

# Camp America

## Upgrade Baggage Benefit

2026

Policy # CC015749-BAGGAGE



Administered by  
Cultural Insurance Services International

This plan is underwritten by  
Crum & Forster SPC

### CLASSES OF ELIGIBLE PERSONS:

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class.

- Class 1 Participants up to age 40 who are enrolled in a program sponsored by the Participating Organization and traveling outside their Country of Permanent Residence. US residents/citizens are not eligible.
- Class 2 Participants over age 40 who are enrolled in a program sponsored by the Participating Organization and traveling outside their Country of Permanent Residence. US residents/citizens are not eligible.

### LINK TO ENROLL:

[https://www.mycisi.com/CISIPortalWeb/pub/SelfEnrollment.aspx?sponsor=CAMP-BAGGAGE&INS\\_TYPE=BA2&COV\\_TYPE=PO](https://www.mycisi.com/CISIPortalWeb/pub/SelfEnrollment.aspx?sponsor=CAMP-BAGGAGE&INS_TYPE=BA2&COV_TYPE=PO)

### RATE:

\$17.73 per Month

One month is calculated from date to date. Example: 15-June-2026 to 15-July-2026 would be considered one month.

### SCHEDULE OF BENEFITS

COVERAGE AND SERVICES	BENEFIT MAXIMUM
Personal Property Benefit	\$2,000
Deductible for Personal Property	\$100
<b>Benefit Maximum Per Trip:</b>	
Computers	\$1,000
Electronic Devices	\$500
Maximum for all other covered items	\$100

## PERSONAL PROPERTY BENEFIT

We will reimburse the Covered Person the reasonable cost, up to the Benefit Maximum shown in the *Schedule of Benefits* after satisfaction of the Deductible, for replacement of any personal property that is lost or totally destroyed while the Covered Person is on his or her Trip. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. The Covered Person must demonstrate that he or she has taken reasonable precautions for the safety and security of any covered property, and We require certification by a police or security authority in an incident report.

For any claim the Covered Person makes under this Benefit, We are entitled to make reasonable repairs or salvage efforts to restore his or her personal property or to keep the damaged property if We choose to do so. We will require valid receipts of replacement goods prior to payment of any benefits.

“Personal Property” means personal goods belonging to the Insured or for which the Insured is responsible and are taken on the business Trip or acquired by the Insured during the Trip. It does not include vehicles (including aircraft and other conveyances) or their accessories or equipment.

## EXCLUSIONS AND LIMITATIONS

**We will not pay Personal Property Benefit(s) for:**

- loss or damage due to:
  - i. moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship;
  - ii. mechanical or electrical failure;
  - iii. any process of cleaning, restoring, repairing, or alteration.
- more than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair.
- devaluation of currency or shortages due to errors or omissions during monetary transactions.
- any loss not reported to either the police or transport carrier within 24 hours of discovery.
- any loss due to confiscation or detention by customs or any other authority.

If We determine the benefits paid under this Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

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

## ADMINISTRATIVE PROVISIONS

**Premiums:** The premiums for this Policy will be based on the rates currently in force, the plan and amount of insurance in effect.

**Changes In Premium Rates:** We may change the premium rates from time to time with at least 31 days advanced written, or authorized electronic or telephonic notice. We reserve the right to change rates at any time if any of the following events take place.

1. The terms of the Policy change.
2. A division, subsidiary, affiliated organization, or eligible class is added or deleted from the Policy.
3. Any federal or state law or regulation is amended to the extent it affects Our benefit obligation.
4. There is a change in the market factors or factors bearing on the risk assumed.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment

will apply from the date of the change to the next Premium Due Date.

**Payment of Premium:** The first Premium is due on the Policy Effective Date. If any premium is not paid when due, the Policy will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

**Policy Grace Period:** A Policy Grace Period of 31 days will be granted for the payment of the required premiums. The Policy will remain in force during the Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last Premium Due Date on which required premiums were paid. The Policyholder will be liable to Us for any unpaid premium for the time the Policy was in force.

