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EFFECTIVE APRIL 2006

RIGHT TO EXAMINE POLICY

Please review this policy before you travel to ensure it meets your needs. You have 10 days after purchase to return this policy for a full refund, provided your coverage has not begun. Please refer to the sections of the policy that explain when coverage begins. For refunds after coverage has begun, refer to our refund policy also explained in this document.

IMPORTANT NOTICE

Please read your policy carefully before you travel.

What am I covered for?

Coverage is different for each plan; to find out what your coverage is, please read the section titled 'Benefits' under the name of the plan(s) you have purchased. Travel insurance is intended to cover losses arising from sudden, unexpected, and unforeseeable circumstances.

What is not covered?

Travel insurance does not cover everything. Your insurance has exclusions, conditions and limitations. You should carefully read and understand your policy before you travel. Pre-existing medical conditions may be excluded. Any medical condition and/or symptoms you are aware of prior to the *effective date*, whether diagnosed or not, may not be covered.

Does this insurance cover my trip arrangements?

Your trip arrangements are covered when you purchase 'Trip Cancellation & Interruption' coverage. Details of your coverage will be as shown in your confirmation of coverage. Check with your *travel supplier* or agent at the time you book your *trip*, to understand the amounts that are non-refundable. The benefits payable under this policy are limited to the amounts that are non-refundable, as assessed by the *travel supplier* or agent, at the occurrence date of the 'Insured Risk' that was the cause for cancellation, regardless of the date the *trip* is cancelled. It is important to read this carefully and to notify your *travel supplier* or agent on the day (or the next business day) that the cause of cancellation occurs.

What if I have an emergency or claim?

You must notify TIC Emergency Assistance (toll free 1-800-995-1662 or worldwide collect 416-340-0049) prior to any surgery being performed or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%. To apply for benefits, complete the claim form and include all original bills. Incomplete forms will cause delay.

Is my personal information protected?

We are committed to protecting the privacy, confidentiality and security of the personal information we collect, use and disclose. Your personal information, including your medical history, will be collected, used and disclosed only for the purpose of providing you with the requested insurance services. For a copy of TIC's privacy policy, please contact us or visit our website www.travelinsurance.ca.

I want to stay longer. Can I purchase further coverage?

Yes, you can, subject to policy terms and conditions. Just call your agent or TIC (during business hours) prior to the expiry of your policy. You must be in good health and not have incurred any losses during the *period of coverage*. Fees will be charged.

Travel Assistance

TIC or Co-operators Life Insurance Company will use their best efforts to provide assistance for a medical *emergency* arising anywhere in the world. They or their agents will not be responsible for the availability, quantity, quality, or results of any medical treatment received, or for failure to obtain medical service.

Mandatory Statement of Health and Consent (Visitors to Canada Emergency Hospital & Medical Plans only)

We require you to complete and sign an application which includes a statement on your state of health with a consent to access your medical history when necessary if you are a visitor to Canada.

Extended Absence from Canada

Each provincial and territorial government health insurance plan has limitations on how long you can be out of the country and still remain eligible for coverage. Check your health plan for details.

Note: Words in italics indicate they are defined on pages 15.

EMERGENCY HOSPITAL & MEDICAL INSURANCE FOR CANADIANS

U.S.A. and Non-U.S.A. Plans

Multi-trip Basic and Select Plans

Group Sports Plan

Youth Adventure Package Plan

ELIGIBILITY

To be eligible for coverage a person must:

- a) be at least 15 days old; and
- b) be insured for benefits under a Canadian government health insurance plan during the entire *period of coverage*; and
- c) be currently in good health and know of no reason to seek *medical consultation* during the *period of coverage*; and
- d) not reside in a nursing home, convalescent home, or rehabilitation centre; and
- e) not require assistance with daily living activities.

Coverage Begins

When an application has been made and the premium has been paid for a specific plan of insurance, coverage begins on the latest of the date and time:

- a) the completed application is accepted by TIC or its representative; or
- b) indicated as the *effective date* on the application; or
- c) the *insured* departs from their province or territory of residence; or
- d) under the Multi-trip Plan each time the *insured* commences an insured *trip*.

Coverage Ends

Coverage ends on the earliest of the date:

- a) and time the *insured* returns to their province or territory of residence, or
- b) indicated as the *expiry date* on the confirmation of coverage; or
- c) under a Multi-trip Plan, each time the *insured* concludes an insured *trip*.

