



The Explorer Series is Underwritten By:

Nationwide Mutual Insurance Company
 One Nationwide Plaza
 MR-05-10
 Columbus OH 43215

Notice: You can view or print a copy of the Certificate of Insurance or Policy by downloading the form at travelsafe.explorerseries.com. If you are a resident of one of the following states (CT, FL, GA, HI, ID, KS, LA, ME, MI, MN, MS, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, and WY), your plan includes specific wording applicable to your state of residence and You can view or print Your state specific information at travelsafe.explorerseries.com. You can also request this information by calling TravelSafe at 1-888-885-7233.

Important: The Platinum Plan is not available to residents of New Hampshire, New York or Washington. The Collision Damage Waiver Option is not available to residents of New York or Texas. The Extended Personal Property Option is not available to residents of New Hampshire, New York or Washington.

24 Hour Assistance Service is provided by:

One Call Travel Services Network, Inc.

Note: This policy contains disability insurance benefits or health insurance benefits, or both, that apply only during a covered Trip. You may have coverage from other sources that already provides you with these benefits. You should review your existing policies. If you have any questions about your current coverage, call your insurer or health plan.

Your TravelSafe Travel Agent is

Travel Agent Code	Agent Initials
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Benefit Schedule

	Silver Plan	Gold Plan	Platinum Plan
	Benefit Limit	Benefit Limit	Benefit Limit
Trip Cancellation	Trip Cost	Trip Cost	Trip Cost
Trip Interruption	Trip Cost	150% of Trip Cost	200% of Trip Cost
Trip Delay	\$500	\$1,000	\$1,500
Missed Connection	\$500	\$1,000	\$1,500
Emergency Medical Expense			
Accident & Sickness Medical	\$25,000	\$100,000	\$100,000
Emergency Medical Evacuation and Repatriation of Remains	\$50,000	\$1,000,000	\$1,000,000
Pet Medical Expense	No	No	\$1,000
One Call 24-Hour Assistance	Included	Included	Included
Baggage and Personal Effects	\$1,000	\$2,500	\$2,500
Baggage Delay	\$100	\$500	\$500
Accidental Death & Dismemberment	No	\$25,000	\$25,000
Cancel For Any Reason Benefit	No	No	Yes See Below

Cancel For Any Reason Benefit

We will reimburse You for 75% of Your prepaid, forfeited, non-refundable expenses for Travel Arrangements provided:

- 1) Your payment for this plan is received within 15 days of Your initial deposit/payment for Your Trip;
- 2) You insure 100% of all prepaid Travel Arrangements that are subject to cancellation penalties or restrictions by the Travel Supplier (including any subsequent arrangements added to your Trip within 15 days of payment for the subsequent arrangements); and
- 3) You cancel Your Trip two (2) days or more before Your Scheduled Departure Date.

If You insure an amount less than Your total prepaid Trip costs that are subject to cancellation penalties or restrictions: 1) the maximum benefit for Trip Cancellation will be limited to the amount of coverage purchased; 2) the maximum benefit for Trip Interruption will be limited to: a) Silver Plan- the amount of coverage purchased; b) Gold Plan- 150% of the amount of coverage purchased; c) Platinum Plan- 200% of the amount of coverage purchased; and 3) there will be no coverage available under the Cancel For Any Reason Benefit (Platinum Plan only).

**Comparison of Coverage Features
 Silver, Gold and Platinum Plans**

Cancellation or Interruption due to:

Sickness, Injury or Death

A Pre-Existing Medical Condition

Cessation of Services of a Common Carrier due to an unannounced strike or bad weather (24 Hours or more)

Your residence, destination or workplace made uninhabitable by fire, flood or natural disaster

Involuntary termination of your employment

Permanent transfer of employment

Being hijacked, quarantined or called to jury duty

A Terrorist Incident

Revocation of previously granted military leave (not due to war)

Bankruptcy or Default of a travel supplier

Trip Delay Due to:

Sickness or Injury

Common Carrier delay; quarantine, hijacking, strike, natural disaster, civil commotion or riot; lost or stolen passports or travel documents

Emergency Medical Expense / Emergency Medical Evacuation:

Covers Pre-Existing Medical Conditions

Medical Evacuation to your hospital of choice

Covers airfare cost for one visitor from home if you are hospitalized during your trip

One Call 24 Hour Assistance Services:

Medical and Legal Assistance Services

Concierge and Business Assistance Services

	Silver Plan	Gold Plan	Platinum Plan
See Description of Coverage for complete details of the Plans			
	Yes	Yes	Yes
	No	Yes*	Yes*
	Yes	Yes	Yes
Residence only	Residence & Destination	Yes	Yes
Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes
No	Yes	Yes	Yes
No	Yes	Yes	Yes
No	Yes	Yes	Yes
	\$100 Per Day	\$150 Per Day	\$200 Per Day
Yes	Yes	Yes	Yes
No	Yes*	Yes*	Yes*
No	Yes	Yes	Yes
Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes

