



**ZURICH**

## **Important Notice to Florida Policyholders**

In the event you need to contact someone about this policy, for any reason, please contact your agent. If you have additional questions, you may contact the Zurich U.S. office at the following address and telephone number:

Customer Inquiry Center  
Zurich North America  
1299 Zurich Way  
Schaumburg, Illinois 60196-1056  
800-382-2150

If you have been unable to contact or obtain satisfaction from your agent or company, you may contact the Florida Office of Insurance Regulation at:

Office of Insurance Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399  
850-413-3140

### **ATTACH THIS NOTICE TO YOUR POLICY:**

This notice is for information only and does not become a part or condition of the attached document.

# Declarations

## Travel Agents And Tour Operators Professional Liability Insurance Policy



This insurance is provided by:

Zurich American Insurance Company

Policy Number: EOL5333068-13

Item 1. Named Insured: Total Transportation Solutions, Inc.  
Address: 7380 Fulcrum Avenue  
Orlando, FL 32812

The Named Insured is:  Individual  Partnership  Joint Venture  Corporation  Organization  LLC

Item 2. Policy Period: From: **06/23/2018** To: **06/23/2019**  
12:01 A.M. Standard Time at the address shown in Item 1.

Item 3. Coverages		Limits of Liability	Deductible
A. Bodily Injury And Property Damage (except Auto)	Each Occurrence	\$5,000,000	\$500
B. Bodily Injury And Property Damage Automobile (except owned auto)	Each Occurrence	\$5,000,000	\$500
C. Professional Liability	Each Negligent Act Or Negligent Omission	\$5,000,000	\$500
D. Personal Injury	Each Offense	\$5,000,000	\$500
General Aggregate Limit		<b>\$5,000,000</b>	

Item 4. Fire Legal Liability (if applicable) Any One Fire \$50,000 \$500

Item 5. Premium: \$6,739.00

Item 6. Endorsements Effective At Inception: See Attached Schedule of Forms and Endorsements

Agent: Affinity Insurance Services, Inc.  
In CA: Aon Affinity Insurance Services, Inc.  
In MN: AIS Affinity Insurance Agency, Inc.  
In OK: AIS Affinity Insurance Services, Inc.  
In NY: AIS Affinity Insurance Agency

Signed by: 

Authorized Representative

Date: June 15, 2018

# Schedule of Endorsements



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.
EOL5333068-13	06/23/2018	06/23/2019	06/23/2018

## Named Insured

Total Transportation Solutions, Inc.

The following Forms and Endorsements are included on the policy:

<u>Form No</u>	<u>Edition</u>	<u>Title</u>
U-TAP-120-B CW	03/06	Travel Agents and Tour Operators Professional Liability Insurance
U-TAP-113-A CW	08/04	Named Insured
U-TAP-100-A CW	08/04	Additional Insured
U-TAP-107-A CW	08/04	Deductible
U-TAP-259-A CW	01/18	Crisis Response and Emergency Assistance Reimbursement
U-TAP-260-A CW	01/18	Disablement Contingency Coverage
U-GU-630-D CW	01/15	Disclosure of Important Information Relating to Terrorism Risk Insurance Act
U-GU-767-B CW	01/15	Cap on Losses From Certified Acts of Terrorism
U-GU-1191-A CW	03/15	Sanctions Exclusion Endorsement
U-TAP-133-A FL	08/04	Florida Amendatory
U-TAP-192-A FL	11/04	Florida Coversheet
U-TAP-193-A FL	11/04	Table of Contents

The following forms are for notification purposes only:

<u>Form No.</u>	<u>Edition</u>	<u>Title</u>
U-GU-395-D	07/09	Important Notice to Florida Policyholders

# Named Insured



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.
EOL5333068-13	06/23/2018	06/23/2019	06/23/2018

**Named Insured and Address:**

Total Transportation Solutions, Inc.  
7380 Fulcrum Avenue  
Orlando, FL 32812

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the:

**Travel Agents and Tour Operators Professional Liability Policy**

It is hereby understood and agreed that Item 1 of the Declarations, **Named Insured** is amended to include the following:

Item 1: Named Insured:

Total Transportation Solutions, Inc.  
DBA  
Total Destination Solutions, Inc.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

# Additional Insured(s)



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.
EOL5333068-13	06/23/2018	06/23/2019	06/23/2018

**Named Insured and Address:**

Total Transportation Solutions, Inc.  
7380 Fulcrum Avenue  
Orlando, FL 32812

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the:

**Travel Agents and Tour Operators Professional Liability Coverage Form**

It is hereby understood and agreed that the following is added to Section III – PERSONS INSURED:

Any person(s) or organization(s) listed in the schedule below but only with respect to the **Travel Agency Operations** of the **Named Insured**.

It is further understood and agreed that Section II – EXCLUSIONS, Paragraph X1 is deleted in its entirety but only with respects to the **Insured(s)** listed in the schedule below.

Schedule

**Insured(s):**

Emerald Expositions, Inc. a Delaware corporation  
31910 El Obispo Street  
Suite 200  
San Juan Capistrano, CA 92675

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

# Additional Insured(s)



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.
EOL5333068-13	06/23/2018	06/23/2019	06/23/2018

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It is further understood and agreed that Section II – EXCLUSIONS, Paragraph X1 is deleted in its entirety but only with respects to the **Insured(s)** listed in the schedule below.