DESCRIPTION OF COVERAGE

1. The *insurer* agrees to pay up to \$2 million for *reasonable and customary* costs incurred unexpectedly by an *insured Canadian resident* during the *period of coverage*. Costs are paid for acute *emergency hospital, emergency medical, or other covered costs* as provided in the 'Benefits' section, due to *sickness or injury* occurring during the *period of coverage*.
2. For *Canadian residents* not insured under a government health insurance plan, the maximum sum insured is \$3,000.
3. Amounts payable under this plan are in excess of any amounts available or collectible under the government health insurance plan of the province or territory in which the *insured* is covered, or would be covered, or those amounts payable or collectible under any other policy or plan. Refer to 'General Provisions' on page 16.
4. Coverage is world-wide, except under Non-U.S.A. plans, which limit *trips* to the U.S.A. to 5 days while in transit.

MULTI-TRIP PLANS

For the **Basic and Select Multi-trip Plans**, coverage for each separate *trip* commences and becomes effective immediately upon the *insured's* departure from their province or territory of residence and expires when the insured *trip* is concluded.

When a planned *trip* extends beyond the expiration of a Multi-trip Plan, a new Multi-trip Plan must be purchased prior to departure from the *insured's* province or territory of residence. Coverage will be in effect for the maximum number of days for each *trip* as selected under the new Multi-trip Plan options for either of the plans outlined below.

Basic Multi-trip Plan

The maximum *period of coverage per trip* under the Multi-trip Plan is 8, 15, 35, 60 or 105 days, as selected and paid for at the time of application.

Select Multi-trip Plan

The maximum *period of coverage* is 35 days per *trip*.

- **Select Multi-trip Plan Option #1** Includes: Emergency Hospital & Medical coverage and a maximum amount of \$100,000 of Flight Accident Insurance. Refer to page 8 for 'Flight Accident' coverage details.
- **Select Multi-trip Plan Option #2** In addition to the benefits provided under Option #1, Option #2 includes a maximum amount of \$1,000 for Trip Cancellation coverage if the loss occurs prior to departure; a maximum amount of \$2,000 for Trip Interruption after departure; and is subject to all the terms and conditions outlined under 'Trip Cancellation & Interruption'. Refer to page 9 for coverage details.

GROUP SPORTS

Coverage includes Emergency Hospital & Medical for Canadians for groups of 3 or more persons. The maximum *period of coverage* is 35 days.

YOUTH ADVENTURE PACKAGE

Coverage includes:

1. Emergency Hospital & Medical for Canadians
Refer to page 4 for coverage details.
2. Trip Interruption \$1,500
Refer to page 29 for coverage details.
3. Accidental Death & Dismemberment \$10,000
Refer to page 17 for coverage details.
4. Baggage \$500
Refer to page 32 for coverage details.

The maximum age of the *insured* is limited to 30 years. Coverage is worldwide excluding the U.S.A. except for 5 days while in transit.

BENEFITS

Benefits are payable for the following costs.

