



PRIVACY PRINCIPLES

We at AIG Insurance Company of Canada (referred to as "AIG", "we", "our", or "us") abide by these *Privacy Principles* and want You, Our policyholders, insureds and claimants (referred to as "Customers" or "You"), to be aware of how and why We handle personal information. We work hard to respect and maintain Your privacy. However, the very nature of Our business is such that the collection, use and disclosure of personal information are fundamental to the products and services We provide.

These *Privacy Principles* apply only to the product or service Our Customers have obtained or the insurance Policy under which the Customer is seeking or receiving benefits. As a worldwide leader in the delivery of insurance products and services, the member companies of AIG Property Casualty Inc. offer numerous products and services to many types of consumers and clients in many different countries around the world. Therefore, differing AIG Property Casualty Inc. companies may adopt differing privacy practices to fit their own jurisdiction and business requirements. The Global Privacy Notice, located at [www.aig.ca](http://www.aig.ca), may also be applicable to Our Customers as We conduct Our business.

For the purposes of these *Privacy Principles* personal information means information that identifies an individual. For example: an individual's name, birth date, address, age, health and financial information is personal information which We may collect, use and in certain circumstances, where necessary, disclose, in the course of providing insurance services and carrying on business. Personal information does not include the name, business title, address, phone or fax number of an employee of an organization.

These *Privacy Principles* may be modified from time to time. An individual may obtain Our most up to date version located at [www.aig.ca](http://www.aig.ca) or by contacting us at:

The Privacy Officer  
 C/o AIG Insurance Company of Canada  
 145 Wellington Street West  
 Toronto, Ontario M5J 1H8  
 1-800-387-4481

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All Inclusive

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## SCHEDULE OF BENEFITS

### All Coverage is per person

#### Emergency Medical Coverage

#### Maximum Limits - Up To

Emergency Medical Expense	\$2,000,000
Non-GHIP Emergency Medical Expense	\$20,000
Hospital Expense	\$500 (\$50 per day)
Emergency Dental for Injury & Sickness	Eligible Benefits
Bedside Companion Travel & Subsistence	Eligible Benefits
Emergency Professional Services	\$300
Return of Dependent Children	Eligible Benefits
Return of Vehicle	Eligible Benefits
Return to Trip Destination	Eligible Benefits
Pet Return	\$500
Emergency Evacuation	Eligible Benefits
Return of Remains	Eligible Benefits
Flight Accident	\$50,000
Travel Accident	\$25,000

#### Trip Cancellation/Interruption Insurance

Trip Cancellation	100% of Trip Cost
Trip Interruption	Eligible Benefits
Next Occupancy	Eligible Benefits
Trip Delay	Eligible Benefits
Supplier Default	Eligible Benefits

#### Baggage Insurance

Baggage and Personal Effects	\$750
Baggage Delay	\$400

#### Assistance Services

LiveTravel™ Emergency Assistance	Included
24 Hour Emergency Assistance	Included
Concierge Service	Included

#### Optional Coverages

Applicable only if appropriate additional plan cost has been paid.

Collision Damage Waiver Coverage	
Collision Damage Waiver	\$50,000
Business Protector Coverage	
Lost or Stolen Business Equipment	\$2,500
Business Equipment Delay	\$200
Emergency Business Equipment Rental	\$200
Emergency Document Courier	\$200
Cruise and Tour Protector	
Transportation	\$2,000
Subsistence Allowance	\$100

#### Expanded Benefits Upgrade

Baggage Delay Benefit Increase	\$750
Additional Airfare Event Benefit	\$1,500
Entertainment Benefit	\$100
Wedding Coverage	Eligible Benefits
Hurricane Coverage	Eligible Benefits
Meals & Accommodations Benefit Increase	Eligible Benefits
Golf Protector Coverage	
Lost or Stolen Golf Equipment	\$2,500
Unexpected Green Fee	
Cancellation (Medical)	\$500
Emergency Golf Equipment Rental	\$200
Ski Protector Coverage	
Lost or Stolen Ski Equipment	\$2,500
Ski Package Cancellation (Medical)	\$500
Ski Package Cancellation (Avalanche)	\$200
Emergency Ski Equipment Rental	\$200

**Eligible Benefits:** Please refer to the specific benefit within the policy wording for coverage limits.

## I. DEFINITIONS

We attach very specific meanings to the following words when they appear in this Policy. We have capitalized these words when they are used as a defined term.

**Accident/Accidental:** A sudden, unexpected, unintended, unforeseeable, external event, occurring during an Insured Trip that independently of any other cause, results in Injury (or damage, if the context relates to property loss or damage).

**Accidental Death and Dismemberment (AD&D):** Accidental death meaning bodily Injury caused by an accident which results in death if the Injury, accident and death occur while You are on a Trip. Accidental dismemberment meaning one (1) of (i) the actual severance of a limb above Your ankle or wrist joint; or (ii) the complete loss of eyesight in both eyes and/or hearing in both ears.

**Business Meeting:** A meeting (not including legal proceedings) arranged prior to Your Risk Date between companies with unrelated ownership which pertains to Your full-time occupation or profession and which was the sole purpose of Your Trip.

**Change in Prescribed Medication** means the medication dosage or frequency has been reduced, increased, stopped and/or new medications have been prescribed.

Exceptions:

- an adjustment to the insulin or Coumadin (Warfarin) dosage You are currently taking provided it is not newly prescribed or stopped and there has been no change to Your Medical Condition; and
- a change from a brand name medication to a generic brand medication (insofar as the dosage is not modified).

**Common/Scheduled Carrier:** Means an air, land, or sea conveyance operated under a license for the transportation of passengers for hire.

**Confirmation of Coverage:** Your most recent computer printout, printed form, electronic copy, invoice, or Policy document that sets out the

product You have purchased and any optional add on coverage, if any, You have chosen.

**Contamination:** The act or process of rendering something harmful or unsuitable to people by nuclear and/or chemical and/or biological substances causing illness, Injury and/or death.

**Cruise:** Travel for which You have booked, prior to Your departure from Your Home Province, overnight accommodation arrangements on a seaworthy passenger vessel.

**Departure Date:** The date on which You are scheduled to leave Your Home Province on a Trip.

**Departure Point:** The city that You depart from Your Home Province on the first day of Your Trip.

**Dependent Child and/or Dependent Children:** Unmarried persons who are Your natural, adopted, step or foster children, dependent on You for support and care and less than 21 years of age, or full-time students less than 26 years of age, or mentally or physically incapable of self support. You must be the legal guardian of any foster children and they must reside at Your same address.

**Depreciated Value:** Means 90% of the original purchase price (original receipt required) if such item is 0 to 12 months old at the date of loss. Means 70% of the original purchase price (receipt required) if such item is 13 to 24 months old at the date of loss. Means 50% of the original purchase price (receipt required) if such item is 25 to 36 months old at the date of loss. Means 30% of the original purchase price (receipt required) if such item is 37 to 48 months old at the date of loss. Means 20% of the original purchase price (receipt required) if such item is 49 to 60 months old at the date of loss. Means nil if such items are more than 60 months old at the date of loss.

**Effective Date:** The date You leave Your Home Province on a Trip.

**Emergency:** An unforeseen occurrence of, symptoms of Sickness, or of Injury, that occurs during a Trip (or for trip cancellation, that occurs immediately prior to Your Trip), which requires immediate Treatment from a Physician or that requires Hospitalization, failing which there could be a serious impairment to Your health.

**Emergency Dental Treatment:** Immediate and medically necessary dental services or supplies provided by a licensed registered dentist, Hospital, or other licensed Provider, that is the result of an acute and unexpected condition that arose during a Trip.

**Emergency Medical Treatment:** Medically necessary services or supplies provided during a Trip by a licensed Physician, Hospital or other licensed Provider, that are required to treat any Injury or Sickness or other sudden, acute and unexpected condition that arose during the Trip, and that cannot be reasonably delayed until You return to Your Home Province without endangering Your health.

**End Date:** For annual plans 365 days after Your Start Date.

**Expected Medical Treatment:** Medical consultation or Hospitalization that Your prior medical history indicates as being probable or certain to occur.

**Expiry Date:** For each Trip, the first to occur of:

- the date You return to Your Home Province;
- the date You leave Your Home Province on a Trip plus the number of days that is Your selected Trip duration, including Your Departure Date;

unless there has been an Automatic Extension of Coverage or Top-up, in which case the Expiry Date is the first to occur of:

- the date You return to Your Home Province; or
- the end of any extension of coverage determined in accordance with the Automatic Extension of Coverage Section or the Top-up Section of this Policy.

**Follow-up Treatment:** Treatment that continues beyond the initial Emergency.

**Follow-up Visit:** The re-examination of You to monitor the effects of earlier medical Treatment related to the initial Emergency, except while Hospitalized. Follow-up visit does not include further diagnostic or investigative testing related to the initial Emergency.

**Government Health Insurance Plan (GHIP):** Health insurance coverage that Canadian provincial or territorial governments provide for their residents.

**Home Province:** Your Canadian province or territory of residence.

**Hospital:** A medical facility which is legally accredited to provide medical, diagnostic and surgical Treatment to in-patients during the acute phase of their Sickness or Injury, which is primarily engaged in the aforesaid activities and which operates under the supervision of a staff of physicians and has a registered nurse continuously on duty. A Hospital does not mean an institution licensed as a home for the aged, rest home, nursing home, convalescent hospital, health spa, or a rehabilitation centre or Treatment facility for drug or alcohol abuse and/or addiction.

**Hospitalization or Hospitalized:** The state of being admitted to a Hospital and receiving Emergency Medical Treatment on an inpatient basis.

**Immediate Family Member:** Any one (1) or more of Your Spouse, natural, step, or adopted children, persons for whom You are the legal guardian, parents, parents-in-law, son-in-law, daughter-in-law, step-parents, sisters, brothers, sisters/brothers-in-law, step-sisters/brothers, grandparents, grandchildren, aunts, uncles, nieces, and nephews.

**Injury:** A bodily injury sustained during a Trip, which is caused, directly and independently of all other causes, by an Accident.

**Insured:** The person named as the 'primary traveller' and/or one (1) or more other person(s), if any, named as 'other travellers' on the Confirmation of Coverage, each as the context requires.

**Insurer:** AIG Insurance Company of Canada, 145 Wellington Street West, Toronto, Ontario, Canada, M5J 1H8. This Policy is administered on AIG Insurance Company of Canada's, behalf by Travel Guard Group Canada, Inc. (Travel Guard Canada).

**Key-employee:** An employee whose continued presence is critical to the ongoing affairs of the business during Your or Your Travel Companion's absence.

**Medical Condition:** An Injury or Sickness, including but not limited to disease, acute psychoses, and complications of pregnancy occurring within the first 31 weeks.

**Medical Consultation:** Any investigative medical service, including history-taking, examination, testing, advice, or Treatment by a Physician for a symptom, Sickness, illness, or disease that may or may not have been definitively diagnosed.

**Medical Emergency:** An unforeseen occurrence of, symptoms of Sickness, or of Injury, that occurs during a Trip (or for trip cancellation, that occurs immediately prior to Your Trip), which requires immediate Treatment from a Physician or that requires Hospitalization, failing which there could be a serious impairment to Your health.

**Mental or Emotional Disorders:** Emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with tranquilizers or anxiolytic drugs. (Example: a mental or nervous health disorder like: anxiety, depression, neurosis, psychosis and others or any related physical complications).

**Minor Ailment:** Any Sickness or Injury which does not require: the use of medication for a period of greater than 15 days; more than one (1) Follow-up Visit to a Physician, Hospitalization, surgical intervention, or referral to a specialist; and which ends at least 30 consecutive days prior to the Departure Date of each Trip. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

**Mountain Climbing:** The ascent or descent of a mountain requiring the use of specialized equipment, including but not limited to pick-axes, anchors, bolts, crampons, carabineers, and lead or top-rope anchoring equipment.

**Physician:** A medical doctor, other than Yourself, Your Immediate Family Member, Your Travel Companion or their Immediate Family Member, who is licensed to administer medical Treatment and prescribe drugs in the place where he or she provides medical services. The following are not considered to be Physicians: naturopath, herbalist, and homeopath.

**Policy or Policies:** This document, any riders or endorsements to this document, the application, any medical questionnaire if applicable, and the Confirmation of Coverage all of which form the entire contract.

**Policy Purchase Date:** The date You pay for specific insurance coverage which is listed on Your Confirmation of Coverage as "plan start date".

**Premium:** The cost of Your insurance Policy plus any additional amounts required for any optional coverage You have purchased.

**Prescribed Medication:** A drug, medicine or medication only obtainable by the prescription of a licensed Physician for Emergency Medical Treatment or dentist for Emergency Dental Treatment, and dispensed by a licensed pharmacist.

**Provider:** The Hospitals, clinics, Physicians, and other medical service providers, the use of which must be approved by Us at the time of the Medical Emergency.

**Recurrence:** The appearance of symptoms caused by or related to a Medical Condition that was previously diagnosed by a Physician or for which Treatment was previously received.

**Rental Car:** An automobile rented by You from a commercial rental agency for Your personal use under a written rental agreement.

**Return Date:** Either the date of Your scheduled return to Your Departure Point as indicated on Your most recent Confirmation of Coverage or the date of Your actual return to Your Home Province.