Schedule

**Insured(s):**

Jack Morton Worldwide  
One Woodward Avenue, Suite 1200  
Detroit, MI 48226

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

# Additional Insured(s)



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.
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It is further understood and agreed that Section II – EXCLUSIONS, Paragraph X1 is deleted in its entirety but only with respects to the **Insured(s)** listed in the schedule below.

Schedule

**Insured(s):** The Interpublic Group of Companies, Inc.  
1114 Avenue of the Americas  
New York, NY 10036

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

# Additional Insured(s)



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.
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It is further understood and agreed that Section II – EXCLUSIONS, Paragraph X1 is deleted in its entirety but only with respects to the **Insured(s)** listed in the schedule below.

Schedule

**Insured(s):**

Reunion Club of Orlando, LLC  
Attn: Director of Finance-Lucinda Fry  
7865 E. Osceola Polk Line Rd.  
Suite E  
Davenport, FL 33896

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.



# Additional Insured(s)



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EOL5333068-13	06/23/2018	06/23/2019	06/23/2018

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Total Transportation Solutions, Inc.  
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Orlando, FL 32812

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Schedule

**Insured(s):**

DECA  
1908 Association Dr.  
Reston, VA 20191

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# Additional Insured(s)



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It is further understood and agreed that Section II – EXCLUSIONS, Paragraph X1 is deleted in its entirety but only with respects to the **Insured(s)** listed in the schedule below.

Schedule

**Insured(s):** Hard Rock Cafe & Hard Rock LIVE  
6050 Universal Boulevard  
Orlando, FL 32819

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

# Additional Insured(s)



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EOL5333068-13	06/23/2018	06/23/2019	06/23/2018

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Schedule

**Insured(s):** Meeting Alliance  
Bank Plaza  
14 Main Street  
Robinsville, NJ 08691

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

# Additional Insured(s)



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Schedule

**Insured(s):**

Miami Dade County  
1015 North America Way  
Room 210  
Miami, FL 33132

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Schedule

**Insured(s):**

UCF Hotel Venture, Loews Orlando Operating Company, Inc., Loews Orlando Hotel Partner, Inc. Universal City Development Partners, Universal City Florida Partners, and their parents, subsidiaries and affiliates  
c/o Loews Hotels at Universal Orlando  
Attn: Risk Management  
6800 Lakewood Plaza Drive  
Orlando, FL 32819

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

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7380 Fulcrum Avenue  
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Schedule

**Insured(s):**

BRE/Baton Operating Lessee, LLC; WHM LLC; Panthers BRHC LLC; Hilton Worldwide, Inc. dba Boca Raton Resort and Club  
501 E. Camino Real  
Boca Raton, FL 33432

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Schedule

**Insured(s):**

BI, a registered trademark of Schoeneckers, Inc.  
7630 Bush Lake Road  
Minneapolis, MN 55439

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

# Additional Insured(s)



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EOL5333068-13	06/23/2018	06/23/2019	06/23/2018

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Total Transportation Solutions, Inc.  
7380 Fulcrum Avenue  
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It is further understood and agreed that Section II – EXCLUSIONS, Paragraph X1 is deleted in its entirety but only with respects to the **Insured(s)** listed in the schedule below.

Schedule

**Insured(s):**

Rosen Hotels & Resorts  
c/o Provinsure  
9700 International Drive  
Orlando, FL 32819

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.



# Additional Insured(s)



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Schedule

**Insured(s):** Reed Exhibitions  
383 Main Ave  
Norwalk, CT 06851

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

# Additional Insured(s)



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EOL5333068-13	06/23/2018	06/23/2019	06/23/2018

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7380 Fulcrum Avenue  
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**Travel Agents and Tour Operators Professional Liability Coverage Form**

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It is further understood and agreed that Section II – EXCLUSIONS, Paragraph X1 is deleted in its entirety but only with respects to the **Insured(s)** listed in the schedule below.

Schedule

**Insured(s):**

Marriott International Inc, Renaissance Hotel Operating Co d/b/a Renaissance  
Orlando at Sea World & Sunstone Hotels  
6677 Sea Harbor Dr  
Orlando, FL 32821

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

# Additional Insured(s)



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.
EOL5333068-13	06/23/2018	06/23/2019	06/23/2018

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Schedule

**Insured(s):**

Hilton Orlando Bonnet Creek and Waldorf Astoria Orlando  
Bonnet Creek Hilton Lessee, LLC  
14100 Bonnet Creek Resort Lane  
Orlando, FL 32821

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

# Additional Insured(s)



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Schedule

**Insured(s):**

Gaylord Palms Resort, Marriott International Inc Marriott Hotel Services Inc and RHP  
Gaylord Palms Resort & Convention Center  
6000 West Osceola Pkwy  
Kissimmee, FL 34746

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

# Certificate of Insurance Travel Agents and Tour Operators Professional Liability Insurance



UNDERWRITTEN BY  
Zurich American Insurance Company

This is to certify that the insurance policies specified below have been issued by Zurich American Insurance Company to the insured named herein and that, subject to their provisions, exclusions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured as stated.