1. **Emergency Hospital**
The *insurer* agrees to pay for semi-private *hospital* accommodation and for *reasonable and customary* services and supplies necessary for the *emergency* care of the *insured* during confinement as a resident in-patient.
2. **Emergency Medical**
The *insurer* agrees to pay for:
 - a) The services of a legally licensed *physician, surgeon, anaesthetist or registered graduate nurse* (all of whom are not related by blood or marriage to the *insured*).
 - b) The services of a legally licensed *physiotherapist* (who is not related by blood or marriage to the *insured*) when ordered by the attending *physician* as treatment for a covered *injury*. Not to exceed \$500 for out-patient treatment.
 - c) The services of a legally licensed *doctor of chiropractic* (who is not related by blood or marriage to the *insured*) for treatment of a covered *injury*. Not to exceed \$500.
 - d) When performed at the time of the initial *emergency*, lab tests and/or X-ray examination as ordered by a *physician* for the purpose of diagnosis.
 - e) The use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation), to the nearest *hospital* when reasonable and necessary.
 - f) Rental of crutches or *hospital-type* bed, not exceeding the purchase price; and the cost of splints, trusses, braces or other approved prosthetic appliances.
 - g) *Emergency* out-patient services provided by a *hospital*.
 - h) Drugs or medications that require a *physician's* written prescription, not exceeding a one-month supply, to a maximum \$500 per *insured* unless hospitalized as an in-patient.
3. **Meals and Accommodation**
Up to a maximum of \$3,000 will be reimbursed for additional reasonable living costs, child care costs (under age 18, or physically or mentally handicapped *travelling companions* who rely on the *insured* for assistance), essential telephone calls and taxi fares incurred by the *insured* or any *insured* persons remaining with the *insured* while hospitalized as an inpatient during the *period of coverage*.
4. **Transportation of Family or Friend**
Reimbursement of up to \$3,000 for one round-trip economy class transportation by the most direct route, and up to \$1,000 for reasonable costs incurred after arrival by a *family member* or close friend of the *insured* if:
 - a) The *insured* is hospitalized due to a covered *sickness or injury* and the attending *physician* advises the necessary attendance by such persons.
 - b) The local authorities legally require the attendance of such persons to identify the *insured's* remains in the event of death due to a covered *sickness or injury*.
5. **Return of Travelling Companion**
Pays the extra cost of a one-way economy class airfare, to return the *insured's travelling companions* (under age 18, or physically or mentally handicapped *travelling companions* who rely on the *insured* for assistance) and one of the *insured's* accompanying *family members* to their province or territory of residence, when an *insured* is transported to Canada by air ambulance or commercial stretcher, as a result of a covered *emergency sickness or injury* that necessitates immediate ongoing care. Must be pre-approved by TIC.
6. **Return of Vehicle or Watercraft**
Up to \$3,000 will be reimbursed for a commercial agency to return the vehicle or watercraft used for the journey, to the *insured's* home or to the rental agency, if the *insured* is unable to return to Canada with that vehicle or watercraft, due to a covered *sickness or injury*.

7. **Pet Return**

Up to \$300 will be reimbursed for the cost of returning the *insured's* accompanying dog or cat to Canada, if the *insured* is returned to Canada under the 'Emergency Transportation' benefit or hospitalized due to a covered *sickness* or *injury*.

8. **Return of Deceased**

In the event of death due to a covered *sickness* or *injury*, up to \$10,000 will be reimbursed for the costs incurred to return the *insured* in a standard transportation container, to their permanent residence in Canada; or up to \$4,000 for cremation or burial at the place of death.

9. **Accidental Dental**

Up to \$3,000 will be reimbursed for *emergency* treatment or services to whole or sound natural teeth (including capped or crowned teeth) caused by an *accidental* blow to the face. These costs cannot exceed the minimum fee specified in the Canadian Dental Association schedule of fees of the province or territory where the *insured* resides.

10. **Dental Emergencies**

Up to \$500 will be reimbursed for the immediate relief of acute dental pain caused by other than a blow to the face. Dental conditions for which the *insured* has previously received treatment or advice are not covered.

Treatment relating to any dental claim must begin within 48 hours from the onset of the *emergency* and must be completed within the *period of coverage* and prior to the *insured's* return to their province or territory of residence.

11. **Emergency Transportation**

The *insurer* agrees to transport the *insured* to the nearest appropriate medical facility or to a Canadian *hospital* following a covered *emergency sickness* or *injury*. Any *emergency* transportation such as air ambulance, one-way economy airfare, stretcher, and/or a medical attendant, must be pre-approved and arranged by TIC.

12. **Attendant**

Pays the cost of an attendant (not related to the *insured* by blood or marriage) plus the attendant's return economy class airfare, to travel with the *insured's* accompanying *insured travelling companions* (under age 18, or physically or mentally handicapped *travelling companions* who rely on the *insured* for assistance), to their province or territory of residence if an *insured* has been returned to Canada under the 'Emergency Transportation' benefit. This benefit is payable only when approved in advance and arranged by TIC.

13. **Act of Terrorism**

When an *act of terrorism* directly or indirectly causes a loss that would otherwise be payable under this plan, subject to all other policy limits, coverage will be provided as follows:

- a) As a result of any one or a series of *acts of terrorism* occurring within a 72-hour period, the *aggregate limit* payable shall be limited to \$2.5 million for all eligible insurance policies issued and administered by TIC, including this policy.
- b) As a result of any one or a series of *acts of terrorism* occurring in any calendar year, the *aggregate limit* payable shall be limited to \$5 million for all eligible policies issued and administered by TIC, including this policy.

