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TRAVEL INSURANCE POLICY

All-Inclusive

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[NBT-092026]

TRAVEL INSURANCE POLICY

All-Inclusive

This **policy** is underwritten by Northbridge General Insurance Corporation ("Northbridge"). Northbridge has appointed Battleface DBA Robin Assist ("Robin Assist") as the **emergency assistance provider** of all **emergency** services under this **policy**. Northbridge has appointed Battleface Insurance Services Limited ("Battleface") as the agent under this **policy**.

IMPORTANT NOTICE -READ CAREFULLY BEFORE YOU TRAVEL

You have purchased a travel insurance **policy** – what's next?

We want **you** to understand (and it is in **your** best interest to know) what **your policy** includes, what it excludes, and what is limited (payable but with limits). Please take time to read through **your policy** before **you** travel. Bolded terms are defined in **your policy**.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e.: **accidents** and **emergencies**) and typically not follow-up or recurrent care.
- To qualify for this insurance, **you** must meet all of the eligibility requirements.
- This insurance contains limitations and exclusions (for example: medical conditions that are not **stable**, pregnancy, **child** born on trip, excessive use of alcohol and high-risk activities).
- A **pre-existing condition** exclusion applies to **your** coverage. It is **your** responsibility to review and understand if a **pre-existing condition** exclusion applies to **you**, whether **you** disclosed or not at time of **policy** purchase.
- In the event of a claim, **your** prior medical history may be reviewed.

It is **your** responsibility to apply/obtain/fulfill any entry requirements into Canada and any other region **you** intend to visit, including itineraries with connecting flights.

In the event of an **emergency** or for travel assistance during **your covered trip,** contact Robin Assist at +1(647)558-8760 before seeking **treatment** or **your** benefits may be limited or denied.

10 Day Right to Examine: If **you** notify **us** within 10 days of **your** purchase date, as indicated on **your policy confirmation**, that **you** are not completely satisfied with **your policy**, **we** will provide a full refund if **you** have not already departed on **your** trip and there is no claim in progress. Refunds are only available when **we** receive **your** request for a refund before **your** departure date.

It is your responsibility to understand your coverage. If you have any questions call the number located on your confirmation of coverage sent via e-mail or mail from Northbridge's trusted partner.

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

HOW DO YOU BECOME INSURED

You become insured and this document becomes **your** insurance **policy** when the following conditions are met:

- The insurance is purchased prior to the departure date, for the entire duration of **your covered trip**;
- **You** are named as an insured person on the **policy confirmation** document;
- **You** meet the criteria listed under the "Eligibility Requirements" section of this **policy**; and
- **You** pay the insurance premium in full for the selected plan, on or before **your** coverage **effective date**, as shown in **your policy confirmation**.

YOUR INSURANCE CONTRACT

The entire contract between **you** and **us** is comprised of:

a) **Your** application for this insurance **policy**, and if applicable, includes any endorsements and **medical questionnaire**;

b) **Your policy confirmation**; and

c) This insurance **policy**.

Your insurance **policy** specifies the conditions, limitations, and exclusions of **your** travel insurance coverage.

Your policy confirmation indicates, at the time of purchase or after a modification request, the plan **you** have purchased, coverages, and services provided by such plan, the **period of coverage**, the **deductible** chosen (if applicable), as well as particular **medical conditions** specifically excluded from **your** insurance contract. It is **your** responsibility to notify **us** of any element indicated or missing on **your policy confirmation** that does not correspond with what **you** stated when purchasing travel insurance.

These documents contain clauses which may limit the amounts payable. **We** recommend that **you** read these documents carefully. Despite any provision of this contract, such contract is subject to any applicable federal, provincial and territorial statutes concerning contracts of insurance.

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ELIGIBILITY REQUIREMENTS

To be eligible for insurance coverage, **you** must, as of the date **you** apply for coverage and the **effective date**, meet the following requirements. **You** must:

- be a Canadian resident covered by a Canadian **government health insurance plan (GHIP)** in **your** province or territory of residence for the entire duration of **your** trip;
- not have been advised by a **physician** or other registered medical practitioner against travel;
- not have recommended or scheduled medical tests, investigations or surgeries that have not taken place;
- not have been diagnosed with a **terminal sickness** with a life expectancy of 12 months or less;
- not require kidney dialysis;
- not require assistance from another person(s) with 2 or more activities of daily living; and
- never have had a heart, kidney, liver, lung transplant or bone marrow transplant.

TRAVEL ASSISTANCE

When Travel Assistance Applies

If **you** require **emergency** assistance while travelling during **your covered trip**, contact the **emergency assistance provider** immediately at + 1(647) 558 8760 before seeking **treatment or assistance**, as they are available to support **you** 24 hours a day, 365 days a year.

It is **your** responsibility to verify that the **emergency assistance provider** has been contacted. This **policy** limits benefits should **you** not contact the **emergency assistance provider** within the specified time period. In the event of a claim **your** prior medical history may be reviewed.

Always have **your policy** number or **policy confirmation** with **you** while **you** travel. When contacting the **emergency assistance provider**, please provide **your** name, **your policy** number, **your** location, and the nature of the **emergency**.

Limitation on Emergency Assistance Provider Services

We and/or the **emergency assistance provider** reserve the right to suspend, curtail or limit services in any area or country in the event of:

rebellion, riot, military uprising, war;

labor disturbances, strikes;

nuclear **accidents**, acts of God, or refusal by the authorities in the country where assistance is required, to permit the delivery of such services; or

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an official travel advisory was issued by the Canadian government stating, "Avoid all travel" and "Avoid all non- essential travel" regarding the country, region, or city of **your** destination, before **your departure date**.

The **emergency assistance provider** will use its best efforts to provide the required services during any such occurrence.

The **emergency assistance provider**'s obligation to provide the travel services described in this **policy** is subject to the terms, conditions, limitations, and exclusions set out in this **policy**. Any medical professional(s) suggested or designated by **us** or the **emergency assistance provider** to provide services according to the benefits and terms of this **policy** are not employees of **ours** or the **emergency assistance provider**. Therefore, **we** and the **emergency assistance provider** shall not be held responsible or liable for any negligence or other acts or omissions on their part, nor for the availability, quality, quantity or results of any medical **treatment** or service **you** may receive or **your** failure to obtain or receive any medical **treatment** or service.

DESCRIPTION OF INSURANCE BENEFITS
SECTION: TRIP CANCELLATION AND TRIP INTERRUPTION

Maximum Limit of Benefits: Up to the **sum** insured as indicated on **your policy confirmation**, subject to the applicable exclusions and limitations.

Beginning and end of coverage

The coverage for Trip Cancellation begins on the date and time the premium of **your policy** for the plan selected, as shown on **your policy confirmation**, is paid in full and ends on the earliest of:

a) **your** departure date; or

b) the date **you** cancel **your** trip.

The coverage for Trip Interruption begins on the **departure date** of **your covered trip** and ends on the earliest of:

a) the date and time when **you** return to **your departure point**; or

b) the **expiry date**, as stated on **your policy confirmation**.

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Coverage Description - What is covered

Trip Cancellation insurance covers cancellation of **your covered trip** before the departure date. Trip Interruption insurance covers interruption of **your covered trip** while **you** are travelling.

Trip Cancellation and Trip Interruption covers the cancellation or interruption of **your covered trip** resulting from any one of the following **unforeseen** events, occurring during **your period of coverage** that prevents **you** from travelling.

Unforeseen Events

Health

1. Any **Sickness** or **Injury**:
   a) Occurring to **you** or **your travelling companion** that is so disabling as to cause a reasonable person to cancel or interrupt their trip, or which results in medically imposed restrictions as certified by a **physician** at the time of loss preventing continued participation in the trip;
   b) Occurring to a **family member** not travelling that is considered life-threatening, as certified by a **physician** or the **family member** requires **your** immediate care. Such disability must be so disabling as to reasonably cause a trip to be cancelled or interrupted and must be certified by a **physician,** provided the **family member** was not in palliative care prior to the **effective date** of this **policy**;
   c) Occurring to a **business partner** that is so disabling as to cause a reasonable person to cancel or interrupt their trip to assume daily management of the business. Such disability must be certified by a **physician**; or
   d) Occurring to **your host at destination**. A **physician** must certify the **sickness** or **injury**.
2. A **sickness** or **injury** which, in the written opinion of the attending **physician**, is expected to prevent **you** or **your travelling companion** from participating in a non-professional sporting event, when participation in that sporting event is the purpose of **your covered trip**.
3. **You** or **your travelling companion** are medically unable to receive a vaccination that is required for entry into a country, region or city originally determined to be **your** destination, provided that such vaccination was not mandatory on **your effective date**.
4. **Quarantine** of **you**, **your travelling companion** or the **spouse** or **children** of either.

   You must provide detailed medical documentation from a **physician** including a statement advising not to travel if the trip cancellation or trip interruption was caused by or resulted from **sickness**, **injury** or **quarantine**. Failure to do so will result in nonpayment of the claim. **We** reserve the right to examine medical records or documentation relating to **your** claim(s) from any licensed **physician**, dentist, medical practitioner, **hospital**, clinic, insurer, individual, institution or other provider of service in order to determine if the medical condition was **stable**.

Death

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5. **Your** death or **your travelling companion**'s death, the death of **your** or **your travelling companion**'s **family member**, friend, **business partner**, key employee or **caregiver** which occurs during the coverage period.

   This does not include travel for the purpose of visiting a person suffering from a medical condition who dies due to that medical condition and whose death are the cause of cancellation or interruption of **your covered trip**.

Pregnancy and Adoption

6. **You**, **your travelling companion** or the **spouse** of either:

   a) experience complications in the first 26 weeks of pregnancy resulting in the attending **physician** advising against travel; or

   b) has a pregnancy that is diagnosed after the **effective date** of this insurance if **your covered trip** is scheduled to take place within the 14 weeks prior to or after the expected delivery date.

