you.
- You have a big event coming up, and you need help planning it. Don't worry...give us a call.

*You are responsible for the payment of any and all charges associated with any goods, services, reservations or bookings purchased or arranged by the Visa Infinite Concierge on your behalf. Any such purchases or arrangements are solely between you and the respective merchant, and Visa is not a party to the transaction. All goods and services subject to availability.

Auto Rental Collision Damage Waiver

Auto Rental Collision Damage Waiver reimburses You for damages caused by theft or collision – up to the Actual Cash Value of rental vehicles with an original manufacturer's suggested retail price of up to seventy-five thousand dollars (\$75,000.00) when new. Auto Rental Collision Damage Waiver covers no other type of loss. For example, in the event of a collision involving Your rented vehicle, damage to any other driver's car or the injury of anyone or anything is not covered. Rental periods of thirty-one (31) consecutive days are covered. Longer rental periods, however, are **not** covered.

You are eligible for the benefit if Your name is embossed on an eligible card issued in the United States or if You are authorized by Your company to rent an eligible Rental Vehicle using the company's covered business Account, as long as You initiate and complete Your entire Rental Vehicle transaction with the Account. Only You, as the primary renter of the Rental Vehicle, and any additional drivers permitted by the Rental Car Agreement are covered.

How Auto Rental Collision Damage Waiver Works

Your Auto Rental Collision Damage Waiver benefit acts as primary coverage and covers theft, damage, valid loss-of-use charges imposed and substantiated by the auto rental company, administrative fees and reasonable and customary towing charges, due to a covered theft or damage to the nearest qualified repair facility.

How to use Auto Rental Collision Damage Waiver

1. Use Your card to initiate and complete Your entire car rental transaction.
2. Review the auto rental agreement and decline the rental company's collision damage waiver (CDW/LDW) option, or a similar provision, **as accepting this coverage will cancel out Your benefit**. If the rental company insists that You purchase their insurance or collision damage waiver, **call the Benefit Administrator for assistance at 1-800-825-4062. Outside the United States, call collect at 804-965-8071.**

Before You leave the lot, be sure to check the car for any prior damage.

This benefit is in effect during the time the rental car is in Your (or an authorized driver's) control, and it terminates when the rental company reassumes control of their vehicle.

This benefit is available in the United States and most foreign countries (**with the exception of Israel, Jamaica, the Republic of Ireland or Northern Ireland**). However, this benefit is not available where precluded by law, or where it's in violation of the territory terms of the auto rental agreement, or when prohibited by individual merchants.

Because regulations vary outside the United States, check with Your auto rental company and the Benefit Administrator before You travel, to be sure that Auto Rental Collision Damage Waiver will apply.

Vehicles not covered

Certain vehicles are **not** covered by this benefit, they consist of expensive, exotic, and antique cars; cargo vans; certain vans; vehicles with an open cargo bed; trucks; motorcycles; mopeds; motorbikes; limousines; and recreational vehicles.

An **expensive automobile** is defined as any vehicle with an original manufacturer's suggested retail price of more than seventy-five thousand dollars (\$75,000.00) when new.

An **antique car** is defined as one that is over twenty (20) years old, or one that has not been manufactured for ten (10) years or more.

Vans are not covered. But those designed as small-group transportation vehicles (seating up to nine (9) people, including the driver) *are* covered.

If You have questions about a specific vehicle's coverage or organization where the vehicle is being reserved, call the Benefit Administrator at 1-800-825-4062, or call collect outside the United States at 804-965-8071 collect.

Related instances & losses not covered

- Any obligation You assume under any agreement (other than the deductible on Your personal auto policy)
- Any violation of the auto rental agreement or this benefit
- Injury of anyone, or damage to anything, inside or outside the Rental Vehicle
- Loss or theft of personal belongings
- Personal liability
- Expenses assumed, waived, or paid by the auto rental company, or its insurer
- The cost of any insurance, or collision damage waiver, offered by or purchased through the auto rental company
- Depreciation of the Rental Vehicle caused by the incident including, but not limited to, "diminished value"
- Expenses reimbursable by Your insurer, employer, or employer's insurance
- Theft or damage due to intentional acts, or due to the driver(s) being under the influence of alcohol, intoxicants, or drugs, or due to contraband, or illegal activities
- Wear and tear, gradual deterioration, or mechanical breakdown
- Items not installed by the original manufacturer
- Damage due to off-road operation of the Rental Vehicle
- Theft or damage due to hostility of any kind (including, but not limited to, war, invasion, rebellion, insurrection, or terrorist activities)
- Confiscation by authorities
- Vehicles that do not meet the definition of covered vehicles
- Rental periods that either exceed, or are intended to exceed thirty-one (31) days
- Leases and mini leases

- Theft or damage as a result of the authorized driver's and/or cardholder's lack of reasonable care in protecting the Rental Vehicle before and/or after the damage or theft occurs (for example, leaving the car running and unattended)
- Theft or damage reported more than forty-five (45) days* after the date of the incident
- Theft or damage for which a claim form has not been received within ninety (90) days* from the date of the incident
- Theft or damage for which all required documentation has not been received within three hundred and sixty-five (365) days after the date of the incident
- Theft or damage from rental transactions that originated in Israel, Jamaica, the Republic of Ireland, or Northern Ireland
- Losses caused by or resulting from a Cyber Incident

***Not applicable to residents in certain states**

Filing a claim

It is Your responsibility as a cardholder to make every effort to protect Your Rental Vehicle from damage or theft. If You have an accident, or Your Rental Vehicle has been stolen, immediately call the Benefit Administrator at **1-800-825-4062** to report the incident, regardless of whether Your liability has been established. Outside the United States, call collect at **804-965-8071**.

You should report the theft or damage as soon as possible but no later than **forty-five (45) days** from the date of the incident.

The Benefit Administrator reserves the right to deny any claim containing charges that would not have been included, if notification occurred before the expenses were incurred. Thus, it's in Your best interest to notify the Benefit Administrator immediately after an incident. Reporting to any other person will not fulfill this obligation.

What You must submit to file a claim

At the time of the theft or damage, or when You return the Rental Vehicle, ask Your car rental company for the following documents:

- A copy of the accident report form
- A copy of the initial and final auto rental agreements (front and back)
- A copy of the repair estimate and itemized repair bill
- Two (2) photographs of the damaged vehicle, if available
- A police report, if obtainable
- A copy of the demand letter which indicates the costs You are responsible for and any amounts that have been paid toward the claim

Submit all of the above documents from the rental company, along with the following documents, to the Benefit Administrator:

- The completed and signed Auto Rental Collision Damage Waiver claim form (Important: This must be postmarked within ninety (90) days* of the theft or damage date, even if all other required documentation is not yet available – **or Your claim may be denied**).
- A copy of Your monthly billing statement (showing the last four [4] digits of the Account number) demonstrating that the entire rental transaction was made on Your eligible Account.
- Any other documentation required by the Benefit Administrator to substantiate the claim.

Finally, please note that all remaining documents must be postmarked within three hundred and sixty-five (365) days* of the theft or damage date **or Your claim may be denied**.

***Not applicable to residents of certain states.**

For faster filing, or to learn more about Auto Rental Collision Damage Waiver, visit www.eclaimslines.com

Finalizing Your claim

Your claim will typically be finalized within fifteen (15) days, after the Benefit Administrator has received all the documentation needed to substantiate Your claim.

Transference of claims

Once Your claim has been paid, all Your rights and remedies against any party in regard to this theft or damage will be transferred to the Benefit Administrator, to the extent of the cost of payment made to You. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.

Definitions for Auto Rental Collision Damage Waiver

Actual Cash Value means the amount a Rental Vehicle is determined to be worth based on its market value, age, and condition at the time of loss.

Eligible Person means a cardholder who pays for their auto rental by using their eligible Account.

Rental Car Agreement means the entire contract an eligible renter receives when renting a Rental Vehicle from a rental car agency which describes in full all of the terms and conditions of the rental, as well as the responsibilities of all parties under the contract.

Rental Vehicle means a land motor vehicle with four or more wheels as described in the participating organization's disclosure statement which the eligible renter has rented for the period of time shown on the Rental Car Agreement and does not have a manufacturer's suggested retail price exceeding the amount shown on the participating organization's disclosure statement.

You or Your means an Eligible Person who uses their eligible card to initiate and complete the rental car transaction.

Please see "Additional Definitions" for defined benefit terms that may apply to this benefit.

Please see "Definitions Related to Cyber Incidents" for additional definitions that apply to this benefit.

Please see "General Provisions" section at the end of this document.

Travel and Emergency Assistance Services

Travel and Emergency Assistance Services are made available to help You in case of an emergency while You are traveling away from home. The Benefit Administrator can connect You with the appropriate local emergency and assistance resources available, 24 hours a day, 365 days a year.

Please note that due to occasional issues such as distance, location, or time, neither the Benefit Administrator nor its service providers can be responsible for the availability, use, cost, or results of any medical, legal, transportation, or other services.

What are Travel and Emergency Assistance Services and how do I use these services when I need them?

Travel and Emergency Assistance Services are made available to You, if You are a cardholder of an eligible card issued in the United States. You, Your Immediate Family

Members and business associates are also eligible to use these services. Travel and Emergency Assistance Services provide assistance and referral only. You are responsible for the cost of any actual medical, legal, transportation, cash advance, or other services or goods provided.

To use the services, simply call the toll-free, 24-hour Benefit Administrator line at **1-800-825-4062**.

If You are outside the United States, call collect at 1-804-965-8071.

What are the specific services and how can they help me?

- Emergency Message Service – can record and relay emergency messages for travelers or their immediate family members. The Benefit Administrator will use reasonable efforts to relay emergency messages in accordance with benefit guidelines and limitations, but cannot take responsibility for the failure to transmit any message successfully.
- Medical Referral Assistance – provides medical referral, monitoring, and follow-up. The Benefit Administrator can give You names of local English-speaking doctors, dentists, and hospitals; assign a doctor to consult by phone with local medical personnel, if necessary, to monitor Your condition; keep in contact with Your family, and provide continuing liaison; and help You arrange medical payments from Your personal account. **All costs are Your responsibility.**
- Legal Referral Assistance – can arrange contact with English-speaking attorneys and U.S. embassies and consulates if You're detained by local authorities, have a car accident, or need legal assistance. In addition, the Benefit Administrator can coordinate bail payment from Your personal account. The Benefit Administrator can also follow up to make sure bail has been properly handled. **All costs are Your responsibility.**
- Emergency Transportation Assistance – can help You make all the necessary arrangements for emergency transportation home or to the nearest medical facility. This includes arranging to bring Your Immediate Family Members or business associates home and helping You stay in contact with family members or employers during the emergency. In the case of a death, the Benefit Administrator can make arrangements to repatriate the remains. **All costs are Your responsibility.**
- Emergency Ticket Replacement – helps You through Your carrier's lost ticket reimbursement process and assists in the delivery of a replacement ticket to You, should You lose Your ticket. **All costs are Your responsibility.**
- Lost Luggage Locator Service – can help You through the Common Carrier's claim procedures or can arrange shipment of replacement items if an airline or Common Carrier loses Your checked luggage. **You are responsible for the cost of any replacement items shipped to You.**
- Emergency Translation Services – provides telephone assistance in all major languages and helps find local interpreters, if available, when You need more extensive assistance. **All costs are Your responsibility.**
- Prescription Assistance and Valuable Document Delivery Arrangements – can help You fill or replace prescriptions, subject to local laws, and can arrange pickup and delivery of Your prescriptions filled for You at local pharmacies. It can also help transport critical

documents that You may have left at Your home or elsewhere. **All costs are Your responsibility.**

- Pre-Trip Assistance – can give You information on Your destination before You leave such as ATM locations, currency exchange rates, weather reports, health precautions, necessary immunizations, and required passport visas.

