

POLICY

Coach Tours Plan SCHEDULE OF BENEFITS

All coverage is per person	MAXIMUM LIMIT
Trip Cancellation.....	100% of insured Trip Cost (maximum \$15,000)
Trip Interruption	150% of insured Trip Cost (maximum \$22,500)
Trip Delay (\$100 per day)	\$500
Baggage & Personal Effects	\$1,000
Baggage Delay	\$100
Emergency Medical Expense	\$10,000
Emergency Dental	\$500
Emergency Evacuation & Repatriation of Remains	\$50,000

Medical Coverage Upgrade - applicable only if appropriate additional plan cost has been paid.

Medical and Evacuation & Repatriation of Remains coverage.....	\$1,000,000
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Extra Coverage

(when purchased within seven (7) days of Initial Trip Payment)
• Pre-Existing Medical Condition Exclusion Waiver

The following non-insurance services are provided by Travel Guard Group, Inc.

Travel Medical Assistance
Worldwide Travel Assistance

For coverage questions or to request a claim form, call 1.866.648.8425 (Canada & USA) or 1.416.646.3723 collect (International).

Blanket Travel Accident Insurance

This document describes the benefits and basic provisions of the Policy. You should read it with care so You will understand the coverage. The Policy is the only contract under which benefits are paid.

PLEASE READ THIS DOCUMENT CAREFULLY!

This Policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefits insurance money is to be payable.

- Coverage is valid only if premium has been paid. -

PRODUCT NUMBER: 807907 P1-P2 06/11

In the event of a claim, please refer to the above Product Number.

PRIVACY PRINCIPLES

We 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, 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.

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 or by contacting us at:

The Privacy Officer
C/o AIG Insurance Company of Canada
120 Bremner Boulevard, Suite 2200
Toronto, ON M5J 0A8
1-800-387-4481

This Policy is the only contract under which benefits are paid. Please read Your Policy with care so You will understand the coverage.

YOU ARE NOT ELIGIBLE FOR ANY COVERAGE UNDER THIS POLICY IF:

1. A licensed Physician has diagnosed You with a Terminal Condition.
2. You have undergone a bone marrow transplant or an organ transplant (excluding corneal transplant) that requires the use of anti-rejection (immune suppression) drugs.
3. You require dialysis of any type for a kidney disease.
4. In the last 12 months, You have been prescribed or utilized home oxygen therapy at any time.

RESTRICTED BENEFITS

1. This Policy covers losses resulting from unforeseeable and Emergency circumstances only.
2. Pre-existing condition exclusions apply to Medical Conditions and/or symptoms that existed prior to travel and, in certain coverage, prior to the date You purchased Your coverage. 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 Your being responsible for 30% of any eligible expenses incurred, or no reimbursement, unless Your Medical Condition prevents You from calling. You must call as soon as medically possible or have someone call on Your behalf.
4. Our medical department must approve all medical procedures (including, but not limited to, cardiac procedures and cardiac catheterization) in advance. A failure to call will result in Your 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.
5. If You choose not to receive Treatment or services from a Provider as directed by Us You may be responsible for 70% of any eligible expenses incurred.
6. 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.

Despite any other provision contained in the contract, the contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance.

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

We have issued the Policy to the person(s) named on the Confirmation of Coverage page.

This Policy and Your Confirmation of Coverage describes Your insurance coverage and its terms, conditions and exclusions. Please ensure You understand the coverage for which You have paid a premium.

PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

The Insurer will waive the pre-existing medical condition exclusio if the following conditions are met:

1. this plan is purchased within seven (7) days of making the Initial Trip Payment;
2. the amount of coverage purchased equals all prepaid non-refundable payments or deposits applicable to the Trip at the time of purchase, and the cost of any subsequent arrangement(s) added to the same Trip are insured within seven (7) days of the date of payment or deposit for any subsequent Trip arrangement(s);
3. all Insured's are medically able to travel when plan cost is paid.

PRE-EXISTING MEDICAL CONDITION EXCLUSION:

The Insurer will not pay for any Loss or expense incurred as the result of an Injury, Sickness or other condition of an Insured, Travelling Companion, Business Partner, or Family Member which:

- for insured's less than 60 years of age within the 90 day period immediately preceding and including the Insured's Departure Date, or
- for insured's 60 years of age or older, within the 180 day period immediately preceding and including the Insured's Departure date:
 - a. first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or Treatment;
 - b. for which care or Treatment was given or recommended by a Physician;
 - c. required taking prescription drugs or medicines, unless the condition for which the drugs or medicines are taken remains controlled without any change in the required prescription drugs or medicines.

DEFINITIONS

(Capitalized terms within this Policy are defined herein.)

Accident/Accidental means 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).

Actual Cash Value means purchase price less depreciation.

Baggage means luggage, travel documents, and personal possessions whether owned, borrowed, or rented, taken by the Insured on the Trip.

Business Partner means a person who:

- a. is involved with the Insured or the Insured's Travelling Companion in a legal partnership; and
- b. is actively involved in the daily management of the business.

