State Notice:

This document is not applicable to residents of all states. Residents of Florida, Georgia, Indiana, New Hampshire, New York, Oregon, Pennsylvania, Utah, and Washington can obtain their state specific documents by visiting www.travelguard.com/fulfillment or by calling 1.866.370.0246.

DESCRIPTION OF COVERAGE

Ski Pass Insurance for Adult/Teen/College/70+

SCHEDULE OF BENEFITS

All coverages are per person.

	MAXIMUM LIMIT
Season Pass Cancellation	Season Pass Cost up to a maximum of $600
Season Pass Interruption	Pro-rated Season Pass Cost up to a maximum of $600*

Extra Coverage
(when purchased within 14 days of Initial Trip Payment)

- Pre-Existing Medical Condition Exclusion Waiver

The following non-insurance services are provided by Travel Guard.

Travel Medical Assistance
Worldwide Travel Assistance

*Coverage will be provided for the pro-rated cost of the unused portion of the Season Pass. Reimbursement will be calculated based on the first day of the season, regardless of the actual date the Season Pass was purchased.

PLEASE READ THIS DOCUMENT CAREFULLY!

The Policy will contain reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Policy. If there are any conflicts between the contents of this document and the Policy (form series T30337NUFIC), the Policy will govern in all cases. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY. Coverage may not be available in all states.

008772 P1 3/11

PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

The Insurer will waive the pre-existing medical condition exclusion if the following conditions are met:

1. This plan is purchased within 14 days of making the Initial Trip Payment;
2. All Insured's are medically able to travel when plan cost is paid.

IMPORTANT

This coverage is valid only if the appropriate plan cost has been paid. Please keep this document as Your record of coverage under the plan.

DEFINITIONS

(Capitalized terms within this Description of Coverage are defined herein)

"Children"/"Child" means, with respect to Medical Expense and Emergency Evacuation benefits, unmarried children of the Insured, including natural children from the moment of birth, and step, foster or adopted children from the moment of placement in the Insured's home, under age 25 and primarily dependent on the Insured for support and maintenance. However, the age limit does not apply to a child who: (1) otherwise meets the definition of Children; and (2) is incapable of self-sustaining employment by reason of mental or physical incapacity.

"Complications of Pregnancy" means conditions whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include nonelective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy do not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

"Domestic Partner" means an opposite or a same-sex partner who is at least 18 years of age and has met all of the following requirements for at least 6 months: (1) resides with the Insured; (2) shares financial assets and obligations with the Insured; The Insurer may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

"Eligible Person" means a person who is a member of an eligible class of persons as described in the Description of Eligible Persons section of the Master Application.

"Family Member" means the Insured's spouse, Domestic Partner, Child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparents, grandchild, step-child, step-brother, stepsister, step-parents, parents-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, legal guardian, foster child, ward, or legal ward.

"Initial Trip Payment" means the first payment made toward the cost of the Insured's Trip.

"Injury/Injured" means a bodily injury caused by an accident occurring while the Insured's coverage under the Policy is in force, and resulting directly and independently of all other causes of Loss covered by the Policy. The injury must be verified by a Physician.

"Insured" means an Eligible Person for whom: (a) any required enrollment form has been completed; (b) any required plan cost has been paid; (c) while covered under the Policy.

"Insurer" means National Union Fire Insurance Company of Pittsburgh, Pa.

"Loss" means Injury or damage sustained by the Insured as a consequence of one or more of the events against which the Insurer has undertaken to compensate the Insured.

"Mental, Nervous or Psychological Disorder" means a mental or nervous health condition including, but not limited to: anxiety, depression, neurosis, phobia, psychosis; or any related physical manifestation.

"Natural Disaster" means a flood, hurricane, tornado, earthquake, fire, wildfire, volcanic eruption, or blizzard that is due to natural causes.

"Physician" means a licensed practitioner of the healing arts including accredited Christian Science Practitioners, medical, surgical, or dental, services acting within the scope of his/her license. The treating Physician may not be the Insured, a Traveling Companion, a Family Member, or a Business Partner.

"Primary Residence" means a person's fixed, permanent and principal home for legal and tax purposes.

"Schedule" means the Schedule of Benefits.

"Sickness" means an illness or disease diagnosed or treated by a Physician.

"Travel Supplier" means the tour operator, rental company, cruise line, and/or airline that provides pre-paid travel arrangements for the Insured's Trip.