Definitions for Travel and Emergency Assistance Services

Immediate Family Member means Your Spouse or dependent children under twenty-two (22) years old.

You or Your means an eligible person whose name is embossed on an eligible U.S. issued card, and You reside in the United States.

Please see "Additional Definitions" for defined benefit terms that may apply to this benefit.

Additional provisions for Travel and Emergency Assistance Services

This benefit is provided to eligible cardholders at no additional cost. The terms and conditions contained in this Guide to Benefits may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefits mailings, statement inserts, statement messages or electronic notification. The benefits described in this Guide to Benefits will not apply to cardholders whose accounts have been suspended or cancelled. Termination dates may vary by financial institutions. Your financial institution can cancel or non-renew the benefits for cardholders, and if they do, they will notify You at least thirty (30) days in advance.

Trip Cancellation and Interruption

Trip Cancellation and Interruption benefits pay up to three thousand dollars (\$3,000.00) per Insured Person for the non-refundable Common Carrier ticket(s) that You paid for with Your covered Account and/or rewards programs associated with Your covered Account. You, Your spouse (or Domestic Partner) and Your Dependent Children are eligible for coverage if You charge the entire cost of the Trip using Your Account, less redeemable certificates, vouchers, or coupons, or rewards program associated with Your covered Account.

The Trip Cancellation or Interruption must be caused by or result from:

1. The death, Accidental Bodily Injury, disease or physical illness of You or an Immediate Family Member of the Insured person; or
2. Default of the Common Carrier resulting from financial insolvency.

The death, Accidental injury, disease or physical illness must be verified by a Physician and must prevent You from traveling on the trip.

Note: Common Carriers may issue a credit voucher for the value of the unused ticket. A fee may be associated with changing or cancelling the ticket. Reimbursement of fee may be eligible at time of Loss. Most Common Carrier credit vouchers expire in one year. Proof of unused credit voucher can be submitted for reimbursement after expiration. Payment will not exceed either the actual Non-Refundable amount paid by the Insured Person for a Common Carrier passenger(s) fare(s), or up to three thousand dollars (\$3,000.00).

The following exclusions apply to financial services
Common Carrier Trip Cancellation/Trip Interruption only

No Trip Cancellation or Interruption benefits will be paid for Loss caused by or resulting from:

- A Pre-existing Condition
- Accidental Bodily Injuries arising from participation in interscholastic or professional sports events, racing or speed contests, or uncertified scuba diving
- Cosmetic surgery, unless such cosmetic surgery is rendered necessary as a result of a Loss covered under this policy
- The Insured Person or an Immediate Family Member being under the influence of drugs (except those prescribed and used as directed by a Physician) or alcohol
- The Insured Person or an Immediate Family Member:
a) traveling against the advice of a Physician; or b) traveling while on a waiting list for specified medical treatment; or c) traveling for the purpose of obtaining medical treatment; or d) traveling in the third trimester (seventh month or after) of pregnancy
- Suicide, attempted suicide, or intentionally self-inflicted injuries
- Declared or undeclared war, but war does not include acts of terrorism
- An Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection or bodily malfunctions, except physical illness or disease which prevent the **Insured Person** from traveling on a **Covered Trip**. This Exclusion does not apply to Loss resulting from an **Insured Person's** bacterial infection caused by an **Accident** or from **Accidental** consumption of a substance contaminated by bacteria.

How to file a Trip Cancellation or Interruption claim

Within twenty (20) days of the Trip Cancellation or interruption or as soon as reasonably possible, You must provide (written) claim notice to the Plan Administrator. The Plan Administrator will ask You for some preliminary information and send You the appropriate claim forms.

Failure to give notice within twenty (20) days will not invalidate or reduce any otherwise valid claim, if notice is given as soon as reasonably possible.

When the Plan Administrator receives notice of a claim, the Plan Administrator will send You forms for giving proof of Loss within fifteen (15) days. If You do not receive the forms, You should send the Plan Administrator a written description of the Loss.

Answers to specific questions can be obtained by writing to the **Plan Administrator**. To make a claim, please contact the **Plan Administrator**:

cbsi Card Benefit Services
550 Mamaroneck Avenue, Suite 309
Harrison, NY 10528

For faster filing, to check the status of the claim and securely upload documents visit www.myclaimsagent.com/cbs

Please return Your completed and signed claim form and the documents listed below as soon as possible to the Plan Administrator:

- A copy of Your monthly billing statement or the travel itinerary (showing the last four [4] digits of the Account number) confirming the Common Carrier ticket was

purchased using the covered Account and/or rewards programs associated with Your covered Account.

- If more than one method of payment was used, please provide documentation as to additional currency, voucher, points or any other payment method utilized.
- Confirmation of the non-refundable amounts for the unused Common Carrier tickets and/or travel vouchers
- Confirmation that the tickets were cancelled with the Common Carrier
- A copy of the travel itinerary showing the passenger names and ticket cost
- Confirmation of the reason for the Trip Cancellation; (completed attached physician statement, confirmation of death of Immediate Family Member or documentation confirming any other cause of Loss)
- A copy of the cancellation or refund policies of the Common Carrier, Tour Operator or Travel Supplier

Travel Accident benefit

As a cardholder, You, Your spouse (or Domestic Partner), and unmarried Dependent Children will be automatically insured up to one thousand dollars (\$1,000) for Accidental Loss of life, limb, sight, speech, or hearing. This benefit applies while:

1. Riding as a passenger in or entering or exiting any Common Carrier; or
2. Riding as a passenger in, entering, or exiting any conveyance licensed to carry the public for a fee and while traveling to or from the airport:
 - a. Immediately preceding the departure of a Common Carrier on which the Insured Person has purchased passage; and
 - b. Immediately following the arrival of a 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.

Covered Loss	Benefit Maximum
Accidental Loss of Life, two or more Members, sight of both eyes, speech and hearing or any combination thereof	\$1,000.00
Accidental Loss of one Member, sight of one eye, speech or hearing	\$500.00
Accidental Loss of the thumb and index finger of the same hand	\$250.00

Loss means, with respect to a hand, complete severance through or above the knuckle joints of at least four (4) fingers on the same hand or at least three (3) fingers and the thumb 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 the fingers, thumb, or foot is later reattached.

In order to be eligible for this additional coverage, the entire cost of the Common Carrier passenger fare(s), less redeemable certificates, vouchers, or coupons, must be charged to Your covered Account and/or rewards programs associated with Your covered Account during the policy period. If the purchase is not made prior to the Insured Person's arrival at the airport, coverage begins at the time the entire cost of the Common Carrier passenger fare is purchased.

This travel accident benefit is provided to eligible cardholders. Your financial institution pays the cardholder's premium as a benefit of the card membership.

The Loss must occur within one year of the Accident. The Company will pay the single largest applicable Benefit Amount. In the event of multiple Accidental deaths per Account arising from any one Accident, the Company's liability for all such Losses will be subject to a maximum limit of insurance equal to two times the Benefit Amount for Loss of life. Benefits will be proportionately divided among the Insured Persons up to the maximum limit of insurance.

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 following exclusions apply to the Travel Accident benefit

Loss caused by or resulting from:

- An Insured Person's emotional trauma, mental or physical illness, disease, normal pregnancy, normal childbirth or elective abortion, bacterial or viral infection, or bodily malfunctions. This exclusion does not apply to Loss resulting from an **Insured Person's** bacterial infection caused by an **Accident** or from **Accidental** consumption of a substance contaminated by bacteria
- Suicide, attempted suicide, or intentionally self-inflicted injuries
- Declared or undeclared war, but war does not include acts of terrorism
- An Accident occurring while You are in, entering, or exiting any aircraft while acting or training as a pilot or crew member (does not apply if You temporarily perform pilot or crew functions in a life-threatening emergency)

How to file a Travel Accident benefit claim

Within twenty (20) days of the accident or as soon as reasonably possible, You must provide (written) claim notice to the Plan Administrator. The Plan Administrator will ask You for some preliminary information and send You the appropriate claim forms. **Failure to give notice within twenty (20) days will not invalidate or reduce any otherwise valid claim, if notice is given as soon as reasonably possible.**

When the Plan Administrator receives notice of a claim, the Plan Administrator will send You forms for giving proof of Loss within fifteen (15) days. If You do not receive the forms, You should send the Plan Administrator a written description of the Loss.

Answers to specific questions can be obtained by writing to the **Plan Administrator**. To make a claim, please contact the **Plan Administrator**:

cbsi Card Benefit Services
550 Mamaroneck Avenue, Suite 309
Harrison, NY 10528

Please return Your completed and signed claim form and the documents listed below as soon as possible to the Plan Administrator:

- A copy of the police report
- A completed medical authorization form for each treating medical facility

- Copy of the certificate of death, if applicable
- A copy of the travel itinerary
- A copy of the credit card statement reflecting the purchase, verification of the cardholder's name and the first six digits of the credit card number.

To view the status of your claim and to securely upload documents, visit www.myclaimsagent.com

Or mail the completed and signed claim form and all required documents to:

Claim Benefit Services
P.O. Box 459084
Sunrise, FL 33345

If You choose to mail Your documents, please send a copy of Your documents and retain the originals for Your records. Claim Benefit Services is unable to return any submitted documents. You will be contacted by a claim adjuster if additional information or documentation is required.

Definitions for Trip Cancellation/Interruption

Accident or **Accidental** means a sudden, unforeseen, and unexpected event which: happens by chance; is independent of illness and disease and is the direct source of Loss.

Accidental Bodily Injury means Bodily Injury, which: 1) is Accidental; 2) is the direct cause of a Loss; and 3) occurs while the Insured Person is insured under this policy, which is in force.

Benefit Amount means the Loss amount at the time the entire cost of the passenger fare is purchased with an eligible Account and/or rewards programs associated with Your covered Account.

Common Carrier means any licensed land, water or air conveyance operated by those whose occupation or business is the transportation of persons or things without discrimination and for hire.

Covered Trip means travel on a Common Carrier when the entire cost of the passenger fare for such transportation, less redeemable certificates, vouchers, or coupons, has been purchased with an Insured Person's covered card Account and/or rewards programs associated with Your covered Account issued by the Policyholder.

Dependent Child or **Children** means those Children, including adopted Children and those Children placed for adoption, who are primarily dependent upon the Insured Person for maintenance and support, and who are: 1) under the age of nineteen (19), and reside with the Insured Person; 2) beyond the age of nineteen (19), permanently mentally or physically challenged, and incapable of self-support; or 3) under the age of twenty-five (25) and classified as full-time students at an institution of higher learning.

Domestic Partner means a person who is registered as a Domestic Partner or legal equivalent under laws of the governing jurisdiction, or who: 1) is at least 18 years of age and competent to enter into a contract; 2) is not related to the Primary Insured Person by blood; 3) has exclusively lived with the Primary Insured Person for at least twelve (12) consecutive months. 4) is not legally married or separated; and 5) has with the Primary Insured Person at least two (2) of the following financial arrangements: a) a joint mortgage or lease; b) a joint bank account; c) joint title to or ownership of a motor vehicle or status a joint lessee on a motor vehicle lease; or d) a joint credit card account with a financial institution.

Immediate Family Member means the Insured Person's: 1) Spouse or Domestic Partner; 2) children including adopted children or stepchildren; 3) legal guardians or wards; 4) siblings or siblings-in-law; 5) parents or parents-in-law; 6) grandparents or grandchildren; 7) aunts or uncles; 8) nieces and nephews. Immediate Family Member also means a Spouse's or Domestic Partner's children, including adopted children or stepchildren; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews.

