

# TRAVEL INSURANCE *Policy*

## Gold Travel Insurance Policy



**Travel  
Guard.**

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**Travel  
Guard.**

145 Wellington Street West  
Toronto, ON M5J 1H8

## WARNING: THIS POLICY INCLUDES RESTRICTED BENEFITS

1. This *policy* covers losses resulting from unforeseeable and *emergency* circumstances only.
2. A pre-existing condition exclusion applies to *medical conditions* and/or symptoms that existed prior to travel. There may be no coverage if *you* have a pre-existing condition.
3. *You* must contact *us* before seeking medical attention and a failure to call will result in *your* being responsible for 30% of any eligible expenses incurred unless *your medical condition* prevents *you* from calling, in which case *you* must call as soon as medically possible or have someone call on *your* behalf.
4. *Our* medical advisors must approve and arrange all surgery and heart procedures, (including, but not limited to, heart catheterization), in advance and a failure to call will result in *your* being responsible not only for the amount of *your* deductible, if applicable, but also for 30% of any eligible expenses incurred unless *your medical condition* prevents *you* from calling, in which case *you* must call as soon as medically possible or have someone call on *your* behalf.
5. If *you* choose not to receive *treatment* or services from a *provider*, as directed by *us*, *you* will not only be responsible for the amount of *your* deductible, if applicable, but also for 30% of any eligible expenses.
6. *Your* Emergency Medical and Dental Coverage is subject to an aggregate limit of \$10 million CAD if *you* are 60 years of age or older. If *you* are under 60 years of age on *your policy purchase date*, there is no such limit.
7. There are limits, limitations and exclusions that apply to all *insured* persons.
8. The coverage provided by this *policy* shall be null and void for travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates.
9. Read this *policy* carefully.

## IMPORTANT INFORMATION

This *policy* covers losses arising from sudden, unexpected and unforeseeable circumstances only. Some words have very specific meanings that are set out in the Definitions Section. These words appear in italics in this *policy* document when the policy definition applies.

Along with this *policy* document, *you* should have received a document called a *confirmation of insurance*. The *confirmation of insurance* sets out details specific to the plan *you* purchased and it is part of *your* contract of insurance as is this document and any medical questionnaire (if applicable). If *you* did not receive all of these documents, if any information contained in these documents is incorrect, or if *you* have questions regarding *your* coverage, it is *your* responsibility to contact *us* at 1-866-878-0191. *You* should bring all of these documents with *you* when *you* travel.

## I. UNDERSTANDING THE INSURANCE OPTION THAT YOU HAVE CHOSEN

There are several plans available to *you*. These plans can also be purchased together in *packages*. This following section outlines the plans and *packages* that are available for purchase to provide coverage for a *trip*.

What coverage did you select?	Emergency Medical Benefits, Section III	Trip Cancellation & Interruption Benefits, Section IV	Flight Accident Benefits, Section V
<b>Packages</b>			
Deluxe All Inclusive Package	Yes	Yes	Yes
Medically Qualified Deluxe All Inclusive Package	Yes	Yes	Yes
Canada Package	Yes	Yes	Yes
Deluxe Trip Cancellation & Interruption Package		Yes	Yes
<b>Plans</b>			
Medical Plan	Yes		
Medically Qualified Medical Plan	Yes		
Trip Cancellation & Interruption Plan		Yes	
Flight Guard			Yes
Baggage Plan			
Collision Damage Protection Plan			

## II. SPECIFIC DETAILS OF YOUR INSURANCE

### AM I ELIGIBLE?

#### Package coverage

#### Deluxe All Inclusive Package

To be eligible for this coverage *you* must:

1. have purchased prior to or on the same day as *your start date*;
2. have purchased prior to *your departure date* and for the single trip option, have purchased not more than 18 months prior to *your departure*;
3. have purchased coverage from *us* for the full duration of *your trip*;
4. for the single trip option, have purchased coverage from *us* for the full value of *your non-refundable prepaid travel arrangements*;
5. have correctly answered a medical questionnaire if *your non-refundable prepaid travel arrangements* exceed \$12,000;
6. be covered under *your government health insurance plan* for the full duration of *your trip*;
7. be under 75 years of age at the time the package is purchased if *you* select the single trip option and be:
  - a. travelling for a maximum of 183 days if *you* are under 60 years of age, or
  - b. travelling for a maximum of 60 days if *you* are 60 years of age or older and under 75 years of age; and
8. be under 60 years of age at the time the package is purchased if *you* select the annual option.

#### Medically Qualified Deluxe All Inclusive Package

To be eligible for this coverage *you* must:

1. have purchased prior to or on the same day as *your start date*;
2. have purchased prior to *your departure date* and for the single trip option, have purchased not more than 18 months prior to *your departure*;
3. have purchased coverage from *us* for the full duration of *your trip*;
4. for the single trip option, have purchased coverage from *us* for the full value of *your non-refundable prepaid travel arrangements*;
5. be covered under *your government health insurance plan* for the full duration of *your trip*;
6. be travelling for a maximum of 60 days and be:
  - a. 75 years of age or older and have satisfied *our* requirements based on the answers *you* have provided on a medical questionnaire and chosen the single trip option; or

Travel Accident Benefits, Section V	Baggage & Personal Effects Benefits, Section VI	Rental Car Collision Damage Protection Benefits, Section VII	Additional Services - Concierge & Livetravel	Single Trip Option	Annual Option
Yes	Yes		Yes	Yes*	Yes**
Yes	Yes		Yes	Yes*	Yes**
Yes	Yes		Yes	Yes*	
Yes	Yes		Yes	Yes	
				Yes	Yes**
				Yes	Yes**
				Yes	
	Yes			Yes	
		Yes		Yes	

\*Single trip option includes Change of Mind™ coverage on the Deluxe All Inclusive Package single trip option, Medically Qualified Deluxe All Inclusive Package single trip option and the Canada Package.

\*\*Annual option includes Legal Assistance.

- b. 75 years of age or older and under 85 years of age and have chosen not to answer a medical questionnaire and chosen the single trip option and have paid the *premium* from Rate Chart 5; and
7. be 60 years of age or older and have satisfied our requirements based on the answers *you* have provided on a medical questionnaire if *you* have chosen the annual option.

### Canada Package

To be eligible for this coverage *you* must:

1. have purchased prior to or on the same day as *your start date*;
2. have purchased prior to *your departure date* but not more than 18 months prior to *your departure*;
3. have purchased coverage from *us* for the full duration of *your trip*;
4. have purchased coverage from *us* for the full value of *your* non-refundable prepaid travel arrangements;
5. have satisfied our requirements based on the answers *you* have provided on a medical questionnaire if *your* non-refundable prepaid travel arrangements exceed \$12,000;
6. be covered under *your government health insurance plan* for the full duration of *your trip*;
7. be travelling within Canada for the entire duration of *your trip* and some or all of that travel must be outside of *your* province or territory of residence;
8. be under 85 years of age at the time the package is purchased; and
9. be travelling for a maximum of 183 days.

### Deluxe Trip Cancellation and Interruption Package

To be eligible for this coverage *you* must:

1. have purchased prior to or on the same day as *your start date*;
2. have purchased prior to *your departure date* but not more than 18 months prior to *your departure*;
3. have purchased coverage from *us* for the full duration of *your trip*;
4. have purchased coverage from *us* for the full value of *your* non-refundable prepaid travel arrangements;
5. have satisfied our requirements based on the answers *you* have provided on a medical questionnaire if *your* non-refundable prepaid travel arrangements exceed \$12,000;
6. be under 85 years of age at the time the package is purchased; and
7. be travelling for a maximum of 183 days.

### Plan coverage

#### Medical Plan

To be eligible for this coverage *you* must:

1. have purchased prior to or on the same day as *your start date*;
2. have purchased prior to *your departure* but not more than 365 days prior to *your departure*;
3. have purchased coverage for the full duration of *your trip*;
4. be covered under *your government health insurance plan* for the full duration of *your trip*;
5. be a Canadian resident at the time the plan is purchased and remain a Canadian resident for the full duration of *your trip*;
6. be under 60 years of age at the time the plan is purchased; and
7. be travelling for a maximum of 183 days.

#### Medically Qualified Medical Plan

To be eligible for this coverage *you* must:

1. have purchased prior to or on the same day as *your start date*;
2. have purchased prior to *your departure* and for the single trip option, have purchased not more than 150 days prior to *your departure*;
3. have purchased coverage from *us* for the full duration of *your trip*;
4. be covered under *your government health insurance plan* for the full duration of *your trip*;
5. be a Canadian resident at the time the plan is purchased and remain a Canadian resident for the full duration of *your trip*;
6. be 60 years of age or older and;
  - a. under 75 years of age and travelling for less than 16 days and chosen not to complete a medical questionnaire and have paid the *premium* from rate chart 3;
  - b. under 75 years of age and travelling for 16 days or greater but less than 76 days and chosen not to complete a medical questionnaire and have paid the *premium* from rate chart 4; or
  - c. have satisfied our requirements based on the answers *you* have provided on a medical questionnaire and be travelling for a maximum of 183 days.

#### Trip Cancellation and Interruption Plan

To be eligible for this coverage *you* must:

1. have purchased prior to or on the same day as *your start date*;

2. have purchased prior to *your departure date* but not more than 365 days prior to *your departure*;
3. have purchased coverage for the full value of *your* non-refundable prepaid travel arrangements; and
4. be travelling for a maximum of 183 days.

#### Flight Guard Plan

To be eligible for this coverage *you* must:

1. have purchased prior to or on the same day as *your start date*;
2. have purchased prior to *your departure date* but not more than 365 days prior to *your departure*; and
3. be travelling for a maximum of 365 days.

#### Baggage Plan

To be eligible for this coverage *you* must:

1. have purchased prior to or on the same day as *your start date*;
2. have purchased prior to *your departure date* but not more than 365 days prior to *your departure*; and
3. be travelling for a maximum of 183 days.

#### Collision Damage Protection Plan

To be eligible for this coverage *you* must:

1. have purchased prior to or on the same day as *your start date*;
2. have purchased prior to *your departure date* but not more than 365 days prior to *your departure*;
3. be a Canadian resident at the time the plan is purchased and remain a Canadian resident for the full duration of *your trip*;
4. have purchased the insurance from *us* for the full duration of *your car rental*; and
5. be renting the *vehicle* for a maximum of 60 days.

### WHAT OPTIONS ARE AVAILABLE?

#### Single trip option

The single trip option is available for all *packages* and plans. For the Medical Plan and the Medically Qualified Medical Plan, coverage is available for those under age 75 at *our* discretion if *you* are travelling for more than 183 days and have *government health insurance plan* coverage for the full duration of *your trip*. In these circumstances, if *you* are 40 years of age or older and under the age of 75 then *you* must satisfy our requirements based on the answers *you* have provided on a medical questionnaire. If *you* are under 40 years of age then no medical questionnaire is required.

## Annual option

### Annual Package coverage

This option is available if *you* purchased the Deluxe All Inclusive Package or the Medically Qualified Deluxe All Inclusive Package. Coverage is limited to an eligible person who is travelling for any number of *trips* that do not exceed their *selected trip duration*. Benefit limits are per *insured* per each *trip*, unless otherwise indicated. If *your* trip is longer than *your selected trip duration* then *you* must *top-up* your coverage with *us*. If *you* do not *top-up* then *you* will not have coverage for any claim during any portion of *your trip* regardless of when the cause for claim arises. *You* have the option to have the *policy start date* be the date of purchase or any date into the future up to a maximum of 120 days.