Caregiver means an individual employed for the purpose of providing assistance with activities of daily living to the Insured or to the Insured's Family Member who has a physical or mental impairment. The Caregiver must be employed by the Insured or the Insured's Family Member. A Caregiver is not a babysitter; childcare service, facility or provider; or persons employed by any service, provider or facility to supply assisted living.

Children/Child means, with respect to Emergency Medical and Emergency Evacuation benefits, unmarried children of the Insured, including natural Children from the moment of birth, and step, foster or adopted Children from the moment of placement in the Insured's Home Province, under age 25. However, the age limit does not apply to a Child who:

- a. otherwise meets the definition of Children; and
- b. is incapable of self-sustaining employment by reason of mental or physical incapacity.

City means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas or airspace.

Common Carrier means an air, land, or sea conveyance operated under a license for the transportation of passengers.

Complications of Pregnancy means conditions whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

Confirmation of Insurance means Your most recent computer printout, printed form, electronic copy, invoice, or Policy document that sets out the plan You have purchased and any optional add on coverage, if any, You have chosen.

Departure Date means the date on which the Insured is originally scheduled to leave on his/her Trip. This date is specified in the travel documents.

Destination means any place where the Insured expects to travel to on his/her Trip.

Domestic Partner means an opposite or a same-sex partner who is at least 18 years of age and has met all of the following requirements for at least six months:

- a. resides with the Insured;
 - b. shares financial assets and obligations with the Insured;
- the Insurer may require proof of the domestic partner relationship in the form of a signed and completed affidavit of domestic partnership.

Emergency Dental Treatment means 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 the Trip.

Emergency Medical Treatment means 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 Canadian Home Province without endangering Your health.

Experimental or Investigative means Treatment, a device or Prescription Medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the Treatment, device or Prescription Medication is being used. This includes any Treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other governmental agency approval not received at the time services are rendered.

Family Member means the Insured's or Travelling Companion's spouse, Domestic Partner, Child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparents, grandchild, step-child, step-brother, step-sister, step-parents, parents-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, legal guardian, Caregiver, foster Child, ward, or legal ward.

Financial Default means the total cessation of operations due to insolvency, with or without the filing of a bankruptcy petition by a tour operator, cruise line, or airline.

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

Home Province means Your Canadian province or territory of residence.

Hospital means a facility that:

- a. is operated according to law for the care and Treatment of sick or Injured people;
- b. has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis;
- c. has 24 hour nursing service by registered nurses (R.N.'s); and
- d. is supervised by one (1) or more Physicians available at all times.

A Hospital does not include:

- a. nursing, convalescent or geriatric unit of a Hospital when a patient is confined mainly to receive nursing care;
- b. a facility that is, other than incidentally, a clinic, a rest home, nursing home, convalescent home, home health care, or home for the aged; nor does it include any ward, room, wing; or
- c. other section of the hospital that is used for such purposes; or
- d. any military or veterans Hospital or soldiers home or any Hospital contracted for or operated by any national government or government agency for the Treatment of members or ex-members of the armed forces.

Inaccessible means an Insured cannot reach his/her Destination by the original mode of transportation.

Inclement Weather means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier or prevents the Insured from reaching his/her Destination when travelling by an Owned or Rented Vehicle.

Initial Trip Payment means the first payment made to the Insured's Travel Supplier toward the cost of the Insured's Trip.

Injury/Injured means a bodily Injury caused by an Accident occurring while the Insured's coverage under the Policy is in force, and resulting directly and independently of all other causes of loss covered by the Policy. The Injury must be verified by a Physician.

Insured means a person for whom:

- a. any required enrollment form has been completed;
- b. any required plan cost has been paid;
- c. covered under the Policy.

Insurer means AIG Insurance Company of Canada, 120 Bremner Boulevard, Suite 2200, Toronto, ON M5J 0A8. This

Policy is administered on AIG Insurance Company of Canada's, behalf by Travel Guard Group Canada, Inc. (Travel Guard Canada).

Medically Necessary means that a Treatment, service, or supply:

- a. is essential for diagnosis, Treatment, or care of the Injury or Sickness for which it is prescribed or performed;
- b. meets generally accepted standards of medical practice;
- c. is ordered by a Physician and performed under his/her care, supervision, or order; and
- d. is not primarily for the convenience of the Insured, Physician, other Providers, or any other person.

Mental, Nervous or Psychological Disorder means a mental or nervous health condition including, but not limited to: anxiety, depression, neurosis, phobia, psychosis; or any related physical manifestation.

Natural Disaster means a flood, hurricane, tornado, earthquake, fire, wildfire, volcanic eruption, or blizzard that is due to natural causes.

Necessary Personal Effects means items such as clothing and toiletry items, which were included in the Insured's Baggage and are required for the Insured's Trip.

