



CNA PARAMOUNT - INTERNATIONAL

Business Travel Accidental Death and Dismemberment Coverage Part Declarations

1. Named Insured and mailing address	Name: Specialized Bicycle Components Address: 15130 Concord Circle Morgan Hill, CA 95037 UNITED STATES			
2. Coverage Details (Coverage applies only to those coverages and classes for which a Principal Sum is shown.)	Trip Coverage - Persons Insured (See definition of "Insured Persons" for details of when spouses and children are covered.)	Class Applicable	Principal Sum - Coverage A (AD&D)	Principal Sum - Coverage B (Medical Expense)
	Named Insureds' Employees	Class 1	\$250,000	\$5,000
	Any Spouse of a Named Insured's employee	Class 2	\$25,000	\$5,000
	Any Dependent Child of a Named Insured's employee	Class 3	\$10,000	\$5,000
	Participants	Class 4	Not Covered	Not Covered
3. Annual Aggregate Limit	\$1,250,000			
4. Per Accident Aggregate Limit	\$1,250,000 Per Accident			
5. Premium	Exposure (Class) Description	Premium Rating Basis	Rate	Premium
	US and Third-Country Nationals – Annual	2400 (e)	Flat	\$500
	US and Third-Country Nationals – Trips	Included (t)	Included	Included
	Medical Expenses	Included (m)	Included	Included
	No. of Dependents (Including Spouse)	Included (u)	Included	Included
	No. of Participants	Not Covered	Not Covered	Not Covered
6. Premium, Surcharges, Taxes and Fees at Issuance	Total Premium for this Coverage Part	\$500		
	Subject to a Minimum Earned Premium of	\$500		

7. Premium Rating Basis:	(e) Number of employees traveling (t) Number of trips taken (m) Total days traveling by both annual and day travelers (u) Number of dependents (o) Other – Description (per unit)
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8. Schedule of Accidental Death and Dismemberment Benefits	Type of Loss	Benefit Amount
	Loss of life	100% of the applicable Principal Sum
	Loss of Two or More Members*	100% of the applicable Principal Sum
	Loss of Entire Sight in Both Eyes	100% of the applicable Principal Sum
	Loss of One Member*	50% of the applicable Principal Sum
	Loss of Entire Sight in One Eye	50% of the applicable Principal Sum
	Loss of Hearing in Both Ears	50% of the applicable Principal Sum
	Loss of Thumb and Index Finger of Same Hand	25% of the applicable Principal Sum
	Loss of Four Fingers of the Same Hand	25% of the applicable Principal Sum
	* "Member" means a hand or foot.	
	Age Scale	
	However, if the Insured Person is over 69 years old at the time of the covered accident, then the applicable percentage shown above will be multiplied by the applicable percentage shown below to determine the payable percentage of the Principal Sum:	
	Age on Date of Covered Accident	Percentage of Benefit Amount Otherwise Payable
	70-74	65%
	75-79	45%
80-84	30%	
85 or older	15%	

Form(s) and Endorsement(s) applicable to this Coverage Form and made a part here of at time of issuance:
CNA85287XX 4-19, CNA85270XX 4-19, CNA90921XX (2-18)



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Business Travel Accidental Death and Dismemberment Coverage Supplemental Declarations

SCHEDULE OF COVERED MEDICAL EXPENSES

Deductible per accident or illness :	\$50	unless a different amount is shown here:	
Coinsurance rate:	100%	of all covered expenses	

Covered Medical Expenses	Applicable Sublimits and Benefit Caps unless otherwise endorsed	
Ambulance services to or from a hospital	\$250	per occurrence
Anesthetics and their administration	Included in Principal Sum.	
Artificial limbs or eyes (not including replacement of such items)	Included in Principal Sum.	
Blood products, including artificial blood products, and the transfusion thereof	Included in Principal Sum.	
Casts, splints, trusses, crutches, and braces, but not including dental braces, or replacement of any of the foregoing	Included in Principal Sum.	
Chiropractic expenses on an inpatient or outpatient basis	Included in Principal Sum.	
Dental charges for injury to sound, natural teeth	\$1,000	per Insured Person
Drugs or medicines administered by a licensed physician or obtained with a licensed physician's written prescription	Included in Principal Sum.	
Emergency medical treatment of pregnancy	\$2,000	per Insured Person
Eyeglasses, contact lenses and hearing aids that require repair or replacement due to damage incurred in a covered accident that also requires other medical treatment.	Included in Principal Sum.	
Hospital semi-private room and board (or room and board in an intensive care unit), and ancillary services, including emergency rooms and operating rooms.	30 \$800 \$400	days maximum period of hospital confinement . Maximum daily hospital benefit: per day in Intensive Care Unit per day all other.
Laboratory tests, microscopic tests, and related tests or analysis made for diagnosis or treatment	Included in Principal Sum.	
Medical care, services or treatment provided by a licensed physician .	Included in Principal Sum.	
Oxygen and rental of equipment to administer oxygen.	Included in Principal Sum.	
Physical therapy prescribed by a licensed physician .	Included in Principal Sum.	
Radiological procedures for diagnosis or treatment.	Included in Principal Sum.	
Rental of a wheelchair, a hospital bed, or equipment for treatment of respiratory paralysis.	Included in Principal Sum.	



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Business Travel Accidental Death and Dismemberment Coverage Part

I. COVERAGE

A. COVERAGE A – TRIP-RELATED ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT COVERAGE

Subject to the applicable Limits of Liability, the Insurer agrees to pay the **Insured Person** the applicable benefit specified in the **Schedule of Accidental Death & Dismemberment Benefits** for **loss** that results from an **accident** that occurs while the **Insured Person** is on an international business or relocation **trip** made on behalf of the **Named Insured**, provided:

1. The **accident** occurs during the policy period; and
2. **Loss** results within 365 days after the **accident**.

If the **Insured Person** incurs multiple **losses** in the same **accident**, then only the largest applicable benefit will be paid.

