SUMMARY DESCRIPTION CCXIII FOR MASTER TRAVEL POLICY NUMBER AAAME00177-0622
POLICYHOLDER: AAA Oregon/Idaho

***Insurance coverage is underwritten by BCS Insurance Company under policy number AAAME00177-0622.**

Who is eligible for coverage? All active Primary and Associate AAA Members are eligible for the Travel Insurance benefits and assistance coverage (the Master Policy) as summarized in this Summary Description. Eligible Members do not need to purchase travel through the AAA Travel Agency to be entitled to Travel Insurance Benefits. Such persons for whom premium has been paid by AAA are considered *insured persons* under the Master Policy.

SCHEDULE OF BENEFITS: Premier Members

Benefits	
Trip Interruption Coverage, Per Trip, Per Insured Person or Covered Traveler	$1,500.00
Vehicle Return Coverage, Per Trip	$500.00

For questions or to report a claim, contact the Plan Administrator at 800.547.4096.

DEFINITIONS

Throughout this Summary Description, words and any form of the work appearing in italics are defined in this section.

Accident	An unexpected, unintended, unforeseeable event causing *injury* or death to *you* or a *covered traveler*, or causing damage to the *motor vehicle* or *rental car* which prevents the vehicle from being driven.
Accommodation	Temporary lodging in an establishment licensed to provide temporary lodging to paying guests.
Actual cash value	Purchase price less depreciation.
Baggage	The personal property *you* or a *covered traveler* take on the *trip* and the suitcases or other kinds of containers used to carry them.
Common carrier	A company that is licensed to carry passengers on land, water, or in the air for a fee, not including car rental companies.
Covered traveler	A person who is an *immediate family member* and is traveling with *you*.
Domestic partner	An individual joined in a civil contract between two individuals of the same sex who are at least 18 years of age, who are otherwise capable and at least one of whom is a resident of Oregon.
Epidemic	A contagious disease recognized or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.
Family member	The AAA member's spouse, civil union partner or *domestic partner*, children and step-children (including children who are or are in the process of becoming adopted); parents and step-parents; siblings; grandparents and grandchildren; in-laws (mother, father, son, daughter, brother, sister).
Hospital	A provider that is a short-term, acute, general *hospital* that: 1. Is a duly licensed institution; 2. In return for compensation from its patients, is primarily engaged in providing inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under supervision of physicians; 3. Has organized departments of medicine and major surgery; 4. Provides 24-hour nursing service by or under the supervision of registered graduate nurses; and 5. Is not other than incidentally: a) a skilled nursing facility, nursing home, custodial care home, health resort, spa or sanatorium, place for rest, place for the aged, place for the provision of rehabilitation care; b) a place for the treatment of mental illness; c) a place for the treatment of alcoholism or drug abuse; d) a place for the provision of hospice care; or e) a place for the treatment of pulmonary tuberculosis.
Illness	A sickness, infirmity or disease that causes a loss that begins during a *trip*.
Immediate family member	The AAA member's spouse, civil union partner or *domestic partner*; children and step-children (including children who are in the process of becoming adopted) under the age of 21; parents, step-parents, siblings, grandparents, and grandchildren who reside with *you*.
Injury	Bodily injury caused by an *accident* occurring during a *trip*, and resulting directly and independently of all other causes in loss.
Insured person	A person: 1. Who is a member of an eligible class of persons as described in the Schedule of Benefits; 2. For whom premium has been paid; and 3. While covered under the policy.