Insured Person means the individual or entity to whom the Policyholder has issued an Account, as well as authorized users of the Account registered with the Policyholder. Insured Person also means the Insured Person's Spouse or Domestic Partner and Dependent Children.

Member means hand or foot.

Pre-existing Condition means Accidental Bodily Injury, disease, or illness of the Insured Person or Immediate Family Member of the Insured Person which occurs or manifests itself during the sixty (60) day period immediately prior to the purchase date of a Common Carrier passenger fare(s). Disease or illness has manifested itself when either: 1) medical care or treatment has been given; or 2) there exists symptoms which would cause a reasonably prudent person to seek medical diagnosis, care or treatment. The taking of prescription drugs or medication for controlled (continued) condition throughout this sixty (60) day period will not be considered to be a manifestation of illness or disease.

Trip Cancellation means the cancellation of Common Carrier travel arrangements when the Insured Person is prevented from traveling on a Covered Trip on or before the Covered Trip departure.

Trip Interruption means the Insured Person's Covered Trip is interrupted either on the way to the Covered Trip point of departure or after the Covered Trip departure.

You or Yours means an Insured Person who purchases their trip to the Insured person's covered Account and/or rewards programs associated with the Insured Person's covered Account.

Please see "Additional Definitions" for defined benefit terms that may apply to this benefit.

Additional provisions for Trip Cancellation and Interruption

- As a handy reference guide, please read this and keep it in a safe place with Your other insurance documents.
- This description of coverage is not a contract of insurance but is simply an informative statement 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 the Policyholder: BNY Midwest Trust Company as trustee of the Chubb Financial Institution Group Insurance Trust for the Account of participating financial institutions. Policy #: 6478-07-74

Please see "General Provisions" section at the end of this document.

Trip Delay Reimbursement

Trip Delay Reimbursement covers up to a maximum of five hundred dollars (\$500.00) for each purchased ticket,

for reasonable additional expenses incurred when a Covered Trip You purchased with Your eligible Account and/or rewards program associated with Your covered Account is delayed for more than **six (6)** hours or requires an overnight stay. The benefit is limited to one claim per Covered Trip. To be eligible for this coverage, You need to purchase either a portion or the entire cost of Your Common Carrier fare using Your Account.

You, Your spouse and Your dependent children under twenty-two (22) years of age are automatically covered when You charge Your Covered Trip's Common Carrier fare to Your eligible Account and/or rewards program associated with Your covered Account.

This benefit is supplemental coverage, which means that reasonable expenses during the delay not otherwise covered by Your Common Carrier, another party or Your primary personal insurance policy, may be reimbursed up to a maximum of five hundred dollars (\$500.00) per ticket. You will be refunded the excess amount once all other reimbursement has been exhausted up the limit of liability.

What is covered?

Your reasonable additional expenses, such as meals and lodging, may be reimbursed as long as:

- A portion of the fare was purchased with an eligible Account and/or rewards program associated with Your covered Account
- Your Covered Trip was delayed for more than six (6) hours or required an overnight stay due to Covered Hazards
- Your Covered Trip is for a period of travel that does not exceed three hundred and sixty-five (365) days

What is not covered?

- Any delay due to a Covered Hazard which was made public or made known to You prior to Your departure.
- Any pre-paid expenses related to Your Covered Trip, such as tour or activity fees associated with Your Covered Trip.

How to file a Trip Delay Reimbursement claim

Within thirty (30) days of the Covered Trip delay, call the Benefit Administrator at **1-800-825-4062**, or **call collect outside the U.S. at 1-804-965-8071**. The Benefit Administrator will ask You for some preliminary claim information and send You a claim form.

Within ninety (90) days of the date of Your Covered Trip delay, return Your completed and signed claim form and the requested documentation below to the following address:

Card Benefit Services
P.O. Box 72034
Richmond, VA 23255

Please submit the following documents:

- A copy of the detailed original and updated travel itinerary and/or the Common Carrier tickets
- A copy of Your monthly billing statement (showing the last four [4] digits of the Account number) confirming the Common Carrier ticket was charged to the covered Account. Only applicable if the travel itinerary does not reflect the last four (4) digits of the Account number.
- If more than one method of payment was used, please provide documentation as to additional

currency, voucher, points or any other payment method utilized

- Tickets reflecting the total amount charged for the claimed Covered Trip
- A statement from the Common Carrier explaining the reason for the delay
- Copies of itemized receipts for Your claimed expenses. For food expenses, receipts are required, however itemized receipts are only required for bills of fifty dollars (\$50.00) or more per covered traveler.
- Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim

Failure to contact the Benefit Administrator or return the completed claim form and documentation within the time periods indicated above may result in the denial of Your claim.

For faster filing, or to learn more about Trip Delay Reimbursement, visit www.eclaimsline.com

Definitions for Trip Delay Reimbursement

Common Carrier means any land, water, or air conveyance operating for hire under a valid license for the transportation of passengers and for which a ticket must be purchased prior to commencing travel. Common Carrier does not include taxis, limousine services, or commuter rail or commuter bus lines or rental vehicles.

Covered Trip means a period of travel that does not exceed three hundred and sixty-five (365) days away from the Eligible Person's residence to a destination other than the Eligible Person's city of residence for which the Eligible Person charges the cost of transportation by Common Carrier to the Account and/or rewards programs associated with the covered Account.

Covered Hazards means equipment failure, inclement weather, strike and hijacking/skyjacking.

Family Member means Your spouse or legally dependent children under age eighteen (18) [twenty-five (25) if enrolled as a full-time student at an accredited university].

Please see "Additional Definitions" for defined benefit terms that may apply to this benefit.

Please see "General Provisions" section at the end of this document.

Baggage Delay Reimbursement

Baggage Delay Reimbursement can provide reimbursement for essential items You may need while on a Covered Trip and at a destination other than Your location of permanent residence. The maximum benefit is one hundred dollars (\$100.00) per day up to a maximum of three (3) days or a total of three hundred dollars (\$300.00). These maximums apply to You and to each of Your Immediate Family Member whose ticket was purchased with Your covered Account and/or rewards program associated with Your covered Account.

When does it apply?

The Baggage Delay Reimbursement benefit applies if Your Checked Baggage and the personal property contained therein is delayed or misdirected by the Common Carrier for more than four (4) hours from the time You have arrived at the destination printed on Your ticket. To be eligible for this coverage, You need to purchase either a portion or the entire cost of the Covered Trip with Your covered Account and/or rewards program associated with Your covered Account.

You are eligible for this benefit if You are a cardholder of covered card issued in the United States.

This benefit is supplemental to and excess of any valid and collectible insurance or other reimbursement. This benefit will reimburse the excess amount once all other reimbursement has been exhausted up to the limit of liability.

What items are not covered?

- Cellular telephones, or art objects
- Contact lenses, eyeglasses, sunglasses, hearing aids, artificial teeth, dental bridges, and prosthetic limbs
- Items not contained in delayed Checked Baggage
- Loss resulting from abuse, fraud, or hostilities of any kind (including but not limited to, war, invasion, rebellion, or insurrection)
- Losses arising from confiscation or expropriation by any government or public authority or detention by customs or other officials
- Money, securities, credit or debit cards, checks, and travelers checks
- Property shipped as freight or shipped prior to the Covered Trip departure date
- Tickets, documents (travel or otherwise), keys, coins, deeds, bullion, stamps, rugs and carpets, animals, cameras, electronic equipment, sporting equipment, and household furniture

How to file a Baggage Delay Reimbursement claim:

1. After Your Checked Baggage has been delayed for more than four (4) hours You should immediately notify the Common Carrier to begin the Common Carrier's claim process.
2. Notify the Benefits Administrator within twenty (20) days of the date Your Checked Baggage was delayed while on a Covered Trip at **1-800-825-4062, or call collect outside the U.S. at 1-804-965-8071**. The Benefits Administrator will answer Your questions and send You a claim form.
3. Return the completed claim form and the requested documentation below within ninety (90) days from the date the Checked Baggage was delayed to the address provided by the Benefit Administrator.

Please submit the following documents:

- The completed signed claim form
- A copy of Your monthly billing statement or the travel itinerary (showing the last four [4] digits of the Account number) confirming the Common Carrier ticket was charged to the covered Account and/or rewards program associated with Your covered Account
- If more than one method of payment was used, please provide documentation as to additional currency, voucher, points or any other payment method utilized
- Proof of ticketing by the Common Carrier, including, but not limited to, itinerary, boarding pass, or used ticket stub
- A copy of the check, settlement, denial, or explanation of coverage issued by the Common Carrier together with a copy of the Common Carrier's completed claim form, and a copy of the Checked Baggage claim check
- Receipts for essential items purchased while baggage was delayed

- A copy of Your insurance declaration page or documentation of settlement of the delay (if applicable)
- Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim

For faster filing, or to learn more about Baggage Delay Reimbursement visit www.eclaimsline.com

Definitions for Baggage Delay Reimbursement

Checked Baggage means suitcases or other containers specifically designed for carrying personal belongings, for which a claim check has been issued to You by a Common Carrier.

Covered Trip means a Trip (a) while the eligible cardholder is riding on a Common Carrier as a passenger and not as a pilot, operator, or crew member; (b) charged to Your eligible Account and/or with rewards programs earned on Your covered Account; and (c) that begins and ends at the places designated on the ticket purchased for the Trip.

Please see “Additional Definitions” for defined benefit terms that may apply to this benefit.

Please see “General Provisions” section at the end of this document.

Lost Luggage Reimbursement

With Lost Luggage Reimbursement, You can be reimbursed for the difference between the “value of the amount claimed” and the Common Carrier’s payment up to **three thousand dollars (\$3,000.00) per Covered Trip (for New York residents, coverage is limited to two thousand dollars (\$2,000.00) per bag)**, provided the Checked Luggage and/or Carry-on Baggage and/or its contents was damaged or lost due to theft or misdirection by the Common Carrier. “Value of the amount claimed” is the lesser of the following three amounts: the original purchase price of the item(s), the actual cash value of the item(s) at the time of theft or misdirection (with appropriate deduction for depreciation), and the cost to replace the item(s).

You and Your Immediate Family Members are all eligible for this benefit when You take a Covered Trip and pay for the cost of Your Common Carrier tickets with Your eligible card issued in the United States and/or rewards program associated with Your covered Account. To be eligible for coverage, You must purchase a portion or the entire cost of the Covered Trip with Your covered Account and/or rewards program associated with Your covered Account. Only Your Checked Luggage and/or Carry-On Baggage and/or its contents is covered.

This benefit is supplemental to and excess of any collectible insurance and/or collectible reimbursement from any other source. The Benefit Administrator will refund the excess amount once all other reimbursement has been exhausted up to the limit of liability.

Please Note: You must take all reasonable means to protect, save and/or recover Your Checked Luggage and/or Carry-on Baggage and/or its contents at all times.

What is not covered?

Luggage Reimbursement does not apply to loss or theft of the following items:

- Automobiles, automobile accessories and/or equipment, motorcycles, motors, bicycles (except when checked with the Common Carrier), boats, or other vehicles or conveyances

- Contact lenses, eyeglasses, sunglasses, hearing aids, artificial teeth, dental bridges, and prosthetic limbs
- Money, securities, credit or debit cards, checks, and travelers’ checks
- Tickets, documents (travel or otherwise), keys, coins, deeds, bullion, stamps, perishables, consumables, perfume, cosmetics, rugs and carpets, animals, cameras, sporting equipment, and household furniture
- Property shipped as freight or shipped prior to the Covered Trip departure date
- Items specifically identified or described in and insured under any other insurance policy
- Losses arising from confiscation or expropriation by any government or public authority or detention by customs or other officials
- Losses resulting from abuse, fraud, hostilities of any kind (including, but not limited to, war, invasion, rebellion, or insurrection)

How to file a Lost Luggage Reimbursement claim

Immediately notify the Common Carrier to begin their claims process if Your luggage and/or its contents are lost, damaged or stolen.