### Annual Medical Plan coverage

This option is available if *you* purchased the Medical Plan or the Medically Qualified Medical Plan. Coverage is limited to an eligible person who is travelling outside of their home country for any number of *trips* that do not exceed their *selected trip duration*. Benefit limits are per *insured* per each *trip*, unless otherwise indicated. If *your* trip outside Canada is longer than *your selected trip duration* then *you* must *top-up* your coverage with *us*. If *you* do not *top-up* then *you* will not have coverage for any claim during *your trip* regardless of when the cause for claim arises. Coverage is provided for *trips* of any length within Canada but outside of *your home province* regardless of the *selected trip duration*. *You* have the option to have the *policy start date* be the date of purchase or any date into the future up to a maximum of 120 days.

## HOW DO I BECOME INSURED?

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

1. *Your* name appears on the *confirmation of insurance*;
2. *You* have paid the required *premium* on or before *your start date*;
3. If applicable, *you* have truthfully and fully completed and submitted a medical questionnaire and satisfied our requirements based on the answers *you* have provided.

## WHEN DOES MY INSURANCE START AND END?

If *you* have selected a single trip plan or *package*, this *policy* comes into effect on *your start date* and ends the earliest of:

1. the day indicated as *your return date* on *your application* for insurance;
2. the day *you* return to *your home province* to end *your* trip;
3. the day *you* have cause to file a trip cancellation claim;
4. for Collision Damage Protection, the date and time the rental agency reassumes control of the *rental car* or the date and time the rental contract expires if *you* are covered under Collision Damage Protection.

If *you* have selected the annual option for *your* plan or *package*, this *policy* comes into effect on *your start date* and ends on *your end date*.

## UNDER WHAT CIRCUMSTANCES

### CAN MY POLICY EXTEND?

#### Automatic Extension of Coverage

If *you* or *your travel companion* are *hospitalized* on *your* scheduled *return date* your coverage will automatically be extended at no additional *premium* for the period of *hospitalization* and up to 120 hours after discharge. If *you* have a *medical condition* rendering *you* medically unable to travel, on *your* scheduled *return date* but *you* are not *hospitalized*, *your* coverage will be automatically extended for up to 120 hours after *your* scheduled *return date*. In addition, coverage will automatically be extended for up to 72 hours when there is a delay of a common carrier on which *you* are pre-booked as a passenger.

#### Optional Policy Extension

If *you* choose to extend *your trip*, beyond *your* scheduled *return date* and *you* are covered under a single trip option, *you* may apply for a *policy* extension subject to the following conditions:

1. The application for an extension must be made and approved by *us* prior to *your* original *return date*;
2. *You* must pay the required additional *premium* before *your* original *return date*; and
3. *You* must have been eligible for the insurance that *you* seek to extend at the time of *your* original booking and at the time of the application for the extension.

#### Top-Up of Coverage

If *you* selected the annual option and choose to extend *your trip*, beyond *your selected trip duration* *you* must *top-up* your coverage with *us* for coverage to be in force during any portion of *your* trip. *We* will issue a new *policy*

document for that period of time. Call 1-866-878-0191 or collect at 416-646-3723 before *your expiry date*.

If *you* are topping-up a different insurer's annual plan with *us* then *you* must purchase *top-up* prior to *your* departure and *you* must choose a single trip plan.

## CAN MY PREMIUM BE REFUNDED?

Refunds are available up to *your start date* or if *you* have a minimum of three (3) unused days of coverage. Please call 1-866-878-0191. No refund of *premium* will be made in the event that a claim has been paid, incurred or reported under this *policy*. Refunds will also be issued if a supplier cancels or alters service and all of *your* non-refundable prepaid travel arrangements insured by *us* are refunded without penalty.

## III. EMERGENCY MEDICAL COVERAGE

Emergency Medical insurance applies to *you* if *you* purchased any of the following plans or *packages*:

- Medical Plan;
- Medically Qualified Medical Plan;
- Deluxe All Inclusive Package;
- Medically Qualified Deluxe All Inclusive Package
- Canada Package.

If *you* purchased any other plan or *package* *you* do not have Emergency Medical coverage.

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

If *you* incur expenses due to a covered risk, on or after *your effective date* and prior to or on *your expiry date*, while *you* are on a *trip*, *we* provide coverage for the following covered benefits up to the specific benefit limits set out below. Benefit limits are for each *insured* under this *policy*. *We* do not pay more than the benefit limit.

#### Emergency Medical Coverage for Injury and Sickness

**Covered Risk 1:** Expenses incurred as a consequence of an *emergency* and resulting from *injury*, *sickness* or death occurring on a *trip*.

#### Benefits for Covered Risk 1:

##### 1. Eligible Emergency Medical Expenses

If prescribed by a *physician* and pre-authorized by *us* in advance, *we* cover:

- a. The cost of care received from a *physician* in or out of a *hospital*;
- b. The cost of a *hospital* room;
- c. The cost of rental or purchase (whichever is less) of a *hospital* bed;

- d. The cost of wheelchair, brace, crutch or other medical appliance;
- e. The cost of tests that are needed to diagnose *your* condition;
- f. The cost of *prescription medication*; and
- g. The services of a licensed private duty nurse while *you* are *hospitalized*.

**Benefit Limit:** \$10,000,000.00 per *insured* if *you* are 60 years of age or older. If *you* are under 60 years of age on *your policy purchase date*, there is no such limit.

## 2. Ambulance:

We cover:

- a. The cost of local ground ambulance service to a medical service *provider* if medically required; or
- b. Taxi fare instead of ambulance transportation, where an ambulance is medically required but not available.

## 3. Emergency Evacuation and Repatriation:

If *your* attending *physician* recommends *your* return to *your departure point* or *home province* because of *your medical condition* or if *your* attending *physician* recommends *your* return after *your emergency medical treatment*, and if approved in advance by *us*, *we* cover, via the most cost-effective itinerary, one or more of:

- a. The extra cost of an economy or charter class fare;
- b. A stretcher fare on a commercial flight or charter;
- c. The return economy or charter class fare of a qualified medical attendant and the attendant's reasonable fees and expenses, if required by the airline;
- d. The cost of air ambulance transportation, pre-approved and arranged by *us*; and
- e. One *travel companion's* extra fare to accompany *you*, if medically necessary and directed by a *physician*.

## 4. Return of Your Vehicle:

If *you* are unable to drive *your vehicle* to *your* original *departure point*, *we* cover the reasonable costs to return *your vehicle* to *your* residence. If *you* used a *rental car* during *your trip*, *we* will cover the cost of its return to the rental agency excluding the rental cost. No benefit is available for commercial *vehicles*. Arrangements must be pre-authorized by *us* in advance.

## 5. Bedside Companion Travel and Subsistence:

If *you* are travelling alone and are admitted to a *hospital* for three (3) days or more, *we* cover, until *you* are medically fit to return to *your home province*:

- a. The economy/charter class fare via the most cost-effective itinerary for the round-trip flight for someone to be with *you*;

- b. A *subsistence allowance* for such person's hotel and meals (receipts must be submitted for all eligible expenses including these ones) up to the benefit limit;
- c. Coverage for such person under this *policy*, subject to all of its terms, conditions, limitations and exclusions.

For an *insured* who is a *dependent child* or if *you* are mentally or physically disabled, a bedside companion is available immediately upon *hospital* admission.

**Benefit Limit:** *Subsistence allowance* – \$500 per *insured*.

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

If *you* are *hospitalized* for more than 24 hours while on a *trip* or if while on a *trip* *you* must return to *your home province* because of a *medical condition* validated by a *physician*, *we* cover:

- a. The extra cost via the most cost-effective itinerary for *your dependent children* to be transported to their *departure point*; and
- b. The return airfare of a qualified escort when the airline requires it.

The *dependent children* must have been travelling with *you* and under *your* care during *your trip* and they must be covered under this *policy*.

## 7. Return to Your Trip Destination:

If *you* must return to *your departure point* to receive immediate medical attention, provided *your* attending *physician* in *your home province* then determines that *you* require no further medical attention for *your medical condition*, after *your* return, *we* cover:

- a. The cost of a one-way economy air fare on a commercial flight or charter via the most cost effective itinerary to transport *you* to *your* scheduled *trip* destination.

Please note: This benefit must be pre-authorized by *us* in advance and can only be used once during a scheduled *trip*. Once *you* return to *your trip* destination, a *recurrence* of the *medical condition* which necessitated *your* return to *your home province* or any related condition or complication will not be covered under this *policy*. When this benefit has been used *your effective date* under this *policy* then becomes the day *you* leave *your departure point* to return to *your trip* destination.

## 8. Return of Remains:

If *you* die during *your trip* *we* cover reasonable expenses incurred for any one of the following:

- a. Reasonable transportation costs (using customary airline procedures) to return *your* remains to *your departure point* plus up to \$3,000 for the preparation of *your* remains and a transportation container;

- b. Reasonable transportation costs (using customary airline procedures) to return *your* remains to *your departure point* plus up to \$2,000 for the cremation of *your* remains and the cost of a standard burial urn at the place of *your* death; or
- c. Up to \$3,000 for the preparation of *your* remains and the cost of a standard burial container plus up to \$2,000 for the burial of *your* remains at the location where *your* death occurred.

**Benefit Limit:** As described above per *insured*.

Further, if someone is legally required to identify *your* body because *you* have died while on a *trip*, *we* cover:

- d. The cost of a return economy airfare on a commercial flight or charter via the most cost effective itinerary to transport someone to identify *your* body;
- e. A *subsistence allowance* up to the benefit limit for commercial accommodations and meals for that person (receipts must be submitted for all eligible expenses including these ones); and
- f. *We* cover that person under the terms of this insurance during the period in which he/she is required to identify *your* body, up to three (3) business days.

**Benefit Limit:** *Subsistence allowance* – \$500 per deceased *insured*.

## 9. Meals and Accommodation (medical):

If a medical *emergency* prevents *you* or *your travel companion* from returning to *your departure point* of *your insured trip* or if *your emergency medical treatment* or that of *your travel companion* requires *your* transfer to a location that is different from *your* original destination or *you* or *your travel companion* are delayed beyond *your* scheduled *return date* in order to obtain *emergency medical treatment*, *we* cover:

- 1. A *subsistence allowance* for *your* commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of \$350, to a maximum of \$3,500 if *you* are covered by a *package*, or up to a daily maximum of \$175, to a maximum of \$1,750 if *you* are covered by a plan (receipts must be submitted for all eligible expenses including these ones).

## 10. Emergency Professional Services:

*We* cover:

- a. Expenses resulting from an *emergency*, for services from a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath if ordered by a *physician*, up to the benefit limit.

**Benefit Limit:** \$300 per profession per *insured*.

## 11. Hospital Allowance:

We cover:

- a. Expenses for *your* incidental *hospital* expenses (telephone calls, television rental) while *you* are *hospitalized* for at least 48 hours. We cover these expenses up to the benefit limit.

**Benefit Limit:** up to \$75 per day to a maximum of \$750 (10 days) per *insured*.

## 12. Return of Travel Companion:

If *you* must return to *your home province* because of a covered *medical condition* and if *you* are travelling with a *travel companion*, we cover the *travel companion* for:

- a. The extra cost of a one-way economy air fare on a commercial flight or charter via the most cost effective itinerary to return *your travel companion* to his or her *departure point*.

## 13. Pet Return:

If *your* domestic dog(s) or cat(s) travels with *you* during *your trip* and *you* must return to *your home province* or *departure point* because of a covered *medical condition*, we cover:

- a. The cost of one-way transportation of *your* domestic dog(s) or cat(s) to *your departure point* up to the benefit limit.

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

**Benefit Limit:** \$1,000 per *insured*.

## Emergency Dental Coverage for Injury and Sickness

**Covered Risk 2:** Expenses incurred as a consequence of the unforeseen occurrence of symptoms of *sickness* or *injury* occurring on a *trip* resulting in the necessity of immediate *treatment* by a licensed registered dentist, *physician* or *hospital*.