Named Insured: Total Transportation Solutions, Inc.  
Address: 7380 Fulcrum Avenue  
Orlando, FL 32812  
Location of Operations: Worldwide  
Type of Work Covered: Travel Agency and Tour Operations

Policy Number : <b>EOL5333068-13</b>	
Policy Period: From: <b>06/23/2018</b> To: <b>06/23/2019</b> 12:01 A.M.; standard time at the address of the named insured as stated herein.	
Coverages:	Limits of Liability
A. Bodily Injury and Property Damage (except automobile)	Each Occurrence \$5,000,000
B. Bodily Injury and Property Damage Automobile (except owned automobile)	Each Occurrence \$5,000,000
C. Professional Liability	Each Negligent Act or Negligent Omission \$5,000,000
D. Personal Injury	Each Offense \$5,000,000
General Aggregate Limit	<b>\$5,000,000</b>
Fire Legal Liability (if applicable)	Any One Fire \$50,000

Effective Date: June 23, 2018

This Certificate Issued To:

Emerald Expositions, Inc. a Delaware corporation  
31910 El Obispo Street  
Suite 200  
San Juan Capistrano, CA 92675

Zurich American Insurance Company

Countersignature:  
(if required by law)

Authorized Representative

Print Date: June 15, 2018

As of the effective date noted above, certificate holder is included as an additional insured but only with respect to the operations of the Named Insured in connection with the travel and/or tour services provided.

# Certificate of Insurance Travel Agents and Tour Operators Professional Liability Insurance



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B. Bodily Injury and Property Damage Automobile (except owned automobile)	Each Occurrence \$5,000,000
C. Professional Liability	Each Negligent Act or Negligent Omission \$5,000,000
D. Personal Injury	Each Offense \$5,000,000
General Aggregate Limit	<b>\$5,000,000</b>
Fire Legal Liability (if applicable)	Any One Fire \$50,000

Effective Date: June 23, 2018

This Certificate Issued To:

Jack Morton Worldwide  
One Woodward Avenue, Suite 1200  
Detroit, MI 48226

Zurich American Insurance Company

Countersignature:  
(if required by law)

Authorized Representative

Print Date: June 15, 2018

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B. Bodily Injury and Property Damage Automobile (except owned automobile)	Each Occurrence \$5,000,000
C. Professional Liability	Each Negligent Act or Negligent Omission \$5,000,000
D. Personal Injury	Each Offense \$5,000,000
General Aggregate Limit	<b>\$5,000,000</b>
Fire Legal Liability (if applicable)	Any One Fire \$50,000

Effective Date: June 23, 2018

This Certificate Issued To:

The Interpublic Group of Companies, Inc.  
1114 Avenue of the Americas  
New York, NY 10036

Zurich American Insurance Company

Countersignature:  
(if required by law)

Authorized Representative

Print Date: June 15, 2018

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# Certificate of Insurance

## Travel Agents and Tour Operators

### Professional Liability Insurance

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Named Insured: Total Transportation Solutions, Inc.

Address: 7380 Fulcrum Avenue  
Orlando, FL 32812

Location of Operations: Worldwide

Type of Work Covered: Travel Agency and Tour Operations

Policy Number : <b>EOL5333068-13</b>	
Policy Period: From: <b>06/23/2018</b> To: <b>06/23/2019</b> 12:01 A.M.; standard time at the address of the named insured as stated herein.	
Coverages:	Limits of Liability
A. Bodily Injury and Property Damage (except automobile)	Each Occurrence \$5,000,000
B. Bodily Injury and Property Damage Automobile (except owned automobile)	Each Occurrence \$5,000,000
C. Professional Liability	Each Negligent Act or Negligent Omission \$5,000,000
D. Personal Injury	Each Offense \$5,000,000
General Aggregate Limit	<b>\$5,000,000</b>
Fire Legal Liability (if applicable)	Any One Fire \$50,000

Effective Date: June 23, 2018

This Certificate Issued To:

Reunion Club of Orlando, LLC  
Attn: Director of Finance-Lucinda Fry  
7865 E. Osceola Polk Line Rd.  
Suite E  
Davenport, FL 33896

Zurich American Insurance Company



Countersignature:  
(if required by law)

Authorized Representative

Print Date: June 15, 2018

As of the effective date noted above, certificate holder is included as an additional insured but only with respect to the operations of the Named Insured in connection with the travel and/or tour services provided.



# Certificate of Insurance Travel Agents and Tour Operators Professional Liability Insurance



UNDERWRITTEN BY  
Zurich American Insurance Company

This is to certify that the insurance policies specified below have been issued by Zurich American Insurance Company to the insured named herein and that, subject to their provisions, exclusions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured as stated.

Named Insured: Total Transportation Solutions, Inc.  
Address: 7380 Fulcrum Avenue  
Orlando, FL 32812  
Location of Operations: Worldwide  
Type of Work Covered: Travel Agency and Tour Operations

Policy Number : <b>EOL5333068-13</b>	
Policy Period: From: <b>06/23/2018</b> To: <b>06/23/2019</b> 12:01 A.M.; standard time at the address of the named insured as stated herein.	
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D. Personal Injury	Each Offense \$5,000,000
General Aggregate Limit	<b>\$5,000,000</b>
Fire Legal Liability (if applicable)	Any One Fire \$50,000

Effective Date: June 23, 2018

This Certificate Issued To:

DECA  
1908 Association Dr.  
Reston, VA 20191

Zurich American Insurance Company

Countersignature:  
(if required by law)

Authorized Representative

Print Date: June 15, 2018

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D. Personal Injury	Each Offense \$5,000,000
General Aggregate Limit	<b>\$5,000,000</b>
Fire Legal Liability (if applicable)	Any One Fire \$50,000

Effective Date: June 23, 2018

This Certificate Issued To:

Hard Rock Cafe & Hard Rock LIVE  
6050 Universal Boulevard  
Orlando, FL 32819

Zurich American Insurance Company

Countersignature:  
(if required by law)

Authorized Representative

Print Date: June 15, 2018

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C. Professional Liability	Each Negligent Act or Negligent Omission \$5,000,000
D. Personal Injury	Each Offense \$5,000,000
General Aggregate Limit	<b>\$5,000,000</b>
Fire Legal Liability (if applicable)	Any One Fire \$50,000

Effective Date: June 23, 2018

This Certificate Issued To:

Meeting Alliance  
Bank Plaza  
14 Main Street  
Robinsville, NJ 08691

Zurich American Insurance Company

Countersignature:  
(if required by law)

Authorized Representative

Print Date: June 15, 2018

As of the effective date noted above, certificate holder is included as an additional insured but only with respect to the operations of the Named Insured in connection with the travel and/or tour services provided.