7. The legal adoption of a **child** by **you** or **your travelling companion** when the notice of adoption was received after the **effective date** of this insurance.

8. **Your** or **your travelling companion**'s place of business is made unsuitable for the transaction
   of business by fire, vandalism, or **natural disaster**.

9. **Your** or **your travelling companion**'s principal residence is made uninhabitable by fire, vandalism, or **natural disaster**.

10. Burglary of **your** or **your travelling companion**'s principal residence or place of business within 7 days of **your departure date** or during **your covered trip**.

11. Death, **hospitalization** or **quarantine** of **your host at destination**.

12. As the result of a cancellation of a cruise or tour included in **your covered trip** for reasons beyond **your** control except for **bankruptcy or default** of a **travel supplier**, provided that no other substitute itinerary is available and that the cancelled tour / cruise did not reimburse **you**, **we** will reimburse **you** up to $2,000:

    a) prior to departure from **your departure point** for **your** non-refundable prepaid airfare that is not part of **your** cruise or tour package; or

    b) after departure from **your departure point** but prior to departing on **your** cruise or tour, **we** will reimburse **you** for the added expense resulting from a change fee or one way **fare** to return to **your departure point**.

13. **Your** or **your travelling companion**'s destination accommodations made uninhabitable for the period of **your covered trip** due to fire, vandalism, burglary, or **natural disaster**.

14. A schedule change resulting in the late departure or earlier departure of **your** aircraft, announced before or on the **departure date** of **your covered trip**, by the airline carrier on which **you** are booked to travel that renders the **covered trip** no longer usable for at least 25% or causes **you** to misconnect with a portion of **your covered trip**.

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a) Schedule changes caused by strike, labour disruption, **bankruptcy, default**, grounding of aircraft for failure to satisfy government safety regulations or security alerts are not covered.

b) Benefits are limited to the lesser of $1,000 or the cost of **your covered trip** for the change fee or the additional one-way **fare** incurred by **you** to continue on **your covered trip** or to return to **your departure point**.

If a claim is paid under this benefit, no other benefits under Trip Delay are applicable.

15. For **covered trips** booked through a licensed Canadian travel agency, a schedule change resulting from a strike or labour disruption that renders the **covered trip** no longer usable or causes **you** to misconnect with a portion of **your covered trip** provided:

    a) For Single Trip Plans - the strike or labour disruption was not reported in any media prior to the date of purchase of this **policy**;

        i. Benefits are limited to the lesser of $1,000 or the cost of **your covered trip** for the change fee or the additional one-way **fare** incurred by **you** to continue on **your covered trip** or to return to **your departure point**;
        ii. Excluded are any general strikes or labour disruptions whereby all or most of the workers of a country, province, state, city or town cease work.

    If a claim is paid under this benefit, no other benefits in this **policy** under Trip Cancellation, Trip Interruption or Trip Delay sections are applicable.

16. For Trip Interruption section only, the delay of **your** connecting **common carrier** or private automobile due to mechanical failure, traffic **accident**, weather conditions or documented emergency road closure by police causing **you** to miss a connection provided **you** choose to continue on **your covered trip**.

    If a claim is payable under this benefit, no other benefits under Trip Delay are applicable.

Weather

17. Weather conditions causing the scheduled carrier, on which **you** or **your travelling companion** are booked to travel, to be delayed resulting in **you** losing at least 30% of **your covered trip** duration. If **you** experience a delay which results in **you** losing less than 30% of **your covered trip**, there may be coverage under Trip Delay.

Employment or Educational Obligations

18. Relocation of a principal residence due to a job transfer by **you**, **your travelling companion**, or the **spouse** of either. The person who must relocate must be a full-time active employee with that same employer for this benefit to apply. This provision is not applicable to temporary or seasonal employment, independent contractors, freelancer or self-employed persons.

19. **You** or **your travelling companion** or the **spouse** of either, is called to **emergency** service as a member of a police force, armed forces, reserves or firefighting unit as a result of a **natural disaster**.

20. Involuntary termination or layoff of permanent employment, not including contract or self-employment, affecting **you**, **your travelling companion**, or the **spouse** of either when

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actively employed with the same employer for at least 6 months prior to the **effective date** for this insurance.

21. Cancellation of **your** or **your travelling companion**'s business meeting for reasons beyond the control of either person or their employer.
    - Legal proceedings, seminars, conferences, symposiums, workshops, trade shows, fairs, exhibitions, assemblies, or conventions are not considered to be business meetings.
22. The requirement that **you** or **your travelling companion** attend a high school, university or college course examination on a date that occurs during **your covered trip**, provided that the examination date which was published prior to **your effective date** was subsequently changed after the **effective date**.
23. The rescheduling of high school, university or college classes of **you** or **your travelling companion** to a date that occurs during **your covered trip** due to unusual circumstances beyond **your** or **your travelling companion**'s control and the control of the high school, university, or college provided that both the unusual circumstances and the resulting rescheduling occurred after **your effective date**.

Legal and Government

24. The non-issuance of a travel visa, excluding an immigration or employment visa required for **your covered trip**, provided **you** or **your travelling companion** were eligible to make such an application, for reasons beyond **your** or **your travelling companion**'s control other than due to late application or a subsequent attempt for a visa that had already been refused in the past.
25. The non-issuance of r or **your travelling companion**'s Canadian passport if required for **your covered trip** provided:
    a) **You** and **your travelling companion** are eligible for a Canadian passport; and
    b) Proper application and all required documents have been received by Passport Canada at least 30 days prior to **your** departure date.
26. The loss or theft of **your** or **your travelling companion**'s valid passport or travel documents causing **you** to misconnect with a portion of **your covered trip**.
    a) Benefits are limited to the lesser of $1,000 or the cost of **your covered trip** for the change fee or the additional one-way **fare** incurred by **you** to continue on **your covered trip** or to return to **your departure point**.
    b) Excluded is any loss or theft as a result of:
        i. property left unattended; or
        ii. destruction or damage from confiscation or detention by customs or other officials or authorities.
27. **You**, **your travelling companion** or the **spouse** or **children** of either is called for jury duty or are subpoenaed as a witness or required to appear as a defendant in a civil suit in a case being heard during **your period of coverage**.

Terrorism, Hijacking, and Travel Warnings

28. Hijacking of **you**, **your travelling companion** or the **spouse** or **children** of either.

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29. An event, including **act of terrorism**, **act of war**, impending war or health issue, which causes Global Affairs Canada to issue "Avoid All Travel" or "Avoid All Non-Essential Travel" warnings advising Canadians not to travel to a country, region or city originally ticketed for a period that includes **your covered trip**. The travel warning must be issued after the **effective date** of this insurance and within 30 days of the scheduled departure date.

    a) In the event of an **act of terrorism**, payment is limited to the conditions described in "Limitation of payment for trip cancellation and trip interruption – Part 1. **Act of terrorism**".

    b) In the event of an **act of terrorism**, this benefit is not payable if the **act of terrorism** is caused by the use of nuclear, chemical, radioactive, or biological material.

    c) is not payable if the cruise company changes its itinerary due to a travel warning.

Pet Care

30. If **you** are admitted to **hospital** for 12 or more hours while on **your covered trip**, coverage is provided up to $1,500 for **your family pet** travelling with **you** on **your covered trip** for:

    a) The necessary accommodations and care in a pet boarding facility while **you** are **hospitalized**; and/or

    b) The necessary preparation and transportation costs to return to **your departure point** if **you** are evacuated or repatriated by **us**.

    c) For trip cancellation: **sickness**, **injury** or death of **your family pet** that first occurs within 72 hours of the originally scheduled **departure date** of **your covered trip**.

    d) For trip interruption: **sickness**, **injury** or death of **your family pet** that is travelling with **you** on **your covered trip**.

For both c. and d. above:

i. The **sickness** must be a first time ever occurrence and must not be as a result of a **pre-existing condition**.
ii. The **sickness** or **injury** must be emergent resulting in the **family pet** requiring **your** care.
iii. The death of the **family pet** must be sudden and not related to a **pre-existing condition**.
iv. **You** must provide the completed claim form along with complete medical documentation signed by a licensed veterinarian. Failure to do so will result in non-payment of the claim.

Your family pet travelling with **you** must have received all necessary Bordetella shots at least 2 weeks prior to **your** departure date. **Your family pet** travelling with **you** must have a health certificate from a licensed veterinarian enabling the **family pet** to enter **your covered trip** destination country/countries.

All benefits must be pre-approved and arranged by **us**.

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Exclusions and Limitations for Trip Cancellation and Trip Interruption

In addition to the General Exclusions section which apply to all sections of this **policy**, there is also no coverage, and no benefits will be payable for the following claims regarding Trip Cancellation and Trip Interruption:

1. Caused by **your** failure to disclose a material fact regarding either **your** or **your spouse** 's medical condition on the **medical questionnaire** . This exclusion applies to the total **sum** insured.
2. A return delayed more than 10 days beyond **your** scheduled date of return, unless **you**, a **family member** travelling with **you** , or a **travelling companion** were **hospitalized** for at least 24 consecutive hours within this 10 - day period.
3. Benefits are not payable for costs incurred due to losses as a result of the default of a **travel supplier** if, at the time of booking **your** trip, the **travel supplier** has sought protection from creditors under any **bankruptcy** or related legislation. **We** also do not cover if **you** buy a trip from a **travel supplier** who is under **bankruptcy protection** .

Limitation of payment for Trip Cancellation and Trip Interruption

1. **Act of terrorism** : In the event of an **act of terrorism** , Trip Cancellation and Trip Interruption benefits will be paid in accordance with the Trip Cancellation / Trip Interruption benefit maximums for unused pre - paid nonrefundable amounts insured.
2. If a contracted **travel supplier** or carrier ceases operations, the amount payable under this **policy** for actual financial loss to **you** is limited to the amount in excess of the amount recoverable from a provincial compensation fund up to the **sum** insured to a maximum of $10,000. This **policy** will not pay any other amounts with respect to such loss and will under no circumstances provide or be deemed to provide primary coverage in respect of such loss.