### Benefits for Covered Risk 2:

#### 1. Emergency Dental Treatment:

We cover:

- a. Expenses *you* incur during *your trip* for care ordered, prescribed or received from a licensed dentist if *you* need *emergency dental treatment* to repair or replace *your* natural or permanently attached artificial teeth because of an *accidental* blow occurring on a *trip* to *your* face or mouth; and expenses for continuing care after *you* return to *your home province* and completed within 180 days of *your* return, up to the benefit limit;

OR

Expenses *you* incur during *your trip*, up to the benefit limit, for *emergency dental treatment* required because of an *emergency* due to a cause

other than an *accidental* blow to *your* face or mouth; and

- b. Expenses *you* incur for *prescription medication* as a result of such *emergency*.

**Benefit Limit:** Continuing care for an *accidental* blow to the face or mouth – \$1,500 per *insured*; *Emergency dental treatment* other cause (no continuing care) – \$600 per *insured*.

## B. Conditions –

### Emergency Medical and Dental Coverage

All of the conditions set out in the General Conditions Section of this *policy* and all of the following conditions must be satisfied before a benefit is payable for *emergency medical treatment* or *emergency dental treatment* as set out in Section III, A:

1. *You* must not know of any reason why *you* will need to seek medical or dental attention before *you* leave on a *trip*;
2. The portion of the expenses claimed are not covered by *your GHIP* or any other related insurance or reimbursement plan;
3. *You* must contact *us* before seeking medical attention;
4. *Our* medical advisors must approve and arrange all surgery and heart procedures, including heart catheterization, in advance;
5. If *you* choose not to receive *treatment* or services from the *provider*, as directed by *us*, *you* will be responsible not only for the amount of *your* deductible, if applicable, but also for 30% of any eligible expenses incurred;
6. *You* must return to *your home province* or *departure point* prior to any *treatment* or following *emergency treatment* or *hospitalization* if, on medical evidence, *you* are able to return to *your home province* or *departure point* without endangering *your* health and if, in these circumstances, *you* elect not to return to *your home province* or *departure point*, then any expenses incurred for continuing medical *treatment* or surgery with respect to such *emergency* will not be covered AND all coverage and benefits under this *policy* will cease;
7. *You* must be covered by *GHIP* or UHIP for the full duration of *your trip*. If travelling outside *your home province* for more than 183 days (212 for ON and NL residents) *you* must get written evidence of extension from *your GHIP* or UHIP. If *you* do not have *GHIP* or UHIP for the full duration of *your trip*,

*your* aggregate limit for all Emergency Medical and Dental Benefits will be \$40,000;

8. The *emergency* medical attention *you* receive must be outside of *your home province* and be required as a consequence of an *emergency* and ordered by a *physician*.

## C. Limitations –

### Emergency Medical and Dental Coverage

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

1. If *you* have chosen the Medically Qualified Medical Plan and:
  - a. *you* have qualified for Rate 1, Rate 2, Rate 3, or Rate 4, then *you* are responsible for the deductible limit that *you* have chosen on *your application*;
  - b. *you* have qualified for Rate 5, then *you* are responsible for a \$200 USD deductible.
2. A failure to contact *us* before seeking medical attention will result in *your* being responsible not only for the amount of *your* deductible, if applicable, but also for 30% of any eligible expenses incurred unless *your medical condition* prevents *you* from calling, in which case *you* must call as soon as medically possible or have someone call on *your* behalf.
3. A failure to call and receive the approval of *our* medical advisors before all surgery and heart procedures, (including, but not limited to heart catheterization) will result in *your* being responsible not only for the amount of *your* deductible, if applicable, but also for 30% of any eligible expenses incurred unless *your medical condition* prevents *you* from calling, in which case *you* must call as soon as medically possible or have someone call on *your* behalf.

## D. Exclusions –

### Emergency Medical and Dental Coverage

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

There are four possible exclusion identifiers which can apply to *your policy* depending on *your* Plan or *Package* selected, whether *you* have chosen a single trip or annual option, and *your* age at time of purchase. These four identifiers are GE, ME#1, ME#2, or ME#3.

**Single Trip Option  
Medical Exclusion Identifier Chart**

The following table illustrates what medical exclusion applies to each plan or *package* if you selected the single trip option:

If you are covered by:		Under age 60	Age 60 or older & under age 75	Age 75 or older & under age 85	Age 85 or older
Medical Plan single trip		ME#1	N/A	N/A	N/A
Medically Qualified Medical Plan single trip	Rate 1	N/A	GE	GE	GE
	Rate 2	N/A	ME#1	ME#1	ME#1
	Rate 3	N/A	ME#2	ME#2	ME#2
	Rate 4	N/A	ME#2	ME#2	ME#2
	Rate 5	N/A	ME#3	ME#3	ME#3
Deluxe All Inclusive Package single trip		ME#1	ME#1	N/A	N/A
Medically Qualified Deluxe All Inclusive Package single trip	Rate 1	N/A	N/A	GE	GE
	Rate 2	N/A	N/A	ME#1	ME#1
	Rate 3	N/A	N/A	ME#2	ME#2
	Rate 4	N/A	N/A	ME#2	ME#2
	Rate 5	N/A	N/A	ME#3	ME#3
Canada Package		ME#1	ME#1	ME#1	N/A

N/A – Not Available

**Annual Option Medical Exclusion Identifier Chart**

The following table illustrates what medical exclusion applies to each plan or *package* if you selected the annual option:

If you are covered by:		Under age 60	Age 60 or older & under age 75	Age 75 or older & under age 85	Age 85 or older
Medical Plan annual trip		ME#1	N/A	N/A	N/A
Medically Qualified Medical Plan annual trip	Rate 1	N/A	GE	GE	GE
	Rate 2	N/A	ME#1	ME#1	ME#1
	Rate 3	N/A	ME#2	ME#2	ME#2
	Rate 4	N/A	ME#2	ME#2	ME#2
	Rate 5	N/A	ME#3	ME#3	ME#3
Deluxe All Inclusive Package annual trip		ME#1	N/A	N/A	N/A
Medically Qualified Deluxe All Inclusive Package annual trip	Rate 1	N/A	GE	GE	GE
	Rate 2	N/A	ME#1	ME#1	ME#1
	Rate 3	N/A	ME#2	ME#2	ME#2
	Rate 4	N/A	ME#2	ME#2	ME#2
	Rate 5	N/A	ME#3	ME#3	ME#3

N/A – Not Available

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

If your exclusion identifier is “GE” only the exclusions set out in the General Exclusions Section of this *policy* apply to your Emergency Medical and Dental Coverage.

**Pre-Existing Condition**

**Medical Exclusion for Identifier ME#1**

If your exclusion identifier is ME#1 your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions Section of this *policy* and the following exclusion:

ME#1 If at any time in the 90-day period immediately preceding your effective date:

- Your medical condition or any related condition has not been *stable and controlled*;
- Your heart condition has required you to use, take, or be prescribed to take nitroglycerin in any form, more than once per a seven day period; or
- Your lung condition has required the use of home oxygen or has required you to take oral steroids (prednisone or prednisolone);

Then we do not cover any loss or expense related in whole or in part, directly or indirectly, to any such condition.

**Pre-Existing Condition**

**Medical Exclusion for Identifier ME#2**

If your exclusion identifier is ME#2 your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions Section of this *policy* and the following exclusion:

ME#2 If at any time in the 180-day period immediately preceding your effective date:

- Your medical condition or any related condition has not been *stable and controlled*;
- Your heart condition has required you to use, take, or be prescribed to take nitroglycerin in any form, more than once per a seven day period; or
- Your lung condition has required the use of home oxygen or has required you to take oral steroids (prednisone or prednisolone);

Then we do not cover any loss or expense related in whole or in part, directly or indirectly, to any such condition.

**Pre-Existing Condition**

**Medical Exclusion for Identifier ME#3**

If your exclusion identifier is ME#3 your Emergency Medical and Dental Coverage is subject to all of the exclusions set out in the General Exclusions Section of this *policy* and the following exclusion:

ME#3 We do not cover any loss or expense related in whole or in part, directly or indirectly, to any *medical condition* for which *you* have taken medication, been prescribed medication, received *treatment*, experienced a deterioration of the condition or had cause to seek *treatment* at any time within the 180-day period immediately preceding and including *your effective date* and this exclusion applies whether or not the condition has been *stable and controlled*.

Please note: If *you* have selected the annual option, *your effective date* is the date *you* leave *your departure point* on a *trip*. *You* may have more than one *effective date* during any one annual policy. The pre-existing condition medical exclusion applies, in each 90-day period (or 180-day period if exclusion identifier ME#2 or ME#3 is applicable) before each trip.

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

Trip cancellation, interruption and delay insurance applies to *you* if *you* purchased any of the following plans or *packages*:

- Trip Cancellation and Interruption Plan;
- Deluxe All Inclusive Package;
- Medically Qualified Deluxe All Inclusive Package;
- Canada Package;
- Deluxe Trip Cancellation and Interruption Package.

If *you* purchased any other plan or *package* *you* do not have trip cancellation, interruption and delay insurance coverage under this *policy*.

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

If *you* incur expenses due to a covered risk, on or after *your start date* and prior to or on *your expiry date*, while *you* are on a *trip*, we provide coverage for the following covered benefits up to the specific benefit limits set out below. Benefit limits are for each *insured* under this *policy*. We do not pay more than the benefit limit.

#### Trip Cancellation

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

#### Covered Risk 1. Medical Conditions and Death

- a. One or more of the following persons develops an *emergency medical condition* or dies:
1. *You* or *your travel companion*;
  2. *Your* or *your travel companion's* immediate family member;
  3. *Your* or *your travel companion's* caregiver;
  4. *Your* or *your travel companion's* key employee; or
  5. *Your* or *your travel companion's* business partner;

OR;

- b. *Your* friend dies,

OR;

- c. The person whose overnight guest *you* will be during *your* trip is admitted to hospital following a *medical emergency* or dies following a *medical emergency*.

#### Covered Risk 2. Adoption and Pregnancy

- a. *You*, *your spouse*, *your travel companion* or *your travel companion's spouse*:
1. becomes pregnant after *you* book *your trip* and *your departure date* falls in the nine (9) weeks before or after the expected delivery date;
  2. legally adopts a *dependent child* and the date of the adoption falls during *your trip*;

OR;

- b. any one of the following persons develops complications of pregnancy that falls within the first 31 weeks of pregnancy:
1. *You* or *your travel companion*;
  2. *You* or *your travel companion's* immediate family member.

**Covered Risk 3. Government Recommendations and Visas** – *Your* or *your travel companion's* travel visa (not an immigration or employment visa) is not issued for a reason beyond *your* or *your travel companion's* control.

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

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

*your spouse's* employer or *your travel companion's* employer initiates a job transfer which necessitates relocation of *your* principal residence or that of *your travel companion*, as the case may be.

**Covered Risk 6. Business Meeting** – A *business meeting*, that was scheduled before *you* or *your travel companion* paid for prepaid travel arrangements, is cancelled due to a reason beyond *your* or *your travel companion's* or *your* or *your travel companion's* employer's control.

**Covered Risk 7. Call to Service** – *You* or *your travel companion* is called to service during *your trip* as a reservist, firefighter, or active military/police staff.

**Covered Risk 8. Delays of Your Scheduled Carrier** – *Your* or *your travel companion's* scheduled carrier is delayed by weather conditions, earthquakes, or volcanic eruptions for at least 30% of *your* scheduled *trip* duration and *your travel companion* does not continue his or her *trip* and *you* choose not to continue *your trip*.

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

**Covered Risk 10. Legal Commitment** – *You*, *your spouse* or *dependent child* or *your travel companion*, *your travel companion's spouse* or *dependent child* is called to jury duty; is subpoenaed as a witness; or is required to be a defendant in a lawsuit.

**Covered Risk 11. Quarantine or Hijacking** – *You*, *your spouse*, *your dependent child*, *your travel companion*, or *your travel companion's spouse* or *dependent child* is quarantined or hijacked.