Unless otherwise specified, the Insurer will pay benefits only once for any covered **accident**.

B. COVERAGE B – TRIP-RELATED MEDICAL EXPENSE BENEFIT COVERAGE

Subject to the applicable Limits of Liability, and subject to all applicable deductibles, coinsurance percentages, benefit periods, benefit maximums and other terms or limits shown in the **Schedule of Covered Medical Expenses**, the Insurer agrees to pay the **Insured Person** for **medical expenses** that result from an **accident** or **illness** that occurs during the policy period while the **Insured Person** is on an international business or relocation **trip** made on behalf of the **Named Insured**, provided the **medical expense**:

1. is **medically necessary**;
2. is for a service, treatment or supply that is provided during the course of the business or relocation **trip** and while this Coverage Part is still in force;
3. results from:
 - a. **illness**; or
 - b. violent bodily injury caused entirely by a covered **accident**, independently of any other cause. All injuries sustained by an **Insured Person** in any one **accident**, including all related conditions and recurrent symptoms of those injuries, are considered a single injury; and
4. is reported to the Insurer within 365 days after the **accident** or **illness**.

But the Insurer will not pay more for a **medical expense** than the amount that, in the Insurer's judgment, is the usual or customary fee or charge for such service, treatment or supply in the geographic area where rendered or furnished.

Unless otherwise specified, the Insurer will pay **medical expenses** only once for any covered **accident** or **illness**.

C. EXPOSURE AND DISAPPEARANCE COVERAGE

Loss or **medical expenses** caused by exposure to the elements by reason of a covered **accident** will be payable under **Coverage A** or **Coverage B** above, if such **loss** or **medical expense** is otherwise payable under those Coverages.

With respect to **Coverage A** above, if an **Insured Person** is not found within 365 days after the disappearance, sinking or wrecking of a conveyance in which the **Insured Person** is riding at the time a covered **accident** occurs, then the **Insured Person** will be presumed to have suffered loss of life caused by that **accident**.

II. LIMITS OF LIABILITY

Regardless of the number of **Insured Persons**, **accidents**, **illnesses** or claims, the Limits of Insurance shown on the Declarations, along with the applicable Schedules and the rules below fix the most we will pay under this Coverage Part.

A. Annual Aggregate Limit

The Annual Aggregate Limit shown in the Declarations is the most the Insurer will pay under this Coverage Part for the sum of all **loss** and **medical expenses** arising out of **accidents** or **illnesses** that occur during the policy period.

B. Per Accident Aggregate Limit

Subject to the Annual Aggregate Limit, the Per Accident Aggregate Limit shown on the Declarations is the most the Insurer will pay for the sum of all:

1. **loss** and **medical expenses** arising out of any one **accident**, regardless of the number of **Insured Persons** involved in the **accident**; or
2. **medical expenses** arising out of any number of **Insured Persons** who suffer from the same **illness** while travelling together on a business or relocation **trip**.

If the sum of **loss** and **medical expenses** otherwise payable for all **Insured Persons** in a single **accident** or **illness** event (the Pre-Aggregate Sum) exceeds the Per Accident Aggregate Limit, then the amounts actually payable to each **Insured Person** will be in the same proportion as the Per Accident Aggregate Limit bears to the Pre-Aggregate Sum.

C. Schedule of Accidental Death & Dismemberment Benefits

Subject to the Per Accident Aggregate Limit, the applicable Principal Sum shown in the Declarations along with the **Schedule of Accidental Death & Dismemberment Benefits** and the rules below fix the most the Insurer will pay under **COVERAGE A – TRIP-RELATED ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT COVERAGE** for **loss** to any one **Insured Person** arising out of any one **accident**:

If an accident results in **loss** of a hand, the indicated benefit applicable for **loss** of that member applies instead of, and not in addition to, the indicated benefit for **loss** of thumb and index finger of that hand, or for **loss** of all four fingers of that hand.

In no event will the sum of benefits payable under this provision, due to the same **accident**, exceed the **Insured Person's** applicable Principal Sum.

D. Schedule of Covered Medical Expenses

Subject to the Per Accident Aggregate Limit, the applicable Principal Sum shown in the Declarations along with the **Schedule of Covered Medical Expenses** fix the most the Insurer will pay under **COVERAGE B – TRIP-RELATED MEDICAL EXPENSE BENEFIT COVERAGE** for **medical expenses** incurred by any one **Insured Person** arising out of any one **accident** or **illness**.

III. EXCLUSIONS

A. Exclusions Applicable to Both Coverage A and Coverage B:

1. Excluded Causes

The Insurer will not pay for **loss** or **medical expenses** caused by or resulting from:

- a. alcoholism.