# Certificate of Insurance Travel Agents and Tour Operators Professional Liability Insurance



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Zurich American Insurance Company

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C. Professional Liability	Each Negligent Act or Negligent Omission \$5,000,000
D. Personal Injury	Each Offense \$5,000,000
General Aggregate Limit	<b>\$5,000,000</b>
Fire Legal Liability (if applicable)	Any One Fire \$50,000

Effective Date: June 23, 2018

This Certificate Issued To:

Miami Dade County  
1015 North America Way  
Room 210  
Miami, FL 33132

Zurich American Insurance Company

Countersignature:  
(if required by law)

Authorized Representative

Print Date: June 15, 2018

As of the effective date noted above, certificate holder is included as an additional insured but only with respect to the operations of the Named Insured in connection with the travel and/or tour services provided.



# Certificate of Insurance

## Travel Agents and Tour Operators

### Professional Liability Insurance

UNDERWRITTEN BY  
Zurich American Insurance Company

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Named Insured: Total Transportation Solutions, Inc.

Address: 7380 Fulcrum Avenue  
Orlando, FL 32812

Location of Operations: Worldwide

Type of Work Covered: Travel Agency and Tour Operations

Policy Number : <b>EOL5333068-13</b>	
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D. Personal Injury	Each Offense \$5,000,000
General Aggregate Limit	<b>\$5,000,000</b>
Fire Legal Liability (if applicable)	Any One Fire \$50,000

Effective Date: June 23, 2018

This Certificate Issued To:

UCF Hotel Venture, Loews Orlando Operating Company, Inc., Loews Orlando Hotel Partner, Inc. Universal City Development Partners, Universal City Florida Partners, and their parents, subsidiaries and affiliates  
c/o Loews Hotels at Universal Orlando  
Attn: Risk Management  
6800 Lakewood Plaza Drive  
Orlando, FL 32819

Zurich American Insurance Company

Countersignature:  
(if required by law)

Authorized Representative

Print Date: June 15, 2018

As of the effective date noted above, certificate holder is included as an additional insured but only with respect to the operations of the Named Insured in connection with the travel and/or tour services provided.

# Certificate of Insurance Travel Agents and Tour Operators Professional Liability Insurance



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Zurich American Insurance Company

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D. Personal Injury	Each Offense \$5,000,000
General Aggregate Limit	<b>\$5,000,000</b>
Fire Legal Liability (if applicable)	Any One Fire \$50,000

Effective Date: June 23, 2018

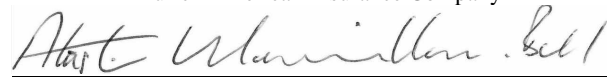
This Certificate Issued To:

BRE/Baton Operating Lessee, LLC; WHM LLC; Panthers BRHC LLC; Hilton Worldwide, Inc. dba Boca Raton Resort and Club  
501 E. Camino Real  
Boca Raton, FL 33432

Zurich American Insurance Company

Print Date: June 15, 2018

Countersignature:  
(if required by law)

  
Authorized Representative

As of the effective date noted above, certificate holder is included as an additional insured but only with respect to the operations of the Named Insured in connection with the travel and/or tour services provided.

# Certificate of Insurance Travel Agents and Tour Operators Professional Liability Insurance



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General Aggregate Limit	<b>\$5,000,000</b>
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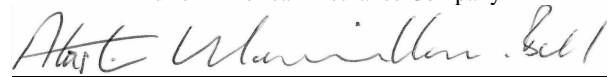
Effective Date: June 23, 2018

This Certificate Issued To:

BI, a registered trademark of Schoeneckers, Inc.  
7630 Bush Lake Road  
Minneapolis, MN 55439

Zurich American Insurance Company

Countersignature:  
(if required by law)

  
Authorized Representative

Print Date: June 15, 2018

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# Certificate of Insurance Travel Agents and Tour Operators Professional Liability Insurance



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D. Personal Injury	Each Offense \$5,000,000
General Aggregate Limit	<b>\$5,000,000</b>
Fire Legal Liability (if applicable)	Any One Fire \$50,000

Effective Date: June 23, 2018

This Certificate Issued To:

Rosen Hotels & Resorts  
c/o Provinsure  
9700 International Drive  
Orlando, FL 32819

Zurich American Insurance Company

Countersignature:  
(if required by law)

Authorized Representative

Print Date: June 15, 2018

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# Certificate of Insurance Travel Agents and Tour Operators Professional Liability Insurance



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Zurich American Insurance Company

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General Aggregate Limit	<b>\$5,000,000</b>
Fire Legal Liability (if applicable)	Any One Fire \$50,000


Effective Date: June 23, 2018

This Certificate Issued To:

Reed Exhibitions  
383 Main Ave  
Norwalk, CT 06851

Print Date: June 15, 2018

Countersignature:  
(if required by law)

Zurich American Insurance Company  
  
Authorized Representative

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# Certificate of Insurance Travel Agents and Tour Operators Professional Liability Insurance



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Effective Date: June 23, 2018

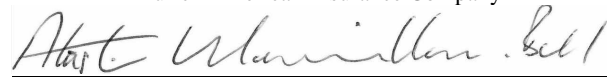
This Certificate Issued To:

Marriott International Inc, Renaissance Hotel Operating Co d/b/a Renaissance Orlando at Sea World & Sunstone Hotels  
6677 Sea Harbor Dr  
Orlando, FL 32821

Zurich American Insurance Company

Print Date: June 15, 2018

Countersignature:  
(if required by law)

  
Authorized Representative

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D. Personal Injury	Each Offense \$5,000,000
General Aggregate Limit	<b>\$5,000,000</b>
Fire Legal Liability (if applicable)	Any One Fire \$50,000

Effective Date: June 23, 2018

This Certificate Issued To:

Hilton Orlando Bonnet Creek and Waldorf Astoria Orlando  
Bonnet Creek Hilton Lessee, LLC  
14100 Bonnet Creek Resort Lane  
Orlando, FL 32821

Zurich American Insurance Company

Print Date: June 15, 2018

Countersignature:  
(if required by law)

Authorized Representative

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Zurich American Insurance Company

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C. Professional Liability	Each Negligent Act or Negligent Omission \$5,000,000
D. Personal Injury	Each Offense \$5,000,000
General Aggregate Limit	<b>\$5,000,000</b>
Fire Legal Liability (if applicable)	Any One Fire \$50,000

Effective Date: June 23, 2018

This Certificate Issued To:

Gaylord Palms Resort, Marriott International Inc Marriott Hotel Services Inc and RHP  
Gaylord Palms Resort & Convention Center  
6000 West Osceola Pkwy  
Kissimmee, FL 34746

Zurich American Insurance Company

Print Date: June 15, 2018

Countersignature:  
(if required by law)

Authorized Representative

As of the effective date noted above, certificate holder is included as an additional insured but only with respect to the operations of the Named Insured in connection with the travel and/or tour services provided.

# Deductible



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.
EOL5333068-13	06/23/2018	06/23/2019	06/23/2018

## Named Insured and Address:

Total Transportation Solutions, Inc.  
7380 Fulcrum Avenue  
Orlando, FL 32812

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

### Travel Agents and Tour Operators Professional Liability Policy

I. For purposes of this endorsement, the following definition is added to Section IV – DEFINITIONS:

#### Defense Cost means:

1. Fees, costs and expenses charged by attorneys retained or approved by the Company; and
2. Reasonable and necessary fees, costs and expenses resulting from the investigation, adjustment, defense and appeal of a **Claim** or **Suit**.

#### Defense Cost shall not include:

1. Salaries, loss of earnings, reimbursement for the **Insured's** time or attendance required in any investigation, defense or appearance otherwise provided under Section I – INSURING AGREEMENT C4;
2. Other remuneration by or to any **Insured**.

II. For purposes of this endorsement, Section VI – DEDUCTIBLE is deleted in its entirety and replaced by the following:

#### VI. DEDUCTIBLE

The Deductibles set forth in the Declarations of the policy apply as follows:

- A. Under Coverage A, the each **Occurrence** Deductible applies to all **Damages** and **Defense Cost** because of all **Bodily Injury** and **Property Damage** as the result of any one **Occurrence**, regardless of the number of persons or organizations who sustain **Damages** because of that **Occurrence**.
- B. Under Coverage B, the each **Occurrence** Deductible applies to all **Damages** and **Defense Cost** because of all **Bodily Injury** and **Property Damage** as the result of any one **Occurrence**, regardless of the number of persons or organizations who sustain **Damages** because of that **Occurrence**.
- C. Under Coverage C, the each negligent act or negligent omission Deductible applies to all **Damages** and **Defense Cost** because of any negligent act or negligent omission or series of related negligent acts or negligent omissions, regardless of the number of persons or organizations who sustain **Damages** because of such negligent act or negligent omission or series or series of related negligent acts or negligent omissions.
- D. Under Coverage D, the each offense Deductible applies to all **Damages** and **Defense Cost** because of any offense or series of related offenses, regardless of the number of persons or organizations who sustain **Damages** because of such offense or series of related offenses.
- E. The Limits of Liability shall not be reduced by the application of the Deductible.
- F. If more than one coverage part applies to any **Occurrence**, negligent act or negligent omission, or offense, the **Named Insured** is required to pay a single Deductible, as determined by the highest applicable Deductible.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

# Crisis Response and Emergency Assistance Reimbursement



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.
EOL5333068-13	06/23/2018	06/23/2019	06/23/2018

Named Insured and Address:  
Total Transportation Solutions, Inc.  
7380 Fulcrum Avenue  
Orlando, FL 32812

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the:

**Travel Agents and Tour Operators Professional Liability Policy**

**I.** The following is added to Item 3 of the Declarations:

Item 3.	Coverages:	Limits of Liability	Deductible
	F. Crisis Response and Emergency Assistance	\$25,000	Not applicable

**II.** Section I. INSURING AGREEMENT, Paragraph A. Coverages is amended to include the following:

**Coverage F Crisis Response and Emergency Assistance Reimbursement**

The Company will pay reasonable **Crisis Response and Emergency Assistance Expenses** due to the interruption of a scheduled tour arranged by the **Insured** as result of a **Crisis Event**. The Company will make these payments regardless of fault.