#### Benefits for Covered Risks 1 to 11:

If *you* must cancel *your trip* due to the occurrence of one or more of Covered Risks 1 to 11, we cover:

1. Up to the non-refundable prepaid cost of unused travel arrangements provided *you* have insured the full value of the non-refundable cost of *your trip*.

If *you* have prepaid shared accommodations and *your travel companion(s)* must cancel his or her *trip* due to the occurrence of one or more of the Covered Risks 1 to 11, we cover:

2. The next occupancy charge when *you* elect to travel as originally planned.

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

**Benefits for Covered Risk 12:**

If *you* must cancel *your trip* due to the occurrence of Covered Risk 12 and *you* have purchased a *package*, we cover the lesser of:

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

Please note: This coverage is only available if *you* have purchased a *package*. There is no coverage for covered risk 12 if *you* have purchased a plan.

**Trip Interruption**

**Covered Risks 13 to 25:** *You* are covered for losses incurred in the event of trip interruption due to any one or more of the following covered risks if occurring on or after *your effective date* and on or before the date *your* insurance ends.

**Covered Risk 13. Medical Conditions and Death**

- a. One or more of the following persons develops an *emergency medical condition* or dies:
  1. *You* or *your travel companion*;
  2. *Your* or *your travel companion's* immediate family member;
  3. *Your* or *your travel companion's* caregiver;
  4. *Your* or *your travel companion's* key employee; or
  5. *Your* or *your travel companion's* business partner;

OR;

- b. *Your* friend dies,

OR;

- c. The person whose overnight guest *you* will be during *your* trip is admitted to hospital following a medical *emergency* or dies following a medical *emergency*.

**Benefits for Covered Risk 13**

If *you* suffer trip interruption due to the occurrence of Covered Risk 13 (other than *your* death), we cover:

1. The non-refundable, unused *trip* arrangements for which *you* have already paid less *your* prepaid unused return transportation; AND
  - a. additional travel transportation expenses *you* incur via the most cost effective itinerary to return *you* to *your departure point* of the *trip*, OR

- b. *your* economy class transportation via the most cost effective itinerary to *your* next destination; OR
  - c. *your* economy class transportation via the most cost effective itinerary to rejoin *your* tour or group; and
2. A *subsistence allowance* for *your* commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of \$350, to a maximum of \$700 if *you* are covered by a *package*, or up to a daily maximum of \$175, to a maximum of \$350 if *you* are covered by the Trip Cancellation and Interruption Plan (receipts must be submitted for all eligible expenses including these ones).

If *you* die while on *your trip* we cover:

1. The non-refundable unused portion of *your* prepaid travel arrangements; AND
  - a. reasonable transportation costs (using customary airline procedures) to return *your* remains to *your departure point* plus up to \$3,000 for the preparation of *your* remains and a transportation container; OR
  - b. reasonable transportation costs (using customary airline procedures) to return *your* remains to *your departure point* plus up to \$2,000 for the cremation of *your* remains and the cost of a standard burial urn at the place of *your* death; OR
  - c. up to \$3,000 for the preparation of *your* remains and the cost of a standard burial container plus up to \$2,000 for the burial of *your* remains at the location where *your* death occurred.

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

**Benefits for Covered Risk 14:**

If *you* suffer trip interruption due to the occurrence of Covered Risk 14, we cover:

1. The non-refundable, unused *trip* arrangements for which *you* have already paid and additional travel transportation expenses via the most cost effective itinerary to return *you* to *your departure point* of the *trip*, less *your* prepaid unused return transportation; and

2. *Your* economy class transportation via the most cost effective itinerary to *your* next destination (in or outbound); and
3. A *subsistence allowance* for *your* commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of \$350, to a maximum of \$700 if *you* are covered by a *package*, or up to a daily maximum of \$175, to a maximum of \$350 if *you* are covered by the Trip Cancellation and Interruption Plan (receipts must be submitted for all eligible expenses including these ones).

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

**Benefits for Covered Risk 15:**

If *your cruise* is interrupted due to the occurrence of Covered Risk 15 and *you* have purchased a *package*, we cover the lesser of:

1. The change fee charged by the airline carrier(s) involved if a change is available to *you*; or
2. Up to a maximum of \$2,000 for the extra cost of *your* one-way economy airfare on a commercial flight or charter via the most cost-effective itinerary to return *you* to *your departure point*.

Please note: This coverage is only available if *you* have purchased a *package*. There is no coverage for covered risk 15 if *you* have purchased a plan.

**Covered Risk 16. Missed Connection** – *You* miss *your* connection, due to a *schedule change* of the airline that is providing transportation for a portion of *your trip*.

**Benefits for Covered Risk 16:**

If *your trip* is interrupted due to the occurrence of Covered Risk 16 and *you* have purchased a *package*, we cover:

1. A *subsistence allowance* for *your* commercial accommodations and meals, essential telephone calls, and taxi fares, up to a daily maximum of \$350, to a maximum of \$700 (receipts must be submitted for all eligible expenses including these ones); and

The lesser of:

2. The change fee charged by the airline carrier(s) involved when such an option is available to *you*;
- OR,

Up to \$2,000 for the extra cost of *your* one-way economy airfare via the most cost effective itinerary to *your* next destination (in or outbound).

Please note: This coverage is only available if *you* have purchased a *package*. There is no coverage for covered risk 16 if *you* have purchased a plan.

**Covered Risk 17. Pregnancy and Adoption** – Any one of the following persons develops complications of pregnancy within the first 31 weeks of pregnancy while *you* are on a *trip*: (i) *you*; (ii) *your immediate family member*; (iii) *your travel companion* or his/her *immediate family member*; or the legal adoption by *you* or *your travel companion* when the actual adoption date is scheduled to take place during *your trip*.

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

**Covered Risk 19. Call to Service** – *You* or *your travel companion* is called to service during *your trip* as a reservist, firefighter, or active military/police staff.

**Covered Risk 20. Principal Residence and Business Operations** – *You* or *your travel companion* is unable to occupy such person's principal residence or to operate such person's business because of a natural disaster or unintentional act.

**Covered Risk 21. Legal Commitment** – *You, your spouse* or *dependent child* or *your travel companion, your travel companion's spouse* or *dependent child* is called to jury duty; is subpoenaed as a witness; or is required to be a defendant in a lawsuit.

**Covered Risk 22. Quarantine or Hijacking** – *You, your spouse, your dependent child, your travel companion, or your travel companion's spouse* or *dependent child* is quarantined or hijacked.

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

If *you* suffer trip interruption due to one or more of Covered Risks 17 to 22, occurring while *you* are on a *trip*, we cover:

1. The non-refundable, unused *trip* arrangements for which *you* have already paid and additional travel transportation expenses via the most cost effective itinerary to *your departure point* of the *trip*, less *your* prepaid unused return transportation; and

2. A *subsistence allowance* for *your* commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of \$350, to a maximum of \$700 if *you* are covered by a *package*, or up to a daily maximum of \$175, to a maximum of \$350 if *you* are covered by the Trip Cancellation and Interruption Plan (receipts must be submitted for all eligible expenses including these ones).

**Covered Risk 23. Delays of Your Scheduled Carrier** – *Your* scheduled carrier is delayed by weather conditions, earthquakes, or volcanic eruptions for at least 30% of *your trip* and *you* or *your travel companion* choose not to continue with their journey.

**Covered Risk 24. Transportation Delay** – Delay of *your* private automobile or delay of *your* connecting carrier – *you* miss a connection or interrupt *your trip* because of the delay of a private automobile, *your* connecting passenger plane, ferry, *cruise* ship, bus, limousine, taxi, or train, when the delay is caused by the mechanical failure of the *vehicle*; weather; a traffic *accident*; an *emergency*; a police directed road closure or a volcanic eruption. Such transportation / connecting carrier must be scheduled to arrive at least two hours prior to *your* departure.

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

If *you* suffer trip interruption due to one or more of Covered Risks 23 and 24, occurring while *you* are on a *trip*, we cover:

1. The non-refundable, unused *trip* arrangements for which *you* have already paid and additional travel transportation expenses via the most cost effective itinerary to return *you* to *your* next destination (in or outbound) of the *insured trip*, less *your* prepaid unused return transportation;
2. A *subsistence allowance* for *your* commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of \$350, to a maximum of \$700 if *you* are covered by a *package*, or up to a daily maximum of \$175, to a maximum of \$350 if *you* are covered by the Trip Cancellation and Interruption Plan (receipts must be submitted for all eligible expenses including these ones).

**Covered Risk 25. Delays of Your Travel Companion's Scheduled Carrier** – *Your travel companion's* scheduled carrier is delayed by weather conditions, earthquakes, or volcanic eruptions for at least 30% of *your trip* and *you* choose to continue *your trip*.

**Benefit for Covered Risk 25:**

If *your travel companion's trip* is interrupted or cancelled due to Covered Risk 25, we cover:

1. The next occupancy charge applicable to *you* when *you* continue *your trip*.

**Trip Delay**

**Covered Risks 26 to 29:** *You* are covered for losses incurred in the event of trip delay beyond *your* scheduled *return date* due to any one or more of the following covered risks if occurring on or after *your departure date* and on or before the date *your* insurance ends.

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

- a. One or more of the following persons develops an *emergency medical condition* or dies:
  1. *You* or *your travel companion*;
  2. *Your* immediate family member;

OR;

- b. *Your* friend who is at *your* destination dies.

**Covered Risk 27. Pregnancy and Adoption** – *You, your immediate family member, your travel companion, or his/her immediate family member* develops complications of a pregnancy that falls within the first 31 weeks of pregnancy while at *your trip* destination or complication of the legal adoption by *you* or *your travel companion* while on a *trip* for the purpose of completing such adoption.

**Covered Risk 28. Transportation Delay** – Delay of *your* private automobile or delay of *your* connecting carrier – *you* miss a connection or suffer a trip delay because of the delay of a private automobile, *your* connecting passenger plane, ferry, *cruise* ship, bus, limousine, taxi, or train, when the delay is caused by the mechanical failure of the *vehicle*; weather; a traffic *accident*; an *emergency*; a police directed road closure or a volcanic eruption. Such transportation / connecting carrier must be scheduled to arrive at least two hours prior to *your* departure.

**Covered Risk 29. Quarantine or Hijacking** – *You, your spouse, your dependent child, your travel companion, or your travel companion's spouse* or *dependent child* is quarantined or hijacked.

**Benefits for Covered Risks 26 to 29:**

If *you* suffer trip delay due to one or more of Covered Risks 26 to 29, we cover:

1. A *subsistence allowance* for *your* commercial accommodations and meals, essential telephone calls and taxi fares, up to a daily maximum of \$350, to a maximum of \$3,500 if *you* are covered by a

package, or up to a daily maximum of \$175, to a maximum of \$1,750 if you are covered by the Trip Cancellation and Interruption Plan (receipts must be submitted for all eligible expenses including these ones); and

The lesser of:

2. The change fee charged by the airline carrier(s) involved when such an option is available to you; OR, the extra cost of your one-way economy airfare via the most cost effective itinerary to return you to your departure point.

**Covered Risk 30. Missed Connection** – You miss your connection, due to a *schedule change* of the airline that is providing transportation for your return.

**Benefits for Covered Risk 30:**

If your trip is delayed due to the occurrence of Covered Risk 30 and you have purchased a package, we cover:

1. A *subsistence allowance* for your commercial accommodations and meals, essential telephone calls, and taxi fares, up to a daily maximum of \$350, to a maximum of \$700 (receipts must be submitted for all eligible expenses including these ones); and

The lesser of:

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

Please note: This coverage is only available if you have purchased a package. There is no coverage for covered risk 30 if you have purchased a plan.

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

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

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

**C. Limitations – Trip Cancellation, Interruption and Delay Coverage**

Our liability under this policy for expenses under this Trip Cancellation, Interruption and Delay Coverage is limited as follows.

