

FRVA MEMBER GROUP ACCIDENT COVERAGE

Please Read this Description of Coverage Carefully

As a handy reference guide, please read this document and keep it in a safe place with Your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the insurance coverages underwritten by Arch Insurance Company (herein referred to as We, Us or Our) while in effect. Complete provisions are contained in the Certificate of Insurance which a copy can be obtained upon request from Family RV Association or by [Clicking Here](#). If there is any discrepancy between this document and the issued Certificate of Insurance, the Certificate shall govern.

Policyholder Name and Address

FAMILY MOTOR COACH ASSOCIATION, INC., DBA FAMILY RV ASSOCIATION (FRVA)
8291 CLOUGH PIKE
CINCINNATI, OH 45244
POLICY # SPR5618652024

Eligible Persons

Current Charter, Full, Life, Full Lifetime and Member, Pathfinder, Emeritus/Family Associate members of FRVA, as defined in the Bylaws of FRVA as well as their Dependents when traveling together on a Trip. As used herein You and Your means persons meeting this description.

When Does Coverage Apply?

You are covered during any Trip with a destination that is more than seventy-five (75) miles from Your Permanent Primary Residence. This requirement does not apply when Your Permanent Primary Residence is a Recreational Vehicle. Your Dependents are covered when traveling with You on such Trips.

Trip means travel by air, land, or sea which is at least 75 miles away from a residence You own or lease (This requirement does not apply if you are a full time Recreational Vehicle occupant with no Permanent Primary Residence).

What are the Benefits that You and Your Dependents are covered for?

Emergency Evacuation & Repatriation of Mortal Remains Benefits	
Emergency Medical Evacuation Benefit	Maximum Benefit per Insured per Medical Emergency: \$500,000
Repatriation of Mortal Remains Benefit	Maximum Benefit: \$50,000

Medical Evacuation

This benefit will pay Covered Expenses, up to expenses incurred to the Maximum Benefit shown above, subject to the following conditions for emergency medical evacuation, if:

- 1) You suffer a covered Medical Emergency resulting directly; and independently of all other causes; from a covered Medical Emergency that occurs while traveling from your principal residence to another city or foreign country, with at least 75 miles distance; and/or
- 2) Your attending Physician certifies an emergency need to send You, under medical supervision, to a different medical facility.

Eligible expenses include:

1. charges for ambulance services required while transporting You to the nearest appropriate Treatment facility; or
2. charges for medical services required to send You to the nearest appropriate Treatment facility; or
3. reimbursement of economy class Transportation charges to return You from the Treatment facility to home, paid for by You within one year from the date You were first scheduled to return from the Trip. Any refunds paid or payable from the unused Transportation tickets will reduce benefits; or
4. charges for necessary travel expenses of an escort, that are limited to food; hotel room; and economy class transportation charges; and

Only the charges incurred that are Medically Necessary and do not exceed the Usual and Customary Charges for similar Treatment; services; or supplies in the locality where the expense is incurred; and do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless: Arch Insurance Company or its designated representative authorizes in writing, or by an authorized electronic means, all expenses in advance, and services are coordinated by the Assistance Provider (On Call International). You must furnish travel invoices; medical reports; or records, or other documents that are required to determine if benefits are payable. Benefits will be paid to the party who actually paid for the expenses upon Our receipt of satisfactory proof that the expense was paid.

If You pay eligible expenses for a covered Medical Emergency for which We believe a third party is liable, We will pay the benefits for Emergency Medical Evacuation.

However, if You recover payment from the third party, You must refund to Us the lesser of:

1. the amount We paid for the eligible expenses; or
2. an amount equal to the sum received from the third party for such expenses.

Benefits will not be paid for any of the following:

1. expenses that exceed the Maximum Benefit;
2. services not pre-approved by Us, or for services performed by a vendor not authorized by Us; or
3. expenses paid or payable by any Workers' Compensation, occupational disease or similar law that would pay emergency medical evacuation expenses in the absence of this benefit.

Repatriation of Mortal Remains

We will pay Eligible Expenses, as shown above, incurred for the return of Your remains to Your place of residence in Your home country and state if Your death results directly; and independently of all other causes; from a Medical Emergency outside of Your Home Country or home state or more than 75 miles from Your place of residence.