"Traveling Companion" means a person or persons with whom the Insured has coordinated travel arrangements and intends to travel with during the Trip. A group or tour leader is not considered a Traveling Companion, unless the Insured is sharing room accommodations with the group or tour leader.

"Trip" means periods of travel away from home to a ski resort to participate in recreational activities and for which a season pass is purchased.

"Trip Cost" means the dollar amount of Trip payments or deposits reflected on any required enrollment form.

"Unforeseen" means not anticipated or expected and occurring after the effective date of the coverage.

"Uninhabitable" means (1) the building structure itself is unstable and there is a risk of collapse in whole or in part; (2) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; (3) immediate safety hazards have yet to be cleared, such as debris on roofs or downed electrical lines; or (4) the rental property is without electricity or water.

EFFECTIVE & TERMINATION DATES

Effective Date: Coverage will be effective for an Insured at 12:01 a.m. Standard Time on the date following receipt by the Insurer or the Insurer's authorized representative of any required plan cost.

Termination Date: Insurance elected by or provided for an Insured will end on the earliest of:

1. the end of the period for which any required plan cost has been paid;
2. the date the Insured requests, in writing, that his or her insurance be terminated.

GENERAL EXCLUSIONS

This plan does not cover any loss caused by or resulting from:

(a) intentionally self-inflicted Injury, suicide, or attempted suicide of the Insured, Family Member, Traveling Companion or Business Partner while sane or insane;

(b) elective abortion;

(c) participation in professional athletic events, motor sport, or motor racing, including training or practice for the same;

(d) war or act of war, whether declared or not, civil disorder, riot, or insurrection;

(e) any unlawful acts, committed by the Insured, a Family Member, whether insured or not;

(f) Mental, Nervous or Psychological Disorder;

(g) use of drugs, narcotics, or alcohol, unless administered upon the advice of a Physician;

(h) any failure of a provider of travel related services (including any Travel Supplier) to provide the bargained-for travel services or to refund money due the Insured;

(j) any loss that occurs at a time when this coverage is not in effect;

(k) any Trip taken outside the advice of a Physician;

(l) PRE-EXISTING MEDICAL CONDITION EXCLUSION: The Insurer will not pay for any Loss or expense incurred as the result of an Injury, Sickness or other condition of an Insured, or Family Member which, within the 120 day period immediately preceding and including the Insured's coverage effective date: (a) first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; (b) for which care or treatment was given or recommended by a Physician; (c) required taking prescription drugs or medicines, unless the condition for which the drugs or medicines are taken remains controlled without any change in the required prescription drugs or medicines.

The following exclusions apply to Season Pass Cancellation and Season Pass Interruption:

Benefits will not be provided for any loss resulting (in whole or in part) from:

(a) travel arrangements canceled by an airline, cruise line, or tour operator, except as provided elsewhere in the plan;

(b) changes by the Insured, a Family Member, or Traveling Companion, for any reason;

(c) financial circumstances of the Insured, a Family Member, or a Traveling Companion;

(d) any government regulation or prohibition;

(e) any business or contractual obligations of the Insured, a Family Member, or Traveling Companion, for any reason;

(f) an event which occurs prior to the Insured's coverage Effective Date;

(g) failure of any tour operator, Common Carrier, person or agency to provide the bargained-for travel arrangements.

SEASON PASS CANCELLATION & INTERRUPTION

The Insurer will pay a benefit, up to the Maximum Limit shown on the Schedule, if an Insured cancels his/her Trip or is unable to continue on his/her Trip due to the following Unforeseen events:

(a) Sickness, Injury or death of an Insured or Family Member.

1) Injury or Sickness of an Insured, Traveling Companion or Family Member traveling with the Insured must be so disabling as to reasonably cause a Trip to be cancelled or interrupted, or which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing your continued participation in the Trip.

2) If the Insured must cancel or interrupt his/her Trip due to Injury or Sickness of a Family Member not traveling with the Insured, it must be because their condition is life-threatening, as certified by a Physician or because they require the Insured's care.