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What We Pay – Trip Cancellation

You are covered up to the lesser of the maximum amount shown on **your policy confirmation** as the **sum** insured or the amount as otherwise specified in the benefit, when a covered **unforeseen** event, as listed in this **policy** causes **you** to cancel **your covered trip**, for any of the following applicable expenses incurred by **you**:

1. For pre-paid non-refundable payments or deposits, **you** made before **your covered trip** was cancelled, less any refunds or credits **you** are entitled to receive;
2. The expenses incurred by **you** for the next occupancy level, if **your travelling companion** with whom **you** had booked prepaid shared accommodation cancels their travel arrangements for a covered **unforeseen** event outlined in this **policy** and **you** elect to travel as originally planned. If this occurs, **you** are advised to upgrade the amount of insurance on **your covered trip**;
3. The change fee charged by **your** originally booked **travel supplier**, up to a maximum $250 of **your** prepaid **covered trip** when such an option is made available by a licensed Canadian travel agency.
4. Published cancellation penalties imposed by hotels for unused accommodation.
5. A combined limit of $500 for non-refundable prepaid visa fees, inoculation fees and onboard cruise services.

NOTE: All cancellations must be reported to **your travel supplier** within forty-eight (48) hours following the **unforeseen** event that caused the cancellation. If **you** do not report the cancellation within the specified time period, **your** claim may be denied.

What We Pay – Trip Interruption

You are covered up to the lesser of the maximum amount shown on **your policy confirmation** as the **sum** insured or the amount as otherwise specified in the benefit, when a covered **unforeseen** event listed in this section causes **you** to interrupt **your covered trip**, for any of the following applicable expenses incurred by **you**:

1. The unused part of **your** prepaid cruise and/or covered land arrangements, less any refunds **you** receive.
2. The benefit payable will not exceed the cost of a one-way economy airfare (or first or business class, if the original tickets were first or business class) by the most direct route less any refunds paid or payable for **your** unused original tickets.
3. The extra expenses incurred, supported by original receipts, for commercial accommodation and meals, essential telephone calls and taxi fares up to $250 per day to a maximum of $1,000.
4. Published cancellation fees imposed for the early return of a rental vehicle prior to the contracted date of return.
5. The additional transportation cost to join or rejoin **your** trip if **you** qualify to cancel but choose instead to continue on **your covered trip**. Airfare is limited to the cost of a one-way airfare using the same class of **fare** as the original travel ticket and providing the cost to catch up is less than the cost to cancel **your covered trip**.
6. Published cancellation fees imposed by hotels for unused accommodations.

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7. Up to $500 to cover unused non-refundable prepaid costs for excursions that are not included as part of **your** original **covered trip** cost if **you** must cancel the balance of **your covered trip**.

If **you** are required to interrupt **your covered trip** to attend a funeral of a **family member** or go to the bedside of a **hospitalized family member**, **you** have the option to purchase a round-trip ticket, and **we** will reimburse **you** for the cost of the round-trip ticket, up to the amount of a one way economy ticket back to **your departure point**.

SECTION: TRIP DELAY

Maximum Benefit Limit: Up to $5,000 for trip delay, subject to the applicable exclusions and limitations.

Beginning and end of trip delay coverage

The coverage for trip delay begins on the **departure date** of **your covered trip** and ends on the earliest of:

a) the date and time when **you** return to **your departure point**; or

b) the **expiry date**, as stated on **your policy confirmation**.

Coverage Description – What we cover

If **your** travel is delayed on or after **your** scheduled departure date.

Special Note: Trip delay coverage is intended to help **you** with the extra expenses **you** incur to catch up to **your covered trip**. If **you** experience a delay **you** need to make reasonable efforts to continue **your covered trip**.

Unforeseen Events under Trip Delay:

The delay of **your covered trip** must directly result from any one of the following **unforeseen** events occurring on or after **your** departure date:

1. **You** or **your travelling companion** are delayed for at least 6 hours in arriving at **your covered trip** destination or returning to **your departure point** due to the delay, schedule change or cancellation of **your** or **your travelling companion**'s **common carrier**.
2. Delays, schedule changes and cancellations caused by strike, labour disruptions, **bankruptcy, default**, grounding of aircraft for failure to satisfy government safety regulations or security alerts are not covered.
2. A delay of the private automobile in which **you** or **your travelling companion** are travelling as a result of:

   a) a traffic **accident** documented by a police report or news report;

   b) mechanical failure.

   c) weather conditions, earthquakes, volcanic eruptions or other **natural disasters**, unannounced strike.

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d) emergency road closure by police documented by a police report providing that **you** and **your travelling companion** left enough travel time to comply with the **travel supplier**'s required check-in procedure

e) **you** are directly involved in or delayed, while on route to **your** scheduled trip departure city or scheduled destination.

3. A delay in clearing customs and security controls due to **your** or **your travelling companion**'s mistaken identity.

4. Special events benefit: If the primary purpose of **your covered trip** is to attend a wedding, funeral, sporting event, ticketed performance or conference and **you** are delayed for any reason beyond **your** control, **we** will reimburse **you** up to $1,500 for alternate scheduled transportation to get **you** to **your** destination in time for the occasion.

5. Cancellation of a domestic Canadian common air carrier that is providing a portion of **your covered trip**. **We** will reimburse **you** up to $1,000 for the non-refundable prepaid airfare of a domestic carrier that is no longer useful for **your covered trip**.

   a) For items 1 to 5 above, if **your** travel arrangements were not made through a licensed Canadian travel agency, travel delay benefits will apply provided **your** travel arrangements meet the following connection times:

      i. 2 hours between domestic airlines connectors;
      ii. 3 hours between international or Canada/USA connections.
      iii. 6 hours between mixed connections such as an airline connecting to a land tour or cruise.

6. The arrival of **your** cruise ship at its final destination port is delayed by at least 3 hours causing **you** to miss **your** scheduled flight to **your** next destination.

What We Pay for Trip Delay

1. **You** are covered up to $5,000 for Trip Delay for the following applicable expenses incurred by **you**:

   a) The change fee or the additional **fare** incurred by **you** while **you** are travelling to:

      i. continue on **your covered trip**; or
      ii. return to **your departure point**.

   b) The unused, non-refundable insured portion of the prepaid expenses as long as such expenses are supported by proof of purchase and are not reimbursable by any other source, less the value of the unused travel ticket.

   c) Up to $100 for additional pet care expenses **you** incur as long as the delay in **your** return is 24 hours or more.

2. In addition, **you** are covered for the cost of meals, commercial accommodation, essential telephone calls and taxi fares resulting from a delay for up to $350 per day, to a maximum of $1,000.

The maximum benefit amount for trip delay will be reduced by any amounts paid or payable by any **common carrier** responsible for **your covered trip**. Claims under Trip Cancellation and Trip Interruption due to **Unforeseen** Events #14, #15 and #16 above negates coverage under Trip Delay.

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SECTION: EMERGENCY MEDICAL

Maximum Benefit Limit: Up to $2,500,000 under this **policy**, including any endorsements, if applicable, as indicated on **your policy confirmation**, subject to the applicable exclusions and limitations.

Beginning and end of coverage

Your coverage begins on:

a) The date and time **you** depart from **your** province/territory of residence in Canada.

Your coverage ends on the earliest of the following events:

a) the date and time **you** cancel **your** insurance coverage prior to departure date;

b) when **you** cancel **your covered trip**;

c) at 11:59 PM on the **expiry date** of **your policy**, as shown on **your policy confirmation**; or

d) on the date and time when **you** return to **your departure point**.

Notwithstanding the above, **your** coverage will not end if **you** temporarily return to **your** province/territory of residence to attend a funeral or go to the bedside of a **hospitalized family member**, however **you** will not be covered while in **your** province/territory of residence. In such a case, **your policy** will remain in effect up to **your expiry date** except **we** will apply the **pre-existing condition** exclusion based on **your** new **departure date** upon continuing **your covered trip**.

Automatic Extension of Coverage

Your insurance will automatically be extended beyond **your** scheduled **expiry date**, as shown on **your policy confirmation** if:

a) **Your** scheduled **common carrier** is delayed, or **you** are delayed due to circumstances beyond **your** control, coverage will be extended for up to 72 hours;

b) **You**, **your travelling companion** or a **family member** travelling with **you** are **hospitalized** on or prior to **your expiry date**. Coverage will be extended for the duration of the **hospital** stay and for up to 5 days after discharge from the **hospital** while outside **your** province or territory of residence; or

c) **You**, **your travelling companion** or a **family member** travelling with **you** are unable to travel due to a medical reason that does not require **hospitalization**. Coverage will be extended for up to 3 days and must be documented by a **physician** at **your** destination.

Extending Coverage After Departure (Top-Up)

If **you** decide to extend **your covered trip** after departure, call the Agent before the **expiry date**.

We may extend **your** coverage under this **policy** for an additional cost, up to 10 days beyond **your expiry date**, as long as:

a) **You** have not incurred a claim under this **policy**;

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b) **You** have not experienced a **sickness** or **injury** or have not had medical **treatment** during **your covered trip**;

c) Coverage under this **policy** is in force at the time **you** request an extension;

d) **You** pay any additional required premium for such extension; and

e) The total **period of coverage** for any single **covered trip** including the extension requested, will not exceed the period for which **your government health insurance plan (GHIP)** covers **you** nor the maximum number of days of the plan purchased.

In all other circumstances, coverage may be extended beyond the above time frames, but only at **our** discretion. In no event shall coverage be extended for a period exceeding 12 months from **your** original departure date.

Failure to make medical information known will render this coverage extension null and void.

Coverage Description - What We Cover

If **you** experience a medical **emergency** while on **your covered trip**, **you** must call the **emergency assistance provider** before obtaining **emergency treatment**.

Please note that if **you** do not call the **emergency assistance provider** in an **emergency** prior to receiving **treatment**, **you** may have to pay 25% of the eligible medical expenses **we** would normally pay under this **policy** (25% co-insurance).

