If you need Medical, Security or Travel assistance, regardless of the nature or severity of your situation, contact the On Call Global Response Center 24 hours a day, 7 days a week:

**Call collect from anywhere in the world:** +1 603-952-2038  
**Call toll free from US or Canada:** 1-855-258-0555  
**Email:** mail@oncallinternational.com

You will be connected directly with an Assistance Coordinator ready to assist you with your inquiry or problem. On Call provides you with a resource experienced in navigating through any crisis and making sure you can continue your trip, or get home safely. On Call assists during critical emergencies such as illness or injury that may require an evacuation or during a political or natural disaster event that may threaten your safety. On Call also assists with smaller problems you may not realize you have a resource for. Review a listing of services on the following pages.

Global Assistance Services must be paid and arranged by On Call; no claims for reimbursement of transportation will be considered.

If you are experiencing a medical emergency, you should proceed immediately to the nearest hospital or emergency department and then contact On Call as soon as you or a companion can safely do so.

The following Plan Description is a summary of coverage for insured participants. This is not a contract of insurance. Coverage is governed by an insurance policy issued to Drexel University, including its subsidiaries, affiliates and related entities. The policy is underwritten by International Insurance Co. of Hannover Ltd. Complete information on the insurance is contained in the Certificate of Insurance on file with Drexel University. If there is a difference between this program description and the certificate wording, the certificate controls.
DESCRIPTION OF SERVICES

I. GLOBAL ASSISTANCE SERVICES

1) MEDICAL ASSISTANCE SERVICES

The Program includes access to the services described in this section. Services which have a 3rd party cost associated with them will be the responsibility of the Participant, or the responsibility of the Client only when requested and approved, in advance, by an Authorized Operations Contact.

a. **Pre-Trip Plan** On Call shall provide up-to-date information either by e-mail, fax or over the phone regarding required vaccinations, health risks, travel restrictions and weather conditions for destinations worldwide.

b. **Medical Monitoring** On Call shall, via telephone, email and fax, monitor the Participant’s conditions when hospitalized. On Call shall maintain an appropriate level of contact with the treating physician and nursing staff as well as obtain relevant medical, surgical and treatment plan reports and information. On Call will use information obtained to assess the available level of care in relation to the patient’s condition and geographical location where treatment is being performed.

c. **24 Hour Nurse Help Line** On Call shall provide, at the Participant’s request, with clinical assessment, education and general health information. This service shall be performed by a registered Nurse counselor to assist in identifying the appropriate level and source(s) of care for Participant’s (based on symptoms reported and/or health care questions asked by or on behalf of Participant’s). Nurses shall not diagnose Participant’s ailments.

d. **Prescription Replacement Assistance** If a Participant requires prescription medication or eyeglasses, On Call International will consult with the prescribing physician and locate and arrange to send the prescription medication or eyeglasses when it is possible and legally acceptable or arrange an appointment with a local medical provider. Participant is responsible for the cost of providing the medicine or eyeglasses.

e. **Guarantee of Payment** Guarantees shall be made by On Call for any expenses either covered by a benefit of the Program or authorized by the Client.

f. **Medical, Behavioral or Mental Health, Dental and Pharmacy Referrals** On Call shall provide, at the Participant’s request, referrals to medical and/or dental professionals and pharmacies in the given geographic area locations of western style medical facilities and English speaking doctors, dentists and other healthcare providers in an area served by On Call to the extent possible. No third party expenses or On Call fees are applicable to this service.
g. Coordination of Benefits On Call shall request primary health insurance information and/or any supplemental travel/secondary insurance from the participant and attempt to coordinate benefits during an active assistance case. Coordination includes attempt to facilitate direct payment of authorized expenses from the insurer to the medical provider and facilitating assistance with claims documentation by notifying the insurance carrier and requesting a pre-certification of medical expenses. On Call will make best efforts to coordinate with Client’s foreign workers compensation carrier for medical related services for Client’s faculty and staff traveling abroad.

2) MEDICAL TRANSPORTATION SERVICES
The Program includes coverage as shown in Section II for the services described in this section. Terms, conditions and limitations included in Section II apply to services described in this section.

a. Emergency Medical Evacuation On Call shall arrange and coordinate air and/or surface transportation and medical care during transportation to the nearest hospital where appropriate medical care is available.

Following a Medical Evacuation, if the Participant is discharged and deemed fit to travel unescorted, On Call shall arrange transportation to return the Participant to location as determined by Client.

b. Medical Repatriation After being treated at a medical facility, On Call shall arrange the transport of the Participant with a qualified medical attendant to their residence or home hospital for further medical treatment or recovery as determined by Client.

c. Repatriation of Remains In the event of a Participant’s death, On Call shall make the arrangements coordinate for casket or air tray, preparation and transportation of his/her remains to his/her place of residence or to the place of burial.