Owned or Rented Vehicle means a self-propelled private passenger motor vehicle with four (4) or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country that is rented or owned by the Insured. Owned or Rented Vehicle includes, but is not limited to, a sedan, station wagon, jeep-type vehicle, pickup, van, camper or motor home type. Owned or Rented Vehicle does not include a mobile home or any motor vehicle which is used in mass or public transit.

Physician means a licensed practitioner of the healing arts including medical, surgical, or dental, services acting within the scope of his/her license. The treating physician may not be the Insured, a Travelling Companion, a Family Member, or a Business Partner.

Policy or Policies means this document, any riders or endorsements to this document, the application, any medical questionnaire if applicable, and the confirmation of insurance all of which form the entire contract.

Prescription Medication means a drug, medicine or medication only obtainable by the prescription of a licensed physician or dentist due to a medical emergency, and dispensed by a licensed pharmacist.

Primary Residence means a person's fixed, permanent and principal home for legal and tax purposes.

Provider means the Hospitals, clinics, Physicians, and other medical service providers, the use of which must be approved by Us at the time of the emergency.

Reasonable Additional Expenses means expenses for meals and lodging which were necessarily incurred as the result of a Trip Delay and which are not provided by the Common Carrier or any other party free of charge.

Reasonable and Customary Charges means an expense which:

- a. is charged for Treatment, supplies, or medical services Medically Necessary to treat the Insured's condition;
- b. does not exceed the usual level of charges for similar Treatment, supplies or medical services in the locality where the expense is incurred; and
- c. does not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary Charges exceed the actual amount charged.

Return Date means the date on which the Insured is scheduled to return to the point where the Trip started or to a different specified Return Destination. This date is specified in the travel documents.

Return Destination means the place to which the Insured expects to return from his/her Trip.

Risk Date means the date shown on Your most recent Confirmation of Insurance as the date You purchased Your insurance plan and/or Your start date.

Schedule means the Schedule of Benefits.

Sickness means an illness or disease diagnosed or treated by a Physician.

Stable and Controlled means any medical condition 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 symptom; 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.

Strike means a stoppage of work:

- a. announced, organized, and sanctioned by a labor union; and
- b. which interferes with the normal departure and arrival of a 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 labor union members vote to approve a strike.

Terrorist Incident means an act of violence, other than civil disorder or riot (that is not an act of war, declared or undeclared) that results in loss of life or major damage to property, by any person acting on behalf of or in connection with any organization which is generally recognized as having

the intent to overthrow or influence the control of any government.

Transportation means any land, sea or air conveyance required to transport the Insured during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

Travel Supplier means the tour operator, rental company, cruise line, and/or airline that provides pre-paid travel arrangements for the Insured's Trip.

Travelling Companion means a person or persons with whom the Insured has coordinated travel arrangements and intends to travel with during the Trip. A group or tour leader is not considered a travelling companion, unless the Insured is sharing room accommodations with the group or tour leader.

Treatment means 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 means Your travel outside Your Home Province 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 is booked through a Travel Supplier; the Trip has defined Departure and Return dates specified when the Insured applies; the Trip does not exceed 183 days; travel is primarily by Common Carrier and only incidentally by private conveyance.

Trip Cost means 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 plan provided the Insured amends their enrollment form to add such subsequent payments or deposits and pays any required additional plan cost prior to the Insured's Departure Date.

Unforeseen means not anticipated or expected and occurring after the effective date of the coverage.

Uninhabitable means:

- the building structure itself is unstable and there is a risk of collapse in whole or in part;
- there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood;
- immediate safety hazards have yet to be cleared, such as debris on roofs or downed electrical lines; or the rental property is without electricity or water.

We, Us, Our means AIG Insurance Company of Canada, 120 Bremner Boulevard, Suite 2200, Toronto, ON M5J 0A8. This Policy is administered on AIG Insurance Company of

Canada's behalf by Travel Guard Group Canada, Inc. (Travel Guard Canada).

You, Yourself, Your means 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 Insurance, each as the context requires.

ELIGIBILITY, EFFECTIVE & TERMINATION DATES

Eligibility: Travellers who enroll, accept and purchase coverage through the Travel Supplier no later than final trip payment.

Effective Date: After the Premium has been paid, Trip Cancellation coverage will be effective for an Insured at 12:01 a.m. Standard Time on the date following receipt by the Insurer or the Insurer's authorized representative of any required plan cost.

All other coverages will begin on the later of:

- 12:01 a.m. Standard Time on the scheduled Departure Date shown on the travel documents; or
- the date and time the Insured starts his/her Trip, provided any required plan cost has been paid.

Termination Date: All coverage, other than Trip Cancellation, ends on the earlier of:

- the date the Trip is completed;
- the scheduled Return Date;
- the Insured's arrival at the Return Destination on a round Trip, or the Destination on a one-way Trip.

The Trip Cancellation coverage ends on the earliest of:

- the cancellation of the Insured's Trip; or
- the date and time the Insured starts on his/her Trip.

Extension of Coverage:

All coverage (except Trip Cancellation) will be extended, if:

- the Insured's entire Trip is covered by the plan; and
- the Insured's return is delayed by one (1) of the Unforeseen reasons specified under Trip Cancellation and Interruption or Trip Delay.