**III.** Section IV. DEFINITIONS is amended to include the following solely with respect to coverage provided by this endorsement:

**Crisis Event** means:

- a. A tour participant fatality caused by an accident;
- b. The injury of two (2) or more tour participants caused by a single accident and requiring hospitalization of two (2) or more tour participants;
- c. **Fire**; or
- d. Natural disaster.

**Crisis Response and Emergency Assistance Expenses** means the following reasonable expenses incurred within seventy-two (72) hours of a **Crisis Event**:

- a. Emergency travel expenses for tour participants or their immediate families;

- b. Grief counseling expenses incurred by an **Insured**;
- c. Additional travel expenses incurred by an **Insured** as result of a crisis response;
- d. Emergency assistance provided to the family of a deceased or injured participant;
- e. Emergency response coordination, public relations or spokesperson assistance; and
- f. Emergency medical evacuation or repatriation of remains.

**Fire** means any hostile fire occurring at any destination, facility, or property, which is part of an organized tour, travel itinerary or travel arrangement, provided by an **Insured**, which results in an interruption of the services to be provided by more than four (4) hours or the complete inability of an insured or its vendor or supplier to provide such services. However, the term **Fire** shall not include any damaged property owned by an **Insured**, including but not limited to vessels, autos or lodging properties.

IV. Section V. LIMITS OF LIABILITY, Paragraph B is replaced with the following solely with respect to coverage provided by this endorsement:

B. The General Aggregate Limit shown in Item 3 of the Declarations is the most the Company will pay for the sum of all **Damages** under Coverage A, B, C, D and F.

V. The following is added to Section V. LIMITS OF LIABILITY solely with respect to coverage provided by this endorsement:

Under Coverage F:

- 1. Subject to B. above, the Limit of Liability shown in Item 3 of the Declarations for Coverage F is the most the Company will pay for the sum of **Crisis Response and Emergency Assistance Expenses** caused by **Crisis Events** to which Coverage F applies.

All other terms, conditions, provisions and exclusions of this policy remain the same.

# Disablement Contingency Coverage



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.
EOL5333068-13	06/23/2018	06/23/2019	06/23/2018

Named Insured and Address:  
Total Transportation Solutions, Inc.  
7380 Fulcrum Avenue  
Orlando, FL 32812

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

### Travel Agents and Tour Operators Professional Liability Policy

**I.** The following is added to Item 3 of the Declarations:

Item 3.	Coverages:	Limits of Liability	Deductible
	G. Disablement Contingency Coverage	\$10,000	Not applicable

**II.** Section I. INSURING AGREEMENT, Paragraph A. Coverages is amended to include the following:

### Coverage G Disablement Contingency Coverage

The Company will pay reasonable expenses in connection with a **Disablement Event** lasting more than two hours, to secure alternative transportation for the **Insured's** tour participants to the next destination on the itinerary or scheduled tour. In order for coverage to apply under this Coverage G, the **Insured** must provide the Company with written confirmation received from the transportation company that operates the disabled vehicle, substantiating that they were unable to provide substitute service within a two hour time frame of the actual disablement.

**III.** Section IV. DEFINITIONS is amended to include the following solely with respect to coverage provided by this endorsement:

**Disablement Event** means a total disablement of a non-owned or hired motor coach, bus, or van designed to carry sixteen passengers or more, that has been hired with a driver or chauffer to provide transportation services for a scheduled tour arranged by the **INSURED**.

**IV.** Section V. LIMITS OF LIABILITY, Paragraph B is replaced with the following solely with respect to coverage provided by this endorsement:

**B.** The General Aggregate Limit shown in Item 3 of the Declarations is the most the Company will pay for the sum of all **Damages** under Coverage A, B, C, D and G.

**V.** The following is added to Section V. LIMITS OF LIABILITY solely with respect to coverage provided by this endorsement:

Under Coverage G:



1. Subject to B. above, the Limit of Liability shown in Item 3 of the Declarations for Coverage G is the most the Company will pay for the sum of alternative transportation expenses caused by all **Disablement Events** to which Coverage G applies.

VI. The following is added to Section VII. CONDITIONS solely with respect to coverage provided by this endorsement:

Coverage G Assignment, Refunds

In the event of loss under Coverage G, the **Insured** must execute an assignment of all rights and claims against the transportation company to the Company, for any sum paid by the Company for alternative transportation and not refunded or credited to the **Insured**. Any refund or credit received by the **Insured** in amounts up to the sum paid by the Company for alternate transportation, shall be payable to the Company within thirty (30) days of receipt by the **Insured**.

All other terms, conditions, provisions and exclusions of this policy remain the same.

**Insured Name:** Total Transportation Solutions, Inc.  
**Policy Number:** EOL5333068-13  
**Effective Date:** 06/23/2018



**THIS DISCLOSURE IS ATTACHED TO AND MADE PART OF YOUR POLICY.**

**DISCLOSURE OF IMPORTANT INFORMATION  
RELATING TO TERRORISM RISK INSURANCE ACT**

**SCHEDULE\***

Premium attributable to risk of loss from certified acts of terrorism for lines of insurance subject to TRIA: \$0.00
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\*Any information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Disclosure of Premium**

In accordance with the federal Terrorism Risk Insurance Act ("TRIA"), as amended, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to the risk of loss from terrorist acts certified under that Act for lines subject to TRIA. That portion of premium attributable is shown in the Schedule above. The premium shown in the Schedule above is subject to adjustment upon premium audit, if applicable.