(b) the Insured's Primary Residence or Destination being made Uninhabitable by Natural Disaster, vandalism, or burglary;

(c) the Insured, or a Traveling Companion being subpoenaed, required to serve on a jury, hijacked, or quarantined;

(d) Insured is called to active military service or military leave is revoked or reassigned;

(e) the Insured or Traveling Companion has an involuntary employer-initiated transfer within the same organization of 100 or more miles after the Insured's effective date of coverage which requires the Insured's Primary Residence to be relocated provided that he or she has been an active employee for the same employer for at least 1 year;

(f) Insured has a Complication of Pregnancy, normal pregnancy or childbirth. Normal pregnancy Complication or Pregnancy or childbirth must occur after the Insured's effective date of coverage and must be verified by medical records;

(g) the Insured or Traveling Companion is involuntarily terminated or laid off, provided that he or she has been an active employee for the same employer for at least 1 year. Termination must occur following the effective date of coverage. This provision is not applicable to temporary employment, independent contractors or self-employed persons.

SPECIAL NOTIFICATION OF CLAIM

The Insured must notify Travel Guard as soon as reasonably possible in the event of a Season Pass Cancellation or Interruption claim. If the Insured is unable to provide cancellation notice within the required timeframe, the Insured must provide proof of the circumstance that prevented timely notification.

Season Pass Cancellation Benefits: The Insurer will reimburse the Insured for forfeited Trip Cost up to the Maximum Limit shown on the Schedule for Trips that are canceled prior to the scheduled departure for their Trip due to the Unforeseen events shown above.

Season Pass Interruption Benefits: The Insurer will reimburse the Insured up to the Maximum Limit shown on the Schedule for Trips that are interrupted due to the Unforeseen events shown above for forfeited, insured Trip Cost.

PAYMENT OF CLAIMS

Claim Procedures: Notice of Claim: The Insured must call Travel Guard as soon as reasonably possible, and be prepared to describe the Loss, the name of the company that arranged the Trip (i.e., tour operator, cruise line, or charter operator), the Trip dates, and the amount that the Insured paid. Travel Guard will fill in the claim form and forward it to the Insured for his or her review and signature. The completed form should be returned to Travel Guard, PO Box 47, Stevens Point, Wisconsin 54481 (telephone 1.866.370.0246). All claims of California residents will be administered by Mercury Claims Administrator Services, LLC. All accident, health, and life claims will be administered by Mercury Claims & Assistance of WI, LLC, in those states where it is licensed.

Claim Procedures: Proof of Loss: The claim forms must be sent back to Insurer no more than 90 days after a covered Loss occurs or ends, or as soon after that as is reasonably possible. All claims under the policy must be submitted to Travel Guard no later than one year after the date of Loss or insured occurrence or as soon as reasonably possible. If Insurer has not provided claim forms within 15 days after the notice of claim, other proofs of Loss should be sent to Travel Guard by the date claim forms would be due. The proof of Loss should include written proof of the occurrence, type and

amount of Loss, the Insured's name, the participating organization name, and the policy number.

Payment of Claims: When Paid: Claims will be paid as soon as Travel Guard receives complete proof of Loss and verification of age.

Season Pass Cancellation and Season Pass Interruption Payment of Loss: The Insured must provide Travel Guard documentation of the cancellation or interruption and proof of the expenses incurred. The Insured must provide proof of payment for the Trip such as canceled check or credit card statements, proof of refunds received, copies of applicable tour operator or Common Carrier cancellation policies, and any other information reasonably required to prove the Loss. Claims involving Loss due to Sickness, Injury, or death require signed patient (or next of kin) authorization to release medical information and an attending Physician's statement. The Insured must provide Travel Guard with all unused tickets if he/she is claiming the value of those unused tickets.

GENERAL PROVISIONS

Termination of the Policy: Termination of the policy will not affect a claim for Loss which occurs while the policy is in force.

Transfer of Coverage: Coverage under the policy cannot be transferred by the Insured to anyone else.

STATE SPECIFIC NOTICES

Notice to Connecticut Residents:

T30341NUFIC-CT

The General Exclusion relating to use of drugs is deleted in its entirety and replaced with the following: "voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by his physician for the Insured;"

The General Exclusion relating to unlawful acts is amended to replace "unlawful acts" with "felonies".

The Pre-existing Medical Condition exclusion is deleted and replaced with the following: The Insurer will not pay for any loss or expense incurred as the result of an Injury, Sickness or other condition of an Insured, or Family Member for which medical advice, diagnosis, care or treatment was recommended or received within 90 days immediately preceding the Insured's coverage effective date.