This extension of coverage will end on the earlier of:

- the date the Insured reaches his/her Return Destination; or
- seven (7) days after the date the Trip was scheduled to be completed.

Baggage Continuation of Coverage: If an Insured's Baggage, passports, and visas are in the charge of a charter or Common Carrier and delivery is delayed, coverage for Baggage and Personal Effects and travel documents will be extended until the charter or Common Carrier delivers the property to the Insured. This extension does not include loss caused by the delay.

GENERAL CONDITIONS

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

- We will pay for covered expenses incurred as a result of a medical emergency, up to the Policy limits, for the actual expenses related to the medical attention You require if a medical condition begins unexpectedly after You leave Your Canadian Home Province or territory of residence. Medical expenses will be limited to a maximum of \$10,000 if You are not covered under a Canadian provincial/territorial Government Health Insurance Plan (GHIP) or You are not a permanent resident of Canada.
- You must notify Us toll free at 1.866.878.0191 or collect at 416.646.3723 prior to any emergency medical Treatment or hospitalization. Failure to do so will result in Your being responsible for 30% of any eligible expenses incurred unless Your medical condition prevents You from calling. You must call as soon as medically possible or have someone call on Your behalf.
- We, in consultation with Your attending Physician, reserve the right to return You to Your Canadian Home Province prior to any Treatment or following emergency Treatment or hospitalization for a Sickness or Injury, if on medical evidence You are able to return to Your Canadian Home Province without endangering Your health. If You elect not to return to Your Canadian Home Province following the recommendation to do so, 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.
- The emergency medical attention You receive must be outside of Your Canadian Home Province unless specifically provided for in this Policy and be required as part of Your emergency Treatment and ordered by a Physician or a dentist.
- 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.

GENERAL EXCLUSIONS

This plan does not cover any loss caused by or resulting from:

- intentionally self-inflicted Injury, suicide, or attempted suicide of the Insured, Family Member, Travelling Companion or Business Partner while sane or insane;
- pregnancy, childbirth, or elective abortion, other than Complications of Pregnancy;

3. participation in professional athletic events, motor sport, or motor racing, including training or practice for the same;
4. mountaineering where ropes or guides are normally used. 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;
5. war or act of war, whether declared or not, civil disorder, riot, or insurrection;
6. operating or learning to operate any aircraft, as student, pilot, or crew;
7. air travel on any air-supported device, other than a regularly scheduled airline or air charter company;
8. loss or damage caused by detention, confiscation, or destruction by customs;
9. any unlawful acts, committed by the Insured, a Family Member, or a Travelling Companion, or Business Partner whether insured or not;
10. Mental, Nervous or Psychological Disorder;
11. if the Insured's tickets do not contain specific travel dates (open tickets);
12. use of drugs, narcotics, or alcohol, unless administered upon the advice of a Physician;
13. any failure of a Provider of travel related services (including any Travel Supplier) to provide the bargained-for travel services or to refund money due the Insured;
14. Experimental or Investigative Treatment or procedures;
15. any loss that occurs at a time when this coverage is not in effect;
16. travelling for the purpose of securing medical Treatment;
17. care or Treatment which is not Medically Necessary;
18. any Trip taken outside the advice of a Physician;
19. Financial Default;
20. 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.

TRIP CANCELLATION & INTERRUPTION

The Insurer will pay benefits, up to the *Maximum Limit* shown on the Schedule, if an Insured cancels his/her Trip or is unable to continue on his/her Trip due to the following Unforeseen events:

1. Sickness, Injury or death of an Insured, Family Member, Travelling Companion or Business Partner:
 - a. Injury or Sickness of an Insured, Travelling Companion or Family Member travelling with the Insured must be so disabling as to reasonably cause a Trip to be cancelled or interrupted, or which results in medically imposed

2. Inclement Weather causing delay or cancellation of travel;
3. the Insured's Primary Residence being made Uninhabitable by Natural Disaster, vandalism, or burglary;
4. the Insured, or a Travelling Companion being subpoenaed, required to serve on a jury, hijacked, or quarantined;
5. the Insured and/or Travelling Companion is directly involved in or delayed due to an automobile Accident, while en route to the Insured's Destination;
6. Strike resulting in complete cessation of travel services at the point of departure or Destination.

SPECIAL NOTIFICATION OF CLAIM

The Insured must notify Us as soon as reasonably possible in the event of a Trip Cancellation or Interruption claim. If the Insured is unable to provide cancellation notice within the required timeframe, the Insured must provide proof of the circumstance that prevented timely notification.

Trip Cancellation Benefits: The Insurer will reimburse the Insured for forfeited Trip Cost up to the *Maximum Limit* shown on the Schedule for Trips that are cancelled prior to the scheduled departure for their Trip due to the Unforeseen events shown above.

