

**NOTE:** This is a sample of some of the benefits you receive from your Visa card. Benefits, providers, and coverage levels may vary from issuer to issuer. Please contact your Visa card issuer to request your full disclosure guide to benefits.

BGC10285

## Your Guide to Benefits Package



# Visa Commercial Card

**FOR QUESTIONS OR ASSISTANCE 24 HOURS A DAY, 365 DAYS A YEAR, CALL THE TOLL-FREE NUMBER ON THE BACK OF YOUR VISA® CARD, OR 1-800-VISA-911®.**

For more information about the benefits described in this Guide, call the customer service number on your Visa card statement. This Guide to Benefits describes the benefits in effect as of 4/1/11. These benefits and descriptions supersede any prior benefits and descriptions you may have received earlier. Please read and retain for your records. Your eligibility is determined by the date your financial institution enrolled your account in the benefits.

### Travel and Emergency Assistance Services

You can enjoy greater peace of mind thanks to a wide range of Visa emergency services which are available 24 hours a day, 365 days a year. Please understand that, due to occasional problems such as distance, location, or time, neither Visa nor its service providers can be responsible for the availability, use, cost, or results of any medical, legal, transportation, or other services.

#### Who is eligible for Travel and Emergency Assistance Services?

You, your immediate family members, and your business associates may all take advantage of these special emergency services.

#### How do I get these services?

They're as close as the nearest phone. You simply call the Benefit Administrator at **1-800-VISA-911** any hour of the day or night. If you are outside the United States, call collect at 410-581-9994.

#### Is there a charge for these services?

No. Visa Travel and Emergency Assistance Services are available to eligible Visa cardholders at no additional charge.

**Please note: Visa Travel and Emergency Assistance Services provide assistance and referral only. You are responsible for the cost of any actual medical, legal, transportation, cash advance, or other services or goods provided.**

#### What are the specific services and what do they provide?

Visa Travel and Emergency Assistance Services will put you in touch with the appropriate emergency services should the need arise. Here are some of the ways we can help:

- **Emergency Message Service** can record and relay emergency messages for travelers, immediate family members, or business associates. **NOTE: Visa will use reasonable efforts to relay emergency messages in accordance with benefit guidelines and limitations, but cannot take responsibility for the failure to transmit any message successfully.**
- **Medical Referral Assistance** provides medical referral, monitoring, and follow-up. The Benefit Administrator can give you names of English-speaking local doctors, dentists, and hospitals; assign a doctor to consult by phone with local medical personnel, if necessary, to monitor your condition, keep in contact with your family, and provide continuing liaison; and help you arrange medical payments from your Visa or personal account. **NOTE: All costs are your responsibility.**
- **Legal Referral Assistance** can arrange contact with English-speaking attorneys and U.S. embassies and consulates if you're detained by local authorities, have a car accident, or need legal assistance. In addition, the Benefit Administrator can coordinate bail payment through a transfer of funds from your Visa or personal account. The Benefit Administrator can also follow up to make sure bail has been properly handled. **NOTE: All costs are your responsibility.**

- **Emergency Transportation Assistance** can help you make all the necessary arrangements for emergency transportation home or to the nearest medical facility. This even includes arranging to bring your business associates home and staying in contact with family members or employers. In the case of a death, the Benefit Administrator can make arrangements to repatriate the remains. **NOTE: All costs are your responsibility.**
- **Emergency Ticket Replacement** helps you with the carrier's lost ticket reimbursement procedures if you should lose your ticket and can arrange delivery of a replacement ticket to you. **NOTE: All costs are your responsibility.**
- **Lost Luggage Locator Service** can help you through the common carrier's claim procedures or can arrange shipment of replacement items if an airline or common carrier loses your checked luggage. The Benefit Administrator can also arrange a cash advance with your Visa issuing bank. **However, you are responsible for the cost of any replacement items shipped to you.**
- **Emergency Translation Service** provides telephone assistance in all major languages and helps find local interpreters, if available, when you need more extensive assistance. **NOTE: All costs are your responsibility.**
- **Prescription Assistance and Valuable Document Delivery Arrangements** can help you get prescriptions filled or replaced, subject to local laws, and can even arrange pickup and delivery of prescriptions filled for you at local or nearby pharmacies. It can also help transport critical documents which you may have left at your business or elsewhere. **NOTE: All costs are your responsibility.**
- **Pre-Trip Assistance** can give you information on your destination before you leave—information such as ATM locations, currency exchange rates, weather reports, health precautions, immunizations, and required passport visas.

#### Additional Provisions for Travel and Emergency Assistance Services:

The benefit described in this Guide to Benefit will not apply to Visa cardholders whose accounts have been suspended or canceled. The terms and conditions contained in this Guide to Benefit may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefit mailings, statement inserts, or statement messages.

FORM #VTEASB – 2010 (04/11)

**NOTE: In this document, "Visa card" refers to Visa Corporate, Visa Fleet, Visa Meetings, Visa Purchasing, or any combination of these products (Visa Commercial).**

## Auto Rental Collision Damage Waiver

### What is this benefit?

Subject to the terms and conditions provided in this Guide to Benefit, the Visa Auto Rental Collision Damage Waiver benefit ("Auto Rental CDW") provides reimbursement for damage due to collision or theft up to the actual cash value of most rental vehicles. Here are answers to some commonly asked questions about the benefit.

### Who is eligible?

You are eligible only if you are a valid cardholder whose name is embossed on an eligible U.S.-issued Visa card or are authorized by your company to rent an eligible vehicle using your company's eligible account ("Authorized User"). Only you, as the primary renter of the vehicle, and any additional drivers permitted by the auto rental agreement are covered.