If it is medically impossible for **you** to contact the **emergency assistance provider** when the **emergency** happens, the 25% co-insurance will not apply. In this case, **we** ask that **you** contact the **emergency assistance provider** as soon as **you** can or that someone does so on **your** behalf. Do not assume that someone will contact the **emergency assistance provider** for **you**. It is **your** responsibility to verify that the **emergency assistance provider** has been contacted.

You will be reimbursed for the **reasonable and customary** charges in excess of any **government health insurance plan (GHIP)** allowance, **your** Canadian university health insurance plan (UHIP) allowance, or any private medical plan for the eligible **emergency** medical expenses described in this **policy**, up to the maximum benefit amount under **your** Plan.

Eligible medical and related expenses are described below:

1. **Emergency medical expenses:** as listed below and ordered or prescribed by a **physician** as medically necessary for diagnosis or **treatment** of **your emergency sickness** or **injury**:

   a) The services of a **physician**, surgeon or in-**hospital** duty nurse.

   b) **Hospital** room and board charges up to the semi-private room rate. This will include expenses for a cruise ship cabin or hotel room, not already included in the cost of **your covered trip**, if recommended as a substitute for a **hospital** room for recovery of a **sickness** or **injury**.

   c) Transportation furnished by a professional ambulance company to and from a **hospital**.

   d) Up to $50 each way if a local taxi service is required to get **you** to and from the nearest medical service provider for an **emergency**.

   e) **Your emergency** evacuation from a remote location to the nearest appropriate **hospital** that can provide the necessary **emergency** medical **treatment** as determined and arranged by **our emergency assistance provider**.

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f) Diagnostic procedures, laboratory procedures and **treatment**, subject to prior approval by **us**.

g) Medical equipment purchased or rented for therapeutic purposes subject to prior approval by **us**.

h) Prescription medications required to **treat** any **emergency** medical condition or **injury**, which are prescribed by a **physician** and dispensed by a licensed pharmacist (maximum 30-day supply).

i) One follow-up visit following **emergency treatment** or one follow-up visit following **hospital** discharge for an **emergency** that is covered by this **policy**. The follow-up visit must be recommended by a **physician** at the time of discharge and take place within the required time frame recommended for an initial follow-up visit. The cost of this follow-up visit is limited to $500.

j) Advance payment to a **hospital**. **We** will provide advance payment to a **hospital**, up to a maximum benefit of $10,000, if it is required to secure **your** admission for a covered **sickness** or **injury**.

Limitations to Emergency medical expenses:

i. With respect to all **emergency** medical expenses, **you** or someone acting on **your** behalf are required to immediately contact **our emergency assistance provider**'s 24-hour assistance line at the telephone numbers provided in this **policy** before admission to **hospital** or within 24 hours after a life or organ-threatening **emergency**. Failure to do so may result in **you** being responsible for 25% of any eligible expenses incurred.

ii. **We** reserve the right to return **you** to Canada or to **your departure point** before any **treatment** or following **emergency treatment** for **sickness** or **injury**, if the medical evidence obtained from **our** medical advisor and **your** local attending **physician** confirms **you** are able to return to Canada without endangering **your** life or health.

iii. If **you** elect not to return to Canada following **our emergency assistance provider**'s recommendation to do so, any further expenses related to the **emergency** will not be covered by this **policy** and all benefits will end.

2. **Prescription drugs:** up to $50 for prescription drugs lost, stolen or damaged during **your covered trip**. Up to $75 will be allowed if the services of a local **physician** are required to secure the replacement prescription. **You** must contact **our emergency assistance provider**.

3. **Emergency dental: treatment** ordered by a licensed dentist or dental surgeon as follows:

   a) Up to $2,000 during **your** trip will be paid for **treatment** or repair of natural or permanently attached artificial teeth which are damaged by an **injury** to the head or mouth. Up to $1,000 will be paid to continue medically necessary dental **treatment** completed within 90 days after **you** return to Canada provided the **treatment** is related to the **injury**.

   b) Up to $300 to relieve acute pain and suffering not related to an **injury**.

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4. **Emergency paramedical services:** performed by a chiropractor, chiropodist, physiotherapist, osteopath or podiatrist for **emergency treatment** up to $300 per category of practitioner, per injury. Services performed by a **family member** are not covered.

5. **Accommodation and meals:** commercial accommodation, meals, essential telephone calls, taxi fare or rental vehicle charges incurred by **you**, **your travelling companion**, or a **family member** travelling with **you** if one of **you** is relocated to receive **emergency** medical **treatment** or one of **you** is delayed beyond **your expiry date** due to **sickness** or **injury**.

   a) This benefit is limited to $350 per day to a maximum of $3,500. Original receipts and the local attending **physician**'s written diagnosis of the **sickness** or **injury** must be submitted for this benefit to qualify for payment.

6. **Medical evacuation or return home:** in response to an **emergency sickness** or **injury** as follows:

   a) the extra cost of a one-way **fare** on a commercial airline via the most direct route to return **you** to **your** place of residence;

   b) the cost to accommodate a stretcher on a commercial airline via the most direct route to return **you** to **your** place of residence or to the most appropriate medical facility closest to **your** home, plus the reasonable cost of meals, accommodations and airfare expenses for a qualified medical attendant to accompany **you** if it is deemed medically necessary; or

   c) air ambulance transportation when it is medically necessary.

Limitation to Medical evacuation or return home:

   i. Benefits must be pre-approved and arranged by **us** in consultation with **our** medical advisors, the local **treating physician**, and **our emergency assistance provider** for coverage to apply.

7. **Bedside visit:** If **you** are **hospitalized** for an **emergency sickness** or **injury** for a minimum of 5 consecutive days, and the local attending **physician** recommends that a relative or close friend should visit at **your** bedside, remain with **you**, or accompany **you** home, **we** will reimburse the cost of a round-trip **fare** by the most direct route and up to $750 for commercial accommodation and meals. **We** will automatically insure the accompanying **family member** or friend for **emergency** medical coverage under this **policy** until **you** are medically **stable** to return to Canada, subject to the eligibility, limitations, conditions, & exclusions of this **policy**.

Limitation to beside visit benefit:

   i. These benefits are subject to prior approval by **us**.

8. **Return and escort of children:** This benefit is payable if **you** are confined to a **hospital** for more than 24 hours or **you** must return to **your** home because **you** have a medical **emergency** which is covered by this **policy** or in case of **your** death. **We** will pay for the transportation expenses incurred, up to the cost of a one-way **fare** for the return home of any **children** who are accompanying **you**. If **your child** is under 18 years of age, **we** will also pay the extra cost of a round-trip airfare via the most direct route, overnight commercial accommodation, and reasonable meal expenses for an escort to accompany **your child** home.

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9. **Childcare cost:** If **you** are **hospitalized** for an **emergency sickness** or **injury** during **your covered trip** and need to be relocated to receive **emergency** medical **treatment** or are delayed beyond **your expiry date**, **we** will reimburse **you** up to $50 per day to a maximum of $500 for the professional **child** care cost incurred during **your covered trip** to care for children travelling with **you**. Services performed by a **family member** are not covered.

Limitation to childcare cost benefit:

i. Original receipts from the professional childcare provider are required.

10. **Return of travelling companion:** If **you** must return to **your departure point** because of a medical **emergency** covered by this **policy**, **we** will reimburse **you** for the extra cost of a one-way **fare** on a commercial flight via the most direct route to return **your travelling companion** back to **your departure point**. If the unused return travel ticket is refundable, **we** will deduct the value of the refund from the return transportation cost **we** arranged.

11. **Repatriation of remains:** If **you** die during **your covered trip**, **we** will reimburse the reasonable expenses incurred up to $10,000 for:

a) preparing and transporting **your** remains or ashes back to **your departure point**; or

b) the cremation or burial of **your** remains at the location where death occurs.

Limitation to repatriation of remains:

i. No benefit is payable for the cost of a headstone, casket and/or funeral service expenses. Benefits under this section shall not duplicate any benefits available under any other section of this **policy**.

12. **Identification of remains:** If someone is legally required to identify **your** remains before **your** body is released, **we** will reimburse the cost of one person to travel to the place where **your** remains are located via a round-trip **fare** by the most direct route, and up to $500 for commercial accommodation and meals. **We** will automatically insure this person for **emergency** medical coverage under this **policy** for not more than 3 days until they return to Canada, subject to the eligibility, limitations, conditions, and exclusions of this **policy**.

Limitation of identification of remains:

i. This benefit must be pre-arranged and approved by **us**.

13. **Vehicle return: We** will pay the expenses up to $2,000 associated with returning **your** vehicle to **your** home or **your** rental vehicle to the appropriate rental agency if **you** are unable to do so because of a medical **emergency**.

Limitation of vehicle return

i. Return of commercial vehicles is not covered.

14. **Return of baggage and personal effects:** In the event of **your** medical evacuation or repatriation of remains arranged by **us**, if there is insufficient space to accommodate **your** baggage and personal effects aboard the transport provided, **we** will reimburse **you** up to $500 to cover the cost of shipping these items to **your departure point**.

15. **Incidental expenses:** If **you** are required to stay in a **hospital** for **treatment** of an **emergency sickness** or **injury** as an in-patient while on **your covered trip**, **we** will

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reimburse **you** up to $250 for **your** out-of-pocket expenses such as television, wifi and parking charges. Original receipts (no copies) must be submitted.

16. **Eyeglasses replacement:** In the event **your** eyeglasses are damaged as a result of a covered **injury**, **we** will reimburse **you** up to $200 to replace them during **your covered trip**.

17. **Return to destination:** If, following **your emergency** medical evacuation arranged by the **emergency assistance provider** to **your** place of residence, **you** wish to return to **your** destination, **we** will reimburse **you** for the cost of a one-way **fare** back to the city from where the medical evacuation occurred.

