



**DIVING ACCIDENT INSURANCE
FREE STUDENT MEMBERSHIP
CA-GO-Pr-Sep2016**

Preface

This is a personal accident and emergency medical expense related to diving policy ONLY group insurance covering members of the DiveAssure Association.

The Insurer will pay or reimburse you in accordance with the Schedule below. Benefit payment is subject to the definitions, limitations, exclusions and other provisions within your certificate. For more information and complete details of terms, conditions, limitations and exclusions of coverage, please refer to your certificate. Product features and availability may vary by state.

Covered Activities

You are covered while in the process of obtaining your entry level qualification as an open water diver, and are under the supervision of and Diving with a qualified diving instructor who is the holder of a valid diving instructor's certificate issued by a Recognized Certifying Agency and Diving according to the generally accepted standards of the diving community.

A Dive begins upon entering the water and ends upon getting out of the water. A Dive must begin while Your coverage is in force and must occur in an area in which snorkeling and/or scuba diving is not prohibited. In the case of SCUBA Diving, You must be equipped with Personal Diving Equipment.

You must perform all dives in strict adherence to the standards and procedures set up by Your Recognized Certifying Agency for the type and depth of the dive You make.

Coverage under the policy is worldwide and has no depth limitation.

"Dive, SCUBA diving or Diving" means making a RECREATIONAL dive using personal SCUBA (Self Contained Underwater Breathing Apparatus) gear, Snorkeling, Hookah diving and Breath-hold free-diving (APNOEA). Spear fishing is covered, provided it is done without the use of SCUBA Equipment.

SCHEDULE OF BENEFITS – United States Dollars

Coverage	Limit
A.1 Medical Expenses Benefits	\$50,000
A.2 Emergency Medical Evacuation / Repatriation Benefit	\$2,500
A.3 Accidental Death and Dismemberment Benefits	\$1,000
A.4 Repatriation of Remains Benefit	\$2,500

The Coverages listed above may not be available in all states. For more information and complete details of terms, conditions, limitations, and exclusions of coverage, please refer to your Certificate of Insurance.

Co-Coverage and Deductibles:

A \$250 deductible applicable to each Covered Accident

Part A - MEDICAL AND ACCIDENT PROTECTION

A.1. Medical Expense Benefit

The Insurer will pay the Maximum Benefit shown in the Schedule of Coverages, for Covered Expenses from a Covered Accident. These benefits are subject to the: Deductibles; Benefit Periods; and other terms or limits shown in the Schedule of Benefits. Coverage secondary to any other policies that You may have.

Benefit Period is limited to one year. Deductible must be incurred within 90 days.

Medical Expense Benefits are only payable:

1. For Usual and Customary Charges incurred after the Deductible has been met;
2. For those Medically Necessary Covered Medical Expenses that You receive; and
3. When the first charges are incurred within 30 days after the date of the Covered Accident.

No benefits will be paid for any expenses incurred that, in the Insurer's judgment, are in excess of Usual and Customary Charges.

Covered Medical Expenses

1. Hospital room and board expenses: the daily room rate when You are Hospital confined; and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
2. Ancillary hospital expenses: services and supplies including: operating room; laboratory tests; anesthesia; and medicines (excluding take home drugs) when Hospital confined. This does not include personal services of a non-medical nature.
3. Daily intensive care unit expenses: the daily room rate when You are Hospital confined in a bed in the intensive care unit; and nursing services other than private duty nursing services.
4. Medical emergency care (room and supplies) expenses: incurred within 72 hours of an Accident and including: the attending Doctor's charges; X-rays; laboratory procedures; use of the emergency room; and supplies.
5. Outpatient surgical room and supply expenses for use of the surgical facility.
6. Outpatient: diagnostic x-rays; laboratory procedures; and tests.
7. Doctor non-surgical treatment/examination expenses (excluding medicines) including: the Doctor's initial visit; each Medically Necessary follow-up visit; and consultation visits when referred by the attending Doctor.
8. Doctor's surgical expenses. If an Injury or Sickness requires multiple surgical procedures through the same incision, the Insurer will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session but through different incisions, the Insurer will pay as shown in the Schedule of Benefits for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.
9. Assistant surgeon expenses when Medically Necessary
10. Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
11. Outpatient laboratory test expenses.
12. X-ray expenses (including reading charges) but not for dental x-rays.
13. Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is: whole; sound; and a natural tooth at the time of the Accident.
14. Outpatient registered nurse services if ordered by a Doctor.
15. Ambulance expenses for transportation from the emergency site to the Hospital.
16. Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
17. Prescription Drug Expenses including: dressings; drugs; and medicines prescribed by a Doctor and administered on an outpatient basis.
18. Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for You. The Insurer will not cover: computers; motor vehicles; or modifications to a motor vehicle; ramps and installation costs; eyeglasses; and hearing aids.
19. Medical services and supplies: expenses for blood and blood transfusions; oxygen and its administration.
20. Eyeglasses; contact lenses; and hearing aids; when damage occurs in a Covered Accident that requires medical treatment.
21. Emergency medical treatment of pregnancy.