Notice to Washington DC Residents:

T30341NUFIC-DC

The Pre-existing Medical Condition Exclusion is amended as follows:

PRE-EXISTING MEDICAL CONDITION EXCLUSION: The Insurer will not pay for any Loss or expense incurred as the result of an Injury, Sickness or other condition of an Insured, or Family Member which, within the 90 day period immediately preceding and including the Insured's coverage effective date: (a) first manifested itself, worsened or became acute or had symptoms which would have prompted a person to seek diagnosis, care or treatment; (b) for which care or treatment was given or recommended by a Physician; (c) required taking prescription drugs or medicines, unless the condition for which the drugs or medicines are taken remains controlled without any change in the required prescription drugs or medicines.

Notice to Illinois Residents:

T30341NUFIC-IL

The definition of Complications of Pregnancy is amended to delete "hyperemesis gravidarum and preeclampsia".

The definition of Injury is amended to read as follows: Injury/Injured means a bodily injury caused by an accident occurring while the Insured's coverage under the Policy is in force and resulting directly from all other causes of Loss covered by the Policy. The Injury must be verified by a Physician.

The General Exclusions provision is amended as follows:

"Any unlawful acts committed" is deleted and replaced with "commission of or attempt to commit a felony".

Notice to Louisiana Residents:

T30341NUFIC-LA

The "use of drugs, narcotics or alcohol" exclusion is amended to read: "being under the influence of narcotics or intoxicants, unless prescribed by a Physician;"

The Family Member definition is amended to delete Domestic Partner.

Notice to Nevada Residents:

T30341NUFIC-NV

The General Exclusions section is amended to delete the following exclusion: "use of drugs, narcotics or alcohol, unless administered upon the advice of a Physician.

The "Payment of Claims: When Paid" provision is deleted and replaced with the following:

Payment of Claims: Claims will be approved or denied within 30 days after Travel Guard receives the claim. If the claim is approved Travel Guard will pay the claim within 30 days after its approval. If the approved claim is not paid within that period, Travel Guard will pay interest on the claim at the rate equal to the prime rate at the largest bank in Nevada, as ascertained by the commissioner of financial institutions, on January 1 or July 1 as the case may be, immediately preceding the date of the transaction, plus 2 percent, upon all money from the time it becomes due.

The "Claim Procedures: Proof of Loss" provision is amended to add the following:

If Travel Guard requires additional information or time to approve or deny a claim, it will notify the Insured within 20 days after receipt of the claim, and at least once every 30 days thereafter until the claim is approved or denied. The notice will contain the reason why the additional information or time is required. Travel Guard will approve or deny the claim within: 30 days after it receives the additional information; or 31 days after the last timely notice was provided.

Notice to North Carolina Residents:

T30341NUFIC-NC

The time period in the Proof of Loss provision is amended to 180 days.

The following notice is added: This plan includes all of the applicable benefits mandated by the North Carolina Insurance Code, but is issued under a group master policy located in another state and may be governed by that state's laws."

The pre-existing conditions exclusion is amended to delete reference to "first manifested" and to replace "a reasonable person" with "a person".

Notice to South Dakota Residents:

T30341NUFIC-SD

Exclusion (g) of the General Exclusions provision is deleted in its entirety.

Exclusion (e) is amended to read "the Insured being under the influence of drugs during the commission of a felony".

Notice to Texas Residents:

T30341NUFIC-TX

The Proof of Loss Provision is amended by adding the following:

The Insurer will acknowledge receipt of the notice of claim in writing within 15 business days after the Insurer receives the claim. The Insurer will notify a claimant in writing of the acceptance or rejection of a claim not later than the 15th business day after the date the Insurer receives all required documentation to secure final proof of Loss. If the Insurer rejects the claim, the required notice will state the reasons for the rejection. If the Insurer is unable to accept or reject the claim within that time period, the Insurer will notify the claimant of the reasons that additional time is needed. The Insurer will accept or reject the claim not later than the 45th day after the claimant is notified. If the claim is accepted, the Insurer will pay the claim within 5 days of the notice of acceptance. If payment of the claim is delayed, the Insurer will pay the claim plus 18% interest per year, plus reasonable attorney fees. If a lawsuit is filed, such attorney fees shall be taxed as part of the costs in the case.

The Pre-Existing Medical Condition Exclusion is amended to remove "first manifested itself" and to replace "reasonable person" with "ordinarily prudent person".