3) EMERGENCY (COMMERCIAL) TRAVEL SERVICES
The Program includes coverage as shown in Section II for the services described in this section. Terms, conditions and limitations included in Section II apply to services described in this section.

a. Emergency Travel Expenses (arrangements for Visit by Family or Friend) If the Participant is hospitalized 24 hours or more On Call shall arrange travel and suitable hotel accommodations for a person of the Participant’s choice to join them.

b. Return of Dependent Children If the Participant’s Dependent(s) are present but left unattended as a result of the Participant’s Medical Evacuation or hospitalization, On Call shall make arrangements to return them home, including a non-medical escort as needed.

c. Emergency Return Home If a Participant’s parent, child, sibling, spouse or participant partner suffers a life-threatening illness or death OR if the Participant is a victim of Felonious Assault,
On Call shall arrange for economy airfare for the Participant to go to the family member’s location. If the benefit allows, On Call will also return the Participant to his/her program within 90 days of the departure date. All arrangements associated with Emergency Return Home are subject to verification of necessity.

d. **Emergency Reunion following a Felonious Assault** If the Participant is the victim of a felonious assault, On Call shall arrange travel and suitable hotel accommodations for a person of the Participant’s choice to join them.

e. **Return of Traveling Companion** If a Participant’s traveling companion loses previously-made travel arrangements due to a delay caused by the Participant’s medical emergency or death, On Call shall arrange one-way economy airfare to return the companion to his or her original departure point.

f. **Bereavement Reunion** In the event a covered Participant dies while covered under the Program, On Call shall arrange for an assigned advocate to fly to the location of the deceased to identify and accompany the remains back to the Participant’s home country.

g. **Chaperone Replacement** In the event a chaperone or faculty leader are unable to continue with the travel abroad program due to illness or injury, On Call shall arrange for a replacement faculty or chaperone to be flown to the program location to take over the program.

4) **TRAVEL ASSISTANCE SERVICES**

The Program includes access to the services described in this section. Services which have a 3rd party cost associated with them will be the responsibility of the Participant, or the responsibility of the Client only when requested and approved, in advance, by an Authorized Operations Contact.

a. **Pre-Trip Information** On Call shall provide to Participants pre-trip information such as visa, passport and inoculation requirements; cultural information; weather conditions; embassy and consulate referrals; foreign exchange rates; and travel advisories.

b. **24/7 Emergency Travel Arrangements** On Call shall assist Participant once a trip has started with changing airline, hotel or car rental reservations.

c. **Translator and Interpreter Referral** On Call shall provide the Participant with access to an interpreter via telephone 24 hours a day or referrals to local translators and interpreters in the case of communication problems which cannot be solved via telephone.

d. **Emergency Travel Funds Assistance** On Call shall provide assistance to Participants by arranging for the forwarding of funds from Participant’s credit cards or family Participants. Any fees associated with the transfer of funds will be the responsibility of the Participant.
e. **Legal Consultation and Referral** If a Participant is arrested, or requires the services of an attorney, On Call shall arrange for an initial telephone consultation with an attorney without charge to Participant. If needed, a Participant will be referred to an attorney in the appropriate geographical area. This service applies only when a Participant is traveling internationally. Fees and costs charged by the referred attorney shall be the responsibility of the Participant.

f. **Lost/Stolen Travel Documents Assistance** On Call shall provide assistance to Participants for the replacement of passports, airline documents, birth certificates and other travel-related documents. Any fees required for the acquisition or forwarding of these documents is the responsibility of the Participant.

g. **Emergency Message Forwarding** In the event a Participant is unable to reach an employer, family Participant or traveling companion, On Call shall forward a message via telephone to the intended party.

h. **Lost Luggage Assistance** On Call shall assist the Participant with the tracking of luggage lost in transit.

5) **SECURITY ASSISTANCE SERVICES**

a. **Travel Risk Brief** Upon request, On Call will email a country or city security overview that includes intelligence on crime, civil unrest, getting around, cultural info, embassies, vaccinations, health infrastructure.

b. **Dedicated Global Security Specialist** Clients will be assigned a dedicated Global Security Specialist (GSS) for proactive analysis, guidance, and assistance on any security-related question or concern. The dedicated GSS will personally engage with a client to understand their risk management program components and their associated risk profile for proactive preparation and planning.

c. **Custom Pre Trip Intelligence and Risk Assessment** A Global Security Specialist will prepare a risk assessment tailored to a traveler’s or group’s risk profile and deliver as a written report or via a phone consultation.

d. **Incident Briefing** Upon request, a Global Security Specialist will provide a non-emergency briefing following an incident to discuss impacts to current and future travel for an individual, group or operations in the location of the incident.

e. **24/7 Global Security Specialist Assistance** If a Participant’s safety is at risk, a Global Security Specialist is available 24 hours a day to provide immediate advice and assistance to the Participant or Client.

6) **SECURITY TRANSPORTATION SERVICES**
The Program includes coverage as shown in Section II for the services described in this section. Terms, conditions and limitations included in Section II apply to services described in this section.

a. **Political Evacuation** If Participant requires emergency evacuation due to political or military events, On Call will arrange the Participant’s transportation to the nearest safe location, lodging within the safe haven and onward travel arrangements to their home or an alternate study or work location.

The method of transportation will be as deemed most appropriate to ensure the Participant’s safety. If evacuation becomes impractical due to hostile or dangerous conditions, On Call will maintain contact with and advise Participant until evacuation becomes viable or the political or social upheaval has resolved.

Should commercial transportation be available, but transportation to the commercial transportation departure point represents an imminent threat to the Participants safety, On Call shall arrange secure transport to the departure point.

b. **Natural Disaster Evacuation** If Participant requires emergency evacuation due to a Natural Disaster, On Call will arrange the Participant’s transportation to the nearest safe location, lodging within the safe haven and onward travel arrangements to their home or an alternate study or work location.

The method of transportation will be as deemed most appropriate to ensure Participant’s safety. If evacuation becomes impractical due to hostile or dangerous conditions, On Call will maintain contact with and advise the Participant until evacuation becomes viable or the natural disaster situation has been resolved.

Should commercial transportation be available, but transportation to the commercial transportation departure point will represents an imminent threat to the Participants safety, On Call shall arrange secure transport to the departure point.