Eligible Expenses means costs, pre-approved by Us and incurred for embalming; cremation; coffin or urn; transportation of the body or remains; necessary travel expenses of an escort. Necessary travel expenses are limited to food; hotel room; and economy class transportation charges.

Return of Minor Children Benefit	
Benefit Amount:	\$50,000

We will pay this benefit if You are age 18 or older, and are the only person traveling with minor Dependent children who are under the age of 18, and You suffer an Injury or Medical Emergency and must be confined in a Hospital for at least 24 hours or if You are medically evacuated to another location, or Home Country, We will reimburse the cost of a one way economy airfare ticket and/or ground transportation ticket to return each minor Dependent child to their Home Country or principal residence with an attendant if necessary; not to exceed the Benefit Maximum shown in the Schedule of Benefits. All transportation arrangements must be made by the most direct and economical route and Conveyance possible and may not exceed the usual level of charges for similar transportation in the locality where the expense is incurred.

Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by Our Assistance Provider.

Emergency Reunion Benefit	
Benefit Maximum:	\$50,000
Transportation	Round-trip economy airfare ticket
Daily Lodging:	\$200
Daily Meals:	\$100
Maximum Number of Days:	10

We will pay reasonable incurred expenses, shown above, for a person that You choose to join You where You, are confined for at least 1 consecutive day in a Hospital due to an Injury or a Medical Emergency and the confinement is outside of a 75 mile radius from Your primary residence. Benefits for airfare shall not exceed the cost of one round- trip economy airfare ticket. We will also pay for lodging and meals, as shown above, in the area of such place of confinement, but only while You remain so confined.

Our Assistance Provider must make all arrangements and must authorize all expenses in advance for any benefits to be payable. We reserve the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact their Assistance Provider in advance.

Return of Vehicle Benefit	
Benefit Amount:	\$5,000
Friend or Family Member Additional Travel Expenses	\$250 per day 5
Number of Days	

If Your Injury or Sickness occurs while on a Trip and:

1. You are unable to drive your Automobile or Recreational Vehicle to Your Permanent Primary Residence due to a medical condition as documented by attending Physician; and
2. no one traveling with You is capable of driving or proficient and competent to drive Your Automobile or Recreational Vehicle, then We will pay, up to the amount shown above, for eligible Automobile or Recreational Vehicle Return Expenses to have Your Automobile or Recreational Vehicle (as well as any additional Automobile, trailer, or travel trailer that is legally hitched to the Recreational Vehicle at the time of the onset of the Injury, or Sickness causing loss) returned to Your Permanent Primary Residence. In the event that You elect to have Your Automobile or Recreational Vehicle returned to a location other than Your Permanent Primary Residence, We will only reimburse up to what the cost would have been to return the Automobile or Recreational Vehicle to Your Permanent Primary Residence. Any additional costs shall be Your responsibility. In the event that You wish to entrust the return of Your Automobile or Recreational Vehicle to a friend or family member We will pay, up to up to the amount shown above, for transportation of such person to the location of the Automobile or Recreational Vehicle and will also reimburse the person for fuel for the vehicle (including gasoline, diesel, hydrogen, ethanol, natural gas, propane or electric charging) and tolls during the return. In addition, We will provide a daily benefit for travel expenses while driving. The daily Benefit Amount for travel expenses is the amount shown and the number of days shown above. The Benefit Amount for travel expenses is in addition to and not part of the Benefit Amount for Recreational Vehicle Return. Our Assistance Provider shall arrange for transportation of such person to the location of the Recreational Vehicle. With respect to this Return of Recreational Vehicle benefit, the Disease or disorder of the body or mind Exclusion shown below does not apply. This benefit does not apply to vehicles located outside of North America.

Recreational Vehicle Return Expenses means the costs incurred to return Your Recreational Vehicle to their Permanent Primary Residence.