	An *insured person* may be Primary or Secondary. Primary *insured person* is a AAA member possessing the primary membership in a household. Secondary *insured person* is any AAA member possessing an Associate membership in a household.
Mechanical breakdown	A mechanical issue which prevents the vehicle from being driven. *Mechanical breakdown* does not include running out of gas, tire trouble, or failure to perform routine maintenance.
Medical escort	A professional person contracted by *our* medical team to accompany a seriously ill or *injured* person while they are being transported. A *medical escort* is trained to provide medical care to the person being transported. A friend or *family member* cannot be a *medical escort*.
Motor Vehicle	A self-propelled private passenger vehicle, or a towable trailer, which is a type both designed and required to be licensed for use on public roads. Motorcycles and recreational vehicles (such as motorhomes, campers, or similar) are included. The term *motor vehicle* does not include: 1. Trucks (except for pickup trucks and vans); 2. Motorbikes and all-terrain vehicles; 3. Off-road vehicles; 4. Vehicles that don't have to be licensed; 5. Vehicles that are used for commercial or livery purposes, including limousines; or 6. Other conveyances.
Natural disaster	An event, including but not limited to wind storm, rain, snow, sleet, hail, lightning, dust or sand storm, earthquake, tornado, flood, volcanic eruption, wildfire or other similar event that: 1. Is due to natural causes; and 2. Results in widespread severe damage such that the area of damage is officially declared a disaster area and the area is deemed to be uninhabitable or dangerous.
Pandemic	An *epidemic* that is recognized or referred to as a pandemic by a representative of the World Health Organization (WHO) or an official government authority.
Personal effects	Items that are regularly worn or carried and can include keys, identification card, wallet, watch, clothing, and toiletries.
Physician	A licensed practitioner of the healing arts acting within the scope of their license. The attending physician may not be: (a) *you*; (b) *your* spouse, civil union partner or *domestic partner*; (c) a person booked to accompany an *insured person* on a *trip*; or (d) a person who is related to *you*, *your* spouse, civil union or *domestic partner*, child, parent, or sibling.
Policy territory	For Trip Interruption and Vehicle Return: Outside of a 50 mile radius from *your primary residence* but within the US, Mexico, and Canada.
Policyholder	The organization to whom the policy was issued.
Primary residence	*Your* permanent and main home for legal and tax purposes. It does not include any secondary or vacation home or residence.
Rental car	*Motor vehicle* that is rented by *you* and evidenced by a car rental agreement. The term *rental car* does not include: 1. Motorcycles, motorbikes, and all-terrain vehicles; 2. Trucks; 3. Campers, trailers, and recreational vehicles; 4. Off-road vehicles; 5. Vehicles that don't have to be licensed; 6. Vehicles that are used for commercial or livery purposes, including limousines; or 7. Other conveyances.

Severe weather	1. The local government or the National Weather Service issues an advisory against travel as a result of rain, snow, or wind; or 2. A "state of emergency" due to weather is declared by the federal, state, or local government.
Trip	A planned round-trip travel to and from a place of at least 50 miles from *your primary residence*. A *trip* does not include travel to receive health care or medical treatment of any kind, vehicle repairs, or commuting to and from work. A *trip* which: 1. Does not exceed, and was not planned to exceed, 45 consecutive days. 2. Was intended to include at least one overnight stay; 3. For Vehicle Return, Stolen Baggage/Personal Effects, and Baggage: Is a driving *trip* taken by *motor vehicle* or *rental car*; and 4. For all other coverages: Is a *trip* taken by *motor vehicle*, *rental car*, *common carrier*, or a combination of these.
We, Us, Our	BCS Insurance Company, including its authorized agents.
You* or *Your	The *insured person*.

DESCRIPTION OF COVERAGES

In this section, *we* will describe the coverage which is included in the policy. *We* explain each type of coverage and the specific conditions that must be met for the coverage to apply.

A. TRIP INTERRUPTION COVERAGE

Coverage applies to *you* and any *covered traveler* during each *trip* within the *policy territory* when *you* are traveling by *motor vehicle*, *rental car*, *common carrier*, or a combination of these. The coverage will provide reimbursement for out-of-pocket expenses incurred by *you* or a *covered traveler* up to the limit specified in the Schedule of Benefits for:

i. The cost of additional *accommodations* and meal expenses; and (if applicable)
ii. The cost of substitute transportation to continue the *trip*.

The following conditions apply:

a. The expenses incurred must be due to an overnight interruption of the *trip*; and
b. Only expenses incurred within the first 96 hours of the initial interrupiton of the *trip* are covered.

Covered reasons:

1. Vehicle disablement due to *mechanical breakdown* (excluding tire trouble), substained by garage or repair facility or rental car company report.

2. *Accident* involving *motor vehicle* or *rental car*, substantiated by a police report.

3. Theft of *motor vehicle* or *rental car*, substantiated by a police report.

4. *Illness*, *injury*, or death of *you*, a *covered traveler*, *your family member*, or adult with whom *you* reside who is not traveling with *you* (including being diagnosed with an *epidemic* or *pandemic* disease such as COVID-19).

