



## **AUTOMATIC COMMON CARRIER BAGGAGE REIMBURSEMENT**

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

### **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: JPMorganChase (“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.

### **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 Insureds 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 March 1, 2006, 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 last.

### 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

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 Insureds 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.