7) **ADMINISTRATION OF ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT (Students Only)**

The Program includes Accidental Death and Dismemberment benefit. Terms, conditions and limitations included in Schedule II apply.
## Terms, Conditions and Limitations

### INTER HANNOVER POLICY WORDING BLANKET

The Policy will be administered on behalf of the Insurer by the Administrator: On Call International, LLC.

### BENEFITS TABLE

<table>
<thead>
<tr>
<th>Section A - Emergency Medical Evacuation and Repatriation</th>
<th>Covered / Not Covered</th>
<th>Limits Per Insured Person, Per Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Evacuation and/or Repatriation</td>
<td>Covered</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Repatriation of Remains or Burial</td>
<td>Covered</td>
<td>100,000</td>
</tr>
<tr>
<td>Emergency Travel Expenses (arrangement for Visit of Family Member or Friend,)</td>
<td>Covered</td>
<td>$12,500 when hospitalized for 24 or more hours</td>
</tr>
<tr>
<td>Bereavement Reunion</td>
<td>Covered</td>
<td>$2,500</td>
</tr>
<tr>
<td>Return Home due to Felonious Assault</td>
<td>Covered</td>
<td>$2,500</td>
</tr>
<tr>
<td>Emergency Reunion due to Felonious Assault</td>
<td>Covered</td>
<td>$2,500</td>
</tr>
<tr>
<td>Emergency Return Home due to family member death or illness</td>
<td>Covered</td>
<td>$2,500</td>
</tr>
<tr>
<td>Return of Traveling Companion</td>
<td>Covered</td>
<td>$2,500</td>
</tr>
<tr>
<td>Return of Dependent Children</td>
<td>Covered</td>
<td>$2,500</td>
</tr>
<tr>
<td>Chaperone Replacement</td>
<td>Covered</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

### Section B - Personal Accident (Students Only)

<table>
<thead>
<tr>
<th>Covered / Not Covered</th>
<th>Limits Per Insured Person, Per Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death</td>
<td>$10,000</td>
</tr>
<tr>
<td>-Loss of Limb</td>
<td>$10,000</td>
</tr>
<tr>
<td>-Loss of Sight</td>
<td>$10,000</td>
</tr>
<tr>
<td>-Loss of Hearing</td>
<td>$10,000</td>
</tr>
<tr>
<td>-Loss of Speech</td>
<td>$10,000</td>
</tr>
<tr>
<td>-Permanent Total Disablement</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

### Section C - Political and Natural Disaster Evacuation

<table>
<thead>
<tr>
<th>Covered / Not Covered</th>
<th>Limits Per Insured Person, Per Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evacuation Costs</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Hibernation Costs</td>
<td>$5,000 per Insured Person, Per day up to a maximum of 30 days</td>
</tr>
<tr>
<td>Expenses</td>
<td>$200 per Insured Person, Per day up to a maximum of 30 days</td>
</tr>
</tbody>
</table>

Limits are subject to an Aggregate Limit of USD 40,000,000 per event.
Evacuation and Repatriation Insurance

The Contract of Insurance

This is Your Evacuation and Repatriation Insurance Policy, which with the application form and/or declaration made by You and The Policy Schedule should be read together and forms the contract of Insurance between You and Us, International Insurance Company of Hannover SE, UK Branch but it is only valid if You have paid the premium.

Your premium has been based upon the information shown in The Policy Schedule and recorded in the written application You have signed and/or declaration You have made. Please read them carefully to make sure that they meet Your requirements and that the details on The Policy Schedule are correct. If after reading Your Policy and The Policy Schedule You have any questions, please contact Your insurance adviser.

In return for You having paid the premium for the Period of Insurance, We will indemnify You by payment in respect of the Evacuation or Repatriation of the Insured Persons to the extent of and subject to the terms contained in or endorsed on the Policy.

IMPORTANT

This Policy is a legal contract. You must tell Us about any facts or changes which affect Your insurance and which have occurred either since the Policy started or since the last renewal date.

If You are not sure whether certain facts are relevant please ask Your adviser. If You do not tell Us about relevant changes, Your Policy may not be valid or the Policy may not cover You fully.

You should keep a written record (including copies of letters) of any information You give Us or Your insurance adviser when You renew this Policy.

Choice of Law

This insurance shall be governed by and construed in accordance with the law of the State of New Hampshire. Each party agrees to submit to the exclusive jurisdiction of any competent court within the United States of America.

Data Protection

DATA PROTECTION SHORT FORM INFORMATION NOTICE (LAYER 1) LMA9151 25 April 2018

Your personal information notice

Who we are
We are the International Insurance Company of Hannover SE, UK Branch identified in the contract of insurance and/or in the certificate of insurance.
The basics
We collect and use relevant information about you to provide you with your insurance cover or the insurance cover that benefits you and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people’s details you provide to us
Where you provide us or your agent or broker with details about other people, you must provide this notice to them.

Want more details?
For more information about how we use your personal information please see our full privacy notice(s), which is/are available online on our website(s) or in other formats on request.

Contacting us and your rights
You have rights in relation to the information we hold about you, including the right to access your information. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice(s), please contact us, or the agent or broker that arranged your insurance who will provide you with our contact details at:

On Call Intl
11 Manor Parkway, Salem, NH 03079
Tel: 603 328 1300

DATA PROTECTION POLICY CLAUSE FOR COMMERCIAL LINES POLICIES (NO CONSENT) LMA9154
25 April 2018

Personal information
Your insurance cover includes cover for individuals who are either insureds or beneficiaries under the policy (individual insureds). We the International Insurance Company of Hannover SE, UK Branch identified in the contract of insurance collect and use relevant information about individual insureds to provide you with your insurance cover and to meet our legal obligations.