* Provided Plan is purchased within 15 days of initial trip deposit date

EXPLORER Series
 Protecting Your Travel Experience

Travel Protection Plans
 Enrollment Brochure



For Customer Service, Call
 1-888-885-7233



Coverage for Supplier Bankruptcy or Default and Pre-Existing Conditions

Bankruptcy or Default - benefits are available (Gold and Platinum Plans Only) due to Bankruptcy or Default, as defined, of any airline, cruise line or travel supplier occurring more than 14 days after Your benefit effective date, provided You have purchased the plan within 15 days of the date of Your initial trip deposit.

Pre-Existing Condition Coverage this policy exclusion is waived (under the Gold and Platinum Plans only) provided You have purchased the plan within 15 days of the date of Your initial trip deposit and You insured the full prepaid and non-refundable costs of Travel Arrangements for Your trip.

What is a Pre-Existing Condition?

"Pre-Existing Condition" means an illness, disease, or other condition during the 60 day period immediately prior to the Effective Date for which You, Your Traveling Companion or Family Member booked to travel with You: 1) exhibited symptoms which would have caused one to seek care or treatment; or 2) received or received a recommendation for a test, examination, or medical treatment or 3) took or received a prescribed for drugs or medicine. Item (3) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60 day period before the Effective Date.

Platinum Plan Extra! **Cancel For Any Reason**

With the Platinum Plan, If purchased within 15 days of original deposit, our Cancel For Any Reason Benefit allows You to cancel your Trip for ANY reason not otherwise covered by the policy and be reimbursed for 75% of the prepaid, non-refundable cost of Travel Arrangements You paid for Your Trip. You must cancel Your Trip two (2) days or more before Your Scheduled Trip Departure Date.

Of course, if You need to cancel Your Trip for a covered reason within policy provisions, You will be reimbursed for up to 100% of the Insured Trip Cost under the Trip Cancellation Benefit.

Rate Schedule

Trip Cost
\$0
\$1 to \$500
\$501 to \$1,000
\$1,001 to \$1,500
\$1,501 to \$2,000
\$2,001 to \$2,500
\$2,501 to \$3,000
\$3,001 to \$3,500
\$3,501 to \$4,000
\$4,001 to \$4,500
\$4,501 to \$5,000
\$5,001 to \$5,500
\$5,501 to \$6,000
\$6,001 to \$7,000
\$7,001 to \$8,000
\$8,001 to \$9,000
\$9,001 to \$10,000

Silver Plan Rates				
Rates Per Person By Age				
0-30	31-55	56-65	66-75	
\$28	\$36	\$44	\$60	
\$24	\$32	\$42	\$58	
\$34	\$43	\$62	\$94	
\$48	\$62	\$79	\$118	
\$64	\$77	\$109	\$168	
\$80	\$96	\$139	\$206	
\$93	\$118	\$168	\$253	
\$117	\$138	\$198	\$286	
\$128	\$154	\$230	\$318	
\$145	\$174	\$275	\$359	
\$170	\$198	\$309	\$408	
\$190	\$223	\$343	\$454	
\$202	\$241	\$371	\$488	
\$224	\$276	\$416	\$548	
\$262	\$301	\$472	\$624	
\$347	\$368	\$539	\$711	
\$375	\$410	\$670	\$885	

Gold Plan Rates						
Rates Per Person By Age						
0-30	31-55	56-65	66-75	76-80	81+	
\$35	\$45	\$55	\$75	\$100	\$150	
\$30	\$40	\$48	\$60	\$78	\$100	
\$42	\$54	\$66	\$104	\$124	\$152	
\$60	\$78	\$99	\$148	\$184	\$224	
\$80	\$96	\$136	\$210	\$248	\$300	
\$100	\$120	\$174	\$258	\$318	\$380	
\$116	\$148	\$210	\$316	\$380	\$464	
\$146	\$172	\$248	\$358	\$448	\$550	
\$160	\$192	\$288	\$398	\$510	\$625	
\$180	\$214	\$320	\$440	\$560	\$700	
\$200	\$240	\$348	\$498	\$624	\$775	
\$225	\$264	\$396	\$548	\$690	\$850	
\$248	\$280	\$440	\$610	\$748	\$925	
\$280	\$324	\$520	\$685	\$875	\$1,025	
\$328	\$376	\$590	\$780	\$995	\$1,125	
\$372	\$420	\$660	\$875	\$1,120	\$1,275	
\$414	\$468	\$748	\$980	\$1,275	\$1,399	