In the event hyperbaric chamber treatment is required, GBG Assist must be notified as soon as reasonably possible or your claim can be denied.

A.2. Emergency Medical Evacuation / Repatriation Benefit

The Insurer will pay the Maximum Benefit as shown in the Schedule of Benefits for expenses incurred for the medical evacuation or repatriation of You. Benefits are payable if You:

1. Are traveling more than 100 miles away from Your home;
2. Suffer an Injury during the course of the covered Activity; and
3. Require Emergency Medical Evacuation.

Benefits will not be payable unless:

1. The Doctor ordering the Emergency Medical Evacuation certifies the severity of Your Injury requires an Emergency Medical Evacuation or repatriation;
2. All transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. The charges incurred are Medically Necessary and do not exceed the usual level of charges for similar: transportation; treatment; services; or supplies in the locality where the expense is incurred; and
4. Do not include charges that would not have been made if there were no insurance.

An Emergency Medical Evacuation also includes: Medically Necessary medical treatment; medical services; and medical supplies necessarily received in connection with such transportation.

After Hospitalization or treatment for a covered Injury, if You are unable to continue Your Trip, the Insurer's designated assistance provider, in conjunction with the local attending Doctor and/or Your habitual Doctor, will organize Your return to Your Home Country or country of permanent assignment. If the gravity of the situation so dictates, the Insurer's designated assistance provider will ensure that appropriate medical care is provided to You during the return Trip. If the Insurer's designated assistance provider and the local attending medical practitioner consider You stable enough to be medically repatriated, without endangering Your health, and the You refuse repatriation, the Insurer will continue to pay medical expense benefits incurred after the date repatriation was recommended only up to the amount that would have been payable for the medical repatriation, subject to policy maximums and limitations.

Benefits will not be payable unless the Insurer authorizes in writing or by an authorized electronic or telephonic means all expenses in advance.

A.3. Accidental Death and Dismemberment Benefits

The Insurer will pay the Benefit Amount shown below, if Injury to You results, within 365 days, in any one of the losses shown below. The Principal Sum is shown in the Schedule of Benefits.

B. Loss Description	Percentage of Principal Sum
Loss of Life	100%
Loss of Two or more Members	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of One Member	50%
Uniplegia	25%
Loss of Thumb and Index Finger of the same hand	25%
Loss of Four Fingers of the Same Hand	20%

In case of dismemberment followed by the death of the Insured, one benefit only, the largest, will be paid to the Insured or the Insured's beneficiaries.

If the Insured suffers more than one type of paralysis as a result of the same accident, only one amount – the largest – will be paid.

A.4. Repatriation of Remains Benefit

The Insurer will pay the Maximum Benefit as shown in the Schedule of Benefits for preparation and return of Your body to Your Home Country if You die due to an Injury while on a covered Trip more than 100 miles from Your home. Covered expenses include:

1. Expenses for embalming or cremation;
2. The least costly coffin or receptacle adequate for transporting the remains;
3. Transporting the remains by the most direct and least costly conveyance and route possible.

Benefits will not be payable unless the Insurer authorizes in writing or by an authorized electronic or telephonic means all expenses in advance. All Repatriation benefits must be coordinated and pre-approved by GBG Assist

DEFINITIONS

Policy Definitions

"Accident" - means an unexpected; and unintended event.

"Doctor" - means a licensed health care provider: acting within the scope of his or her license; and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a: Covered Person; the Covered Person's Immediate Family Member; or a member of the Covered Person's household.

"Doctor" - means a licensed health care provider: acting within the scope of his or her license; and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a: Covered Person; the Covered Person's Immediate Family Member; or a member of the Covered Person's household.