Trip Interruption Benefits: The Insurer will reimburse the Insured up to the *Maximum Limit* shown on the Schedule for Trips that are interrupted due to the Unforeseen events shown above:

- a. forfeited, insured Trip Cost, and
- b. additional transportation expenses incurred by the Insured, either
 - (i) to the Return Destination; or
 - (ii) from the place that the Insured left the Trip to the place that the Insured may rejoin the Trip; or
- c. additional transportation expenses incurred by the Insured to reach the original Trip Destination if the Insured is delayed, and leaves after the Departure Date.

However, the benefit payable under (b) and (c) above will not exceed the cost of economy airfare or the same class as the Insured's original ticket less any refunds paid or payable by the most direct route.

SINGLE OCCUPANCY

The Insurer will reimburse the Insured, up to the Trip Cancellation and Interruption *Maximum Limit* shown on the Schedule, for the additional cost incurred during the Trip as a result of a change in the per person occupancy rate for prepaid, non-refundable travel arrangements if a person booked to share accommodations with the Insured has his/her Trip interrupted due to the Unforeseen events shown in the Trip Cancellation & Interruption section and the Insured does not cancel.

In addition to the General Exclusions the following exclusions apply to Trip Cancellation and Trip Interruption:

Benefits will not be provided for any loss resulting (in whole or in part) from:

1. any cause if You or Your Travel Companion have knowledge at the time of booking each Trip or purchasing Your insurance of any reason why the Trip might be cancelled, interrupted or delayed.
2. Your or Your Domestic Partner's medical condition or any related condition if in the 60-day period immediately preceding Your Risk Date that condition has not been Stable and Controlled;
3. Your or Your Domestic Partner's heart condition if in the 60-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 Domestic partner's lung condition if in the 60-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. travel arrangements cancelled by an airline, cruise line, or tour operator, except as provided elsewhere in the plan;
6. changes by the Insured, a Family Member, or Travelling Companion, for any reason;
7. financial circumstances of the Insured, a Family Member, or a Travelling Companion;

8. any government regulation or prohibition;
9. any business or contractual obligations of the Insured, a Family Member, or Travelling Companion, for any reason;
10. an event which occurs prior to the Insured's coverage effective date;
11. failure of any tour operator, Common Carrier, person or agency to provide the bargained-for travel arrangements.

TRIP DELAY

The Insurer will reimburse the Insured up to the *Maximum Limit(s)* shown on the Schedule for Reasonable Additional Expenses until travel becomes possible if the Insured's Trip is delayed 12 or more consecutive hours from reaching their intended Destination as a result of a cancellation or delay of a regularly scheduled airline flight for one of the Unforeseen events listed below:

- a. the Insured or Travelling Companion is quarantined;
 - b. Common Carrier delay;
 - c. the Insured's or Travelling Companion's lost or stolen passports, travel documents, or money;
 - d. Natural Disaster;
 - e. Injury or Sickness of the Insured or Travelling Companion.
- Incurred expenses must be accompanied by original receipts. This benefit is payable for only one (1) delay per Insured, per Trip. If the Insured incurs more than one (1) delay in the same Trip the Insurer will pay for the delay with the largest benefit up to the *Maximum Limits* shown on the Schedule.

The Insured Must: Contact Us as soon as he/she knows his/her Trip is going to be delayed more than 12 hours.

BAGGAGE & PERSONAL EFFECTS LOSS

The Insurer will reimburse the Insured, up to the *Maximum Limit* shown in the Schedule subject to the special limitations shown below, for loss, theft or damage to the Insured's Baggage, personal effects, passports, travel documents, credit cards and visas during the Insured's Trip.

Special Limitations:

The Insurer will not pay more than:

- \$500 for the first item; and
- thereafter, no more than \$250 per each additional item;
- \$500 aggregate on all losses to: jewelry, watches, furs, cameras and camera equipment, camcorders, computers, and other electronic devices, including but not limited to: portable personal computers, cellular phones, electronic organizers and portable CD players.

Items over \$150 must be accompanied by original receipts.

The Insurer will pay the lesser of:

- a. the cash value (original cash value less depreciation) as determined by the Insurer; or,
- b. the cost of replacement.

The Insurer may take all or part of the damaged Baggage at the appraised or agreed value. In the event of a loss to a pair or set of items, the Insurer may at its option:

- a. repair or replace any part to restore the pair or set to its value before the loss; or
- b. pay the difference between the value of the property before and after the loss.

The Insurer will only pay for loss due to unauthorized use of the Insured's credit cards if the Insured has complied with all requirements imposed by the issuing credit card companies.

BAGGAGE DELAY

If the Insured's Baggage is delayed or misdirected by the Common Carrier for more than 24 hours while on a Trip, the Insurer will reimburse the Insured up to the *Maximum Limit* shown on the Schedule for the purchase of Necessary Personal Effects. Incurred expenses must be accompanied by original receipts. This benefit does not apply if Baggage is delayed after the Insured has reached his/her Return Destination.