The following provisions are added:

TEXAS LAWS GOVERN POLICIES. Any contract of insurance payable to any citizen or inhabitant of this State by any insurance company or corporation doing business within this State shall be held to be a contract made and entered into under and by virtue of the laws of this State relating to insurance, and governed hereby, notwithstanding such policy or contract of insurance may provide

that the contract was executed and the premiums and policy (in case it becomes a demand) should be payable without this State, or a at the home office of the company or corporation issuing the same.
ELECTED OFFICIALS. An insurer may not cancel or refuse to renew an insurance policy based solely on the fact that the policyholder is an elected official.

53593DBG

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call National Union Fire Insurance Company of Pittsburgh, Pa.'s toll free number for information or to make a complaint at:

1.800.551.0824

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1.800.252.3439

You may write the Texas Department of Insurance:
P. O. Box 149104
Austin, TX 78714-9104
Fax # (512) 475 1771
Web: http://www.tdi.state.tx.us
E-mail: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact the Insurer first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:
Usted puede llamar al numero de telefono gratis de National Union Fire Insurance Company of Pittsburgh, Pa. para informacion o para someter una queja al:

1.800.551.0824

Puede communicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1.800.252.3439

Puede escribir al Departamento de Seguros de Texas:
P. O. Box 149104
Austin, TX 78714-9104
Fax # (512) 475 1771
Web: http://www.tdi.state.tx.us
E-mail: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con la compania primero. Si no se resuelve la disputa, puede entonces communicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

Notice to Wisconsin Residents:

T30341NUFIC-WI

The Proof of Loss provision is deleted and replaced with the following language:
Proof of Loss. The Insured must furnish the Insurer with proof of loss. Proof of loss includes police or other local authority reports or documentation from the appropriate party responsible for the loss. It must be filed within 90 days from the date of loss. Failure by the Insured to give notice within such time does not invalidate or reduce the claim unless the Insurer is prejudiced by the failure to give notice within such time.
The Payment of Claims: When Paid: is deleted and replaced with the following language:
Payment of Claims: When Paid: Claims will be paid as soon as Travel Guard receives complete proof of Loss and verification of age, but not later than 30 days.

ASSISTANCE SERVICES*

All Assistance Services listed below are not insurance benefits and are not provided by the Insurer.

Travel Medical Assistance

- Emergency medical transportation assistance
- Physician/hospital/dental/vision referrals
- Repatriation of mortal remains assistance
- Return travel arrangements
- Emergency prescription replacement assistance
- Dispatch of doctor or specialist
- Medical evacuation quote
- In-patient and out-patient medical case management
- Qualified liaison for relaying medical information to family members
- Arrangements of visitor to bedside of hospitalized Insured
- Eyeglasses and corrective lens replacement assistance
- Medical payment arrangements
- Medical cost containment/expense recovery and overseas investigation
- Medical bill audits
- Shipment of medical records
- Medical equipment rental/replacement

Worldwide Travel Assistance

- Lost baggage search; stolen luggage replacement assistance
- Lost passport/travel documents assistance

- ATM locator
- Emergency cash transfer assistance
- Travel information including visa/passport requirements
- Emergency telephone interpretation assistance
- Urgent message relay to family, friends or business associates
- Up-to-the-minute travel delay reports
- Long-distance calling cards for worldwide telephoning
- Inoculation information
- Embassy or Consulate Referral
- Currency Conversion or purchase
- Up-to-the-minute information on local medical advisories, epidemics, required immunizations and available preventive measures
- Up-to-the-minute travel supplier strike information
- Legal referrals/bail bond assistance
- Worldwide public holiday information

*Non-insurance services are provided by Travel Guard.

Program fees are non-refundable.

Any payments under the policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under the policy. For more information, you may consult the OFAC internet website at: www.treas.gov/offices/enforcement/ofac/ or a Travel Guard representative.

TRAVEL GUARD®
CHARTIS

24-Hour Emergency Assistance Telephone Numbers

Continental USA.....**1.866.370.0246**
International.....**1.715.295.5452**

Be sure to use the appropriate country and city codes when calling.

- KEEP THESE NUMBERS WITH YOU WHEN YOU TRAVEL -

008772 P1 3/11 Travel Guard 3/14/11
T30337NUFIC-TG-DOC