



IMPORTANT DISCLOSURES

Travel insurance coverages are underwritten by: Generali U.S. Branch, New York, NY; NAIC # 11231. Generali US Branch operates under the following names: Generali Assicurazioni Generali S.P.A. (U.S. Branch) in California, Assicurazioni Generali – U.S. Branch in Colorado, Generali U.S. Branch DBA The General Insurance Company of Trieste & Venice in Oregon, and The General Insurance Company of Trieste and Venice – U.S. Branch in Virginia. Generali US Branch is admitted or licensed to do business in all states and the District of Columbia.

Travel Protection Plans are administered by Customized Services Administrators, Inc., (“CSA”) CA Lic. No. 821931, located in San Diego, CA and doing business as CSA Travel Protection and Insurance Services and Generali Global Assistance & Insurance Services.

Plans are only available to residents of the 50 United States and the District of Columbia, and may not be available in all jurisdictions. Plans are subject to certain terms, conditions and exclusions. Please read your policy carefully.

Benefits and services are described on a general basis; certain conditions and exclusions apply. The quoted price for the travel protection plan includes the travel insurance premium and a separate fee for non-insurance travel assistance services. You may obtain additional information about the terms and conditions of the travel insurance plan by reviewing the Policy/Certificate, and may obtain information on the pricing of the insurance and assistance services by emailing customerservice@us.generaliglobalassistance.com (<mailto:customerservice@us.generaliglobalassistance.com>) or calling 866-757-0010.

Travel Retailers may not be licensed to sell insurance in all states, and are not authorized to answer technical questions about the benefits, exclusions, and conditions of this insurance and cannot evaluate the adequacy of your existing insurance.

This Plan provides insurance coverage for your trip that applies only during the covered trip. You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms of this Plan with your existing life, health, home and automobile policies as well as through your credit card program(s). The purchase of this Plan is not required in order to purchase any other travel product or service offered to you by your travel retailers. Travel retailers receive payment from CSA related to the offer of travel insurance CSA markets travel insurance through the sales channels of independent third party sellers of non-insurance travel products and services. These third parties receive payment from CSA related to the offer of travel insurance. If you have any questions about your current coverage, call your insurer, insurance agent or broker. This notice provides general information on CSA's products and services only. The information contained herein is not part of an insurance policy and may not be used to modify any insurance policy that might be issued. In the event the actual policy forms are inconsistent with any information provided herein, the language of the policy forms shall govern.

For New York residents:

CSA is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

For Delaware Residents: The insurance coverage may duplicate existing coverages you may have. You may wish to compare the terms of this policy with your existing life, health, home and automobile policies, and other sources of protection.

For Maryland Residents: This insurance coverage may duplicate certain provisions of insurance coverage already provided by your homeowner's, renter's or similar coverages or insurances, and that the purchase of travel insurance would make travel insurance primary to any other duplicate or similar coverage.

RIGHT TO EXAMINE:

Your policy includes a Right to Examine provision that provides you with the right to cancel your policy and receive a full refund of premiums if cancelation is made within the time period set forth therein (“the **Free Look Period**”) and provided that no claim has been filed. Please review the terms and conditions of your policy to determine the number of days of your Free Look Period. After the Free Look Period ends, your premium will be non-refundable unless otherwise stated in your policy.

NOTICE AND CONSENT FOR ELECTRONIC TRANSACTIONS:

This Notice and Consent allows Us to conduct business with you through electronic means. By consenting to this Notice and Consent, you will be able to access information, submit requests, and sign and receive notices and other documents from Us electronically. For purposes of this Notice and Consent, “We,” “Us,” and “Our” means Generali U.S. Branch, Customized Services Administrators, Inc (“CSA”), and each and every affiliate of these entities.

By completing your purchase you acknowledge that you have read, understand, and agree to the terms of this Notice and Consent. You are not required to consent to the use of electronic transactions. If you do not wish to agree to do business electronically, you may contact Us via the contact methods set forth below.

Electronic Transactions and Effect of Consent. By agreeing to this Notice and Consent, We will communicate with you and make information and documents available to you by electronic means. The types of documents and communications covered by this Notice and Consent, include: each insurance policy form, certificate, endorsement or amendment, and all related documents including, but not limited to, notices, disclosures, declaration pages, claim forms and documents, applications, billing notices or statements, privacy notices, and any other record, document, or other information. Your consent also allows Us to rely on your electronic signature as your intent to be bound by any agreement, notice, or communication requiring your signature.

Paper Copies. Your consent to this Notice does not prohibit you from obtaining paper copies of the documents that We provide to you by electronic means. You may request paper copies at no additional charge by contacting Us via the contact methods set forth below.

Hardware and Software Requirements. In order to receive electronic communications from Us, you must have a connection to the internet and a currently supported version of an Internet browser; a valid and active email address; a supported version of a program that accurately reads and displays PDF files; and a computer and operating system capable of supporting all of the above. You will also need a printer if you wish to print out and

retain records on paper, and electronic storage if you wish to retain records in electronic form. If you cannot access our electronic communications, you must contact us immediately via the contact methods set forth below. We will give you notice of any changes We make to our electronic communication processes that might create a material risk that you would not be able to continue to receive or access electronic communications.

Withdrawal of Consent. Your consent to the terms of this Notice and Consent will remain effective until you withdraw it. You may withdraw your consent at any time by providing notice to Us via the contact methods set forth below.

Contact Information. You must keep Us informed of any changes to your email address and all other contact information by contacting us at the contact information below. You may contact Us as follows:

Email: consumerprivacy@us.generaliglobalassistance.com
(<mailto:consumerprivacy@us.generaliglobalassistance.com>)

Phone: 866-757-0010

Mail:

Attn: Customer Privacy Management Office
P.O. Box 939057
San Diego, CA 92193-9057

FRAUD WARNINGS:

For Residents of Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

For Residents of Alaska: A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

For Residents of Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Residents of Arkansas, Louisiana, Rhode Island, and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of California: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For Residents of Delaware: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

For Residents of the District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Idaho: Any person who knowingly, and with intent to deceive any insurance company, files a statement of claim containing a false, incomplete, or misleading information is guilty of a felon.

For Residents of Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

For Residents of Kansas: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

For residents of Kentucky and Utah: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For Residents of Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

For Residents of Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

For Residents of New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

For Residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Residents of New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For Residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For Residents of Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For Residents of Oregon: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which may be a crime.

For Residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

For Residents of Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or denial of insurance benefits.

For Residents of Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Residents of Any Other State: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of committing a fraudulent insurance act, which is a crime.

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