Within twenty (20) days of the date Your luggage is lost, damaged or stolen, and You have notified the Common Carrier and begun their claims process, call the Benefit Administrator at **1-800-825-4062, or call collect outside the U.S. at 1-804-965-8071**. The Benefit Administrator will ask You for some preliminary claim information and send You a special claim form. **If You do not notify the Benefit Administrator within twenty (20) days of the date the luggage was lost, damaged or stolen, Your claim may be denied.**

Within ninety (90) days of the date Your luggage was lost, damaged or stolen, return Your claim form and the requested documentation below to the address provided by the Benefit Administrator:

- A copy of Your monthly billing statement or the travel itinerary (showing the last four [4] digits of the Account number) confirming a portion of the Common Carrier ticket was charged to the covered Account
- If more than one method of payment was used, please provide documentation as to additional currency, voucher, points or any other payment method utilized
- A copy of ticketing by the Common Carrier, including but not limited to itinerary, boarding pass, or used ticket stub
- A copy of any check, settlement, denial or explanation of coverage issued by the Common Carrier together with a copy of the Common Carrier’s completed claim form, a list of the items lost and their value, and a copy of the luggage claim check (if applicable)
- A copy of Your insurance policy’s Declarations Page (if applicable) to confirm Your deductible (Declarations Page means the document(s) in Your insurance policy that lists names, coverages, limits, effective dates and deductibles)
- A copy of any settlement of the loss or theft from Your primary insurance
- Any other documentation deemed necessary by the Benefit Administrator to substantiate the loss or theft

For faster filing, or to learn more about Lost Luggage Reimbursement visit www.eclaimsline.com

If You have personal insurance (i.e., homeowner's, renter's, or other insurance applicable to the lost, damaged or stolen luggage or contents), You are required to file a claim with Your insurance company and submit a copy of any claim settlement along with Your completed claim form.

If the claim amount is within Your personal insurance deductible, the Benefit Administrator may, at its discretion, deem a copy of Your personal insurance Declarations Page to be sufficient.

Transference of claims

After the Benefit Administrator has paid Your claim of loss or theft under this reimbursement benefit, all Your rights and remedies against any party in respect of this loss or damage will be transferred to the Benefit Administrator to the extent of the payment made to You. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.

Definitions for Lost Luggage Reimbursement

Carry-on Baggage means the baggage which You personally carry onto the Common Carrier and for which You retain responsibility.

Checked Luggage means suitcases or other containers specifically designed for carrying personal belongings, for which a claim check has been issued to You by a Common Carrier.

Covered Trip means a trip while the Eligible Person is riding on a Common Carrier as a passenger and not as a pilot, operator or crew member, for which the expense has been charged to Your eligible Account and/or rewards program associated with Your covered Account, and which is not less than five (5) consecutive days but does not exceed sixty (60) consecutive days in duration.

Please see "Additional Definitions" for defined terms that may apply to this benefit.

Please see "General Provisions" section at the end of this document.

\$1,000,000 Worldwide Automatic Common Carrier Travel Accident Insurance

THE PLAN: As a Visa Infinite Business cardholder of Capital One Financial, you will be automatically insured up to \$1,000,000 against accidental loss of life, limb, sight, speech or hearing while riding as a passenger in, entering or exiting any licensed common carrier provided the entire cost of the passenger fare(s), less redeemable certificates, vouchers or coupons, has been charged to your Visa Infinite Business account. If the entire cost of the passenger fare has been charged to your Visa Infinite Business account prior to departure for the airport, terminal or station, coverage is also provided for common carrier travel (including taxis, bus, train or airport limousine, including courtesy transportation); immediately a) preceding your departure, directly to the airport, terminal or station b) while at the airport, terminal or station and c) immediately following your arrival at the airport, terminal or station of your destination. If the entire cost of the passenger fare has not been charged prior to your arrival at the airport, terminal or station, coverage begins at the time the entire cost of the travel passenger fare is charged to your Visa Infinite Business account.

ELIGIBILITY: This travel insurance plan is provided to Visa Infinite Business cardholders, of Capital One Financial, automatically when the entire cost of the passenger fare(s)

are charged to Visa Infinite Business Card account while the insurance is effective. It is not necessary for you to notify Capital One Financial, the administrator or the Company when tickets are purchased.

THE COST: This travel insurance plan is provided at no additional cost to eligible Visa Infinite Business cardholders of Capital One Financial. Capital One Financial pays the premium for the insurance.

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

THE BENEFITS: The full Benefit Amount of \$1,000,000 is payable for accidental loss of life, two or more members, sight of both eyes, speech and hearing or any combination thereof. One half of the Benefit Amount is payable for accidental loss of: one member, sight of one eye, speech or hearing. One quarter of the Benefit Amount is payable for the accidental loss of the thumb and index finger of the same hand.

Member means hand or foot. 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 applicable at the time the entire cost of the passenger fare is charged to Visa Infinite Business account.

Accident or Accidental means a sudden, unforeseen and unexpected event happening by chance. **Accidental Bodily Injury(ies)** means bodily injury which is Accidental, is the direct source of a Loss, is independent of disease, illness or other cause and occurs while this policy is in force. **Common Carrier** means any land, water or air conveyance operated by those whose occupation or business is the transportation of persons without discrimination and for hire **Covered Trip** means travel on a Common Carrier when the entire cost of the passenger fare for such transportation, less redeemable certificates, vouchers or coupons, has been charged to an Insured Person's Account issued by the Policyholder. **Insured Person** means the individual or entity to whom the Policyholder has issued an Account, as well as authorized users of the Account registered with the Policyholder.

The loss must occur within one year of the accident. The Company will pay the single largest applicable Benefit Amount. In no event will duplicate request forms or multiple charge cards obligate the Company in excess of the stated Benefit Amounts for any one loss sustained by any one individual insured as the result of any one accident. In the event of multiple accidental deaths per account arising from any one accident, the Company's liability for all such losses will be subject to a maximum limit of insurance equal to two times the Benefit Amount for loss of life. Benefits will be proportionately divided among the Insured Persons up to the maximum limit of insurance.

EXCLUSIONS: This insurance does not cover loss resulting from: 1) an Insured's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection (except bacterial infection caused by an accident or from accidental consumption of a substance contaminated by bacteria), or bodily malfunctions;

2) suicide, attempted suicide or intentionally injuries; 3) declared or undeclared war, but war does not include acts of terrorism; 4) travel between the Insured Person's residence and regular place of employment. This insurance also does not apply to an accident occurring while an Insured is in, entering, or exiting any aircraft owned, leased, or operated by Capital One Financial; or any aircraft while acting or training as a pilot or crew member, but this exclusion does not apply to passenger who temporarily perform pilot or crew functions in a life threatening emergency.

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: For all claims, 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.

CLAIM PAYMENT: For benefits payable involving disability, we will pay the Insured Person or beneficiary the applicable Benefit Amount no less frequently than monthly during the continuance of the period for which we are liable. At the end of this period, we will immediately pay any remaining balance of the Benefit Amount. All payments by us are subject to receipt of written Proof of Loss. For all benefits payable under this policy except those for disability, we will pay the Insured Person or beneficiary the applicable Benefit Amount within sixty (60) days after we receive a complete Proof of Loss if the Insured Person and Policyholder have complied with all the terms of this policy.

EFFECTIVE DATE: This insurance is effective on the date that you become an eligible cardholder, whichever is latest; and will cease on the date the Master Policy 6478-06-65 is terminated or on the date your Visa Infinite Business account ceases to be in good standing, whichever occurs first.

HOW TO FILE A CLAIM: FOR CLAIMS RELATED MATTERS ONLY - you may submit a claim directly to Federal Insurance Company. To file a claim directly with Federal Insurance Company contact the Claim Administrator, Broadspire, a Crawford company. Complete all items on the required claim form, attach all appropriate documents, and mail or fax to: Broadspire, a Crawford company, P.O. Box 459084 Sunrise, FL 33345 PHONE: 855-307-9248.

ALL CUSTOMER SERVICE RELATED ISSUES INCLUDING BUT NOT LIMITED TO GENERAL QUESTIONS & CARD SERVICE INQUIRIES SHOULD BE DIRECTED TO THE PLAN ADMINISTRATOR NOTED BELOW AND NOT FEDERAL INSURANCE COMPANY.

GOVERNING JURISDICTION AND CONFORMANCE WITH STATUTES: This insurance is governed by the laws of the jurisdiction in which it is delivered to the Policyholder. Any terms of this insurance which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which the master policy is delivered are

amended to conform to such statutes, laws or regulations. Any terms of a Description of Coverage which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which the Description of Coverage is delivered are amended to conform to the statutes, laws or regulations of the jurisdiction.

Answers to specific questions can be obtained by writing the Plan Administrator.

Plan Administrator
cbsi Card Benefit Services
550 Mamaroneck Avenue, Suite 309
Harrison, NY 10528

As a handy reference guide, please read this and keep it in a safe place with your other insurance documents. This information is a brief description of the important features of this insurance plan. It is not an insurance contract. 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.

Emergency Medical/Dental Coverage

Emergency Medical/Dental provides reimbursement for Emergency Treatment if You become sick or accidentally injured while traveling on a Covered Trip purchased with Your eligible Account and/or rewards program associated with Your covered Account. To be eligible for this coverage, You need to purchase either a portion or the entire cost of the Covered Trip using Your covered Account and/or rewards program associated with Your covered Account. You, Your spouse and Your dependent children are eligible for coverage if You purchase a Covered Trip with Your eligible card issued in the United States and/or rewards program associated with Your covered Account.

Emergency Medical/Dental benefit limit: up to two thousand five hundred dollars (\$2,500.00); subject to a fifty-dollar (\$50.00) deductible.

What is Emergency Medical/Dental and when does it apply?

The *Emergency Medical/Dental* benefit applies if You suffer an injury or illness and require Emergency Treatment during Your Covered Trip. The Covered Trip must take place via a Common Carrier, be no less than five (5) days and no more than sixty (60) days and at least one hundred* (100) miles from Your Residence.

*Note: Under New York laws, when a cardholder's mailing address is in the State of New York, the requirement that You must be one hundred (100) or more miles from Your Residence does not apply.

Your covered medical expenses are necessary services and supplies that are recommended by Your attending physician and take place during the course of Your Covered Trip. They include:

- The services of a legally qualified physician, surgeon, graduate nurse, dentist, or osteopath
- Charges for hospital confinement and use of operating rooms
- Charges for anesthetics (including administration), x-ray examinations or treatments, and laboratory tests
- Ambulance services
- Drugs, medicines, and therapeutic services and supplies

This benefit is supplemental to and excess of any valid and collectible insurance or other reimbursement.

What if I need to recuperate after my hospital stay?

If You are hospitalized as a result of a covered accident or sickness during Your Covered Trip and Your attending physician determines that You should recover in a hotel immediately after Your release from the hospital and before returning home, You may be eligible for an additional benefit of seventy-five dollars (\$75.00) per day for up to a maximum of five (5) days towards the cost of a hotel room.

What is not covered?