1. If you have chosen the Deluxe All Inclusive Package or the Medically Qualified Deluxe All Inclusive Package and have selected the annual option then:
  - a. Coverage for your trip cancellation benefit is limited to \$1,500 per insured per trip; and
  - b. Coverage for your trip cancellation benefit is limited to \$10,000 per insured per policy.

**D. Exclusions – Trip Cancellation, Interruption and Delay Coverage**

These exclusions apply to the Trip Cancellation, Interruption and Delay Coverage set out in Section IV, A. The additional exclusions set out in the General Exclusions Section of this policy also apply. We do not cover or pay any benefit for any loss or expense related in whole or in part, directly or indirectly, to any of the following.

1. Any cause if you or your travel companion have knowledge at the time of booking each trip or purchasing your insurance of any reason why the trip might be cancelled, interrupted or delayed.
2. Any such condition if at any time in the 90-day period immediately preceding your risk date:
  - a. Your or your spouse's medical condition or any related condition has not been stable and controlled;
  - b. Your or your spouse's heart condition has required you or your spouse to use, take, or be prescribed to take nitroglycerin in any form, more than once per a seven day period; or
  - c. Your or your spouse's lung condition has required the use of home oxygen or has required you or your spouse to take oral steroids (prednisone or prednisolone).
3. The change in schedule of a medical test or surgery that was originally scheduled before your trip.
4. Travel for the purpose of visiting a person suffering from a medical condition and the medical condition (or ensuing death) of that person is the cause of cancellation, interruption or delay of your trip.
5. A travel visa that is not issued due to a late application or that has been previously refused.
6. Default of a travel supplier for travel services purchased from any travel supplier listed on our alert list on either your policy start date or your trip purchase date.

7. A defer travel recommendation issued, by the Department of Foreign Affairs and International Trade of the Canadian Government or Health Canada, before either your policy start date or your trip purchase date.
8. Any such condition if the non-refundable portion of your prepaid travel arrangements covered by this policy exceeds \$12,000 and if at any time in the 90-day period immediately preceding your risk date:
  - a. Your immediate family member's or your travel companion's medical condition or any related condition has not been stable and controlled;
  - b. Your immediate family member's or your travel companion's heart condition has required them to use, take, or be prescribed to take nitroglycerin in any form, more than once per a seven day period; or
  - c. Your immediate family member's or your travel companion's lung condition has required the use of home oxygen or has required them to take oral steroids (prednisone or prednisolone).
9. Any such condition if the non-refundable portion of your prepaid travel arrangements covered by this policy exceeds \$12,000 and your confirmation of insurance indicates this exclusion applies and you have taken medication, been prescribed medication, received treatment, experienced a deterioration of the condition or had cause to seek treatment at any time within the 180-day period immediately preceding and including your risk date and this exclusion applies whether or not the condition has been stable and controlled.

**V. FLIGHT ACCIDENT AND TRAVEL ACCIDENT COVERAGE**

Flight accident insurance applies to you if you purchased:

- Flight Guard Plan.

Flight accident and travel accident coverage applies to you if you purchased any of the following plans or packages:

- Deluxe All Inclusive Package;
- Medically Qualified Deluxe All Inclusive Package;
- Canada Package;
- Deluxe Trip Cancellation and Interruption Package.

If you purchased any other plan or package you do not have flight accident and travel accident coverage under this policy.

## A. Benefits –

### Flight Accident and Travel Accident Coverage

You are covered in the event of a flight *accident* or a travel *accident* sustained during a *trip* due to one of the following covered risks for *accidental* death or *accidental* bodily *injury* for the benefits set out below to a maximum benefit of:

- Flight Accident Maximum Benefit is \$100,000;
- Travel Accident Maximum Benefit is \$50,000.

#### Covered Risk 1

Bodily *injury* is sustained due to a flight *accident* or a travel *accident* (as described in Section V, B) occurring on or after the date *your* insurance starts and on or before the date *your* insurance ends and while *you* are on a *trip* and as a result, within the 12 months immediately following the *accident you*:

1. Die;
2. Suffer loss of sight in both eyes;
3. Have two of *your* limbs fully severed above *your* wrist or ankle joints; or
4. Suffer complete and irrecoverable loss of speech or loss of hearing.

#### Benefits for Covered Risk 1:

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

Please note: If *your* body is not found within 12 months of the *accident*, we will presume that *you* died as a result of *your* injuries.

#### Covered Risk 2

Bodily *injury* is sustained due to a flight *accident* or travel *accident* (as described in Section V, B) occurring on or after the date *your* insurance starts and on or before the date *your* insurance ends and while *you* are on a *trip* and as a result, within the 12 months immediately following the *accident, you*:

1. Suffer loss of sight in one eye; or
2. Have one of *your* limbs fully severed above a wrist or ankle joint.

#### Benefits for Covered Risk 2:

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

**Benefit Limit for Covered Risk 1 and Covered Risk 2:** If *you* have more than one *accidental* bodily *injury* while covered, we will pay no more than \$100,000 in total.

## B. Conditions –

### Flight Accident and Travel Accident Coverage

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

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

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

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

## C. Exclusions –

### Flight Accident and Travel Accident Coverage

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

1. A disease, even if the proximate cause of its activation or reactivation is the *accidental* bodily *injury*;
- or
2. Hang-gliding, parachuting, bungee jumping or skydiving.

## VI. BAGGAGE AND PERSONAL EFFECTS COVERAGE

Baggage and Personal Effects insurance applies to *you* if *you* purchased any of the following plans or *packages*:

- Baggage Plan;
- Deluxe All Inclusive Package;
- Medically Qualified Deluxe All Inclusive Package;
- Canada Package;
- Deluxe Trip Cancellation and Interruption Package.

If *you* purchased any other plan or *package you* do not have baggage and personal effects insurance coverage under this *policy*.

## A. Benefits –

### Baggage and Personal Effects Coverage

If *you* incur a loss due to a covered risk while on a *trip*, we provide coverage for the following covered benefits, subject to any specific limits set out in the benefit provisions.

**Covered Risk 1. Baggage Loss:** Loss or damage to the baggage and personal effects that *you* own and use during *your* trip.

#### Benefits for Covered Risk 1:

We cover up to \$500 to replace a single article (including its attachments, accessories and equipment, matched pair or set, or group of related articles), up to a maximum of \$1,000 if *you* have purchased a *package* coverage, or up to a maximum of the sum insured that *you* selected on *your application* if *you* have purchased the Baggage Plan.

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

#### Benefits for Covered Risk 2:

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

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

#### Benefits for Covered Risk 3:

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

## B. Conditions – Baggage and Personal Effects Coverage

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

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

### C. Limitations – Baggage and Personal Effects Coverage

*Our* liability under this *policy* for expenses under this Baggage and Personal Effects Coverage is limited to \$2,000 per *policy*.

### D. Exclusions – Baggage and Personal Effects Coverage

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

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

## VII. RENTAL CAR COLLISION DAMAGE PROTECTION COVERAGE

Rental Car Collision Damage Protection insurance applies to *you* only if *you* purchased The Collision Damage Protection Plan.

### A. Benefits –

#### Rental Car Collision Damage Protection Coverage

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

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

#### Benefits for Covered Risk 1:

*We* cover:

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

**Benefit Limit:** \$75,000.

### B. Conditions –

#### Rental Car Collision Damage Protection Coverage

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

1. *You* must examine the *rental car* and record, in writing, all existing damages before accepting the *rental car*, and submit a copy of that damage record to *us* if *you* have a claim;
2. *You* must take all reasonable and necessary steps to protect the *rental car* and prevent damage to it. *You* must report the loss to the appropriate local authorities and the rental company as soon as possible;
3. *You* must obtain all information about any other party involved in any *accident*, such as name, address, insurance information and driver's license number; and

4. *You* must provide *us* with all required documentation including but not limited to the rental agreement, police report and damage estimate.

### C. Exclusions –

#### Rental Car Collision Damage Protection Coverage

The following exclusions apply to the Rental Car Protector Coverage set out in Section VII, A. The additional exclusions set out in the General Exclusions Section of this *policy* also apply.

1. *We* do not cover any loss or any expense related in whole or in part, directly or indirectly, to:
  - a. Contents of the *rental car*;
  - b. Liability other than for loss of, or damage to the *rental car*;
  - c. Expenses assumed or waived by the car rental agency and/or its insurance company; and
  - d. Amounts payable under any other insurance.
2. *We* do not cover any loss or damage arising either directly or indirectly from, caused by, or contributed to by *you* or any other person driving or operating the *rental car* while *you* or such other person is:
  - a. Under the influence of intoxicating substances;
  - b. Participating in a speed test or contest;
  - c. Carrying passengers for compensation or hire;
  - d. Using the *rental car* for commercial delivery, transporting contraband, or illegal trade; or
  - e. Driving or operating the *rental car* in violation of the terms of the car rental agreement.
3. *We* do not cover any loss or damage arising either directly or indirectly from, caused by, or contributed to by:
  - a. The mechanical failure or breakdown of any part of the *rental car*, rusting, corrosion, wear and tear, gradual deterioration, inherent defect, or freezing;
  - b. Any dishonest act, conversion, failure, neglect or abuse of the *rental car* committed by *you*, *your* employees or agents, or any person to whom the *rental car* may be entrusted by *you*; or
  - c. *Your* failure to preserve or protect the *rental car*.
4. *We* do not cover any loss or damage to:
  - a. Automobiles over 20 years old, exotic automobiles including but not limited to Aston Martin, Bentley, Daimler Benz, Excalibur, Ferrari, Jaguar, Jensen, Lamborghini, Lotus, Maserati, Porsche, Rolls Royce, or any similar automobile;

- b. Trucks, buses, commercial vans, motorcycles, mopeds, motorbikes, recreational *vehicles*, all-terrain *vehicles*, campers, trailers, limousines, or sport utility *vehicles* (or any other *vehicle*) while used off-road.

### VIII. OPTIONAL CRUISE AND TOUR PROTECTOR COVERAGE

Our Optional Cruise and Tour Protector Coverage is available when *you* purchase any of *our packages*. If *you* wish to obtain this optional coverage *you* have to apply for it for each *trip* and pay the required *premium*.

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

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

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

#### Benefits for Covered Risk 1.

*We* cover:

1. A *subsistence allowance* for *your* commercial accommodations and meals, essential telephone calls, and taxi fares, up to a maximum of \$100 (receipts must be submitted for all eligible expenses including these ones); and

The lesser of:

2. The change fee charged by the airline carrier(s) involved when such an option is available to *you*; OR,
3. Up to \$2,000 for *your* non-refundable prepaid airfare which is part of *your trip* and not part of *your cruise* or tour package.

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

#### B. Conditions – Cruise and Tour Protector Coverage

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

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

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

#### C. Exclusions – Cruise and Tour Protector Coverage

The following exclusions apply to the Optional Cruise and Tour Protector Coverage set out in Section VIII, A. The additional exclusions set out in the General Exclusions Section of this *policy* also apply. *We* do not cover any loss or any expense related in whole or in part, directly or indirectly, to:

1. Any loss incurred by the default of a travel supplier.

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

Our Optional Golf Protector, Ski Protector, and Business Protector Coverage are available when *you* purchase any of *our packages*. If *you* wish to obtain this optional coverage *you* have to apply for it for each *trip* and pay the required *premium*.

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

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

##### i. Golf Protector Option

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

#### Benefits for Covered Risk 1:

*We* cover:

1. The reasonable expense incurred for the rental of golf clubs and a golf bag; and
2. The *depreciated value* of *your* lost, stolen or damaged golf clubs, golf bag, and/or golf shoes.

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

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

**Covered Risk 2:** Loss resulting from *your* or *your travel companion's* inability to play golf while on a *trip* as a result of a *medical condition* and while this optional coverage is in effect.

