



# A Plan of Insurance designed for **2017 Au Pair in America**

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905-1322

This plan is underwritten by ACE American Insurance Company

**Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with Au Pair in America under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.**

**Schedule of Benefits** **Policy # GLM N04965231**  
**Coverage and Services** **Maximum Limits**

• Basic Medical Expenses	\$2,500 at 80% \$97,500 at 100%
• Deductible (per Occurrence)	\$50
• Emergency Room (ER Sickness Only*) Deductible	\$500
<i>*The Emergency Room Deductible will be waived if the Insured Person is admitted to the Hospital as an inpatient or if the Sickness is life threatening. Life threatening means the Sickness will likely cause the death of the Insured Person.</i>	
• Chiropractic Care & Therapeutic Services	
Outpatient Limit	Maximum of \$50/visit Maximum of 10 visits \$500 overall maximum
• Physiotherapy	Maximum of \$100/session Maximum of 15 sessions \$1,500 overall maximum
• Emergency Dental	Not Covered
• Accidental Death & Dismemberment	\$3,000
• Emergency Medical Evacuation	\$100,000
• Repatriation/Return of Mortal Remains	\$50,000
• Emergency Medical Reunion (incl. hotel/meals, max \$75/day) up to	\$2,000
• Trip Interruption	\$2,000
• Team Assist Package	Included
• Team Assist ID #	GLM N04965231

**Travel & Sports Package (in addition to Basic)**

- Additional Month of Coverage
- Coverage for Sports Related Injuries

**Medical Upgrade (in addition to Basic) Maximum Limits**

• Additional Medical Expense (per Accident or Sickness)	\$400,000
• Deductible (per occurrence) Reduced to	zero
• Emergency Dental	\$500
• Physiotherapy	Covered under basic Medical Expenses

**Sports Insurance -**

Only if elected and required premium is paid, Coverage for Sports related injuries are treated as any other covered Injury or Sickness. Complete list of Sports covered under this benefit can be found on page 2.

**Coverage is afforded to Au Pair in America participants for the duration of their first 364 days on the program. Conditions treated in your first 364 days of coverage do not have benefits payable thereafter. Please contact CISI or Au Pair in America directly if you have questions about further coverage.**

**Period of Coverage**

Au Pair in America provides a basic plan to all program participants, sponsored by the American Institute for Foreign Study. The basic plan provides medical coverage and an accidental death and dismemberment benefit during your 364 day stay as an au pair in the United States.

The Travel & Sports Package and Medical Upgrade options are available for purchase prior to your entry into the U.S. However, your purchased levels are not permitted to be altered following your arrival. They offer increased medical benefits (beyond the basic plan provided to all participants) and medical coverage during your final month of travel in the United States, as well as the lower deductible on your medical claims, depending on what package is purchased. You can also purchase a combination of both packages.

The Sports Insurance is sold as part of the Travel & Sports Package. It can be purchased separately once in the U.S. and coverage will only be available after a waiting period of 48 hours.

The effective date of your medical coverage is the date you depart your domicile immediately prior to becoming a participant in the program. Your coverage terminates when the first of the following occurs:

- expiration of the term of coverage
- termination of program participation
- direct return to your Home Country after your trip as a participant.

**Section I – Description of Coverage**

If an Insured Person incurs expenses while insured under the Policy due to an Injury or Sickness, We will pay the Usual, Customary and Reasonable Expenses for any Medically Necessary Covered Medical Expenses listed below. All Covered Medical Expenses incurred as a result of the same or related cause, including any complications, shall be considered as resulting from one Sickness or Injury. The amount payable for any one Injury or Sickness will not exceed the Maximum Benefit Limit of \$100,000 for the Basic Plan and \$500,000 for Upgrade Medical Plan. Benefits are subject to the Deductible Amount and Coinsurance Percentages, specified benefits set forth under Covered Medical Expenses, the limitations appearing under Limitations on Covered Medical Expenses, the Exclusions, and the Pre-existing Condition Limitation and to all other limitations and provisions of the Policy.