In addition to the General Exclusions the following exclusions apply to Baggage/Personal Effects loss:

Benefits will not be provided for any loss or damage to or resulting (in whole or in part) from:

1. animals, rodents, insects or vermin;
2. motor vehicles, aircraft, boats, boat motors, ATV's and other conveyances;
3. artificial prosthetic devices, false teeth, any type of eyeglasses, sunglasses, contact lenses, or hearing aids;
4. tickets, keys, notes, securities, accounts, bills, currency, deeds, food stamps or other evidences of debt, and other travel documents (except passports and visas);
5. money, stamps, stocks and bonds, postal or money orders;
6. property shipped as freight, or shipped prior to the Departure Date;
7. contraband, illegal transportation or trade;
8. items seized by any government, government official or customs official;
9. defective materials or craftsmanship;
10. normal wear and tear;
11. deterioration.

MEDICAL EXPENSE BENEFIT

We will reimburse the Insured up to the *Maximum Limit(s)* shown on the Schedule if, while on a Trip, an Insured suffers an Injury or a Sickness that requires him/her to be treated by a Physician during the course of the Trip. The Sickness or Injury must first manifest itself during the course of the Trip. We will pay the Reasonable and Customary Charges incurred for Medically Necessary Covered Expenses received due to that Injury or Sickness only during the Insured's Trip provided initial Treatment was received during the Trip. The Injury must occur or Sickness must begin while the Insured is covered by the plan.

Covered Expenses:

The Insurer will pay for:

- a. services of a Physician or Registered Nurse (R.N.);
- b. Hospital charges;
- c. x-ray(s);
- d. local ambulance services to or from a Hospital;
- e. the cost of Emergency Dental Treatment only during a Trip limited to a *Maximum Limit* shown in the Schedule. Coverage for Emergency Dental Treatment does not apply if Treatment or expenses are incurred after the Insured has reached his/her Return Destination, regardless of the reason. The Treatment must be given by a Physician or dentist.

In addition to the General Exclusions the following exclusions apply to the Medical Expense Benefit:

Benefits will not be provided for any loss resulting (in whole or in part) from:

1. expenses resulting from any Sickness, Injury or state of health prior to Your Departure Date that would cause expected medical Treatment or Hospitalization during Your Trip;
2. 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; routine medical tests/examinations or routine dental care;
 - 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;
- 3. 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;
- 4. 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;
- 5. mental health care;
- 6. replacement of hearing aids, eye glasses, contact lenses, sunglasses and artificial teeth;
- 7. any service provided by You, a Family Member, or Travelling Companion or Travelling Companion of Family Member;
- 8. the 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, and We, determine that You were medically able to return to Your Home Province and You chose not to return;
- 9. the 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, and We, determine 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 country of residence following Your emergency Treatment, and You choose not to travel;
- 11. expenses incurred for Treatment or services that are prohibited under Your Government Health Insurance Plan (GHIP);
- 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.

EMERGENCY EVACUATION & REPATRIATION OF REMAINS

The Insurer will pay for covered Emergency Evacuation Expenses incurred if an Insured suffers an Injury or Sickness while he/she is on a Trip that warrants his/her Emergency Evacuation. Benefits payable are subject to the *Maximum Limit* shown on the Schedule for all Emergency Evacuations

due to all Injuries from the same Accident or all Sicknesses from the same or related causes.

Covered Emergency Evacuation Expenses are the Reasonable and Customary Charges for necessary Transportation, related medical services and medical supplies incurred in connection with the Emergency Evacuation of the Insured. All Transportation arrangements made for evacuating the Insured must be by the most direct and economical route possible.

Expenses for Transportation must be:

- a. ordered by the attending Physician who must certify that the severity of the Insured's Injury or Sickness warrants his/her Emergency Evacuation and adequate medical Treatment is not locally available;
- b. required by the standard regulations of the conveyance transporting the Insured; and
- c. authorized in advance by Us.

Special Limitation: In the event We could not be contacted to arrange for emergency Transportation, benefits are limited to the amount the Insurer would have paid had the Insurer or their authorized representative been contacted.

The Insurer will also pay a benefit for Reasonable and Customary Charges incurred for an escort's transportation and accommodations if an attending Physician recommends in writing that an escort accompany the Insured.

Emergency Evacuation means:

- a. the Insured's medical condition warrants immediate Transportation from the place where the Insured is Injured or sick to the nearest adequate licensed medical facility;
- b. after being treated at a local licensed medical facility, the Insured's medical condition warrants transportation to the Insured's Home Province, or adequate licensed medical facility nearest the Insured's Home Province to obtain further medical Treatment or to recover; or
- c. both (a) and (b) above.

LIMITATIONS

- a. Benefits are only available under Emergency Evacuation if they are not provided under another coverage in the plan.
- b. The *Maximum Limit* payable for both Emergency Evacuation and Repatriation of Remains is shown in the Schedule.

ADDITIONAL BENEFIT

In addition to the above covered expenses, if the Insurer has previously evacuated an Insured to a medical facility, the Insurer will pay his/her airfare costs from that facility to the Insured's Return Destination, less refunds from the Insured's

unused transportation tickets. Airfare costs will be economy, or same class as the Insured's original tickets.

