

Important Required Disclosures (Rev. Dec 2019)

Coverage available to U.S. residents of the U.S. states and District of Columbia only. This plan provides insurance coverage that only applies during the covered trip. Similar travel insurance coverage, offered by Travel Guard or another travel insurance provider, may be available through a variety of other sources, but may be subject to different terms and conditions (i.e. benefits, limits, exclusions, etc.). You may wish to compare the terms and conditions of this policy with those of your existing life, health, home and automobile insurance policies, as well as any coverage which may be available to you through your credit card program(s). If you have any questions about your current coverage, call your insurer or insurance agent or broker. Coverage is offered by Travel Guard Group, Inc. (Travel Guard). California lic. no.0B93606, 3300 Business Park Drive, Stevens Point, WI 54482, www.travelguard.com. CA DOI toll free number: 800-927-HELP. This is only a brief description of the coverage(s) available. The Policy will contain reductions, limitations, exclusions and termination provisions. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 175 Water Street, 15th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Coverage may not be available in all states. Your travel retailer may not be licensed to sell insurance, and cannot answer technical questions about the benefits, exclusions, and conditions of this insurance and cannot evaluate the adequacy of your existing insurance. The purchase of travel insurance is not required in order to purchase any other product or service from the Travel Retailer.

Travel Guard Group, Inc. markets travel insurance through the sales channels of independent third party sellers of non-insurance travel products and services. These third parties receive payment from Travel Guard Group, Inc. related to the offer of travel of insurance. Travel Guard travel insurance made available through third party channels is provided by Travel Guard Group, Inc.

You may obtain additional information about the features of this travel insurance plan by reviewing the Policy/Certificate, and may obtain information on the pricing of the insurance and assistance services by emailing terms@travelguard.com.

FIFTEEN DAY LOOK: You may cancel this insurance by giving the Company or the agent written notice within the first to occur of the following: (a) 15 days from the Effective Date of your insurance; or (b) your Scheduled Departure Date. If you do this, the Company will refund your premium paid provided no insured has filed a claim under this Policy. After this 15 day period, the premium is non-refundable. This fifteen day look is not applicable for New York residents; please contact AIG Travel at refunds@aig.com or 1-800-826-1300 to obtain information on refunds for New York residents.

The coverage goes into effect after the premium is paid on the effective date on the confirmation or at 12:01am on the day after the postmark, telephone purchase, fax transmission date, or online purchase confirmation date. The Insurer reserves the right to reject any enrollment. There is no coverage for loss due to pre-existing medical conditions, unless this insurance is purchased within the required time frame to waive this exclusion. If payment is returned unpayable for any reason, the coverage becomes null and void. Any changes to this enrollment form do not change the coverage of the policy.

YOUR CONSENT TO ELECTRONIC DELIVERY ("Consent Statement")

Items Covered By This Consent Statement

You have the option to receive your insurance policy forms, certain legal disclosures, notices, communications and other items listed below (together, the "Covered Items"), in paper form by mail or electronically if you: give us your Consent to do so, provide us a Designated Email Address and satisfy the System Requirements below. For purposes of this Consent Statement, such Covered Items may include, at minimum: insurance forms and documents, other legal notices required to be in writing, billing inquiry communications, cancellation notices, payment due notices, and any notices of modifications to any of the

above (collectively referred to as "Communications"); billing statements, billing notices, notices concerning privacy, and other items, including notices of modifications to any of the above, we provide through your billing statements (collectively referred to as "Paperless Statements"). You can elect to receive all of the Covered Items electronically. This Consent Statement covers those items you elect to receive electronically.

Consent

By agreeing to this Consent Statement, you give us your consent to electronically provide you the Covered Items and you certify you: (1) meet our System Requirements, and (2) will provide and maintain a valid Designated E-mail Address (collectively, your "Consent"). You understand that by giving us your Consent, you will not receive such Covered Items in paper form and you accept any consequence of not reviewing the Covered Items in a timely manner. Your Consent will remain in effect until you provide a Withdrawal of Consent or your membership and or coverage is terminated by either you or us.

Withdrawal of Consent

You may withdraw your Consent at any time by calling the customer service number on your fulfillment materials. Withdrawing your Consent will not affect the enforceability of any Covered Items already provided or your obligation to make payments.

Modification of Consent Terms

We reserve the right to modify these terms and conditions at our discretion. We will provide you with notice of such modification(s) electronically in a manner consistent with Methods of Providing Covered Items below. If you do not agree to the Consent Statement as modified, you must notify us of your Withdrawal of Consent before its effective date. We will tell you the effective date in the notification, and change the effective date at the top of the new Consent Statement. Failure to withdraw your Consent, or take any other required action as stated in the notification before the effective date will confirm your continued agreement to the Consent Statement as modified. Modifications to these terms will only affect our respective rights and obligations from the effective date of the modification(s) and thereafter, and/or until a subsequent version of this Consent Statement takes effect, you withdraw your Consent, or your coverage is terminated by either you or us.

Methods of Providing Covered Items

In this document, "provide" means to deliver, make available, send, notify or similar term We may provide the Covered Items electronically through, or through any combination of: (1) your Designated Email Address or (2) files, including those in PDF format, downloaded from our website. It is your responsibility to review Covered Items promptly, so you can take appropriate action.