#### Benefits for Covered Risk 2:

*We* cover:

1. The non-refundable, prepaid green fees, golf equipment rental charges or lesson fees which are unused as the direct result of *your* or *your travel companion's medical condition*.

Please note: A *physician* must certify in writing *your* or *your travel companion's* inability to play golf is due to such *medical condition*.

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

##### ii. Ski Protector Option

**Covered Risk 1:** Loss resulting from (i) loss of; (ii) theft of; (iii) significant damage to; or (iv) delay for at least 12 hours in the transit of *your* owned snowboards, skis, bindings, boots or poles, occurring while this optional coverage is in effect and provided the equipment was travelling with *you* when the loss, theft, damage or delay occurred.

#### Benefits for Covered Risk 1:

*We* cover:

1. The reasonable expense incurred for the rental of skis, snowboards, bindings, boots, and poles; and
2. The *depreciated value* of *your* lost, stolen or damaged snowboards, skis, bindings, boots or poles.

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

**Benefit Limit:** *Depreciated value* of lost, stolen or damaged equipment – \$2,500 per *insured*; Rental – \$200 per *insured*.

**Covered Risk 2:** Loss resulting from *your* or *your travel companion's* inability to ski or snowboard while on a *trip* as a result of a *medical condition* and while this optional coverage is in effect and loss resulting from *your* or *your travel companion's* inability to ski or snowboard as a consequence of an avalanche while on a *trip* and while this optional coverage is in effect.

#### Benefit for Covered Risk 2:

*We* cover:

1. The non-refundable, prepaid ski package expenses which are unused as the direct result of *your* or *your travel companion's medical condition*.

Please note:

- A *physician* must certify in writing *your* or *your travel companion's* inability to ski or snowboard is due to a *medical condition*.
- A ski package consists of one or more of the following: lift passes; ski school fees; and rental of a snowboard, skis, ski poles, bindings and/or boots.

**Benefit Limit:** \$500 per *insured* if inability to ski or snowboard is due to a *medical condition*; \$200 per *insured* if inability to ski or snowboard is due to an avalanche.

### iii. Business Protector Option

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

#### Benefits for Covered Risk 1:

We cover:

1. The *depreciated value* of *your* lost, stolen or damaged business equipment; and
2. The reasonable additional costs to rent comparable business equipment (including communication devices) to that which was lost, stolen or damaged.

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

**Benefit Limit:** *Depreciated value* of lost, stolen or damaged equipment – \$2,500 per *insured*; Rental – \$200 per *insured*.

**Covered Risk 2:** Loss resulting from the delay for at least 12 hours in the transit of *your* business equipment, occurring while this optional coverage is in effect and provided the equipment was travelling with *you* when the delay occurred.

#### Benefits for Covered Risk 2:

We cover:

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

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

**Benefit Limit:** Rental – \$200 per *insured*; Business Necessities – \$200 per *insured*.

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

#### Benefits for Covered Risk 3:

We cover:

1. The reasonable costs for expedited courier services *you* incur to replace business documents, meeting agendas, sales presentations or product samples lost, stolen or damaged.

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

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

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

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

1. *You* must inform the appropriate local authorities at the place where the loss occurred within 24 hours of the loss occurring. *You* must inform them of the value and description of *your* golf equipment, ski/snowboard equipment, and/or business equipment and obtain a written report;
2. *You* must provide *us* with documentation proving *your* prepaid green fees, and/or prepaid, non-refundable ski vacation package;
3. *You* must file written proof of loss with *us* within 90 days from the date of *your* loss or submit *your* claim within the longer period allowed by law (if applicable);
4. If *you* are claiming for a refund of green fees or ski vacation package *you* must obtain a copy of the *physician's* report and diagnosis pertaining to *your medical condition* which is the basis of *your* claim;
5. *You* must take all reasonable measures to protect, save and/or recover *your* golf equipment, *your*

ski/snowboard equipment, and/or *your* business equipment;

6. All expenses must be incurred by *you*;
7. This coverage is excess to any coverage provided through or indemnity provided by a common carrier for the same loss; and
8. *You* must submit a copy of the purchase or credit card receipt for *your* original golf equipment, original ski equipment or original business equipment.

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

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

1. Loss, theft or damage to *your* owned golf equipment, ski/snowboard equipment and/or business equipment while such items are in the custody of an airline or other common carrier, unless a report is made immediately on discovery of the loss or damage and a report obtained from the carrier;
2. Loss, theft or damage to any unattended equipment, if left unsecured and unlocked in *your* accommodation, or an unlocked motor *vehicle*;
3. Loss, theft or damage to any unattended equipment, if left unattended in a locked motor *vehicle*, or a secured and locked luggage rack between 8:00 p.m. and 8:00 a.m.;
4. Loss or damage to any of *your* owned golf equipment, business equipment, and/or *your* ski/snowboard equipment carried on a *vehicle* roof rack;
5. Loss of use or damage due to wear and tear, latent defect, or misuse;
6. Intentional damage committed by *you*;
7. Loss or theft of any of *your* owned golf equipment, ski/snowboard equipment, and/or business equipment, shipped as freight or under a Bill of Lading or Way Bill;
8. Loss, theft or damage arising from delay, confiscation or detention by Customs or other officials;
9. Any claim arising from a *medical condition* that was not supported by a medical report from a licensed *physician* confirming *your* inability to play golf or ski/snowboard (applicable to refund of green fees or ski package refund only);

10. Any claim resulting from activities including, but not limited to, Ski Jumping, Ski Flying, Heli-Skiing, Ski Acrobatics, Ski Stunting, Freestyle Skiing, Ski Racing, Ski Bob Racing, or On-Piste and Off-Piste Skiing in areas designated unsafe by resort management;
11. *Your* owned golf equipment, business equipment, *your* owned ski/snowboard equipment, if insured by another insurance carrier, with the exception of any applicable deductible; or
12. Prototypes, product samples or recovery of electronic data.

## **X. OPTIONAL EXPANDED BENEFITS UPGRADE COVERAGE**

*Our* Expanded Benefits Upgrade Coverage is available when *you* purchase any of *our* packages. If *you* wish to obtain this optional coverage *you* have to apply for it for each *trip* and pay the required *premium*.

### **A. Benefits – Expanded Benefits Upgrade Coverage**

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

1. Same Class Ticket Benefit: If *we* cover an economy class ticket under the Emergency Medical and Dental Coverage or the Trip Cancellation, Interruption and Delay Coverage and the benefit would otherwise be available to *you*, *we* cover the extra cost (via the most cost effective itinerary) that then allows *you* to travel on the same class airfare as originally pre-booked on *your* *trip*.
2. Meals and Accommodations Benefit Increase: The meals and accommodation benefit limit under *your* Emergency Medical and Dental Coverage Covered Risk 9 is increased to \$500 per day to a maximum of \$5,000. The meals and accommodation benefit limit for *trip* interruption under *your* Trip Cancellation, Interruption and Delay Coverage for Covered Risks 22, 23 and 24 is increased to \$500 per day to a maximum of \$1,000 per *insured*. The meals and accommodation benefit limit for *trip* delay under *your* Trip Cancellation, Interruption and Delay Coverage for Covered Risks 26, 27, 28, 29 and 30 is increased to \$500 per day to a maximum of \$5,000 per *insured*.

3. Added Entertainment Benefit: If *you* are delayed from returning to *your* departure point beyond *your* scheduled *return date* as a result of any of the covered risks set out in the Trip Cancellation, Interruption and Delay Coverage Section of this *policy*, *we* cover expenses *you* actually incur up to \$100 per *insured* for *you* to attend a ticketed event such as, but not limited to, a movie theatre, a live production, or sporting event.
4. Added Event Benefit: If the primary reason for *your* *trip* is to attend a wedding, sporting event, or conference, and the event cannot be delayed regardless of *your* attendance and *your* scheduled arrival time in the city where the event is to take place is delayed for a reason beyond *your* control, *we* cover the expenses *you* actually incur up to \$1,500 per *insured* for the additional transportation cost via an alternate itinerary on a scheduled carrier that allows *you* to arrive in time for the event. This benefit does not cover any expenses incurred directly or indirectly as a result of:
  - a. *Your* failure to comply with normal check-in procedure of the travel supplier;
  - b. Strike, hijack, riot or civil commotion; or
  - c. Any extra costs that are not transportation related.
5. Delay of Baggage Benefit Increase: The benefit limit for delay of baggage under the Baggage and Personal Effects Coverage is increased to \$750 per *insured*.
6. Hurricane Coverage: Section IV Trip Cancellation, Interruption and Delay, covered risk 4 and covered risk 14 "Travel Advisory" are amended to also cover the risk of a Hurricane, named by the World Meteorological Organization, intersecting *your* final destination during the time *you* are scheduled to be there. Benefits are available to *you* only if *you* a) were at destination and *your* accommodation became uninhabitable because *you* were directly in the path of the Hurricane when it passed, or b) are travelling to or are at *your* destination and the Hurricane warning is issued. Hurricane warning means that hurricane conditions are expected to cross directly in *your* path in the next 24 hours.

### **B. Conditions – Expanded Benefits Upgrade Coverage**

If, under this Optional Expanded Benefits Upgrade Coverage, *we* have increased a benefit or benefit limit, or added a benefit, under any one of the Emergency Medical and Dental Coverage, the Trip Cancellation, Interruption and Delay Coverage or the Baggage and Personal Effects

Coverage, then all of the conditions set out in the section of this *policy* document pertaining to that coverage apply to such coverage and they must be satisfied before any benefit shall be paid under this optional coverage.

### **C. Exclusions – Expanded Benefits Upgrade Coverage**

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

## **XI. FEATURES AND SERVICES TO SERVE YOU BETTER**

### **24/7 Worldwide Emergency Assistance 1-866-878-0192 or collect at 416-646-3723**

This service is available to *you* for the duration of *your* *trip* regardless of which plan or *package* *you* purchased. Whether *you* need *emergency* medical care or *emergency* arrangements to return home, *our* emergency assistance coordinators, doctors and nurses can help *you* anywhere in the world, anytime of day.

### **24/7 Concierge and Livetravel™ services 1-866-878-0191**

This service is available to *you* for the duration of *your* *trip*. Our concierge service team can help *you* find and coordinate the extra things that make *your* trip enjoyable. Our Livetravel™ service team can help *you* with emergency travel problems that can arise during a trip. Services include:

- Highlights on sights and attractions;
- Restaurant referrals and reservations: Worldwide dining referrals and reservations made on the *your* behalf, based on availability;
- Tee-time reservations: Assistance with scheduling tee-off times and making course recommendations;
- Assistance getting tickets to cultural and sporting events, based on availability;
- Travel documents assistance, emergency cash transfer assistance, emergency message centre, and interpretation services;
- Assistance locating a bank machine;
- Driving directions over the phone;
- Pre-*trip* travel advice;
- Access to passport, visa, and vaccine requirements, travel safety and health advisories, embassy contacts, weather and currency information.
- Emergency and after-hours travel services:
  - Rebooking Flights
  - Hotel Reservations
  - Ground Transportation;
- Luggage Tracing;

- Lost/Stolen Credit Card Replacement;
- E-mail or Phone Message Relay; and
- Emergency Cash Transfers.

### Change of Mind™

You are entitled to the Change of Mind™ benefit if *you* have purchased any of the following plans or *packages*:

- Deluxe All Inclusive Package single trip option;
- Medically Qualified Deluxe All Inclusive Package single trip option;
- Canada Package.

If *you* purchased any other plan or *package* *you* do not have Change of Mind™ benefits under this *policy*.

The Change of Mind™ benefit reimburses *your* cancellation penalties up to \$400 for *your* cancellation of a scheduled *trip* prior to *your* departure date from *your* province/territory of residence because *you* have changed *your* mind provided *your* trip has been paid in full. The Change of Mind™ benefit will not be paid in combination with any other benefit or for a claim which has previously been denied. This benefit cannot be used if *your* travel agency, airline, cruise line or tour operator is in default or is the subject of a bankruptcy petition. This benefit is not valid for *your* trip if *your* Policy has been purchased after *your* trip has been paid in full. For the benefit to be payable, there must be an insurable loss.

