

BAGGAGE & LOSS DAMAGE WAIVER INSURANCE PLAN SUMMARY

SUMMARY OF COVERAGE

THE PLAN

As an eligible Insured*, you are automatically eligible to receive reimbursement for amounts paid for direct physical loss or damage to Checked and/or Carry-On Baggage** and personal property contained therein. This coverage applies provided the full passage fare on the Common Carrier*** is charged or debited to your account.

- * **Insured** Global Dollar Cardmembers and membership rewards savings Accountholders of the Policyholder. Cardholder means an individual who has been issued an Account card by the Policyholder. Cardmember means any authorized primary or additional card user who has been issued an Account card by the Policyholder. Accountholder means an individual who has an open and active Account with the Policyholder.
- ** **Checked Baggage** means suitcases or other containers specifically designated for carrying personal property, for which a claim check has been issued to the Insured by a Common Carrier. Carry-On Baggage means suitcases or other containers specifically designated for carrying personal property, which are carried on board a Common Carrier by the Insured.
- *** **Common Carrier** means any land, water, or air conveyance operated under a license for the transportation of passengers for hire.

ELIGIBILITY

This Common Carrier Baggage reimbursement is provided to you, as an Insured, automatically when the full passage fare is charged or debited to your Account. It is not necessary for you to notify the Insurance Company or Plan Administrator at the time the passage fee is charged or debited to your Account.

THE COST

This coverage is provided at no additional cost to eligible Insureds under the master policy issued to American Express Travel Related Services Company, Inc. by Federal Insurance Company (the Company).

AMOUNT OF INSURANCE

The Company's liability will be for a maximum reimbursement of \$500 per Insured for Checked Baggage, and \$1,250 per Insured for Carry-On Baggage, of which no more than \$250 will be for all jewelry and fur. Payment will be on a reimbursement basis without deduction for depreciation, provided the article is actually replaced. If the article is not replaced, the claim will be adjusted on the Actual Cash Value* at the time of the loss. Coverage under this plan will be excess over all other insurance or indemnity available to the Insured.

- * Actual Cash Value means the cost to replace the lost or damaged personal property at the time of loss, less depreciation.

EXCLUSIONS

Coverage does not apply to loss resulting from:

- (1) any dishonest, fraudulent or criminal act of the Insured; (2) forgery by the Insured; (3) loss due to war or confiscation by authorities; (4) loss due to radioactive contamination. Coverage also does not apply to: (1) sporting equipment, unless checked with the Common Carrier and for which a claim check has been provided by the Common Carrier. (2) animals, perishables; cameras and accessory equipment; eye glasses and contact lenses; prosthetic

devices including dentures and hearing aids; tickets, valuable papers and documents; Credit Cards and Debit Cards; securities; money; art objects; electronic equipment; business items; bullion or precious or semi-precious metals, stones or gems other than that contained in items of personal jewelry owned by the Insured; household furniture; motor vehicles, boats or watercraft or aircraft or parts for such conveyances.

EFFECTIVE DATE

This plan is effective the date you become an eligible Cardmember and will cease on the date the master policy terminates (in which case you will be notified by the Policyholder), on the date your Account ceases to be in good standing, or on the date you no longer qualify as an eligible Insured or on the expiration date of any applicable period of coverage for any Insured, whichever occurs first.

MISREPRESENTATION AND FRAUD

Coverage of the Insured will be void if, at any time, the Insured has concealed or misrepresented any material fact or circumstance concerning this coverage or the subject thereof or the interest of the Insured herein, or in case of any fraud or false swearing by the Insured relating thereto.

Coverage for an Insured will be void if, whether before or after a loss, the Policyholder or its subscribing organization(s) has concealed or misrepresented any material fact or circumstance concerning this coverage or the subject thereof or the interest of the Insured therein, or in case of any fraud or false swearing by the Policyholder or its subscribing organization(s) relating hereto.

CLAIM PROCEDURE

For questions about coverage, or other inquiries, please contact American Express at 1-800-528-2122.

For claims related matters ONLY, contact:

Broadspire, a Crawford Company
Preferred Partner for Chubb Affinity Claims
PO Box 459084
Sunrise, FL 33345
Call Toll Free - 855-307-9245
Fax Toll Free - 855-830-3728

The Insured must send the Company written notice of a claim, including the Insured's name and policy number, within 45 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. The Insured must submit the following to the Insurance Company: (1) a copy of the Account statement showing the Common Carrier fare charged; (2) a copy of the initial claim report submitted to the Common Carrier; (3) proof of submission of the loss to and the results of any settlement by the Common Carrier; (4) proof of submission of the loss to and the results of any settlement or denial by the Insured's personal insurance carrier(s); (5) if no other insurance is applicable, a notarized statement from the Insured to that effect; and (6) evidence that the personal property has actually been replaced.

FOR INSURED WHO ARE NEW YORK STATE RESIDENTS:

To the extent that this plan provides insurance against the loss or damage to baggage and its contents, the following terms and conditions apply: (1) The loss or damage must occur while the Insured is in transit; (2) The Insured must pay for transportation using their Account or be an eligible Member as specified in the Policy.



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(3) The maximum amount of insurance is \$2,000 per bag, including contents, subject to a maximum annual aggregate amount of \$10,000 for all Insureds per trip.

As a handy reference guide, please read this document and keep it in a safe place with your other insurance documents. This Summary of Coverage is not a contract of Insurance but is simply an informative statement to eligible Insureds of the principal provisions of the

insurance while in effect. Complete provisions pertaining to this plan of insurance are contained in the master policy (# 9907-74-12) on file with American Express Travel Related Services Company, Inc., herein referred to as the Policyholder. If a statement in this Summary of Coverage and any provision in the policy differ, the policy will govern.

CHUBB®

Plan Underwritten By
Federal Insurance Company

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P.O. Box 1650
Whitehouse Station, NJ 08889-1650

44-10-0351 (Ed. 2/00)