**Risk Date:** Means Your Start Date.

**Selected Trip Duration:** The Trip coverage period You have selected for Your annual coverage. Your selected Trip duration appears on Your Confirmation of Coverage

**Schedule Change** - the later departure of an airline carrier causing You to miss Your next connecting flight via another airline carrier (or connecting Cruise ship, ferry, bus or train), or the earlier departure of an airline carrier rendering unusable the ticket You have purchased for Your prior connector flight via another airline carrier (or connecting Cruise ship, ferry, bus or train). Schedule change does not mean a change resulting from a supplier default, Strike or a labour disruption.

**Sickness:** An acute illness or unforeseen disease requiring Emergency Medical Treatment, Emergency Dental Treatment or Hospitalization due to the sudden onset of symptoms.

**Spouse:** The person legally married to You, or if there is no such person, the person who has been living with You in a conjugal relationship for at least one (1) year, regardless of gender.

**Stable and Controlled:** Any Medical Condition (other than a Minor Ailment) for which there has been no new Treatment or newly prescribed medication; no change in Treatment or Change in Prescribed Medication; no new, more frequent or more severe symptoms; no test results showing deterioration; no investigations initiated for symptoms whether or not Your diagnosis has been determined; no Hospitalization and no referral to a specialist.

**Start Date:** The date shown on Your most recent Confirmation of Coverage as the "plan start date".

**Strike** means a stoppage of work:

- (1) announced, organized, and sanctioned by a labour union and
- (2) which interferes with the normal departure and arrival of Common Carrier.

This includes work slowdowns and sickouts. The Insured's Trip cancellation coverage must be effective prior to when the strike is foreseeable. A strike is foreseeable on the date labour union members vote to approve a strike.

**Subsistence Allowance:** Expenses incurred as a result of Your emergency, including accommodation, meals, and essential telephone calls.

**Top-Up:** Coverage purchased from Us to extend Your insurance beyond Your selected Trip duration of nine (9), sixteen (16), thirty (30), or sixty (60) days.

**Travel Companion:** The person with whom You are sharing travel arrangements and prepaid accommodation (to a maximum of three (3) people) in respect of a Trip.

**Treatment:** A medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a licensed Physician, including but not limited to Prescription Medication, investigative testing, and surgery.

**Trip:** Your travel for which coverage under this Policy has been purchased and is in effect. The purpose of the Trip is business or pleasure and is not to obtain health care or Treatment of any kind; the Trip has defined Departure Dates and Return Dates specified when the Insured applies.

**Trip Cost:** Is the dollar amount of Trip payments or deposits reflected on any required enrollment form which are subject to cancellation penalties or restrictions paid by the Insured prior to the Insured's Trip

Departure Date. Trip cost will also include the cost of any subsequent pre-paid payments or deposits paid by the Insured for the same Trip, after enrollment for coverage under this Policy provided the Insured amends their trip cost to add such subsequent payments or deposits and pays any required additional premium prior to the Insured's Departure Date.

**University Health Insurance Plan (UHIP):** Provides insurance to pay the cost of the hospital and medical services that students or employees and their families at Ontario participating universities and affiliated colleges might need to maintain their health while in Canada.

**Vehicle:** A private passenger automobile, minivan, recreational vehicle, or camper truck, which You use during Your Trip exclusively as conveyance of passengers other than for hire. It can be either owned by You or rented by You from a rental agency.

**We, Us, Our:** AIG Insurance Company of Canada, 145 Wellington Street West, Toronto, On, M5J 1H8. This Policy is administered on AIG Insurance Company of Canada's behalf by Travel Guard Group Canada, Inc. (Travel Guard Canada).

**You, Yourself, Your:** The person named as the 'primary traveller' and/or one (1) or more other person(s), if any, named as 'other travellers' on the Confirmation of Coverage, each as the context requires.

## **WARNING: THIS POLICY INCLUDES RESTRICTED BENEFITS**

1. This Policy covers losses resulting from unforeseeable and emergency circumstances only.
2. A pre-existing condition exclusion applies to Medical Conditions and/or symptoms that existed prior to travel. There may be no coverage if You have a pre-existing condition.
3. You must contact Us before seeking medical attention and a failure to call will result in You being responsible for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf.
4. Our medical department must approve and arrange all surgery and heart procedures, (including, but not limited to, heart catheterization), in advance and a failure to call will result in You being responsible not only for the amount of Your deductible, if applicable, but also for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf.
5. If You choose not to receive Treatment or services from a Provider, as directed by Us, You will not only be responsible for the amount of Your deductible, if applicable, but also for 30% of any eligible expenses.
6. Your Emergency Medical and Dental Coverage is subject to an aggregate limit of \$2 million CAD per person.
7. There are limits, limitations and exclusions that apply to all Insured persons.

8. The coverage provided by this Policy shall be null and void for travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates.
9. Read this Policy carefully.

## **IMPORTANT INFORMATION**

This Policy covers losses arising from sudden, unexpected and unforeseeable circumstances only. Some words have very specific meanings that are set out in the Definitions Section. These words are capitalized in this Policy document when the Policy definition applies. Along with this Policy document, You should have received a Confirmation of Coverage. The Confirmation of Coverage sets out details specific to the product You purchased and it is part of Your contract of insurance as is this document and Our medical questionnaire (if applicable). If You did not receive all of these documents, if any information contained in these documents is incorrect, or if You have questions regarding Your coverage, it is Your responsibility to contact Us at 1-866-878-0191. You should bring all of these documents with You when You travel.

## **II. SPECIFIC DETAILS OF YOUR INSURANCE**

### **AM I ELIGIBLE?**

#### **All Inclusive Package - Single Trip**

To be eligible for this coverage You must:

1. have purchased Your Policy prior to Your Departure Date;
2. have purchased Your Policy not more than 18 months prior to Your Departure Date;
3. have purchased Your Policy from Us for the full duration of Your Trip;
4. have purchased Your Policy from Us for the full value of Your non-refundable prepaid travel arrangements;
5. be covered under Your GHIP for the full duration of Your Trip to be eligible for the maximum Emergency medical benefits; if You do not have GHIP coverage while on Your Trip, Your aggregate limit for all Emergency Medical Benefits will be limited to \$20,000;
6. have correctly answered Our medical questionnaire if Your non-refundable prepaid travel arrangements exceed \$20,000;
7. be less than 75 years of age at the time Your Policy is purchased and be:
  - a. travelling for a maximum of 183 days if You are less than 60 years of age, or
  - b. travelling for a maximum of 60 days if You are 60 years of age or older and less than 75 years of age.

#### **All Inclusive Package - Annual Option**

Maximum Trip Cost \$1,500 per Trip

To be eligible for this coverage You must:

1. have purchased Your Policy prior to Your Departure Date;
2. have purchased Your Policy not more than 120 days prior to Your Start Date;

3. have purchased Your Policy from Us for the full duration of Your Trip;
4. have purchased Your Policy from Us for the full value of Your non-refundable prepaid travel arrangements;
5. be covered under Your GHIP for the full duration of Your Trip to be eligible for the maximum Emergency medical benefits; if You do not have GHIP coverage while on Your Trip, Your aggregate limit for all Emergency Medical Benefits will be limited to \$20,000;
6. have correctly answered Our medical questionnaire if Your non-refundable prepaid travel arrangements exceed \$20,000;
7. be less than 60 years of age at the time Your Policy is purchased and be:
  - a. travelling for a maximum of 183 days if You are less than 60 years of age, or
  - b. travelling for a maximum of 60 days if You are 60 years of age or older and less than 75 years of age.

#### **Medically Qualified All Inclusive Package - Single Trip**

To be eligible for this coverage You must:

1. have purchased Your Policy prior to Your Departure Date;
2. have purchased Your Policy not more than 18 months prior to Your Departure Date;
3. have purchased Your Policy from Us for the full value of Your non-refundable prepaid travel arrangements;
4. be covered under Your GHIP for the full duration of Your Trip to be eligible for the maximum Emergency medical benefits; if You do not have GHIP coverage while on Your Trip, Your aggregate limit for all Emergency Medical Benefits will be limited to \$20,000;
5. be travelling for a maximum of 60 days and be:
  - a. 75 years of age or older and have satisfied Our requirements based on the answers You have provided on Our medical questionnaire; or
  - b. 75 years of age or older and less than 85 years of age and have chosen not to answer Our medical questionnaire and have paid the Premium from Rate Chart 5.
6. be 60 years of age or older and have satisfied Our requirements based on the answers You have provided on Our medical questionnaire and be travelling for a maximum of 183 days (annual Trip Duration plus Top-up)..

#### **Medically Qualified All Inclusive Package - Annual Option**

Maximum Trip Cost \$1,500 per Trip

To be eligible for this coverage You must:

1. have purchased Your Policy prior to Your Departure Date;
2. have purchased Your Policy not more than 120 days prior to Your Start Date;
3. have purchased Your Policy from Us for the full value of Your non-refundable prepaid travel arrangements;
4. purchase Top-up coverage for Trip costs over \$1,500;
5. be covered under Your GHIP for the full duration of Your Trip to be eligible for the maximum Emergency medical benefits; if You do

- not have GHIP coverage while on Your Trip, Your aggregate limit for all Emergency Medical Benefits will be limited to \$20,000;
6. be 60 years of age or older and have satisfied Our requirements based on the answers You have provided on Our medical questionnaire and be travelling for a maximum of 183 days (annual Trip Duration plus Top-up).

#### Top-up of Coverage

If You purchased the All Inclusive Package - Annual Plan and:

1. Your Trip is longer than Your Selected Trip Duration; and/or
2. Your Trip Cost exceeds \$1,500;

You must purchase additional coverage to insure Your full Trip duration and insure Your total non-refundable Trip Cost prior to Your Departure Date for coverage to be in force.

We will issue a new Confirmation of Coverage document for that period of time. If You selected the medically qualified annual option and choose to extend Your Trip beyond Your Selected Trip Duration You must complete Our medical questionnaire and Top-up Your annual Policy with Us prior to Your Departure Date for coverage to be in force during any portion of Your Trip. We will issue a Confirmation of Coverage for that period of time.

#### HOW DO I BECOME INSURED?

Coverage under this Policy will not come into effect until all of the following conditions have been satisfied:

1. Your name appears on the Confirmation of Coverage;
2. You have paid the required Premium on or before Your Start Date;
3. if applicable, You have truthfully and fully completed and submitted Our medical questionnaire and satisfied Our requirements based on the answers You have provided.

#### HOW DOES THE MEDICAL QUESTIONNAIRE AFFECT MY COVERAGE?

**For Single Trip Packages:** If You are 75 years of age or older at the time You purchase Your Policy You must complete Our medical questionnaire.

**For Annual Trip Packages:** If You are 60 years of age or older at the time You purchase Your Policy You must complete Our medical questionnaire.

Each question on Our medical questionnaire assigns a point value for each yes answer. Once Our medical questionnaire is completed the total point score will determine the medical exclusion that You qualify for and the Premium that You will pay. The completed medical questionnaire forms part of Your Policy and will be reviewed should a claim arise. If on Your medical questionnaire there is an incorrect answer the Policy is voidable and Premium will be refunded.

#### WHEN DOES MY INSURANCE START AND END?

For Trip Cancellation, Trip Interruption, Trip Delay coverage and Collision Damage Waiver:

This Policy comes into effect on Your Start Date and ends the earliest of:

1. the day indicated as Your Return Date on Your Confirmation of Coverage;

2. the day You return to Your Home Province to end Your Trip;
3. the day You have cause to file a trip cancellation claim.
4. for Collision Damage Waiver, the date and time the rental agency reassumes control of the Rental Car or the date and time the rental contract expires if you are covered under Collision Damage Waiver.

For Emergency Medical coverage:

This Policy comes into effect on Your Departure Date and ends the earliest of:

1. the day indicated as Your Return Date on Your Confirmation of Coverage;
2. the day You return to Your Home Province to end Your Trip;
3. the day You have cause to file a Trip Cancellation claim.

#### UNDER WHAT CIRCUMSTANCES CAN MY POLICY EXTEND?

##### Automatic Extension of Coverage

If You or Your Travel Companion are Hospitalized on Your scheduled Return Date Your coverage will automatically be extended at no additional Premium for the period of Hospitalization and up to 120 hours after discharge.

If You have a Medical Condition rendering You medically unable to travel on Your scheduled Return Date but You are not Hospitalized, Your coverage will be automatically extended for up to 120 hours after Your scheduled Return Date.

Coverage will automatically be extended for up to 72 hours when there is a delay of a Common Carrier on which You are pre-booked as a passenger.

##### Optional Policy Extension

If You choose to extend Your Trip beyond Your scheduled Return Date and You have not made a claim nor is there reason to claim, You may apply for a Policy extension subject to the following conditions:

1. the request for an extension must be made and approved by Us prior to Your original Return Date;
2. You must pay the required additional Premium before Your original Return Date; and
3. You must have been eligible for the insurance that You seek to extend at the time of Your original booking and at the time of the request for the extension.

#### CAN MY PREMIUM BE REFUNDED?

Single Trip Packages - Refunds will be issued if a supplier cancels or alters service and all of Your non-refundable prepaid travel arrangements insured by Us are refunded without penalty.