### What is covered?

Subject to the terms and conditions in this Guide to Benefit, the Visa Auto Rental CDW benefit reimburses you for covered theft or damage as well as valid administrative and loss-of-use charges imposed by the auto rental company as well as reasonable towing charges that occur while you are responsible for the rental vehicle. Only vehicle rental periods which neither exceed nor are intended to exceed thirty-one (31) consecutive days are covered.

This benefit is primary and provides reimbursement up to the actual cash value of the vehicle as it was originally manufactured. However, if the rental is used for personal reasons, this benefit supplements, and applies excess of, any valid and collectible insurance or reimbursement benefits from any source.

Most private passenger automobiles, minivans, and sport utility vehicles are eligible, but some restrictions may apply. Please contact the Benefit Administrator to inquire about a specific vehicle.

### The benefit covers:

- Physical damage and/or theft of the covered rental vehicle.
- Valid loss-of-use charges imposed and substantiated by the auto rental company through a fleet utilization log.
- Reasonable and customary towing charges, due to covered theft or damage, to the nearest qualified repair facility.

### How do I activate this benefit?

For the benefit to be in effect, you must:

- Initiate and complete the entire rental transaction with your eligible Visa card, and
- Decline the auto rental company's collision damage waiver (CDW/LDW) option or similar provision.

### Helpful hints:

- Check the rental vehicle for prior damage before leaving the rental lot.
- Review the vehicle rental agreement carefully to make sure you are declining CDW/LDW, and also, to familiarize yourself with the terms and conditions of the auto rental agreement.

**What do I do if I have an accident or the rental vehicle is stolen? Immediately call the Benefit Administrator at 1-800-VISA-911 to report the theft or damage, regardless whether your liability has been established.** If you are outside the United States, call collect at 410-581-9994. The Benefit Administrator will answer any questions you or the auto rental company may have and will then send you a claim form.

**All incidents must be reported immediately following the theft or damage, but in no event later than forty-five (45) days\* following the date of theft or damage.** Furthermore, we reserve the right to deny any claim that contains charges that would not have been included had the Benefit Administrator been notified before those expenses were incurred. We therefore advise you to notify us immediately after any incident. You must make every reasonable effort to protect the rental vehicle from theft or damage.

### What is not covered?

- Any obligation you assume under any agreement.
- Any violation of the auto rental agreement or this benefit.
- Injury of anyone or anything inside or outside the rental vehicle.
- Loss or theft of personal belongings.
- Personal liability.
- Expenses assumed, waived, or paid by the auto rental company or its insurer.
- Cost of any insurance or collision damage waiver offered by or purchased through the auto rental company.
- Expenses reimbursed under your business or personal automobile insurance policy.

- Depreciation of the rental vehicle caused by the incident, including but not limited to "diminished value."
- Theft or damage due to intentional acts, or due to the driver(s) being under the influence of alcohol, intoxicants, or drugs, or due to contraband or illegal activities.
- Wear and tear, gradual deterioration, or mechanical breakdown.
- Items not installed by the original manufacturer.
- Damage due to off-road operation of the rental vehicle.
- Theft or damage due to hostility of any kind (including, but not limited to, war, invasion, rebellion, insurrection, or terrorist activities)
- Confiscation by authorities.
- Vehicles that do not meet the definitions of covered vehicles.
- Rental periods that either exceed or are intended to exceed thirty-one (31) consecutive days.
- Leases and mini leases.
- Theft or damage as a result of the authorized driver's and/or cardholder's lack of reasonable care in protecting the rental vehicle before and/or after damage occurs (for example, leaving the vehicle running and unattended).
- Theft or damage reported more than forty-five (45) days\* from the date of the incident.
- Theft or damage for which a claim form has not been received within ninety (90) days\* from the date of the incident.
- Theft or damage for which all required documentation has not been received within three hundred and sixty-five (365) days from the date of the incident.
- Theft or damage from rental transactions that originated in Israel, Jamaica, the Republic of Ireland, or Northern Ireland.

### What if the auto rental company insists that I purchase the auto rental company's auto insurance or collision damage waiver?

Call the Benefit Administrator at **1-800-VISA-911** for help. If you are outside the United States, call collect at 410-581-9994.

### When and where do I have this benefit?

This benefit is available in the United States and most foreign countries. **No benefit is provided for motor vehicles rented in Israel, Jamaica, the Republic of Ireland, or Northern Ireland.** Additionally, this benefit is not available where precluded by law or in violation of the territory terms of the auto rental agreement, or where prohibited by individual merchants. **Because regulations vary outside the United States, we recommend you check with your auto rental company and the Benefit Administrator before you travel to make sure Visa Auto Rental CDW will apply.**

This benefit is in effect while the rental vehicle remains in your control or in the control of an authorized driver permitted to operate the rental vehicle in accordance with the rental agreement between you and the auto rental company. This benefit terminates when the auto rental company re-assumes control of the rental vehicle.

### How does this benefit apply?

Visa Auto Rental CDW benefit is primary coverage. In other words, when your rental is for business purposes, you do not have to claim payment from any source of insurance before receiving coverage under the benefit. However, if the rental is used for personal reasons, this benefit supplements, and applies excess of, any valid and collectible insurance or reimbursement benefits from any source. It does not duplicate insurance provided by or purchased through the auto rental company; it will not pay for theft or damage reimbursable by your own insurer, employer, employer's insurance, or any other valid and collectible reimbursement. Visa Auto Rental CDW will reimburse you for the deductible portion of your personal automobile insurance, valid administrative and loss-of-use charges imposed by the rental car company, as well as reasonable towing charges resulting from covered theft or damage of a rental vehicle while it is your responsibility.