### Legal Assistance

You are entitled to the legal assistance benefit if *you* have purchased any of the following plans or *packages*:

- Medical Plan annual option;
- Medically Qualified Medical Plan annual option;
- Deluxe All Inclusive Package annual option;
- Medically Qualified Deluxe All Inclusive Package annual option.

If *you* purchased any other plan or *package* *you* do not have legal assistance benefits under this *policy*.

The legal assistance benefit entitles *you* to make an unlimited number of calls during *your* period of coverage to Sigma Assistel for general legal information regarding matters of Canadian law (i.e. real estate, taxation, commercial law, finance, and family law). Sigma Assistel can explain legal issues surrounding a problem in order to assist *you*. Please note that this is a service only for legal information regarding matters of Canadian law. Call Sigma Assistel directly at 1-866-251-2618.

## XII. GENERAL CONDITIONS

All of the following conditions apply to all coverage under this *policy* and to all optional coverage available under this *policy*.

1. *Your* coverage will be declared null and void if, for any reason:
  - a. The required *premium* is not received by *us*;
  - b. *You* are ineligible for coverage in accordance with any section of this *policy*; or
  - c. *You* have incompletely or falsely provided information on *your* application or medical questionnaire.
2. Canadian Currency: All benefits, benefit limits and all other amounts expressed in this *policy* are expressed in Canadian currency, except any deductible which is expressed in US dollars. Where covered losses are billed in foreign currency, the rate of exchange is based on the rate effective on the date when *we* pay the claim. No sum payable shall bear interest. To facilitate direct payment to providers, *we* may elect to pay the claim in the currency of the country where the charges were incurred based on the rate of exchange established by any chartered bank in Canada:
  - a. On the last date of service; or
  - b. On the date the claim was incurred if a cheque is issued directly to *physicians, hospitals* or other medical *providers*.
3. If *you* are covered under more than one of *our* *policies*, or have similar coverage with another insurance company, the total amount paid to or for *you* will not exceed *your* actual expenses and the maximum to which *you* are entitled is the largest amount specified for that benefit.
4. The coverage outlined in this *policy* is last payor only. If, at the time of loss, *you* have insurance from another source, or if any other party is also responsible, to pay for benefits also provided under this *policy*, *we* will pay eligible expenses only in excess of those covered by that other insurance company or insurance companies or other responsible party or parties, including insurance plans provided through credit cards, third party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan, providing *hospital*, medical or therapeutic coverage, or any third party liability insurance in force concurrently with this *policy*.

5. In the event of a payment of a claim under this *policy*, *we* have the right to proceed, in *your* name, but at *our* expense, against third parties who may be responsible for giving rise to a claim under this *policy*. *You* will execute and deliver documents as necessary and co-operate fully with *us* so as to allow *us* to fully assert *our* rights. *You* will do nothing to prejudice such rights.
6. *We* have full rights of subrogation; however, *we* do not subrogate against any retiree plan benefit if the lifetime maximum limits for all in-country and out-of-country benefits is \$50,000 or less.
7. Notwithstanding any provision of this *policy*, this *policy* is subject to the statutory conditions of the Insurance Act applicable to contracts of accident and sickness insurance and the laws and regulations in *your* home province. The laws and regulations of the province or territory in Canada in which *you* normally reside govern this *policy* and any provision in this *policy* which is in conflict with any such statute is hereby amended to conform to such statute.
8. The maximum period of coverage under this *policy* shall not exceed 12 months. Benefits only apply (except for Trip Cancellation Coverage) outside *your* home province. No coverage will be provided to or for anyone not named on the *confirmation of insurance*.
9. In the event that *you* are found to be ineligible for coverage or that a claim is found to be invalid or benefits are reduced in accordance with any *policy* provision, *we* have the right to collect from *you* any amount which *we* have paid on *your* behalf to medical *providers* or other parties.
10. *Your* *policy* will be declared null and void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance.
11. During the claims process, *we* may require *you* to have a medical examination by one or more *physicians* chosen by *us* and at *our* expense.
12. *We* are not responsible for the availability, quality or results of any medical *treatment*. *We* are not responsible for any transportation arranged by *us*. *We* are not responsible for *your* failure to obtain medical *treatment*.
13. *You* must, at all times while *you* are covered under this *Policy*, act in a prudent manner so as to minimize costs to *us*.

14. If *your* health status changes (including a change in *prescription medication* or *treatment*) prior to departure for any *trip*, you must notify *us* immediately. At *our* sole discretion, we may opt to waive the exclusion that precludes *your* unstable *medical condition* from coverage. This would allow *you* to continue with *your trip* and retain coverage for *your* *medical condition*.
15. Any reference to age in this document is specific to *your* age on the date *you* apply for insurance.
16. The coverage provided by this *policy* shall be null and void for travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates.

### XIII. MAXIMUM LIMITS OF LIABILITY

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

### XIV. GENERAL EXCLUSIONS

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

1. Expenses resulting from any *sickness, injury* or state of health prior to *your policy purchase date* that would cause *expected medical treatment* or *hospitalization* during *your trip*;
2. Any *treatment* that is not *emergency treatment*. For example (and not inclusive of):
  - a. Expenses incurred for medication commonly available without prescription; vaccinations, injections or medication received on a preventative basis or for the maintenance of a *medical condition*; contraceptives; fertility medication; vitamin preparations; general physical examinations; or routine medical tests;
  - b. Transplants including but not limited to organ transplants or bone marrow transplants, artificial joints, or prosthetic devices/implants including any associated charges;
  - c. Expenses incurred for acupuncture or naturopathic or holistic *treatment*;
3. Ionizing radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels, or, the radioactive,

- toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
4. Expenses incurred for any portion of benefits that require prior authorization and arrangements by *us* if such benefits were not authorized and arranged by *us*;
5. Any *medical condition* if on *your* medical questionnaire or *application* for insurance, there is an incorrect answer. In this case the *policy* is voidable and *premium* refundable at *our* option;
6. The *follow-up treatment, recurrence* or complication of a *medical condition* or related condition, following *emergency treatment* of that condition during *your trip* if the medical advisors, and *we*, determine that *you* were medically able to return to *your home province* and *you* chose not to return;
7. The *follow-up treatment* of any heart or lung condition, following *emergency treatment* for a related or unrelated heart or lung condition during *your trip* if the medical advisors, and *we*, determine that *you* were medically able to return to *your home province* and *you* chose not to return;
8. Any *medical condition*, if *our* medical advisors recommend that *you* return to *your* country of residence following *your emergency treatment*, and *you* choose not to travel;
9. Expenses incurred for *treatment* or services that are prohibited under a *government health insurance plan*;
10. Expenses in excess of reasonable and customary rates where *treatment* has occurred before *you* or someone on *your* behalf has called *us*;
11. Any medical expense incurred while travelling in *your home province*;
12. Routine pre-natal care; a child born during *your trip*; childbirth or complications of childbirth; pregnancy or complications thereof within the nine (9) weeks before or anytime after the expected date of delivery;
13. *Your mental or emotional disorders*;
14. *Your* committing or attempting to commit suicide or intentionally self-inflicted injury (whether sane or insane);
15. *Your* chronic use or abuse (prior to or during *your trip*) of medication, drugs or alcohol or deliberate non-compliance with prescribed medical therapy or *treatment*;
16. A *trip* undertaken in contravention of a *physician's* recommendation or after the manifestation of medical symptoms which would cause an ordinarily prudent person to seek medical advice or *treat-*

- ment* in the 90 days prior to *your effective date*; or where a terminal condition prognosis has been diagnosed by any *physician*;
17. A *medical condition* or related condition that arises during a *trip* *you* undertake with the prior knowledge that *you* will require or seek *treatment* or surgery for that *medical condition* or a related condition;
18. A *medical condition* for which future investigation or *treatment* is planned before *your effective date*. This does not include routine monitoring;
19. The commission of or *your* direct or indirect attempt to commit a criminal act or injury occurring while *you* are committing or attempting to commit a criminal act;
20. *Your* participation in rock or *mountain climbing*; participation in a motorized race or motorized speed contest; *your* participation as a professional athlete in a sporting event;
21. Operating or learning to operate any aircraft, as pilot or crew; performing employment duties on any aircraft or ship; or performing duties in any regular armed forces service;
22. Expenses incurred if *you* travel to a country that The Department of Foreign Affairs and International Trade of the Canadian Government or Health Canada has advised Canadians not to travel to during the time of *your trip*. This exclusion applies if the advisory is issued prior to *your departure date*;
23. War (declared or not), acts of foreign enemies or rebellion;
24. Interest on a payment or reimbursement;
25. Expenses incurred relating to travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates;
26. Any *medical condition*, if prior to *your effective date*, such *medical condition* renders *you* ineligible or causes *you* to qualify for a different rate. *You* must be and remain eligible and rate qualified under this *policy* when *you* purchase and continuously until *you* take a *trip* for coverage to come into and be in effect when *you* take a *trip*; or
27. Any claim for *trip cancellation*, interruption or delay when *you* could have commenced or continued with *your* travel arrangements despite the occurrence of a covered risk.

## XV. CLAIM PROCEDURES AND CUSTOMER SERVICE INQUIRIES

By paying the *premium* for this insurance, *you* agree that:

1. *We* may verify *your* health card number and other information required to process *your* claim, with government and other authorities;
2. *Physicians, hospitals* and other medical *providers* are authorized by *you* to provide to *us* any and all information they have regarding *you*, while under observation or *treatment*, including *your* medical history, diagnoses and test results; and
3. *We* may disclose the information available under 1) and 2) above and from other sources to such other persons, as may be required for the purposes of providing assistance about or processing *your* claim for benefits.

If making a claim, *you* must notify *us* as soon as possible in order for *us* to provide *you* with a claim form specific to *your* loss. Failure to do this could invalidate *your* claim. *You* have 90 days from *your return date* to file *your* claim with *us*. To report a claim or to request a claim form call 1-866-878-0191. Failure to complete the required claim and authorization form in full will delay the processing of and could invalidate *your* claim. All claim information should be sent to:

Travel Guard  
Attn: Claims Department  
145 Wellington Street West, Toronto, ON M5J 1H8

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

*You* must notify *us* at 1-866-878-0192 or collect at 416-646-3723 prior to any *emergency medical treatment* and prior to any surgery, invasive procedure or *hospitalization*. Our assistance co-ordinators will provide guidance. *We* will make every effort, although *we* cannot guarantee, to pay *providers* directly. *You* must provide *us* with receipts for incurred expenses including those for *subsistence allowance* expenses.

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

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

1. Proof of all non-refundable, prepaid deposits or payments;
2. Completed documentation if a *medical condition* was the cause for cancellation;
3. Complete unused transportation tickets and vouchers;
4. Receipts for *subsistence allowance* expenses;

5. Original receipts for new tickets;
6. Reports from police or local authorities documenting the missed connection or travel delay; and
7. Invoices and receipts from travel service providers.

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

*You* must notify *us* immediately of the loss or damage to baggage or personal effects. *You* must also report the loss or damage to police, local or conveyance authorities, tour operator representatives, the hotel manager or official transportation representative as soon as possible and obtain a written report. Failure to submit this written report to *us* with *your* claim will result in the denial of *your* claim. *You* must also submit a letter of coverage or denial from the transportation carrier and/or *your* homeowner's insurance company. As proof of loss value, *we* may, at *our* option, request original receipts or sales slips for all lost or stolen articles claimed.

### To Claim For Rental Car Collision Damage Protection Benefits:

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

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

*You* must file *your* claim with *us* within 30 days of the loss or damage in the case of a claim under Rental Car Protector Coverage.