Annual policies are non-refundable 10 days after the Start Date as shown on Your Confirmation of Coverage.

No refund of Premium will be made in the event that a claim has been paid, incurred or reported under this Policy.

### III. EMERGENCY MEDICAL COVERAGE

#### A. Benefits – Emergency Medical and Dental Coverage

If You incur expenses due to a covered risk, on or after Your Departure Date and prior to or on Your Expiry Date, while You are on a Trip, We provide coverage for the following covered benefits up to the specific benefit limits set out below. Benefit limits are for each Insured under this Policy. We do not pay more than the benefit limit.

##### Emergency Medical Coverage for Injury and Sickness

**Covered Risk 1:** Expenses incurred as a consequence of an Emergency and resulting from Injury, Sickness or death occurring on a Trip. This includes one (1) Follow-up visit (not including ongoing Treatment), when the medical process in dealing with the Emergency requires such a Follow-up visit. The Follow-up visit must take place within 14 days of the initial Emergency. In the case of Hospital confinement any coverage related to the Hospital confinement terminates upon release from Hospital.

##### Benefit Limit for Covered Risk 1:

\$2,000,000.00 per Insured

##### Benefits for Covered Risk 1:

###### 1. Eligible Emergency Medical Expenses

If prescribed by a Physician and pre-authorized by Us in advance, We cover the cost:

- a. of care received from a Physician in or out of a Hospital;
- b. of a Hospital room;
- c. of rental or purchase (whichever is less) of a Hospital bed;
- d. of wheelchair, brace, crutch or other medical appliance;
- e. of tests that are needed to diagnose Your condition;
- f. of Prescription Medication;
- g. of the services of a licensed private duty nurse while You are Hospitalized; and
- h. of one (1) Follow-up visit for Your Emergency that happened while on Your Trip which was covered under this Policy.

###### 2. Ground Ambulance:

We cover:

- a. the cost of local ground ambulance service to a medical service Provider if medically required; or
- b. taxi fare instead of ambulance transportation, where an ambulance is medically required but not available.

###### 3. Emergency Evacuation and Repatriation:

If We or Your attending Physician recommends Your return to Your Home Province because of Your Medical Condition or if We or Your attending Physician recommends Your return after Your Emergency Medical Treatment, and if approved in advance by Us, We cover, via the most cost-effective itinerary:

- a. Up to the cost of a one-way economy airfare to return You to Your Home Province; or

- b. the fare for additional airline seats to accommodate a stretcher to return You to Your Home Province; or
- c. the fare for an upgrade to business class when a stretcher is not required to return You to Your Home Province; or
- d. where medically necessary, medical air evacuation to a Hospital in Your Home Province, when the attending Physician or the Medical Department recommends that You be so transported for the purpose of obtaining immediate medical treatment; and
- e. the cost of round-trip airfare via the most cost-effective itinerary for a qualified medical attendant to accompany You, and the attendant's reasonable fees and expenses, if this is medically necessary or required by the airline.

#### 4. Return of Your Vehicle:

If You are unable to drive Your Vehicle to Your original Departure Point due to an Emergency, We cover the reasonable costs to return Your Vehicle to Your residence. If You used a Rental Car during Your Trip, We will cover the cost of its return to the rental agency excluding the rental cost. No benefit is available for commercial vehicles. Arrangements must be pre-authorized by Us in advance and original receipts must be submitted for all eligible expenses.

#### 5. Bedside Companion Travel and Subsistence:

If You are travelling alone and are admitted to a Hospital for three (3) days or more, We cover, until You are medically fit to return to Your Home Province:

- a. the economy/charter class fare via the most cost-effective itinerary for the round-trip flight for someone to be with You;
- b. a Subsistence Allowance for such person's hotel and meals (original receipts must be submitted for all eligible expenses) up to \$400 per Insured;
- c. coverage for such person under this Policy, subject to all of its terms, conditions, limitations and exclusions.

For an Insured who is a Dependent Child or if You are mentally or physically disabled, a bedside companion is available immediately upon Hospital admission.

#### 6. Return of Dependent Children Under Your Care:

If You are Hospitalized for more than 24 hours while on a Trip or if while on a Trip You must return to Your Home Province because of a Medical Condition validated by a Physician, We cover:

- a. the extra cost via the most cost-effective itinerary for Your Dependent Children to be transported to their Departure Point; and
- b. the return airfare of a qualified escort when the airline requires it. The Dependent Children must have been travelling with You and under Your care during Your Trip and they must be covered under this Policy.

#### 7. Return to Your Trip Destination:

Should Our medical department request You to return to Your Departure Point to receive immediate medical attention within Your period of coverage and provided Your attending Physician in Your Home Province then determines that You require no further medical attention for Your Medical Condition We cover the cost of a one-way economy air fare on a commercial flight or charter via the most cost effective itinerary to transport You to Your scheduled Trip destination. Once You return to Your Trip destination, a Recurrence of the Medical

Condition which necessitated Your return to Your Home Province or any related condition or complication will not be covered under this Policy.

**Please note:** This benefit must be pre-authorized by Us in advance and can only be used once during a scheduled Trip. When this benefit has been used Your Effective Date under this Policy then becomes the day You leave Your Departure Point to return to Your Trip destination.

#### 8. Return of Remains:

If You die during Your Trip We cover reasonable expenses incurred for any one (1) of the following:

- a. reasonable transportation costs (using customary airline procedures) to return Your remains to Your Departure Point plus up to \$3,000 per Insured for the preparation of Your remains and a transportation container; or
- b. reasonable transportation costs (using customary airline procedures) to return Your remains to Your Departure Point plus up to \$2,000 per Insured for the cremation of Your remains and the cost of a standard burial urn at the place of Your death; or
- c. up to \$3,000 per Insured for the preparation of Your remains and the cost of a standard burial container plus up to \$2,000 per Insured for the burial of Your remains at the location where Your death occurred.

**Benefit Limit:** \$3,000 per Insured.

Further, if someone is legally required to identify Your body because You have died while on a Trip, We cover:

- d. the cost of a round-trip economy airfare on a commercial flight or charter via the most cost effective itinerary to transport someone to identify Your body;
- e. a Subsistence Allowance up to \$500 for commercial accommodations and meals for that person (original receipts must be submitted for all eligible expenses); and
- f. that person under the terms of this insurance during the period in which he or she is required to identify Your body, up to three (3) business days.

#### 9. Meals and Accommodation:

If a Medical Emergency prevents You or Your Travel Companion from returning to Your Departure Point of Your Insured Trip or if Your Emergency Medical Treatment or that of Your Travel Companion requires Your transfer to a location that is different from Your original destination or You or Your Travel Companion are delayed beyond Your scheduled Return Date in order to obtain Emergency Medical Treatment, We cover a Subsistence Allowance for Your commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of \$350, to a maximum of \$2,500 (original receipts must be submitted for all eligible expenses).

#### 10. Emergency Professional Services:

We cover expenses resulting from an Emergency, for services from a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath if ordered by a Physician, up to \$300 per profession per Insured.

#### 11. Hospital Expenses:

We cover Your incidental Hospital expenses (telephone calls, television rental) while You are Hospitalized for at least 48 hours. We cover these

expenses up to \$50 per day to a maximum of \$500 (10 days) per Insured.

#### 12. Return of Travel Companion:

If You must return to Your Home Province because of a covered Medical Condition and if You are travelling with a Travel Companion, We cover the Travel Companion for the extra cost of a one-way economy air fare on a commercial flight or charter via the most cost effective itinerary to return Your Travel Companion to his or her Departure Point.

#### 13. Pet Return:

If Your domestic dog(s) or cat(s) travel with You during Your Trip and You must return to Your Home Province or Departure Point because of a covered Medical Condition, We cover the cost of one-way transportation of Your domestic dog(s) or cat(s) to Your Departure Point up to a maximum of \$500 per Insured.

**Please note:** Arrangements must be pre-authorized by Us in advance.

### Emergency Dental Coverage for Injury and Sickness

**Covered Risk 1:** Expenses incurred as a consequence of the unforeseen occurrence of symptoms of Sickness or Injury occurring on a Trip resulting in the necessity of immediate Treatment by a licensed registered dentist, Physician or Hospital.

#### Benefits for Covered Risk 1:

##### 1. Emergency Dental Treatment:

We cover:

- a. expenses You incur during Your Trip for care ordered, prescribed or received from a licensed dentist if You need Emergency Dental Treatment to repair or replace Your natural or permanently attached artificial teeth because of an Accidental blow occurring on a Trip to Your face or mouth; OR
- b. expenses You incur during Your Trip, up to the benefit limit, for Emergency Dental Treatment required because of an Emergency due to a cause other than an Accidental blow to Your face or mouth; and
- c. expenses You incur for Prescription Medication as a result of such Emergency.

**Benefit Limit for Covered Risk 1:** Continuing care for an Accidental blow to the face or mouth - \$1,000 per Insured; Emergency Dental Treatment other cause (no continuing care) - \$300 per Insured.

### B. Conditions – Emergency Medical and Dental Coverage

All of the conditions set out in the General Conditions Section of this Policy and all of the following conditions must be satisfied before a benefit is payable for Emergency Medical Treatment or Emergency Dental Treatment as set out in Section III, A:

- 1. You must not know of any reason why You will need to seek medical or dental attention before You leave on a Trip;
- 2. the portion of the expenses claimed are not covered by Your GHIP, UHIP or any other related insurance or reimbursement plan;
- 3. You must contact Us before seeking medical attention;
- 4. Our medical department must approve and arrange all surgery and heart procedures, including heart catheterization, in advance;

5. if You choose not to receive Treatment or services from the Provider, as directed by Us, You will be responsible not only for the amount of Your deductible, if applicable, but also for 30% of any eligible expenses incurred;
6. You must return to Your Home Province or Departure Point prior to any Treatment or following Emergency Treatment or Hospitalization if, on medical evidence, You are able to return to Your Home Province or Departure Point without endangering Your health and if, in these circumstances, You elect not to return to Your Home Province or Departure Point, then any expenses incurred for continuing medical Treatment or surgery with respect to such Emergency will not be covered AND all coverage and benefits under this Policy will cease;
7. You must be covered by GHIP or UHIP for the full duration of Your Trip. If travelling outside Your Home Province for more than 183 days (212 for Ontario and Newfoundland residents) You must get written evidence of extension from Your GHIP or UHIP. If You do not have GHIP or UHIP for the full duration of Your Trip, Your aggregate limit for all Emergency Medical Benefits will be \$20,000;
8. the Emergency medical attention You receive must be outside of Your Home Province and be required as a consequence of an Emergency and ordered by a Physician.

### C. Limitations – Emergency Medical and Dental Coverage

Our liability under this Policy for expenses under this Emergency Medical and Dental Coverage is limited as follows.

1. A failure to contact Us before seeking medical attention will result in Your being responsible not only for the amount of Your deductible, if applicable, but also for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf.
2. A failure to call and receive the approval of Our medical department before all surgery and heart procedures, (including, but not limited to heart catheterization) will result in Your being responsible not only for the amount of Your deductible, if applicable, but also for 30% of any eligible expenses incurred unless Your Medical Condition prevents You from calling, in which case You must call as soon as medically possible or have someone call on Your behalf.

### D. Exclusions – Emergency Medical and Dental Coverage

These exclusions apply to the Emergency Medical and Dental Coverage set out in Section III, A. The additional exclusions set out in the General Exclusions Section of this Policy also apply.

Based on Your age and, when applicable, the answers You provided on Our medical questionnaire there are four (4) possible exclusion identifiers which can apply to Your Policy depending on the product selected.

These four (4) identifiers are GE, ME#1, ME#2, or ME#3.

Single Trip Option Ages 0-74		ME#1
Annual Trip Option Ages 0 - 59		ME#1
Single Trip Option Ages 75 and older	Rate 1	GE
	Rate 2	ME#1
Annual Option Ages 60 and older	Rate 3	ME#2
	Rate 4	ME#2
	Rate 5	ME#3

#### Pre-Existing Condition Exclusion for Identifier GE

If Your exclusion identifier is GE only the exclusions set out in the General Exclusions Section of this Policy apply to Your Emergency Medical and Dental Coverage.

#### Pre-Existing Condition Medical Exclusion Identifier ME#1

If Your exclusion identifier is ME#1 Your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions Section of this Policy and the following exclusion: ME#1. We do not cover any loss or expense related directly or indirectly to:

- a. Your Medical Condition or any related condition if in the 90-day period immediately preceding Your Departure Date that condition has not been Stable and Controlled;
- b. Your heart condition if in the 90-day period immediately preceding Your Departure Date:
  - i. You have had any heart condition that has not been Stable and Controlled, or
  - ii. You have been required to use, take, or been prescribed to take nitroglycerin in any form, more than once per a seven (7) day period;
- c. Your lung condition if in the 90-day period immediately preceding Your Departure Date:
  - i. You have had any lung condition that has not been Stable and Controlled, or
  - ii. You required the use of home oxygen or had to take oral steroids; for example prednisone or prednisolone.