### What types of rental vehicles are not covered?

Excluded worldwide are: expensive, exotic, and antique automobiles; certain vans; vehicles that have an open cargo bed; trucks; motorcycles, mopeds, and motorbikes; limousines; and recreational vehicles. Examples of excluded expensive or exotic automobiles are the Aston Martin, Bentley, Bricklin, Daimler, DeLorean, Excalibur, Ferrari, Jensen, Lamborghini, Lotus, Maserati, Porsche, and Rolls Royce. However, selected models of BMW, Mercedes-Benz, Cadillac, and Lincoln are covered.

\* Not applicable to residents of certain states.

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**NOTE: In this document, "Visa card" refers to Visa Corporate, Visa Fleet, Visa Meetings, Visa Purchasing, or any combination of these products (Visa Commercial).**

## Auto Rental Collision Damage Waiver (Cont.)

An antique automobile is defined as any vehicle over twenty (20) years old or any vehicle that has not been manufactured for ten (10) years or more.

This benefit is provided for only those vans manufactured and designed to transport a maximum of eight (8) people including the driver and which is used exclusively to transport people. If you have any questions regarding a specific vehicle, call the Benefit Administrator at **1-800-VISA-911**. If you are outside the United States, call collect at 410-581-9994.

### What do I need from the auto rental company in order to file a Visa Auto Rental CDW claim?

At the time of the theft or damage, or when you return the rental vehicle, immediately ask the auto rental company for:

- A copy of the accident report form and claim document, which should indicate the costs you are responsible for and any amounts that have been paid toward the claim.
- A copy of the initial and final auto rental agreement(s).
- A copy of the repair estimate and itemized repair bill.
- Two (2) photographs of the damaged vehicle, if available.
- A police report, if obtainable.

### How do I file a claim?

**You, the cardholder, are responsible for reporting your claim to the Benefit Administrator immediately, but in no event later than forty-five (45) days\* from the date of theft or damage, or your claim may be denied. Notice to any other party will not suffice.** Furthermore, we reserve the right to deny any claim that contains charges that would not have been included had the Benefit Administrator been notified before those expenses were incurred. We therefore advise you to notify us immediately after any theft or damage.

Submit the following documentation to the Benefit Administrator:

- The completed and signed Visa Auto Rental CDW Claim Form. **Your completed claim form must be postmarked within ninety (90) days\* of the date of theft or damage, even if all other required documentation is not yet available, or your claim may be denied.**
- A copy of your receipt or monthly billing statement as proof that the entire vehicle rental was charged and paid for with your eligible Visa card.
- A written confirmation from your employer that the rental was primarily for business purposes.
- If the rental was for personal use, enclose a statement from your insurance carrier showing the costs for which you are responsible and any amounts that have been paid toward the claim. Or, if you have no applicable insurance or reimbursement, a notarized statement of no insurance or reimbursement is required.
- A copy of the declaration page from your primary automobile insurance carrier if the rental was for personal use.

The following documents must be obtained from the auto rental company and provided to the Benefit Administrator:

- A copy of the accident report form.
- A copy of the initial and final auto rental agreement(s).
- A copy of the repair estimate or itemized repair bill.
- Two (2) photographs of the damaged vehicle, if available.
- A police report, if obtainable.
- Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim.

For faster filing, or to learn more about Visa Auto Rental CDW, go to [www.visa.com/eclaims](http://www.visa.com/eclaims).

**If you experience difficulty in obtaining all the required documents within ninety (90) days\* of the date of theft or damage, just submit the claim form and any documentation you already have available. NOTE: All remaining documents must be postmarked within three hundred and sixty-five (365) days of the date of theft or damage.**

### Do I have to do anything else?

Usually not. Under normal circumstances, the claim will be finalized within fifteen (15) days after the Visa Auto Rental CDW Benefit Administrator has received all documentation necessary to fully substantiate your claim.

However, if the Benefit Administrator has paid your claim, all your rights and remedies against any party in respect of this theft or damage will be transferred to the Benefit Administrator to the extent of the cost of payment made to you. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.

\* Not applicable to residents of certain states.

**Additional Provisions for Visa Auto Rental CDW:** You must make every effort that would be made by a reasonable and prudent person to protect the Rental Vehicle from theft or damage. This provision will not be unreasonably applied to avoid claims.

If you make any claim knowing it to be false or fraudulent in any respect, including, but not limited to, the cost of repair services, no coverage shall exist for such claim and your benefits may be canceled. Each Authorized User and/or cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact.

Once you report an occurrence, a claim file will be opened and shall remain open for six (6) months from the date of the incident/occurrence. No payment will be made on a claim that is not completely substantiated in the manner required by the Benefit Administrator within twelve (12) months of the date of the incident/occurrence.

No legal action for a claim may be brought against us until sixty (60) days after we receive Proof of Loss. After the expiration of three (3) years from the time written Proof of Loss was to be provided, no action shall be brought to recover on this benefit. Further, no legal action may be brought against us unless all the terms in this Guide to Benefit have been complied with fully.

This benefit is provided to eligible Authorized Users and/or cardholders at no additional cost. The terms and conditions contained in this Guide to Benefit may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefit mailings, statement inserts, or statement messages. The benefit described in this Guide to Benefit will not apply to Authorized Users and/or cardholders whose accounts have been suspended or canceled.

Termination dates may vary by financial institutions. Visa and/or your financial institution can cancel or non-renew the benefit, and if we do, we will notify you at least thirty (30) days in advance. This information is a description of the benefit provided to you as a Visa cardholder. It is insured by Indemnity Insurance Company of North America.