The amount payable for each eligible claim under (a) and (b) above are in excess of all other sources of recovery and shall be reduced on a pro rata basis, so that the total amount paid for all such claims shall not exceed the respective *aggregate limit* which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to the *act(s) of terrorism*.

14. **Return to Original Trip Destination**

If the *insured* is returned to their province or territory of residence under the 'Emergency Transportation' benefit, and the attending *physician* determines that the treatment received in Canada resolved the *emergency*, a maximum *aggregate limit* of \$5,000 will be paid, only when pre-approved and arranged

by TIC, for a one-way economy flight to return the *insured* and one *insured travelling companion* to the original *trip* destination. The return must occur within the *period of coverage* originally provided by this benefit. A subsequent recurrence or complication of the condition that resulted in the *insured* being returned home is excluded under this policy.

SPECIFIC CONDITIONS

1. TIC must be notified prior to any surgery being performed or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible amounts payable by 20%.
2. TIC reserves the right, as reasonably required, to transfer an *insured* to any *hospital* or to transport an *insured* to Canada following an *emergency*. If the *insured* refuses to be transferred or transported when declared medically fit to travel, any continuing costs incurred after the *insured's* refusal will not be covered and the payment of such costs becomes the sole responsibility of the *insured*. Coverage ceases upon the *insured's* refusal and no coverage will be provided to the *insured* for the remainder of the *period of coverage*.
3. 'General Provisions' apply. Refer to page 16.

EXCLUSIONS

Benefits are not payable for costs incurred due to:

EHM1 Any *sickness*, *injury* or medical condition, that exhibited symptoms for which a diagnosis need not have been made or required any or all of, *medical consultation*, prescription medication, medical treatment or hospitalization, within the 180 days immediately prior to the *effective date*. This exclusion applies to persons up to age 70 on the *effective date*, travelling for periods of 36 days or longer and persons age 71 and over for *trips* of any duration.

EHM2 Any *sickness*, *injury* or medical condition for which a diagnosis need not have been made or state of health which, prior to the *effective date* of coverage, was such as to render *expected medical treatment* or hospitalization.

EHM3 Losses while sane or insane due to: emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression; suicide, attempted suicide; or intentional self-inflicted injury.

EHM4 *Act of war*, kidnapping, *act of terrorism* caused directly or indirectly by *nuclear*, *chemical* or *biological* means, riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities or a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by the *insured*, a *family member* or *travelling companion*.

EHM5 Any *sickness*, *injury* or medical condition for which a diagnosis need not have been made where a *trip* is undertaken for the purpose of securing medical treatment or advice.

EHM6 Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports the *insured* was affected by, or the medical condition causing the loss was in any way contributed to by, the use of alcohol, prohibited drugs, or any other intoxicant; the non-compliance with prescribed treatment or medical therapy; or the misuse of medication.

EHM7 Any *medical consultation* that is non-emergency, elective or the consequence of a prior elective procedure.

EHM8 Travelling against the advice of a *physician* or any loss resulting from a *sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.

EHM9 Any treatment, investigation or hospitalization which is a continuation of, or subsequent to, *emergency* treatment of a *sickness* or *injury*, or treatment which can be reasonably delayed until the *insured* returns to Canada (whether or not they intend to return) by the next available means of transportation, unless approved in advance by TIC.

EHM10 A recurrence or complication of the *sickness, injury* or medical condition that resulted in the *insured* being returned home if the *insured* elects to resume their *trip* after being returned to Canada.

EHM11 Any rehabilitation or convalescent care.

EHM12 *Injury* resulting from training for or participating in speed contests usually and customarily in excess of 60 km per hour, *professional* sport activities, or organized motor sport contests.

EHM13 Routine or elective treatment for pregnancy within the first 32 weeks of the pregnancy.

EHM14 Pregnancy within 8 weeks of the expected delivery date.

EHM15 *Sickness* or *injury* resulting from a motor vehicle *accident* where the *insured* is entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance.

EHM16 Dental or cosmetic surgery unless such *emergency* surgery is a result of a covered *injury*.

EHM17 Treatment or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/medical plan.

EHM18 Naturopathic, holistic or acupuncture treatment.

EHM19 Costs that exceed the *reasonable and customary* rate for the area where the treatment or services are being performed.

EHM20 Any nuclear occurrence, however caused.