- b. intentionally self-inflicted injury, suicide, or attempted suicide.
- c. nuclear incidents of any kind, excepting only **medical expenses** for radiological procedures described in the Schedule of Covered Medical Expenses.
- d. voluntary use of any drug, narcotic or controlled substance unless taken as prescribed by a **licensed physician**.
- e. war, including:
 - (1) undeclared or civil war;
 - (2) warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - (3) insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

2. Excluded Circumstances

The Insurer will not pay for **loss** or **medical expenses** arising out of **accidents** or **illness** that occur while the **Insured Person** is:

- a. committing, or attempting to commit illegal activity.
- b. participating in bungi-cord jumping, cave tubing, hang-gliding, motorcycle riding, mountain climbing, parasailing, professional or amateur racing, parachuting or skydiving, scuba diving, skiing, or ziplining.
- c. piloting or serving as a crewmember in any aircraft.
- d. serving in the armed forces of any country.
- e. traveling aboard an aircraft that is owned, leased or controlled by any Named Insured, or by any subsidiary or affiliate of any Named Insured. An aircraft will be deemed to be controlled by Named Insured, affiliate or subsidiary if the aircraft may be used as that entity wishes for more than 10 consecutive days, or for more than 15 days in any 365-day period. This exclusion does not apply if this Coverage Part has been specifically endorsed to cover flights in such aircraft.
- f. traveling aboard an aircraft that is not owned, leased or controlled by any Named Insured, unless the Insured Person is travelling as:
 - (1) a fare-paying passenger on a regularly scheduled commercial or charter airline;
 - (2) a passenger on a non-scheduled private aircraft during a pleasure flight with no commercial purpose; or
 - (3) a passenger on an aircraft operated by a military service of a duly constituted governmental authority.
- g. traveling aboard any on-road or off-road motorized vehicle that does not require licensing as a motor vehicle.
- h. traveling for the purpose of securing medical treatment for that bodily injury or **illness**, except as provided in this Coverage Part.
- i. travelling while intoxicated according to the laws of the jurisdiction where the **accident** or **illness** occurred, or while under the influence of any narcotic, barbiturate, intoxicant or hallucinatory drug unless administered by a **licensed physician** and taken in accordance with the prescribed dosage.

3. Excluded Countries or Prohibited Insurance

The Insurer will not pay for **loss** or **medical expenses**:

- a. arising out of **accidents** or **illnesses** that occur in countries that are subject to economic or trade sanctions of the United States of America, or which are expressly excluded by an endorsement attached to this policy; or

- b. for which payment under this policy would be prohibited under any law or regulation of the United States of America applicable to non-admitted insurance, including but not limited to economic or trade sanctions, laws or regulations administered by the U.S. Treasury Department's Office of Foreign Assets Control (OFAC).

4. Canadian Travel By U.S. Citizens

The Insurer will not pay for **loss** or **medical expenses** arising out of an **accident** or **illness** that occurs during an international business or location **trip** to Canada by an **Insured Person** who is a citizen of the United States, or of its territories, possessions or commonwealths.

5. U.S. Travel By Canadian Citizens

The Insurer will not pay for **loss** or **medical expenses** arising out of an **accident** or **illness** that occurs during an international business or location **trip** to the United States, or its territories, possessions or commonwealths, by an **Insured Person** who is a citizen of Canada.

B. Additional Exclusions Applicable to Coverage B

1. Occupational or Covered Elsewhere

The Insurer also will not pay **medical expenses**:

- a. that result from or contributed to by occupational **accidents** or **illnesses** that result from the **Insured Person's** regular duties for the **Named Insured**, and which only coincidentally occur or flare up during an international business or relocation **trip**. This exclusion does not apply to a corporate officer, partner or sole proprietor who is not subject to a Workers Compensation/Employers Liability Law or any similar law.
- b. to the extent such **medical expenses**:
 - (1) are paid or payable under any Workers' Compensation or Occupational Disease Law or Act or similar legislation of any country;
 - (2) are paid or payable by an automobile insurance policy without regard to fault;
 - (3) are for treatment provided under any mandatory government program or facility established to provide such treatment without cost to the **Insured Person**;
 - (4) are for services provided by any government hospital, government agency, or government-sponsored plan, and for which the **Insured Person** is eligible for reimbursement; or
 - (5) would not be the **Insured Person's** responsibility in the absence of this insurance.

2. Excluded Conditions

The Insurer also will not pay **medical expenses** that result from or are contributed to by:

- a. bacterial infection or related surgical or medical treatment thereof. This exclusion does not apply to bacterial infection that results from an accidental external cut, or from ingestion of contaminated food.
- b. mental or nervous disorders, unless otherwise provided in this Coverage Part.
- c. pregnancy or childbirth, unless otherwise provided in this Coverage Part. This exclusion does not apply if treatment is required because of a **medical emergency**.

3. Excluded Treatments, Services or Supplies

The Insurer also will not pay **medical expenses** for, or contributed to by, any of the following services, treatments or supplies:

- a. cosmetic surgery, except for reconstructive surgery needed as the result of a covered **accident** or **illness**.
- b. custodial care.
- c. Elective treatments, examinations or surgery, including but not limited to elective termination of

pregnancy.

- d. experimental services, treatment or supplies, as deemed experimental by us, and which are not recognized as generally accepted medical practices in the United States of America.
- e. eye refractions, corrective lenses or examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless resulting from an **accident** or **illness** that is otherwise covered by this Coverage Part.
- f. hearing aids or examinations for the purpose of prescribing hearing aids or for the fitting thereof, unless resulting from an **accident** or **illness** that is otherwise covered by this Coverage Part.
- g. newborn child care, including **hospital** nursery expenses.
- h. organ or tissue transplants, and related services.
- i. routine care of any kind, including routine physicals, routine dental care or treatments, or routine nursing care.
- j. services or treatment provided by a private duty nurse.
- k. services, treatments or supplies, including any period of **hospital confinement**, which is not recommended, approved, and certified as **medically necessary** by a **licensed physician**.
- l. services, treatments or supplies that are non-medical in nature.

IV. CONDITIONS

A. Changes

This coverage constitutes the entire contract between the parties. Any statement made by the **Named Insured** or by any **Insured Person** shall be deemed a representation and not a warranty. No such statement shall void the insurance or reduce the benefits under this coverage form or be used in defense to a claim hereunder unless it is contained in a written instrument, a copy of which has been furnished to the **Named Insured** or the **Insured Person**. No such statement of the **Named Insured** shall be used at all to void this coverage form after it has been in force for 2 years from the date of its issue.

