



# Trip Cancellation & Interruption

International Helpers (Guernsey) Trust (IHT) makes available to certain participants a Trip Cancellation package specifically designed for those travelling outside their home country. This plan is designed to protect the financial investment you have made in your mission trip in the event that you need to cancel or terminate it early. Gallagher Charitable International Insurance Services (GCIIS) can assist you in accessing this benefit. Lloyd's, London provides this cover to IHT.

## Schedule of Benefits

### Maximum benefit per participant

- Trip Cancellation/Interruption: \$10,000
- Travel Delay: \$500 (\$100 per day)
- Baggage Delay: \$100

## Right to Terminate Participation

If you are not satisfied for any reason, you may notify GCIIS and return the memorandum within ten days after receipt, provided you have not already departed on your trip or filed a claim. The participation fee will be refunded, less a processing fee. The cover will be null and void.

## Benefits

### Trip Cancellation/Interruption

Subject to the limitations stated below, we will pay for nonrefundable, unused payments and deposits, not to exceed the lesser of the total trip protection purchased, or the maximum benefit shown on the Schedule of Benefits, if your covered trip is cancelled or interrupted as a result of any one of the following events that occurs after your coverage is in effect and before such coverage terminates:

- 1. Emergency illness, injury or death to:**
  - » You;
  - » A family member;
  - » A business partner;
  - » A travel companion; or
  - » A travel companion's family member.

The emergency illness or injury must be so disabling as to reasonably cause a covered trip to be delayed, cancelled or

interrupted upon the written opinion of a treating physician. For trip cancellation benefits, an actual examination by a physician must take place before the cancellation is made. For trip interruption benefits, this examination must take place during the covered trip. If the emergency illness or injury occurs to a family member or travel companion's family member, that person must require your care or the care of a travel companion.

We will not pay for those unused payments or deposits that are non-refundable as a result of your failure to notify the travel supplier of the cancellation of a covered trip within ten days after the death of a family member, business partner, travel companion or travel companion's family member.

We will not pay this benefit if your illness, injury or death is a result of a pre-existing condition. This pre-existing condition exclusion is waived if coverage is purchased within 14 days from the date your initial deposit for the covered trip was paid to the travel supplier and all insureds are medically able to travel on the date coverage is purchased.

- 2. Financial default of a travel supplier** (other than the travel supplier from whom you purchased the covered Trip) which stops service more than 30 days after the date your coverage became effective. Financial default of a travel supplier before or on the date your coverage became effective or within 30 days after the date your coverage became effective is excluded. This coverage must be purchased within 14 days from the date of initial deposit for the covered trip.
- 3. A terrorist incident**, if you are scheduled to arrive at a destination within 30 days following the terrorist incident and the travel supplier is not offering a substitute itinerary. Travel to any destination for which travel warnings have been issued by the U.S. State Department at the time this coverage is purchased is excluded. Travel to any destination in which such a terrorist incident has occurred in the 180 days prior to the date this coverage was purchased is excluded.
- 4. Organized labor strike, natural disasters or bad weather** resulting in the complete cessation of services by a travel supplier for at least 24 consecutive hours.
- 5. You or a travel companion being hijacked or medically quarantined** by order of a governmental health authority.

6. You or a travel companion being **summoned to serve on a jury or served with a court order** issued after the date your coverage became effective, which mandates the appearance in court during the time period of the covered trip.
7. Your home or the home of a travel companion is made uninhabitable by **fire, windstorm, vandalism or flood**.
8. **A traffic accident** directly involving either you or a travel companion, substantiated by a police report, while en route to a scheduled departure point for the covered trip.
9. You or a travel companion is on **active military duty in the United States Armed Forces or is an active duty police officer or firefighter**, whose personal leave is revoked within 10 days before your departure date. Such revocation must be in writing by a superior officer and must not be due to a base or unit mobilization, unit or personal reassignment for any reason (whether temporary or permanent) or disciplinary action.
10. **Employer termination or your layoff**. You must have been employed with the same employer for at least one year, and you must have worked at least 30 hours per week, excluding time off for paid vacation and holidays, for the entire period of employment.

If your covered trip is interrupted due to any of the events listed above, we will reimburse you for a one-way economy airfare to return you to the starting point of your covered trip, less any amounts credited or refunded to you; except you will not be reimbursed if a family member or travel companion with whom you permanently reside suffers an illness, injury or death as a result of a pre-existing condition that is not waived.

### Travel Delay

Subject to the limitations listed below, we will pay up to the maximum benefit shown on the Schedule of Benefits for additional reasonable traveling expenses that are incurred by you on a covered trip because of a travel delay of at least eight hours, and are not otherwise paid by a travel supplier or common carrier. You must make every reasonable effort to avoid additional expenses. This benefit is payable for only one delay per covered trip. Travel delay must be caused by:

1. Travel supplier delay;
2. Lost or stolen passport, travel documents or money;
3. Medical quarantine;
4. Natural disaster; or
5. Injury or emergency illness of you or a travel companion.

Any benefit payable under this coverage will be reduced by all amounts credited or refunded to you by any other source.

### Baggage Delay

In the event your checked baggage is delayed by a common carrier on a covered trip for eight hours or more from the actual time of arrival at a destination, subject to the limitations stated below, we will reimburse costs you incurred up to the maximum benefit shown on the schedule of benefits for reasonable additional clothing and essential personal articles you purchased. Verification of the delay by the common carrier and receipts for the necessary purchases must accompany any claim. The following limitations will apply:

1. This benefit does not apply if baggage is delayed after you have reached your return destination.
2. We will cover only one baggage delay per covered trip.
3. This benefit is in excess of any reimbursable costs paid by a common carrier.