   The following conditions apply:

   a. For interruptions due to *illness* or *injury* of *you* or a *covered traveler*, a *physician* must recommend that the person interrupt the *trip* due to the severity of the person's condition.
   b. For interruptions due to *illness* or *injury* of *your family member* or an adult with whom *you* reside who is not traveling with *you*, the *illness* or *injury* must be life threatening, require hospitalization, or he or she must require *your* care.
   c. *You* or a *covered traveler* must not have traveled against the orders or advice of any government or other public authority at any location to, from, or through which *you* or a *covered traveler* is traveling during the *trip*.

5. Terrorism.

   The following condition applies:

   a. If the Trip Interruption is due to terrorism, it must be certified as an act of terrorism by the United States Secretary of State.

6. *Natural disaster*.

7. *Severe weather*.

IMPORTANT: Please refer to the Schedule of Benefits to confirm the applicable limit.

B. VEHICLE RETURN COVERAGE

Coverage applies to *you* and any *covered traveler* during each *trip* within the *policy territory* when *you* are either a driver or passenger in *your* or a *covered traveler's motor vehicle*. *We* will provide reimbursement for the cost of transporting the *motor vehicle* to *your primary residence*, up to the limit specified in the Schedule of Benefits.

Covered reasons:

1. *Illness* or *injury* of *you* or a *covered traveler*.

2. *Illness* or *injury* of the driver of the *motor vehicle*, if other than *you* or a *covered traveler*.

The following conditions apply:

a. If the Vehicle Return is due to *illness* or *injury*, a *physician* must recommend that the person interrupt or delay the *trip* due to the severity of the person's condition;
b. *You* or a *covered traveler* must contact *us* prior to making arrangements, unless it is not reasonably possible to do so; and
c. The *motor vehicle* must be operable and transportation must be performed by an accredited transportation company.

Coverage is not provided if:

1. The *motor vehicle* is a rental vehicle or has an original lease term of less than one year; or
2. The transportation of the *motor vehicle* could have been performed by *you*, a *covered traveler*, or the driver of the *motor vehicle* if other than *you* or *covered traveler*.

IMPORTANT: Please refer to the Schedule of Benefits to confirm the applicable limit.

GENERAL EXCLUSIONS

This section describes the general exclusions applicable to all coverages under this policy. An "exclusion" is something that is not covered by this insurance policy, and therefore no reimbursement would be available.

This policy does not provide coverage for any loss that results directly or indirectly from any of the following general exclusions if they affect *you*, a *covered traveler*, or a *family member*.

1. The influence of drugs or intoxicants, as determined by the legal level of intoxication according to the laws where the loss occurs, unless prescribed by a *physician*;
2. War (whether declared or undeclared) or acts of war;
3. Military duty;
4. *You* or a *covered traveler's* active participation in civil disorder, or unrest;
5. Participation in professional or amateur sporting events (including training);
6. All extreme, high risk sports including but not limited to: bodily contact sports, skydiving, hang gliding, bungee jumping, parachuting, mountain climbing, or any other high altitude activities, caving, heli-skiing, extreme skiing, or any skiing outside marked trails;
7. Scuba diving (unless accompanied by a dive master and not deeper than 130 feet);
8. Operating or learning to operate any aircraft as pilot or crew;
9. Nuclear reaction, radiation, or radioactive contamination;
10. An *epidemic* or *pandemic*, except when an *epidemic* or *pandemic* is expressly referenced in and covered under Trip Interruption;
11. Pollution or threat of pollutant release;
12. Any unlawful acts committed by *you* or a *covered traveler*; or
13. Any expected or reasonably foreseeable events.

GENERAL PROVISIONS AND CONDITIONS

This guide to benefits is *your* most complete source of information. Please be sure to keep it in a safe place.

All information in this document is subject to the terms and conditions of the Master Policy, a copy of which is in the possession of the *policyholder*. The terms and conditions of the Master Policy agree with the terms outlined in this guide to benefits. However, features and benefits are subject to change.

You agree to use diligence in doing all things reasonably prudent to avoid or diminish any loss. The Plan Administrator will not unreasonably apply this provision to avoid claims hereunder.