No change in this coverage form is valid unless approved in writing on this coverage form by one of the Insurer's officers. No agent has the authority to change this coverage form or to waive any of its provisions.

B. Claim Forms

After the Insurer receives the written notice of claim, the Insurer will furnish claim forms within 15 days. If the Insurer does not, the claimant will be considered to have met the following requirements for written proof of loss if the Insurer is sent written proof as described below. The proof must describe the occurrence, extent and nature of the loss.

C. Currency

When payment under this **Coverage Part** must be converted to or from United States of America dollars, the Insurer will use the rate of exchange published in the Wall Street Journal as of the date the **loss** or **medical expense** is paid.

D. Duties in the Event of an Accident or Claim

1. The **Named Insured** must see to it that the Insurer or its agent is notified in writing as soon as possible of an **accident** or **illness** which may result in a claim. To the extent possible, notice should include:
 - a. how, when and where the **accident** or **illness** took place;
 - b. the names and addresses of any witnesses and of any injured **Insured Persons**; and
 - c. the nature and location of any injuries to **Insured Persons** arising out of an **accident**.
2. If a claim is made against any **Named Insured**, the **Named Insured** must:

- a. immediately record the specifics of the claim and the date received;
- b. notify the Insurer or its agent in writing as soon as possible; and
- c. promptly provide the Insurer all notices, demands and legal papers related to the claim.

3. The Named Insured and any affected Insured Person must:

- a. authorize the Insurer to obtain records and other information, including information needed to determine whether other sources of recovery are available, whether benefits are payable, and the amounts payable. Failure of a claimant to provide such information, and to cooperate with the Insurer in the administration of the claim may result in termination of the claim;
 - b. do nothing after an accident occurs that would interfere with the Insurer's right to recover from others; and
 - c. assist the Insurer, upon the Insurer's request, in the enforcement of any right against any person or organization which may be liable to the **Named Insured** or to the **Insured Person** because of **loss** or **medical expense** to which this insurance may also apply.
- 4. No Named Insured will, except at the Named Insured's own cost, voluntarily make a payment, assume any obligation or incur any expense, other than for first aid, without the Insurer's consent.**

E. Inadvertent Error

The insurance of an **Insured Person** will not be prejudiced by the failure on the part of the **Named Insured** to transmit reports, pay premium or comply with any of the provisions of this coverage form when such failure is due to inadvertent error or clerical mistake.

F. Legal Actions

Under the **Common Terms and Conditions** form, **NO SUIT AGAINST INSURER**, paragraph **A.** is deleted in its entirety and replaced with the following:

No action at law or in equity can be brought until after 60 days following the date written proof of loss was given. No action can be brought after 3 years from the date written proof is required. However, if any law prohibits such time limitation then the limitation is amended to equal the minimum time limitation required by such law.

G. Not A Substitute For Workers Compensation Insurance

This coverage form is not in lieu of and does not affect any requirements for coverage by Workers' Compensation Insurance.

H. Other Insurance

1. With respect to **loss**, this insurance is primary to any other insurance or benefits available to the **Insured Person**. The Insurer will not seek contribution from any other available insurance or benefit provider.
2. With respect to **medical expense**:
 - a. This insurance is excess of:
 - (1) any national health insurance or statutory plan or program of social security or other benefits available to the **Insured Person**;
 - (2) any Workers Compensation, Voluntary Workers Compensation or similar types of insurance available to the **Named Insured**; and
 - (3) any private health insurance available to the **Insured Person**.
 - b. In the event this insurance must share payment of **medical expense** with other insurance, the Insurer will not pay more than its share of **medical expense** covered by this insurance and by other insurance or benefit plans.
 - c. This insurance is primary to, and shall not seek contribution from any **Named Insured's** plan of self-insurance.

I. Payment of Claim

The Accidental Death Indemnity shall be paid to the beneficiary, if any, designated in writing by the **Insured Person** and on file with the Named Insured. If no such beneficiary has been designated or if the designated beneficiary does not survive the **Insured Person**, the Accidental Death Indemnity shall be paid to the surviving person or persons in the first of the following classes of successive preference beneficiaries in which a member survives the **Insured Person**:

The Insured Person's

- a) spouse;
- b) children, including legally adopted children;
- c) parents;
- d) brothers and sisters; or
- e) estate.

In determining such person or persons, the Insurer may rely upon an affidavit by a member of any of the classes of preference beneficiaries. Payment based upon such affidavit shall be full acquittance hereunder unless, before such payment is made, the Insurer has received written notice of valid claim by some other person. If two or more persons become entitled to benefits as preference beneficiaries, they shall share equally.

Indemnities other than the Accidental Death Indemnity are payable to the **Insured Person**. All accrued indemnities unpaid at the death of the **Insured Person** will be payable in the same manner as for Accidental Death stated above.

Any indemnity payable to a minor may be paid to the legally appointed guardian of the minor or, if there is no such guardian, to such adult or adults as have in the Insurer's opinion assumed the custody and principal support of such minor.

Any payment made by the Insurer in good faith pursuant to this provision shall fully discharge the Insurer to the extent of such payment.

The Insurer may pay medical expenses directly to any **hospital, licensed physician** or organization rendering services unless the **Insured Person** requests otherwise in writing. The **Insured Person** must make such request no later than the time s/he files a written proof of loss.

J. Physical Examination and Autopsy

At the Insurer's expense, the Insurer will have the right to examine an **Insured Person** as often as reasonably necessary while a claim is pending. In the event of accidental death, the Insurer also has the right to have an autopsy performed unless forbidden by law.