"Emergency Medical Evacuation" means:

1. Your immediate transportation from the place where You suffer an Injury to the nearest: Hospital; or other medical facility where appropriate medical treatment can be obtained; or
2. Your transportation to Your Home Country to obtain further medical treatment in a: Hospital; or other medical facility; or to recover after suffering an Injury.

"Family Member" means a Covered Person's parent; sister; brother; husband; wife; or children.

"Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body.

"Hospital" means (a) a licensed and registered hyperbaric chamber for treatment of dive related emergencies and (b) an institution that: 1) operates as a Hospital pursuant to law for the: care; treatment; and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for: diagnosis; treatment; and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a: nursing care facility; rest home; convalescent home; or similar establishment; or any separate: ward; wing; or section of a Hospital used as such; and 6) is not a place solely for: drug addicts; alcoholics; or the aged; or any separate ward of the Hospital.

"Immediate Family Member" means Your spouse; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian; ward; step or adopted children; step-parents; aunts; uncles; nieces; and nephews; who reside in the same country as You.

"Injury" means accidental bodily harm sustained by a Covered Person that results directly and independent of disease or bodily infirmity from a Covered Accident including Decompression Illness. All Injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.

"Loss of a Thumb and Index Finger of the Same Hand" or **"Loss of Four Fingers of the Same Hand"** means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

"Member" means hand or foot, sight, speech, and hearing.

"Paraplegia" means the complete and irreversible paralysis of both lower limbs.

"Personal Property" means the personal effects owned by the Covered Person for: personal use; adornment; or amusement.

"Pre-existing Condition" means a: Sickness; disease; or other condition of Yours, that in the 6 month period before Your coverage became effective under the Policy:

"Quadriplegia" means the complete and irreversible paralysis of both upper and both lower limbs.

"Serious Injury" or "Serious Sickness" means Bodily Injury or Sickness certified as being dangerous to life by a legally qualified medical practitioner.

"Severance" means the complete separation and dismemberment of the part from the body.

"Travelling Companion" means up to two (2) person(s) who are booked to accompany You on Your Trip.

"Uniplegia" means the complete and irreversible paralysis of one limb.

"Usual and Customary Charge(s)" means the average amount charged by most providers for: treatment; service; or supplies in the geographic area where the: treatment; service; or supply is provided.

1. First: manifested itself; worsened; became acute; or exhibited symptoms that would have caused a person to seek: diagnosis; care; or treatment; or
2. Required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. Was treated by a Doctor; or treatment had been recommended by a Doctor.

General Association Definitions

"Common Carrier" - means an air conveyance operating under a license for the transportation of passengers for hire.

"Covered Activity(ies)" means making a Dive (Diving) while in the process of obtaining your entry level qualification as an open water diver, and are under the supervision of and Diving with a qualified diving instructor who is the holder of a valid diving instructor's certificate issued by a Recognized Certifying Agency and Diving according to the generally accepted standards of the diving community. A Dive begins upon entering the water and ends upon getting out of the water. A Dive must begin while Your coverage is in force and must occur in an area in which snorkeling and/or scuba diving is not prohibited. In the case of SCUBA Diving, You must be equipped with Personal Diving Equipment.

"Dive, SCUBA diving or Diving" - means making a RECREATIONAL dive using personal SCUBA (Self Contained Underwater Breathing Apparatus) gear, Snorkeling, Hookah diving and Breath-hold free-diving (APNOEA). Spear fishing is covered, provided it is done without the use of SCUBA Equipment.

Recreational Diving includes also dive training or diving as a scuba instructor, dive master, underwater photographer or while performing research under the auspices and following the diving safety guidelines of the American Academy of Underwater Scientists. Diving MUST be done in strict observance of the guidelines and recommendations set by one of Your Certifying Agency.

A Dive begins upon entry into the water and ends upon exit from the water. A Dive must begin while Your coverage is in force and must occur in an area in which Diving is not prohibited. In the case of scuba Diving, You must be equipped with Personal Diving Equipment.

You must be (a) the holder of a valid diver certificate, issued to you by one of the diving certifying agencies listed below ("Your certifying agency") and qualified as a diver for the dive you perform or (b) in the process of obtaining Your qualification as a diver under the supervision of and diving with a qualified diving instructor affiliated with an Internationally recognized certifying agency. You must perform all dives in strict adherence to the standards and procedures set up by Your Recognized Certifying Agency

"Decompression Illness" means decompression sickness or arterial gas embolism resulting from a Covered Activity.

