



## **GROUP BLANKET TRAVEL INSURANCE PROGRAM**

### **PLEASE READ THIS DOCUMENT CAREFULLY!**

This document describes the insurance benefits underwritten by Colina Insurance Limited herein referred to as the Company and also referred to as We, Us and Our.

You and Your refer to Eligible Visitors who are Certificate Holders under Policy 6-12345-000 issued to **The Bahamas Ministry of Tourism & Aviation.**

Please refer to the Schedule of Benefits, which provides You with specific information about the program You purchased.

Currency for all amounts contained herein is Bahamian Dollars.

All premiums paid for this Policy are Non-Refundable.



## SCHEDULE OF BENEFITS

### Travel Arrangement Protection

Benefit Per Trip	Maximum Benefit Amount/Principal Sum
Trip Interruption due to COVID-19 Quarantine <ul style="list-style-type: none"><li>Up to \$500 per day</li></ul>	up to \$7,000

### Travel Insurance Benefits

Medical Expense/Emergency Assistance	
COVID-19 Emergency Sickness Medical Expense	up to \$50,000

## ELIGIBILITY

You are eligible for coverage if at the time of application

1. You are not travelling against a medical practitioner's advice; and,
2. You have not been diagnosed with COVID-19 in the 30 days prior to the date of application; and,
3. You have not shown symptoms of COVID-19 in the 14 days prior to the date of application; and,
4. You have not been diagnosed with a terminal condition; and
5. You are not receiving palliative care or palliative care has not been recommended; and,
6. You are not normally a resident of the United States or Canada or The Bahamas; and,
7. You are not otherwise excluded from cover under the **GENERAL EXCLUSIONS AND LIMITATIONS** section.



## COVERAGES

### Trip Interruption

If Your Trip is Interrupted by Quarantine due to testing positive for COVID-19 while in The Bahamas or while on board a cruise ship originating in The Bahamas, We will pay the following benefit up to \$500.00 per day. Benefits are paid starting the first day that You receive a positive COVID-19 rapid antigen test followed by a positive COVID-19 PCR test and will be paid for each day You remain in The Bahamas for up to a maximum of fourteen (14) days:

- If You are sharing accommodation with another Eligible Visitor whose Trip is also Interrupted by Quarantine due to testing positive for COVID-19 while in The Bahamas, We will pay You a benefit of up to \$250 per Quarantine Day.
- If You are sharing accommodation with one or more other Eligible Visitors, none of whom receive a COVID-19 positive test while in the Bahamas, We will pay You a benefit of up to \$500 per Quarantine Day.
- If You are not sharing accommodation with another Eligible Visitor, We will pay You a benefit of up to \$500 per Quarantine Day.

Benefits will be paid for meals, lodging and transportation while quarantined.

### Emergency Sickness Medical Expense due to COVID-19

Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount shown in the Schedule of Benefits, as a result of a Covered Sickness, which first occurs during Your Trip of a duration of thirty-one (31) days or less. Only Covered Expenses incurred while in The Bahamas and due to infection with the virus that causes COVID-19 will be paid. Expenses incurred after Your Trip are not covered.

Benefits will not be paid in excess of the Usual and Customary Charges.

For the purpose of this benefit:

“Covered Expense” means expense incurred only for the following:

1. The medical services, prescription drugs, therapeutic services and supplies ordered or prescribed by a Legally Qualified Physician as Medically Necessary for treatment;
2. Hospital or ambulatory medical-surgical center services (including expenses for a cruise ship cabin or hotel room, not already included in the cost of the Your Trip, if recommended as a substitute for a Hospital room for recovery from a Covered Sickness);
3. Transportation furnished by a professional ambulance company to and/or from a Hospital.

These benefits will not duplicate any benefits payable under the Policy or any coverage(s) attached to the Policy.



## DEFINITIONS

**“Arrival Date”** means the date on which You arrive in The Bahamas.

**“COVID-19”** means an acute respiratory illness in humans caused by the novel Coronavirus (2019-nCoV), capable of producing severe symptoms and in some cases death, especially in older people and those with underlying health conditions.

**“Departure Date”** means the date on which You depart The Bahamas.

**“Eligible Visitor”** means a person(s) who is booked to travel on a Trip to The Bahamas, completes the enrollment form and for whom the required premium is paid, also referred to as You and Your. Visitors under the age of twelve (12) years old who are traveling with an adult are not required to pay premium but are considered Eligible Visitors.

**“Home”** means Your primary place of residence.

**“Hospital”** means (a) a place which is licensed or recognized as a general Hospital by the proper authority of the territory in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general Hospital by the Joint Commission on the Accreditation of Hospitals; (d) other than a residence, a place where treatment in a Hyperbaric chamber can be received. Not included is a Hospital or institution licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

**“Legally Qualified Physician”** means a physician: (a) other than You, a Traveling Companion or a Family Member; (b) practicing within the scope of his or her license; and (c) recognized as a physician in the place where the services are rendered.