This information includes individual insured’s details such as their name, address and contact details and any other information that we collect about them in connection with your insurance cover. This information may include more sensitive details such as information about their health and criminal convictions.

We will process individual insureds’ details, as well as any other personal information you provide to us in respect of your insurance cover, in accordance with our privacy notice(s) and applicable data protection laws.

Information notices
To enable us to use individual insureds’ details in accordance with applicable data protection laws, we need you to provide those individuals with certain information about how we will use their details in connection with your insurance cover.

You agree to provide to each individual insured our short form information notice, which we have provided to you in connection with your insurance cover, on or before the date that the individual becomes an individual insured under your insurance cover or, if earlier, the date that you first provide information about the individual to us.

Minimisation and notification
We are committed to using only the personal information we need to provide you with your insurance cover. To help us achieve this, you should only provide to us information about individual insureds that we ask for from time to time.

You must promptly notify us if an individual insured contacts you about how we use their personal details in relation to your insurance cover so that we can deal with their queries.

International Insurance Company of Hannover SE, UK Branch
Branch Office: 10 Fenchurch Street, London EC3M 3BE
Registered Office: Roderbruchstraße 26, 30655 Hannover, Germany.
Registered in Germany, Registration No. HRB 211924
Authorised by the Bundesanstalt für Finanzdienstleistungsaufsicht and authorised and subject to limited regulation by the Financial Conduct Authority. Details about the extent of our authorisation and regulation by the Financial Conduct Authority are available from us on request.

Our commitment to you
Each of Our customers is important to Us, and We believe You have the right to a fair, swift and courteous service at all times. We acknowledge receipt of Your complaint and We will deal with it promptly and provide a response as quickly as possible.

Complaints Procedure
1. We will acknowledge Your complaint in writing within five working days of receipt.
2. We will endeavour to send a final response to You within eight weeks of receipt of Your complaint. If We are unable to provide You with a final response within this time frame, We will write to You explaining the delay and advise You when You can expect a final response.
3. If more than eight weeks from the date of Your complaint have elapsed and You have not received a final response, or You are dissatisfied with the final response You have received from Us, You may choose to refer Your complaint to:

Financial Ombudsman Service (FOS)
South Quay Plaza
183 Marsh Wall
London
E14 9SR

Financial Ombudsman Service
If You are disappointed with any aspect of the handling of Your insurance We would encourage You, in the first instance, to contact the complaints department of Your insurance adviser. You can write or telephone, whichever suits You, and ask Your contact to review the problem.
If You are dissatisfied with the final response from the complaints department, You may be entitled to refer the matter to the Financial Ombudsman Service (FOS).

Full contact details of the FOS will be provided at the same time as Your complaint is acknowledged.

Note that the FOS will only consider Your complaint if You have given Your insurance adviser the opportunity to resolve it and You are a private Policyholder, a business with a group turnover of less than €2 million, a charity with an annual income of less than €2 million, or a Trustee of a trust with a net asset value of less than €2 million. If, however, Your complaint is not resolved within 40 working days, the FOS will accept a direct referral.

Whilst We are bound by the decision of the FOS, You are not. Following the complaint procedure does not affect Your right to take legal action.

Financial Services Compensation Scheme

For risks located within the EEA We are covered by the UK Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if We cannot meet Our obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit. You can learn more about this scheme at www.fscs.org.uk or by phoning 0800 678 1100 or 0207 741 4100 or writing to Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU.

Who to contact in the event of Claim

In relation to any Personal Accident claim under this Policy, the Claims Administrator must be contacted as soon as reasonably possible after any event or occurrence which may result in a claim and in any event no later than 60 days after the occurrence of such event.

Claims for Personal Accident benefits should be submitted to: claims@oncallinternational.com
Or
On Call Inti Claims Dept.,
11 Manor Parkway, Salem, NH 03079
Tel: 603 328 1300

You must:

1. At Your expense, provide them with a written notification of a claim containing as much information as possible of the loss, destruction, damage, accident, injury or illness, including the amount of the claim.
2. Provide them at Your own expense with all certificates, information and evidence reasonably required by them and in the form and of such nature as they may prescribe.
3. Immediately pass to them unanswered, all communications from third parties in relation to any event that may result in a claim under this Policy.
4. Not admit or repudiate liability, nor offer to settle, compromise, make payment or pay any claim under this Policy without their written agreement.

The Insured Person shall submit to medical examination at Our request in respect of any alleged Accidental Bodily Injury or Illness where We shall pay the fee.

As soon as possible after the occurrence of any Accidental Bodily Injury or Illness the Insured Person must obtain and follow the advice of a Qualified Medical Practitioner. We shall not be liable for any consequences arising due to the Insured Person’s failure to obtain and follow such advice and use such appliance or remedies as may be prescribed.

In the case of Accidental Death of the Insured Person We shall be entitled to have a post-mortem examination at Our own expense.
If You or the Insured Person fail to follow any of these conditions You will lose your right to indemnity or payment for that claim.

**Assistance Services**

**Medical Assistance**

Our Medical Assistance Service is operated by a specialist assistance provider who will advise on and where appropriate arrange all medical treatment, medical evacuation or repatriation, travel and accommodation.