"Economy Airfare" - means the lowest published rate for a one-way ticket.

"Emergency sickness" means an illness or disease, diagnosed by a Doctor, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to You suffering the symptom and while You are participating in a Covered Activity.

Exclusions:

The following will not be covered by the Insurers:

- The first \$250 incurred by you.
- Any ear injuries or ear sickness of any kind.
- Using a spear gun or similar device in conjunction with SCUBA.
- Commercial Diving.
- Diving as a professional diver except; scuba instructor, dive master, underwater photographer or while performing research under the auspices and following the diving safety guidelines of the American Academy of Underwater Scientists.
- Making a recreational technical dive (mixed gasses, gas switch, re-breather, wreck, cave and ice diving to a depth of more than 50 meters without proper certification and training and/or not following strictly the guidelines set for that particular dive.
- Competitions of any kind, unless pre-approved by the insurer.

- Record breaking or training for such.

"Medically necessary" means a treatment, service or supply that is: 1) required to treat an Injury; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are **not** considered Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. The Insurer may, at the Insurer's discretion, consider the cost of the alternative to be the Covered Expense.

"Personal Diving Equipment" - means:

- Diving equipment, Your property or property in Your control, which feeds compressed or enriched gas
- Floating balance
- Rapid release buckle on the diving appliance
- Belt and on the weights
- Instrument to measure time and to measure depth (one per couple), and
- Warning instrument showing depletion of gas in the tank.
- Personal diving equipment also includes HOOKAH diving gear property of You or in the Your care, custody or control.

"Recognized Certifying Agency" - means recognized diving organization that provides guidelines and recommendations for safe diving. The following certifying agencies are recognized ("Your certifying agency"):

ACUC - American Canadian Underwater Certifications
 ADS - Association of Diving School (Japan/International)
 ANDI - American Nitrox Divers International
 BSAC - British Sub Aqua Club
 CMAS - Confédération Mondiale des Activités Subaquatiques
 HSA - Handicap Scuba Association
 IAHD - International Association for Handicapped Divers
 IANTD - International Association of Nitrox and Technical Divers
 IART - International Association of Rebreather Trainers
 IDEA - International Diving Educators Association
 NAUI - National Association of Underwater Instructors
 PADI - Professional Association of Diving Instructors / PADI TecRec (DSAT)
 PDIC - Professional Diving Instructors Corporation International
 RAID - Rebreather Association of International Divers
 SDI - Scuba Diving International
 SSI - Scuba Schools International / SSI TXR
 TDI - Technical Diving International
 YMCA SCUBA (Program ceased as of 31 December 2008)
 ITDA - International Technical Diving Association
 NAUI Tec - National Association of Underwater Instructors
 TSA - Trimix Scuba Association
 AIDA International
 FII - Freediving Instructors International
 ERDI - Emergency Response Diving International
 AAUS - American Academy of Underwater Sciences
 CAUS - Canadian Association for Underwater Science
 DIA - Dive International Agency
 SDSC - Scientific Diving Supervisory Committee
 NAS - Nautical Archaeology Society
 EUF - European Underwater Federation
 IDSA – International Diving Schools Association
 IMCA – International Marine Contractors Association
 WRSTC - World Recreational Scuba Training Council

"The Insurer" - means Catlin Insurance Company Incorporated or its authorized agent.

General Conditions

1. All medical claims must be submitted within 90 days from date of incident.

2. You hereby agree to provide details of any known coverage in effect at the time of loss and that GBG has the right to review and potentially subrogate with any undeclared coverage whether known or unknown to You.
3. If You or any person acting on Your behalf shall make any claim or statement knowing the same to be false or fraudulent as regards amount or otherwise, then this Insurance shall become void and all claims hereunder shall be forfeited without refund of premium.
4. The Insurer may at their own expense take proceedings in the name of You to recover compensation or secure an indemnity from any third party in respect of any loss, damage or expense covered by this Insurance and any amounts recovered or secured shall belong to the Insurer.
5. Unless specified this insurance does not cover anything caused directly or indirectly through bankruptcy/liquidation of any tour operator, travel agent, and transportation company or accommodation supplier.
6. Benefits and premiums in this policy may be denominated in US Dollars and benefits will be stated in the same currency in which the premium is paid.

