World Class Coverage Plan
designed for

Plymouth State University
Study Abroad Programs

Effective 04/01/2017-03/31/2018

All school sponsored educational programs within a 12 month period. Coverage for any Covered Person shall not begin prior to the effective date listed above or exceed 10 months.

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905
The policy is underwritten by Arch Insurance Company, a Missouri Corporation (NAIC # 11150)
Executive offices are located at One Liberty Plaza, New York, NY 10006
Coverage is subject to actual policy language.

Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this summary of coverage. Complete provisions pertaining to this insurance are contained in the policy. In the event of any conflict between this summary of coverage and the policy, the policy will govern. The policy does not meet the requirements of the Affordable Care Act.

<table>
<thead>
<tr>
<th>Coverage and Services</th>
<th>Maximum Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Accidental Death and Dismemberment Per Insured</td>
<td>$10,000</td>
</tr>
<tr>
<td>• Medical expenses (per Accident or Sickness):</td>
<td></td>
</tr>
<tr>
<td>- Deductible</td>
<td>zero</td>
</tr>
<tr>
<td>- Basic Medical</td>
<td>$100,000 at 100%</td>
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<tr>
<td>• Home Country Benefit</td>
<td>up to $5,000</td>
</tr>
<tr>
<td>• Extension of Benefits</td>
<td>30 days</td>
</tr>
<tr>
<td>• Emergency Medical Reunion (incl. hotel/meals, max $200/day) up to $2,000</td>
<td></td>
</tr>
<tr>
<td>• Trip Delay Quarantine Benefit</td>
<td>up to $2,500, $100 per day</td>
</tr>
<tr>
<td>• Baggage and Personal Effects ($50 deductible, $100 per article) $200 max</td>
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<tr>
<td>• Team Assist Plan (TAP): 24/7 medical, travel, technical assistance</td>
<td></td>
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<tr>
<td>• Emergency Medical Evacuation/Repatriation</td>
<td>$100,000</td>
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<tr>
<td>• Return of Mortal Remains</td>
<td>$50,000</td>
</tr>
<tr>
<td>• Security Evacuation Rider (Comprehensive)</td>
<td>$100,000</td>
</tr>
</tbody>
</table>

The Insured Person must remain continuously insured under the Policy for the duration of the treatment.
The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

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, the Company 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, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

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

“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. Only one benefit, the largest to which you are entitled, is payable for all losses resulting from the same accident. Maximum aggregate benefit per occurrence is $1,000,000.

**Accident and Sickness Medical Expenses**

The Company will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the Schedule of Benefits. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily Injuries sustained in any one Covered Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising therefrom), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

Treatment of a specific Disablement and administered by a licensed medical practitioner. Injuries sustained while the Insured Person is riding as a pilot, student pilot, service in the military, naval or air service of any country, suicide or attempt thereof by the Insured Person, while sane or self-destructive, or any attempt thereof by the Insured Person, while insane.

Nervous or Mental Disorders: are payable, a) up to $1,000 for outpatient treatment; or b) up to $5,000 on an inpatient basis. The Company shall not be liable for more than one such inpatient or outpatient occurrence per lifetime under the Policy with respect to any one Insured.

Expenses incurred within an Insured Person's Home Country during incidental return trips to his/her Home Country up to the maximum shown on the Schedule of Benefits.

**Extension of Benefits**

Those Covered Expenses that are incurred inside the Insured Person's Home Country related to an Illness or Injury which occurred outside the Insured Person's Home Country and during the period of coverage shall be paid. Covered Expenses described above which are incurred in the Insured Person's Home Country are limited to the maximum stated in the Schedule of Benefits. Extension of Benefits. Benefits incurred in an Insured's Home Country will be administered on a secondary basis.