REPATRIATION OF REMAINS

The Insurer will pay repatriation covered expenses up to the *Maximum Limit* shown on the Schedule to return the Insured's body to the Insured's Home Province if he/she dies during the Trip.

Repatriation Covered Expenses include, but are limited to, the reasonable and customary expenses for transportation, according to airline tariffs, of the remains by the most direct and economical conveyance and route possible.

We must make all arrangements and authorize all expenses in advance for this benefit to be payable.

Special Limitation: In the event the Insurer or the Insurer's authorized representative could not be contacted to arrange for repatriation covered expenses, benefits are limited to the amount the Insurer would have paid had the Insurer or their authorized representative been contacted.

PAYMENT OF CLAIMS

Claim Procedures: Notice of Claim: The Insured must call Us as soon as possible, and be prepared to describe the loss, the name of the company that arranged the Trip (i.e., tour operator, cruise line, or charter operator), the Trip dates, and the amount that the Insured paid. We will fill in the claim form and forward it to the Insured for his/her review and signature. The completed form should be returned to Travel Guard Canada: Attention: Claims, 120 Bremner Boulevard, Suite 2200, Toronto, ON M5J 0A8, Telephone 1.866.648.8425.

Claim Procedures: Proof of loss: The claim forms must be sent back to Insurer no more than 90 days after a covered loss occurs or ends. All claims under the Policy must be submitted to Us no later than one (1) year after the date of loss or insured occurrence or as soon as possible. If Insurer has not provided claim forms within 15 days after the notice of claim, other proofs of loss should be sent to Us by the date claim forms would be due. The proof of loss should include written proof of the occurrence, type and amount of loss, the Insured's name, the participating organization name, and the product number.

Payment of Claims: When Paid: Claims will be paid as soon as We receive complete proof of loss.

Payment of Claims: To Whom Paid: Benefits are payable to the Insured who applied for coverage and paid any required plan cost. Any benefits payable due to that Insured's death will be paid to the survivors of the first surviving class of those that follow:

- a. the beneficiary named by that Insured and on file with Us;
- b. to his/her spouse, if living. If no living spouse; then
- c. to the Insured's estate.

If a benefit is payable to a minor or other person who is incapable of giving a valid release, the Insurer may pay up to \$3,000 to a relative by blood or connection by marriage who has assumed care or custody of the minor or responsibility for the incompetent person's affairs. Any payment Insurer makes in good faith fully discharges Insurer to the extent of that payment.

Benefits for Medical Expense/Emergency Medical Evacuation services may be payable directly to the provider of the services. However, the provider:

- a. must comply with the statutory provision for direct payment; and
- b. must not have been paid from any other sources.

Trip Cancellation and Trip Interruption Payment of loss:

The Insured must provide Us with documentation of the cancellation or interruption and proof of the expenses incurred. The Insured must provide proof of payment for the Trip such as cancelled cheque or credit card statements, proof of refunds received, copies of applicable tour operator or Common Carrier cancellation policies, and any other information reasonably required to prove the loss. Claims involving loss due to Sickness, Injury, or death require signed patient (or next of kin) authorization to release medical information and an attending Physician's statement. The Insured must provide Us with all unused air, rail, cruise, or other tickets if he/she is claiming the value of those unused tickets.

Baggage and Personal Effects loss Payment of loss: The Insured must:

- a. report theft losses to police or other local authorities as soon as possible;
- b. take reasonable steps to protect his/her Baggage from further damage and make necessary and reasonable temporary repairs; (The Insurer will reimburse the Insured for those expenses. The Insurer will not pay for further damage if the Insured fails to protect his/her Baggage);
- c. allow the Insurer to examine the damaged Baggage and/or the Insurer may require the damaged item to be sent in the event of payment;
- d. send sworn proof of loss as soon as possible from date of loss, providing amount of loss, date, time, and cause of loss, and a complete list of damaged/lost items; or

- e. in the event of theft or unauthorized use of the Insured's credit cards, the Insured must notify the credit card company immediately to prevent further unlawful activity.

Baggage Delay Payment of loss: The Insured must provide documentation of the delay or misdirection of Baggage by the Common Carrier and original receipts for the Necessary Personal Effects purchases.

Medical Expense Payment of loss: The Insured must provide Us with:

- a. all medical bills and reports for medical expenses claimed; and
- b. a signed patient authorization to release medical information to Us.

The following provisions apply to Baggage Delay and Baggage/Personal Effects loss:

Notice of loss. If the Insured's property covered under the Policy is lost or damaged, the Insured must:

- a. notify Us as soon as possible;
- b. take immediate steps to protect, save and/or recover the covered property;
- c. give immediate notice to the Common Carrier or bailee who is or may be liable for the loss or damage;
- d. notify the police or other authority in the case of robbery or theft within 24 hours.