Pet Return	
Benefit Amount:	\$1,000
Per day boarding amount:	\$100
Maximum of boarding days:	10

If Your Injury or Sickness occurs while on a Trip and such Injury or Sickness leaves You unable to care for Your cat or dog, We will pay for the return of such cat or dog to the address of the person that You designate as the pet's authorized caregiver. The pet must have current/up to date vaccinations as required by law to be eligible. You are required to pay for or supply a proper carrier for the pet. All transportation arrangements must be made by Our Assistance Provider and shall be by the most direct and economical route. In no event will We pay more than the Benefit Amount shown above to return Your pet. In the event of a covered pet return, We will also reimburse for dog or cat boarding with a

licensed cattery or kennel. The Benefit Amount for pet boarding is as shown in the above up to the number of days shown above. The Benefit Amount for pet boarding is in addition to and not part of the Benefit Amount for Pet Return. With respect to this Pet Return benefit, the Disease or disorder of the body or mind Exclusion shown below does not apply. Pet includes cats and dogs only.

[Click Here](#) to download the Pet Return Benefit Claim Form. The claim form includes instructions on how to submit a claim as well as certain proof of loss requirements. You may also obtain a claim form for this benefit by calling 844-289-3442.

ACCIDENTAL DEATH AND SEVERE INJURY

Principal Sum: \$5,000

Loss of:	Benefit: (Percentage of Principal Sum)
Life	100%
One Member	50%
Two or More Members	100%
Thumb and Index Finger of the Same Hand	25%
Four fingers of the Same Hand	25%
Speech	50%
Hearing	50%
Loss of Sight of One Eye	50%

Loss:	Benefit: (Percentage of Principal Sum)
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%

If Injury to You or Your Dependents results in any of the Covered Losses shown above, within 365 days from the date of the Covered Accident that caused the Injury, We will pay the percentage of the Principal Sum shown above for that loss. If multiple losses occur, only one benefit, the largest, will be paid for all losses due to the same Covered Accident. Coverage is also provided in the event of Exposure or Disappearance.

Exposure and Disappearance includes unavoidable exposure to the elements following a Covered Accident or disappearance of the Insured after the forced landing; stranding; sinking; or wrecking of a Conveyance in which the Insured was traveling in during the course of a Trip which would otherwise be covered under the Policy.

[Click Here](#) to download the Accidental Death and Severe Injury Benefit Claim Form. The claim form includes instructions on how to submit a claim as well as certain proof of loss requirements. You may also obtain a claim form by calling 844-289-3442.

[Click Here](#) to download the Accidental Death and Severe Injury Beneficiary Designation Form. We or our premium administrator will retain or manage beneficiary designations. This form is being provided for your convenience and it is recommended to be kept with other important personal papers. You may also obtain a Beneficiary Designation form by calling 844-289-3442.

Emergency Cash Benefit	
Benefit Amount:	\$250
Number of Days per Trip:	3
Maximum Benefit Amount:	\$1,500
Maximum Number of Claims per Trip for all Insureds Traveling together:	2

If, while You are on a Trip, a mechanical breakdown to an Automobile or Recreational Vehicle occurs and continued travel is not possible, this benefit will reimburse up to the Benefit Amount shown above for the cost of food and temporary lodging until travel continuation becomes possible. In no event will You be reimbursed for more than the number of days per Trip as shown above. You are not eligible to be reimbursed more than the Maximum Benefit Amount shown above in any 12-month period regardless of the number of Emergency Cash claims incurred in that 12-month period. **Limitation on Emergency Cash:** Coverage is limited to the number of Emergency Cash claims per Trip for all Insureds traveling together as shown above.

[Click Here](#) to download the Emergency Cash Benefit Claim Form. The claim form includes instructions on how to submit a claim as well as certain proof of loss requirements. You may also obtain a claim form by calling 844-289-3442.

Emergency Outpatient Cash	
Benefit Amount:	\$250
Maximum Benefit Amount:	\$500
Maximum number of Emergency Room Cash claims per Insured during any 12 months:	2

If, an Accident causes You to obtain treatment in an emergency Outpatient Unit, You will be eligible for the Benefit Amount shown above. You will not be eligible for more than up to the Maximum Benefit Amount shown above in any 12-month period regardless of the number of Emergency Outpatient Cash claims incurred in that 12-month period. **Limitation on Emergency Outpatient Cash:** Coverage is limited to the Maximum number of Emergency Outpatient Cash claims per Insured during any 12 months as shown above.