    This benefit is available only if:

    a) **Your** attending **physician** at **your** place of residence determines that **you** require no further **treatment**;

    b) **You** receive prior approval by **us**;

    c) **You** choose this benefit instead of benefit #13, vehicle return; and

    d) **Your** return must be prior to **your expiry date**.

Limitations:

i. Once **you** return to **your** destination, a **recurrence** of the medical condition which necessitated **your emergency** medical evacuation or related medical condition will not be covered under this **policy**.

ii. This benefit can only be used once during **your Covered trip**. Upon return to **your** destination, the **effective date** of coverage is the day **you** leave **your departure point** to return to **your** destination.

18. **Pet care:** If **you** are admitted to **hospital** for 12 or more hours while on **your covered trip**, coverage is provided up to $1,500 for **your family pet** travelling with **you** on **your covered trip** for:

    a) The necessary accommodations and care in a pet boarding facility while **you** are **hospitalized**; and

    b) The necessary preparation and transportation costs to return to **your departure point** if **you** are evacuated or repatriated by **us**.

All benefits must be pre-approved and arranged by **us**.

Emergency Medical Coverage Exclusions and Limitations

In addition to the General Exclusions which apply to all sections of this **policy**, there is also no coverage, and no benefits will be payable for claims presented under **Emergency** Medical coverage section resulting from:

1. **Pre-existing conditions** or related medical conditions which were not **stable** during the 90-day or 180-day period (whichever is applicable to this **policy**) immediately prior to **your departure date** or which, in the opinion of **your physician**, would be expected to require **treatment** in the foreseeable future.

   Coverage is not provided for any claims arising from:

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a) a heart condition involving the taking of nitroglycerine more than once per week for the relief of angina within the time periods listed above; or

b) a lung condition **treated** with home oxygen or the taking of oral steroids (prednisone or prednisolone) other than for a minor ailment, within the time periods listed above.

NOTE: If **you** have paid in full for this **policy**, and received **your policy confirmation** within seven (7) days of the initial payment of **your** *Wells Gray Tours* tour, the **pre-existing condition** exclusion is waived. If prior to **your departure date**, **you** are prescribed any **treatment** or have any change in the dosage, frequency or type of medication, this will result in **your medical condition** no longer being considered **stable** under this **policy**, and **you** must contact **us** immediately.

2. Expenses incurred for medical care or services where **your covered trip** was undertaken contrary to medical advice or after receiving a prognosis of **terminal sickness**.

3. Any **treatment**:

   a) not required for the immediate relief of acute pain and suffering;

   b) which can reasonably be delayed until **you** return to **your** province or territory of residence;

   c) for follow-up **treatment**, **recurrence** of a medical condition or subsequent **emergency treatment** or **hospital** stay for a medical condition or related medical conditions for which **you** had received **emergency treatment** during **your covered trip**; or

   d) routine or general physical examinations, drugs or medication available without a prescription, eyeglasses or contact lenses or services which are not medically necessary.

4. Transplants of any kind.

5. Unless prior approval is obtained from **us**, any **emergency** air transportation, MRI, CAT Scan, surgery, cardiac procedures, including but not limited to cardiac catheterization, angioplasty or surgery.

6. Expenses incurred for all medical care or services including those related to an **accident** when this **policy** was purchased specifically to obtain **hospital** or medical **treatment** outside **your** province or territory of residence, whether or not recommended by a **physician**.

7. Any expenses related to a **sickness** or **injury** that occurred when another insurance was in force during the period of **your covered trip** for which an extension of coverage (**top up**) was purchased.

8. Expenses incurred for ongoing or recurring medical conditions. Once **emergency treatment** and care are completed, no further benefits for the same or related medical conditions will be covered.

9. Artificial joints within one year of any surgery.

10. All medical and **emergency** evacuation costs associated with childbirth that occurs after 26 weeks gestation or voluntarily induced abortion.

11. All neo natal, medical care and evacuation costs related to a baby born during the **covered trip**.

What We Pay

You will be reimbursed for the **reasonable and customary** charges in excess of any

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government health insurance plan (GHIP) allowance, **your** Canadian university health

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insurance plan (UHIP) allowance, or any private medical plan for the eligible **emergency** medical expenses listed above, up to $2,500,000.

SECTION: BAGGAGE and/or PERSONAL EFFECTS

Maximum Benefit Limit: Up to $1,500 for **baggage and/or personal effects**, subject to the applicable exclusions and limitations.

Beginning and end of coverage

The coverage for **baggage and/or personal effects** begins on the **departure date** of **your covered trip** and ends on the earliest of:

a) the date and time when **you** return to **your departure point**; or

b) the **expiry date**, as stated on **your policy confirmation**.

Baggage and/or Personal Effects – What we cover:

When **your baggage and/or personal effects** are lost, stolen, or damaged during **your covered trip**, **we** will reimburse **you** up to $1,500 for **baggage and/or personal effects**, also subject to a maximum of $500 for any single item.

The liability of the **company** with respect to any one claim under this benefit shall not exceed the $1,500 in the aggregate under all insurance policies purchased for any one **covered trip** with respect to a single insured person.

Under a **baggage and/or personal effects** claim, **we** will pay the lesser of:

a) The replacement or repair cost, after an allowance is made for wear and tear or depreciation; or

b) The original purchase price.

For this benefit to apply **you** must:

a) provide a police report if applicable;

b) take all reasonable steps to protect, save or recover **your baggage and/or personal effects**; and

c) promptly notify, in writing, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any **common carrier** or third party who had custody of **your baggage and/or personal effects** at the time of loss and supply **us** with a copy of the written report.

Baggage Delay

If **your** checked baggage is misdirected or delayed more than 12 hours by the **common carrier** while on **your covered trip**, **we** will pay up to an aggregate total of $1,500 for:

1. The purchase or rental of essential items of personal clothing and necessary toiletries while on **your covered trip**;

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2. The rental of sporting equipment if the purpose of **your covered trip** was to participate in a sporting event and **your** sporting equipment was included in the delayed checked baggage; and

3. The rental of a wheelchair for use during **your covered trip**.

Limitation: This benefit does not apply to baggage delayed after **you** have returned to **your departure point**.

Personal Money

If **your** personal money is lost or stolen while on **your covered trip**, **we** will reimburse **you** up to $100.

Passport / Travel Visa Replacement

If **your** passport and/or travel visa is lost or stolen while travelling outside **your** country of permanent residence on **your covered trip**, **we** will pay the **reasonable and customary** cost to reimburse **you** for the replacement of **your** passport and/or travel visa and/or required entry documents.

Driver's License or Birth Certificate

If **your** driver's license or birth certificate is lost or stolen while on **your covered trip**, **we** will reimburse **you** up to an aggregate total of $50 for the cost of replacing one or both of these items.

Baggage and/or Personal Effects Exclusions and Limitations

In addition to the General Exclusions which apply to all sections of this **policy**, there is also no coverage, and no benefits will be payable for claims presented under **Baggage and/or Personal Effects** when reimbursed:

1. by the **common carrier**, hotel or **travel supplier**, including any services rendered by such **common carrier**, hotel or **travel supplier**; or

2. as specified under any other insurance coverage **you** may have for the loss of or damage to property.

No coverage is provided under this section **Baggage and/or Personal Effects** for any loss or damage to:

1. Any animals.

2. Automobile and automobile equipment; aircraft; bicycles, except when checked as baggage with a **common carrier**; boats or other vehicles or conveyances; trailers; motors.

3. The following personal items:

   a) sunglasses (prescription or non-prescription), contact lenses;

   b) artificial teeth, dental bridges, dental retainers, hearing aids, prosthetic limbs, prescribed medications;

   c) keys, money, credit cards, tickets and documents (except as coverage is otherwise specifically provided herein), lottery tickets, stamps, securities;

   d) sporting equipment if the loss/damage results from the use thereof; and

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e) travel tickets for **your covered trip**, except for administrative fees required to reissue such tickets.

4. Household effects and furnishings, antiques and collector's items.
5. Perishable or consumable items, including any tobacco products.
6. Property used in trade, business or for the production of income.
7. Computer software, including any expenses incurred for the restoration of any lost or corrupted data.
8. Property shipped as freight or property shipped prior to **your** departure date.
9. Property stolen from an unattended vehicle; property that was not locked in the trunk or property left in view where a secure trunk is not available.
10. Property caused by defective materials or craftsmanship, normal wear and tear, gradual deterioration, inherent vice or mechanical breakdown.
11. Property caused by electrical current, including electric arcing, that damages or destroys electrical devices or appliances.
12. Property caused by the confiscation, detention, requisition or destruction of **your baggage and/or personal effects** by customs or other authorities.
13. Articles purchased during **your covered trip** without original receipts attached to the claim.
14. Jewelry, precious stones, watches; cameras, including related equipment; articles consisting in whole or in part of silver, gold or platinum; furs and fur-trimmed items; cell phones, computers and other digital or electronic items that are placed in the possession of a **common carrier**.
15. Property caused by breaking or scratching of fragile articles other than cameras or binoculars, unless caused by fire or **accident** to the vehicle in which they are being carried.
16. Property insured under any homeowner's or tenant's package **policy**.
17. Any baggage or property left unattended.

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SECTION: TRAVEL ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Maximum Benefit Limit: Up to $25,000 for Travel Accidental Death & Dismemberment, subject to the applicable exclusions and limitations.

Beginning and end of coverage

The coverage for Accidental Death & Dismemberment coverage begins on the **departure date** of **your covered trip** and ends on the earliest of:

a) The date and time when **you** return to **your departure point**; or

b) At 11:59 PM on the **expiry date**, as stated on **your policy confirmation**.

Travel Accidental Death & Dismemberment coverage – What we cover:

If **you** sustain an **injury** while **you** are travelling on **your covered trip**.

1. Worldwide Accident Coverage

You are covered for a sudden bodily **injury** caused by a happening due to external, violent, sudden or unexpected events beyond **your** control which occurs during **your covered trip**.