In the event of a Medical Emergency overseas please contact **Our Emergency Assistance Company**

On Call International: +1 603-952-2038

**Security Assistance**

In the event of a Security Emergency please contact **Our Crisis Management Company**:

Tangiers International via On Call International: +1 603-952-2038

**Policy Definitions**

Each time We use one of the words or phrases listed below, it will have the same meaning wherever it appears in Your Policy unless We state otherwise. A defined word or phrase will start with a capital letter each time it appears in the Policy, except for headings and titles. Each Section of the Policy contains Definitions which apply to that particular Section and they must be read in conjunction with the following Policy Definitions.

**Benefits Table**

The table of benefits set out in The Policy Schedule.

**Country of Domicile**

The Country in which the Insured Person resided in before taking up an Insured Journey and/or the Country to which the Insured Person shall return to when repatriated or country in which they hold a valid passport. When determining the destination for Repatriation, if there are multiple destinations that fit this definition, the Plan Administrator will consult with Participating Organization to consider the Insured Person’s best interest in relation to academic, financial and personal support available in each destination.

**Crisis Management Company**

Tangiers International via On Call International

**Emergency Assistance Company**

On Call International

**Home**

The Insured Persons primary residence in their Country of Domicile.

**Host Country**

The Country in which the Insured Person resides in whilst on an Insured Journey.

**Insured Journey**

Whilst the Insured Person is on a journey not exceeding 12 months in duration (unless otherwise agreed by Us) which You have authorised in connection with The Participating Organization (including any period of holiday which is purely
ancillary to the Insured Journey) which begins during the Period of Insurance, and commences from the time the Insured Person leaves their Country of Domicile and continues during the entire period of the journey and terminating at the time of return to their Country of Domicile.

**Insured Person**
Any director, employee, including temporary and contract staff, academic staff, faculty, chaperone, students, or any category of persons declared by the Participating Organization as shown in The Policy Schedule.

**Operative Time of Cover**
The period of time for which We will cover the Insured Person for benefits described within the The Policy Schedule.

**Period of Insurance**
From the effective date until the expiry date shown in The Policy Schedule and any subsequent period for which We accept payment for renewal of this Policy.

**Policy Period**
From the effective date to the expiry date shown in The Policy Schedule.

**Participating Organization**
Drexel University, including its subsidiaries, affiliates and related entities, who is the organization that applies for coverage on Your behalf from the Plan Administrator.

**Plan Administrator**
On Call International who is the insurance advisor You or the Participating Organization arranges coverage from.

**The Business**
Activities directly connected with The Business described in The Policy Schedule.

**The Policy Schedule**

**We/Us/Our/The Company**
International Insurance Company of Hannover SE, UK Branch.

**You/Your/The Policyholder**
The Insured Person or persons, companies, partnerships, institutions of higher education or unincorporated associations named in The Policy Schedule as The Policyholder.

**Policy Conditions**
Each Section of the Policy contains Conditions. They must be read in conjunction with the following Policy Conditions which apply to all Sections unless otherwise stated.

**Premium**
It is agreed that the premium is based on the Participating Organization’s prior year’s travel travel data and is not adjustable.

**Aggregate Limit**
If the aggregate amount of all benefits payable exceeds the stated Aggregate Limit the benefits payable to an Insured Person shall be proportionately reduced until the total of all Benefits does not exceed the Aggregate Limit.
**Alteration of Risk**
We will at Our option void the Policy from the inception of this insurance where there has been any alteration to The Business and/or the occupation or pursuits of any Insured Person after the effective date of this insurance which increases the risk of loss, liability, destruction, damage, accident, injury or illness or where Your interest ceases except by will or operation of law unless We have accepted the alteration.

**Assignment**
You may not assign the benefits under this Policy. We shall not be bound to accept or be affected by any notice of any trust charge, lien, purported assignment or other dealing with or relating to this Policy.

**Cancellation**
We may cancel this Policy by sending You 90 days written notice to Your last known address and We will return any unearned proportion of the premium paid.

You may cancel this Policy at any time by sending us 30 days written notice and any unearned premium shall be returned to you provided that We have not made any claims payment under this policy or have any claims for consideration or You are not aware of any claims that have not been reported to Us. Any claim payments made or under consideration shall be deducted from the amount of unearned premium due to be returned.

**Force Majeure**
We shall not be liable for failure to provide Services and/or delays caused by acts of God, strikes or other conditions beyond our reasonable control, including but not limited to flight conditions or situations where the performance of this Policy is prohibited or delayed by local laws, regulations or regulatory agencies. We shall notify You immediately of any Force Majeure event.

In the event of such Force Majeure lasting longer than 7 days You will have the right to cancel this Policy immediately and We shall return any premium paid by You less any amount for claims paid or due to be paid.

**Fraud**
If a claim made by You or anyone acting on Your behalf, or any person claiming to be indemnified is fraudulent or exaggerated, whether ultimately material or not or if a false declaration or statement is made or if a fraudulent device is used in support of a claim We may at Our option void the Policy from the inception of this insurance or cancel the Policy from the date of the claim or alleged claim and repudiate the claim.

**Identification**
The Policy and The Policy Schedule will read as one contract. A particular word or phrase which is not defined will have its ordinary meaning.

**Reasonable Precautions**
You must take all reasonable precautions to avoid Accident, injury or illness to any person, or loss, destruction or damage to their property, and You must comply with all legal requirements and safety regulations and conduct The Business in a lawful manner. If in relation to any claim You have failed to fulfil any of these conditions, You will lose your right to indemnity or payment for that claim.

**The Contracts (Rights of Third Parties) Act 1999**
The Contracts (Rights of Third Parties) Act 1999 or any amendment thereto does not apply to this Policy. Only We and the Policyholder can enforce the terms of this Policy. No other party may benefit from this contract as of right. The Policy may be varied or cancelled without the consent of any third party.