For general questions regarding this benefit, call the Benefit Administrator at 1-800-VISA-911. If you are outside the United States, call collect at 410-581-9994.

FORM #VBCDW01 – 2010 (04/11)

**NOTE: In this document, "Visa card" refers to Visa Corporate, Visa Fleet, Visa Meetings, Visa Purchasing, or any combination of these products (Visa Commercial).**

Whenever you need emergency service or answers, call the **Program Administrator**, 24 hours a day, 365 days a year.  
For calls outside the United States, call collect at 410-581-9994.

**1-800-VISA-911**  
(1-800-847-2911)

**VISA**

## **Insurance Program Terms**

### *Description of Coverage*

**J.P.Morgan**

**CHASE** 

This Description of Coverage describes the benefit in effect as of 4/1/10 and supersedes any prior description of coverage you may have received earlier. Please read and retain for your records. Your eligibility is determined by the date your financial institution enrolled your account in the benefit.

### Description of Coverage

This is your Description of Coverage – please read this and keep it in a safe place with your other insurance documents. This Description of Coverage is not a contract of insurance, but is simply an informative statement of the principal provisions of the insurance while in effect. Complete provisions pertaining to this plan of insurance are contained in the master policy on file with the Policyholder: JPMorgan Chase Bank, N.A. (“JPMC”). If a statement in this Description of Coverage and any provision in the policy differ, the policy will govern. This Description of Coverage supersedes any Description of Coverage you may have received earlier.

### Travel Accident Insurance

#### Coverage Level: \$500,000

**THE PLAN:** As a JPMC cardmember, you will be automatically insured against accidental loss of life, limb, sight, speech or hearing occurring on a common carrier covered trip while riding as a passenger in, entering or exiting any common carrier on which you have purchased passage, or riding as a passenger in, entering or exiting any conveyance licensed to carry the public for hire or any courtesy transportation provided without a specific charge and while traveling to or from the airport, terminal or station immediately preceding the departure of the scheduled common carrier on which you have purchased passage or immediately following the arrival of the scheduled common carrier on which you were a passenger, or while at the airport, terminal or station at the beginning or end of the common carrier covered trip. If the purchase of the common carrier passenger fare is not made prior to your arrival at the airport, terminal or station, coverage will begin at the time the cost of the common carrier passenger fare is charged to your account.

**ELIGIBILITY:** This insurance plan is provided to JPMorgan Chase Bank, N.A. cardmembers automatically when the entire cost of the passenger fare(s) are charged to a Chase Card account while the insurance is effective. It is not necessary for you to notify JPMorgan Chase Bank, N.A. the administrator or the Company when tickets are purchased.

**THE COST:** This insurance plan is provided at no additional cost to eligible JPMC cardmembers. JPMC pays the full cost of the insurance.

**BENEFICIARY:** The Loss of Life benefit will be paid to the beneficiary designated by you. If no such designation has been made, that benefit will be paid to the first surviving beneficiary in the following order: a) your spouse, b) your children, c) your parents, d) your brothers and sisters, e) your estate. All other indemnities will be paid to you.

**THE BENEFITS:** The full Benefit Amount of \$500,000 is payable for accidental loss of life; loss of speech and loss of hearing; loss of speech and one of loss of hand, foot or sight of one eye; loss of hearing and one of loss of hand, foot or sight of one eye; loss of both hands, both feet, loss of sight or any combination thereof. 50% of the Principal Sum is payable for accidental loss of hand, foot or sight of one eye (any one of each); loss of speech or loss of hearing. 25% of the Principal Sum is payable of loss of thumb and index finger of the same hand “Loss” means, with respect to a hand, complete severance through or above the knuckle joints of at least 4 fingers on the same hand; with respect to a foot, complete severance through or above the ankle joint. The Company will consider it a loss of hand or foot even if they are later reattached. “Benefit Amount” means the Loss amount at the time the entire cost of the passenger fare is charged to a JPMC card account. The loss must occur within one year of the accident. The Company will pay the single largest applicable Benefit Amount.

**ACCOUNT AGGREGATE LIMIT OF INSURANCE:** If more than one Insured Person insured under the same Account suffers a loss in the same accident, Federal Insurance Company (the Company) will not pay more than two times the applicable benefit amount (the aggregate limit of insurance). If an accident results in benefit amounts becoming payable, which when totaled, exceed two times the applicable benefit amount, then the aggregate limit of insurance will be divided proportionally among the Insured Persons, based on each applicable benefit amount.

### DEFINITIONS:

**Accident or Accidental** means a sudden, unforeseen, and unexpected event which: 1) happens by chance; 2) arises from a source external to the Insured Person; 3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; 4) occurs while the

Insured Person is insured under this policy which is in force; and 5) is the direct cause of loss.

**Accidental Bodily Injury** means bodily injury, which: 1) is Accidental; 2) the direct cause of a loss; and 3) occurs while the Insured Person is insured under this policy, which is in force. Accidental Bodily Injury does not include conditions caused by repetitive motion injuries or cumulative trauma not a result of an Accident, including, but not limited to: 1) Osgood-Schlatter’s Disease; 2) bursitis; 3) Chondromalacia; 4) shin splints; 5) stress fractures; 6) tendinitis; and 7) Carpal Tunnel Syndrome.

**Common Carrier** means any licensed land, air or water conveyance operated by those whose occupation or business is the transportation of persons without discrimination and for hire.

**Covered trip** means a trip, for which common carrier costs (other than taxi) are charged to the insured person’s credit card account for travel on a Common Carrier when the entire cost of the passenger fare for such transportation. Less redeemable certificates, vouchers or coupons, has been charge to an Insured’s Person’s Account issued by the Policyholder, occurring while the insurance is in-force.