2. Airflight Accident Coverage

You are covered for bodily **injury** sustained during **your covered trip** while riding as a passenger (not as a pilot, operator, or crew member) on, boarding or alighting from any:

a) aircraft maintained by a **scheduled airline**.

b) transport type aircraft operated by the:

i. Royal Canadian Air Force Transport Command;
ii. Air Mobility Command (AMC) of the United States; or
iii. Royal Air Force Air Transport Command of Great Britain;

c) land conveyance licensed for the transportation of passengers for hire which takes **you** directly to or immediately from airports used by a **scheduled airline**; or

d) land or water conveyance provided at the expense of the air carrier as a substitute for an aircraft covered by this **policy**.

3. Exposure and Disappearance

Loss from exposure to the elements by reason of a covered **accident** will be covered if such loss is otherwise payable under this **policy**.

If **you** are not found within one year after:

a) the disappearance, sinking or wrecking of a conveyance in which **you** are riding during **your covered trip**; or

b) the destruction of a building which **you** are in during **your covered trip**; **you** will be presumed to have suffered loss of life resulting from **injury** caused by an **accident**.

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Exclusions and Limitations

In addition to the General Exclusions which apply to all sections of this **policy**, there is also no coverage, and no benefits will be payable for claims presented under Travel Accidental Death & Dismemberment coverage resulting from:

1. Disease or any physical defect, infirmity or **sickness** which existed prior to the commencement of **your covered trip**; or
2. Any **act of terrorism**; or
3. Any act of war.

What We Pay

You are covered up to $25,000 or as otherwise specified when a covered loss occurs. A percentage of the benefit maximum will be payable as listed for the following injuries:

Benefit Payable	% of Benefit Maximum
Loss of Life	100%
Both Hands or Both Feet	100%
Entire Sight of Both Eyes	100%
One Hand & One Foot	100%
One Hand & Entire Sight of One Eye	100%
One Foot & Entire Sight of One Eye	100%
Complete & Irrecoverable Loss of Speech or Hearing in both ears	100%
One Hand or One Foot	50%
Entire Sight of One Eye	50%

For a benefit to be payable under this coverage, the **accident** must happen on **your covered trip** and the resulting **injury** or death must occur within 365 days of the **accident**.

Loss as used above with reference to:

1. Hand or foot means that the hand or foot is completely and permanently severed at or above the wrist or ankle joint.
2. Sight: means the total and irrecoverable loss of entire sight.

If more than one loss results from any one **accident**, **we** will only pay the one largest benefit as listed above. No benefit is payable for a loss which is not shown above.

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GENERAL EXCLUSIONS

These exclusions apply to all coverages of this **policy**. In addition to the exclusions specified in each insurance coverage, this **policy** does not cover, and no benefit will be payable for any claim arising directly or indirectly from:

1. Claims caused by **your** or **your travelling companion**'s **pre-existing conditions** or related **medical conditions** which were not **stable** during the 90-day or 180-day period (whichever is applicable to this **policy**) immediately prior to **your departure date** or which, in the opinion of **your physician**, would be expected to require **treatment** in the foreseeable future.

   Coverage is not provided for any claims arising from:

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a. heart condition involving the taking of nitroglycerine more than once per week for the relief of angina within the time periods listed above; or

b. a lung condition **treated** with home oxygen or the taking of oral steroids (prednisone or prednisolone) other than for a minor ailment, within the time periods listed above.

NOTE: If **you** have paid in full for this **policy**, and received **your policy confirmation** within seven (7) days of the initial payment of **your** *Wells Gray Tours* tour, the **pre-existing condition** exclusion is waived. If prior to **your departure date**, **you** are prescribed any **treatment** or have any change in the dosage, frequency or type of medication, this will result in **your medical condition** no longer being considered **stable** under this **policy**, and **you** must contact **us** immediately;

2. Consequential loss of any kind including loss of enjoyment of **your covered trip** from any cause;
3. **Your** mental or emotional disorders including, but not limited to stress, anxiety and depression unless **hospitalized** . This exclusion is not applicable to major psychiatric illness such as psychosis, schizophrenia and major affective mood disorders;
4. Routine pre-natal care; a **child** born during **your covered trip** ; childbirth or complications of childbirth; pregnancy or complications thereof after the 26th week of pregnancy or any time after the expected date of delivery;
5. Any elective medical **treatment** including but not limited to dental or cosmetic surgery, naturopathic, holistic or acupuncture **treatment**;
6. **Your** use of drugs, alcohol, or any medication that results directly or indirectly in the condition causing a claim;
7. Any **sickness** or **injury** resulting from long term excessive consumption of alcohol or drugs;
8. **Your** suicide, attempted suicide or any intentionally self-inflicted **injury**;
9. **Your** participation in **adventurous activities**;
10. **Your** participation in organized professional sporting activities for which **you** are paid or compensated;
11. Driving a motorcycle, moped, or scooter, regardless of whether **you** are driving on publicly maintained roads, driving off-road or on private property (unless **you** hold an applicable valid Canadian driver's license);
12. **Your** riding, driving or participating in motorized races of speed or endurance;

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13. Piloting an aircraft or air travel on any air supported device other than as a **fare**-paying passenger on a flight operated by a **common carrier**;
14. Motor vehicle **accidents** where **you** are entitled to receive benefits pursuant to any **policy** or legislative plan of motor vehicle insurance.
15. Fraud, concealment or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder;
16. **Your** participation or voluntary exposure in a crime or malicious act;
17. Participation in a riot or insurrection;
18. Except as provided under Trip Cancellation and Trip Interruption Event #29, **act of war**, invasion, act of foreign enemy, hostilities, revolution, or military uprising or usurped power;
19. **Act of terrorism** by nuclear means and terrorism by dissemination of biological, chemical and or radioactive agents and substances;
20. Participation in the armed forces except as provided under Trip Cancellation and Trip Interruption Event #19;
21. Events related to "Avoid All Travel" and "Avoid All Non-Essential Travel" warnings issued by Global Affairs Canada prior to **your effective date** that were or continue to be in effect for any country, region or city of destination on **your covered trip**, as reflected in **your** travel itinerary;
22. Orbital and suborbital flights;
23. A condition that is directly or indirectly related to any medical condition for which **you** have declined or delayed recommended **treatment**, diagnostic testing or prescription medication in the 2 years prior to the date it gives rise to a claim under this **policy**;
24. **Contamination** resulting from biological, chemical, radioactive or nuclear fuel or waste; or
25. Any trip outside **your** province or territory of residence as a driver, operator, co-driver, crewmember, or passenger on any commercial vehicle used to carry goods for sale, resale or income.

GENERAL PROVISIONS

Applicable law and jurisdiction: Your insurance contract is governed exclusively by the laws of the Canadian province or territory where **you** normally reside. Any dispute relating to such contract will be submitted to the competent court of the Canadian jurisdiction where **you** normally reside, and the parties agree to abide by its jurisdiction.

Statutory Conditions: Despite any other provision contained in this contract, this contract is subject to the statutory conditions in the *Insurance Act* respecting contracts of *Accident and Sickness Insurance* in the province or territory in which this policy is issued. For Québec residents, notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the *Civil Code of Québec* respecting contracts of *Accident and Sickness Insurance*.

Assignment of benefits: Where the **company** has paid expenses or benefits to **you** or on **your** behalf under this policy, the **company** has the right to recover, at its own expense, those payments from any applicable source or any insurance policy or plan that provides the same

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benefits or recoveries. This policy also allows the **company** to receive, endorse and negotiate eligible payments from those parties on **your** behalf. When the **company** receives payment from any Canadian provincial or territorial **government health insurance plan (GHIP)**, any other insurer, or any other source of recovery to the **company**, the respective payor is released from any further liability with respect to the claim.

Concealment and misrepresentation: The entire coverage will be void, if before, during or after a loss, any **material fact** or circumstance relating to this policy has been concealed or misrepresented.

Conformity with existing laws: Any provision of this policy which is in conflict with any federal, provincial or territorial law where this policy is issued is hereby amended to conform to the minimum requirements of that law. In all other respects, the terms and provisions of this **policy** shall apply.

Coordination of benefits: The benefits in this policy are secondary to those available under any other coverage **you** may have including but not limited to, government health insurance, group or personal *Accident and Sickness Insurance*, extended health or medical care coverage, any automobile insurance or benefits plan, homeowner, tenant or other multi-peril insurance, credit card benefit insurance, other travel insurance and replacement travel options offered by airlines, tour operators, cruise lines and other **travel suppliers**.

We will coordinate benefits payable under this **policy** with benefits available to **you** under any other **policy** or plan, so that payments made under this **policy** and from all other sources will not exceed 100% of the eligible expenses incurred.

Coordination of Benefits of **emergency** medical expenses will be in accordance with the Coordination of Benefits Guidelines issued by the *Canadian Life and Health Insurance Association* with respect to Out of Country/Province Medical Expenses. However, if **you** are covered as an active or retired employee under **your** current or former employer's group health insurance plan for extended health care benefits and the lifetime maximum amount is:

1. $50,000 or less, Coordination of Benefits will not apply to such amount; or
2. More than $50,000, Coordination of Benefits will apply only to the amount of insurance in excess of $50,000.

Currency and Interest: All premiums and benefits under this **policy** are payable in Canadian dollars currency. No interest will be paid on the amounts payable under this **policy**.

Limitation of liability: Our liability under this **policy** is limited solely to the payment of eligible benefits, up to the maximum amount purchased for any loss or expense. Upon **us** making payment under this **policy** does not assume any responsibility for the availability, quality, results or outcome of any **treatment** or service, or **your** failure to obtain any **treatment** or service covered under the terms of this **policy**.

Medical examination: We reserve the right to have **you** medically examined in the event of a claim.