[Click Here](#) to download the Emergency Outpatient Cash Benefit Claim Form. The claim form includes instructions on how to submit a claim as well as certain proof of loss requirements. You may also obtain a claim form by calling 844-289-3442.

Prescription Medication and Medical Device Replacement Benefit	
Benefit Amount:	\$500

If You misplace your medical prescription or damages Your eyeglasses or contact lenses, hearing aids, artificial limb, wheelchair, or walking assistance device while on a Trip and such medical prescription, eyeglasses or contact lenses, hearing aids, artificial limb, wheelchair, or walking assistance device requires replacement, the Assistance Provider will arrange for and coordinate the shipping of such item. The payment for this benefit shall be limited to the cost of shipping such item to You by overnight delivery and subject to the Benefit Amount shown above. The cost of the item is not eligible for reimbursement and is Your responsibility.

[Click Here](#) to download the Prescription Medication and Medical Device Replacement Benefit Claim Form. The claim form includes instructions on how to submit a claim as well as certain proof of loss requirements. You may also obtain a claim form by calling 844-289-3442.

Important Definitions

ACCIDENT means a sudden, unexpected event happening by chance that arises from an external source to the Insured and occurs at an identifiable time and place.

AGGREGATE LIMIT OF LIABILITY means the maximum amount We will pay for all Covered Losses resulting from the same Occurrence.

AUTOMOBILE means a validly-registered four-wheel private passenger Automobile, or passenger van with a maximum seating capacity of 9 nine people, manufactured, designed and registered as a private passenger vehicle for travel on public roads.
Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.

BENEFIT PERIOD means the period of time, as stated on the Schedule of Benefits, between the date of the Accident causing the Injury for which benefits are payable and the date after which no further benefits will be paid.

CONVEYANCE means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.

COVERED ACCIDENT means an Accident that occurs while coverage is in force for an Insured and for which benefits are payable.

COVERED ACTIVITY means any activity that the Policyholder requires the Insured to attend, or that is under its supervision and control listed in the Schedule of Benefits and insured under the Policy.

COVERED EXPENSES means expenses actually incurred by or on behalf of an Insured for Treatment, services and supplies covered by this Policy. Coverage under the Policyholder's Policy must remain continuously in force from the date of the Covered Loss until the date Treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such Treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

COVERED LOSS or COVERED LOSSES means a loss which meets the requisites of one or more benefits, results from a Covered Activity, and for which benefits are payable under the Policy.

DEPENDENT means an Insured's:

1. lawful Spouse, if not legally separated or divorced,
2. children under age 30.

The age limitations will not apply to an Insured's unmarried child who is incapable of self-support due to a mental disability or physical handicap. Proof of such incapacity must be furnished to Us immediately upon enrollment or within 31 days of the child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.

The term child as used herein means the Insured's natural child, adopted child (or child placed in the Insured's home for purposes of adoption), foster child, stepchild, or other child for whom the Insured has legal guardianship.

DOMESTIC PARTNER means an opposite or same sex partner who, for at least 6 consecutive months, has resided with the Insured and shared financial assets/obligations with the Insured. Both the Insured and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Insured nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner.

EMERGENCY ROOM means a trauma center, urgent care facility or special area in a Hospital that is equipped and staffed to give people emergency Treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office.

HOME COUNTRY means a country from which the Insured holds a passport. If the Insured holds passports from more than one country, their Home Country will be that country which the Insured has been residing for the last 12 months declared to Us in writing as their Home Country. For United States passport holders, residents of Puerto Rico, Guam, Northern Mariana Islands, Saipan, and US Virgin Islands travelling/visiting any US state or District of Columbia are considered outside of their home country.

HOSPITAL means an institution that:

- 1) operates as a Hospital pursuant to law for the care, Treatment and providing in- patient services for sick or Injured persons; and is a duly licensed institution, operated lawfully in its area;
- 2) provides 24-hour nursing service by Registered Nurses on duty or call;
- 3) has a staff of one or more licensed Physicians available at all times;
- 4) provides organized facilities for diagnosis, Treatment and surgery, either
 - a) on its premises; or
 - b) in facilities available to it, on a pre-arranged basis;
- 5) is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
- 6) is not a facility for the Treatment of drug addiction, alcoholism, Treatment of the aged.