K. Recovery of Overpayment

If benefits are overpaid, or paid in error, the Insurer has the right to recover the amount overpaid, or paid in error, by any or all of the following methods:

1. a request for lump sum payment of the amount overpaid, or paid in error;
2. reduction of any proceeds payable under this Coverage Part by the amount overpaid, or paid in error; or
3. taking any other action available to the Insurer.

L. Termination Of Insured Person Status

The **Insured Person's** coverage will cease on the earliest of the following dates:

1. on the date this policy is terminated;
2. on the date the **Insured Person** ceases to be associated with the **Named Insured** in a capacity that makes him or her eligible;

3. as of the premium due date if the **Named Insured** fails to pay the required premium except as the result of inadvertent error; or
4. on the date the **Insured Person** attains an age beyond the age limit, if any, with respect to such **Insured Person's** class as stated in the definition of **Insured Person**.

Termination of the insurance of the **Insured Person** will be without prejudice to any claim of such **Insured Person** originating prior to such termination.

M. Time of Payment of Claim

Indemnities payable under this coverage form will be paid after the Insurer receives due written proof of loss.

N. Transfer of Rights of Recovery

If the **Insured Person** or **Named Insured** have rights to recover all or part of any payment the Insurer has made under this Coverage Part, those rights are transferred to the Insurer. The **Insured Person** and **Named Insured** must do nothing after loss to impair them.

O. Written Proof of Loss

The written proof of loss must be sent to the Insurer within 90 days after the date of such loss. If it is not reasonably possible to give the proof within 90 days, the claim is not affected if the proof is sent as soon as possible.

V. DEFINITIONS

- **Accident** means a sudden, unexpected and unintended event that is not an **illness**, and which results in bodily injury or death.
- **Country of domicile** means the country where the **Named Insured's employee** customarily works for the **Named Insured** and is a resident citizen or legal resident alien.
- **Dependent child** means an unmarried natural child, adopted child, or step-child who is under age 19 (age 25 if a full-time student), and who is wholly dependent on the **Named Insured's employee** for financial support and maintenance. For the purpose of this provision, adoption begins with any waiting period pending finalization of the child's adoption.
- **Employee** includes leased workers and voluntary workers.
- **Hospital** means an institution that:
 - lawfully provides in-patient services, care and treatment for sick or injured persons;
 - provides 24-hour nursing service;
 - has a staff of one or more **licensed physicians** available at all times;
 - has on-premises facilities for diagnosis, treatment and surgery, or has such facilities available to it on a pre-arranged basis; and
 - is not:
 1. a facility solely for drug addicts, alcoholics or the aged; nor
 2. primarily a nursing care facility, rest home, convalescent home or similar facility. If a hospital includes a separate ward or section that is such a facility, then for the purpose of this insurance, such ward or section is not a **hospital**.
- **Hospital confinement** means a stay of 24 or more consecutive hours as a registered resident bed-patient in a **hospital**.
- **Illness** means a sickness, disease or medical condition that first occurs or flares up during a business or relocation **trip**, prompting the **Insured Person** to seek medical care during the **trip**. All related conditions and

recurrent symptoms of the same or similar condition will be considered a single **illness**.

- **Insured Persons** means the following persons, but only if a **Principal Sum** is shown for that Class in the Declarations:

Class

1. An **employee** of the **Named Insured**.
 2. Any **spouse** of the **Named Insured's employee** while the **spouse** is traveling in conjunction with such **employee's** international business or relocation **trip** , provided such **trips** are authorized by, or taken at the direction of the **Named Insured**.
 3. Any **dependent child** of the **Named Insured's employee** while the **dependent child** is traveling in conjunction with such **employee's** international business or relocation **trip** , provided such **trips** are authorized by, or taken at the direction of the **Named Insured**.
- **Licensed physician** means a currently licensed practitioner of the healing arts acting within the scope of his or her license, other than the **Insured Person** or a member of his or her immediate family or household, such as parents, stepparents, siblings, children, or **spouses**.
 - **Loss** means death or the following types of bodily injury, but only if caused entirely by a covered **accident**, independently of any other cause:
 - A. as used with reference to a hand or foot, the actual and complete severance through or above the wrist or ankle joint;
 - B. as used with reference to an eye, the complete and irrecoverable loss of entire sight thereof;
 - C. as used with reference to speech, the complete and irrecoverable loss of speech;
 - D. as used with reference to hearing, complete and irrecoverable loss of hearing in both ears;
 - E. as used with respect to thumbs or fingers, the actual and complete severance through or above the metacarpophalangeal joints.

As used above, severance means the complete separation and dismemberment of the part from the body.

- **Medical emergency** means a condition caused by an **accident** or **illness** that manifests itself with symptoms of such severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to seek immediate medical attention would jeopardize the person's health.
- **Medical expenses** means expenses specified in the Schedule of Covered Medical Expenses that are actually incurred by or on behalf of an **Insured Person** for treatment of a covered **accident** or **illness**. A **medical expense** is deemed to be incurred on the date that the treatment, service, or supply that gave rise to the charge was provided.
- **Medically necessary** means a treatment, service or supply that is:
 - required to treat the **illness** or injury;
 - prescribed by a **licensed physician** or furnished by a **hospital**;
 - performed in the least costly setting required by the **Insured Person's** condition; and
 - consistent at the time rendered with medical and surgical practices prevailing in the area for treatment of the condition.

A treatment, service or supply may not be **medically necessary** if a less intensive or more appropriate diagnostic or treatment alternative could have been used. In such an event, we may, at our discretion, consider the cost of such alternative to be the **covered expense**.