Benefits will not be paid in excess of the Reasonable and Customary charges. These benefits do not cover any expense resulting from the following:

- Travel for the purpose of obtaining medical treatment
- Non-emergency services, supplies or charges
- Services, supplies, or charges rendered by You, Your spouse, dependent children or family member.
- Care not prescribed by or performed by or upon the direction of a physician or dentist
- Care not medically necessary as determined by the Benefit Administrator
- Care rendered by a provider other than a hospital, physician, or dentist
- Care which is experimental/investigative in nature
- Payments to the extent benefits are provided by any governmental agency or unit (except Medicare)
- Care received for which You would have no legal obligation to pay in the absence of this or any similar benefit
- Care received in Afghanistan, Burma, El Salvador, Iran, Iraq, Kampuchea, Laos, Lebanon, Nicaragua, North Korea, Vietnam, Yemen, and any other country which may be determined by the U.S. Government from time to time to be unsafe for travel.
- Care for any illness or injury suffered due to:
 - o Self-inflicted harm
 - o Attempted suicide
 - o Mental health issues
 - o Alcoholism or substance abuse
 - o War; military duty; civil disorder
 - o Air travel except as a passenger on a licensed aircraft operated by an airline or air charter company
 - o Routine physical examinations
 - o Hearing aids; eyeglasses or contact lenses
 - o Routine dental care, including dentures and false teeth
 - o Hernia, unless it results from a covered accident
 - o Elective abortion
 - o Participation in or attempt at a felonious act
 - o Skydiving, scuba, skin, or deep sea diving
 - o Hang gliding, parachuting, rock climbing and contests of speed

How to file an Emergency Medical/Dental claim

1. Within ninety (90) days of receiving medical care while on an eligible Covered Trip notify the Benefits Administrator at **1-800-825-4062**, or call collect **outside the U.S. at 1-804-965-8071**. The Benefits Administrator will answer Your questions and send You a claim form.
2. Return the claim form and the requested documentation below within one-hundred and eighty (180) days of the date of the event to the address below:

Card Benefit Services
P.O. Box 72034
Richmond, VA 23255

Please submit the following documents:

- The completed signed claim form
- A copy of Your monthly billing statement or the travel itinerary (showing the last four [4] digits of the Account number) confirming the Common Carrier ticket was charged to Your covered Account and/or rewards program associated with Your covered Account
- If more than one method of payment was used, please provide documentation as to additional currency, voucher, points or any other payment method utilized
- A statement from Your insurance carrier (and/or Your employer, or Your employer's insurance carrier) or other reimbursement showing any amounts they may have paid towards the costs claimed Or, if You have no other applicable insurance or reimbursement, please provide a statement to that effect
- A copy of any other valid and collectible insurance or reimbursement available to You if applicable
- Receipts for the eligible medical/dental expenses
- Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim

Definitions for Emergency Medical/Dental Coverage

Covered Trip means arrangements that are made by a commercial licensed travel establishment consisting of travel agencies and/or Common Carrier organizations, for which the expense has been charged to Your eligible Account and/or rewards program associated with Your covered Account, and which is not less than five (5) consecutive days but does not exceed sixty (60) consecutive days in duration.

Eligible Person means a cardholder, his/her spouse or legally dependent children under age eighteen (18) [twenty-five (25) if enrolled as a full-time student at an accredited university whose Covered Trip was paid for by using their eligible card and/or rewards program associated with their covered Account.

Emergency Treatment means the services or supplies provided by a dentist, hospital, physician or other provider which are medically necessary to treat any injury, sickness or other covered condition where the onset is sudden and unexpected, considered life-threatening, and if left untreated, could deteriorate resulting in serious and irreparable harm.

Reasonable and Customary Charges means charges commonly used by providers of medical care in the locality in which care is furnished.

Residence means Your home address as listed in Your card issuer's file or address reflected on Your billing statement. The home address from the card issuer's records will take precedence over billing statement address in determining the eligibility of coverage.

You or Your means an Eligible Person or Your spouse or dependent children who charged their Covered Trip to Your eligible Account and/or rewards program associated with Your covered Account.

Please see "Additional Definitions" for defined terms that may apply to this benefit.

Please see "General Provisions" section at the end of this document.

Ride Share Protection

You and your Traveling Companion(s) are automatically covered if your name is embossed on an eligible business card issued in the United States and you use it to charge a portion of or the entire amount of the required fare to your Account.

How to use Ride Share Protection

1. Contact a Transportation Network Company to arrange your Trip.
2. Add your covered card as a payment method in the app and charge a portion of or the entire amount of the required fare to your Eligible Account.

The amount of the benefit is limited to the maximum benefit amounts shown below for each benefit per covered accident, per Eligible Person.

Coverage	Benefit Amount per covered accident, per Eligible Person
Accidental Death and Dismemberment Insurance	\$250,000.00
Accident Medical Expense Benefit	\$10,000.00
Personal Property Benefit	\$750.00, with a \$100.00 deductible

How does it work?

Accidental Death & Dismemberment Insurance

provides coverage up to \$250,000.00 dollars per covered accident, for accidental loss of life, limb, sight, speech or hearing while on a covered Trip pre-arranged by a Transportation Network Company. If the cardholder's injuries occur while on a covered Trip and results in a loss **within three hundred and sixty-five (365) days of an accident**, the Company will pay the following percentage of the loss shown in the table below.

Loss	Percentage of Loss of Life Benefit Amount
Loss of Life; Loss of Speech and Loss of Hearing; Loss of Speech or Hearing and Loss of one Hand, Foot or Sight of One Eye; Loss of Both Hands; Loss of Both Feet; Loss of Sight of Both Eyes; Loss of a combination of any two of a Loss of Hand, Loss of Foot or Loss of Sight of One Eye; Quadriplegia	100%
Loss of One Hand; Loss of One Foot; Loss of Sight of One Eye; Loss of Speech; Loss of Hearing; Hemiplegia; Paraplegia	50%
Loss of Thumb and Index Finger of the same hand; Uniplegia	25%

"Quadriplegia" means total Paralysis of both upper and lower limbs. "Hemiplegia" means total Paralysis of the upper and lower limbs on one side of the body. "Uniplegia" means total Paralysis of one lower limb or one upper limb. "Paraplegia" means total Paralysis of both lower limbs or both upper limbs. "Paralysis" means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

The accident must occur while the Eligible Person is on a Trip and is covered under the policy. Coverage applies in

the event the Eligible Person is injured while riding as a passenger as well as entering and exiting a vehicle used on a Trip. If more than one loss is sustained by the Eligible Person as a result of the same accident, only one amount, the largest applicable to the losses incurred, will be paid. The Company will not pay more than one hundred percent (100%) of the maximum limit for all losses due to the same accident.

Loss must occur within three hundred and sixty-five (365) days after the Accident.

Accident Medical Expense Benefit – The Company will pay a benefit for Reasonable and Customary Charges charges up to a maximum of ten thousand dollars (**\$10,000.00**) per covered accident, for an Eligible Person and their Traveling Companion(s) for Medically Necessary expenses incurred **within one hundred and eighty (180) days of the accident provided treatment begins within forty-eight (48) hours** of the covered Trip. The Injury must first occur while on a Trip, while covered under the Policy. Covered expenses include:

- Services of a Physician, Physician Assistant or Registered Nurse (R.N.);
- Hospital charges;
- Prescription Drug Expenses prescribed by a Physician and administered on an outpatient basis;
- Outpatient diagnostic X-rays, laboratory procedures and tests;
- Local ambulance services to or from a Hospital;
- Artificial limbs, artificial eyes, artificial teeth, or other prosthetic devices;
- Dental Expenses including dental x-rays for the repair or treatment of each Injured tooth that is whole, sound and a natural tooth at the time of the Accident.
- Physiotherapy {Physical Medicine} Expenses on an inpatient or outpatient basis limited to one visit per day. Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy.
- Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that is:
 - primarily and customarily used to serve a medical purpose;
 - can withstand repeated use; and
 - generally, is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
- Medical Equipment Rental Expenses for a wheelchair or other medical equipment that has therapeutic value for an Eligible Person and Traveling Companion(s). We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs, eyeglasses and hearing aids.

The insurance provided by the Policy for all coverages is supplemental to and excess of any collectible insurance and/or collectible reimbursement from any other source. The Company shall be liable only for the excess of the amount of loss, over the amount of such other insurance and applicable deductible.

Personal Property Benefit reimburses the reasonable cost, up to \$750.00 dollars per covered incident, with a \$100.00 deductible per claim, for replacement of any personal property that is lost, damaged or totally destroyed, while the Eligible Person and their Traveling

Companion(s) are on a Trip. In the event of an incident, the Company will require certification by a police or First Responder, in an incident report, that the item claimed was actually lost, damaged or totally destroyed. For lost items, you must follow your rideshare's procedures for reporting lost items within 24 hours. Proof of contact and settlement, if any, will be needed for the claim process. At its discretion and depending on the nature and circumstances of the incident, the Benefit Administrator may choose to address your claim in one of two ways:

1. A damaged or totally destroyed item may be repaired, rebuilt or replaced wholly or in part.
2. A lost item may be replaced.

You will be notified of the decision to repair, rebuild or replace your item within fifteen (15) days following receipt of the required documentation. Replacement costs will be the actual cash value (replacement cost less depreciation) of the articles at the time of loss up to the maximum benefit amount. "Personal Property" means personal goods belonging to the insured Eligible Person or for which he or she is responsible provided they are taken on the Trip or acquired by the Eligible Person during the Trip.

What isn't covered?

Accidental Death and Dismemberment Benefit

The following exclusions will apply for any loss caused by or resulting from:

1. Sickness or disease of any kind
2. Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm
3. Commission of or attempt to commit a felony by the Eligible Person
4. Intentionally self-inflicted Injury, suicide or attempted suicide of the Eligible Person while sane or insane
5. War or act of war, whether declared or not, participation in a civil disorder, riot or insurrection
6. Participation in a race or speed contest
7. Any illness or bodily Injury which occurs in the course of employment if benefits or compensation is available, in whole or in part, under the provisions of any legislation of any governmental unit; this exclusion applies regardless of whether the Eligible Person and their Traveling Companion(s) claims the benefits or compensation or recovers losses from a third party

Accident Medical Expense Benefit

The following exclusions apply and no benefit will be provided for:

1. Routine physical examinations
2. Hearing aids; eyeglasses or contact lenses
3. Routine dental care; including dentures and false teeth
4. Hernia, unless it results from a covered accident
5. Services or supplies that are non-emergency in nature
6. Services, supplies or charges rendered by a member of the Eligible Person's family member
7. Services or supplies not prescribed by or performed by or upon the direction of a Hospital or Physician
8. Expenses which are not Medically Necessary
9. Treatment which is experimental or investigative in nature
10. Expenses that are provided by any governmental agency or unit (except Medicare)

11. Treatment for which an Eligible Person and Traveling Companion(s) would have no legal obligation to pay in the absence of this or any similar coverage
12. Treatment not rendered by a Hospital, Registered Nurse (R.N.), Physician Assistant or a Physician

Personal Property Benefit

The following exclusions apply to and no benefit will be provided for:

1. Damage caused by moths, vermin, insects, or other animals
2. Wear and tear
3. Atmospheric or climatic conditions
4. Gradual deterioration or defective materials or craftsmanship
5. Mechanical or electrical failure
6. More than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair
7. Any loss not reported to either the police or Transportation Network Company **within 24 hours of discovery**
8. Any loss that occurs at a time when this coverage is not in effect

If you have questions about this coverage, please call the Benefit Administrator at 1-844-288-2140.

How to File a Claim

1. To file a claim, please call the Benefit Administrator at **1-844-288-2140**. You must provide notice **within ninety (90) days after the date of loss or as soon as reasonably possible**. This notice must include enough information to identify you and your financial institution from whom this coverage was provided. Please note that failure to provide a claim notice within ninety (90) days **will not** invalidate or reduce any otherwise valid claim if notice is given as soon as is reasonably possible.
2. The Benefit Administrator will ask you a few questions and send you the appropriate claim forms.
3. **Within ninety (90) days of your date of loss or as soon as reasonably possible**, return your completed and signed claim form and the required documentation to the Benefit Administrator.