**Emergency Medical Reunion**

When an Insured Person is hospitalized for more than 6 days, the Company will arrange and pay for round-trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized and return to the current Home Country. Coverage is also provided immediately (up to 10 days) following a felonious assault (i.e., theft or rape) for victims needing the support of a family member or friend. The benefits payable 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. All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by the Assistance Company.

**Trip Delay – Quarantine**

The Company will reimburse the Insured Person for Covered Expenses on a one-time basis, up to the maximum shown in the Schedule of Benefits, if the Insured Person is delayed en route to or from the trip for twelve hours (12) or more hours due to quarantine.

Covered Expenses Include: Meals, lodging, and traveling expenses limited to the amount shown on the Schedule of Benefits. Incurred expenses must be accompanied by receipts.

**Baggage & Personal Effects**

The Company will reimburse the Insured Person, up to the amount stated in the Schedule of Benefits, Baggage and Personal Effects, for theft or damage to baggage and personal effects, checked with a Common Carrier, provided the Insured Person has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured Person at all times. There will be a per article limit as shown on the Schedule of Benefits. The Company will pay the lesser of the following:

a) The actual cash value (cost less proper deduction for depreciation at the time of loss, theft or damage);

b) The cost to repair or replace the article with material of a like kind and quality;

C) Per article as stated on the Schedule of Benefits.

**Exclusions**

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

- Disease of any kind; Sickness of any kind.

- Suicide or attempt thereof by the Insured Person, while sane or self-destruction or any attempt thereof by the Insured Person, while insane.

- Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound.

- Service in the military, naval or air service of any country.

- While riding or driving in any kind of competition.

- 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.
• Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.

• Injury sustained while the Insured Person is riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft.

• Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation.

For all other benefits, the Insurance does not cover:

• Pre-existing Conditions, except as defined in the policy (this exclusion does not apply to Emergency Medical Evacuation and Return of Mortal Remains).

Note: The policy does pay benefits to a maximum of $500 for loss due to a Pre-existing Condition.

• Injury or Illness claim which is not presented to the Company for payment within 12 months of receiving treatment.

• 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 Physician.

• Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.

• Injury sustained while participating in professional athletics.

• Injury sustained while participating in Amateur or Interscholastic 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 Physician, unless otherwise covered under the policy.

• Treatment of the Temporomandibular joint.

• 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.

• Travel arrangements that were neither coordinated by nor approved by the Assistance Company in advance, unless otherwise specified.

• 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 Accidental bodily Injury incurred while insured hereunder.

• Treatment for any Mental and Nervous Disorders except as provided in the policy.

• Congenital abnormalities and conditions arising out of or resulting there from.

• 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 other individual or group policy (including no-fault automobile) or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.

• Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under the Policy.

• Routine Dental Treatment.

• Drug, treatment or procedure that either promotes or prevents conception, or prevents 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 or bone marrow transplants and their related treatment.

• Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under the Policy.

• Weak, strained or flat feet, corns, calluses, or toenails.

• Diagnosis and treatment of acne.

• Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy.

• Weight reduction programs or the surgical treatment of obesity.

• Covered Expenses incurred for which the trip to the host country was undertaken to seek medical treatment for a condition.

Subrogation
To the extent the Company pays for a loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured 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’s rights, the Insured must sign an appropriate subrogation form supplied by the Company.

Definitions
Accident or Accidental means an event, independent of Illness or self-inflicted means, which is the direct cause of bodily Injury to an Insured Person.

Assistance Company means the service provider with which the Company has contracted to coordinate and deliver Emergency travel assistance, medical evacuation, and repatriation.

Benefit Period means the allowable time period the Insured Person has from the date of Injury or onset of Illness to receive Treatment for a covered Injury or Illness. If the Insured Person’s plan terminates during the Benefit Period, the Insured Person will still be eligible to receive Treatment so long as the Treatment is within the Benefit Period and outside the Insured Person’s Home Country.

Common Carrier means any land, sea, and/or air conveyance operating under a valid license for the transportation of passenger for hire.