**“Maximum Benefit Amount”** means the maximum amount payable for coverage provided to You as shown in the Schedule of Benefits.

**“Medical Treatment”** means examination and treatment by a Legally Qualified Physician for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted reasonable person to seek diagnosis, care or treatment.

**“Medically Necessary”** means a service which is appropriate and consistent with the treatment of the condition in accordance with accepted standards of community practice.



**“Partial Hospitalization”** means an outpatient program specifically designed for the diagnosis or active treatment of a serious mental disorder when there is a reasonable expectation for improvement or when it is necessary to maintain a patient’s functional level and prevent relapse or full hospitalization. Partial Hospital programs are usually furnished by a Hospital as distinct and organized intensive ambulatory treatment service of less than 24-hour daily care.

**“Quarantined”** means You are forced into medical isolation by a recognized government authority, their authorized deputies, medical examiners or Physician to prevent the spread of the disease due to You either having, or being suspected of having a contagious disease, infection or contamination while traveling in The Bahamas.

**“Quarantine Day”** means each 24-hour period Your Trip is Interrupted by Quarantine due to testing positive for COVID-19 whilst in The Bahamas.

**“Sickness”** means a COVID-19 related illness of the body which: 1) requires examination and treatment by a Legally Qualified Physician, and 2) commences while Your coverage is in effect. An illness or disease of the body which first manifests itself and then worsens or becomes acute prior to the Effective Date of Your coverage is not a Sickness and is considered a Pre-Existing Condition as defined herein and is not covered by the Policy.

**“Third Party”** means a person or entity other than You or the Company.

**“Transportation Expense”** means the cost of Medically Necessary conveyance, personnel, and services.

**“Trip”** means a scheduled trip for which coverage for Travel Arrangements is requested and the premium is paid prior to Your actual or Scheduled Departure Date of Your Trip.

**“Us”, “We”, “Our”** means Colina Insurance Limited.

**“Usual and Customary Charges”** means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

**“You” and “Your”** mean Eligible Visitors who are Certificate Holders under the Policy.

## **GENERAL EXCLUSIONS AND LIMITATIONS**

**Benefits are not payable for any loss due to, arising or resulting from:**

1. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits
2. a loss that results from a Sickness, Injury, disease or other condition, event or circumstance which occurs at a time when the Policy is not in effect for You;



3. pilots and crew of commercial airlines who remain overnight in The Bahamas;
4. cruise ship crew members in all instances, and passengers arriving via cruise ship except where the passenger originally boarded a cruise ship in The Bahamas with a scheduled itinerary not to exceed seven (7) days.;
5. persons who otherwise do not meet the Eligibility requirements of this Policy;
6. claims due to a positive COVID-19 test first received more than thirty-one (31) days after your Arrival Date; or
7. Injury or Sickness not related to infection with the virus that causes COVID-19.

### **PAYMENT OF CLAIMS**

**Claim Procedures: Notice of Claim:** Notice of claim must be reported within twenty (20) days after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to Us or Our designated representative and should include sufficient information to identify You. Notice may be given via email to [travelclaim@colina.com](mailto:travelclaim@colina.com).

**Claim Procedures: Claim Form:** Claim forms are available online at <https://travel.gov.bs/file/insuranceClaimForm>.

**Claim Procedures: Proof of Loss:** Proof of loss must be provided within ninety (90) days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than twelve (12) months from the time it is otherwise required, except in the absence of legal capacity. If requested by Us, You must furnish or consent to the release of Your medical records. Proof of loss includes, but is not limited to, the claim form, a copy of the positive COVID-19 PCR test, and receipts.

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim after receipt of acceptable proof of loss.

**Payment of Claims: To Whom Paid:** Benefits for Trip Interruption will be paid directly to You, unless otherwise directed if such direction is accepted by Us. Any accrued benefits unpaid at Your death will be paid to Your estate. If You have assigned Your benefits, We will honor the assignment if a signed copy has been filed with Us. We are not responsible for the validity of any assignment.

All or a portion of all benefits provided by the Policy for Emergency Sickness Medical Expense may, at Our option, be paid directly to the provider of the service(s) to You. All benefits not paid to the provider will be paid to You.

If any benefit is payable to: (a) a Certificate Holder who is a minor or otherwise not able to give a valid release; or (b) to Your estate, We may pay any amount due under the Policy to any relative of Yours whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.



**Subrogation:** If the Company has made a payment for a loss under this Policy, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. You shall help the Company exercise the Company's rights in any reasonable way that the Company may request: and You shall not do anything after the loss to prejudice the Company's rights: and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recover for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss.

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