Purchase or rental of the following are not considered **medically necessary**:

1. Air conditioners or purifiers;

2. Motorized transportation equipment;
 3. Escalators or elevators in private residences;
 4. Optometric or hearing aids;
 5. Swimming pools or pool supplies; or
 6. General exercise equipment.
- **Named Insured** means the persons or entities named as such on the Declarations of the International Business Travel Accidental Death & Dismemberment Coverage Form.
 - **Spouse** means any husband, wife or partner in a marriage or civil union or any person qualifying as a domestic partner under any applicable governmental law or under the **Named Insured's** employee benefit plans or employee benefits program.
 - **Trip** means international travel taking 180 consecutive days or less, authorized by or at the direction of the **Named Insured** for the purpose of furthering the business of the **Named Insured**. **Trip** includes international travel in connection with a **Named Insured employee's** transfer or proposed transfer from the country where he or she has been working for the **Named Insured**, to a different country where he or she will live while assigned to work there by the **Named Insured**.

With respect to an international business **trip**, coverage begins when the **Insured Person** exits his or her **country of domicile**, and ends when the **Insured Person** returns to his or her **country of domicile**.

With respect to an international relocation **trip**, coverage begins when the **Insured Person** exits his or her **country of domicile**, and ends when:

1. the **Insured Person** returns to his or her **country of domicile**, if the **Insured Person** does not remain in the country to which he or she will be relocated; or
2. the **Insured Person** enters his or her new **country of domicile** to begin residing there.

However, with respect to an international business or relocation **trip** made to the United States, Puerto Rico or Canada by an **Insured Person** whose **country of domicile** is not any of those places, and who is not a citizen of any of those places, coverage will end as when specified above, or 30 days after the **trip** begins, whichever occurs first.

Trip includes:

- personal trips taken while in the course of travel on the business of the **Named Insured**, provided that each such personal trip lasts no longer than fourteen days; and
- the **Insured Person's** time during such business or personal travel spent riding as a passenger in an aircraft designed for transporting passengers.

However, **trip** does not mean:

- travel between the **Insured Person's** residence and his or her places of work within his or her **country of domicile**;
- personal trips that are not deviations from travel on the business of the **Named Insured**; or
- personal trips that last, or were intended to last, more than 14 days.



CNA PARAMOUNT - INTERNATIONAL

Broad Named Insured Endorsement

This endorsement modifies insurance provided under the following:

BUSINESS TRAVEL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE PART

It is understood and agreed as follows:

The section entitled DEFINITIONS is amended to delete the definition of **Named Insured** and replace it with the following:

Named Insured means:

1. The persons or organizations named as such on the Declarations; and
2. Pursuant to the limitations below, any organization in which a **Named Insured** has management control:
 - a. on the effective date of this Coverage Part; or
 - b. by reason of a **Named Insured** creating or acquiring the organization during the **policy period**;

provided that there is no other similar insurance, whether primary, contributory, excess, contingent or otherwise, which provides coverage to such organization, or which would have provided coverage but for the exhaustion of its limit and without regard to whether its coverage is broader or narrower than that provided by this insurance.

However this insurance does not apply to:

- (1) any organization that is excluded by another endorsement attached to this Coverage Part; or
- (2) a **trip** that occurred prior to the date of management control, or that occurs after management control ceases.

For the purpose of this definition, management control means:

- Having interests representing more than 50% of the voting, appointment or designation power for the selection of a majority of the entity's governing body;
- Having the right, pursuant to a written trust agreement to protect, control the use of, encumber or transfer or sell property held by a trust; or
- An obligation of a **Named Insured** shown in the Declarations under a written contract or written agreement to provide insurance as is provided by this Coverage Part to a limited liability company, partnership or joint venture in which such a **Named Insured** is a member or partner and to direct or manage such organization, including the authority to delegate the direction or management to others. Except as provided above, no person or organization is a **Named Insured** with respect to the conduct of any current or past limited liability company, partnership or joint venture in which a **Named Insured's** interest does/did not rise to the level of management control.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.



International Solutions

Claim Capabilities for Multinational Customers

In today's multinational business environment, your company may have sales territories or business operations that extend beyond U.S. borders. If an employee becomes injured while traveling, if your business sustains damage to its overseas property, or if your overseas supplier is unable to deliver your materials, you need a global insurance carrier with multi-jurisdictional capabilities to manage your claim.

A trusted partner, nearby

CNA has regional offices throughout the U.S., Canada, Europe and Asia. We have Underwriting, Risk Control and Claim professionals who understand the unique needs of your business environment and can deliver the right solutions for your business.

CNA ComPass™ Connects CNA to the World

CNA ComPass™ is a proprietary platform that streamlines communications between CNA and its network partners around the globe. CNA ComPass™ not only arranges for the issuance of local admitted policies but also provides for consistent and seamless claim handling, from reporting to resolution. This state of the art platform allows for real time reporting and up to date local admitted policy status. The result is a global account management process, that allows CNA's Multinational Claims team to oversee claims, policy issuance and billing and collections for our Insured.

International scale, with local feel: Our claim-handling model is delivered via local presence, and bolstered with an in-depth knowledge of your jurisdiction's trends, challenges and requirements. Through our network of international offices, CNA offers fair, efficient and jurisdictionally compliant claim services across all of our lines of business in over 190 countries that we serve.

Our best asset is our people

Your claim will be coordinated and overseen by a team of experienced Claim professionals, who are well-versed in issues concerning technical, cultural and regulatory compliance. These issues can present complex challenges to both your business operations and how your claim is handled in the country or jurisdiction where you are conducting business.

CNA's team of multinational Claim professionals ensures that you and your business receive a seamless claim-handling experience:

A **Global Claim Coordinator** oversees the coordination, management and service delivery that arises for claims pertaining to your international insurance coverage and acts as a relationship liaison between the network offices and the master territory. This professional will act as your main point of contact for any issues relating to your international claims, and comes equipped with jurisdictional knowledge to provide you with meaningful information and updates on topical claims.

