



# ARREVA

## ADVANTAGE

These plans are underwritten by Starr Indemnity & Liability Company, a Texas domiciled corporation (NAIC Company Code: 38318; TX license number: 93542) with its principal place of business at 399 Park Avenue, 2nd Floor, New York, NY 10022. Starr Indemnity & Liability Company is currently authorized to do business in all states, the District of Columbia and its territories. Not all accidental death coverage may be available in all jurisdictions. This website contains only a brief description of the coverages available under the policy and its certificate. The policy will contain reductions, limitations, exclusions, and termination provisions. This accidental death coverage provides insurance during a covered activity. You may have coverage from other sources that provide you with similar benefits but may be subject to different restrictions depending upon your other coverage. You may wish to compare the terms of these policies with your existing life, health, home, and automobile insurance policies. If you have any questions about your current coverage, call your insurer or insurance agent or broker.

Policy LTG 273880 PC-15001-REVA are administered by Starr Underwriting Agency, Inc. (FL license number: W021905; L046723) or Starr Underwriting Agency, Inc. is doing business as Starr Services Insurance Agency, Inc. in (California license number: OD73884) with its principal place of business at 399 Park Avenue, 2<sup>nd</sup> floor, New York, NY 10022. If you have any questions about the **REVA Air Ambulance** plans offered on this [www.flyreva.com](http://www.flyreva.com), you may contact REVA Customer Service Department at 877-842-0007 or via email at [aacustomerservice@flyreva.com](mailto:aacustomerservice@flyreva.com)

### **Notice and Consent:**

When you click the button on this site to purchase insurance, you are submitting a request for coverage from the insurer. This request for coverage is considered an offer by you to the insurer. The insurer may decline to accept your offer, or your coverage may later be nullified and voided as if it were never in effect, if you fail to meet the terms and conditions of that coverage. This includes, but is not limited to, any circumstance where providing cover, benefit, or services under the policy, or the underlying business or activity, would (1) violate any applicable law or regulation, including without limitation any economic or trade sanction or embargo; or (2) be provided within, or otherwise related to, any country subject to comprehensive economic and/or trade sanction or embargo in the United States.

By submitting this request for coverage, you acknowledge, understand, agree, and certify the following:

1. All information you have provided is accurate to the best of your knowledge and that, by selecting the button to complete your purchase, you are agreeing to pay the amount displayed as the total price with the credit card number provided. You are the owner and rightful user of the credit card used in this transaction. You further acknowledge, understand, and agree that plans purchased with intentionally inaccurate/fraudulent information will be considered void and that you may be subject to legal action as a result of such information.
2. You and all named insureds on your policy are U.S. residents and have obtained, or will have obtained prior to your scheduled departure date, and will maintain throughout your insured trip, all proper documentation, vaccinations, medical equipment/provisions, government licenses/authorizations/permits (including without limitation any required passports, visas, OFAC licensures, etc.), and any other prerequisite to travel that is required or otherwise necessary for your trip. You acknowledge, understand, and agree that your failure to obtain any of the above may result in a denial of coverage and/or assistance services under the plan. Additionally, you acknowledge, understand, and agree that all coverage and assistance services are subject to applicable law.

3. You consent to receiving all communications and notices from us electronically to the email address provided at the time of purchase. You may choose not to receive electronic communications and instead receive communications from us by regular mail at any time. If you do not wish to receive communications electronically, or wish to later update your preference about the receipt of electronic communications, please contact us with your name, policy number, and a statement that "I do not wish to receive electronic communications".

4. You may request paper copies to be sent to you by requesting paper of any information provided to you electronically, or update your electronic contact information at any time by sending a request by email or mail at the above address, or by calling us. Documents sent to you from us will be in either PDF or HTML format. If you are unable to receive PDF or HTML documents, or are otherwise unable to read the documents we send you, please contact us so we can assist you.

## **FRAUD STATEMENTS**

### **GENERAL FRAUD STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

### **ALABAMA FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

### **ARKANSAS, LOUISIANA, MARYLAND, RHODE ISLAND, TEXAS AND WEST VIRGINIA FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **COLORADO FRAUD STATEMENT**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

### **DISTRICT OF COLUMBIA FRAUD STATEMENT**

#### **WARNING:**

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

### **FLORIDA FRAUD STATEMENT**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

#### MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

#### MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime.

#### NEW YORK FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

#### OKLAHOMA FRAUD STATEMENT

##### WARNING:

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

#### **Confidentiality Protocol for Victims of Domestic Violence/Endangered Individuals**

New York Insurance Law § 2612 provides victims of domestic violence with certain protections including prohibiting an individual, insurer or entity supervised by the New York Department of Financial Services, solely because a person is or has been a victim of domestic violence, from:

1. refusing to issue or renew, deny or cancel any insurance policy or contract;
2. demanding or requiring a greater premium or payment from any person;
3. designating domestic violence as a preexisting condition for which coverage will be denied or reduced; and
4. using as an underwriting criterion the fact that a person is or has been a victim of domestic violence.

New York Insurance Law § 2612 also requires that certain insurers establish procedures to protect and limit access to certain personal information related to a victim of domestic violence.

New York Insurance Law § 2612 provides that, if any person covered by an insurance policy delivers to the insurer a valid court order of protection issued by a court of competent jurisdiction in New York State against the policyholder or other person covered by the policy, then the insurer is prohibited for the duration of the order from disclosing to the policyholder or other

person the address and telephone number of the insured, or of any person or entity providing the covered services to the insured. If a child is a covered person, then the right may be asserted by the child's parent or guardian.

New York Insurance Law § 2612 also requires a health insurer, as defined in that section of the law to include an accident and health insurer, to accommodate a reasonable request made by a person covered by an insurance policy to receive communications of claim-related information by alternative means or at alternative locations if the person clearly states that disclosure of the information could endanger the person. If the covered person is a child, then the right may be asserted by the child's parent or guardian. The law further provides that, except with the express consent of the person making the request, a health insurer may not disclose to the policyholder: (1) the address, telephone number, or any other personally identifying information of the person who has made the request or child for whose benefit a request was made; (2) the nature of the health care services provided; or (3) the name or address of the provider of covered services.

**Procedure to Make a Request:**

To submit a valid court order of protection and/or a request to receive communications of claim-related information by alternative means or at alternative locations to the Starr Companies\*, please use the main administrative office address or the email address listed below.

Main Administrative Office Address:  
Starr Companies, Attention: Confidentiality Requests  
399 Park Avenue, 2nd Floor, New York, NY 10022

Email: [ConfidentialityRequests@Starrcompanies.com](mailto:ConfidentialityRequests@Starrcompanies.com)

Please include:

1. policy information if available;
2. any alternative address, telephone number or other method of contact; and
3. a valid court order of protection issued by a New York State Court and/or a statement that disclosure of claim-related information could endanger the person seeking confidentiality.

To revoke a request, please also include a sworn statement that confidentiality is no longer necessary.

**NYS Domestic and Sexual Violence Hotline:**

For further information about domestic violence, you may contact the NYS Domestic and Sexual Violence Hotline by calling [1-800-942-6906](tel:1-800-942-6906).