**Misdescription**
We will void this Policy if there has been any misrepresentation, misdescription or failure to disclose any material fact by You or anyone acting for You.

**Sanction Limitation and Exclusion Clause**
We shall not provide cover or pay or be liable for any claims or provide any benefit under this Policy if by providing any
cover, paying any claims or providing any benefit under this Policy would expose Us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Policy Exceptions

Each Section of the Policy contains specific Exceptions. They must be read in conjunction with the following Policy Exceptions which apply to all Sections unless otherwise stated.

The Policy does not cover

1. Any expense related to the Insured Person engaging in the commission of, or the attempt to commit, an unlawful act.
2. Any expense incurred as a result of the Insured Person engaging in active service in the armed forces or police of any nation; active participation in war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or insurrection unless declared to Us and accepted by Us in writing.
3. Any losses incurred for which You are responsible under a Workmen’s Compensation Act.
4. Any expenses related to the treatment of drug or alcohol addiction.
5. An Insured Person once they have attained the age of 81 unless declared to Us and accepted by Us in writing.

Section A - Emergency Medical Evacuation and Repatriation

Definitions

The following definitions apply to this Section and shall keep the same meaning wherever they appear in the Section, unless an alternative definition is stated to apply. Please also refer to the Policy Definitions at the front of this Policy document.

Emergency Medical Evacuation

The cost of transporting the Insured Person by air and/or surface transportation if the Insured Person’s medical condition warrants immediate transportation (due to inadequate medical facilities) by Our Emergency Medical Assistance Provider from the place where the Insured Person is located to the nearest adequate medical facility where medical treatment can be obtained, including the costs of all medical care and ancillary costs associated with that transportation.

Emergency Travel Expenses

We will pay up to the amount stated in the Benefits Table for the following Emergency Travel Expenses:

The cost of an economy round-trip air or ground transportation ticket for one person to visit You if You are or are to be hospitalized for 24 hours or more; and

1. Reasonable expenses for lodging and meals for that person to remain whilst You are hospitalized, for a period not to exceed 15 days.
2. The cost of any additional Hotel charges You incur following discharge but during any convalescence period with the person prior to Your return to Your Home Country, for a period not exceeding 15 days.

Repatriation

After being treated at a local medical facility, and following the advice of Our Emergency Medical Assistance Provider and if the Insured Person’s medical condition warrants it, the costs of transporting the Insured Person by air and/or surface transportation and with a qualified medical attendant to their Country of Domicile to obtain further medical treatment or to recover, or both.
Serious Medical Condition
A medical condition that in the opinion of the Emergency Medical Assistance Provider’s physician requires immediate emergency medical treatment to avoid certain death or serious impairment to the Insured Person’s health and such emergency medical treatment is not available or is not adequate in the Insured Person’s Host Country to avoid death or serious impairment of health.

Qualified Medical Practitioner
A doctor or specialist who is registered or licensed to practice medicine under the laws of the country they practice in other than an Insured Person, Partner of an Insured Person, and a member of the immediate family of You or the Insured Person or an employee of Yours.

Extensions
The following Extension applies if stated as being Covered in The Policy Schedule

Repatriation of Remains
In the event of the death of the Insured Person whilst on an Insured Journey Our Emergency Medical Provider will arrange for and pay up to the maximum shown in the Benefits Table for the reasonable costs incurred of transportation of the Insured Person’s body or ashes to the Insured Person’s Country of Domicile.

We shall not be held liable for any delay in returning the Insured Person’s Remains for any reasons that are not in our direct and immediate control.

Bereavement Reunion (if Covered as stated in the Benefits Table)
In the event of the death of the Insured Person whilst on an Insured Journey We will indemnify the Insured Person’s estate for the cost of economy round trip transportation up to the amount stated in the Benefits Table for an assigned advocate to travel to the location of the Insured Person’s death to accompany the remains back to the Country of Domicile.

Emergency Return Home due to family member death or illness (if Covered as stated in the Benefits Table)
We will pay the reasonable cost of economy transportation up to the amount stated in the Benefits Table incurred by You to travel home to Your Country of Domicile if an Insured Person’s parent, child, sibling, spouse or partner suffers a life-threatening illness or death. If the benefit allows, We will also pay the reasonable cost of economy transportation to return the Insured Person to his/her program within 90 days of the departure date.

Return of Traveling Companion (if Covered as stated in the Benefits Table)
If an Insured Person’s traveling companion loses previously-made travel arrangements due to a delay caused by the Insured Person’s medical emergency or death, We will pay the reasonable cost of economy transportation up to the amount stated in the Benefits Table for one-way economy airfare to return the companion to his or her original departure point. A traveling companion means traveling on the same itinerary as the Insured Person.

Emergency Reunion due to Felonious Assault (if Covered as stated in the Benefits Table)
We will pay the reasonable cost of economy round trip transportation and accommodation up to the amount stated in the Benefits Table incurred by any one person who has to travel to remain with or escort You home to Your Country of Domicile following a Felonious Assault.

Return Home due to Felonious Assault (if Covered as stated in the Benefits Table)
We will pay the reasonable cost of economy transportation up to the amount stated in the Benefits Table incurred by You to travel home to Your Country of Domicile following a Felonious Assault.

Chaperone Replacement (if Covered as stated in the Benefits Table)
In the event a chaperone or faculty leader designated by the Participating Organization for a group of travelers is unable to continue with the trip due to illness or injury, On Call will pay and arrange pay for a replacement faculty or chaperone designated by the Participating Organization to be flown to the group’s location to take over the program.
Conditions

The following conditions apply to this Section. Please also refer to the Policy Conditions at the front of this Policy document.