**B. Disclosure of Federal Participation in Payment of Terrorism Losses**

The United States Government may pay a share of insured losses resulting from an act of terrorism. The federal share will decrease by 5% from 85% to 80% over a five year period while the insurer share increases by the same amount during the same period. The schedule below illustrates the decrease in the federal share:

- January 1, 2015 – December 31, 2015 federal share: 85%
- January 1, 2016 – December 31, 2016 federal share: 84%
- January 1, 2017 – December 31, 2017 federal share: 83%
- January 1, 2018 – December 31, 2018 federal share: 82%
- January 1, 2019 – December 31, 2019 federal share: 81%
- January 1, 2020 – December 31, 2020 federal share: 80%

**C. Disclosure of \$100 Billion Cap on All Insurer and Federal Obligations**

If aggregate insured losses attributable to terrorist acts certified under TRIA exceed \$100 billion in a calendar year (January 1 through December 31) and an insurer has met its deductible under the program, that insurer shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

**D. Availability**

As required by TRIA, we have made available to you for lines subject to TRIA coverage for losses resulting from acts of terrorism certified under TRIA with terms, amounts and limitations that do not differ materially from those for losses arising from events other than acts of terrorism.

**E. Definition of Act of Terrorism under TRIA**

TRIA defines "act of terrorism" as any act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act ("TRIA"), to be an act of terrorism. The Terrorism Risk Insurance Act provides that the Secretary of Treasury shall certify an act of terrorism:

1. To be an act of terrorism;
2. To be a violent act or an act that is dangerous to human life, property or infrastructure;

3. To have resulted in damage within the United States, or outside of the United States in the case of an air carrier (as defined in section 40102 of Title 49, United States Code) or a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), or the premises of a United States mission; and
4. To have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

No act may be certified as an act of terrorism if the act is committed as part of the course of a war declared by Congress (except for workers' compensation) or if losses resulting from the act, in the aggregate for insurance subject to TRIA, do not exceed \$5,000,000.

# CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM



Insured's Name	Policy Number	Effective Date	Endorsement Number
Total Transportation Solutions, Inc.	EOL5333068-13	06/23/2018	N/A

## THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies your insurance:

### Travel Agents and Tour Operators Professional Liability Policy

#### A. Cap on Losses From Certified Terrorism Losses

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with provisions of the federal Terrorism Risk Insurance Act ("TRIA"), to be an act of terrorism. The Terrorism Risk Insurance Act provides that the Secretary of Treasury shall certify an act of terrorism:

1. To be an act of terrorism;
2. To be a violent act or an act that is dangerous to human life, property or infrastructure;
3. To have resulted in damage within the United States, or outside of the United States in the case of an air carrier (as defined in section 40102 of Title 49, United States Code) or a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), or the premises of a United States mission; and
4. To have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

No act may be certified as an act of terrorism if the act is committed as part of the course of a war declared by Congress (except for workers' compensation) or if losses resulting from the act, in the aggregate for insurance subject to TRIA, do not exceed \$5,000,000.

If aggregate insured losses attributable to one or more "certified acts of terrorism" exceed \$100 billion in a calendar year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

#### B. Application of Other Exclusions

The terms and limitations of a terrorism exclusion or any other exclusion, or the inapplicability or omission of a terrorism exclusion or any other exclusion, do not serve to create coverage which would otherwise be excluded, limited or restricted under this policy.

# **SANCTIONS EXCLUSION ENDORSEMENT**



## **THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

The following exclusion is added to the policy to which it is attached and supersedes any existing sanctions language in the policy, whether included in an Exclusion Section or otherwise:

### **SANCTIONS EXCLUSION**

Notwithstanding any other terms under this policy, we shall not provide coverage nor will we make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under this policy to the extent that such cover, payment, service, benefit, or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

The term policy may be comprised of common policy terms and conditions, the declarations, notices, schedule, coverage parts, insuring agreement, application, enrollment form, and endorsements or riders, if any, for each coverage provided. Policy may also be referred to as contract or agreement.

We may be referred to as insurer, underwriter, we, us, and our, or as otherwise defined in the policy, and shall mean the company providing the coverage.

Insured may be referred to as policyholder, named insured, covered person, additional insured or claimant, or as otherwise defined in the policy, and shall mean the party, person or entity having defined rights under the policy.

These definitions may be found in various parts of the policy and any applicable riders or endorsements.

### **ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED**

# Florida Amendatory



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.
EOL5333068-13	06/23/2018	06/23/2019	06/23/2018

## Named Insured and Address:

Total Transportation Solutions, Inc.  
7380 Fulcrum Avenue  
Orlando, FL 32812

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

### Travel Agents and Tour Operators Professional Liability Policy

The following condition is added to Section VII – CONDITIONS:

#### Cancellation

1. This policy may be canceled by the first **Named Insured** shown in Item 1 of the Declarations by surrender of the policy to the Company or by mailing written notice to the Company stating when such cancellation shall take effect. If canceled by the first **Named Insured** shown in Item 1 of the Declarations, the Company shall retain the customary short-rate proportion of the premium. In no event may the requested date of cancellation be greater than ten (10) days prior to the date the request is received by the Company.
2. If this policy has been in effect ninety (90) days or less, the Company may cancel this policy for any reason by mailing written notice by certified mail or other first class mail to the first **Named Insured** at the address shown in Item 1 of the Declarations, and mailing to the producer of record, if any. Such cancellation shall be no fewer than ten (10) days from the date the notice is mailed for reason of nonpayment of premium and twenty (20) days from the date the notice is mailed for other reasons. Such notice shall state the reason for cancellation and shall be accompanied by a refund of unearned premium, except a premium that has been financed.
3. If this policy is in effect for more than ninety (90) days, the Company may cancel this policy for the following reasons:
  - a. Nonpayment of premium;
  - b. Material misstatement;
  - c. Failure to comply with the underwriting requirements established by the Company within ninety (90) days of the effective date of coverage;
  - d. Substantial change in risk; or
  - e. The cancellation is for all **Insureds** under such policies for a given class of **Insureds**.