Your Global Claim Coordinator will work with you and your broker to formalize appropriate claim service, which will be tailored to the unique needs of your multinational business. Within a Claim Procedure Guide, your Global Claim Coordinator will detail country or jurisdictionally specific details on claims reporting, local claims-handling processes and relevant contact information for local and U.S.-based Claim professionals.

Our **network of international offices** provides you with experienced Claim professionals who are local to the country or jurisdiction in which your loss occurred. These professionals are authorized to manage claims arising under your business' locally admitted policies, and have the expertise to coordinate these local claims, where applicable, with your business' larger multinational insurance coverage (the "Master Policy").

CNA's team of **U.S.-based International Claim professionals** specialize by line of business, and offer technical and accurate management of claims arising under your business' Master Policy. Backed by an operational and regulatory framework, these professionals quickly and efficiently handle your claims with minimal disruption to your business. Our professional expertise includes:

- Our Multinational General Liability claims experts are on hand to guide our insured's through the complexities of General Liability Claims, as they arise around the world. With jurisdictional expertise ranging from Product Liability, Third Party Property Damage, through to General Liability and Employers' Liability, our team is a trusted resource. Working with the Network offices, the broker and the insured striving to ensure the best possible outcomes on a claim-by-claim basis.
- Property adjusters who are adept at sourcing and managing the appropriate resources to restore your company's overseas operations after a loss.
- Workers' Compensation and Defense Base Act specialists who are proactively responsive to your injured worker when he or she becomes injured overseas, while bringing resolution to the claim.
- Through our offices in the United States and further afield, we have access to trusted internal and external litigation counsel and, where necessary, independent adjusting firms that are ready to step in and protect your business when the need arises.

For additional information on our products and services, contact your independent agent or visit [cna.com](https://www.cna.com) today.



Claim Reporting for International Policyholders

CNA gives our international policyholders an easy way to reach our trained Claim professionals to report a loss. Our goal is to provide you with personal, prompt and professional claim service, 24/7.

When calling from the United States, Canada, Virgin Islands or Puerto Rico, please dial:

For WorldPass® and Passport® **888-202-4966**

For Defense Base Act (DBA). **866-795-9988**

Other callers, please dial **001-312-822-1395**

All policyholders can also email us at **globalclaim@cna.com**

For additional information on our products and services, contact your independent agent or visit cna.com.

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International Solutions

CNA Companion Services®

With a CNA Passport®, CNA WorldPass® or Defense Base Act policy, customers have automatic access to CNA Companion Services®. These services are provided to any CNA-insured traveler leaving the country for business by Europ Assistance USA, Inc. (EA), part of the largest and most experienced travel assistance organization in the world.

When employees travel internationally, they can access EA's Employee Service Center 24 hours a day from anywhere in the world through the internet, fax, phone or the CNA Companion Services® Portal.

Whether you are an exporter traveling overseas for new market opportunities or an employee going abroad to attend a trade fair, you can count on the assistance of CNA Companion Services® if a medical, legal or personal issue arises.

CNA provides eligible employees with:

Travel Assistance Services

These services are available to all eligible employees before they depart and while traveling:

- Visa, passport and inoculation requirements
- Cultural information
- Temperature and weather conditions
- Embassy and consular referrals
- Foreign exchange rates
- Travel advisories

Emergency Travel Services

- Emergency message relay
- Emergency travel arrangements
- Emergency cash
- Legal assistance/bail
- Location of lost items
- Interpretation/translation

Medical Emergency Services

- Medical referral/monitoring (see below)
- Emergency medical payments
- Return of dependent children
- Return of traveling companion/spouse/legal partner
- Visit of a family member or friend
- Replacement of medication and corrective eyewear

Medical Referral/Medical Monitoring

During a medical emergency, illness or injury, EA will establish communication with local attending physicians to gain a full understanding of the situation and monitor the employee's condition. EA will also provide up to three names, addresses and telephone numbers of physicians, hospitals, dentists and dental clinics in the area where the employee is located.

Emergency Travel Arrangements

In addition to the services mentioned previously, CNA provides eligible employees with a variety of medical emergency coverages. The items listed under this section reference coverages provided under the Voluntary Workers' Compensation and Employers' Liability Coverage Part and/or the Business Travel Accidental Death and Dismemberment Coverage Part and are not to be considered as services under the CNA Companion Services®.

Medical Emergency Coverages

- Emergency medical evacuations
- Repatriation of employee
- Repatriation of mortal remains
- Political, security and natural catastrophe evacuation and relocation expense endorsement
- Reasonable expenses incurred
- Premiums for bonds
- Litigation costs taxed
- Interest on judgements
- 24/7 coverage for business travel
- and more

For more information on CNA's international coverage offerings, visit cna.com/international.

See Companion Services details on your policy for limits, definitions, conditions and disclaimers.