**Basic Plan:** This is the base plan provided through Au Pair in America and provides \$100,000 of medical benefits per Covered Accident or Sickness. For specific limitations and exclusions, please see Covered Medical Expenses and Exclusions section of the policy brochure. The plan carries a \$50 per occurrence deductible. There is a 20% Coinsurance for the first \$2,500 per policy period.

**Travel & Sports Package Plan:** In addition to basic coverage provided by Au Pair in America, prior to your arrival in the United States you may purchase the optional "Travel & Sports Package" insurance upgrade for an additional fee. This will provide the Basic Plan Coverage for an additional travel month if the insured stays in the United States. The Basic Plan coverage

expires at the end of the Insured's 12th month. This also covers injuries sustained while playing certain Sports as listed on page 3 of this brochure.

**Medical Upgrade Plan:** In addition to basic coverage provided by Au Pair in America, prior to your arrival in the United States you may purchase the optional "Medical Upgrade Package" insurance package for an additional fee. This will reduce your per occurrence deductible from \$50 to zero, carries no Coinsurance and increase your maximum benefit from \$100,000 to \$500,000 for Usual, Customary and Reasonable (UCR) medical expenses incurred per covered Injury or Sickness.

### **Covered Accident and Sickness Medical Expenses**

*Only such expenses, incurred as the result of a covered Accident or Sickness, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:*

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis and treatment by a Doctor.
- Charges for surgery unless such surgery is determined to be non-emergent. If surgery is determined to be non-emergent, the cost of the round trip flight will be covered for you to go back to your Home Country or country of permanent residence to have the surgery performed at your own expense. If you choose to stay in the U.S. and have your surgery, charges will be covered up to the cost of what the roundtrip ticket to your Home Country or country of permanent residence would have been.
- There is a limited overall maximum benefit amount for expenses arising from the following conditions: tumor or related conditions, stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, cholelithitis, embolism of any kind, endometriosis, aneurysm, any condition of the breast; any treatment of all forms of cancer/neoplasm; any condition of the prostate; disorders of the reproductive system, hysterectomy; gallstones or urologic stones (kidney, ureteral, bladder or urethral stones and any associated complications); **covered eligible expenses relating to these conditions, including any and all direct or indirect complications arising from these conditions are payable only to an overall maximum of \$20,000 on the Basic plan only.**
- Chiropractic care and Therapeutic Services shall be limited to a total of \$50 per visit, excluding X-ray and evaluation charges, with a maximum of 10 visits per Injury or Sickness. Overall maximum coverage per Injury or Sickness is \$500.
- Physiotherapy shall be limited to a total of \$100 per session, excluding X-ray and evaluation charges, with a maximum of 15 session per Injury or Sickness. Overall maximum coverage per Injury or Sickness is \$1,500.  
**The Medical Upgrade plan covers Physiotherapy under Basic Medical Expense with no per session limitation.**
- Charges made for an operating room.
- Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory surgical centers, Doctors' Outpatient visits/examinations, clinic care, and surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or Surgeon.
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
- Local Transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only.

- Accidental dental charges for emergency dental repair or replacement to natural teeth damaged as a result of a covered Injury including expenses incurred for services or medications prescribed, performed or ordered by dentist.
- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to \$500. **This benefit is covered under the Medical Upgrade plan only. Basic Medical plan does not cover Palliative Dental.**
- Diagnosis or treatment of sexually transmitted diseases are limited to \$500.

### **Accidental Death and Dismemberment Benefit**

**Accidental Death Benefit.** If Injury to the Insured Person results in death within 365 days of the date of the Covered Accident that caused the Injury, We will pay 100% of the Maximum Amount.

**Accidental Dismemberment Benefit.** If Injury to the Insured Person results, within 365 days of the date of the Covered Accident that caused the Injury, in any one of the Losses specified below, We will pay the percentage of the Maximum Amount shown below for that Loss:

<b>For Loss of:</b>	<b>Percentage of Maximum Amount</b>
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"Loss of a Hand or Foot" means complete severance through or above the wrist or ankle joint. "Loss of Sight of an Eye" means total and irrecoverable loss of the entire sight in that eye. "Loss of Hearing in an Ear" means total and irrecoverable loss of the entire ability to hear in that ear. "Loss of Speech" means total and irrecoverable loss of the entire ability to speak. "Loss of Thumb and Index Finger" means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid. Maximum aggregate benefit per occurrence is \$1,000,000.