Company shall be Arch Insurance Company.

Covered Expenses means expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under the Policy; and which 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 the Company. The Deductible amount is stated in the Schedule of Benefits, under each stated benefit.

Disability means an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician as defined in the policy.

Effective Date means the date the Insured Person’s coverage under the Policy begins. The Effective Date of the Policy is the later of the following: 1) The Date the Company receives a completed Application and premium for the
Policy Period; or 2) The Effective Date requested on the Application; or 3) The Date the Company approves the Application.

**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'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 a covered Accident.

**Experimental/Investigational** means all services or supplies associated with: 1) Treatment or diagnostic evaluation which is not generally and widely accepted in practice of medicine in the United States of America or which does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States. For the Treatment or diagnostic evaluation to be considered effective such articles should indicate that it is more effective than others available; or if less effective than other available Treatments or diagnostic evaluations, is safer or less costly; 2) A drug which does not have FDA marketing approval; 3) A medical device which does not have FDA marketing approval; or has FDA approval under 21 CFR 807.81, but does not have evidence of effectiveness for the proposed use documented in peer reviewed articles in medical journals published in the United States. For the device to be considered effective, such articles should indicate that it is more effective than other available devices for the proposed use; or if less effective than other available devices, or is safer or less costly. The company will make the final determination as to whether a service or supply is Experimental/Investigational.

**Family Member** means a spouse, parent, 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.

**Hospital** as used in the Policy means a place that 1) is legally operated for the purpose of providing medical care and Treatment to sick or injured persons for which a charge is made that the Insured is legally obligated to pay in the absence of insurance; 2) provides such care and Treatment in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use; 3) provides 24-hour nursing service under the supervision of a Registered Nurse at all times; and 4) operates under the supervision of a staff of one or more Doctors. Hospital also means a place that is accredited as a hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Health Care Organizations (JCAHO). Hospital does not mean: a convalescent, nursing, or rest home or facility, or a home for the aged; a place mainly providing custodial, educational, or rehabilitative care; or a facility mainly used for the Treatment of drug addicts or alcoholics.

**Illness** wherever used in the Policy means sickness or disease of any kind contracted and commencing after the Effective Date of the Policy.

**Injury** wherever used in the Policy means accidental bodily injury or injuries caused by an accident. The Injury must be the direct cause of the loss, independent of disease, bodily infirmity or other causes. Any loss due to Injury must begin after the Effective Date of the policy.

**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 and for whom the company has accepted premium. This may be the Insured Person or Dependent(s).

**Medically Necessary or Medical Necessity** means services and supplies received while insured that are determined by the Company to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; 2) within the standards of the organized medical community deems good medical practice for the Insured Person's condition; 3) not provided solely for educational purposes or primarily for the convenience of the Insured Person, the Insured Person's Physician or another Service Provider or person; 4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services the Insured Person is receiving or the severity of the Insured Person's condition, in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such Treatment Medically Necessary or make the charge of a Covered Expense under the Policy.

**Mental and Nervous Disorder** means any condition or disease listed in the most recent edition of the International Classification of Diseases as a mental disorder, which exhibits clinically significant behavioral or psychological disorder marked by a pronounced deviation from a normal healthy state and associated with a present painful symptom or impairment in one or more important areas of functioning. This disease must not be merely an expectable response to a particular chemical stimulus. Mental Illness does not mean learning disabilities, attitudinal disorders or disciplinary problems.

**Physician** as used in the 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, however, such definition will exclude chiropractors and physiotherapists.

**Pre-existing Condition** for the purposes of the Policy means 1) a condition that would have caused person to seek medical advice, diagnosis, care or treatment during the 365 days prior to the Effective Date of coverage under the Policy; 2) a condition for which medical advice, diagnosis, care or treatment was recommended or received during the 365 days prior to the Effective Date of coverage under the Policy; 3) expenses for a Pregnancy existing on the Effective Date of coverage under the Policy.