EHM21 Any loss resulting from an *act of terrorism* on a *trip* while at a destination where, prior to the *insured's* departure to that destination, a statement regarding terrorism is made in the 'Travel Report' issued by the Canadian Department of Foreign Affairs advising or recommending that Canadians should not travel to that destination during the *period of coverage*.

CLAIMS PROCEDURES

Important Notes

1. In the event of a medical *emergency*, TIC must be notified prior to any surgery being performed or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%. To make your claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.
2. Claims must be reported within 30 days of occurrence.
3. Written proof of claim must be submitted within 60 days of occurrence.
4. Any costs incurred for documentation or required reports are the *insured's* or claimant's responsibility.

When submitting your claim please include:

1. A fully completed and signed claim form with all original bills and receipts. Incomplete forms will delay your claim.
2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating *physician*. Any fee for completing the certificate is not a benefit under this insurance.
3. For physiotherapy visits, a letter from the referring *physician* recommending a referral to the physiotherapist.
4. Completed appropriate provincial government health insurance plan forms; see claim form for details.
5. For Multi-trip Plans, include proof of original departure from and return to your province or territory of residence.
6. Any other documentation that may be required and/or requested by TIC.

All claims forms are available online at www.travelinsurance.ca or by calling the TIC Claims Department. See page 17 for mailing address.

VISITORS TO CANADA EMERGENCY HOSPITAL & MEDICAL

Basic Plan

Select Plan

ELIGIBILITY

To be eligible for coverage a person must:

- a) be at least 15 days old; and
- b) not be insured or eligible for benefits under a Canadian government health insurance plan; and
- c) be currently in good health and know of no reason to seek *medical consultation* during the *period of coverage*; and
- d) not have resided in Canada longer than two consecutive years; and
- e) not reside in a nursing home, convalescent home, or rehabilitation centre; and
- f) not require assistance with daily living activities.

Coverage Begins

When an application has been made and the premium has been paid for a specific plan of insurance, coverage begins on the latest of the date and time:

- a) the completed application is accepted by TIC or its representative; or
- b) indicated as the *effective date* on the application; or
- c) the *insured* departs from their *country of origin*;

except coverage for loss resulting from *sickness* begins 48 hours thereafter, unless this coverage was purchased prior to arrival in Canada or before the *expiry date* of a TIC 'Visitors to Canada' policy.

Coverage Ends

Coverage ends on the earliest of the date:

- a) and time the *insured* arrives in their *country of origin*, or
- b) indicated as the *expiry date* on the confirmation of coverage; or
- c) 365 days after the *effective date* for this policy; or
- d) the date the *insured* becomes eligible under a Canadian government health insurance plan.

DESCRIPTION OF COVERAGE

1. The *insurer* agrees to pay up to the sum insured as indicated on the confirmation of coverage, for *reasonable and customary* costs incurred unexpectedly by an *insured* during the *period of coverage*. Costs are paid for acute *emergency* hospitalization, *emergency* medical, or other covered costs as provided in the 'Benefits' section, due to *sickness* or *injury* occurring during the *period of coverage*.
2. Costs incurred outside of Canada are covered provided that the majority of the time covered under this insurance is spent in Canada. Costs will not be paid when incurred in the *insured's* *country of origin*.
3. For persons insured under the 'Basic Plan', costs are paid up to the sum insured in excess of the first \$50 per *insured*.

BENEFITS For Basic Plan and Select Plan

Benefits are payable for the following costs:

1. Emergency Hospital

The *insurer* agrees to pay for semi-private *hospital* accommodation and for *reasonable and customary* services and supplies necessary for the *emergency* care of the *insured* during confinement as a resident in-patient.

2. Emergency Medical

The *insurer* agrees to pay for:

- a) The services of a legally licensed *physician*, surgeon, anaesthetist or registered graduate nurse (all of whom are not related by blood or marriage to the *insured*).
- b) The services of a legally licensed physiotherapist (who is not related by blood or marriage to the *insured*) when ordered by the attending *physician* as treatment for a covered *injury*. Not to exceed \$500 for out-patient treatment.

- c) The services of a legally licensed doctor of chiropractic (who is not related by blood or marriage to the *insured*) for treatment of a covered *injury*. Not to exceed \$500.
- d) When performed at the time of the initial *emergency*, lab tests and/or X-ray examination as ordered by a *physician* for the purpose of diagnosis.
- e) The use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation) to the nearest *hospital*, when reasonable and necessary.
- f) Rental of crutches or *hospital*-type bed, not exceeding the purchase price; and the cost of splints, trusses, braces or other approved prosthetic appliances.
- g) *Emergency* out-patient services provided by a *hospital*.
- h) Drugs or medications that require a *physician's* written prescription, not exceeding a one-month supply, to a maximum \$500 per *insured* unless hospitalized as an in-patient.