**Dependent Child or Children** means those children, including adopted children and those children: placed for adoption, who are primarily dependent upon the Insured Person for maintenance and Children support, and who are: 1) under the age of nineteen (19) and reside with the Insured Person; or 2) beyond the age of nineteen (19), permanently mentally or physically challenged, and incapable of self-support; or 3) under the age of twenty-five (25) and classified as full-time students at an institution of higher learning.

**Insured Person** means a person, qualifying as a Class member: 1) who elects insurance; or 2) for whom insurance is elected, 3) and on whose behalf premium is paid.

**Insured’s Location of Permanent Residence** means the city where the insured person has established his/her fixed and permanent principal home.

**You or yours** means eligible cardmember.

**EXCLUSIONS:** This insurance does not cover loss resulting from: emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection (except bacterial infection caused by an accident or from accidental consumption of a substance contaminated by bacteria), or bodily malfunctions, or medical or surgical treatment; participation in military action while in active military service; suicide, attempted suicide or intentionally self inflicted injuries; declared or undeclared war.

**ADDITIONAL EXCLUSIONS:** This insurance also does not apply to an accident resulting from: being in, entering or exiting any aircraft owned, leased or operated by the Policyholder, or operated by an employee of the Policyholder, on the Policyholder’s behalf; entering, or exiting any aircraft while acting or training as a pilot or crew member, but this exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency; fraud; the commission or attempted commission of any illegal act; being intoxicated; being under the influence of any narcotic unless taken on the advice of a physician; This insurance does not apply to any accident when the U.S. Government has imposed any trade or economic sanctions prohibiting insurance of any accident or when there is any other legal prohibition against providing insurance for any accident.

**CLAIM NOTICE:** Written claim notice must be given to the Company within 20 days after the occurrence of any loss covered by this policy or as soon as reasonably possible. Failure to give notice within 20 days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible.

**CLAIM FORMS:** When the Company receives notice of a claim, the Company will send you forms for giving proof of loss to us within 15 days. If you do not receive the forms, you should send the Company a written description of the loss.

**CLAIM PROOF OF LOSS:** For all claims, complete proof of loss must be given to us within 90 days after the date of loss, or as soon as reasonably possible. Failure to give complete proof of loss within these time frames will not invalidate any otherwise valid claim if notice is given as soon as reasonably possible and in no event later than 1 year after the deadline to submit complete proof of loss.

**CLAIM PAYMENT:** For all benefits, the Company will pay you or your beneficiary the applicable benefit amount within 60 days after complete proof

of loss is received and if you, the Policyholder and/or the beneficiary have complied with all the terms of this policy.

**EFFECTIVE DATE:** Your insurance becomes effective on the latest of: the effective date of this policy, the date on which you first meet the eligibility criteria as the Insured Person or the beginning of the period for which required premium is paid for you. Insurance for you automatically terminates on the earliest of: the termination date of this policy, the expiration of the period for which required premium has been paid for you, the date on which you no longer meets the eligibility criteria as the Insured Person or the date on which the Company pays out 100% of the principal sum.

**FILING A CLAIM:**

Answers to specific questions can be obtained by writing the Plan Administrator. To make a claim please contact the Plan Administrator.

**Plan Administrator**

CBSI Enhancement Services  
550 Mamaroneck Ave., Suite 309  
Harrison, NY 10528  
Policy #9906-11-39

As a handy reference guide, please read this and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained in the Master Policy, which can be obtained from the Policyholder: JPMorgan Chase Bank, N.A.

Plan Underwritten By  
Federal Insurance Company  
a member insurer of the  
Chubb Group of Insurance Companies  
15 Mountain View Road, P.O. Box 1615  
Warren, NJ 07061-1615

**Hotel/Motel Burglary Reimbursement**

When You pay for the cost of a Hotel/Motel room located in the United States or Canada with Your eligible JPMC card, You will be eligible to receive a one-time payment of up to \$1,000 for personal property stolen from Your room, Excess of any compensation provided by the Hotel/Motel and/or any valid and collectible insurance benefits.

Benefits will be paid only if (a) there is evidence of Forceful Entry; (b) You make a sworn statement to police authorities having jurisdiction within 24 hours of the discovery and You furnish a notarized copy of that statement with Your claim; and (c) the Hotel/Motel verifies the loss.

Reimbursement will be made for the cost of replacement of the personal property or its depreciated value if not replaced, less any amounts paid or payable by the Hotel/Motel or any insurance, whether such insurance is stated to be primary, contributing, Excess, or contingent; or any other reimbursement. The maximum payable is \$1,000.

**Exclusions**

This benefit does not cover:

- Animals.
- Art objects.
- Business Items and cellular phones.
- Cash, checks, securities, credit cards, debit cards, and other negotiable instruments.
- Tickets, documents, keys, coins, deeds, bullion, and stamps.
- Perishables, consumables including, but not limited to, perfume, cosmetics, and limited-life items such as rechargeable batteries.

**Definitions**

**Business Items** means items that are used in the purchase, sale, production, promotion, or distribution of goods or services (including, but not limited to, manuals, computers and their accessories, software, data, facsimile, samples, collateral materials, etc.).

**Check In** means the moment You register at the Hotel/Motel.

**Check Out** means the moment You vacate the Hotel/Motel room and pay the itemized total costs incurred for the stay.

**Eligible Person** means a valid JPMC cardmember who pays for the Hotel/Motel room by using the eligible JPMC card.

**Excess** means that this benefit applies to amounts that are not covered by Your own insurance (for example, Your deductible or co-payments) or other reimbursement. If You have no insurance or other reimbursement, the full amount of charges will be considered.