## GENERAL PROVISIONS

**Entire Contract; Changes:** The Policy, the application of the Policyholder, a copy of which is attached, endorsements, riders, and the application or participation agreement with the Participating Organization and attached papers constitute the entire contract between the parties. If an application of a Plan Participant is required, the application of any Plan Participant, at Our option, may also be made a part of this contract.

All statements made by the Policyholder, Participating Organization, or by a Plan Participant are deemed representations and not warranties. No such statement will cause us to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is or has been furnished to such person; or, in the event of his death or incapacity, his beneficiary or representative. After 2-years from the Plan Participant's effective date of coverage, no such statement, except in the case of fraud or with respect to eligibility for coverage, will cause such coverage to be contested.

No change in the Policy will be valid until approved by one of Our executive officers. This approval must be endorsed on or attached to the Policy. No agent may change the Policy or waive any of its provisions.

**Workers' Compensation Insurance:** The Policy is not in lieu of and does not affect any requirement for coverage under any Workers' Compensation Insurance.

**Policy Effective Date And Termination Date:** The Policy begins on the Policy Effective Date shown on page 1 of the Policy. We may terminate this Policy by giving 31 days advance notice in writing (or authorized electronic or telephonic means) to the Policyholder. The Policyholder may terminate this Policy on any Premium Due Date by giving 31 days advance written (or authorized electronic or telephonic) notice to Us. This Policy terminates automatically on the earlier of: 1) the last day of the Policy Term; or 2) the Premium Due Date if Premiums are not paid when due.

**Clerical Error:** Clerical error in keeping any records pertaining to the coverage, whether by the Policyholder or by the Company, will not invalidate coverage otherwise validly in force nor continue coverage otherwise validly terminated, provided such clerical error is not prejudicial to the Company and is rectified promptly upon discovery.

**EVIDENCE OF COVERAGE:** Where it is required by law, or upon the request of the Policyholder, an Evidence of Coverage of insurance will be delivered to the Participating Organization for delivery to each Plan Participant. Each Evidence of Coverage will list the benefits, conditions and limits of the Evidence of Coverage. It will state to whom the benefits will be paid.

**ASSIGNMENT:** No assignment of interest in loss of life benefits shall be binding on the Company until the original or duplicate thereof is received by the Company. The Company assumes no responsibility for the validity of such assignment.

**INSOLVENCY:** The insolvency, Bankruptcy, financial impairment, receivership, voluntary plan of arrangement with creditors, or dissolution of the Policyholder will not impose upon the Company any liability other than the liability

defined in the Policy. The insolvency of the Policyholder will not make the Company liable to the creditors of the Policyholder, including Plan Participants under the Policy.

**WAIVER:** Failure of the Company to strictly enforce its rights under the Policy at any time or under any circumstance shall not constitute a waiver of such rights by the Company at any time under the same or different circumstances.

**SANCTIONS:** The Company shall not be deemed to provide coverage nor be liable to pay any claim or provide any benefit under this Policy to the extent that the provision of such coverage, payment of such claim or provision of such benefit would expose the Company to any sanction, prohibition or restriction, including under United Nations resolutions, or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

#### **DISCLOSURES**

**NOTE:** This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

**PRIVACY STATEMENT:** We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us 1-800-303-8120 or by visiting us at [https://www.culturalinsurance.com/cisi\\_privacy.asp](https://www.culturalinsurance.com/cisi_privacy.asp).

**COMPLAINTS:** In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team [https://www.culturalinsurance.com/cisi\\_privacy.asp#CONTACT](https://www.culturalinsurance.com/cisi_privacy.asp#CONTACT).

**DATA PROTECTION:** Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

THIS IS A LIMITED BENEFIT POLICY. The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

Insurance benefits are underwritten by Crum & Forster, SPC. C&F and Crum & Forster are registered trademarks of the parent of Crum & Forster, SPC. The Crum & Forster group of companies is rated A+ (Superior) by AM Best Company 2025.