Please submit the following required documents

- Your completed and signed claim form
- A copy of the receipt received from the Transportation Network Company (showing the last four [4] digits of the Account number) demonstrating that the purchase was made on your eligible Account. If the receipt does not show the last four (4) digits of the Account number, your monthly billing statement reflecting this charge may be required.
- Any other proof of loss that may be required to substantiate your claim

Accidental Death and Dismemberment Benefit and Accident Medical Expense Benefit

- A Police Report or First Responder accident report completed by the First Responder which identifies the Eligible Person and Traveling Companion(s) as Injured.
- When required, a signed patient authorization to release medical information to the Company or its authorized representative
- All medical bills and reports for all medical expenses claimed
- If a death occurs, a copy of the death certificate

Personal Property Benefit

- For an item damaged or totally destroyed due to an accident, the Company will require an incident report from the police or First Responder stating that the item claimed was actually damaged or destroyed.
- If the item is lost, please provide proof that the loss was reported within 24 hours to the police or Transportation Network Company as well as any settlement, if any.

Definitions for Ride Share Protection

Company means Indemnity Insurance Company of North America.

Eligible Person means a cardholder, an authorized user of an Eligible Account, a Family Member or Travelling Companion(s) for whom the required fare is paid using an Eligible Account making insurance in effect for that person. No person or entity other than the Eligible Person(s) described shall have any legal or equitable right, remedy claim or insurance proceeds arising under or arising out of this coverage.

Family Member means the Eligible Person's, spouse, civil union partner, domestic partner, child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparent, step-grandparent, grandchild, step-grandchild, step-child, step-brother, step-sister, step-parent, parent-in-law, brother-in-law, sister-in-law, aunt, step-aunt, uncle, step-uncle, niece, nephew, legal guardian, foster child, ward, or legal ward; spouse, civil union partner or domestic partner of any of the above. Family Member also includes these relations to the Eligible Person's spouse, civil union partner or domestic partner.

First Responder means an individual who is a trained or certified Law Enforcement Officer or Fire and Rescue Emergency individual or Emergency Medical Technician or Paramedic who, upon arriving to an incident or emergency, assumes immediate responsibility for the protection and preservation of life, property, evidence and the environment.

Hospital means a facility that holds a valid license if it is required by the law; operates primarily for the care and treatment of sick or Injured persons as inpatients; has a staff of one or more Physicians available at all times; provides twenty-four (24 hour nursing service and has at least one registered professional nurse on duty or on call; has organized diagnostic and surgical facilities, either on the premises or in facilities available to the Hospital on a pre-arranged basis; and is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.

Injury/Injured means a bodily Injury caused by an accident occurring while the Eligible Person is 1) on a Trip, 2) his/her coverage under the Policy is in force and 3) resulting directly and independently of all other causes of loss covered by the Policy. The Injury must be verified by a Physician.

Medically Necessary or **Medical Necessity** means the services or supplies provided by a Hospital, Physician or other provider that are required to identify or treat an Eligible Person's illness or Injury and which are: 1) indicated for the symptom or diagnosis and treatment of the Eligible Person's condition, disease, ailment or Injury; 2) appropriate with regard to standards of good medical practice; 3) not solely for the convenience of an Eligible Person, Physician or other provider; 4) the most appropriate supply or level of service which can be safely provided to the Eligible Person. When applied to the care of an inpatient, it further means that the Eligible Person's medical symptoms or condition

requires that the services cannot be safely provided to the Eligible Person as an Outpatient.

Physician means a licensed practitioner of the healing arts acting within the scope of his/her license.

Police Report means a report completed by a police officer that details that the loss occurred while the Eligible Person was riding as a passenger on a Trip.

Reasonable and Customary Charges means expenses which: 1) are charged for treatment, supplies, or medical services Medically Necessary to treat the Eligible Person's condition; 2) do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred; and 3) do not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary Charges exceed the actual amount charged.

Transportation Network Company means a corporation, partnership, sole proprietor, or other entity, licensed by a government agency with the appropriate authority to issue such a license, that uses a digital network to connect riders to drivers who provide the transportation in their own non-commercial vehicles. It does not mean a taxicab association or a for-hire vehicle owner, unless using a Transportation Network Company to gain access to riders.

Travelling Companion(s) means a person(s) who shares the Eligible Person's Trip and for whom the fare has been paid for by the Eligible Person.

Trip means a period of travel booked through a Transportation Network Company charged to an Eligible Account by an Eligible Person.

Additional Provisions for Ride Share Protection

- The terms We, Us and Our below refer to Indemnity Insurance Company of North America.

Please see "Additional Definitions" for defined benefit terms that may apply to this benefit.

Please see "General Provisions" section at the end of this document.

Roadside Dispatch®

For roadside assistance, call 1-800-847-2869

What is Roadside Dispatch?

Roadside Dispatch is a pay-per-use roadside assistance program. The program provides you with security and convenience wherever your travels take you.

No membership or pre-enrollment is required. No annual dues. No limit on usage.

For a set price per service call, the program provides:

- Standard Towing – Up to 5 miles included¹
- Tire Changing – must have good, inflated spare
- Jump Starting
- Lockout Service (no key replacement)
- Fuel Delivery – up to 5 gallons (plus the cost of fuel)
- Standard Winching

Roadside Dispatch will ask you where you are, what the problem is, and while they remain on the phone with you, they will arrange a dispatch to a reliable tow operator or locksmith to provide help. (If you feel you are in an unsafe location – Roadside Dispatch will advise you to hang up and dial 911. If you are not able to dial 911, they will call the non-emergency police number in your area, and will remain on the phone with you at your request until the police arrive.) You have the convenience of one toll-free phone number and you may save money because their rates are pre-negotiated.

Dependable roadside assistance is available 24 hours a day, 7 days a week in the United States. No membership or pre-enrollment is required. Just call Roadside Dispatch toll-free when you need them.

1-800-847-2869 ~ it's that easy!

Note: Customers must pay service provider for mileage over 5 miles. A secondary unit being towed behind is not included but can be accommodated for an additional fee. Standard Winching applies within 100 feet of paved or county maintained road only. Current fee for a standard service call is \$79.95. Additional fees may apply for winching services under certain circumstances. Service call fees are subject to change at any time; however, callers will be notified of pricing prior to any service dispatch. This program may be discontinued at any time without prior notice. Program void where prohibited.

¹ Any vehicle with wheels is covered under the program as long as it can be classified as 'Light Duty'. 'Light Duty' vehicles are vehicles that weigh 10,000 lbs. or less. Vehicles weighing more than 10,000 lbs. are considered 'Medium Duty' or 'Heavy Duty' and are NOT covered under this program.

Additional Terms: Service providers supplying emergency roadside assistance and towing are independent contractors and are solely liable for their services. Neither Visa nor Capital One shall have any responsibility or liability in connection with the rendering of the service. Emergency roadside assistance and towing may not be available in areas not regularly traveled, nor in other "off road" areas not accessible by ordinary towing vehicles. Weather conditions, time of day, and availability of service may affect assistance responses. Expectations for dispatch are set with the customer on every call, and an expected estimated time of arrival is provided to the customer regardless of their location; however, neither Visa nor Capital One provides any assurances as to the ability of the service provider to meet such estimates. You are responsible for any roadside assistance or towing charges incurred by facilities responding to your request even if you are not with your vehicle or your vehicle is gone upon their arrival. 24-hour roadside assistance services provided by: Cross Country Motor Club, Inc. d/b/a Agero, a Massachusetts corporation, and Cross Country Motor Club of California, Inc. a California corporation.

Purchase Security/Extended Protection Purchase Security

Purchase Security protects new retail purchases made with Your eligible Account and/or rewards programs associated with Your covered Account within the first ninety (90) days from the date of purchase. To be eligible for this coverage, You need to purchase either a portion or the entire cost of the item using Your Account and/or rewards program associated with Your covered Account.

At the Benefit Administrator's discretion, this benefit replaces, repairs, or reimburses You, up to the total purchase price of Your item for a maximum of ten thousand dollars (\$10,000.00) per claim and fifty thousand dollars (\$50,000.00) per cardholder, in the event of theft or damage. You are eligible for this benefit if You are a cardholder of an eligible card issued in the United States.

Gifts purchased for friends and family members may also be covered if they are purchased with Your covered Account and/or rewards program associated with Your covered Account.

Purchase Security covers

Eligible items of personal property purchased with Your Account and/or rewards program associated with Your covered Account are covered for damage or theft. Purchases made outside the United States are also covered as long as You purchased the item with Your covered Account and/or rewards program associated with Your covered Account.

Purchase Security does *not* cover

- Animals and living plants
- Antiques or collectible items
- Boats, aircraft, automobiles, and any other motorized vehicles and their motors, equipment, or accessories, including trailers and other items towable or attachable to any motorized vehicle
- Broken items, unless the result of a covered occurrence
- Computer software
- Items purchased for resale
- Items that are lost, or that "mysteriously disappear," meaning they vanished in an unexplained manner, with no evidence of wrongdoing by one person or several
- Items under the control and care of a common carrier (including the U.S. Postal Service, airplanes, or a delivery service)
- Items in Your baggage (unless hand carried, or under Your supervision or that of a companion You know); includes jewelry and watches, among other things
- Theft or damage stemming from abuse, fraud, hostilities (war, invasion, rebellion, insurrection, terrorist activities, and more); confiscation by authorities (if contraband or illegal); normal wear and tear; flood, earthquake, radioactive contamination; damage from inherent product defects
- Theft or damage from misdelivery, or voluntarily parting with property
- Medical equipment
- Perishable or consumable items, including cosmetics, perfumes, rechargeable batteries, among others
- Rented and leased items
- Traveler's checks, cash, tickets, credit or debit cards, among other negotiable purchased instruments
- Items used or pre-owned (Refurbished items will not be considered used or pre-owned as long as accompanied by a warranty)
- Losses caused by or resulting from a Cyber Incident

Filing a Purchase Security claim

Call the Benefit Administrator at 1-844-288-2140, within sixty (60) days of the damage or theft (if You wait longer, coverage may be denied). The Benefit Administrator will ask for some preliminary claim information, answer Your questions and send You a claim form. When You submit Your claim, be sure to include all information regarding Your claim including the time, place, cause and the amount to either replace or repair the item.

If You have insurance (homeowner's, renter's, car, employer or any other), You are required to file a claim with Your insurance company and to submit a copy of any claim settlement from Your insurance company along with Your claim form. Purchase Security provides coverage on an "excess" coverage basis, meaning it does not duplicate coverage, but pays for a loss only after valid and collectible insurance or indemnity (including, but not limited

to, homeowner's, renter's, automobile, or employer's insurance policies) has been exhausted. At that point, Purchase Security will cover the loss up to the amount charged to Your eligible Account, subject to the terms, exclusions, and limits of liability of the benefit.

This benefit also pays for the outstanding deductible portion of Your insurance or indemnity for eligible claims. The maximum total limit of liability is up to ten thousand dollars (\$10,000.00) per claim occurrence and fifty thousand dollars (\$50,000.00) per cardholder. You will receive no more than the purchase price as recorded on the eligible card receipt.

When a protected item is part of a pair or set, You will receive no more than the value (as described above) of the particular part or parts, stolen or damaged, regardless of any special value that item may have as part of such a pair or set, and no more than the proportionate part of an aggregate purchase price of such pair or set.

For faster filing, or to learn more about Purchase Security, visit www.cardbenefitservices.com

Gift recipients may file their own claims, if they have the necessary substantiating documents.