In all cases, the medical professional, medical facility or attorney suggested by EA USA or providing direct services to the eligible person pursuant to this Agreement are not employees or agents of EA USA, and the final selection of the medical professional, medical facility, or legal counsel is your choice alone. EA USA assumes no responsibility for any medical advice or legal counsel given by a medical professional or attorney, nor shall EA USA be liable for the negligence or other wrongful acts or omissions of any of the health or legal care professionals providing direct services pursuant to this Agreement. The Eligible Employee shall not have any recourse against EA USA by reason of its suggestion of or contract with a medical professional or attorney. Note: All third-party expenses incurred as a result of providing the above services are the responsibility of the valid employee or covered subscriber. One or more of the CNA companies provide the products and/or services described. The information is intended to present a general overview for illustrative purposes only. It is not intended to constitute a binding contract. Please remember that only the relevant insurance policy can provide the actual terms, coverages, amounts, conditions and exclusions for an insured. All products and services may not be available in all states and may be subject to change without notice. "CNA" is a registered trademark of CNA Financial Corporation. Certain CNA Financial Corporation subsidiaries use the "CNA" service mark in connection with insurance underwriting and claims activities. Copyright © 2019 CNA. All rights reserved. 19-0538-INTL 20191121



Start ▶



International Solutions
CNA Companion Services® Portal



With CNA Passport®, CNA WorldPass®, CNA OneWorld® or a CNA Defense Base Act policy, customers have automatic access to travel assistance services provided via the CNA Companion Services®. These services are provided to any CNA-insured traveler leaving the country for business purposes and are supported by Europ Assistance USA, Inc.® (EA), part of one of the largest and most experienced travel assistance organizations in the world. The CNA Companion Services® Portal partners with the Travel Assistance Intelligence Portal powered by Crisis24® and GardaWorld®.

When employees travel internationally, they can access the Travel Assistance Intelligence Portal 24 hours a day from anywhere in the world through the internet, fax, phone or the CNA Companion Services® Portal.



**CNA COMPANION
SERVICES® HOTLINE**




What is the CNA Companion Services® Portal?


The CNA **Companion Services® Portal** is linked to the Travel Risk Intelligence Portal (TRIP) which is powered by EA, Crisis24® and GardaWorld®. The portal features tools to support travelers before and during their trips, as well as real-time destination-based health, security and travel information.


The portal also includes a personalized My Trips feature that allows travelers to enter upcoming trips or import them from Triplt so that destination content is easily accessible on the home page.


Travel Risk Intelligence Portal App and Travel Resources


The TRIP/Crisis24® app powered by GardaWorld® provides a wide range of content, updated daily, to help prepare for travel:


 **Country briefings:** These share all travel advisory recommendations for each country, providing useful details from security, environmental and political intelligence to travel facts, medical advice and important contact information.

 **Factsheets:** Learn more about airline regulations, dengue fever, safety tips and a pre-travel checklist.

 **Global medical network:** Use this search engine to find provider info worldwide.

 **24/7 alerts:** Access worldwide alerts on travel-related topics like security, health, transportation and natural risks.

 **Global view:** Multiple filters let you display 24/7 alerts geographically by severity, by category and more.

 **Additional features:** The TRIP/Crisis24® app also includes useful phone numbers, an up-to-date global COVID-19 report, customizable subscriptions and more.



Registering and Creating a Profile

First-Time Registration:

- Go to <https://travelsecurity.garda.com>
- Click “**Sign Up**,” then enter your email address
- Complete the registration form using your **contract number: 16662020**
- A confirmation email will be sent from mailing@crisis24.com. If you do not receive the email within a few minutes, check your spam folder.

Creating a Travel Profile:

The first time you connect to the portal, you will be asked to create a traveler profile:

1. Enter your first and last name
2. Enter your phone number
3. Select your “entity” (i.e. company) and enter your **contract number: 16662020**
4. Select your preferred language
5. Click “**Validate**” after creating your profile










Mobile App Quick Guide

App Download and Login

- Download the **GardaWorld® Travel Security App** directly from the Apple Store or Google Play Store
- If you have not registered on the TRIP/Crisis24® Portal, you will need to create an account via <https://travelsecurity.garda.com> on a desktop
- The first time you use the app you will need to fill in your user ID and password. These credentials are the ones you used to create your profile via the desktop TRIP/Crisis24® Portal

Key Features

With the TRIP Portal App powered by GardaWorld®, you can:

-  **Use GLOBAL VIEW** to review information on more than 190 countries around the world
-  Review **24/7 ALERTS** for important country information before you travel abroad
-  Review the **TRAVEL ADVISORY** for important information relating to Country Briefings, Factsheets and Medical Network information
-  Contact the **HOTLINE** when you need assistance services
-  Update your **PROFILE** at any time



CNA Companion Services® Travel ID Card

Print or save this page and keep a Travel ID Card from the right handy during foreign travel.

Your card provides information on how to access available assistance programs before and during your trip. Multilingual toll-free or collect telephone numbers and/or internet access will connect you to a service representative 24 hours a day, 365 days a year from almost anywhere in the world.



Tip:

Add the hotline number to the contact list in your phone for emergency or travel-related assistance.

When calling for emergency or travel-related assistance, please provide the following:

When calling from:

U.S. or Canada	800-913-9777
All other locations	202-331-8276
Employee Name	
Company Name (Insured)	
Passport®, WorldPass® and Defense Base Act policy #(s)	
EA ID #	16662020
Email: ops@europassistance-usa.com	



CNA Companion Services® Travel I.D. Card

To report a claim to CNA from the U.S. or Canada:
Call: **888-202-4966**
Fax: **888-262-2091**
From anywhere else in the world:
Call: **001-312-822-1395**
Email: globalclaim@cna.com

(Passport®, WorldPass® and Defense Base Act)

When calling for emergency or travel-related assistance, please provide the following:

When calling from:

U.S. or Canada	202-331-8276
All other locations	202-331-8276
Employee Name	
Company Name (Insured)	
Passport®, WorldPass® and Defense Base Act policy #(s)	
EA ID #	16662020
Email: ops@europassistance-usa.com	



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Call: **888-202-4966**
Fax: **888-262-2091**
From anywhere else in the world:
Call: **001-312-822-1395**
Email: globalclaim@cna.com

(CNA Canada – OneWorld®)

For more information on CNA's International coverage offerings, visit cna.com/international.