**Forceful Entry** means that someone illegally accessed Your Hotel/Motel room by breaking in a door, window, or surrounding walls.

**Hotel/Motel** means an establishment, located in the United States or Canada that provides lodging for the general public, and usually meals, entertainment, and various personal services.

**Hotel/Motel Burglary** means Forceful Entry into Your premises and You suffer a loss of property.

**Immediate Family Member** means Your spouse or legal dependent children under age 18 (25 if enrolled as a full-time student at an accredited institution).

**You or Your** means an Eligible Person (as defined above) or Your Immediate Family Members who charged their trip to Your eligible JPMC card.

**If You have a loss, immediately call the Benefit Administrator at 1-800-554-1275, or call collect at 0-804-673-6497.** Notification must be made within twenty (20) days from the date of occurrence. The representative will answer any questions You may have and send You a special claim form.

**How do I file a claim?**

Complete the claim form You receive from Your call to the Benefit Administrator. Mail the following items within ninety (90) days from the date of occurrence to:

Enhancement Services  
P.O. Box 72034  
Richmond, VA 23255

1. The completed claim form.
2. A copy of Your charge slip, as proof that the Hotel/Motel was charged and paid for with Your eligible JPMC card.
3. A statement from Your insurance carrier (and/or Your employer, or employer's insurance carrier) showing any amounts they may have paid toward the claim cost. Or, if You have no applicable insurance or other reimbursement, please provide a notarized statement to that effect.
4. A copy of the police report.
5. A copy of any valid and collectible insurance or other reimbursement available to You.
6. A copy of any settlement payment or reimbursement made to You from the Hotel/Motel.
7. Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim.

**Transference of Claims**

After the Benefit Administrator has paid Your claim, all Your rights and remedies against any party in respect of this claim will be transferred to the Benefit Administrator to the extent of the payment made to You. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.

**Additional Provisions for Hotel/Motel Burglary Reimbursement:** You must use due diligence and do all things reasonable to avoid or diminish any loss or damage to property protected by this benefit. This provision will not be unreasonably applied to avoid claims.

If You make any claim knowing it to be false or fraudulent in any respect, no coverage shall exist for such claim and Your benefits may be canceled. Each cardmember agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact by the cardmember.

No legal action for a claim may be brought against us until sixty (60) days after we receive Proof of Loss. After the expiration of two (2) years from the time written Proof of Loss was to be provided, no action shall be brought to recover on this benefit. Further, no legal action may be brought against us unless all the terms of this Description of Coverage have been complied with fully.

This benefit is provided to eligible JPMC cardmembers at no additional cost. The terms and conditions contained in this Description of Coverage may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Description of Coverage mailings, statement inserts, or statement messages. The benefit described in this Description of Coverage will not apply to JPMC cardmembers whose accounts have been suspended or canceled.

Termination dates may vary by financial institutions. JPMC and/or Your financial institution can cancel or non-renew the benefit, and if we do, we will notify You at least thirty (30) days in advance. This information is a description of the benefit provided to You as a JPMC cardmember. It is insured by Indemnity Insurance Company of North America.

For general questions regarding this benefit, call the Benefit Administrator at 1-800-554-1275, or call collect at 0-804-673-6497.

FORM #VHOTBURG (04/10)

### **Emergency Evacuation and Transportation Coverage**

**Emergency Evacuation and Transportation benefits limit up to \$10,000; Repatriation of Remains benefit limit up to \$1,000.**

#### **Emergency Evacuation**

When You charge a Trip via a Common Carrier—the duration of which is not less than five (5) days and does not exceed sixty (60) days and is in excess of 100 miles\* from Your place of Residence—with Your eligible JPMC card, You will be eligible to receive reimbursement for covered expenses not paid or payable by Your medical insurance or other reimbursement if any injury or illness commencing during Your Trip results in a necessary emergency evacuation, subject to the maximum benefit limit. The evacuation must be pre-approved by the Benefit Administrator in consultation with a legally licensed Physician who certified that the severity of the injury or sickness warrants emergency evacuation. The Benefit Administrator must also make the actual medical transportation arrangements. **Please note: this benefit is supplemental to and excess of any valid and collectible insurance or other reimbursement.**

#### **Emergency Evacuation means:**

- (a) Your medical condition warrants immediate transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; or
- (b) After being treated at a local Hospital, Your medical condition warrants transportation to Your Residence to obtain further medical treatment or to recover; or
- (c) Both (a) and (b) above.

Covered Expenses are expenses for transportation, medical services, and medical supplies necessarily incurred in connection with Your emergency evacuation. All transportation arrangements must be:

- (a) recommended by the attending Physician; or
- (b) required by the standard regulations of the conveyance transporting You; and
- (c) arranged and approved in advance by the Benefit Administrator. Expenses for medical services and supplies must be recommended by the attending Physician.

Transportation means any land, water, or air conveyance required to transport You during an emergency evacuation. Such transportation includes, but is not limited to, air ambulances, land ambulances, and private motor vehicles.

This benefit does not cover any expenses provided by another party at no cost to You or already included in the cost of the scheduled Trip on which the illness or injury occurs.

#### **Emergency Transportation**

In the event You are hospitalized for more than eight (8) days, the Benefit Administrator can arrange to bring a relative or friend to Your bedside by paying the cost of any economy-class round trip ticket.

You will also be eligible to receive reimbursement for the cost of an economy airfare ticket, if the original ticket(s) cannot be used, or to



return an accompanying minor to his/her Residence, when applicable. In exchange for this service, the return tickets must be turned over to the Benefit Administrator whenever possible or the Benefit Administrator must be reimbursed the amount equivalent to the value of the unused ticket.