Platinum Plan Rates						
Rates Per Person By Age						
0-30	31-55	56-65	66-75	76-80	81+	
\$53	\$68	\$83	\$113	\$150	\$338	
\$45	\$60	\$72	\$90	\$117	\$225	
\$63	\$81	\$99	\$156	\$186	\$342	
\$90	\$117	\$149	\$222	\$276	\$504	
\$120	\$144	\$204	\$315	\$372	\$675	
\$150	\$180	\$261	\$387	\$477	\$855	
\$174	\$222	\$315	\$474	\$570	\$1,044	
\$219	\$258	\$372	\$537	\$672	\$1,238	
\$240	\$288	\$432	\$597	\$765	\$1,406	
\$270	\$321	\$480	\$660	\$840	\$1,575	
\$300	\$360	\$522	\$747	\$936	\$1,744	
\$338	\$396	\$594	\$822	\$1,035	\$1,913	
\$372	\$420	\$660	\$915	\$1,122	\$2,081	
\$420	\$486	\$780	\$1,028	\$1,313	\$2,306	
\$492	\$564	\$885	\$1,170	\$1,493	\$2,531	
\$558	\$630	\$990	\$1,313	\$1,680	\$2,869	
\$621	\$702	\$1,122	\$1,470	\$1,913	\$3,148	

Questions? For Trips over 30 days or \$10,000, CALL TravelSafe at 888-885-7233

Optional Benefits Available With All Explorer Series Plans

Air Flight Accidental Death & Dismemberment	
Benefit Limit	Rate
\$100,000	\$10
\$250,000	\$25
\$500,000	\$50

Extended Personal Property Pac	
Benefit Limit	Rate
\$1,000	\$15

Covers Cell Phones, Laptops, Tablets & PDAs (a \$100 deductible applies) and Sports Equipment Rental.

Rental Car Damage (Collision Damage Waiver)	
Benefit Limit	Rate
\$35,000	\$7.00 Per Day

Enroll NOW!

Mail or Fax Your Enrollment and Payment, its easy!

Mail Enrollment Form
(Checks payable to TravelSafe*)
P.O. Box 7050, Wyomissing, PA 19610-6050
CALL TravelSafe
1-888-885-7233

Fax Enrollment Form
Include a copy of your completed and signed check marked "Check by Fax" to 1-800-303-6015. Do not mail original enrollment form or check.

* Payment by credit card is also accepted.

MAIL OR FAX ENROLLMENT FORM (Please Print)

Calculate Your Plan Cost: Rates are per person based upon your individual Trip Cost. Select Your Plan (Silver, Gold or Platinum) and then the rate from the correct column in the Rate Table and enter the amount in the Plan Cost column below. The rates for optional benefits are shown below the rate tables.

Pax	Enrollment Information	Select Plan:	<input type="checkbox"/> Silver	<input type="checkbox"/> Gold	<input type="checkbox"/> Platinum	Plan Cost
	Insured Name (First, Middle Initial, Last)	Gender	Age	Departure Date	Return Date	Trip Cost
#1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Optional Benefits

Air Flight Accidental Death & Dismemberment \$100,000 \$250,000 \$500,000

Extended Personal Property Pac - Pax #1 Pax #2 Pax #3 Pax #4 X \$15.00 Each =

Rental Car Damage - \$35,000 Benefit Amount # of Rental Days _____ X \$7.00 Per Day =

Enrollment Processing Fee (required) + \$ **8.00**

Total Cost for all Participants

Initial Trip Deposit Date ____ / ____ / ____

Travel Information

Indicate below the types of travel arrangements You are insuring:

Air - Airline _____

Cruise - Cruise Line _____

Travel Destination _____

Land - Travel Supplier _____

Other _____

Primary Traveler Name/Address

Last Name First Name Initial

Street Address

City State Zip Code

Home Phone (Include Area Code) Work Phone (Include Area Code)

Send Confirmation by: (Please select one.) E-Mail Fax Mail **Send To:** _____

Fax # with area code or e-mail address here if by fax or e-mail

Form of Payment: Check AMEX Discover MC Visa

Card # _____

Cardholder Name: _____ Validation Code* _____ Exp. Date ____ / ____

Address: _____

I authorize TravelSafe to charge my credit card for the total plan cost.

Signature: _____ Date ____ / ____ / ____

* You will find the validation code (last 3 digits) at the end of the signature strip on the back of Your card if using Discover, Mastercard or VISA. For American Express, the number (4 digits) is on the front of the card above and to the right of the card number.

Detach Here