**Reasonable and Customary** means the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company's determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality were received, considering the nature and severity of the bodily Injury or Illness 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 the Company determines are relevant, including but not limited to, a resource-based relative value scale.

For a Service Provider who has a reimbursement agreement, the Reasonable and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company.

If a Service Provider accepts as full payment an amount less than the negotiated rate under a reimbursement agreement, the lesser amount will be the maximum Reasonable and Customary charge.

The Reasonable and Customary charge is reduced by any penalties for which a Service Provider is responsible as a result of its agreement with the Company.


**Sick** means illness or disease contracted and causing loss commencing while the Policy is in force as to the Insured Person whose Sickness is the basis of claim. Any complication or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

**Surgery** shall mean an invasive diagnostic procedure; or the Treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.
Team Assist Plan (TAP)
The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Medical Plan.
If you require Team Assist assistance, your ID number is: 01-AA-CIS-01133. In the U.S., call (800) 872-1414, outside the U.S. call 1-609-986-1234 (collect calls accepted) or e-mail medservices@assistamerica.com.

Emergency Medical Transportation Services
The Team Assist Plan provides services and pays expenses up to the amount shown in the Schedule of Benefits for:
- Emergency Medical Evacuation
- Return of Mortal Remains
All services must be arranged through the Assistance Provider.

Medical Monitoring
In the event the Insured Person is admitted to a U.S. or foreign hospital, the AP will coordinate communication between the Insured Person’s own Doctor and the attending medical doctor or doctors. The AP will monitor the Insured Person’s progress and update the family or the insurance company accordingly.

Prescription Drug Replacement/Shipping Assistance will be provided in replacing lost, misplaced, or forgotten medication by locating a supplier of the same medication or by arranging for shipment of the medication as soon as possible.

Emergency Message Transmission
The AP will forward an emergency message to and from a family member, friend or medical provider.

Coverage Verification/Payment Assistance for Medical Expenses
The AP will provide verification of the Insured Person’s medical insurance coverage when necessary to gain admittance to foreign hospitals, and if requested, and approved by the Insured Person’s insurance company, or with adequate credit guarantees as determined by the Insured, provide a guarantee of payment to the treating facility.

Travel Assistance

Obtaining Emergency Cash
The AP will advise how to obtain or to send emergency funds world-wide.

Traveler Check Replacement Assistance
The AP will assist in obtaining replacements for lost or stolen traveler checks from any company, i.e., Visa, Master Card, Cooks, American Express, etc., worldwide.

Lost/Delayed Luggage Tracing
The AP will assist the Insured Person whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured Person of the proper reporting procedures and will help travelers maintain contact with the appropriate companies or authorities to help resolve the problem.

Replacement of Lost or Stolen Airline Ticket
One telephone call to the provided 800 number will activate the AP’s staff in obtaining a replacement ticket.

Technical Assistance

Credit Card/Passport/Important Document Replacement
The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest embassy or consulate.

Locating Legal Services
The AP will help the Insured Person contact a local attorney or the appropriate consular officer when an Insured Person is arrested or detained, is in an automobile accident, or otherwise needs legal help. The AP will maintain communications with the Insured Person, family, and business associates until legal counsel has been retained by or for the Insured Person.

Assistance in Posting Bond/Bail
The AP will arrange for the bail bondsman to contact the Insured Person or to visit at the jail if incarcerated.

Worldwide Inoculation Information
Information will be provided if requested by an Insured Person for all required inoculations relative to the area of the world being visited as well as any other pertinent medical information.

Security Evacuation (Comprehensive)
Coverage (up to the amount shown in the Schedule of Benefits, Security Evacuation) is provided for security evacuations for specific Occurrences. To view the covered Occurrences and to download a detailed PDF of this brochure, please go to the following web page:

http://www.culturalinsurance.com/cisi_forms.asp

Cultural Insurance Services International (CISI)

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