#### **Repatriation of Remains**

In the event You should die during the course of the covered Trip, the Benefit Administrator will pay the reasonable covered expenses incurred, up to \$1,000, to return Your body to Your home country of Residence.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, coffin, and transportation.

#### **Exclusions**

These benefits do not cover any expense resulting from the following:

- Travel for the purpose of obtaining medical treatment.
- Non-emergency services, supplies, or charges.
- Services, supplies, or charges rendered by an Eligible Person's Immediate Family Member.
- Care not medically necessary as determined by the Benefit Administrator.
- Care rendered by other than Hospitals and Physicians.
- Care which is experimental/investigative in nature.
- Care for any illness or bodily injury that occurs in the course of employment if benefits or compensation are available, in whole or in part, under the provisions of any legislation of any governmental unit. This exclusion applies whether or not the Eligible Person claims the benefits or compensation and whether or not the Eligible Person recovers losses from a third party.
- Payments to the extent benefits are provided by any governmental agency or unit (except Medicare).
- Care for any illness or injury suffered due to self-inflicted harm; attempted suicide; mental health issues; alcoholism or substance abuse; war; military duty; civil disorder; air travel except as a passenger on a licensed aircraft operated by an airline or air charter company; routine physical examinations; hearing aids; eyeglasses or contact lenses; routine dental care, including dentures and false teeth; hernia, unless it results from a covered accident; elective abortion; participation in a felonious act or attempt thereof; skydiving, scuba, skin, or deep sea diving; hang gliding; parachuting; rock climbing; and contests of speed.
- Care received for which an Eligible Person would have no legal obligation to pay in the absence of this or any similar coverage.
- Care received in Afghanistan, Burma, El Salvador, Iran, Iraq, Kampuchea, Laos, Lebanon, Nicaragua, North Korea, Yemen, Vietnam, and any other countries which may be determined by the U.S. Government from time to time to be unsafe for travel.

#### **Definitions**

**Eligible Person** means the valid JPMC cardmember who pays for the covered Trip by using the eligible card.

**Hospital** means a facility that holds a valid license if it is required by the law; operates primarily for the care and treatment of sick or injured persons as inpatients; has a staff of one or more Physicians available at all times; provides 24-hour nursing service and has at least one registered professional nurse on duty or on call; has organized diagnostic and surgical facilities, either on the premises or in facilities available to the Hospital on a pre-arranged basis; and is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.

**Immediate Family Member** means Your spouse or legally dependent children under age 18 (25 if enrolled as a full-time student at an accredited institution).

**Physician** means a licensed practitioner of the healing arts acting within the scope of his/her license. The treating Physician may not be Yourself or a family member.

**Residence** means Your home address as listed in the respective card issuer's file or address reflected on cardmember's billing statement. The home address from the card issuer's records will take precedence over billing statement address in determining the eligibility of coverage.

**Trip** means arrangements that are made by a commercial licensed travel establishment consisting of travel agencies and/or common carrier organizations.

**You or Your** means an Eligible Person (as defined above) or Your Immediate Family Members who charged their Trip to Your eligible JPMC card.

**If You have an accident/illness or any other type of loss, immediately call the Benefit Administrator at 1-800-508-1276, or call collect at 0-804-673-6498.** The representative will answer any questions You may have and send You a special claim form.

#### **How do I file a claim?**

Complete the claim form You receive from Your call to the Benefit Administrator. Mail the following items within one hundred and eighty (180) days from the date of occurrence to:

Enhancement Services  
P.O. Box 72034  
Richmond, VA 23255

#### **For Emergency Evacuation and Transportation:**

1. The completed, signed claim form.
2. A copy of Your receipt, as proof that the Trip was charged and paid for with Your eligible JPMC card.
3. A statement from Your insurance carrier (and/or Your employer, or employer's insurance carrier) or other reimbursement showing any amounts they may have paid toward the costs claimed. Or, if You have no other applicable insurance or reimbursement, please provide a notarized statement to that effect.
4. Copy of medical bills.
5. Copy of transportation, medical services, and medical supply bills incurred in connection with the emergency evacuation.
6. Copy of physician's statement describing the need for emergency evacuation.
7. Copy of the original unused return tickets or statement indicating the value of the original unused return tickets.
8. Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim.

#### **For Repatriation of Remains:**

1. The completed, signed claim form.
2. A copy of Your receipt, as proof that the Trip was charged and paid for with Your eligible JPMC card.
3. Copy of death certificate.
4. Receipts for embalming, cremation, coffin, and transportation.
5. Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim.

\* Under New York laws, when a cardmember's mailing address is in the State of New York, the requirement that You must be 100 or more miles from Your Residence does not apply.

#### **Additional Provisions for Emergency Evacuation and**

**Transportation Coverage:** You shall use due diligence and do all things reasonable to avoid or diminish any injury or illness for which coverage is provided under this benefit. This provision will not be unreasonably applied to avoid claims.

If You make any claim knowing it to be false or fraudulent in any respect, no coverage shall exist for such claim and Your benefit may be canceled. Each cardmember agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact by the cardmember.

No legal action for a claim may be brought against us until sixty (60) days after we receive Proof of Loss. After the expiration of two (2) years from the time written Proof of Loss was to be provided, no action shall be brought to recover on this coverage. Further, no legal action may be brought against us unless all the terms of this Description of Coverage have been complied with fully.

This benefit is provided to eligible JPMC cardmembers at no additional cost. The terms and conditions contained in this Description of Coverage may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Description of Coverage

mailings, statement inserts, or statement messages. The benefit described in this Description of Coverage will not apply to JPMC cardmembers whose accounts have been suspended or canceled.