Proof of loss. The Insured must furnish the Insurer with proof of loss. Proof of loss includes police or other local authority reports or documentation from the appropriate party responsible for the loss. It must be filed within 90 days from the date of loss. Failure to comply with these conditions shall invalidate any claims under the Policy.

Settlement of loss. Claims for damage and/or destruction shall be paid immediately after proof of the damage and/or destruction is presented to the Insurer. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. The Insured must present acceptable proof of loss and the value.

Valuation. The Insurer will not pay more than the Actual Cash Value of the property at the time of loss. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

Disagreement Over Size of loss. If there is a disagreement about the amount of the loss either the Insured or the Insurer can make a written demand for an appraisal. After the demand, the Insured and the Insurer each select their own competent appraiser. After examining the facts, each of the two (2) appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator. Any figure agreed to by two (2) of the three (3) (the appraisers and the arbitrator) will be binding. The appraiser selected by the

Insured is paid by the Insured. The Insurer will pay the appraiser it chooses. The Insured will share with us the cost for the arbitrator and the appraisal process.

Benefit to Bailee. This insurance will in no way inure directly or indirectly to the benefit of any Common Carrier or other bailee.

The following provision applies to Baggage/Personal Effects loss, Emergency Medical, Emergency Evacuation, and Repatriation of Remains:

Subrogation. To the extent the Insurer pays for a loss suffered by an Insured, the Insurer will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured must help the Insurer preserve its rights against those responsible for its loss. This may involve signing any papers and taking any other steps the Insurer may reasonably require. If the Insurer takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Insurer. As a condition to receiving the applicable benefits listed above, as they pertain to this subrogation provision, the Insured agrees, except as may be limited or prohibited by applicable law, to reimburse the Insurer for any such benefits paid to or on behalf of the Insured, if such benefits are recovered, in any form, from any third-party or coverage.

We do not subrogate against any retiree plan benefit if the lifetime maximum limits for all in-country and out-of-country benefits is \$50,000 or less.

GENERAL PROVISIONS

Physical Examination and Autopsy. The Insurer at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under the Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Assignment. An Insured may not assign any of his/her rights, privileges or benefits under the Policy.

Misrepresentation, Concealment or Fraud.

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.

Legal Actions. No action at law or in equity may be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action may be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

Payment of Premium: Your coverage will be declared null and void if, for any reason, the required premium is not received by Us.

Termination of the Policy: Termination of the Policy will not affect a claim for loss which occurs while the Policy is in force.

Transfer of Coverage: Coverage under the Policy cannot be transferred by the Insured to anyone else.

ASSISTANCE SERVICES*

All Assistance Services listed below are not insurance benefits and are not provided by the Insurer.

Travel Medical Assistance

- Emergency medical transportation assistance
- Physician/Hospital/dental/vision referrals
- Assistance with repatriation of mortal remains
- Return travel arrangements
- Assistance with emergency prescription replacement
- Dispatch of doctor or specialist
- Medical evacuation quote
- In-patient and out-patient medical case management
- Qualified liaison for relaying medical information to Family Members
- Arrangements of visitor to bedside of hospitalized Insured
- Eyeglasses and corrective lens replacement assistance
- Assistance with medical equipment rental or replacement

Worldwide Travel Assistance

- Lost Baggage search; stolen luggage replacement assistance
- Lost passport/travel documents assistance
- ATM locator
- Emergency cash transfer assistance
- Travel information including visa/passport requirements
- Emergency telephone interpretation assistance
- Urgent message relay to family, friends or business associates
- Up-to-the-minute travel delay reports
- Long-distance calling cards for worldwide telephoning
- Inoculation information
- Embassy or consulate referral
- Currency conversion or purchase
- Up-to-the-minute information on local medical advisories, epidemics, required immunizations and available preventive measures
- Up-to-the-minute travel supplier Strike information
- Legal referrals/bail bond assistance
- Worldwide public holiday information

*Non-insurance Services are provided by Travel Guard Group, Inc.

10 Day Guarantee

You have the right to cancel Your Policy within 10 days from the date You purchased Your travel insurance coverage.

Please take the time to read Your Policy and, if applicable to the product You purchased, Your Medical Questionnaire.

If You have any questions or You are unsure about Your coverage You must contact Us at 1-866-648-8425 as soon as possible.

Limitation of Action

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

Beneficiary Designation and Change.

The insured's beneficiary(ies) is (are) the person(s) designated by the Insured and on file with Us. If no beneficiary has been designated, payment will be made to the insured's estate.

An Insured over the age of majority and legally competent may change his/her beneficiary designation at any time, unless the beneficiary designation is irrevocable, without the consent of the designated beneficiary(ies), by providing Us with a written request for change. What the request is received, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Insurer on account of any payment made by it prior to receipt of the request.



Travel Guard®

24-Hour Emergency Assistance Telephone Numbers

Canada and USA.....1.866.878.0191
International (collect).....1.416.646.3723

***Be sure to use the appropriate country
and city codes when calling.***

- KEEP THESE NUMBERS WITH YOU WHEN YOU TRAVEL -