If the Company cancels subject to 3a through 3e above, the Company shall mail written notice of cancellation by certified mail or other first class mail, to the first **Named Insured** at the address shown in Item 1 of the Declarations, and mail to the producer of record, if any.

Written notice of cancellation shall take effect:

- (i) Ten (10) days from the date of mailing for the reasons set forth in 3a; and
- (ii) Forty-five (45) days from the date of mailing for the reasons set forth in 3b through 3e.

Any written notice of cancellation subject to 3a through 3e shall state the reason for such cancellation and if applicable be accompanied by a refund of unearned premium, except a premium that has been financed.

4. If the Company cancels the policy, the earned premium shall be computed pro-rata. Premium adjustment may be made at the time cancellation is effected or as soon as practicable thereafter. Failure to pay any premium adjustment at, on, or around the time of the effective date of cancellation shall not alter the effectiveness of cancellation.
5. If notice is mailed, proof of mailing will be sufficient proof of notice.

#### **Nonrenewal**

1. If the Company elects not to renew this policy, the Company shall mail written notice of nonrenewal stating the reason for nonrenewal by certified mail or other first class mail to the first **Named Insured** at the address shown in Item 1 of the Declarations, and mail to the producer of record, if any, at least forty-five (45) days prior to the expiration of this policy.
2. If notice is mailed, proof of mailing will be sufficient proof of notice.
3. If the Company fails to provide any written notice required by Paragraph 1 above, the coverage provided to the first **Named Insured** shall remain in effect with no change in its terms and conditions, for a period of forty-five (45) days after the notice is given or until the effective date of replacement coverage obtained by the first **Named Insured**, whichever occurs first. The premium for this coverage shall remain the same during any such extension period except that, in the event of failure to provide notice of nonrenewal, if the rate filing then in effect would have resulted in a premium reduction, the premium during such extension of coverage shall be calculated based upon the later rate filing.
4. The transfer of a policy between companies within the same insurance group or changes in Deductible, premium, Limits of Liability or coverage are not refusal to renew.

#### **Conditional Renewal (Advance Notice Of Renewal Premium)**

1. If the Company elects to renew this policy then the Company shall mail written notice of renewal premium, by certified mail or other first class mail to the first **Named Insured** at the address shown in Item 1 of the Declarations, and mail to the producer of record, if any, at least forty-five (45) days prior to the expiration of this policy.
2. This requirement applies only if the first **Named Insured** has furnished all of the necessary information so as to enable the Company to develop the renewal premium prior to the expiration date of this policy.
3. If the Company fails to provide any written notice required in Paragraph 1 above, the coverage provided to first **Named Insured** shall remain in effect until forty-five (45) days after the notice is given or until the effective date of replacement coverage obtained by the first **Named Insured**, whichever occurs first. The premium for this coverage shall remain the same during any such extension period except that, in the event of failure to provide notice of nonrenewal, if the rate filing then in effect would have resulted in a premium reduction, the premium during such extension of coverage shall be calculated based upon the later rate filing.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.



**ZURICH AMERICAN INSURANCE COMPANY**

**A STOCK INSURANCE COMPANY**

**A MEMBER COMPANY OF ZURICH NORTH AMERICA**

**ADMINISTRATIVE OFFICE**

**1299 Zurich Way**

**SCHAUMBURG, ILLINOIS 60196-1056**

**847-605-6000**

**(For questions concerning this policy, please call 1-800-553-7348)**

**TRAVEL AGENTS AND TOUR OPERATORS PROFESSIONAL LIABILITY POLICY**



# Travel Agents And Tour Operators Professional Liability Policy



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Field Office:	Attn: Suzanne Fishman AIS Affinity Insurance Agency 900 Stewart Avenue P.O. Box 9366 Garden City, NY 11530
Date Sent:	06/19/18
Senders Name:	Suzanne Fishman
Senders Phone Number:	800-954-4322
Policy Number: <small>Note: Policy numbers must be 7 digits. Do NOT include the mod number</small>	5333068
Policy Effective Date:	06/23/18
Transaction Effective Date:	06/23/18
Transaction Type Code (Check One)  <small>Note: Transactions <u>must</u> be one of these types!</small>	<input type="checkbox"/> New Business <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Endorsement <input type="checkbox"/> Cancellation <input type="checkbox"/> Non-renewal <input type="checkbox"/> Reinstatement <input type="checkbox"/> Error Correction <input type="checkbox"/> Reprint
Audit (Check One)	<input checked="" type="checkbox"/> Non-Auditable <input type="checkbox"/> Audit – forward to Sacramento <input type="checkbox"/> Audit – forward to Harrisburg <input type="checkbox"/> Audit – do not forward <input type="checkbox"/> Audit – other