We will not deny a claim for services rendered in a Hospital having one or more of the following accreditations solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the Treatment of a physical disability:

- 1) the Joint commission of Accreditation of Hospitals; or
- 2) the American Osteopathic Association; or
- 3) the Commission on the Accreditation of Rehabilitative Facilities.

IMMEDIATE FAMILY MEMBER means an individual with any of the following relationships to the Insured: Spouse, and parents thereof; children, including adopted children and stepchildren, and spouses thereof; parents, including stepparents, and spouses thereof; siblings of parents, and spouses thereof; grandparents and grandchildren, and spouses thereof; Niblings, and spouses thereof; and Domestic Partner and parents thereof, including Domestic Partners of any individual of this definition. Immediate Family Member also includes legal guardians or wards. NIBLING(S) means the children of siblings.

INJURY or INJURED means bodily injury caused by the direct result of an Accident occurring while the Policy is in force as to the person whose injury is the basis of the claim which results directly and independently of all other causes in a Covered Loss. Injury does not include conditions caused by repetitive motion injuries, or cumulative trauma not a result of an Accident, including, but not limited to:

- 1) Osgood-Schlatter's Disease;
- 2) bursitis;
- 3) Chondromalacia;
- 4) shin splints;
- 5) stress fractures;
- 6) tendinitis; and
- 7) Carpal Tunnel Syndrome.

INSURED means an eligible person who is within the covered class(es) listed in the Policy, and for whom the required premium is paid when due.

MAXIMUM BENEFIT means the largest total amount of Covered Expenses that We will pay for the Insured.

MEDICAL EMERGENCY means a condition which meets all of the following criteria:

- 1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured's condition or place their life in jeopardy;
- 2) the severe or acute symptom occurs suddenly and unexpectedly; and
- 3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and under the circumstances described in a Covered Activity:
 - a) applicable to that person; and
 - b) to which this Policy applies.

MEDICALLY NECESSARY means a determination by the Insured's Physician that Treatment, service or supply provided to treat an Injury or Medical Emergency is:

- 1) appropriate and consistent with the diagnosis and does not exceed in scope, duration, or intensity the level of care needed to provide safe, adequate, and appropriate Treatment;
- 2) is commonly accepted as proper care or Treatment in accordance with the medical practices of the United States and federal guidelines;
- 3) can reasonably be expected to result in or contribute to the improvement of the Injury or Medical Emergency; and
- 4) is provided in the most conservative manner or in the least intensive setting without adversely affecting the condition of the Injury or the quality of the medical care provided.

The fact that a Physician may prescribe, order, recommend, or approve a Treatment, service or supply does not, of itself, make the Treatment, service, or supply medically necessary for the purpose of determining eligibility for coverage under this Policy.

The Physician must be acting within the scope of their license. A Physician does not include an Insured or any Immediate Family member.

OCCURRENCE means all losses or damages that are attributable directly or indirectly to one cause or one series of similar causes. All such losses will be added together and the total amount of such losses will be treated as one Occurrence without regard to the period of time or the area over which such losses occur.

OUTPATIENT UNIT means a licensed treatment center that has:

- 1) permanent facilities;
- 2) a Physician present during all operating hours; and 3) ancillary services, including laboratory, x-ray, or other advanced diagnostic capabilities, and staffed during all operating hours.

PERMANENT PRIMARY RESIDENCE means the address listed on the Insured's driver's license (or Income Tax Return if such person does not have a driver's license) including post office boxes and/or similar mail collection facilities.

PHYSICIAN means a/an licensed health care provider practicing within the scope of their license and rendering care and Treatment to the Insured that is appropriate for the condition and locality, and who is not:

1. the Insured;
2. Immediate Family of either the Insured or the Insured's Spouse;
3. a person living in the Insured's household;
4. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.

POLICYHOLDER means an organization as shown in the Schedule of Benefits in the Policy.

RECREATIONAL VEHICLE (RV) means a motor vehicle or trailer which includes living quarters designed for accommodation. Types of Recreational Vehicle's include but are not limited to motorhomes, campervans, travel trailers and camper trailers, fifth-wheel trailers, popup campers and truck campers.