Medical records: In the event of a claim, **you** agree to provide access to and **we** reserve the right to review any and all medical records or documentation relating to **your** claim(s) from any licensed **physician**, dentist, medical practitioner, **hospital**, clinic, insurer, individual, institution or other provider of service relating to the validity of **your** claim. In the case of **your** death the Insurer may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

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Refund of premium: Other than the "10 Day Right to Examine" on page 1, premium refunds are not available.

Right of recovery: In the event that **you** are found to be ineligible for coverage, any benefit is paid in error, payment is made in excess of the amount allowed under the provisions of this **policy**, 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 it has paid on **your** behalf to medical providers or other parties or seek reimbursement from **you**, **your** estate, any institution, insurer or person to whom the payment was made.

Subrogation: If **you** suffer a loss caused by a third party, **we** have the right to subrogate **your** rights of recovery against the third party for any benefits payable to or on **your** behalf, and will, at **our** own expense and in **your** name, execute the necessary documents and take action against the third party to recover such payments. **You** must not take any action or execute any documents after the loss that will prejudice **our** rights to such recovery.

Sworn statements: We have the right to request that claims documents be sworn under oath and have **you** examined under oath in respect to any claim documents submitted.

DEFINITIONS

Note: In this **policy**, words and terms denoting the singular shall be interpreted to mean the plural and vice versa, unless the context clearly indicates otherwise.

Accident means an occurrence due to external, violent, sudden or fortuitous causes beyond **your** control which occurs during **your period of coverage**.

Act of terrorism or terrorism means the unsanctioned and illegal use of violence (excluding general civil disturbance, rioting and **act of war**, declared or undeclared, or the intentional release of a biological, chemical, nuclear or radioactive material), which caused destruction of property, **injury** or death for the express or implied purpose of achieving a political, ethnic or religious goal or result.

Act of war means hostile or warlike action, whether declared or not, in a time of peace or war, whether initiated by a local government, foreign government or foreign group, civil unrest, insurrection, rebellion or civil war.

Adventurous activities mean participating in any of the following: bungee jumping, hang-gliding, heli-skiing, hot air ballooning, **mountain climbing**, parachuting, paragliding, rock climbing, scuba diving, skydiving, sky-surfing, or any other activity that, a reasonable person would perceive, involves an element of danger or the chance of loss or **injury**.

Age means **your age** on the application date for coverage.

Baggage and/or personal effects means items or articles of necessity, adornment or for personal convenience including clothing and other personal effects worn on the person that are usually carried by travellers for their individual use while travelling, not including personal money, passport, travel visa, driver's license or birth certificate.

Bankruptcy or default means the **travel supplier** is insolvent, is bankrupt, is in receivership, has made a proposal to its creditors or filed a notice of intention to make a proposal to creditors under the Bankruptcy and Insolvency Act R.S.C. 1985, B-3, or filed for protection from creditors under the Companies' Creditors Arrangement Act, R.S.C. 1985, c C-36. For non-Canadian **travel suppliers**, **bankruptcy or default** means the inability to provide contracted services due to total cessation or complete suspension of operations due to financial insolvency, with or without

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the filing of a **bankruptcy** petition, whether voluntary or involuntary, by a tour operator, cruise line, airline or other **travel supplier**.

Business partner means an individual who has at least a 20% ownership interest in a commercial enterprise in which **you** also have at least a 20% ownership interest; and **you** are both actively engaged in the daily management of the business.

Canadian resident means **you** are a landed immigrant or Canadian citizen who maintains a permanent residence in Canada to which **you** will return after **your** trip.

Caregiver means the person with whom arrangements were made to care for **your child** during the period of **your covered trip** and who cannot reasonably be replaced.

Child, children means **your** unmarried natural, adopted or step-children who are dependent on **you** for maintenance and support, or grandchild(ren) who are travelling with **you** or joining **you** during **your covered trip** and who are at least either:

a) between 30 days old and under 21 years of **age**;

b) under 26 years of **age** if a full-time student attending a recognized institution of higher learning in Canada; or

c) of any **age** who is mentally or physically handicapped and incapable of self-support.

Common carrier means commercial airline carrier, cruise ship, ferry, bus, train, taxi, limousine or other similar vehicle that is licensed, intended and used primarily to transport passengers for hire not including rented, leased or privately owned vehicles.

Company, **we**, **our**, **us** means Northbridge General Insurance Corporation "Northbridge".

Contamination means poisoning of people by nuclear, chemical, radioactive and/or biological substances that cause **sickness** or death.

Covered trip means **travel arrangements** insured by this **policy** commencing on the **departure date** and ending on the **expiry date**, both as shown on the **policy confirmation**. For the Annual Plan, means trips undertaken during the **period of coverage** of this **policy**.

Deductible means the full amount of the **deductible** selected applies on each claim event. The **deductible** will be applied in CAD. The full **deductible** amount applies to all benefits.

Departure date means the later of the date shown as such on the **policy confirmation** or the date **you** actually depart on **your covered trip**.

Departure point means the city, province, territory or country **you** depart from first on **your covered trip**.

Effective date means the date **your** insurance coverage under this **policy**, or a specific benefit of this **policy** begins. Coverage under this **policy** starts on the later of the **departure date** or the **effective date**, as shown on **your policy confirmation**.

Emergency/emergencies means a sudden and **unforeseen medical condition** that requires immediate **treatment**. An **emergency** no longer exists when medical evidence indicates that no further **treatment** is required at **your** destination, or **you** are able to return to **your** province/territory of residence for further **treatment**.

Emergency assistance provider is Robin Assist, who provides the **emergency** service 24 hours a day, 7 days a week, during **your period of coverage** on behalf of **us**.

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Expiry date means the date coverage under this **policy** ends. Coverage ends on the earlier of the date **you** return to **your** Canadian province or territory of residence, or the **expiry date**, as shown on **your policy confirmation**.

Family member means **spouse**, parent, legal guardian, step-parent, grandparent, grandchild, in-laws, natural or adopted **child**, stepchild, brother, sister, stepbrother, stepsister, aunt, uncle, niece or nephew.

Family pet means a domestic dog or domestic cat kept for companionship and enjoyment on a full-time basis at **your** permanent residence. **Family pet** includes certified:

a) guide dogs, and

b) service dogs (i.e. seizure, diabetic, anxiety, depression etc.).

Fare means the same ticket class that **you** originally purchased for **your covered trip**. This is subject to availability. If **you** have not insured the full nonrefundable cost of **your covered trip**, **fare** means the lowest single seat **fare** from any *International Air Transportation Association* carrier.

Government health insurance plan (GHIP) means the health insurance coverage that the provincial or territorial governments provide to its residents in Canada.

Hospital/hospitalized/hospitalization/in-hospital means an institution that is licensed, staffed and operated for the care and **treatment** of in-patients and out-patients. **Treatment** must be supervised by **physicians** and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment. Note: A **hospital** is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction **treatment** center, convalescent, rest or nursing home, home for the aged or health spa.

Host at destination means the person with whom **you** have arranged overnight accommodation for the majority of **your covered trip** at their usual place of residence, not including commercial facilities.

Infectious or contagious disease means any disease capable of being transmitted from an infected person, animal or species to another person, animal or species by any means.

Injury means sudden bodily damage caused by an **accident** during **your period of coverage** causing **you** to seek medical **treatment**.

Key employee means an employee whose continued presence is critical to the ongoing affairs of **your** business during **your** absence.

Material fact means any fact that would cause **us** to decline **your** application for insurance or charge more premium than **you** have paid for this **policy**.

Medical condition means any disease, illness or **injury** including symptoms of undiagnosed conditions or complications of pregnancy within the first 26 weeks of pregnancy.

Medically necessary means **treatment** or services that are appropriate for the relief of **sickness** or **injury** in an **emergency**, based on generally accepted professional medical standards.

Medical questionnaire means all the medical questions that **you** were required to answer when **you** applied for coverage under this **policy**

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Minor illness means a temporary health condition infection that ends 30 days prior to the **effective date** of coverage and does not require: use of medication for a period greater than 15 days; more than one follow-up visit to a **physician**; **hospitalization**; surgical intervention; or consultation with a medical specialist. Note: A chronic illness or the complication of a chronic illness is not a **minor illness**.

Mountain climbing means the ascent or descent of a mountain requiring the use of specialized equipment including crampons, pickaxes, anchors, bolts, carabiners and lead-rope or top-rope anchoring equipment.

Natural disaster means a disaster resulting from natural causes including flood, hurricane, tornado, earthquake, volcanic eruption or blizzard.

Physician means a person who is not **you** or **your family member** or **your travelling companion** who is legally licensed in the jurisdiction where the services are provided, to prescribe and administer medical **treatment**.

Period of coverage means the period of time between **your effective date** for the applicable coverage and **your** return date.

Policy means this document and **your policy confirmation** issued at the time the required premium has been paid.

Policy confirmation/ confirmation means the document provided by **us** which confirms the insurance coverage **you** have purchased indicating **your policy** number, **your** purchase date, **your departure date** and **your expiry date** along with a brief summary of benefits. This document sets out **your period of coverage** and forms an integral part of the **policy** contract.

Pre- existing condition means any medical condition other than a **minor illness** that exists prior to **your effective date**.

Quarantined means **you**, **your travelling companion**, are forced into strict medical isolation by a recognized government authority, their authorized deputies, medical examiners or **physician** to prevent the spread of the disease due to **you** or **your travelling companion** either having, or being suspected of having a **contagious disease**, infection or **contamination**.

Reasonable and customary means charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

Recurrence means the appearance of symptoms caused by or related to a **medical condition** which was previously diagnosed by a **physician** or for which **treatment** was previously received.

Return date means the date on which **you** are scheduled to return to **your departure point** from **your covered trip.**

Scheduled airline means any airline licensed for the transportation of passengers for hire, and which maintains regular published schedules (including any chartered flights by such airlines or licensed tour companies).

Sickness means an acute illness, acute pain and suffering or disease including **infectious disease** that requires **emergency** medical **treatment** or **hospitalization** due to the sudden onset of symptoms during **your period of coverage**.