### Claim Provisions

To help facilitate prompt payment of claims, you should report all claims as soon as possible directly to:

Gallagher Charitable International Insurance Services  
P.O. Box 2860  
Greenville, SC 29602  
Phone: 800.922.8438 | Fax: 803.252.1988  
gcclaims@ajg.com

Written notice of claim must be given to us within 30 days after a covered injury, illness or loss occurs or begins. If such notice cannot be given during such time, then it must be done as soon as reasonably possible. The notice must include the claimant's name, your name and the confirmation number.

### Insurance Provisions

#### Eligibility and Effective Date

Subject to our acceptance of your enrollment and payment of the participation fee in full, coverage for all benefits except trip cancellation will begin on the departure date. The trip cancellation benefit will begin at 12:01 AM on the day after your enrollment date.

#### Termination Date

All coverage for a covered trip ends on the earliest of:

1. Arrival at your return destination;
2. The return date; or
3. Cancellation of your covered trip.



## Exclusions

We will not pay for any illness, injury or loss caused by or as a result of:

1. A pre-existing condition, except as waived by us under the terms of the policy.
2. War or any act of war (whether declared or undeclared), civil disturbance, riot or insurrection.
3. Serving in one of the armed forces of any country or international authority.
4. Operating, learning to operate, piloting or riding in or on any aircraft or flying device, other than riding as a passenger in a licensed commercial aircraft.
5. Suicide or attempted suicide, while sane; intentionally self-inflicted Injury or Illness.
6. Being under the influence of any intoxicant, drug or narcotic unless prescribed by a physician.
7. Training, practicing or participating in any motor sport or motor racing.
8. Parachuting, hang gliding, parasailing, hot air ballooning, scuba diving below 135 feet or any type of scuba diving without the proper diving training and certification from a professional organization, rock or mountain climbing or hunting.
9. Pregnancy or childbirth when you are expected to give birth within two months from the date of a covered trip or an elective abortion.
10. Traveling against the advice of a physician, traveling while on a waiting list for inpatient hospital or clinic treatment or traveling for the purpose of obtaining medical treatment abroad.
11. Taking part in any scheduled athletic event or competition.
12. Any emotional, psychological, mental or nervous disorder.
13. Any potentially fatal condition which was diagnosed before the date your coverage became effective or any condition for which you are traveling to seek treatment.
14. Dental treatment due to normal wear and tear or the normal maintenance of dental health.



Arthur J. Gallagher & Co.

### Gallagher Charitable International Insurance Services

P.O. Box 2860  
Greenville, SC 29602  
800.922.8438  
803.252.1988 fax

[gallaghercharitable@ajg.com](mailto:gallaghercharitable@ajg.com)

[www.TravelwithGallagher.com](http://www.TravelwithGallagher.com)



# Trip Cancellation and Interruption

1. Complete this form.
2. If paying by check, please make payable to GCIIS.
3. Mail or fax completed form to:  
**Gallagher Charitable International Insurance Services**  
 P.O. Box 2860 | Greenville, SC 29602  
 Fax: 803.252.1988

Office Use Only	
APPROVED GCIIS STAFF:	_____
CONFIRMATION NUMBER:	_____
DATE:	_____

4. Once GCIIS has reviewed and approved this form, we will email it back to you with a confirmation number.

By checking the box to the left and submitting this form, you are agreeing to participate in the International Helpers (Guernsey) Trust. As a declared member of the Trust, you have the benefits of Trip Cancellation & Interruption cover per Policy Number PUSNA1500947 issued to the Trust.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Trip Departure Date: \_\_\_\_\_ Trip Return Date: \_\_\_\_\_

Destination Country: \_\_\_\_\_

## TRAVELERS

If there are more than five travelers, please attach a separate sheet with their names, dates of birth, and Trip Costs (optional). The cost is \$5.20 per person/per day.

Name: _____	Date of Birth: _____	Trip Cost: \$: _____
Name: _____	Date of Birth: _____	Trip Cost: \$: _____
Name: _____	Date of Birth: _____	Trip Cost: \$: _____
Name: _____	Date of Birth: _____	Trip Cost: \$: _____
Name: _____	Date of Birth: _____	Trip Cost: \$: _____

## FEE CALCULATION

(Please include the departure and return date when computing travel days)

$$\frac{\text{Number of travelers}}{\text{Number of travelers}} \times \frac{\text{Number of travel days}}{\text{Number of travel days}} \times \frac{\$5.20}{\text{Fee per person/per day}} = \frac{\text{Total Fee}}{\text{Total Fee}}$$

## PAYMENT INFORMATION

### Payment Method:

- I will send a check with this form to the mailing address above.
- I will pay by credit card. *(Please note that credit card payments incur a 3% handling fee.)*

### To pay by credit card:

1. Wait until you receive a confirmation email from GCIIS.
2. Go to our Online Payments page:  
[https://www.aaintl.com/form\\_payments.cfm](https://www.aaintl.com/form_payments.cfm).
3. Complete the applicable fields on the Online Payments page.
  - For Policy Type, select "Trip Cancellation."
  - For Policy Number, enter "Trip Cancellation."
  - For Invoice or Enrollment Number, enter the Confirmation number given to you on the email confirmation you receive from us.

**Gallagher Charitable International Insurance Services**  
 P.O. Box 2860  
 Greenville, SC 29602  
 800.922.8438  
 803.252.1988 fax  
 gallaghercharitable@ajg.com  
 www.TravelwithGallagher.com

Gallagher Charitable