REGISTERED NURSE means a graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other jurisdictional authority, and who is legally entitled to place the letters R.N. after their name.

SEVERE INJURY means dismemberment, paralysis, and coma.

SICKNESS means an illness, disease or condition that impairs an Insured's normal functioning of mind or body and which is not the direct result of an Injury or Accident. Sickness also includes complications of pregnancy and therapeutic termination of pregnancy.

SPOUSE means an Insured's legal Spouse. Spouse will also include a Domestic Partner or civil union partner as determined by any controlling legal authority or, in the absence of such authority, by agreement between Us and the Policyholder.

TERRORISM means activities against persons, organizations or property of any nature:

1) that involve the following or preparation for the following:

- a) use or threat of force or violence; or
- b) commission or threat of a dangerous act; or
- c) commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and

2) when one or both of the following applies:

- a) the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
- b) it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious social or economic objectives or to express (or express opposition to) a philosophy or ideology.

TREATMENT means medical advice, diagnosis, care or services (including diagnostic measures) received by a person, or the use of drugs or medicines by a person.

TRIP means travel by air, land, or sea which is at least 75 miles away from a residence they own or lease (This requirement does not apply if you are a full time Recreational Vehicle occupant with no Primary Permanent Residence).

USUAL AND CUSTOMARY CHARGES (U&C) means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

WAR means armed conflict, hostilities or warlike operations (whether war be declared or not) by order of any government or public authority including but not limited to invasion, acts of any enemy foreign to the nationality of the Insured or the country in (or over) which the act occurs, civil war, riot, rebellion, insurrection, revolution, overthrow of the legally constituted government, civil commotion assuming the proportions of (or amounting to) an uprising, military or usurped power, or explosion of war weapons. Detonation of improvised explosive devices (IEDs), or any other weapon shall also be considered acts of war irrespective of who placed/used them if used to attack military personnel or military contractors. War does not include Terrorism.

WE, OUR, US means Arch Insurance Company or its authorized agent.

YOU, YOUR, YOURS means the Insured who meets the eligibility requirements of the Policy and whose insurance under the Policy is in force.

General Exclusions

Unless specifically covered by this Policy, We will not pay for any loss, Treatment or services resulting from or contributed to by the following list of exclusions. The following exclusion #5 does not apply to the Emergency Medical Evacuation Benefit, Repatriation of Mortal Remains Benefit, or Emergency Reunion Benefits:

1. Insured's Suicide or attempted suicide; self-destruction or attempted self- destruction while sane or insane.
2. Insured's intentionally self-inflicted injury.
3. War or any act of war or invasion; declared or undeclared.
4. Insured's full-time active duty in the armed forces; National Guard; military; naval; or air service; or organized reserve corps of any country or international organization.
5. Sickness; disease; bodily or mental infirmity; or any bacterial or viral infection; or medical or surgical Treatment thereof, except for any bacterial infection that results from: an accidental external cut; or wound; or pyogenic infections that result from accidental ingestion of contaminated food substances, unless otherwise covered by this Policy.
6. Insured's Voluntary ingestion of any narcotic, drug, including legal recreational marijuana, poison gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
7. Insured being intoxicated or under the influence of legal recreational marijuana while operating a motorized vehicle, tools or heavy machinery, as defined by the laws of the jurisdiction where the Accident occurred. If such jurisdiction does not have a law to define Intoxication, then under this policy it will mean a blood alcohol content (BAC) of 0.08% or greater. Intoxication is defined by the laws of the jurisdiction where such Accident occurs.
8. Insured's violation of or attempt to violate any duly-enacted law or regulation; or commission or attempt to commit an assault; or other illegal activity.
9. Any occurrence while an Insured is incarcerated after conviction.
10. To the extent We are prohibited from providing coverage or making payment by any type of travel restriction; trade restriction; economic sanction; or embargo imposed by the U.S. government.
11. Travel arrangements that were neither coordinated by nor approved by Our Assistance Provider or Us in advance, unless otherwise specified.
12. Any loss related directly or indirectly to an epidemic or pandemic.