### **Emergency Reunion Benefit**

When an Insured Person is hospitalized for more than 7 consecutive days, We will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized. The benefits reimbursable will include:

- The cost of a round trip economy airfare and their hotel and meals up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Reunion.

### **Sports Insurance**

Only if elected and required premium is paid, Coverage for Sports related injuries are treated as any other covered Injury or Sickness. The following is a complete list of Sports covered under this benefit:

Cross Country Skiing, Dog Sledding, Endurance Horse Riding, Figure Skating, Football, Freestyle Skiing, Glacier Skiing, Gymkhana, HeliSkiing, Hurling, Ice Hockey, Ice Skating, Kitesailing, Kitesurfing, Land Luge, Luge, Monoskiing, Mountainboarding, Mounted Orienteering, Nordic Skiing, Parachuting, (solo or tandem but not base jumping) Paragliding (over land), Parapenting (overland), Power Kiting, Rock Climbing (organized tours only), Rollerblading, Rugby Union/League, Sandboarding, Scuba Diving to 40 meters(PADI or equivalent Qualified or under Supervision), Shinty, Show Jumping, Skateboarding, Skeleton, Ski Acrobatics, Ski Stunting, Ski Training/Racing, Ski Bob, Ski Doos (supervised), Skiing, Skydiving, Snow Biking, Snowboarding, Snowmobiles (supervised), Snowshoeing,

Snowsurfing, Soaring, Speed Skating Tobogganing, Vaulting, Wakeboarding, Watercross, Winter Triathlon, Zip Line.

### **Trip Interruption Benefit**

In the event of death or life threatening Accident or Sickness of an Insured Person's Family Member requiring the return home after arriving for the program placement We will reimburse the round-trip airfare from the host country to the Home Country point of departure and back to the host country. For the purpose of this benefit, life-threatening means the Sickness or Injury could result in death as determined by a Doctor.

Prior notification must be provided to Our appointed Assistance Company and flight arrangements must be made through the Administrator.

### **Exclusions**

***For benefits listed under Accidental Death and Dismemberment, this insurance does not cover:***

- Intentionally self-inflicted Injury; suicide or attempted suicide. (Applicable to Accidental Death and Dismemberment benefits only)
- Disease of any kind.
- Bacterial infections except pyogenic infections which occur from an accidental cut or wound.
- Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- War or any act of war, whether declared or not.
- Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony.

***In addition, we will not pay Medical Expense Benefits for any loss, treatment, or services resulting from or contributed by:***

- We will not pay benefits for a Pre-existing Condition unless the Insured Person: 1) has not received treatment, care, diagnosis, or advice, or symptoms were not manifested for 12 consecutive months while covered by the Policy; or 2) has been covered by the Policy for more than 12 consecutive months; or 3) For the Emergency Medical Evacuation and Repatriation/Return of Mortal Remains benefits.
- Charges for treatment which is not Medically Necessary.
- Charges for treatment which exceed Reasonable and Customary charges.
- Charges incurred for surgery or treatments which are, Experimental/Investigational, or for research purposes.
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.
- War or any act of war.
- Injury sustained while participating in professional athletics.
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Doctor.
- Treatment of the Temporomandibular joint (TMJ).
- Vocational, speech, recreational or music therapy.
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- The refusal of a Doctor or Hospital to make all medical reports and records available to Us which will cause an otherwise valid claim to be denied.
- Cosmetic or plastic surgery, except as the result of a covered Accident; for the purposes of the Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids.

- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an Injury incurred while insured hereunder.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- The cost of the Insured Person's unused airline ticket for the transportation back to the Insured Person's Home Country, or permanent residence, where an Emergency Medical Evacuation or Repatriation of Remains benefit is provided.
- Expenses as a result or in connection with the commission of a felony offense.
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing.
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits.
- Injuries for which benefits are payable under any automobile insurance policy.
- Routine Dental Treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis or treatment of acne.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- Expenses incurred within the Insured Person's Home Country or country of Permanent Residence, unless otherwise covered under this Policy.
- Any Mental and Nervous disorders or rest cures, unless otherwise covered under this Policy (including eating disorders such as anorexia and bulimia).
- Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
- Alcohol, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor.
- Injury or Sickness sustained while under the influence of or Disablement due to wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Doctor for a condition which is covered hereunder.
- Expenses as a result or in connection with intentionally self-inflicted Injury or Sickness.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.
- Non-medical expenses such as telephone charges, local transportation expenses and items of personal nature.

*This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.*

### **Subrogation**

To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss to the extent permitted by law. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.

## Definitions

**Coinsurance** means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in the *Schedule of Benefits*, under each stated benefit.

**Company** shall be ACE American Insurance Company.

**Covered Accident** means an event, independent of Sickness or self-inflicted means, which is the direct cause of bodily Injury to an Insured Person.

**Covered Expenses** means expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy, and that do not exceed the maximum limits shown in the *Schedule of Benefits*, under each stated benefit.

**Deductible** means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by Us. The Deductible amount is stated in the *Schedule of Benefits*, under each stated benefit.

**Disablement** as used with respect to medical expenses shall mean a Sickness or an Accidental bodily Injury necessitating medical treatment by a Doctor as defined in the Policy.

**Doctor** as used in this Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed.

**Effective Date** means the date the Insured Person's coverage under the Policy begins. An Eligible Person will be insured on the latest of: 1) the Policy Effective Date; 2) the date he or she is eligible, provided the required premium is paid.

**Elective Surgery or Elective Treatment** means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured Person's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct injuries suffered in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, and learning disabilities.

**Eligible Benefits** means benefits payable by Us to reimburse expenses that are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy; and which do not exceed the maximum limits shown in the *Schedule of Benefits* under each stated benefit.

**Emergency** means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

**Family Member** means a spouse, Domestic Partner, parent, grandparent, sibling or child of the Insured Person.

**Home Country** means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment or the United States.

**Hospital** as used in this Policy means, except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

**Injury** means accidental bodily harm sustained by an Insured Person that results directly and independently from all other causes from a Covered Accident. All

injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

**Insured Person(s)** means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application if any and for whom We have accepted premium.

**Medically Necessary or Medical Necessity** means health care services that a Doctor, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating a Sickness or an Injury, or its symptoms, and that are: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate, in terms of type, frequency, extent, site, and duration and considered effective for the patient's Sickness or Injury, and (c) not primarily for the convenience of the patient, physician, or other health care provider and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's Sickness or Injury. "Generally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or otherwise consistent with the standards set forth in policy issues involving clinical judgment.

**Mental and Nervous Disorder** means a Sickness that is a mental, emotional or behavioral disorder.

**Permanent Residence** means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

**Pre-Existing Condition** means an illness, disease, or other condition of the Insured Person within 365 days prior to the Insured Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

**Reasonable and Customary** means the maximum amount that We determine is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. Our determination considers: 1) amounts charged by other service providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Sickness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors We determine are relevant, including but not limited to, a resource based relative value scale.

**Relative** means spouse, Domestic Partner, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

**Sickness** wherever used in this Policy means illness or disease of any kind contracted and commencing after the Effective Date of this Policy and covered by this Policy.

**Termination of Insurance** means the Insured Person's coverage will end on the earliest of the following date: 1) the Policy terminates; 2) the Insured Person is no longer eligible; 3) of the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured Person; or 4) the period ends for which premium is paid.

Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

**We, Our, Us** means the insurance company underwriting this insurance.

### ***IMPORTANT NOTICE***

This policy provides travel insurance benefits for individuals traveling outside of their Home Country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to [www.HealthCare.gov](http://www.HealthCare.gov)

This information provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered under form number AH-15090. Complete details may be found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

### **Cultural Insurance Services International (CISI)**

1 High Ridge Park | Stamford, CT 06905

**Phone:** 203-399-5130 | **Fax:** 203-399-5596

[claimhelp@mycisi.com](mailto:claimhelp@mycisi.com) • [www.culturalinsurance.com](http://www.culturalinsurance.com)