#### Pre-Existing Condition Medical Exclusion Identifier ME#2

If Your exclusion identifier is ME#2 Your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions Section of this Policy and the following exclusion: ME#2. We do not cover any loss or expense related directly or indirectly to:

- a. Your Medical Condition or any related condition if in the 180-day period immediately preceding Your Departure Date that condition has not been Stable and Controlled;

- b. Your heart condition if in the 180-day period immediately preceding Your Departure Date:
  - i. You have had any heart condition that has not been Stable and Controlled, or
  - ii. You have been required to use, take, or been prescribed to take nitroglycerin in any form, more than once per a seven (7) day period;
- c. Your lung condition if in the 180-day period immediately preceding Your Departure Date:
  - i. You have had any lung condition that has not been Stable and Controlled, or
  - ii. You required the use of home oxygen or had to take oral steroids; for example prednisone or prednisolone.

#### Pre-Existing Condition Medical Exclusion Identifier ME#3

If Your exclusion identifier is ME#3 Your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions Section of this Policy and the following exclusion: ME#3. We do not cover any loss or expense related directly or indirectly to:

- a. any Medical Condition for which You have taken medication, been prescribed medication, received Treatment, experienced a deterioration of the condition or had cause to seek Treatment at any time within the 180-day period immediately preceding and including Your Departure Date and this exclusion applies whether or not the condition has been Stable and Controlled;
- b. Your heart condition if in the 180-day period immediately preceding Your Departure Date You have taken medication, been prescribed medication, received Treatment, experienced a deterioration of the condition or had cause to seek Treatment for any heart condition; or
- c. Your lung condition if in the 180-day period immediately preceding Your Departure Date You have taken medication, been prescribed medication, received Treatment, experienced a deterioration of the condition or had cause to seek Treatment for any lung condition.

**Please note:** You may have more than one (1) Departure Date during any one (1) annual Policy. The pre-existing condition medical exclusion applies, in each 90-day period (or 180-day period if exclusion identifier ME#2 or ME#3 is applicable) before each Trip.

### IV. TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DELAY COVERAGE

#### A. Benefits – Trip Cancellation, Trip Interruption and Trip Delay Coverage

If You incur expenses due to a covered risk, on or after Your Start Date and prior to or on Your Expiry Date, while You are on a Trip, We provide coverage for the following covered benefits up to the specific benefit limits set out below. Benefit limits are for each Insured under this Policy. We do not pay more than the benefit limit.

## Trip Cancellation

**Covered Risks 1 to 12:** You are covered for losses incurred in the event of Trip cancellation due to any one (1) or more of the following covered risks if occurring on or after Your Start Date and on or before the date Your insurance ends and providing that You have Insured the full value of Your non-refundable prepaid travel arrangements and that amount is greater than zero.

### Covered Risk 1. Medical Conditions and Death

- a. One (1) or more of the following persons develops an Emergency Medical Condition or dies:
  1. You or Your Travel Companion;
  2. Your or Your Travel Companion's Immediate Family Member;
  3. Your or Your Travel Companion's caregiver;
  4. Your or Your Travel Companion's key employee; or
  5. Your or Your Travel Companion's business partner; OR;
- b. Your friend dies, OR;
- c. the person whose overnight guest You will be during Your Trip is admitted to Hospital following a Medical Emergency or dies following a Medical Emergency.

### Covered Risk 2. Adoption and Pregnancy

- a. You, Your Spouse, Your Travel Companion or Your Travel Companion's Spouse:
  1. becomes pregnant after You book Your Trip and Your Departure Date falls in the nine (9) weeks before or after the expected delivery date;
  2. legally adopts a Dependent Child and the date of the adoption falls during Your Trip; OR;
- b. any one of the following persons develops complications of pregnancy that falls within the first 31 weeks of pregnancy:
  3. You or Your Travel Companion;
  4. You or Your Travel Companion's Immediate Family Member.

### Covered Risk 3. Government Recommendations and Visas:

1. Your or Your Travel Companion's travel visa (not an immigration or employment visa) is not issued for a reason beyond Your or Your Travel Companion's control and that the application is not a subsequent attempt for a visa that had been previously refused.
2. Your or Your Travel Companion's visa is stolen en route to and from Your Trip destination.

**Covered Risk 4. Travel Advisory** – A “defer travel” recommendation or a written formal notice is issued by the Department of Foreign Affairs and International Trade of the Canadian Government or Health Canada advising travellers not to travel to a country, region or city specifically listed as a destination on the itinerary of Your Insured Trip and such recommendation or written formal notice is issued after both Your Start Date and the date You pay for prepaid travel arrangements.

**Covered Risk 5. Employment and Occupation** – You, Your Spouse, Your Travel Companion or Your Travel Companion's Spouse loses a permanent job because of layoff or dismissal without just cause (not applicable to self-employed persons or contract work); or Your employer, Your Spouse's employer or Your Travel Companion's

employer initiates a job transfer which necessitates relocation of Your principal residence or that of Your Travel Companion, as the case may be.

**Covered Risk 6. Business Meeting** – A Business Meeting, that was scheduled before You or Your Travel Companion paid for prepaid travel arrangements, is cancelled due to a reason beyond Your or Your Travel Companion's or Your or Your Travel Companion's employer's control.

**Covered Risk 7. Call to Service** – You or Your Travel Companion is called to service during Your Trip as a reservist, firefighter, or active military/police staff.

**Covered Risk 8. Delays of Your Scheduled Carrier** – Your or Your Travel Companion's Scheduled Carrier is delayed by weather conditions, earthquakes, or volcanic eruptions for at least 30% of Your scheduled Trip duration and You or Your Travel Companion does not continue his or her Trip and You choose not to continue Your Trip.

**Covered Risk 9. Principal Residence and Business Operations** – You, Your Spouse, or Your Travel Companion is unable to occupy such person's principal residence or to operate such person's business because of a natural disaster or unintentional act.

**Covered Risk 10. Legal Commitment** – You, Your Spouse or Dependent Child or Your Travel Companion, Your Travel Companion's Spouse or Dependent Child is called to jury duty; is subpoenaed as a witness; or is required to be a defendant in a lawsuit.

**Covered Risk 11. Quarantine or Hijacking** – You, Your Spouse, Your Dependent Child, Your Travel Companion, or Your Travel Companion's Spouse or Dependent Child is quarantined or hijacked.

### Benefits for Covered Risks 1 to 11:

1. If You must cancel Your Trip due to the occurrence of one (1) or more of Covered Risks 1 to 11, We cover up to the non-refundable prepaid cost of unused travel arrangements provided You have Insured the full value of the non-refundable cost of Your Trip.
2. If You have prepaid shared accommodations and Your Travel Companion(s) must cancel his or her Trip due to the occurrence of one (1) or more of the Covered Risks 1 to 11, We cover the next occupancy charge when You elect to travel as originally planned.

**Covered Risk 12. Cruise Cancellation** – The cancellation of Your Cruise prior to Your departure from Your Departure Point, or after Your departure from Your Departure Point, but prior to the departure of the Cruise ship due to the mechanical failure, grounding, quarantine of the Cruise ship or the repositioning of the Cruise ship due to weather conditions, earthquakes, or volcanic eruptions.

### Benefits for Covered Risk 12:

If You must cancel Your Trip due to the occurrence of Covered Risk 12 We cover the lesser of:

1. the change fee charged by the airline carrier(s) involved if a change is available to You; or
2. up to \$1,000 for Your non-refundable prepaid airfare which was scheduled to join You to or depart You from Your Cruise or Cruise related land arrangement, but which is not included in Your Cruise package.

## Trip Interruption

**Covered Risks 13 to 25:** You are covered for losses incurred in the event of Trip interruption due to any one (1) or more of the following covered risks if occurring on or after Your Departure Date and on or before the date Your insurance ends.

### Covered Risk 13. Medical Conditions and Death

- a. One (1) or more of the following persons develops an Emergency Medical Condition or dies:
  1. You or Your Travel Companion;
  2. Your or Your Travel Companion's Immediate Family Member;
  3. Your or Your Travel Companion's caregiver;
  4. Your or Your Travel Companion's key employee; or
  5. Your or Your Travel Companion's business partner;OR;
- b. Your friend dies, OR;
- c. the person whose overnight guest You will be during Your Trip is admitted to Hospital following a Medical Emergency or dies following a Medical Emergency.

### Benefits for Covered Risk 13

If You suffer Trip interruption due to the occurrence of Covered Risk 13 (other than Your death), We cover:

1. the non-refundable, unused Trip arrangements for which You have already paid less Your prepaid unused return transportation; AND
  - a. additional travel transportation expenses You incur via the most cost effective itinerary to return You to Your Departure Point of the Trip, OR
  - b. Your economy class transportation via the most cost effective itinerary to Your next destination; OR
  - c. Your economy class transportation via the most cost effective itinerary to rejoin Your tour or group; AND
2. a Subsistence Allowance for Your commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of \$350, to a maximum of \$700 (original receipts must be submitted for all eligible expenses).

If You die while on Your Trip We cover :

1. the non-refundable unused portion of Your prepaid travel arrangements; AND
2. reasonable expenses incurred as outlined in Section III Emergency Medical Coverage, benefit 8. Return of Remains.

**Covered Risk 14. Travel Advisory** – A “defer travel” recommendation or a written formal notice is issued after Your Departure Date by the Department of Foreign Affairs and International Trade of the Canadian Government or Health Canada advising travellers not to travel to a country, region or city specifically listed as a destination on Your itinerary of Your Insured Trip.

### Benefits for Covered Risk 14:

If You suffer Trip interruption due to the occurrence of Covered Risk 14, We cover:

1. the non-refundable, unused Trip arrangements for which You have already paid and additional travel transportation expenses via the



- most cost effective itinerary to return You to Your Departure Point of the Trip, less Your prepaid unused return transportation; OR
- Your economy class transportation via the most cost effective itinerary to Your next destination (in or outbound); AND
  - a Subsistence Allowance for Your commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of \$350, to a maximum of \$700 (original receipts must be submitted for all eligible expenses).

**Covered Risk 15. Cruise Interruption** – The interruption of Your Cruise due to the mechanical failure, grounding or quarantine of the Cruise ship or the repositioning of the Cruise ship due to weather conditions, earthquakes or volcanic eruptions.

**Benefits for Covered Risk 15:**

If Your Cruise is interrupted due to the occurrence of Covered Risk 15, We cover the lesser of:

- the change fee charged by the airline carrier(s) involved if a change is available to You; OR
- up to a maximum of \$1,000 for the extra cost of Your one-way economy airfare on a commercial flight or charter via the most cost-effective itinerary to return You to Your Departure Point.

**Covered Risk 16. Missed Connection** – You miss Your connection, due to a Schedule Change of the airline that is providing transportation for a portion of Your Trip.

**Benefits for Covered Risk 16:**

If Your Trip is interrupted due to the occurrence of Covered Risk 16 We cover:

- a Subsistence Allowance for Your commercial accommodations and meals, essential telephone calls, and taxi fares, up to a daily maximum of \$250, to a maximum of \$500 (original receipts must be submitted for all eligible expenses); AND  
The lesser of:
- the change fee charged by the airline carrier(s) involved when such an option is available to You; OR  
up to \$1,000 for the extra cost of Your one-way economy airfare via the most cost effective itinerary to Your next destination (in or outbound).

**Covered Risk 17. Pregnancy and Adoption** – Any one (1) of the following persons develops complications of pregnancy within the first 31 weeks of pregnancy while You are on a Trip: (i) You; (ii) Your Immediate Family Member; (iii) Your Travel Companion or his or her Immediate Family Member; or the legal adoption of a child by You or Your Travel Companion when the actual adoption date is scheduled to take place during Your Trip.

**Covered Risk 18. Employment and Occupation** – You, Your Spouse, Your Travel Companion or Your Travel Companion’s Spouse loses a permanent job because of layoff or dismissal without just cause (not applicable to self-employed persons or contract work); or Your employer, Your Spouse’s employer or Your Travel Companion’s employer initiates a job transfer which necessitates relocation of Your principal residence or that of Your Travel Companion, as the case may be.

**Covered Risk 19. Call to Service** – You or Your Travel Companion is called to service during Your Trip as a reservist, firefighter, or active military/police staff.

**Covered Risk 20. Principal Residence and Business Operations** – You or Your Travel Companion is unable to occupy such person’s principal residence or to operate such person’s business because of a natural disaster or unintentional act.

**Covered Risk 21. Legal Commitment** – You, Your Spouse or Dependent Child or Your Travel Companion, Your Travel Companion’s Spouse or Dependent Child is called to jury duty; is subpoenaed as a witness; or is required to be a defendant in a lawsuit.

**Covered Risk 22. Quarantine or Hijacking** – You, Your Spouse, Your Dependent Child, Your Travel Companion, or Your Travel Companion’s Spouse or Dependent Child is quarantined or hijacked.

**Benefits for Covered Risks 17 to 22:**

If You suffer Trip interruption due to one (1) or more of Covered Risks 17 to 22, occurring while You are on a Trip, We cover:

- the non-refundable, unused Trip arrangements for which You have already paid and additional travel transportation expenses via the most cost effective itinerary to Your Departure Point of the Trip, less Your prepaid unused return transportation; and
- a Subsistence Allowance for Your commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of \$350, to a maximum of \$500 (original receipts must be submitted for all eligible expenses).