How to File a Claim

Please gather the information below if *you* have a covered loss during *your trip* as it will be requested when *you* file a claim upon returning home. **All claims must be reported to the Plan Administrator within 30 days from the date of loss or as soon after that date as is reasonably possible.** Notice given by or on behalf of *you* to the *policyholder* at its office or to any authorized agent of *us*, with information sufficient to identify *you*, will be deemed notice to *us*.

If *your* property covered under this policy is stolen, *you* must:

1. Notify *us* as soon as possible;
2. Take immediate steps to recover the covered property;
3. Give immediate notice to the carrier or bailee who is or may be liable for the robbery or theft; and
4. Notify the police or other authority as soon as practicable.

Once *you* report a claim, the service associate will set up a claim file for *you* and send *you* a claim form. *You* must send written proof of loss, including any required information necessary to support the claim, to the Plan Administrator within 90 days from receipt of the claim form, or as soon after that date as reasonably possible, and in no event, except in the absence of legal capacity, later than one year from the time. For questions or to report a claim, contact the Plan Administrator at the phone number listed on the bottom of the first page.

Proof of loss includes police or other local authority reports or documentation from the appropriate party responsible for the loss, along with the original receipts.

Entire Contract Changes

The entire contract is made up of the policy, the Schedule of Benefits, and the *policyholder's* application, and any attached riders and endorsements.

Any change to the policy must be: (1) made in writing; (2) signed by one of *our* officers; and (3) attached to the policy. No agent has authority to change the policy or waive any of its provisions. *Your* consent is not needed to change the policy.

Records

The *policyholder* must maintain adequate records acceptable to *us* and provide any information required by *us* relating to this insurance.

We will be permitted to examine and audit the records of the *policyholder* that relate to the policy at: (1) any time during the policy term; and (2) within two years after the expiration of the policy; or (3) until all claims have been settled or adjusted, whichever is later.

Clerical Error
If a clerical error is made, it will not affect *your* coverage. An error will not continue *your* coverage beyond the date coverage would end, if the error had not been made. After an error is found, *we* will take appropriate action. This may include adjusting, collecting, or refunding premium.

Errors and Omissions
Clerical error or omission by *us* to the *policyholder* will not:
1. Prevent an eligible individual from receiving coverage, if the eligible individual is entitled to coverage under the terms of the policy; or
2. Cause coverage to begin or coverage to continue for an individual when the coverage would not otherwise be effective.

If the *policyholder* gives *us* information about an individual that is incorrect, *we* will:
1. Use the facts to decide whether the individual meets the definition of an *insured person* and has coverage under the policy and in what amounts; and
2. Make a fair adjustment of the premium.

New Entrants
All individuals added to an eligible class shown in the Schedule of Benefits are eligible for insurance under the policy.

Representations
By accepting the policy, the *policyholder* agrees that:
1. The statements in application made part of the policy are accurate and complete;
2. Those statements are based upon the representations by the *policyholder*; and
3. *We* have issued the policy in reliance upon the *policyholder's* representations.

We rely on statements made by the *policyholder* in the application. If there is no fraud, the *policyholder's* statements: (a) are considered representations and not warranties and (b) will not be used to void the policy or reduce any claim. *We* will not contest the policy after it has been in effect for two years, except for fraud.

False Claim
We rely upon the information *you* provide to *our* detriment. If *you* make any claim knowing it to be false or fraudulent under any Coverage Part or Assistance Service, that Coverage Part or Assistance Service will no longer apply to *you* and *your* claims thereunder will be forfeited.

Warning: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information may be subject to prosecution and civil penalties for fraud.

Action against Company
No action at law or in equity may be brought to recover under the policy until:
1. 60 days after *we* have been given written proof of loss in accordance with the requirements of the policy; and
2. All terms and conditions of the policy have been complied with.

If *you* disagree with *our* decision about a claim, arbitration can be requested. Upon mutual agreement, a dispute can be submitted as long as it is submitted at least 60 days, but no more than three years, after the claim has been filed and it complies with the Oregon arbitration laws at the time of submission. Arbitration must take place in the Oregon county in which *you* reside unless another location is agreed to by all parties at the time of the dispute. Oregon law will apply.

Conformity with State Statutes
Any provision of the policy that, on its effective date, is in conflict with the laws and regulations of the state in which the policy was delivered is amended to conform to the minimum requirements of those laws and regulations.