Please submit the following documents:

- Your signed and completed claim form
- A copy of Your monthly billing statement (showing the last four [4] digits of the Account number) demonstrating that the purchase was made on Your eligible Account and/or rewards program associated with Your covered Account
- If more than one method of payment was used, please provide documentation as to additional currency, voucher, points or any other payment method utilized
- A copy of the itemized store receipt demonstrating that the purchase was made on Your eligible Account and/or rewards program associated with Your covered Account
- Copy of the documentation of any other settlement of the loss (if applicable)
- If the item is repairable, the estimate of repair OR a copy of the paid receipt/invoice for the repairs, indicating the type of damage to the claimed item (if applicable)
- A copy of a police report (in the case of theft), fire report, or other incident report **made within forty-eight (48) hours or as soon as reasonably possible of the occurrence.** All losses must be substantiated. If the loss was not reported, please contact the Benefit Administrator to determine if there may be other documentation that can be provided to determine your eligibility for Purchase Protection
- Any other documents necessary to substantiate Your claim

In some cases of damage, You will be asked to send, **at Your expense**, the damaged item along with Your claim in order to substantiate the claim, so make sure to keep the damaged item in Your possession.

PLEASE NOTE: Your maximum recovery under the Purchase Security Benefit is the purchase price of the item, not to exceed the coverage limit.

Please return Your signed and completed form with all documentation within ninety (90) days of the date of theft or damage.

How will I be reimbursed?

Once You've met the conditions of this benefit, the Benefit Administrator will resolve Your claim in one of two ways:

- A damaged item may be repaired, rebuilt, or replaced, while a stolen item will be replaced. Typically, You will receive notice about this decision within fifteen (15) days upon receipt of Your claim documentation.
- You may receive payment to replace Your item, an amount not more than the original purchase price, less shipping and handling charges, up to ten thousand dollars (\$10,000.00) per claim and fifty thousand dollars (\$50,000.00) per cardholder. You will only be reimbursed up to the dollar amount to replace or repair the item or the program limit, whichever is less. Under normal circumstances, reimbursement will take place within five (5) business days.

Extended Warranty Protection

Extended Warranty Protection provides You with valuable features that help You manage, use and extend the warranties for eligible items purchased on Your covered Account and/or rewards program associated with Your covered Account. Services include Warranty Registration and Extended Protection. You are eligible for this benefit if You are a cardholder of an eligible card issued in the United States and You purchase either a portion or the entire cost of the item using Your Account and/or rewards program associated with Your covered Account.

Here's how Warranty Registration works

When You purchase an eligible item that carries a manufacturer's warranty, You can register Your purchase by calling **1-844-288-2140**. You can also register Your purchase online at **www.cardbenefitservices.com**.

The Benefit Administrator will tell You where to send Your item's sales receipt and warranty information, so they can be kept on file should You need them.

If You choose **not** to register Your item, be sure to keep Your monthly billing statement reflecting the purchase, the itemized sales receipt, the original manufacturer's written U.S. warranty and any additional warranty in a safe place. These documents will be required to verify Your claim.

Here's how Extended Protection works

Your warranty coverage can be extended by one (1) additional year on eligible warranties of three (3) years or less. For example, a manufacturer's warranty of three (3) months would be provided with an additional twelve (12) months of coverage for a combined total of fifteen (15) months of coverage, and a warranty for six (6) months would be provided with an additional twelve (12) months of coverage for a combined total of eighteen (18) months of coverage. However, if the manufacturer's warranty is for three (3) years, it would only be extended one (1) additional year for a combined total of four (4) years of coverage.

This benefit is limited to no more than the original price of the purchased item (as shown on Your credit card receipt), less shipping and handling fees, up to a maximum of ten thousand dollars (\$10,000.00) per claim, and fifty thousand dollars (\$50,000.00) per cardholder.

The benefit covers purchases made both inside and outside the U.S. The eligible item must have a valid original manufacturer's U.S. repair warranty of three (3) years or less, a U.S. store-purchased dealer warranty, or a U.S. assembler warranty.

What Extended Protection does *not* cover

- Boats, automobiles, aircraft, and any other motorized vehicles and their motors, equipment, or accessories, including trailers and other items that can be towed by or attached to any motorized vehicle
- Any costs other than those specifically covered under the terms of the original manufacturer's written U.S. repair warranty, as supplied by the original manufacturer, or other eligible warranty
- Items purchased for resale
- Rented or leased items
- Computer software
- Medical equipment
- Used or pre-owned items (Refurbished items will be covered as long as it has a warranty with it and would not be considered used or pre-owned.)
- Losses caused by or resulting from a Cyber Incident

Filing an Extended Protection claim

To file a claim, call the Benefit Administrator at **1-844-288-2140** immediately after the failure of Your covered item. **Please note if You do not notify the Benefit Administrator within sixty (60) days of product failure, Your claim may be denied.**

The Benefit Administrator will request preliminary claim information, direct You to the appropriate repair facility, and send You the claim form.

Gift recipients of eligible items are also covered, but they must provide all the documents needed to substantiate their claim.

If You received or purchased a service contract or an extended warranty when You purchased Your item, this benefit will be supplemental to, and in excess of, that coverage.

What You must submit to file a claim

Fill out and sign the claim form the Benefit Administrator sent You, then submit the form **within ninety (90) days** of the product failure, along with the following documents:

- A copy of Your monthly billing statement (showing the last four [4] digits of the Account number) demonstrating that the purchase was made on Your eligible Account and/or rewards program associated with Your covered Account
- If more than one method of payment was used, please provide documentation as to additional currency, voucher, points or any other payment method utilized
- A copy of the itemized sales receipt
- A copy of the original manufacturer's written U.S. warranty, and any other applicable warranty
- A description of the item and its serial number, and any other documentation deemed necessary to substantiate Your claim (this includes bills and, if necessary, a copy of the maintenance record and receipts)
- The original repair estimate or repair bill, indicating cause of failure.
- Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim

All claims must be fully substantiated.

For faster filing, or to learn more about Extended Warranty Protection, visit www.cardbenefitservices.com

How will I be reimbursed?

If You have substantiated Your claim and met the terms and conditions of the benefit, Your item will be replaced or repaired **at the Benefit Administrator's discretion**, but for no more than the original purchase price of the covered

item, as recorded on Your credit card receipt, less shipping and handling fees, up to a maximum of ten thousand dollars (\$10,000.00) per claim, and a maximum of fifty thousand dollars (\$50,000.00) per cardholder. You will only be reimbursed up to the amount charged to Your Account or the program limit, whichever is less.

Under normal circumstances, reimbursement will occur within five (5) business days of the receipt and approval of all required documents.

If Your item is to be repaired, You may go to an authorized repair facility and file a claim for reimbursement. Only valid and reasonable repairs made at the manufacturer's authorized repair facility are covered.

In either case, the Benefit Administrator's payment, replacement, or repair made in good faith will fulfill the obligation under this benefit.

Definitions for Purchase Security/Extended Protection

Eligible Person means a cardholder who pays for their purchase by using their covered Account and/or rewards program associated with their covered Account.

You or Your means an Eligible Person who purchases their item with their covered Account and/or rewards program associated with their covered Account.

Please see "Additional Definitions" for defined terms that may apply to this benefit.

Please see the "Definitions Related to Cyber Incidents" for additional definitions that may apply to this benefit.

Please see "General Provisions" section at the end of this document.

Price Protection

With Price Protection, if You buy an eligible item with Your covered Account and/or rewards program associated with Your covered Account in the United States and see the identical eligible item available for less in another retail store's printed Advertisement or non-auction Internet Advertisement within sixty (60) days of the Date of Purchase, You can be reimbursed the difference up to \$500 per item and up to \$2,500.00 a year.

You are eligible for this benefit if You are a valid cardholder of an eligible U.S. issued card and You charge either a portion or the entire purchase price of the eligible item to Your Account or rewards program earned on Your covered Account toward the purchase. You will only be reimbursed up to the amount charged to Your Account or the program limit.

Price Protection is secondary to and in excess of store policies offering a lowest-price guarantee or any other form of refund for price differences. Only items Advertised by authorized dealers in the United States apply. Price differences involving manufacturing and/or merchant rebates, shipping and handling fees, and sales tax, if any, are not covered by the Price Protection benefit.

How does it work?

1. Use Your eligible Account and/or rewards program associated with Your covered Account to purchase the eligible item. Be sure to save all original receipts; both Your Account paperwork and the itemized store receipt.
2. If You see the identical product by the same manufacturer Advertised in print for a lower retail price within sixty (60) days of Your purchase, keep the original printed Advertisement and make sure the Advertisement includes:

- A description of the item that is identical to the one You purchased
- The sale price
- The store or dealer's name
- A sale date(s) effective within sixty (60) days of the Date of Purchase

- The original printed Advertisement or print out from a non-auction Internet site showing the item with its sale date and/or date of the Advertisement, lower Advertised price, and advertising store name to:

Card Benefit Services
P.O. Box 110889
Nashville, TN 37222

What is *not* covered?

- Internet Auction Advertisements including but not limited to sites such as eBay, Ubid, Yahoo and public or private live auction sites.
- Advertisements of cash-only sales, close-out sales, flea markets, fire sales, going-out-of-business sales, limited-quantity promotions or liquidation sales.
- Advertisements of sales of seasonal or discontinued items including, but not limited to, holiday decorations.
- Animals and living plants.
- Boats, automobiles, and any other motorized vehicles and their motors, equipment, or accessories.
- Cell phone service agreements and cell phone contracts.
- Items purchased for resale.
- Jewelry, antiques, and collectible items, rare or one-of-a-kind items, special order items, custom items, or tailored items.
- Manufacturer and/or merchant rebates
- Perishables, services, consumables, and limited-life items including, but not limited to, rechargeable batteries.
- Real estate and items which are intended to become part of real estate including, but not limited to, items that are hard-wired or hard-plumbed, garage doors, garage door openers, and ceiling fans.
- Traveler's checks, cash, tickets, credit or debit cards, and any other negotiable instruments.
- Items purchased outside of the United States.
- Items that are previously owned, sold "as is," and/or refurbished

How to file a Price Protection claim

1. Notify the Benefit Administrator within ten (10) days of the printed Advertisement showing Your product at a lower price at **1-844-288-2140**. The Benefit Administrator will answer any questions You may have and send You a claim form.
2. Return the claim form and the requested documentation below within twenty (20) days of contacting the Benefit Administrator. Send all information to the address provided by the Benefit Administrator.

Please submit the following documents:

- The completed signed claim form
- The original itemized sales receipt for Your purchase or original packing slip in the case of mail order purchases
- A copy of Your monthly billing statement (showing the last four [4] digits of the Account number) demonstrating that the purchase was made on Your covered Account and/or rewards program associated with Your covered Account
- If more than one method of payment was used, please provide documentation as to additional currency, voucher, points or any other payment method utilized
- Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim

Definitions for Price Protection

Advertised or Advertisements means an Advertisement printed in a newspaper, journal, magazine, or flyer or items Advertised on a non-Auction internet site, distributed in the United States to the general public and placed by a manufacturer or authorized dealer of the consumer product in the United States. The advertisement must provide information stating the same manufacturer and model number of the item purchased. Advertisements that are cut down or altered in any way will not be accepted; therefore, any Advertisements, catalogs, etc. must be submitted in whole with date verification. The only exception is Advertisements in magazines and newspapers. In these cases, it's not necessary to submit the whole publication; only the whole page or pages in which the Advertisement appears, with the date and name of the publication, is required. Advertisements posted on the Internet, by a non-Auction Internet merchant with a valid tax identification number, are also eligible. The advertisement must provide information stating the same manufacturer and model number of the item purchased. The printed version of the non-Auction internet advertisement must include the merchant's Internet address and customer service telephone number, as well as the item, including manufacturer, model number, sale price, and date of publication.