Designated E-mail Address

You certify the e-mail address you provide for a Designated Card is your e-mail address, and you want us to use it to provide Covered Items electronically ("Designated E-mail Address"). You agree to maintain each Designated E mail Address until you provide us with a new one by calling the customer service number on the fulfillment materials. If you authorize someone else to access your Designated E mail Address, you agree to tell them to share Covered Items with you promptly, and you accept the risk that they will see your sensitive information.

Access to Paper Copies

You can request paper copies of Covered Items by calling the customer service number. We retain copies of these Covered Items for the time periods required by law and will provide you with copies of these upon request within those time periods. We do not necessarily retain copies for longer than is required by law. Save or print copies of Covered Items to ensure you have them when needed.

Our Right to Send Paper

We reserve the right to provide Covered Items in paper form at all times at our discretion even if you have given us Consent to provide them electronically. For example, but without limitation, we may do this if we have a system outage, if we suspect fraud, or if for any reason your Designated E mail Address does not accept emails from us.

System Requirements

To access and retain the Covered Items, you must have a working e-mail address and a computing or communications device with: working Internet access, a Web browser that supports 128-bit encryption (such as Firefox®, Internet Explorer®, or Safari®), 16 MB of available memory (32 MB of RAM recommended) and a program that can view, save and print PDF files (such as Adobe® Reader® 4.0 or higher). By providing us your Consent, you certify you meet all of the above System Requirements.

FRAUD WARNING

Any person who knowingly and with intent defrauds any insurance company is subject to criminal and civil penalties. By agreeing to these **Important Required Disclosures**, you represent that the information you are providing is true and the dates reflect your intent to start and end your trip.

For residents of Arkansas, Louisiana, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of Kentucky and Utah: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For residents of Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For residents of Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

For residents of Alaska: A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

For residents of Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For residents of California: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For residents of Delaware: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

For residents of the District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

For residents of Kansas: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

For residents of Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

For residents of Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

For residents of New Jersey: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

For residents of New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For residents of Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For residents of Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or denial of insurance benefits.

For residents of all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.

For New York residents:

Travel Guard is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer

provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

PRIVACY NOTICE

Rev 8/2018

FACTS

Why?

What?

How?

WHAT DOES AMERICAN INTERNATIONAL GROUP, INC. (AIG) DO WITH YOUR PERSONAL INFORMATION?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and Medical Information
- Income and Credit History
- Payment History and Employment Information

When you are *no longer* our customer, we continue to share your information as described in this notice.

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons AIG chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does AIG share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, conduct research including data analytics, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

For AIG Insurance Companies: Call 866-244-4786; Fax: 212-458-7081 or E-Mail: CIPrivacy@aig.com

For Pet insurance sold by AIG Insurance Companies: Call 866-937-7387 or E-Mail: CIPrivacy@aig.com

For LiveTravel, Inc., Travel Guard Group, Inc. or AIG Travel Assist, Inc.: Call 866-244-4786 or E-Mail: CIPrivacy@aig.com

Who we are

Who is providing this notice? The insurance company subsidiaries of American International Group, Inc. (AIG) underwriting property-casualty, accident & health, life insurance and related services and certain marketing subsidiaries of AIG listed below.

What we do

How does AIG protect my personal information? To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We restrict access to employees, representatives, agents, or selected third parties who have been trained to handle nonpublic personal information.

How does AIG collect my personal information? We collect your personal information, for example, when you

- apply for insurance or pay insurance premiums
- file an insurance claim or give us your income information
- provide employment information

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing? Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes— information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions

Affiliates Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Our affiliates include the member companies of American International Group, Inc.*

Nonaffiliates Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *AIG does not share with nonaffiliates so they can market to you.*

Joint marketing A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Our joint marketing partners include companies with which we jointly offer insurance products, such as a bank.*

Other important information

This notice is provided by American Home Assurance Company; AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; AIU Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; The Insurance Company of the State of Pennsylvania; (collectively the "AIG Insurance Companies"). This notice is also provided by certain marketing subsidiaries of AIG, including Morefar Marketing, Inc., LLC, Travel Guard Group, Inc., AIG Travel Assist, Inc. and LiveTravel, Inc. who market insurance or non-insurance products and services to consumers.

For Vermont Residents only. We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found using the contact information above for Questions.

For California Residents only. We will not share information we collect about you with nonaffiliated third parties, except as permitted by California law, such as to process your transactions or to maintain your account.

For Nevada Residents Only. We are providing this notice pursuant to Nevada state law. You may elect to be placed on our internal Do Not Call list by contacting us as listed above. Nevada law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington Street, Suite 3900, Las Vegas, NV 89101; Phone number: 702-486-3132; email: aginfo@ag.nv.gov. You may contact the applicable customer service department using the contact information above or by writing to us at Privacy Officer, 175 Water Street, 18th Floor, New York, NY 10038.

You have the right to see and, if necessary, correct personal data. This requires a written request, both to see your personal data and to request correction. We do not have to change our records if we do not agree with your correction, but we will place your statement in our file. If you would like a more detailed description of our information practices and your rights, please write to us at: Privacy Officer, 175 Water Street, 18th Floor, New York, NY 10038.