

MEMBER INFORMATION

NOTE: If it is your intention to change the beneficiary, you must fill out the requested information and sign below.

PLEASE PRINT
YOUR NAME, ADDRESS AND CLUB NAME
IN THE SPACE PROVIDED AND RETURN TO
THE AUTO CLUB GROUP

Name _____

Address _____

City _____

State _____ Zip _____

Membership # _____

Club Name The Auto Club Group

Date of Departure: _____ Date of Return: _____

CHANGE OF BENEFICIARY

As a AAA Plus or Premier member you automatically receive \$300,000 at no extra cost with your purchase. 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 order stated in the Beneficiary Section of this brochure. If you wish to change beneficiaries, please complete the following information and sign below.

Name of Beneficiary Relationship

Name of Beneficiary Relationship

Printed Name of Insured AAA Membership #

Signature of Insured Date

Witness Date

Mail this form to:
The Auto Club Group
1515 N Westshore Blvd
Tampa, FL 33607

Coverage is for members in Florida, Georgia,
the western two-thirds of Tennessee, and Puerto Rico

Plan 3

Policy No. 6477-07-32

Plan 3



This Plan Covers
The Auto Club Group
Plus & Premier Members up to

\$300,000

when travel arrangements are made
through your local AAA Travel Agency

See inside for details

DESCRIPTION OF COVERAGE

The AAA Travel Agency Travel Accident Insurance Program covers you for accidental loss of life, limbs, sight, speech or hearing in a common carrier and rental car, when the transportation is purchased and rental car is arranged through your participating AAA Travel Agency. 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.

Coverage applies:

1. While riding solely as a passenger in, entering or exiting any conveyance operated by a common carrier licensed for the transportation of passengers for hire.
2. While riding solely as a passenger in, entering or exiting any conveyance operated by a common carrier licensed for the transportation of passengers for hire, while traveling directly to or from a terminal, station or airport;
 - a. immediately preceding scheduled departure of a common carrier; or
 - b. immediately following scheduled arrival of a common carrier
3. Riding or driving in, entering or exiting from a private passenger automobile of the strictly pleasure car type; while going directly to the departure point or while coming from the arrival point of a common carrier.
4. While riding or driving in, entering or exiting from a rental car whose lease has been arranged through your participating AAA Travel Agency in conjunction with any airline or other common carrier transportation.

COMMON CARRIER BENEFITS

The full Benefit Amount 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. "Member" means hand or foot. One quarter of the Benefit Amount is payable for the accidental loss of the thumb and index finger of the same hand. "Loss" means, with respect to a hand, complete severance throughout or above the knuckle joints of at least four (4) fingers on the same hand; with respect to a foot, complete severance through or above the ankle joint. Federal Insurance Company (The Company) will consider it a loss of hand or foot even if they are later reattached. 100% of the benefit is paid if the accident causes the Insured Person to suffer loss of use of both arms and legs; 75% of the Benefit for both arms or both legs or a combination of an arm and a leg; 50% of the Benefit for one arm or one leg, or both hands or both feet or a combination of a hand and a foot; 25% of the Benefit for one hand or one foot.

RENTAL CAR/PRIVATE PASSENGER AUTOMOBILE BENEFITS

50% of the Benefit is paid for accidental loss of life, two or more members, sight of both eyes, speech and hearing or any combination thereof; 25% of the Benefit for accidental loss of one member, sight of one eye, speech or hearing; 12.5% of the Benefit for accidental loss of thumb and index finger of the same hand. 50% of the Benefit is paid if the accident causes the Insured Person to suffer loss of use of both arms and legs; 37.5% of the Benefit for both arms or both legs or a combination of an arm and a leg; 25% of the Benefit for one arm or one leg, or both hands or both feet or a combination of a hand and a foot; 12.5% of the Benefit for one hand or one foot.

DEFINITIONS

Loss of Use of Arm means the Loss of Use of the arm at or above the elbow joint. Loss of Use of Foot means the Loss of Use of the foot at or above the ankle joint. Loss of Use of Hand means the Loss of Use at 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. Loss of Use of Leg means the Loss of Use of the leg at or above the knee joint. Loss must occur within 365 days from the date of accident.

Coverage is for members in Florida, Georgia,
the western two-thirds of Tennessee, and Puerto Rico

SEAT BELT BENEFIT

Accidental Loss of Life Benefits payable under the Private Passenger Automobile coverage of this policy will be increased 10 percent, up to a maximum amount of \$50,000, if at the time of the Accident the Insured Person suffers Accidental Loss of Life while:

- 1) operating or riding in a Private Passenger Automobile and
- 2) utilizing a Seat Belt

A Benefit Amount will not be paid if the Insured Person is driving or riding as a passenger in any race, or contest of any type. The seatbelt usage must be verified by a licensed Physician, a coroner, a police officer or other person of competent authority. The seat belt must have been properly secured, and utilized in accordance with the recommendations of its manufacturer. Private passenger automobile means a four-wheeled motor vehicle with a maximum seat capacity of nine (9), manufactured and designed to travel on public roads.

IN-HOSPITAL BENEFITS

Benefits of \$150 per day for each day hospitalized up to a total of seven days will be paid, in addition to the Accidental Loss of Life Benefit and other Benefit amounts for losses covered, to the Insured Person if an accident covered under this policy results in the hospitalization of the Insured Person. Periods of hospitalization include all In-Hospital stays related to the same Accident. The Benefit Amount will be paid until one of the following occurs:

- 1) the Insured Person dies; or
- 2) the Insured Person is no longer hospitalized; or
- 3) the maximum number of days (7) of payment has expired.

MAXIMUM LIMIT OF INSURANCE

If more than one (1) insured person suffers a loss in the same accident; The Company will not pay more than \$20,000,000 per accident. If an accident results in benefit amounts becoming payable, which when totalled exceed \$20,000,000, the maximum limit of insurance will be proportionately divided among the insured persons, based on each applicable benefit amount.

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 self inflicted injuries; 3) declared or undeclared war, but war does not include acts of terrorism. This insurance also does not apply to an accident occurring while an Insured is in, entering, or exiting any aircraft while acting or training as a pilot or crew member, but this exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.

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.

NOTICE OF CLAIM

Written notice of claim should be mailed to The Auto Club Group, 1515 N Westshore Blvd., Tampa, FL 33607.

THE COST

The premium for this Travel Accident Insurance is paid for by The Auto Club Group for Plus and Premier members.

NOTE: The information contained in this brochure is a description of the coverage, benefits and exclusions contained in the Master Policy 6477-01-32. The Policy Number and Master Policy are on file with the Policyholder. All information is subject to the terms and conditions of the Master Policy. Keep this brochure with your important papers for your records. It will serve as an important reminder of the valuable protection you will have under this plan.

Plan underwritten by:

Federal Insurance Company
a member insurer of the
Chubb Group of Insurance Companies
15 Mountain View Road, P.O. Box 1615
Warren, NJ 07061-1615