1. You must contact the Emergency Medical Assistance Provider if you require Emergency Medical Evacuation, Repatriation, Repatriation of Remains, or prior to incurring Emergency Travel expenses, otherwise We will not be able to reimburse the costs incurred.

2. If We incur costs as a result of advice or assistance being provided or the settlement of any expenses being made in good faith by the Emergency Medical Assistance Provider to any person who is not insured under this Policy, You shall reimburse us in respect of such costs and expenses.

3. The Emergency Medical Assistance Provider reserves the right, at its sole discretion, to determine the location to which the Insured Person will be evacuated and the timing, means or method by which such Evacuation or repatriation will be carried out. In making such arrangements the Emergency Medical Assistance Provider may consider all relevant circumstances including, but not limited to the Insured Person’s medical condition, the degree of urgency, the Insured Person’s fitness to travel, airport availability, weather conditions and travel distance and whether transportation will be provided by private medically equipped aircraft, helicopter, regular scheduled flight, rail, water or land vehicle. Transportation shall be carried out under such medical supervision, as determined by the Emergency Medical Assistance Provider.

Exceptions

The following exceptions apply to this Section. Please also refer to the Policy Exceptions at the front of this Policy document.

We will not be liable for any claims resulting from:

1. More than one Emergency Medical Evacuation and/or Repatriation for any single medical condition of an Insured Person during the Policy Period.

2. Any cost or expense not expressly covered in advance and in writing by The Emergency Medical Assistance Provider and/or not arranged by them. This exception shall not apply to Emergency Medical Evacuation from remote or primitive areas where Our Emergency Medical Assistance Provider cannot be contacted in advance and delay might reasonably be expected to result in loss of life or harm to the Insured Person.

3. Any expense incurred for Insured Person(s) when travelling contrary to the advice of a Qualified Medical Practitioner, or for the purpose of obtaining medical treatment or for rest and recuperation following any prior accident or illness.

4. Any expense incurred for Emergency Medical Evacuation or Repatriation if the Insured Person is not suffering from a Serious Medical Condition, and/or in the opinion of Our Emergency Medical Assistance Provider’s physician, the Insured Person can be adequately treated locally, or treatment can be reasonably delayed until the Insured Person returns to their Country of Domicile.

5. Any expense incurred for Emergency Medical Evacuation or Repatriation where the Insured Person, in the opinion of the Emergency Medical Assistance Provider’s physician, can travel as an ordinary passenger without a medical escort.

6. Any expense incurred related to accident or injury occurring while the Insured Person is engaged in any hazardous activity, pastime or pursuit including but not limited to caving, mountaineering or rock climbing necessitating the use of guides or ropes, potholing, skydiving, parachuting, bungee-jumping, ballooning, hang gliding, deep sea diving utilizing hard helmet with air hose attachments, martial arts, rallying, racing of any kind other than on foot, and any organized sports undertaken on a professional basis.

7. Any expense related to the Insured Person engaging in any form of aerial flight except as a passenger on a scheduled airline flight, as a passenger on a licensed charter fixed wing aircraft over an established route; or as a passenger travelling on a business related activity in a fixed wing aircraft owned or leased to the Subscriber unless the form of aerial flight has been declared to and accepted by Us in writing prior to travel.

8. Any expense related to treatment performed or ordered by a non-registered practitioner not in accordance with the standard medical practice as defined in the country of treatment.
9. Any expenses incurred as a direct or indirect result of elective surgery or cosmetic surgery.
10. Any Losses incurred by You or the Insured Person if You or they fail to follow the advice of Our Emergency Medical Assistance Provider.
11. Any valid claim costs that have been increased by Your or the Insured Person’s failure to follow the advice of Our Emergency Medical Assistance Provider.

Cover

In the event of the Insured Person sustaining a Serious Medical Condition during the Operative Time of Cover We will pay up to the sum insured shown in The Policy Schedule for their Emergency Medical Evacuation or Repatriation or for Emergency Travel Expenses incurred by or on their behalf.

In the event of a Medical Emergency requiring Emergency Medical Evacuation or Repatriation please contact Our Emergency Medical Assistance Provider.

Telephone: 1 603-952-2038

Section B - Accidental Death, Loss of Sight, Loss of Limb or Permanent Total Disablement

Definitions

The following definitions apply to this Section and shall keep the same meaning wherever they appear in the Section, unless an alternative definition is stated to apply. Please also refer to the Policy Definitions at the front of this Policy document.

Accident
A sudden, unintentional and unexpected occurrence caused by external, visible means and resulting in Your physical Injury.

Accidental Bodily Injury
Injury which is sustained by You as the result of an Accident which solely and independently of any other cause except surgical treatment rendered necessary by the Accident results in Your death, disablement or injury that incurs Medical Expenses.

Loss of Limb
Loss by physical separation of a hand at or above the wrist or a foot at or above the ankle and includes total and irrecoverable loss of use of hand, arm or leg.

Loss of Sight
Permanent and total Loss of Sight shall be considered as having occurred:
   a. in both eyes, if You are added to the Register of Blind Persons in your Home Country on the authority of a fully qualified ophthalmic specialist and is without hope of improvement;
   b. in one eye, if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale and is without hope of improvement.
Permanent Total Disablement: Disablement that has lasted for at least twelve months and which in the opinion of a Physician is beyond hope of recovery and shall in all probability continue for the remainder of Your life and result in Your inability to perform or give attention to gainful occupation of any and every kind.