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

If *you* have purchased this optional coverage and *you* wish to submit a claim, *you* must notify *us* immediately of the loss or damage. *You* must report loss or damage to police, local or conveyance authorities, tour operator representatives, the hotel manager or official transportation representative as soon as possible and obtain a written report. Failure to submit this written report to *us* with *your* claim will result in the denial of *your* claim. *You* must also submit a letter of coverage or denial from the transportation carrier and/or *your* homeowner's insurance company. As proof of loss value, *we* may, at *our* option, request original receipts, credit card receipts or sales slips for all lost or stolen articles claimed. *You* must obtain a copy of the *physician's* report and diagnosis (applicable to refund of green fees or ski vacation package refund only), and submit complete unused tickets and vouchers. For emergency courier fees, *we* will need a receipt of the imposed charges.

## XVI. DEFINITIONS

*We* attach very specific meanings to the following words when they appear in this *policy*. *We* have put these words in italics when they are used as a defined term.

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

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

**Application:** Computer printout, printed form, invoice, or document in either electronic or paper form which is a record of the personal and *trip* information *you* provided in order to obtain the *policy*.

**Business meeting:** A meeting (not including legal proceedings) arranged prior to *your risk date* between companies with unrelated ownership which pertains to *your* full-time occupation or profession and which was the sole purpose of *your trip*.

**Confirmation of insurance:** *Your* most recent computer printout, printed form, electronic copy, invoice, or *policy* document that sets out the plan *you* have purchased and any optional add on coverage, if any, *you* have chosen.

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

**Cruise:** Travel for which *you* have booked, prior to *your* departure from *your home province*, overnight accommodation arrangements on a seaworthy passenger vessel.

**Departure date:** The date on which *you* are scheduled to leave *your home province* on a *trip*.

**Departure point:** The city that *you* depart from *your home province* on the first day of *your trip*.

**Dependent child and/or dependent children:** Unmarried persons who are *your* natural, adopted or step children, dependent on *you* for support and care and under 21 years of age, or full-time students under 26 years of age, or mentally or physically incapable of self support.

**Depreciated value:** Means 90% of the original purchase price (receipt required) if such item is 0 to 12 months old at the date of loss. Means 70% of the original purchase price (receipt required) if such item is 13 to 24 months old at the date of loss. Means 50% of the original purchase

price (receipt required) if such item is 25 to 36 months old at the date of loss. Means 30% of the original purchase price (receipt required) if such item is 37 to 48 months old at the date of loss. Means 20% of the original purchase price (receipt required) if such item is 49 to 60 months old at the date of loss. Means nil if such items are more than 60 months old at the date of loss.

**Effective Date:** The date *you* leave *your home province* on a *trip*.

**Emergency:** An unforeseen occurrence of, symptoms of *sickness*, or of *injury*, that occurs during a *trip* (or for trip cancellation, that occurs immediately prior to *your trip*), which requires immediate *treatment* from a *physician* or that requires *hospitalization*, failing which there could be a serious impairment to *your* health.

**Emergency dental treatment:** Immediate and medically necessary dental services or supplies provided by a licensed registered dentist, *hospital*, or other licensed *provider*, that is the result of an acute and unexpected condition that arose during a *trip*.

**Emergency medical treatment:** Medically necessary services or supplies provided during a *trip* by a licensed *physician*, *hospital* or other licensed *provider*, that are required to treat any *injury* or *sickness* or other sudden, acute and unexpected condition that arose during the *trip*, and that cannot be reasonably delayed until *you* return to *your home province* without endangering *your* health.

**End Date:** The day which is one day before the anniversary of *your start date*.

**Expected medical treatment:** *Medical consultation* or *hospitalization* that *your* prior medical history indicates as being probable or certain to occur.

**Expiry date:** For each *trip*, the first to occur of:

- The date *you* return to *your home province*;
- The date *you* leave *your home province* on a *trip* plus the number of days that is *your selected trip duration*, including *your* date of departure;

unless there has been an Automatic Extension of Coverage or *top-up*, in which case the *expiry date* is the first to occur of:

- The date *you* return to *your home province*; or
- The end of any extension of coverage determined in accordance with the Automatic Extension of Coverage Section or the Top-Up Section of this *policy*.

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

**Government health insurance plan or GHIP:** Health insurance coverage that Canadian provincial or territorial governments provide for their residents.

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

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

**Hospitalization or hospitalized:** The state of being admitted to a *hospital* and receiving *emergency medical treatment* on an inpatient basis.

**Immediate family member:** Any one or more of *your spouse*, natural, step, or adopted children, persons for whom *you* are the legal guardian, parents, parents-in-law, step-parents, sisters, brothers, sisters/brothers-in-law, step-sisters/brothers, grandparents, grandchildren, aunts, uncles, nieces, and nephews.

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

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

**Insurer:** AIG Commercial Insurance Company of Canada, 145 Wellington Street West, Toronto, ON, M5J 1H8. This policy is administered on our behalf by Travel Guard Canada.

**Key-employee:** An employee whose continued presence is critical to the ongoing affairs of the business during *your* or *your travel companion's* absence.

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

**Medical consultation:** Any investigative medical service, including history-taking, examination, testing, advice, or *treatment* by a *physician* for a symptom, *sickness*, illness, or disease that may or may not have been definitively diagnosed.

**Mental or emotional disorders:** Emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with tranquilizers or anxiolytic drugs.

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

**Package(s):** We offer both plans and packages. Packages are more comprehensive and generally offer a more diverse range of coverage and higher limits for some benefits. The specific *packages* available from *us* are; The Deluxe All Inclusive Package (single trip and annual); The Medically Qualified Deluxe All Inclusive Package (single trip and annual); The Canada Package; and The Deluxe Trip Cancellation and Interruption Package.

**Physician:** A medical doctor, other than *yourself*, *your immediate family member*, *your travel companion* or their *immediate family member*, who is licensed to administer medical *treatment* and prescribe drugs in the place where he or she provides medical services. The following are not considered to be *physicians*: naturopath, herbalist, and homeopath.

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

**Policy purchase date:** The date *you* pay for specific insurance coverage.

**Premium:** The cost of *your* insurance *policy* plus any additional amounts required for any optional coverage *you* have purchased.

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

**Provider:** The *hospitals*, clinics, *physicians*, and other medical service providers, the use of which must be approved by *us* at the time of the *emergency*.

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

**Rental car:** An automobile rented by *you* from a commercial rental agency for *your* personal use under a written rental agreement.

**Return date:** Either the date of *your* scheduled return to *your departure point* as indicated on *your* most recent *confirmation of insurance* or (ii) the date of *your* actual return to *your home province*.

**Risk Date:** Means;

- a. For all single trip plans and *packages*: *your start date*;
- b. For all annual plans and *packages*: the date and time *you* pay for prepaid travel arrangements.

**Schedule Change:** The later or earlier departure of a scheduled flight, which causes *you* to miss *your* scheduled connecting flight, providing that a connecting time period of at least 2 hours was originally booked. The

*schedule change* cannot be the result of a supplier default, strike, or other labour disruption.

**Selected trip duration:** The *trip* coverage period *you* have selected for *your* annual coverage. *Your selected trip duration* appears on *your confirmation of insurance*.

**Sickness:** An acute illness or unforeseen disease requiring *emergency medical treatment, emergency dental treatment or hospitalization* due to the sudden onset of symptoms.

**Spouse:** The person legally married to *you*, or if there is no such person, the person who has been living with *you* in a conjugal relationship for at least one year.

**Stable and controlled:** Any *medical condition* for which there has been no new *treatment* or newly prescribed medication; no change in *treatment* or change in prescribed medication; no new, more frequent or more severe symptom; no test results showing deterioration; no investigations initiated for symptoms whether or not *your* diagnosis has been determined; no *hospitalization* and no referral to a specialist.

**Start date:** The date shown on *your* most recent *confirmation of insurance* as the "start date".

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

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

**Travel companion:** The person with whom *you* are sharing travel arrangements and prepaid accommodation (to a maximum of 3 people) in respect of a *trip*.

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

**Trip:** *Your* travel outside *your home province* for which coverage under this *policy* has been purchased and is in effect.

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

**We, us, our:** AIG Commercial Insurance Company of Canada, 145 Wellington Street West, Toronto, ON, M5J 1H8. This policy is administered on our behalf by Travel Guard Canada.

**You, yourself, your:** The person named as the 'primary traveller' and/or one or more other person(s), if any, named as 'other travellers' on the *confirmation of insurance*, each as the context requires.

## XVII. Services and considerations that put you and your family first

### Child under 2 (no seat):

If *you* are covered by either the Deluxe All Inclusive Package, Canada Package, or Medical Plan then medical coverage as described in the medical section of this policy will be extended at no additional premium to *your* child who is under two years of age but older than 15 days (excludes children born during *your trip*) who does not occupy a seat, is *your* family member living in the same household, and who travels with *you* during *your trip*.

### Vacation Rain Check:

If *you* are covered by either the Deluxe All Inclusive Package, Medically Qualified Deluxe All Inclusive Package, Canada Package or Deluxe Trip Cancellation Package then at *your* request, *we* will provide *you* with a coupon for the amount of *your* unused prepaid trip cost sum insured up to a limit of \$1,500 if *you* have to interrupt *your trip* and *you* are forced to miss 75% of *your trip* due to the death or *hospitalization* of a non-travelling family member, *your* business partner, *your key-employee*, or *your* caregiver. *You* must use the coupon for travel that occurs within 180 days following the date *your* original *trip* was interrupted and *you* must book the *trip* through the same travel agency that booked the original *trip*. The Vacation Rain Check is not available in conjunction with the Change of Mind™ benefit nor is it available if the travel agency named on the coupon is insolvent.

### Default of Travel Supplier Coverage:

If *you* are covered by either the Deluxe All Inclusive Package, Medically Qualified Deluxe All Inclusive Package, Canada Package or Deluxe Trip Cancellation Package then *you* have default of travel supplier coverage as outlined here and subject to all *policy* terms, conditions, limitations and exclusions. If *your* travel supplier files for bankruptcy or completely ceases operation more than 14 days after *your policy purchase date* and the loss incurred is not recoverable from any other source, either as a reimbursement or equivalent compensation, and the travel supplier is not listed on *our* Travel Guard Alert List (see *our* website [www.TravelGuard.ca](http://www.TravelGuard.ca) or call 1-866-878-0191) prior to *your policy purchase date* then *you* are covered up to *your* insured limits for trip cancellation, trip interruption, and trip delay. *Our* maximum limits of liability are \$7,500 per *insured*; \$2,000,000 per the default of any one travel supplier including its related companies; and \$5,000,000 per the default of all travel suppliers in a calendar year. If loss for all *insureds* exceeds the maximum limits listed above, *we* will pay each *insured* that portion of the benefit stated which the maximum limits bear to the total loss of all persons under all Travel Guard Canada policies.

## Thank you for choosing Travel Guard.

I want to thank you for choosing Travel Guard to provide the affordable and essential insurance you need for travelling.

Travel Guard insures more than 6 million travellers each year, making us the leading travel insurance provider in North America.

At Travel Guard, our mission is simple. We want to be your single source for exceptional travel insurance and assistance whenever and wherever you travel. You have my pledge that we will do everything possible to exceed your expectations. If you have questions about this policy please call our customer service department at 1-866-878-0191.

David LaFayette, CLU  
President and CEO  
Travel Guard Canada

### 24-HOUR EMERGENCY ASSISTANCE

*You* must notify *us* prior to any emergency medical *treatment* and prior to any surgery, invasive procedure or hospitalization. Failure to do so will result in *your* being responsible for 30% of any eligible expenses incurred.

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

## Important Travel Tips

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

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

**Client Name:** \_\_\_\_\_

**Policy No.:** \_\_\_\_\_

**Travel Dates:** \_\_\_\_\_