Spouse means the person who is legally married to **you**, or if not married to **you**, has been living in a conjugal relationship with **you** for a continuous period of at least one year.

Stable means any **medical condition** or related condition, when all of the following statements are true:

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a) there has not been any new **treatment** prescribed or recommended, or change(s) to existing **treatment** (including a stoppage in **treatment**),

b) a **physician** has not prescribed or recommended any new medication or any change to an existing medication (including an increase, decrease or stoppage to the prescribed dosage),

c) a **physician** has not determined that the medical condition has become worse, there has not been any new, more frequent or more severe symptoms,

d) there has been no **hospitalization** or referral to a specialist,

e) a **physician** has not prescribed or recommended any tests, investigation or **treatment** that are not yet complete, nor are there any outstanding test results, and

f) there is no planned or pending **treatment**.

g) the **medical condition** has been **stable** during the 90-day or 180-day period (whichever is applicable to this **policy**) immediately prior to **your departure date** or which, in the opinion of **your physician**, would be expected to require **treatment** in the foreseeable future.

NOTE: The following exceptions are considered **stable**:

a) the routine adjustment of Coumadin, Warfarin or insulin (as long as they are not newly prescribed or stopped) and there has been no change in **your medical condition**, or

b) a change from a brand name medication to a generic brand medication of the same dosage.

Sum insured means the amount of insurance coverage **you** have purchased for the benefit indicated.

Terminal sickness means a medical condition from which no recovery is expected, and which carries a prognosis of death within 12 months of **your effective date**.

Top up means extending medical only coverage to commence on the expiration of another plan of insurance.

Travel arrangements means:

a) transportation;

b) accommodations; and

c) other specified services arranged for **your covered trip**.

Travel supplier means any entity or organization that coordinates or supplies travel services for **you**.

Travelling companion means someone who shares travel arrangements and accommodations with **you** on **your covered trip** up to a maximum of 5 persons, including **you**.

Treat, treated or **treatment** means a procedure prescribed, performed or recommended by a **physician** for a medical condition. This includes but is not limited to prescribed medication, investigative testing and surgery.

Unforeseen means not known, anticipated, or reasonably expected, and occurring after the **effective date** of the benefit under which the claim is being made.

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We, **us**, **our** or **company** means "Northbridge".

You or **your** means a person who is eligible and named on the **policy confirmation** for insurance under this **policy** and for whom the required premium has been paid.

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CLAIMS INFORMATION

How To Contact Us

The **policy** claim form, the claimant's statement and all proof of claim must be mailed or e-mailed to the Claims Administrator at:

Email: claims@robinassist.com

Or online via the Robin Assist's claims portal at https://claims.robinassist.com/

Or by phone at + 1(647) 558 8760

Retain a copy for **your** records.

To make a claim for benefits under this **policy**:

Submit **your** claim forms within 30 days after the expense or loss is incurred or as soon as is reasonably possible.

Written proof of the claim must be submitted within 90 days, but not later than 12 months after the date of the event or loss.

Written Proof of a Claim shall include:

1. the completion of any claim forms supplied by the **emergency assistance provider** on behalf of **us**;
2. original receipts;
3. all written reports, complete with the diagnosis completed by the attending **physician**, if applicable, and any other form of documentation deemed necessary by the **emergency assistance provider** to validate **your** claim; and
4. documentation required by the **emergency assistance provider** to substantiate cancellation, interruption, trip delay or schedule change if for other than medical reasons. If death is the cause of the claim, an official document such as a death certificate that establishes cause of death will also be required.

For example:

Copy of the subpoena if cancelling due to jury duty or being called as witness

Letter from the employer if cancelling due to a **business meeting** or job transfer

Letter from the airline confirming the change in the scheduled flight or the cause of the flight delay

Original substantiating claims documentation must be provided; however, **we** may accept certified copies if the original documentation cannot be provided for a reasonable cause. Failure to provide applicable substantiation for a claim shall invalidate any claim under this **policy**. All documents required to support or validate the claim, including English or French translations of such documents, must be provided free of expense to **us**.

Claim Payments

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We will pay the covered claims upon receipt of all the necessary information required to accurately assess **your** claim.

Benefit payments will be made to **you** or to any person or entity having a valid assignment to such benefits. In the event of **your** death, any balance remaining will be paid to **your** estate, unless otherwise indicated.

When claims settlements are made by International Bank Account Number (IBAN) or other electronic banking system or payment method, **you** will be responsible for supplying the **emergency assistance provider** with the correct bank account or other payment details and **your** full authority for the **emergency assistance provider** to remit monies directly to that account. Provided that payment is remitted to the account designated by **you**, **we** shall have no further liability or responsibility in respect of such payment, and it shall be **your** sole responsibility to make collection of any misdirected payment in the event of incorrect details having been provided to **us**.

Payment of Claim

All benefits will be paid in Canadian currency. **We** will pay benefits in accordance with these claim provisions. If any payee of benefits is a minor or otherwise legally incompetent, **we** will pay benefits to the person designated as his/her legal guardian or conservator.

Benefits will be paid immediately after all proof of loss is received but not more than 30 days after proof of loss is received. Any payment made by the **emergency assistance provider** in good faith pursuant to this provision will fully discharge the **emergency assistance provider** to the extent of such payment and release the **emergency assistance provider** from all liability for that payment.

Limitation of Action

If **you** have a claim in dispute under this **policy**, **you** must begin any legal action or proceeding against the **emergency assistance provider** within 24 months following the date of the event which caused the claim. If, however, this limitation is invalid according to the laws of the province or territory where this **policy** was issued, **you** must commence any legal action or proceeding within the shortest time limit permitted by the laws of that province or territory. All legal actions or proceedings must be brought in the province or territory of Canada where **you** permanently reside, or if mutually agreeable, the action can be brought in the province where the head office of the **company** is located.

If **you** wish to make a complaint, please contact:
battleface
199 Bay Street, Suite 4000
Toronto, ON M5L 1A9
Email: complaints@battleface.com

In the event that **your** concerns are still not addressed to **your** satisfaction, **you** have the right to continue **your** pursuit to have **your** complaint reviewed by the following organization:

Financial Consumer Agency of Canada (FCAC) provides consumers with accurate and objective information about financial products and services, and informs Canadians of their rights and responsibilities when dealing with financial institutions. FCAC also ensures compliance with the federal consumer protection laws that apply to banks and federally incorporated trust, loan and insurance companies. The FCAC does not get involved in individual disputes.

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See policy for details.
[NBT-092026]

The FCAC can be reached at:

427 Laurier Avenue West, 6th Floor, Ottawa ON K1R 1B9
Services in English: 1-866-461-FCAC (3222)
Services in French: 1-866-461-ACFC (2232)
www.fcac-acfc.gc.ca

Your legal rights are not affected.

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PRIVACY NOTICE

The Northbridge group of companies is committed to protecting **your** personal information. This Privacy Notice section applies to all of the member companies of Northbridge, which includes Northbridge General Insurance Corporation.

When **you** request an insurance product or service from **us**, **you** consent to allow **us** to collect, use and disclose **your** personal information for the following purposes:

- Offering and providing products and services to meet **your** needs.
- Establishing and maintaining communications with **you**.
- Verifying personal information, **you** provide in **your** application;
- Assessing and underwriting risks on a prudent basis.
- Performing safety assessments.
- Determining insurance product prices.
- Investigating and settling claims.
- Detecting and preventing fraud or other illegal activities.
- Analyzing business results and compiling statistics.
- Conducting market research.
- Reporting to regulatory or industry entities; and
- Acting as required or authorized by law.

You may withdraw **your** consent, but doing so may limit **our** ability to provide **you** with the requested product or service.

As part of maintaining **our** relationship with **you**, **we** may share **your** personal information within the Northbridge group of companies and with third parties, but only for the purposes identified above, and in accordance with this Privacy Notice. Where personal information is shared with third parties, it is done on the basis that they will maintain the confidentiality of the information. If **we** discover that third parties are improperly handling **your** personal information, **we** will take appropriate action to protect **your** personal information.

We may use service providers located outside of Canada to collect, use, disclose or store personal information. Where **we** do so, **we** will contractually require such third party to employ the appropriate security safeguards to protect **your** personal information, subject to the law in the third-party jurisdiction. While the personal information is in another jurisdiction it may be accessed by the courts, law enforcement and national security authorities of that jurisdiction. The jurisdictions where personal information may be collected, used, disclosed and stored include the United States of America.

You can obtain a copy of **our** Privacy Policy by visiting **our** website at northbridgetravel.ca or by contacting **your** broker or agent. **You** may request access to **your** personal information that **we** have on file in order to verify its accuracy and completeness by sending a written request to **our** Privacy Officer. If **you** have any questions or complaints regarding **our** Privacy Policy or procedures, please contact **our** Privacy Officer:

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[NBT-092026]

By Mail

Northbridge General Insurance Corporation
105 Adelaide Street West, 7th Floor
Toronto, Ontario M5H 1P9
Attention: Privacy Officer

By E-mail

privacy@nbfc.com

By Phone

416.350.4400 or 1.800.268.9680

If **we** are unable to resolve **your** privacy concern to **your** satisfaction, **you** have the right to contact **your** privacy regulator. **Our** Privacy Officer will provide **you** with this contact information upon request.

The Assistance Center is ready to assist **you** 24 hours a day, each day of the year.



Everyone wants to have a carefree **trip** and should be able to travel with confidence in their travel insurance purchase. Most Canadians travel every day without a problem, but if something does happen, the member companies of the Travel Health Association of Canada (THIA) want **you** to know **your** rights. THIA's Bill of Rights and Responsibilities builds on the golden rules of travel insurance:

Know **your** health. Know **your trip**. Know **your policy**. Know **your** rights.

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[NBT-092026]

NEED HELP?

EMERGENCY ASSISTANCE

Phone: +1 (647) 558-8760

CLAIMS FILING

Email: claims@robinassist.com

Online: https://claims.robinassist.com/

Phone: +1 (647) 558-8760