General Exclusions

This policy does not pay benefits for any loss or Injury that is caused by, or results from:

1. Suicide or attempted suicide.
2. Intentionally self-inflicted Injury.
3. War or any act of war, whether declared or not.
4. Sickness; disease; bodily or mental infirmity; bacterial infections, except infections which result from an accidental injury, or infection which result from accidental, involuntary or unintentional ingestion of a contaminated substance.
5. Piloting or serving as a crewmember.
6. Commission of, or attempt to commit: a felony; an assault; or other illegal occupation.
7. Active participation in a riot, or insurrection.
8. flight in; boarding; or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as:
 - a. a fare-paying passenger on a regularly scheduled commercial or charter airline;
 - b. a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight;
 - c. a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
9. An Accident if You are the operator of a motor vehicle and do not possess a valid motor vehicle operator's license, except while participating in driver's education Program.
10. An Accident that occurs while on active duty service in the: military; naval; or air force of any country or international organization. Upon the Insured's receipt of proof of service, the Insurer will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
11. A cardiovascular malfunction or stroke caused solely and exclusively by exertion, as verified by a Doctor, while you participate in a Covered Activity.
12. Aggravation of an Injury you suffered before participating in that Covered Activity, unless the Insurer receives a written medical release from your Doctor prior to engaging in the Covered Activity.
13. You being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor.
14. Injury where your Trip to the host country is undertaken for treatment or advice for such Injury, except as provided in the Policy.

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

In addition to the exclusions above, the Insurer will not pay Medical Expense Benefits for any loss, treatment or services resulting from:

1. Pre-Existing Conditions, as defined herein.
2. Treatment by persons employed or retained by DiveAssure, or by any Immediate Family Member or member of your household.
3. Treatment of: sickness; disease; or infections; except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
4. Treatment of all types of hernia; Osgood-Schlatter's Disease; osteochondritis; appendicitis; osteomyelitis; cardiac disease or conditions; pathological fractures; congenital weakness; detached retina unless caused by an Injury; or mental disorder or psychological or psychiatric care or treatment; whether or not caused by a Covered Accident.
5. Pregnancy; childbirth; miscarriage; abortion; or any complications of any of these conditions. This does not apply if treatment is required as a result of a Covered Accident.
6. Mental and nervous disorders.
7. Damage to or loss of dentures or bridges; or damage to existing orthodontic equipment (except as specifically covered by the Policy).

8. Expense incurred for treatment of: temporomandibular or craniomandibular joint dysfunction; and associated myofascial pain.
9. Injury or death to which a contributing cause is: your violation or attempt to violate any duly-enacted law; or the commission or attempt to commit an assault or a felony; or that occurs while you are engaged in an illegal occupation.
10. Blood; blood plasma; or blood storage; except expenses by a Hospital for processing or administration of blood.
11. Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
12. Any: elective treatment; surgery; health treatment; or examination; including any: service; treatment; or supplies that: (a) are deemed by the Insurer to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
13. Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).
14. Treatment of Injuries that result over a period of time (such as: blisters; tennis elbow; etc.), and that are a normal, foreseeable result of participation in the Covered Activity.
15. Treatment or service provided by a private duty nurse.
16. Replacement of: artificial limbs; eyes; and larynx.
17. Covered medical expenses for which you would not be responsible for in the absence of the Policy.
18. Conditions that are not caused by a Covered Accident.
19. Participation in any activity or hazard not specifically covered by the Policy.
20. Any: treatment; service; or supply not specifically covered by the Policy.
21. Personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.
22. Birth defects and congenital anomalies; or complications which arise from such conditions.
23. new eye glasses or contact lenses; eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses; or repair or replacement of existing eye glasses or contact lenses.
24. Routine dental care and treatment.
25. Expenses incurred during holiday travel.
26. Rest cures or custodial care.
27. Organ or tissue transplants and related services.
28. Injury that occurs while you have been determined to be legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred, or under the influence of any: narcotic; barbiturate; or hallucinatory drug, unless administered by a Doctor and taken in accordance with the prescribed dosage.
29. Injury sustained while participating in amateur; club; intramural; interscholastic; intercollegiate; professional; or semiprofessional sports.
30. Confinement or institutional care.
31. Maternity and routine nursery care.
32. Any expenses covered by any other employer or government sponsored plan for which, and to the extent that you are eligible for reimbursement.
33. Services; supplies; or treatment including any period of Hospital confinement which were not: recommended; approved; and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
34. Treatment relating to: birth defects; and congenital conditions; or complications arising from those conditions.
35. Sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatments of: Acquired Immune Deficiency Syndrome (AIDS); AIDS Related Complex (ARC); or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
36. Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury.
37. Expenses incurred for birth control including surgical procedures and devices.
38. Nasal or sinus surgery, except surgery made necessary as the result of a covered Injury.
39. Expenses incurred in connection with: weak; strained; or flat feet; corns; calluses; or toenails.
40. Treatment of acne.
41. Expenses incurred for Trips taken for the purpose of seeking medical care.
42. Expenses incurred while traveling against the advice of a medical professional.