3. Return of Deceased

In the event of death due to a covered *sickness* or *injury*, up to \$10,000 will be reimbursed for costs incurred to return the *insured* in a standard transportation container, to their permanent residence, or up to \$4,000 for cremation or burial at the place of death.

4. Accidental Dental

Up to \$3,000 will be reimbursed for *emergency* treatment or services to whole or sound natural teeth (including capped or crowned teeth) caused by an *accidental* blow to the face. These costs cannot exceed the minimum fee specified in the Canadian Dental Association schedule of fees of the province or territory where the dental cost was incurred.

5. Dental Emergencies

Up to \$500 will be reimbursed for the immediate relief of acute dental pain caused by other than a blow to the face. Dental conditions for which the *insured* has previously received treatment or advice are not covered.

Treatment relating to any dental claim must begin within 48 hours from the onset of the *emergency* and must be completed within the *period of coverage* and prior to the *insured's* return to their *country of origin*.

6. Act of Terrorism

When an *act of terrorism* directly or indirectly causes a loss that would otherwise be payable under this plan, subject to all other policy limits, coverage will be provided as follows:

- a) As a result of any one or a series of *acts of terrorism* occurring within a 72-hour period, the *aggregate limit* payable shall be limited to \$2.5 million for all eligible insurance policies issued and administered by TIC, including this policy.
- b) As a result of any one or a series of *acts of terrorism* occurring in any calendar year, the *aggregate limit* payable shall be limited to \$5 million for all eligible policies issued and administered by TIC, including this policy.

The amounts payable for each eligible claim under (a) and (b) above, are in excess of all other sources of recovery and shall be reduced on a pro rata basis, so that the total amount paid for all such claims shall not exceed the respective *aggregate limit* which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to *act(s) of terrorism*.

7. Emergency Transportation

The *insurer* agrees to transport the *insured* to their *country of origin* when immediate *medical consultation* is required following a covered *emergency sickness* or *injury*. Any *emergency* transportation such as air ambulance, one-way economy airfare, stretcher and/or a medical attendant must be approved and arranged by TIC.

8. Return Home

When approved and arranged by TIC, up to \$3,000 will be paid for the additional cost of one-way economy transportation by the most direct route to the *insured's country of origin* if

a covered *sickness* or *injury* necessitates the immediate return of the *insured* during the *period of coverage*. This benefit also includes one additional *insured family member*.

ADDITIONAL BENEFITS For Select Plan

Benefits are payable for the following costs:

1. Follow-up visits

Out-patient follow-up visits are limited to two visits to the *insured's physician* when medically required following treatment of a covered *emergency sickness* or *injury* unless approved in advance by TIC.

2. Accidental Death & Dismemberment

\$25,000 sum insured (Refer to page 7)

3. Transportation of Family or Friend

Up to \$3,000 for one round-trip economy class transportation by the most direct route, and up to \$1,000 for reasonable costs incurred after arrival by a *family member* or close friend of the *insured* if:

- a) the *insured* is hospitalized due to a covered *sickness* or *injury* and the attending *physician* advises the necessary attendance by such persons; or
- b) local authorities legally require the attendance of such persons to identify the *insured's* remains in the event of death due to a covered *sickness* or *injury*.

4. Attendant

Up to \$50 a day, to a maximum of \$500 for an attendant (who is not related by blood or marriage to the *insured*) to care for the accompanying *insured travelling companions* (under age 18, or physically or mentally handicapped *travelling companions* who rely on the *insured* for assistance), if the *insured* is hospitalized for 48 hours or more resulting from an *emergency*. This benefit is only payable when approved in advance by TIC.

SPECIFIC CONDITIONS

1. TIC must be notified prior to any surgery being performed or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%.
2. TIC reserves the right as reasonably required, to transfer an *insured* to any *hospital* or to transport an *insured* to their *country of origin* following an *emergency*. If the *insured* refuses to be transferred or transported when declared medically fit to travel, any continuing costs incurred after the *insured's* refusal will not be covered and the payment of such costs becomes the sole responsibility of the *insured*. Coverage ceases upon the *insured's* refusal and no coverage will be provided to the *insured* for the remainder of the *period of coverage*.
3. 'General Provisions' apply. Refer to page 16.