**Covered Risk 23. Delays of Your Scheduled Carrier** – Your Scheduled Carrier is delayed by weather conditions, earthquakes, or volcanic eruptions for at least 30% of Your Trip and You or Your Travel Companion choose not to continue with their journey.

**Covered Risk 24. Transportation Delay** –

- You miss a connection or interrupt Your Trip because of the delay of a private automobile resulting from the mechanical failure of that automobile, weather conditions, a traffic Accident, or an emergency police-directed road closure, causing You to miss a ferry, Cruise ship, bus, limousine, taxi, or train, when the delay is caused by the mechanical failure of the vehicle provided that such transportation was scheduled to arrive at least two (2) hours prior to Your scheduled departure.
- Delay of Your Common Carrier (on which You are a passenger), resulting from the mechanical failure of that carrier, a traffic Accident, an emergency police-directed road closure, weather conditions, earthquakes or volcanic eruptions, causing You to miss a connection or resulting in the interruption of Your travel arrangements.

**Benefits for Covered Risks 23 and 24:**

If You suffer Trip interruption due to one (1) or more of Covered Risks 23 and 24, occurring while You are on a Trip, We cover:

- the non-refundable, unused Trip arrangements for which You have already paid and additional travel transportation expenses via the most cost effective itinerary to return You to Your next destination (in or outbound) of the Insured Trip, less Your prepaid unused return transportation;

- a Subsistence Allowance for Your commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of \$250, to a maximum of \$500 (original receipts must be submitted for all eligible expenses)

**Covered Risk 25. Delays of Your Travel Companion’s Scheduled Carrier** – Your Travel Companion’s Scheduled Carrier is delayed by weather conditions, earthquakes, or volcanic eruptions for at least 30% of Your Trip and You choose to continue Your Trip.

**Benefit for Covered Risk 25:**

If Your Travel Companion’s Trip is interrupted or cancelled due to Covered Risk 25, We cover the next occupancy charge applicable to You when You continue Your Trip.

**Trip Delay**

**Covered Risks 26 to 29:** You are covered for losses incurred in the event of Trip delay beyond Your scheduled Return Date due to any one (1) or more of the following covered risks if occurring on or after Your Departure Date and on or before the date Your insurance ends.

**Covered Risk 26. Medical Conditions and Death**

- One (1) or more of the following persons develops an Emergency Medical Condition or dies:
  - You or Your Travel Companion;
  - Your Immediate Family Member;
 OR;
- Your friend who is at Your destination dies.

**Covered Risk 27. Pregnancy and Adoption** – You, Your Immediate Family Member, Your Travel Companion, or his or her Immediate Family Member develops complications of a pregnancy that falls within the first 31 weeks of pregnancy while at Your Trip destination or complication of the legal adoption by You or Your Travel Companion while on a Trip for the purpose of completing such adoption.

**Covered Risk 28. Transportation Delay**

- You miss a connection or interrupt Your Trip because of the delay of a private automobile resulting from the mechanical failure of that automobile, weather conditions, a traffic Accident, or an emergency police-directed road closure, causing You to miss a ferry, Cruise ship, bus, limousine, taxi, or train, when the delay is caused by the mechanical failure of the vehicle provided that such transportation was scheduled to arrive at least two (2) hours prior to Your scheduled departure.
- Delay of Your Common Carrier (on which You are a passenger), resulting from the mechanical failure of that carrier, a traffic Accident, an Emergency police-directed road closure, weather conditions, earthquakes or volcanic eruptions, causing You to miss a connection or resulting in the interruption of Your travel arrangements.

**Covered Risk 29. Quarantine or Hijacking** – You, Your Spouse, Your Dependent Child, Your Travel Companion, or Your Travel Companion’s Spouse or Dependent Child is quarantined or hijacked.

### Benefits for Covered Risks 26 to 29:

If You suffer Trip delay due to one (1) or more of Covered Risks 26 to 29, We cover:

1. a Subsistence Allowance for Your commercial accommodations and meals, essential telephone calls and taxi fares, up to a maximum of \$2,500 (original receipts must be submitted for all eligible expenses); and

The lesser of:

2. the change fee charged by the airline carrier(s) involved when such an option is available to You;

OR,

the extra cost of Your one (1) way economy airfare via the most cost effective itinerary to return You to Your Departure Point.

**Covered Risk 30. Missed Connection** – You miss Your connection due to a Schedule Change of the airline that is providing transportation for Your return.

### Benefits for Covered Risk 30:

If Your Trip is delayed due to the occurrence of Covered Risk 30 We cover:

1. a Subsistence Allowance for Your commercial accommodations and meals, essential telephone calls, and taxi fares, up to a daily maximum of \$250, to a maximum of \$500 (original receipts must be submitted for all eligible expenses); and

The lesser of:

2. the change fee charged by the airline carrier(s) involved when such an option is available to You OR, up to \$1,000 for the extra cost of Your one-way economy airfare via the most cost effective itinerary to Your next destination (in or outbound).

### B. Conditions – Trip Cancellation, Trip Interruption and Trip Delay Coverage

All of the conditions set out in the General Conditions Section of this Policy and all of the following conditions must be satisfied before a benefit is payable under this Trip Cancellation, Interruption and Delay Coverage as set out in Section IV, A.

1. You must notify Us immediately and no later than the business day following the day when You become aware of a Trip cancellation, Trip interruption or Trip delay situation.
2. You must cancel Your Trip booking immediately.

### C. Exclusions – Trip Cancellation, Trip Interruption and Trip Delay Coverage

These exclusions apply to the Trip Cancellation, Interruption and Delay Coverage set out in Section IV, A. The additional exclusions set out in the General Exclusions Section of this Policy also apply.

We do not cover or pay any benefit for any loss or expense related in whole or in part, directly or indirectly, to any of the following.

1. Any cause if You or Your Travel Companion have knowledge at the time of booking Your Trip or purchasing Your insurance of any reason why the Trip might be cancelled, interrupted or delayed.
2. Your or Your Immediate family member's Medical Condition or any related condition if in the 90-day period immediately preceding Your Risk Date that condition has not been Stable and Controlled.
3. Your or Your Immediate family member's heart condition if in the 90-day period immediately preceding Your Risk Date:
  - i. that person has had any heart condition that has not been Stable and Controlled; or
  - ii. that person has been required to use, take, or been prescribed to take nitroglycerin in any form, more than once per a seven (7) day period.
4. Your or Your Immediate family member's lung condition if in the 90-day period immediately preceding Your Risk Date:
  - i. that person has had any lung condition that has not been Stable and Controlled; or
  - ii. that person required the use of home oxygen or had to take oral steroids; for example prednisone or prednisolone.
5. The change in schedule of a medical test or surgery that was originally scheduled before Your Trip.
6. Travel for the purpose of visiting a person suffering from a Medical Condition and the Medical Condition (or ensuing death) of that person is the cause of cancellation, interruption or delay of Your Trip.
7. A travel visa or passport that is not issued due to a late application or that has been previously refused.
8. Default of a travel supplier for travel services purchased from any travel supplier listed on Our alert list on either Your Policy Start Date or Your Trip purchase date.
9. A defer travel recommendation issued by the Department of Foreign Affairs and International Trade of the Canadian Government or Health Canada, before either Your Policy Start Date or Your Trip purchase date.
10. Any such condition if the non-refundable portion of Your prepaid travel arrangements covered by this Policy exceeds \$12,000 that was not pre-approved by Us and if at any time in the 180-day period immediately preceding Your Risk Date:
  - a. Your Immediate Family Member's, Your Travel Companion's, or Your Travel Companion's Immediate Family Member's Medical Condition or any related condition has not been Stable and Controlled;
  - b. Your Immediate Family Member's, Your Travel Companion's, or Your Travel Companion's Immediate Family Member's heart condition has required them to use, take, or be prescribed to take nitroglycerin in any form, more than once per a seven (7) day period; or
  - c. Your Immediate Family Member's, Your Travel Companion's, or Your Travel Companion's Immediate Family Member's lung condition has required the use of home oxygen or has required them to take oral steroids (prednisone or prednisolone).

11. Any such condition if the non-refundable portion of Your prepaid travel arrangements covered by this Policy exceeds \$20,000 that was not pre-approved by Us and Your Confirmation of Coverage indicates this exclusion applies and You have taken medication, been prescribed medication, received Treatment, experienced a deterioration of the condition or had cause to seek Treatment at any time within the 180-day period immediately preceding and including Your Risk Date and this exclusion applies whether or not the condition has been Stable and Controlled.

## V. FLIGHT ACCIDENT AND TRAVEL ACCIDENT COVERAGE

### A. Benefits – Flight Accident and Travel Accident Coverage

You are covered in the event of a flight Accident or a travel Accident sustained during a Trip due to one (1) of the following covered risks for Accidental death or Accidental bodily Injury for the benefits set out below to a maximum benefit of:

- Flight Accident Maximum Benefit is \$50,000;
- Travel Accident Maximum Benefit is \$25,000.

#### Covered Risk 1

Bodily Injury is sustained due to a flight Accident or a travel Accident (as described in Section V, B) occurring on or after the date Your insurance starts and on or before the date Your insurance ends and while You are on a Trip and as a result, within the 12 months immediately following the Accident You:

1. die;
2. suffer loss of sight in both eyes;
3. have two (2) of Your limbs fully severed above Your wrist or ankle joints; or
4. suffer complete and irrecoverable loss of speech or loss of hearing.

#### Benefits for Covered Risk 1:

In the event of the occurrence of Covered Risk 1, We pay a benefit equal to 100% of the applicable Flight or Travel Accident Maximum Benefit Amount for such bodily Injury.

**Please note:** If Your body is not found within 12 months of the Accident, We will presume that You died as a result of Your injuries.

#### Covered Risk 2

Bodily Injury is sustained due to a flight Accident or travel Accident (as described in Section V, B) occurring on or after the date Your insurance starts and on or before the date Your insurance ends and while You are on a Trip and as a result, within the 12 months immediately following the Accident, You:

1. suffer loss of sight in one (1) eye; or
2. have one (1) of Your limbs fully severed above a wrist or ankle joint.

#### Benefits for Covered Risk 2:

In the event of the occurrence of Covered Risk 2, We pay a benefit of 50% of the applicable Flight Accident or Travel Accident Maximum Benefit Amount for such bodily Injury.

**Benefit Limit for Covered Risk 1 and Covered Risk 2:** If You have more than one (1) Accidental bodily Injury while covered, We will pay no more than \$100,000 in total.

## B. Conditions – Flight Accident and Travel Accident Coverage

All of the conditions set out in the General Conditions Section of this Policy and all of the following conditions must be satisfied before a benefit is payable under this Flight Accident and Travel Accident Coverage.

**1. Flight Accident:** This flight Accident benefit, as described in the Benefits for Covered Risk 1 and Benefits for Covered Risk 2 above, applies only to an Accidental bodily Injury sustained by You while riding as a passenger (but not as a pilot, operator, or member of the crew) in, on, boarding, or alighting from any passenger plane having a current and valid airworthiness certificate. We will also provide coverage for the following:

- a. when You are a passenger in a land or water conveyance, that an airline provides at their expense, as a substitute for a passenger plane on which this Policy would have covered You;
- b. when You are a passenger in a limousine or bus provided by the airline or airport authority;
- c. when You are at an airport prior to boarding or after deplaning a flight covered by this Policy;
- d. when You are travelling to or from airports in a scheduled helicopter flight to make a connection with a flight covered by this insurance; or
- e. when You are a passenger on a covered flight that is forced to land or disappears, and You are exposed to the elements.

**2. Travel Accident:** This travel Accident benefit, as described in the Benefits for Covered Risk 1 and Benefits for Covered Risk 2 above, applies only to an Accidental bodily Injury sustained by You during a Trip when the flight Accident coverage does not apply.

## C. Exclusions – Flight Accident and Travel Accident Coverage

These exclusions apply to the Flight Accident and Travel Accident Coverage set out in Section V, A. The additional exclusions set out in the General Exclusions Section of this Policy also apply. We do not cover any claim related in whole or in part, directly or indirectly, to:

1. a disease, even if the proximate cause of its activation or reactivation is the Accidental bodily Injury; or
2. hang-gliding, parachuting, bungee jumping or skydiving.

## VI. BAGGAGE AND PERSONAL EFFECTS COVERAGE

If You incur expenses due to a covered risk, on or after Your Start Date and prior to or on Your Expiry Date We provide coverage for the following covered benefits up to the specific benefit limits set out below.

Benefit limits are for each Insured under this Policy. We do not pay more than the benefit limit.

### A. Benefits – Baggage and Personal Effects Coverage

If You incur a loss due to a covered risk while on a Trip, We provide coverage for the following covered benefits, subject to any specific limits set out in the benefit provisions.

**Covered Risk 1. Baggage Loss:** Loss or damage to the baggage and personal effects that You own and use during Your Trip.

#### Benefits for Covered Risk 1:

We cover up to \$500 to replace a single article (including its attachments, accessories and equipment, matched pair or set, or group of related articles), up to a maximum of \$750.

**Covered Risk 2. Lost Documents:** Loss of Your passport, driver's license, birth certificate, or travel visa.

#### Benefits for Covered Risk 2:

We cover up to \$200 towards the replacement of one (1) or more of these documents.