By purchasing this insurance provided by Crum & Forster SPC, under the jurisdiction of the Cayman Islands, you become a member of the Fairmont Specialty Trust.

## CONTACT INFORMATION:

### CLAIMS ADMINISTRATOR

#### Cultural Insurance Services International

**Address:** 1 High Ridge Park, Stamford, CT 06905

**Phone:** 1-800-303-8120

**Fax:** 1-203-399-5596

**Website:** [www.mycisi.com](http://www.mycisi.com)

**Benefit or Claim Questions:** [inquiries@mycisi.com](mailto:inquiries@mycisi.com)

**Claim Submissions** online, email, mail or fax:

**Online:** Through the Participant Portal: [myCISI/ParticipantOnlinePortal](http://myCISI/ParticipantOnlinePortal)

**Email:** [submityourclaim@mycisi.com](mailto:submityourclaim@mycisi.com)

**Mail:** 1 High Ridge Park, Stamford, CT 06905

**Fax:** 1-203-399-5596

### PLAN ADMINISTRATOR

#### Cultural Insurance Services International

**Address:** 1 High Ridge Park, Stamford, CT 06905

**Phone:** 1-800-303-8120

**Fax:** 1-203-399-5596

**Website:** [www.mycisi.com](http://www.mycisi.com)

### TRAVEL ASSISTANCE TEAM (NON-INSURANCE SERVICES)

#### Robin Assist

**Phone:** (888) 505-2474 | (743) 244-2474

**Email:** [CISIAssist@RobinAssist.com](mailto:CISIAssist@RobinAssist.com)

**Whatsapp:** (743) 244-2474



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A FAIRFAX COMPANY

**Insurer:**

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**Participating Organization:**

Camp America USA

**Policy Holder:**

Fairmont Specialty Trust

**Policy Holder Address:**

ITA GlobalTrust,LTD

Suite 4210, 2nd Floor Canella Court, 48 Market St,

Camana Bay PO Box 32203,

Grand Cayman KY1-1208, Cayman Islands

**Policy Number:**

CC015749

**Policy Effective Date:**

January 1, 2026

**Policy Expiration Date:**

December 31, 2026

The Policy is a legal contract between the Policyholder and Crum & Forster SPC for and on behalf of ITI SP (herein referenced as “the Company”). This Policy is issued by Crum & Forster SPC for and on behalf of ITI SP to the Fairmont Specialty Trust located in the Cayman Islands. This Policy is not subject to U.S. jurisdiction.

**Master Policy** means that certain group insurance policy issued to Fairmont Specialty Trust.

**Underwriter** shall mean Crum & Forster SPC.

The Company agrees to provide insurance, in exchange for the payment of the required premium. Coverage is subject to the terms and conditions described in the Policy.

The Company and the Policyholder have agreed to all the terms and conditions of the Policy. The Policy and the coverage provided by it become effective at 12:01 A.M. at the address of the Policyholder on the Policy Effective Date shown above. It continues in effect in accordance with the provisions set forth in the Policy.

**THIS IS LIMITED BENEFIT SHORT DURATION COVERAGE. READ IT CAREFULLY. THE POLICY IS NOT RENEWABLE**

The Company agrees to provide insurance, in exchange for payment of the required premium. Coverage is subject to the terms and conditions described in the Policy. The Company and the Policyholder have agreed to all the terms and conditions of the Policy.

The Company hereby insures all persons whose application has been accepted by Our administrator on behalf of the Company, subject to all the exclusions, limitations and provisions set forth in this Policy. Coverage is afforded only with respect to the Covered Person, the coverage, the amounts, and the limits specified in the Certificate issued to the Covered Person, for which premium has been paid.

By purchasing this insurance provided by Crum & Forster SPC, you become a member of Fairmont Specialty Trust.

