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# Travel Accident Insurance

United States – Commerical Card, Corporate Card, Purchasing Card, Virtual Travel Cards and related Ghost Card Accounts

(applies to both Visa and Mastercard)

Description of Coverage provided for Bank of America

## Description of Coverage

This Description of Coverage replaces any and all Descriptions of Coverage previously issued to the insured with respect to insurance described herein.

Your Guide to Benefit describes the benefit in effect as of 11/1/19. 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.

**Travel Accident Insurance**

Travel Accident Insurance provides coverage for a broad range of Losses – including Accidental Loss of Life, Limb, Sight, Speech or Hearing – that occur while riding as a passenger in, entering, or exiting any Common Carrier. The full Benefit Amount of **five hundred thousand (\$500,000) dollars** is payable for Accidental Loss of Life.

We will pay the following percentages of the Loss of Life Benefit Amount for specific Losses:

Loss	Percentage of Loss of Life Benefit Amount
Accidental Loss of Life; Loss of Speech; Loss of Hearing; Loss of Speech and One of Loss of Hand, Foot or Sight of One Eye; Loss of Hearing and one of Loss of Hand, Foot or Sight of One Eye; Loss of both Hands, both Feet, Loss of Sight or any combination of a Hand, Foot, or Sight	100%
Accidental Loss of Hand, Foot or Sight of One Eye (any one of each); Loss of Speech or Loss of Hearing	50%
Accidental Loss of Thumb and Index Finger of the same hand	25%

We will pay the applicable Benefit Amount if an Accident results in a Loss not otherwise excluded. The Loss must occur within one (1) year of the Accident. If an Insured Person has multiple Losses as the result of one Accident, We will pay only the single largest Benefit Amount applicable to the Losses suffered.

If, due to an Accident, the Insured Person has not been found within one (1) year of the disappearance, stranding, sinking, or wrecking of any Conveyance in which the Insured Person was covered as an

occupant, it will be assumed, subject to all other terms of the policy, that the Insured Person has suffered Loss of Life covered under this policy.

If, due to an Accident, the Insured Person is unavoidably exposed to the elements and as a result of this exposure suffer a Loss, this will be covered under the coverage.

The Loss of Life benefit will be paid to the beneficiary designated by you. If no such designation has been made, the benefit will be paid to the first surviving beneficiary in the following order: a) your Spouse or Domestic Partner, b) your child(ren), c) your parents, d) your brothers and sisters, e) your estate. You have the right to name a beneficiary. Beneficiary designations must be submitted in writing to the Plan Administrator. If any beneficiary has not reached the legal age of majority, then the Company will pay such beneficiary's legal guardian.

### **Who is eligible for this benefit?**

This insurance is provided to the Cardholder and all Insured Persons when a Covered Trip is charged to a covered Account . Coverage shall also be provided when free flights have been awarded from frequent flier or points programs provided that all of the miles or points were accumulated from charges on that card.

### **When does it apply?**

The Cardholder and all Insured Persons are eligible for insurance up to **five hundred thousand (\$500,000) dollars** against Accidental Loss of Life, Limb, Sight, Speech or Hearing while:

- 1) riding as a passenger in, entering or exiting any Common Carrier on which passage has been purchased for the Insured Person;
- 2) at the airport, terminal or station, at the beginning or end of the Covered Trip; and
- 3) while traveling to or from the airport, terminal, or station: a) immediately preceding the departure of the scheduled Common Carrier on which passage has been purchased for the Insured Person; or b)

immediately following the arrival of the scheduled Common Carrier on which the Insured Person was a passenger.

If the purchase of the Common Carrier passenger fare is not made prior to the Insured Person's arrival at the airport, terminal or station, coverage will begin at the time the cost of the Common Carrier passenger fare is charged to the eligible Account. Travel Accident insurance does not include Commutation.

### **What is the Limit of Insurance?**

In the event of multiple Accidental deaths per Account arising from any one Accident, the Company's liability for all such Losses will be limited to a maximum limit of insurance equal to two (2) times the applicable Benefit Amount for Loss of Life. Benefits will be proportionately divided among the Insured Persons up to the maximum limit of insurance.

### **What is *not* covered?**

This insurance also does not cover Loss resulting from:

- an Accident occurring while an Insured Person is in, entering, or exiting any aircraft while acting or training as a pilot or crew member (This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency);
- an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, 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 (Declared or undeclared War does not include acts of terrorism);
- any Accident when the United States of America has imposed any trade or economic sanctions prohibiting insurance of any Accident or when there is any other legal prohibition against providing insurance for any Accident.