Due Diligence
You must use due diligence and concur in doing all things reasonably practicable to avoid or diminish any loss or damage to the property insured hereunder. *We* will not unreasonably apply this provision to avoid claims.

Benefits Provided for *Insured Persons* and *Covered Travelers* Only
The insurance provided by the policy are solely for the benefit of the *insured persons* and *covered travelers*. No other person or entity will have any legal or equitable right, remedy or claim for coverages or damages under or arising from the policy.

No Benefit to Bailee
This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

Subrogation
If *we* become liable for any payment to *you* under the policy for losses suffered, *we* will be subrogated, to the extent of such payment, to all of *your* rights and remedies against any party with respect to such loss, and will be entitled at its own expense to sue in *your* name. *You* agree to assist *us*, as it may reasonably require, in preserving its right against those responsible for such loss, including but not limited to, executing all documents necessary to enable *us* to bring suit in *your* name.

No Assignment without Consent
You may not assign or otherwise transfer any one or more rights, duties, obligations, claims, coverages, or benefits under this policy without *our* prior written consent. Any attempt to make such an assignment or transfer without *our* prior written consent will be null and void in all respects.

Claim Forms
We will furnish claim forms to *you* within 15 days of receipt of a notice of claim. If these forms are not furnished within 15 days, *you* will satisfy this requirement by sending *us* written proof of loss. This proof should include information sufficient to identify the applicable *insured person*, the policy number, and a description of both the occurrence and the nature and extent of the loss.

Time of Payment of Claims
We will pay the claim after receipt of acceptable proof of loss. Claims will be paid in accordance with the payment of claims provision.

Payment of Claims
All claims will be paid to *you*, if living; otherwise, to *your* estate.

Any payment made in good faith will discharge *our* liability to the extent of that payment.

Physical Examination
We, at *our* own expense, have the right to have *you* examined as often as reasonably necessary while a claim is pending.

For questions or to report a claim contact the Plan Administrator at 800.547.4096.

BCS INSURANCE COMPANY
(A Stock Company)

IDAHO STATE AMENDMENT

The Summary Description is amended as follows:

I. **GENERAL PROVISIONS AND CONDITIONS,** the following is added:

Notice: The contact the Idaho Department of Insurance, call or write:

Idaho Department of Insurance
Consumer Affairs
700 W. State Street, 3rd Floor
P.O. Box 83720
Boise, ID 83720-0043

1.800.721.3272 or 208.334.4250
www.DOI.Idaho.gov

There are no other changes to the Summary Description.

BCS Insurance Company

PRESIDENT

SECRETARY

ASSISTANCE SERVICES

Services are available while on an 'eligible trip'.

Within the U.S. and Canada, call toll-free:
800.547.4096
Outside the U.S., call collect:
877.882.8323

24 HOUR TRAVEL ASSISTANCE

If a Member needs help while traveling, AGA's assistance team is available 24 hours a day. Our services are here to make challenging situations a little easier.
This service provides access to such things as:

- Emergency message center
- Lost ticket and document replacement arrangements
- Lost baggage assistance
- Emergency airline and hotel reservation
- Legal referrals
- Money transfers, including emergency cash transfer arrangements
- Assistance translation services
- Prescription replacement arrangements
- Medical provider referrals, appointments and admission arrangements
- Medical case monitoring and liaison service
- Emergency medical transportation arrangements
- Emergency visitation arrangements

24 Hour Travel Assistance services are not financial benefits. Any costs associated with a service are paid by the Member.

CONCIERGE SERVICE

Our concierge services are designed to help make Members' travels more enjoyable. Our Concierge associates can assist a Member with many different requests such as:

- Destination information
  Including highlights and sights, shopping, museums, local cultural events, exhibitions, shows and festivals, airports, mass transportation, ATM locations, weather forecasts, local customs and duty requirements, current exchange rates, local visa and passport requirements
- Travel referrals and reservations
  Including hotels, bed & breakfasts, flights, rental cars, limo & car services, restaurants
- Restaurant and spa recommendations and services
- Event tickets
  Including sporting events, concerts, theater arrangements
- Health club information, referrals and reservations
- Tour information
- Gift basket and floral delivery
- Business services
- Golf tee times and reservations (subject to availability), golf referrals, and information

Concierge services are not financial benefits. Any costs associated with a service are paid by the Member.