In addition to the exclusions above, the Insurer will not pay Personal Property Benefits for:

1. More than \$3,000 with respect to any one article or set of articles.
2. Vehicles (including aircraft and other conveyances) or their accessories or equipment.
3. Loss or damage due to:
 - a) Moth; vermin; insects; or other animals;
 - b) Wear and tear; atmospheric or climatic conditions; or gradual deterioration; or latent defective materials or craftsmanship;
 - c) Mechanical or electrical failure or inherent vice;
 - d) Breaking; marring; scratching; wet or dampness; spoilage; being discoloured; mold mildew; rust; frost; steam; mishandling; improper packing; improper stowage; or rough handling;
 - e) Any process of: cleaning; restoring; repairing; or alteration.
4. 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.
5. Currency.

6. Coins; deeds; bullion; stamps; securities; tickets; documents; and perishables.
7. Devaluation of currency or shortages due to errors or omissions during monetary transactions.
8. More than \$500 with respect to cash.
9. Any loss not reported to either the police or transport carrier within 24 hours of discovery.
10. Any loss due to confiscation or detention by customs or any other authority.
11. Any loss or damage directly caused by declared or undeclared war or any act thereof.
12. Household furniture.
13. Artificial teeth or limbs.
17. Property while in the: care; custody; or control of any common carrier.
18. Loss or damage due to theft unless reported to the police or competent authority.
19. Jewellery; furs; fine arts; and antiques.
20. Animal mounts or other products of taxidermy.
21. Cellular telephones; citizen band radios; tape players; radar detectors; radio; and other sound reproducing or receiving equipment.
22. Firearms; ammunitions; holsters; firearm paraphernalia.

In addition, We will not pay benefits for loss or damage caused by or resulting from:

1. Hostile or war like action in time of peace or war, including action in: hindering; combating; or defending against an: actual; impending; or expected attack by:
 - a) Any government or sovereign power (de jure or de facto), or by any authority maintaining or using: military; naval; or air forces; or
 - b) Military; naval; or air forces; or
 - c) An agent of any government power; authority; or forces.
2. Any weapon of war employing atomic fission or radioactive force whether in time of peace or war.
3. Insurrection; rebellion; revolution; civil war; usurped power; or action taken by governmental authority in: hindering; combating; or defending against such an: occurrence; seizure; or destruction under quarantine or custom regulations; confiscation by order of any government or public authority; or risks of contraband or illegal transportation or trade.
4. Radioactive contamination.
5. Breakage of glass, unless the breakage is the direct result of a covered loss.
6. Loss or destruction of property while a rented vehicle is being used for commercial purpose.
7. Loss or damage occurring subsequent to a vehicle being obtained under a fictitious: name; address; other false identification; or other fraudulent means or misrepresentation.

In addition to the exclusions above, the Insurer will not pay Trip Cancellation Benefits for:

1. the default of any:
 - a. provider of transport; or
 - b. agent of such provider; or
 - c. agent acting for You;
2. regulations made by any Government or Public Authority;
3. strikes or labor disputes which existed or of which advance warning had been given prior to the date on which Your Trip was booked;
4. delay due to the withdrawal from service temporarily or permanently of any Common Carrier on the orders or recommendations of any Port Authority of the Aviation Agency or any similar body in any country;
5. Is directly caused by or directly results from:
 - a. Any business or financial contractual obligations of: You; Your Travelling Companion; or Your Immediate Family Member;
 - b. Change of plans or disinclination of: You; Your Travelling Companion; or Your Immediate Family Member to travel on the particular Trip of Yours.