Termination dates may vary by financial institutions. JPMC and/or Your financial institution can cancel or non-renew the benefit, and if we do, we will notify You at least thirty (30) days in advance. This information is a description of the benefit provided to You as a JPMC cardmember. It is insured by Indemnity Insurance Company of North America.

For general questions regarding this benefit, call the Benefit Administrator at 1-800-508-1276, or call collect at 0-804-673-6498.

FORM #VEVAC (04/10)

## Lost Baggage Reimbursement

**Coverage Level: \$1,250**

### The Plan

As an eligible Insured, you are eligible to receive reimbursement for amounts paid for direct physical loss or damage to Checked Baggage and/or Carry-On Baggage and personal property contained therein. Reimbursement will be on an Actual Cash Value basis at the time of loss. This coverage applies provided the entire cost of the Common Carrier passage fare is charged to your eligible JPMC Commercial Card account ("Account").

### Definitions

*Insured* means Cardholders, Cardmembers and Accountholders of the Policyholder. *Cardholder* means an individual who has been issued an Account card by the Policyholder. *Cardmember* means any authorized primary or additional card user who has been issued an Account card by the Policyholder. *Accountholder* means an individual who has an open and active Account with the Policyholder.

*Checked Baggage* means suitcases or other containers specifically designated for carrying personal property, for which a claim check has been issued to the Insured by a Common Carrier.

*Carry-On Baggage* means suitcases or other containers specifically designated for carrying personal property which are carried on board a Common Carrier by the Insured.

*Common Carrier* means any land, water, or air conveyance operated under a license for the transportation of passengers for hire.

*Actual Cash Value* means the cost to replace the lost or damaged personal property at the time of loss, less depreciation.

### Eligibility and Cost

This Common Carrier Baggage reimbursement is provided to you, as an Insured, automatically when the entire cost of the Common Carrier passage fare is charged to your Account. It is not necessary for you to notify JPMC, the Insurance Company or the Plan Administrator at the time the passage fee is charged to your Account.

This coverage is provided at no additional cost to eligible Insured under the master policy #6478-07-57 issued to JPMC by Federal Insurance Company (the Company).

### Amount of Insurance

The Company's liability will be for a maximum reimbursement of **\$1,250** per Insured, of which no more than \$200 will be for all jewelry and fur. Payment will be on an Actual Cash Value basis at the time of loss. Coverage under this plan will be excess over any amount due solely from the Common Carrier.

### Exclusions

Coverage does not apply to loss resulting from:

- (1) any dishonest, fraudulent or criminal act of the Insured;
- (2) forgery by the Insured;
- (3) loss due to war or confiscation by authorities;
- (4) loss due to nuclear reaction or radioactive contamination.

Coverage also does not apply to:

- (1) sporting equipment, unless checked with the Common Carrier and for which a claim check has been provided by the Common Carrier.
- (2) animals, perishables; cameras and accessory equipment; eye glasses and contact lenses; prosthetic devices including dentures and hearing

aids; tickets, valuable papers and documents; Credit Cards and Debit Cards; securities; money; art objects; electronic equipment; business items; bullion or precious or semi-precious metals, stones or gems other than that contained in items of personal jewelry owned by the Insured; household furniture; motor vehicles, boats or watercraft or aircraft or parts for such conveyances.

### Effective Date

This plan is effective April 1, 2010 and will cease on the date the master policy #6478-07-57 terminates (in which case you will be notified by the Policyholder) or on the date you no longer qualify as an eligible insured or on the expiration date of any applicable period of coverage for any insured, whichever occurs first.

### Misrepresentation and Fraud

Coverage of the Insured will be void if, at any time, the Insured has concealed or misrepresented any material fact or circumstance concerning this coverage or the subject thereof or the interest of the Insured herein, or in case of any fraud or false swearing by the Insured relating thereto.

Coverage for an Insured will be void if, whether before or after a loss, the Policyholder or its subscribing organization(s) has concealed or misrepresented any material fact or circumstance concerning this coverage or the subject thereof or the interest of the Insured therein, or in case of any fraud or false swearing by the Policyholder or its subscribing organization(s) relating hereto.

### Questions and Claims

The Insured must send the Company written notice of a claim, including the Insured's name and policy number #6478-07-57, within 45 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. To file a sworn Proof of Loss, the Insured must send the following to the Company or its authorized representative:

- (1) a copy of the Account statement showing the Common Carrier fare charged;
- (2) a copy of the initial claim report submitted to the Common Carrier;
- (3) proof of submission of the loss to and the results of any settlement by the Common Carrier;
- (4) proof of submission of the loss to and the results of any settlement or denial by the Insured's personal insurance carrier(s);
- (5) if no other insurance is applicable, a notarized statement from the Insured to that effect; and
- (6) evidence that the personal property has actually been replaced.

Proof of Loss should be sent to:

Chubb Group of Insurance Companies  
15 Mountain View Road, P.O. Box 1615  
Warren, NJ 07061-1615  
800-252-4670  
Policy #6478-07-57

Answers to general questions can be obtained by contacting the Plan Administrator:  
Enhancement Services  
P.O. Box 72034  
Richmond, VA 23255  
800-356-8955

### For Insured Who Are New York State Residents

To the extent that this plan provides insurance against the loss or damage to baggage and its contents, the following terms and conditions apply:

- (1) The loss or damage must occur while the Insured is in transit;
- (2) The maximum amount of insurance is \$2,000 per bag, including contents, subject to a maximum annual aggregate amount of \$10,000 for all Insureds per trip.

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