**Covered Risk 3. Baggage Delay:** A delay of delivery of checked baggage of 12 hours or more by an airline or ground carrier on which You travelled while on a Trip.

#### Benefits for Covered Risk 3:

We cover up to \$400 for replacement of necessary personal effects.

## B. Conditions – Baggage and Personal Effects Coverage

All of the conditions set out in the General Conditions Section of this Policy and all of the following conditions must be satisfied before a benefit is payable under this Baggage and Personal Effects Coverage as set out in Section VI, A.

1. Benefits are payable only after You have exhausted recovery or reimbursement benefits available from any other insurance or coverage.
2. We will pay this benefit up to the applicable limit after making proper allowance for wear and tear or depreciation for the loss of, damage to and delay of the baggage and personal effects that You own and that You use during Your Trip. In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item covered under this benefit, You must obtain written documented evidence from the police immediately or, if the police are unavailable, the hotel manager, tour guide, or transportation authorities.
3. You must take all precautions to protect, save or recover the property immediately and advise Us as soon as possible.
4. We reserve the option to repair or replace Your property with another of a similar kind, quality, and value and to ask You to submit damaged items for appraisal.

## C. Limitations – Baggage and Personal Effects Coverage

Our liability under this Policy for expenses under this Baggage and Personal Effects Coverage is limited to \$750 per Policy.

## D. Exclusions – Baggage and Personal Effects Coverage

These exclusions apply to the Baggage and Personal Effects Coverage set out in Section VI, A. The additional exclusions set out in the General Exclusions Section of this Policy also apply. We do not cover or pay any benefit for any loss or expense related in whole or in part, directly or indirectly, to:

1. loss or theft of: animals; bicycles except while checked as baggage on a Common Carrier, perishable items; household items and furniture; artificial teeth or limbs; hearing aids; eyeglasses of any type; contact lenses; money; tickets; securities; items related to Your occupation or profession; antiques or collectors' items; fragile items; items obtained illegally; or articles that are Insured on a valued basis;
2. damage or loss resulting from wear and tear, deterioration, defect, mechanical breakdown, Your imprudence, or Your omission;
3. unaccompanied baggage or personal effects; baggage or personal effects left unattended or in an unlocked vehicle; or baggage or personal effects shipped under a freight contract; or
4. baggage that is delayed on Your final return flight to Your Home Province.

## VII. OPTIONAL CRUISE AND TOUR PROTECTOR COVERAGE

If You wish to obtain this optional coverage You have to apply for it for each Trip and pay the required Premium.

### A. Benefits – Cruise and Tour Protector Coverage

If You incur expenses due to a covered risk, while You are on a Trip or before a Trip, for which You have purchased this coverage, We provide coverage for the following covered benefits up to the benefit limit.

**Covered Risk 1. Cruise/Tour Cancellation and Interruption Enhancement:** Loss resulting from a missed pre-booked Cruise or tour departure due to the cancellation or Schedule Change of Your Cruise or tour by the Cruise company or tour operator.

#### Benefits for Covered Risk 1:

We cover:

1. a Subsistence Allowance for Your commercial accommodations and meals, essential telephone calls, and taxi fares, up to a maximum of \$100 (original receipts must be submitted for all eligible expenses); and

The lesser of:

2. the change fee charged by the airline carrier(s) involved when such an option is available to You OR,
3. up to \$2,000 for Your non-refundable prepaid airfare which is part of Your Trip and not part of Your Cruise or tour package.

**Please note:** Benefits are payable for any one (1) occurrence resulting in a claim under either the Trip Cancellation, Trip and Trip Coverage or this Optional Cruise and Tour Protector Coverage, but not both.

## B. Conditions – Cruise and Tour Protector Coverage

All of the general conditions set out in the General Conditions Section of this Policy and all of the following conditions must be satisfied before a benefit is payable under this Optional Cruise and Tour Protector Coverage as set out in Section VIII, A:

1. the expenses must be incurred by You before You join Your Cruise ship or tour;
2. You must file written proof of loss with Us within 90 days from the date of Your loss or submit Your claim within any longer period allowed by law (if applicable);

**Please note:** This coverage is last payor and subsequent to any payment provided by a Common Carrier for the same loss.

**C. Exclusions – Cruise and Tour Protector Coverage**  
We do not cover any loss or any expense related in whole or in part, directly or indirectly, to any loss incurred by the default of a travel supplier. The additional exclusions set out in the General Exclusions Section of this Policy also apply.

## VIII. OPTIONAL EXPANDED BENEFITS UPGRADE COVERAGE

If You wish to obtain this optional coverage You have to apply for it for each Trip and pay the required Premium.

### A. Benefits – Expanded Benefits Upgrade Coverage

If You have purchased this coverage and You incur an expense or suffer a loss due to a covered risk, during a Trip, under the Emergency Medical and Dental Coverage, the Trip Cancellation, Trip Interruption and Trip Delay Coverage or the Baggage and Personal Effects Coverage We increase certain benefit limits provided for under such coverage and We cover added benefits. The increased benefit, benefit limits and added benefits are as follows:

Added Benefits:

1. if the primary reason for Your Trip is to attend a wedding and the wedding is cancelled due to the death or Hospitalization of the bride/groom and/or parent(s) of the bride or groom We cover up to the non-refundable prepaid costs of unused travel arrangements provided You have Insured the full value of the non-refundable cost of Your Trip.
2. if the primary reason for Your Trip is to attend a wedding, sporting event or conference, and it cannot be delayed regardless of Your attendance and Your scheduled arrival time in the city where it is to take place is delayed for a reason beyond Your control, We cover the expenses You actually incur up to \$1,500 per Insured for the additional transportation cost via an alternate itinerary on a Scheduled Carrier that allows You to arrive in time for the wedding, sporting event or conference. This benefit does not cover any expenses incurred directly or indirectly as a result of:
  - a. Your failure to comply with normal check-in procedure of the travel supplier;
  - b. Strike, hijack, riot or civil commotion; or

- c. any extra costs that are not transportation related.
3. If You are delayed from returning to Your Departure Point beyond Your scheduled Return Date as a result of any of the covered risks set out in the Trip Cancellation, Trip Interruption and Trip Delay Coverage Section of this Policy, We cover expenses You actually incur up to \$100 per Insured for You to attend a ticketed event such as, but not limited to, a movie theatre, a live production, or sporting event.

### Expanded Benefits

1. Same Class Ticket Benefit: if We cover an economy class ticket under the Emergency Medical and Dental Coverage or the Trip Cancellation, Trip Interruption and Trip Delay Coverage and the benefit would otherwise be available to You, We cover the extra cost (via the most cost effective itinerary) that then allows You to travel on the same class airfare as originally pre-booked on Your Trip.
2. Subsistence Allowance Increase: The Subsistence Allowance benefit limit under Your Emergency Medical and Dental Coverage Covered Risk 9 is increased to \$500 per day to a maximum of \$5,000. The Subsistence Allowance benefit limit for Trip Interruption under Your Trip Cancellation, Trip Interruption and Trip Delay Coverage for Covered Risks 13, 14, 16, 17, 18, 19, 20, 21, 22, 23 and 24 is increased to \$500 per day to a maximum of \$1,000 per Insured. The Subsistence Allowance benefit limit for Trip delay under Your Trip Cancellation, Interruption and Delay Coverage for Covered Risks 27, 28, 29 and 30 is increased to \$500 per day to a maximum of \$5,000 per Insured.
3. Delay of Baggage Benefit Increase: The benefit limit for delay of baggage under the Baggage and Personal Effects Coverage is increased to \$750 per Insured.
4. Travel Advisory Benefit to include Hurricane Coverage: if You purchased the Trip Cancellation, Trip Interruption and Trip Delay Coverage and the benefit would otherwise be available to You it will be extended to cover the risk of a hurricane, named by the World Meteorological Organization, intersecting Your final destination during the time You are scheduled to be there. Benefits are available to You only if You were:
  - a. at destination and Your accommodations became uninhabitable because You were directly in the path of the hurricane when it passed; or
  - b. are travelling to or are at Your destination and the hurricane warning is issued. Hurricane warning means that hurricane conditions are expected to cross directly in Your path in the next 24 hours.

### B. Conditions – Expanded Benefits Upgrade Coverage

If, under this Optional Expanded Benefits Upgrade Coverage, We have increased a benefit or benefit limit, or added a benefit, under any one (1) of the Emergency Medical and Dental Coverage, the Trip Cancellation, Trip Interruption and Trip Delay Coverage or the Baggage and Personal Effects Coverage, then all of the conditions set

out in the section of this Policy document pertaining to that coverage apply to such coverage and they must be satisfied before any benefit shall be paid under this optional coverage.

### C. Exclusions – Expanded Benefits Upgrade Coverage

The exclusions set out in the General Exclusions Section of this Policy apply to this Optional Expanded Benefits Upgrade Coverage.

## IX. OPTIONAL GOLF PROTECTOR, SKI PROTECTOR AND BUSINESS PROTECTOR COVERAGE

If You wish to obtain this optional coverage You have to apply for it for each Trip and pay the required Premium.

### A. Benefits – Golf Protector, Ski Protector and Business Protector Coverage

If You incur expenses due to a covered risk, while You are on a Trip, for which You have purchased this coverage, We provide coverage for the following covered benefits up to the benefit limit.

#### i. Golf Protector Option

**Covered Risk 1:** Loss resulting from (i) loss of; (ii) theft of; (iii) significant damage to; or (iv) delay for at least 12 hours in the transit of Your owned golf clubs, golf bag, or golf shoes, occurring while this optional coverage is in effect and provided the equipment was travelling with You when the loss, theft, damage or delay occurred.

#### Benefits for Covered Risk 1:

We cover:

1. the reasonable expense incurred for the rental of golf clubs and a golf bag; and
2. the Depreciated Value of Your lost, stolen or damaged golf clubs, golf bag, and/or golf shoes.

**Please note:** We do not cover rented equipment under this benefit.

**Benefit Limit:** Depreciated Value of lost, stolen or damaged equipment - \$2,500 per Insured; Rental - \$200 per Insured.

**Covered Risk 2:** Loss resulting from Your or Your Travel Companion's inability to play golf while on a Trip as a result of a Medical Condition and while this optional coverage is in effect.

#### Benefits for Covered Risk 2:

We cover the non-refundable, prepaid green fees, golf equipment rental charges or lesson fees which are unused as the direct result of Your or Your Travel Companion's Medical Condition.

**Please note:** A Physician must certify in writing Your or Your Travel Companion's inability to play golf is due to such Medical Condition.

**Benefit Limit:** \$500 per Insured.

#### ii. Ski Protector Option

**Covered Risk 1:** Loss resulting from (i) loss of; (ii) theft of; (iii) significant damage to; or (iv) delay for at least 12 hours in the transit of Your owned snowboards, skis, bindings, boots or poles, occurring while this

optional coverage is in effect and provided the equipment was travelling with You when the loss, theft, damage or delay occurred.

**Benefits for Covered Risk 1:**

We cover:

1. the reasonable expense incurred for the rental of skis, snowboards, bindings, boots, and poles; and
2. the Depreciated Value of Your lost, stolen or damaged snowboards, skis, bindings, boots or poles.

**Please note:** We do not cover rented equipment under this benefit.

**Benefit Limit:** Depreciated Value of lost, stolen or damaged equipment - \$2,500 per Insured; Rental - \$200 per Insured.

**Covered Risk 2:** Loss resulting from Your or Your Travel Companion's inability to ski or snowboard while on a Trip as a result of a Medical Condition and while this optional coverage is in effect and loss resulting from Your or Your Travel Companion's inability to ski or snowboard as a consequence of an avalanche while on a Trip and while this optional coverage is in effect.

**Benefit for Covered Risk 2:**

We cover the non-refundable, prepaid ski package expenses which are unused as the direct result of Your or Your Travel Companion's Medical Condition.

**Please note:**

1. a Physician must certify in writing Your or Your Travel Companion's inability to ski or snowboard is due to a Medical Condition.
2. a ski Package consists of one (1) or more of the following: lift passes; ski school fees; and rental of a snowboard, skis, ski poles, bindings and/or boots.

**Benefit Limit:** \$500 per Insured if inability to ski or snowboard is due to a Medical Condition; \$200 per Insured if inability to ski or snowboard is due to an avalanche.

**iii. Business Protector Option**

**Covered Risk 1:** Loss resulting from (i) loss of; (ii) theft of; or (iii) significant damage to Your business equipment, occurring while this optional coverage is in effect and provided the equipment was travelling with You when the loss, theft or damage occurred.

**Benefits for Covered Risk 1:**

We cover:

1. the Depreciated Value of Your lost, stolen or damaged business equipment; and
2. the reasonable additional costs to rent comparable business equipment (including communication devices) to that which was lost, stolen or damaged.

**Please note:** We do not cover rented equipment under this benefit.

**Benefit Limit:** Depreciated Value of lost, stolen or damaged equipment - \$2,500 per Insured; Rental - \$200 per Insured.

**Covered Risk 2:** Loss resulting from the delay for at least 12 hours in the transit of Your business equipment, occurring while this optional

coverage is in effect and provided the equipment was travelling with You when the delay occurred.

**Benefits for Covered Risk 2:**

We cover:

1. the reasonable additional costs for the rental of comparable business equipment (including communication devices); and
2. the reasonable cost to purchase business necessities.