Conditions

We will pay You, Your executors or Your administrators the relevant amount shown in the Benefit Table if, as a result of an Accident which results in Your Accidental Bodily Injury You suffer in one or more of the following:

- Your accidental death
- Your Loss of Sight (in one or both of Your eyes)
- You Loss of Limb
- Your Permanent Total Disablement

Payment of Benefit

We will not pay a claim for more than one of the accidental death, loss of sight, loss of limb or Permanent Total Disablement arising in conjunction with the same Accident.

Disappearance

If You have been missing for a period of 180 consecutive days and there is sufficient evidence to support the conclusion that Your death has been caused by Accidental Bodily Injury, You will be presumed to have died and the amount stated in the Benefit Table will be paid to Your executors or Your administrators. However they will repay any benefit if You are subsequently found to have been alive or are found alive.

The following exclusions apply to Accident death, Loss of Sight, Loss of Limb or Permanent Total Disablement

We will not be liable for any claim arising directly or indirectly from:

- Accidental Bodily arising as a result of Your Illness, sickness or disease where such illness, sickness or disease does not itself arise from prior Accidental Bodily Injury.
- Your Accidental Bodily Injury if it is caused directly or in-directly by any degenerative medical condition.

Section C - Political and Natural Disaster Evacuation

Definitions

The following definitions apply to this Section and shall keep the same meaning wherever they appear in the Section, unless an alternative definition is stated to apply. Please also refer to the Policy Definitions at the front of this Policy document.

Appropriate Authorities

The Foreign and commonwealth Office of the United Kingdom, The United States Department of State, the Foreign Office of Canada or similar authority of the Policyholder Host Country.

Evacuation Costs

The costs incurred within 30 days of an Insured Event to evacuate the Insured Person to the nearest place of safety or to their Country of Domicile, an alternate work location or alternate study location, or both.

If the Insured person is in imminent peril, cover will apply to the evacuation of the Insured Person by any appropriate
means consistent under the circumstances with their health and safety, otherwise cover hereunder will apply to the transportation only at economy fares unless unavailable or manifestly impractical.

Expenses
The cost of accommodation, transportation and food and any other reasonable and necessary expenses.

Hibernation Costs
The costs of security and relocation if an Insured Event has occurred and at the sole discretion of the Crisis Management Company the Insured Person may remain in their Host Country, in either their current location or relocate to a site chosen by the Crisis Management Company up to a period of 14 days from the time the Insured Event first occurs.

Insured Event
1. The Insured’s Appropriate Authority issues a travel advice for a particular country or region where the Insured Person is on an Insured Journey in, recommending that certain categories of person which includes the Insured Person should leave that country or region.
   or -
2. The recognised Government in their Host Country:
   a. Declares a state of emergency necessitating immediate evacuation or
   b. Formally recommends or instructs that the Insured Person should leave that country or region for safety or
   c. Seizes, confiscates or expropriates the Insured or Insured Person’s property, plant or equipment or
   d. Expels the Insured Person or declares the Insured Person “persona non grata”.
   e. Withdraws all scheduled international commercial flights for a period of excess of 24 hours as a result of political or military action intervention which has a direct impact on the Insured persons safety and prevents them leaving the country.
3. Natural Disaster within their Host Country which has a direct impact on the Insured Person and their safety.
4. The Political or military events in the country the Insured Person is staying in represents an imminent threat to their safety.

Conditions
The following conditions apply to this Section. Please also refer to the Policy Conditions at the front of this Policy document.

1. Our Crisis Management Call Centre must be advised immediately of any situation that may give rise to a claim or as soon as reasonably possible thereafter. If the Crisis Management Call Centre is not contacted immediately Our liability to pay any subsequent claim under this section will cease.
2. You must provide Us and Our Crisis Management Company with all assistance and information requested in a timely manner.
3. The Insured Person must follow the advice of Our Crisis Management Company at all times.
4. Where you or an Insured Person is entitled to any refund on unused tickets or returnable deposits or advanced payments We will be entitled to deduct these from the value of any claim.
5. You must not make or attempt to make arrangements without the agreement of Our Crisis Management Company.

Exceptions
The following exceptions apply to this Section. Please also refer to the Policy Exceptions at the front of this Policy document.

We will not pay any claims resulting from:
1. Your failure to reasonably prove that there is any threat to the Insured Person’s safety.
2. You taking part in any political activity or operations of any security or armed forces unless declared to and agreed by Us.
3. Or attributable to an alleged violation of the laws of the Host Country by You or the Insured Person.
4. Your failure to maintain and possess duly authorised and issued required immigration, work, residence or similar visas or permits or other relevant documentation required in the Insured Person’s Host Country.
5. Accommodation, Evacuation Expenses or Hibernation Costs incurred more than 30 days after the Insured Event.
6. Or attributable in whole or in part to a debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause.
7. Your failure to honour any contractual obligation bond or specific performance condition in a license.
8. You at inception of this policy having prior knowledge of or had received information of any specific matter, fact or circumstance which would lead to an Insured Event that has not been declared to and accepted by Us.
9. Any Losses incurred by You that have been increased by Your failure to follow the advice of Our Crisis Management Company.

Cover

We will indemnify You up to the sums insured shown in The Policy Schedule if during the Operative Time of Cover You incur Evacuation Costs, Hibernation Costs and Expenses as a result of an Insured Event in Your Host Country.

In the event you require a Political or Natural Disaster Evacuation please contact Our Crisis Management Company

Telephone: 1 603-952-2038