Eligibility of Membership

A Person who is at least 8 years of age but no more than 75 years old and is in the process of obtaining his entry level qualification as an open water diver, and is under the supervision of and Diving with a qualified diving instructor who is the holder of a valid diving instructor's certificate issued by a Recognized Certifying Agency and Diving according to the generally accepted standards of the diving community.

For Emergency Assistance contact GBGASSIST

Tel: (866) 914-5333 (U.S. and Canada, toll free)

(905) 669-4920 (worldwide, collect)

Fax: (949) 271-2330

Please do not use the Emergency Assistance Service for casual inquiries.

We understand the stresses associated with Emergency situations away from home.
The Emergency Assistance Service is there to help you 24 hours a day, 365 days a year.
Do not try to find your own solution, let our experts do the work for you.

Notify GBGAssist on all medical emergencies & in all cases involving repatriation or curtailment situations. Failure to do so may result in a 50% co-pay or denial of the claim.

IF THIS IS A DIVING RELATED EMERGENCY PLEASE NOTIFY THE OPERATOR SO WE CAN MAKE SURE THE PROPER RESOURCES ARE CONTACTED AS REQUIRED

CLAIMS PROCEDURE

To facilitate prompt claims settlement:

MEDICAL EXPENSES: Obtain receipts or bills from the providers of service, etc., or stating the amount paid and listing the diagnosis and treatment.

PERSONAL DIVING EQUIPMENT: In case of covered loss, theft, or damage to Personal Diving Equipment (See Part C above), contact the hotel/resort manager, tour guide or representative, and the local police; report occurrence and obtain a written statement and a police report.

To obtain claim forms and any additional information on how to report a claim, call or write:

GBG CLAIMS SERVICES
26000 Towne Centre Drive, Suite 130
Foothill Ranch, CA 92610 USA
1-866-914-5333 (USA and Canada, toll free)
1-905-669-4920 (Worldwide, collect)
Fax: 1- 949-271-2330
claims@gbg.com

TERM OF COVERAGE

Coverage begins upon enrollment by Your dive professional or Recognized Certifying Agency and upon commencement of Your participation in a Covered Activity. Subject to the Policy provisions regarding the termination date of insurance for individuals, coverage will terminate upon exit from the water after a Covered Activity and is limited to 6 (six) months.

BENEFICIARY

You may designate a beneficiary. You have the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If you are a minor, your parent or guardian may exercise this right for you. The change will be effective when the Insurer or the Insurer's authorized agent receive it. When received, the effective date is the date the notice was signed. The Insurer is not liable for any payments made before the change was received. The Insurer cannot attest to the validity of a change.

DISCLOSURE

Insurance is provided under a blanket accident insurance policy issued by Catlin Insurance Company, Inc., c/o The Corporation Trust Company, 1999 Bryan Street, Suite 900, Dallas, TX 75201 (Policy Form Series AHBA 050) to DiveAssure Association, Inc. ("DiveAssure" or "Association") in the State of Illinois. You must be a member in good standing of the association to access and enroll in this coverage. Information contained in this brochure provides only a brief description and summary of the insurance coverage and is not a contract. All insured benefits are subject to the exclusions, limitations, terms and conditions and limitations of the group policy. A certificate of insurance may be provided but any difference between the policy and the certificate will be settled according to the provisions of the policy. Insurance products are offered at the sole discretion of the association and it may change insurers or cancel coverage at any time. The insurer has the right to increase premium rates and to cancel coverage. Products may not be available in all states and product features may vary by state. This insurance is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage.

For plan inquiries please contact:

THE DIVEASSURE ASSOCIATION
For plan inquiries please contact:
THE DIVEASSURE ASSOCIATION
Customer Service Office:
16476 Wild Horse Creek Road
Chesterfield, MO 63017
Phone Number – (866) 898-0921

This policy is underwritten by:
Catlin Insurance Company Incorporated
[1330](#) Post Oak Blvd., Suite 2325
Houston, TX 77056



Coverage provided by and underwritten by Catlin Insurance Company, Inc. XL Catlin is the global brand used by XL Group Ltd's insurance subsidiaries, including Catlin Insurance Company, Inc.

LAW AND JURISDICTION

The proper Law and Jurisdiction governing this insurance shall be the laws of the state in which it is delivered.