**Please note:** If it is later determined that Your business equipment is permanently lost the amount claimable under the benefits for Covered Risk 1 will be reduced by the amount claimed for business necessities purchased under this benefit for Covered Risk 2.

**Benefit Limit:** Rental - \$200 per Insured; Business Necessities - \$200 per Insured.

**Covered Risk 3:** Loss resulting from (i) loss of; (ii) theft of; or (iii) significant damage to Your business documents, meeting agendas, sales presentations or product samples occurring while this optional coverage is in effect and provided these items were with You on a Trip when the loss, theft or damage occurred.

**Benefits for Covered Risk 3:**

We cover the reasonable costs for expedited courier services You incur to replace business documents, meeting agendas, sales presentations or product samples lost, stolen or damaged.

**Please note:** All items must be available from Your Local Office, Your Head Office, or Your normal place of business and required for Your Business Meeting, customer presentation or business seminar, and such meeting, presentation or seminar must be both scheduled prior to the purchase of each covered Trip, and scheduled to take place within five (5) days after Your arrival at Your business destination.

**Benefit Limit:** \$200 per Insured.

**B. Conditions – Golf Protector, Ski Protector and Business Protector Coverage**

All of the conditions set out in the General Conditions Section of this Policy and all of the following conditions must be satisfied before a benefit is payable under any of the Golf Protector, Ski Protector and Business Protector Optional Coverage:

1. You must inform the appropriate local authorities at the place where the loss occurred within 24 hours of the loss occurring. You must inform them of the value and description of Your golf equipment, ski/snowboard equipment, and/or business equipment and obtain a written report;
2. You must provide Us with documentation proving Your prepaid green fees, and/or prepaid, non-refundable ski vacation package;
3. You must file written proof of loss with Us within 90 days from the date of Your loss or submit Your claim within the longer period allowed by law (if applicable);
4. if You are claiming for a refund of green fees or ski vacation package You must obtain a copy of the Physician's report and diagnosis pertaining to Your Medical Condition which is the basis of Your claim;

5. You must take all reasonable measures to protect, save and/or recover Your golf equipment, Your ski/snowboard equipment, and/or Your business equipment;
6. all expenses must be incurred by You;
7. this coverage is excess to any coverage provided through or indemnity provided by a Common Carrier for the same loss; and
8. You must submit a copy of the purchase or credit card receipt for Your original golf equipment, original ski equipment or original business equipment.

**C. Exclusions – Golf Protector, Ski Protector, and Business Protector Coverage**

The following exclusions apply to each of the Golf Protector, Ski Protector and Business Protector Optional Coverage set out above. The additional exclusions set out in the General Exclusions Section of this Policy also apply. We do not cover any loss or any expense related in whole or in part, directly or indirectly, to:

1. loss, theft or damage to Your owned golf equipment, ski/snowboard equipment and/or business equipment while such items are in the custody of an airline or other Common Carrier, unless a report is made immediately on discovery of the loss or damage and a report obtained from the carrier;
2. loss, theft or damage to any unattended equipment, if left unsecured and unlocked in Your accommodation, or an unlocked motor vehicle;
3. loss, theft or damage to any unattended equipment, if left unattended in a locked motor vehicle, or a secured and locked luggage rack between 8:00 p.m. and 8:00 a.m.;
4. loss or damage to any of Your owned golf equipment, business equipment, and/or Your ski/snowboard equipment carried on a vehicle roof rack;
5. loss of use or damage due to wear and tear, latent defect, or misuse;
6. intentional damage committed by You;
7. loss or theft of any of Your owned golf equipment, ski/snowboard equipment, and/or business equipment, shipped as freight or under a Bill of Lading or Way Bill;
8. loss, theft or damage arising from delay, confiscation or detention by Customs or other officials;
9. any claim arising from a Medical Condition that was not supported by a medical report from a licensed Physician confirming Your inability to play golf or ski/snowboard (applicable to refund of green fees or ski Package refund only);
10. any claim resulting from activities including, but not limited to, Ski Jumping, Ski Flying, Heli-Skiing, Ski Acrobatics, Ski Stunting, Freestyle Skiing, Ski Racing, Ski Bob Racing, or On-Piste and Off-Piste Skiing in areas designated unsafe by resort management;
11. Your owned golf equipment, business equipment, Your owned ski/snowboard equipment, if Insured by another insurance carrier, with the exception of any applicable deductible; or
12. prototypes, product samples or recovery of electronic data.

## X. OPTIONAL COLLISION DAMAGE WAIVER

If You wish to obtain this optional coverage You have to apply for it for each Trip and pay the required Premium.

### A. Benefits – Collision Damage Waiver Coverage

If You incur expenses due to a covered risk, while You are on a trip, for which You have purchased this coverage, We provide coverage for the following covered benefits up to the benefit limit.

**Covered Risk 1:** Physical loss or damage to a Rental Car arising during the period for which You have purchased this coverage and while the Rental Car is under Your care, custody and control, or that of a person who is permitted to operate the Rental Car under the rental agreement to which You are a party.

#### Benefits for Covered Risk 1:

We cover:

1. Reasonable expenses for which You are responsible under the car rental agreement or at law for physical loss or damage to a Rental Car; and
2. Reasonable costs of towing expenses, salvage, fire department charges, customs duties, and loss of usage of the Rental Car.

**Benefit Limit:** \$50,000.

### B. Conditions – Collision Damage Waiver Coverage

All of the general conditions set out in the General Conditions Section of this policy and all of the following conditions must be satisfied before a benefit is payable under this Collision Damage Waiver Coverage as set out in Section VII, A:

1. You must examine the Rental Car and record, in writing, all existing damages before accepting the Rental Car, and submit a copy of that damage record to us if You have a claim;
2. You must take all reasonable and necessary steps to protect the Rental Car and prevent damage to it. You must report the loss to the appropriate local authorities and the rental company as soon as possible;
3. You must obtain all information about any other party involved in any accident, such as name, address, insurance information and driver's license number; and
4. You must provide us with all required documentation including but not limited to the rental agreement, police report and damage estimate.

### C. Exclusions – Collision Damage Waiver Coverage

The following exclusions apply to the Collision Damage Waiver set out in Section VII, A. The additional exclusions set out in the General Exclusions Section of this policy also apply.

1. We do not cover any loss or any expense related in whole or in part, directly or indirectly, to:
  - a. Contents of the Rental Car;
  - b. Liability other than for loss of, or damage to the Rental Car;
  - c. Expenses assumed or waived by the car rental agency and/or its insurance company; and
  - d. Amounts payable under any other insurance.
2. We do not cover any loss or damage arising either directly or indirectly from, caused by, or contributed to by You or any other

person driving or operating the Rental Car while You or such other person is:

- a. Under the influence of intoxicating substances;
  - b. Participating in a speed test or contest;
  - c. Carrying passengers for compensation or hire;
  - d. Using the Rental Car for commercial delivery, transporting contraband, or illegal trade; or
  - e. Driving or operating the Rental Car in violation of the terms of the car rental agreement.
3. We do not cover any loss or damage arising either directly or indirectly from, caused by, or contributed to by:
    - a. The mechanical failure or breakdown of any part of the rental car, rusting, corrosion, wear and tear, gradual deterioration, inherent defect, or freezing;
    - b. Any dishonest act, conversion, failure, neglect or abuse of the Rental Car committed by You, Your employees or agents, or any person to whom the Rental Car may be entrusted by You; or
    - c. Your failure to preserve or protect the Rental Car.
  4. We do not cover any loss or damage to:
    - a. Automobiles over 20 years old, exotic automobiles including but not limited to Aston Martin, Bentley, Daimler Benz,, Excalibur, Ferrari, Jaguar, Jensen, Lamborghini, Lotus, Maserati, Porsche, Rolls Royce, or any similar automobile;
    - b. Trucks, buses, commercial vans, motorcycles, mopeds, motorbikes, recreational vehicles, all-terrain vehicles, campers, trailers, limousines, or sport utility vehicles (or any other vehicle) while used off-road.

## XI. FEATURES AND SERVICES TO SERVE YOU BETTER

### 24/7 Worldwide Emergency Assistance and Livetravel™

Canada and Continental USA: 1-866-878-0192 or  
International Collect at 416-646-3723

This service is available to You for the duration of Your Trip. Whether You need Emergency medical care or Emergency arrangements to return home, Our Emergency assistance coordinators, doctors and nurses can help You any time of day.

Our Livetravel™ service team can help You with Emergency travel problems that can arise during a Trip.

Services Include:

- Emergency and after-hours travel services:
  - Rebooking Flights
  - Hotel Reservations
  - Ground Transportation
- Luggage Tracing
- Lost/Stolen Credit Card Replacement.

### 24/7 Concierge Service

Continental USA: 1-866-878-0191 or  
International Collect at 416-646-3723

This service is available to You for the duration of Your Trip. Our concierge service team can help You find and coordinate the extra things that make Your Trip enjoyable. Services include:

- Highlights on sights and attractions;
- Restaurant referrals and reservations: Worldwide dining referrals and reservations made on the Your behalf, based on availability;
- Tee-time reservations: Assistance with scheduling tee-off times and making course recommendations;
- Assistance getting tickets to cultural and sporting events, based on availability;
- Travel documents assistance, emergency cash transfer assistance, emergency message centre, and interpretation services;
- Assistance locating a bank machine;
- Driving directions over the phone;
- Pre-Trip travel advice;
- Access to passport, visa, and vaccine requirements, travel safety and health advisories, embassy contacts, weather and currency information.
- E-mail or Phone Message Relay; and
- Emergency Cash Transfers.

## XII. GENERAL CONDITIONS

All of the following conditions apply to all coverage under this Policy including optional coverage purchased.

1. Your coverage will be declared null and void if, for any reason:
  - a. the required Premium is not received by Us;
  - b. You are ineligible for coverage in accordance with any section of this Policy; or
  - c. You have incompletely or falsely provided information when purchasing Your Policy or on Our medical questionnaire.
2. Canadian Currency: The benefit, benefit limits and all other amounts expressed in this Policy are expressed in Canadian currency, except any deductible which is expressed in US dollars. Where covered losses are billed in foreign currency, the rate of exchange is based on the rate effective on the date when We pay the claim. No sum payable shall bear interest. To facilitate direct payment to providers, We may elect to pay the claim in the currency of the country where the charges were incurred based on the rate of exchange established by any chartered bank in Canada:
  - a. on the last date of service; or
  - b. on the date the claim was incurred if a cheque is issued directly to physicians, Hospitals or other medical providers.
3. If You are covered under more than one (1) of Our Policies, or have similar coverage with another insurance company, the total amount paid to or for You will not exceed Your actual expenses and the maximum to which You are entitled is the largest amount specified for that benefit under any one (1) of Our Policies with the exception of the Flight Accident benefit which has a maximum

- payable of \$100,000 if You are covered under more than one (1) of Our Policies providing that benefit.
4. The coverage outlined in this Policy is last payor only. If, at the time of loss, You have insurance from another source, or if any other party is also responsible, to pay for benefits also provided under this Policy, We will pay eligible expenses only in excess of those covered by that other insurance company or insurance companies or other responsible party or parties, including insurance plans provided through credit cards, third party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan, providing Hospital, medical or therapeutic coverage, or any third party liability insurance in force concurrently with this Policy.
  5. In the event of a payment of a claim under this Policy, We have the right to proceed, in Your name, but at Our expense, against third parties who may be responsible for giving rise to a claim under this Policy. You will execute and deliver documents as necessary and co-operate fully with Us so as to allow Us to fully assert Our rights. You will do nothing to prejudice such rights.
  6. We have full rights of subrogation; however, We do not subrogate against any retiree plan benefit if the lifetime maximum limits for all in-country and out-of-country medical benefits is \$50,000 or less.
  7. Notwithstanding any provision of this Policy, this Policy is subject to the statutory conditions of the Insurance Act applicable to contracts of Accident and Sickness insurance and the laws and regulations in Your Home Province. The laws and regulations of the province or territory in Canada in which You normally reside govern this Policy and any provision in this Policy which is in conflict with any such statute is hereby amended to conform to such statute.
  8. Confirmation of Coverage: In the event that You are found to be ineligible for coverage or that a claim is found to be invalid or benefits are reduced in accordance with any Policy provision, We have the right to collect from You any amount which We have paid on Your behalf to medical providers or other parties.
  9. Your Policy will be declared null and void in the case of fraud or attempted fraud by You, or if You conceal or misrepresent any material fact or circumstance concerning this insurance.
  10. During the claims process, We may require You to have a medical examination by one (1) or more physicians chosen by Us and at Our expense.
  11. We are not responsible for the availability, quality or results of any medical Treatment. We are not responsible for any transportation arranged by Us. We are not responsible for Your failure to obtain medical Treatment.
  12. You must, at all times while You are covered under this Policy, act in a prudent manner so as to minimize costs to Us.
  13. If Your health status changes (including a Change in Prescribed Medication or Treatment) prior to departure for any Trip, You must notify Us immediately. At Our sole discretion, We may opt to waive the exclusion that precludes Your unstable Medical Condition from coverage. This would allow You to continue with Your Trip and retain coverage for Your Medical Condition.