### **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: 855-830-3720, FAX: 855-830-3728.

**Please Reference Policy # 64775793**

Follow these steps to file a claim:

1. Written claim notice must be given to Us within twenty (20) days after the occurrence of any Loss covered by this benefit or as soon as reasonably possible. 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.
2. When We receive notice of a claim, We will send you forms for giving Proof of Loss to Us within fifteen (15) days. If you do not receive the forms, you should send Us a written description of the Loss.
3. Complete Proof of Loss must be given to Us within ninety (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 one (1) year after the deadline to submit complete Proof of Loss.
4. We will pay you the applicable Benefit Amount within sixty (60) days after We receive complete Proof of Loss and you have complied with all the terms of this benefit.

Specific questions and request for a claim form may be submitted to the **Plan Administrator** at the following address:

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

Questions can be directed to 1-800-261-3511

**Definitions:**

**Accident or Accidental** means a sudden, unforeseen and unexpected event happening by chance.

**Accidental Bodily Injury** 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.

**Account** the commercial card account issued by Bank of America.

**Benefit Amount** means the amount which applies to you at the time the entire cost of the fare is charged to your Account during the policy period.

**Cardholder** means an individual to whom a commercial card Account has been issued by Bank of America.

**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 charged to an Insured Person's Account issued by Bank of America.

**Commutation** means travel between your residence and regular place of employment.

**Company** means Federal Insurance Company.

**Conveyance** means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.

**Courtesy Transportation** means transportation provided without a specific charge by a rental car agency, airport or hotel which transports the Insured Person from the airport or station to the rental car agency or hotel, or from the rental car agency or hotel to the airport or station.

**Dependent Child** 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; or 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 designated by the Primary Insured Person who is registered as a Domestic Partner or legal equivalent under the laws of the governing jurisdiction or who is at least 18 years of age and competent to enter into a contract; is not related to the Primary Insured Person by blood; has exclusively lived with the Primary Insured Person for at least 12 consecutive months prior to the date of enrollment; is not legally married or separated and as of the date of enrollment has with the Primary Insured Person at least 2 of the following financial arrangements: a joint mortgage or lease, a joint bank account, joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease or a joint credit card account with a financial institution. Neither the Primary Insured Person nor Domestic Partner can be married to, nor in a civil union with, anyone else.

**Insured Person** means eligible Cardholders and their Spouse or Domestic Partner and Dependent Children, and person(s) employed by the company for which the Account is issued. Insured Person also means person(s) employed by or authorized by the company for which the Account is issued and for whom a ticket was purchased using the Account.

**Loss** means Accidental Loss of Foot, Loss of Hand, Loss of Hearing, Loss of Life, Loss of Sight, Loss of Sight of One Eye, Loss of Speech, Loss of Thumb and Index Finger. Loss must occur within one year after the Accident.

**Loss of Foot** means the complete severance of a foot through or above the ankle joint.

**Loss of Hand** means a complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand.

**Loss of Hearing** means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device.

**Loss of Life** means death, including clinical death, as determined by the local governing medical authority

where such death occurs within 365 days after an Accident.

**Loss of Sight** means permanent Loss of Vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician.

**Loss of Sight of One Eye** means permanent Loss of Vision of One Eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device as determined by a Physician.

**Loss of Speech** means the permanent, irrecoverable and total Loss of the capability of speech without the aid of mechanical devices, as determined by a Physician.

**Loss of Thumb and Index Finger** means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician.

**Physician** means a person who is licensed as a medical doctor or a doctor of osteopathy by the laws of the jurisdiction in which treatment is given and who is qualified to provide the medical treatment. A Physician does not include a family member of the Insured Person, a social worker, a physical therapist or an intern.

**Proof of Loss** means written evidence acceptable to Us that an Accident, Accidental bodily injury or Loss has occurred.

**Spouse** means your husband or wife who is recognized as such by the laws of the jurisdiction in which the Primary Insured Person resides. Spouse includes Domestic Partner.

**War** means hostilities following a formal declaration of War by a governmental authority; in the absence of a formal declaration of War by a governmental authority, armed, open and continuous hostilities between two countries or armed, open and continuous hostilities between two factions, each in control of territory or claiming jurisdiction over the geographic area of hostility.

**We, Us and Our** means Federal Insurance Company.

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 a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained in the master policy, on file with the policyholder.

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.