Date of Purchase means the date You paid for and received the item, or the date of delivery and personal acceptance of the item, whichever is later.

Eligible Person means a cardholder who pays for their purchase by using their eligible Account and/or with rewards program associated with their covered Account.

You or Your means an Eligible Person who used their eligible Account to purchase the item and/or with rewards program associated with their covered Account.

Please see "Additional Definitions" for defined benefit terms that may apply to this benefit.

Please see "General Provisions" section at the end of this document.

Cellular Telephone Protection

Cellular Telephone Protection provides coverage for damage to, theft of, or involuntary and accidental parting of Your cell phone. An involuntary and accidental parting is the unintended separation from Your cell phone when its location is known, but recovery is impractical to complete. This benefit is available if You are a valid cardholder of an eligible U.S. issued card enrolled in the Cellular Telephone Protection benefit and You charge Your monthly cellular wireless phone bills to Your eligible card for the billing cycle before the month in which the incident occurs. Eligible cell phones are the lines listed on Your most recent cellular wireless service provider's ("cell phone provider") monthly billing statement for the billing cycle prior to when the incident occurred.

What is covered?

This benefit is supplemental coverage, which means that it will reimburse You for theft of, damage to or involuntary

and accidental parting of Your cell phone not otherwise covered by another insurance policy (for example; cell phone insurance programs, or Your homeowner's, renter's, automobile, or employer's insurance policies).

Once all other insurance has been exhausted, Cellular Telephone Protection will provide coverage up to \$800.00 per claim less the fifty-dollar (\$50.00) deductible, with a maximum of two (2) claims and \$1,000.00 per year. If it is determined that Your cell phone requires replacement due to the theft of, damage to or an involuntary or accidental parting of the device, You will receive the replacement value subject to the fifty dollar (\$50.00) deductible and the benefit maximum. The replacement value is the lesser of Your cellular wireless service provider's suggested retail value of a similar model replacement cell phone or the actual cost to replace the cell phone. If Your cell phone is repairable, You will receive an amount as determined by the diagnostic to repair the cell phone subject to the benefit maximum and fifty dollar (\$50.00) deductible.

Note: Electronic issues, such as inability to charge, mechanical or battery failure, where there is no evidence of physical damage, are not covered under this program.

When does it apply?

Cellular Telephone Protection applies when You make Your monthly cellular wireless phone bill payment with Your eligible card. Coverage begins the first day of the calendar month following a payment of the cellular wireless phone bill.

If You fail to make a cellular wireless phone bill payment in a particular month, Your coverage will be suspended. Coverage will resume on the first day of the calendar month after the date of any future cellular wireless phone bill payment made with the eligible card.

If Your cell phone is stolen as a result of criminal activity, You must file a police report.

What is not covered?

This benefit will not provide reimbursement for the following:

- Cell phone accessories other than standard battery and/or standard antenna provided by the manufacturer
- Cell phones purchased for resale
- Cell phones that are lost or "mysteriously disappear," meaning that the phone vanished in an unexplained manner without evidence of a wrongful act by a person or persons
- Cell phones under the care and control of a common carrier (including, but not limited to, the U.S. Postal Service, airplanes, or delivery service)
- Cell phones stolen from baggage unless hand-carried and under Your personal supervision, or under supervision of Your traveling companion
- Cell phones which have been rented, borrowed or are part of prepaid or "pay as you go" type plans
- Cosmetic damage to the cell phone or damage that does not impact the cell phone's capabilities and functionalities
- Damage or theft resulting from abuse, intentional acts, fraud, hostilities of any kind (including, but not limited to, war, invasion, rebellion, or insurrection), confiscation by the authorities, risks of contraband, illegal activities, normal wear and tear, flood, earthquake, radioactive contamination, or damage from inherent product defects
- Damage or theft resulting from misdelivery or voluntary parting with the cell phone

- Taxes, delivery and transportation charges, and any fees associated with the cellular wireless service provider
- Losses caused by or resulting from a Cyber Incident

How to File a Cellular Telephone Protection Claim

1. Within sixty (60) days of the date of the damage or theft, notify the Benefit Administrator at **1-844-288-2140**. The Benefit Administrator will ask You some preliminary questions and send You the appropriate claim form. **Please note, if You do not notify the Benefit Administrator within sixty (60) days after the damage or theft, Your claim may be denied.**
2. **Return the completed, signed claim form and the requested documentation below within ninety (90) days of the date of the damage or theft to the address provided by the Benefit Administrator.**

For faster filing, or to learn more about Cellular Telephone Protection, visit www.cardbenefitservices.com

Please submit the following documents

1. The completed signed claim form
2. A copy of Your cellular wireless service provider billing statement demonstrating that the entire monthly payment for the cellular wireless phone bill was made the month prior to the date of damage or theft and has been paid with the eligible card.
3. If Your cellular wireless service provider's billing statement doesn't show payment with the eligible card, a copy of Your card monthly billing statement that corresponds with the above cellular wireless phone monthly billing statement
4. A copy of the device summary page from Your cellular wireless phone bill or other sufficient proof of the claimed cell phone model linked to Your cell phone account.
5. If the claim is due to theft or criminal action, a copy of the police report filed within **forty-eight (48) hours of the event** is required.
6. Based on the details of the claim, the Benefits Administrator may request additional verification including:
 - An itemized repair estimate from an authorized cell phone repair facility
 - The damaged cell phone, for evaluation of its damage and/or
 - An itemized store receipt for the replacement cell phone
7. Documentation (if available) of any other claim settlement such as Your cellular wireless provider or manufacturer's insurance settlement (if applicable)
8. Any other documentation deemed necessary in the Benefits Administrator's sole discretion, to substantiate Your claim. All claims must be fully substantiated as to the time, place, cause, and purchase price of the cell phone.

If the cell phone is damaged, do not discard it until the claim has been fully reviewed.

How will I be reimbursed?

Depending on the nature and circumstances of Your claim, the Benefit Administrator may choose to repair or replace Your cell phone or reimburse You for the lesser of:

- a) Up to \$800.00 less the fifty-dollar (\$50.00) deductible; or
- b) The current cellular wireless service provider's suggested retail value of a similar model replacement

cell phone, or the actual cost to replace it, whichever is lower (not including taxes, delivery and transportation charges or fees associated with the cellular wireless service provider), less Your fifty-dollar (\$50.00) deductible.

- c) If Your cell phone is repairable, You will receive an amount as determined by the diagnostic to repair the cell phone less Your fifty dollar (\$50.00) deductible.

Under normal circumstances, reimbursement will take place within ten (10) business days of receipt and approval of Your claim form and all necessary documents.

Definitions for Cellular Telephone Protection

Eligible Cellular Wireless Telephones are the lines listed on your most recent cellular wireless service provider's ("cell phone provider") monthly billing statement for the billing cycle prior to when the incident occurred.

Eligible Person means a cardholder who pays for their monthly cellular wireless phone bill with their eligible business credit card.

You and Your means an enrolled Cardholder who has charged their monthly cellular wireless phone bill to their covered business credit card.

Please see "Definitions Related to Cyber Incidents" for additional definitions that may apply to this benefit.

Please see "General Provisions" for provisions which apply to this benefit.

Additional Definitions

Account means Your credit or debit card Accounts.

Common Carrier means any land, water, or air conveyance operated under a license for the transportation of passengers for hire and for which a ticket must be purchased prior to commencing travel. Common Carrier does not include taxis, limousine services, or commuter rail or commuter bus lines.

Eligible Person means a cardholder who pays for their Covered Trip by using their eligible Account and/or rewards programs associated with their covered Account.

Immediate Family Member means Your Spouse or legally dependent children under age eighteen (18) [twenty-five (25) if enrolled as a full-time student at an accredited university].

Spouse includes your domestic partner which is a person who is at least 18 years of age and who during the last twelve months: 1) has been in a committed relationship with the cardholder; (2) has been the cardholder's sole spousal equivalent; (3) has resided in the same household as the cardholder; and (4) has been jointly responsible with the cardholder for each other's financial obligations and who intends to continue the relationship as stated above indefinitely.

You or Your means an Eligible Person or Your Immediate Family Members who charged their Covered Trip to Your eligible Account and/or rewards programs associated with Your covered Account.

Definitions Related to Cyber Incidents: The following language applies to Auto Rental Collision Damage Waiver, Cellular Telephone Protection and Purchase Security/Extended Protection.

Computer Programs means a set of related electronic instructions which direct the operations and functions of a computer or device connected to it, which enable the computer or device to receive, process, store, retrieve or send data.

Cyber Incident means any of the following acts:

- (a) unauthorized access to or use of Your Digital Data or [an Eligible Wireless Cellular Telephone, a Rental Vehicle, or a Covered Purchase];
- (b) alteration, corruption, damage, reduction in functionality, manipulation, misappropriation, theft, deletion, erasure, loss of use or destruction of Your Digital Data or [an Eligible Wireless Cellular Telephone, a Rental Vehicle, or a Covered Purchase];
- (c) transmission or introduction of a computer virus or harmful code, including ransomware, into or directed against Your Digital Data or [an Eligible Wireless Cellular Telephone, a Rental Vehicle, or a Covered Purchase];
- (d) restriction or inhibition of access to or directed against Your Digital Data or [an Eligible Wireless Cellular Telephone, a Rental Vehicle, or a Covered Purchase];
- (e) computer errors, including human operating error or omission; power failure, surge, or diminution of electronic systems; or mistakes in legitimate electronic code or damage from code installed on [an Eligible Wireless Cellular Telephone, a Rental Vehicle, or a Covered Purchase] during the manufacturing process, upgrade process, or normal maintenance.

Digital Data means information, concepts, knowledge, facts, images, sounds, instructions, or Computer Programs stored as or on, created or used on, or transmitted to or from computer software (including systems and applications software), on hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other repositories of computer software which are used with electronically controlled equipment. Digital Data shall include the capacity of [an Eligible Wireless Cellular Telephone, a Rental Vehicle, or a Covered Purchase] to store information, process information, and transmit information over the Internet.

General Provisions apply to all EXCEPT Travel and Emergency Assistance Services, Travel Accident Insurance, and Roadside Dispatch:

- Signed or pinned transactions are covered as long as You use Your eligible card to secure the transaction.
- You shall do all things reasonable to avoid or diminish any loss covered by these benefits. This provision will not be unreasonably applied to avoid claims.
- If You make any claim knowing it to be false or fraudulent in any respect, no coverage shall exist for such claim, and Your benefit may be cancelled. Each cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact.
- No legal action for a claim may be brought against the Provider until sixty (60) days after the Provider receives Proof of Loss. No legal action against the Provider may be brought more than two (2) years after the time for giving Proof of Loss. Further, no legal action may be brought against the Provider unless all the terms of the Guide to Benefits have been complied with fully.

- These benefits are provided to eligible cardholders at no additional cost. The terms and conditions contained in this Guide to Benefits may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefits mailings, statement inserts, statement messages or electronic notification. The benefits described in this Guide will not apply to cardholders whose Accounts have been suspended or cancelled.
- Termination dates may vary by financial institutions.
- Your financial institution can cancel or non-renew the benefits for cardholders, and if they do, they will notify You at least thirty (30) days in advance. Indemnity Insurance Company of North America (“Provider”) is the underwriter of these benefits and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.
- After the Benefit Administrator has paid Your claim, all Your rights and remedies against any party in respect of this claim will be transferred to the Benefit Administrator to the extent of the payment made to You. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.
- This benefit does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the provision of insurance, including, but not limited to, the payment of claims.

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