14. Any reference to age in this document is specific to Your age on the date You apply for insurance.
15. The coverage provided by this Policy shall be null and void for travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates.

### XIII. MAXIMUM LIMITS OF LIABILITY

General Liability: Our liability under this Policy is limited solely to the payment of eligible benefits, up to the benefit limits specified herein, for any loss or expense.

### XVI. GENERAL EXCLUSIONS

The following exclusions apply to all benefits available under this Policy, including all optional coverage purchased. In addition to any exclusion that apply to a specific benefit outlined within each section, We also do not cover any claim, loss or any expense related in whole or in part, directly or indirectly to:

1. expenses resulting from any Sickness, Injury or state of health prior to Your Policy purchase date that would cause Expected Medical Treatment or Hospitalization during Your Trip;
2. reimbursement for expenses once the Emergency ends and in the opinion of the attending Physician or dentist, You are able to travel to Your Home Province for any further Treatment relating to the Sickness or Accident that led to the Emergency other than for a follow-up visit as listed under the benefits for Emergency Medical Treatment);
3. optional Policy extensions: Sickness or Injury which first appeared, was diagnosed or received medical Treatment after Your Departure Date and prior to the Effective Date of the optional insurance extension;
4. any Treatment that is not Emergency Treatment. For example (and not inclusive of):
  - a. expenses incurred for medication commonly available without prescription; vaccinations, injections or medication received on a preventative basis or for the maintenance of a Medical Condition; contraceptives; fertility medication; vitamin preparations; general physical examinations; or routine medical tests;
  - b. transplants including but not limited to organ transplants or bone marrow transplants, artificial joints, or prosthetic devices/implants including any associated charges;
  - c. expenses incurred for acupuncture or naturopathic or holistic Treatment;
5. ionizing radiation or radioactive Contamination from any nuclear fuel or waste which results from the burning of nuclear fuels, or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
6. expenses incurred for any portion of benefits that require prior authorization and arrangements by Us if such benefits were not authorized and arranged by Us;

7. any Medical Condition if on Our medical questionnaire, there is an incorrect answer. In this case the Policy is voidable and Premium refundable;
8. more than one (1) Follow-up Treatment, Recurrence or complication of a Medical Condition or related condition, following Emergency Treatment of that condition during Your Trip if the medical department, determines that You were medically able to return to Your Home Province and You chose not to return;
9. more than one (1) Follow-up Treatment of any heart or lung condition, following Emergency Treatment for a related or unrelated heart or lung condition during Your Trip if the medical department, determines that You were medically able to return to Your Home Province and You chose not to return;
10. any Medical Condition, if Our medical department recommends that You return to Your Home Province following Your Emergency Treatment, and You choose not to travel;
11. expenses incurred for Treatment or services that are prohibited under Your GHIP/UHIP;
12. expenses in excess of reasonable and customary rates where Treatment has occurred before You or someone on Your behalf has called Us;
13. any medical expense incurred while travelling in Your Home Province;
14. routine pre-natal care; a child born during Your Trip; childbirth or complications of childbirth; pregnancy or complications thereof within the nine (9) weeks before or anytime after the expected date of delivery;
15. Your Mental or Emotional Disorders;
16. Your committing or attempting to commit suicide or intentionally self-inflicted Injury (whether sane or insane);
17. any alcohol related Sickness, death, or Injury or the abuse of medication, drugs, alcohol or any other toxic substance during the Trip; Alcohol abuse includes having a blood alcohol level in excess of 80 milligrams of alcohol per 100 millilitres of blood;
18. a Trip undertaken in contravention of a Physician's recommendation or after the manifestation of medical symptoms which would cause an ordinarily prudent person to seek medical advice or Treatment in the 90 days prior to Your Departure Date; or where a terminal condition prognosis has been diagnosed by any Physician;
19. a Medical Condition or related condition that arises during a Trip You undertake with the prior knowledge that You will require or seek Treatment or surgery for that Medical Condition or a related condition;
20. a Medical Condition for which future investigation or Treatment is planned before Your Departure Date. This does not include routine monitoring;
21. the commission of or Your direct or indirect attempt to commit a criminal act or Injury occurring while You are committing or attempting to commit a criminal act;
22. Your participation in rock or Mountain Climbing; participation in a motorized race or motorized speed contest; Your participation as a professional athlete in a sporting event;

23. operating or learning to operate any aircraft, as pilot or crew; performing employment duties on any aircraft or ship; or performing duties in any regular armed forces service;
24. expenses incurred if You travel to a country that The Department of Foreign Affairs and International Trade of the Canadian Government or Health Canada has advised travellers not to travel to during the time of Your Trip. This exclusion applies if the advisory is issued prior to Your Departure Date;
25. war (declared or not), acts of foreign enemies or rebellion;
26. interest on a payment or reimbursement;
27. expenses incurred relating to travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates;
28. any Medical Condition, if prior to Your Departure Date, such Medical Condition renders You ineligible or causes You to qualify for a different rate. You must be and remain eligible and rate qualified under this Policy when You purchase and continuously until You take a Trip for coverage to come into and be in effect when You take a Trip.

## XV. CLAIM PROCEDURES AND CUSTOMER SERVICE INQUIRIES

By paying the Premium for this insurance, You agree that:

1. We may verify Your GHIP/UHIP and other information required to process Your claim, with government and other authorities;
2. physicians, Hospitals and other medical providers are authorized by You to provide to Us any and all information they have regarding You, while under observation or Treatment, including Your medical history, diagnoses and test results;
3. We may disclose the information available under 1) and 2) above and from other sources to such other persons, as may be required for the purposes of providing assistance about or processing Your claim for benefits; and
4. failure to complete the required claim form and authorization form in full will delay the processing of Your claim and could invalidate Your claim. We cannot process Your claim in full until all required documentation has been received by Our claims department.

All claim information should be sent to:

Travel Guard Canada

Attn: Claims Department

145 Wellington Street West, Toronto, ON M5J 1H8

### To Claim For Emergency Medical and Dental Benefits:

You must notify Us at 1-866-878-0192 or collect at 416-646-3723 prior to any Emergency Medical Treatment and prior to any surgery, invasive procedure or Hospitalization. Our assistance co-ordinators will provide guidance. We will make every effort, although We cannot guarantee, to pay providers directly. You must provide Us with original receipts for incurred expenses including those for Subsistence Allowance expenses.

### To Claim For Trip Cancellation, Interruption and Delay Benefits:

You must notify Us immediately of a cancellation, interruption or delay no later than the next business day following a cancellation, interruption or delay. You must provide:

1. proof of all non-refundable, prepaid deposits or payments;
2. completed documentation if a Medical Condition was the cause for cancellation;
3. complete unused transportation tickets and vouchers;
4. original receipts for Subsistence Allowance expenses;
5. original receipts for new tickets;
6. reports from police or local authorities documenting the missed connection or travel delay; and
7. invoices and original receipts from travel service providers.

### To Claim For Baggage and Personal Effects Benefits:

You must notify Us immediately of the loss or damage to baggage or personal effects. You must also report the loss or damage to police, local or conveyance authorities, tour operator representatives, the hotel manager or official transportation representative and obtain a written report.

When filing Your claim You must submit:

1. a letter of coverage or denial from the transportation carrier and/or Your homeowner's insurance company;
2. the written report regarding the loss or damage; and
3. original receipts or sales slips for all lost or stolen articles claimed and proof that You owned the articles.

Failure to submit the written report to Us with Your claim will result in the denial of Your claim.

### To Claim For Collision Damage Waiver Benefits:

If you have purchased this optional coverage and you wish to submit a claim, you must provide:

1. Your car rental invoice;
2. Your rental agreement with the record of the damages that existed when you picked up the car; and
3. The police report and Rental Car agency report including estimate of repair costs.

You must file your claim with us within 30 days of the loss or damage in the case of a claim under Collision Damage Waiver.

### To Claim For Golf Protector, Ski Protector, and Business Protector:

If You have purchased this optional coverage and You wish to submit a claim, You must notify Us immediately of the loss or damage. You must report loss or damage to police, local or conveyance authorities, tour operator representatives, the hotel manager or official transportation representative as soon as possible and obtain a written report. Failure to submit this written report to Us with Your claim will result in the denial of Your claim.

You must also submit a letter of coverage or denial from the transportation carrier and/or Your homeowner's insurance company. As proof of loss value, We may, at Our option, request original receipts, credit card original receipts or sales slips for all lost or stolen articles claimed. You must obtain a copy of the Physician's report and diagnosis (applicable to refund of green fees or ski vacation Package refund only), and submit complete unused tickets and vouchers. For emergency courier fees, We will need a receipt of the imposed charges.

## XVI. SERVICES AND CONSIDERATIONS THAT PUT YOU AND YOUR FAMILY FIRST

### Child Less Than 2 Years of Age (no seat):

The medical coverage as described in the medical section of this Policy will be extended at no additional Premium to Your child who is less than two (2) years of age but older than 15 days (excludes Children born during Your Trip) who does not occupy a seat, is Your Immediate Family Member living in the same household, and who travels with You during Your Trip.

### Default of Travel Supplier Coverage:

You have default of travel supplier coverage as outlined here and subject to all Policy terms, conditions, limitations and exclusions. If Your travel supplier files for bankruptcy or completely ceases operation more than 14 days after Your Policy purchase date and the loss incurred is not recoverable from any other source, either as a reimbursement or equivalent compensation, and the travel supplier is not listed on Our Travel Guard Alert List (see Our website [www.TravelGuard.ca](http://www.TravelGuard.ca) or call 1-866-878-0191) prior to Your Policy purchase date then You are covered up to Your Insured limits for Trip Cancellation, Trip Interruption, and Trip Delay. Our Maximum Limits of liability are \$2,500 per Insured; \$2,000,000 per the default of any one (1) travel supplier including its related companies; and \$5,000,000 per the default of all travel suppliers in a calendar year. If loss for all insureds exceeds the Maximum Limits listed above, We will pay each Insured that portion of the benefit stated which the maximum limits bear to the total loss of all persons under all Travel Guard Canada Policies.

### Statutory Conditions

**THE CONTRACT** The application, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

**MATERIAL FACTS** No statement made by the insured or a person insured at the time of application for the contract may be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.



## NOTICE AND PROOF OF CLAIM

1. The insured or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, must:
  - a) give written notice of claim to the insurer;
    - i. by delivery of the notice, or by sending it by registered mail to the head office or chief agency of the insurer in the province, or
    - ii. by delivery of the notice to an authorized agent of the insurer in the province not later than 30 days after the date a claim arises under the contract on account of an accident, sickness or disability,
  - b) within 90 days after the date a claim arises under the contract on account of an accident, sickness or disability, furnish to the insurer such proof as is reasonably possible in the circumstances of
    - i. the happening of the accident or the start of the sickness or disability;
    - ii. the loss caused by the accident, sickness or disability,
    - iii. the right of the claimant to receive payment;
    - iv. the claimant's age, and
    - v. if relevant, the beneficiary's age, and
  - c) if so required by the insurer, furnish a satisfactory certificate as to the cause or nature of the accident, sickness or disability for which claim is made under the contract and in the case of sickness or disability, its duration.
2. Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if:
  - a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the accident or the date a claim arises under the contract on account of sickness or disability, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition, or
  - b) in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

**INSURER TO FURNISH FORMS FOR PROOF OF CLAIM** The insurer must furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

**RIGHTS OF EXAMINATION** As a condition precedent to recovery of insurance money under the contract:

- a) the claimant must give the insurer an opportunity to examine the person of the person insured when and as often as it reasonably requires while a claim is pending, and

- b) in the case of death of the person insured, the insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

**WHEN MONEY PAYABLE OTHER THAN FOR LOSS OF TIME** All money payable under the contract, other than benefits for loss of time, must be paid by the insurer within 60 days after it has received proof of claim.

## Important Travel Tips

To help you prepare for your long-awaited, much-deserved, vacation, here are some helpful hints.

- ✓ Take a carry-on with your important travel documents, including your Travel Guard Policy.
- ✓ Make sure your family or close friend knows your travel itinerary and insurance information.
- ✓ Remove the 24-hour Emergency Travel Assistance Card below and carry it with you at all times.
- ✓ Make a list of all identification, credit card numbers and corresponding customer service telephone numbers. Leave a copy at home.
- ✓ Make sure you have a passport – it's the best piece of identification to carry.
- ✓ Make sure your passport is valid for six months beyond your trip.
- ✓ Put bag tags on your luggage and inside each piece in case tags fall off.
- ✓ You may be required to fill out customs forms. Keep a pen handy.
- ✓ You may need extra cash to pay any airport improvements taxes, departure taxes, or service fees.

### 24-HOUR EMERGENCY ASSISTANCE

You must notify Us prior to any Emergency Medical Treatment and prior to any surgery, invasive procedure or Hospitalization. Failure to do so will result in Your being responsible for 30% of any eligible expenses incurred.

Canada and Continental USA: 1-866-878-0192  
International: 416-646-3723 (collect)

## Sales & Claims Enquiries

1-877-328-2530 (Canada & Continental USA)

## 24 Hour Emergency Assistance

1-866-878-0192 (Canada & Continental USA)

416-646-3723 (International - Call Collect)

## 1Cover

1Cover Insurance Agency Canada Ltd (BC0987181)