EXCLUSIONS

Benefits are not payable for costs incurred due to:

VTC1 Any *sickness*, *injury* or medical condition that exhibited symptoms for which a diagnosis need not have been made or required any or all of: *medical consultation*, prescription medication, medical treatment or hospitalization, within 180 days immediately preceding the *effective date*.

VTC2 Any *sickness* for which symptoms occurred within 48 hours of the *effective date*, except when application for this insurance is completed: a) prior to arrival in Canada; or b) before the *expiry date* of an existing TIC 'Visitors to Canada' policy.

VTC3 Any *sickness*, *injury*, or medical condition for which a diagnosis need not have been made or state of health which, prior to the *effective date* was such as to render *expected medical treatment* or hospitalization.

VTC4 Losses while sane or insane due to: emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression; suicide or attempted suicide; or intentional self-inflicted injury.

VTC5 Act of war, kidnapping, act of terrorism caused directly or indirectly by nuclear, chemical or biological means; riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities or a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by the insured, a family member or travelling companion.

VTC6 Any sickness, injury or medical condition for which a diagnosis need not have been made, where the trip is undertaken for the purpose of securing medical treatment or advice.

VTC7 Loss, death or injury, if at the time of the loss, death or injury, evidence supports the insured was affected by, or the medical condition causing the loss was in any way contributed to by, the use of alcohol, prohibited drugs, or any other intoxicant; the non-compliance with a prescribed treatment or medical therapy; or the misuse of medication.

VTC8 Any medical consultation that is non-emergency, elective or the consequence of a prior elective procedure.

VTC9 Travelling against the advice of a physician or any loss resulting from a sickness or medical condition that was diagnosed by a physician as terminal prior to the effective date of this policy.

VTC10 Any treatment, investigation or hospitalization which is a continuation of, or subsequent to, emergency treatment of a sickness or injury, or treatment which can be reasonably delayed until the insured returns to their country of origin (whether or not they intend to return) by the next available means of transportation unless approved in advance by TIC, except as stated under the 'Follow-up Visits' Benefit of the Select Plan.

VTC11 Any rehabilitation or convalescent care.

VTC12 Injury resulting from training for or participating in speed contests, usually and customarily in excess of 60 km per hour, professional sport activities, or organized motor sport contests.

VTC13 Any loss incurred as a result of pregnancy, abortion, miscarriage, childbirth or complications thereof.

VTC14 Sickness or injury resulting from a motor vehicle accident where the insured is entitled to receive benefits pursuant to any policy or legislative plan of motor vehicle insurance.

VTC15 Dental or cosmetic surgery unless such emergency surgery is a result of a covered injury.

VTC16 Treatment or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/medical plan.

VTC17 Naturopathic, holistic or acupuncture treatment.

VTC18 Costs that exceed the reasonable and customary rate for the area where the treatment or services are being performed.

VTC19 Any loss incurred outside of Canada when the insured has not spent the majority of the period of coverage in Canada.

VTC20 Any loss incurred inside an insured's country of origin, which is other than Canada.

VTC21 Any nuclear occurrence, however caused.

VTC22 Any loss resulting from an act of terrorism on a trip while at a destination where, prior to the insured's departure to that destination, a statement regarding terrorism is made in the 'Travel Report' issued by the Canadian Department of Foreign Affairs advising or recommending that Canadians should not travel to that destination during the period of coverage. This exclusion applies to visitors to Canada.

CLAIMS PROCEDURES

Important Notes

1. In the event of a medical emergency, TIC must be notified prior to any surgery being performed or within 24 hours of admission to a hospital. Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%. To make your claim, fill out the claim form completely and include all original bills. Incomplete information will cause delay.
2. Claims must be reported within 30 days of occurrence.

3. Written proof of claim must be submitted within 60 days of occurrence.
4. Any costs incurred for documentation or required reports are the insured's or claimant's responsibility.

When submitting your claim please include:

1. A completed and signed claim form with all original bills and receipts. Incomplete forms will delay your claim.
2. Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating physician. Any fee for completing the certificate is not a benefit under this insurance.
3. Further documentation may be required upon review of your claim.

All claims forms are available online at www.travelinsurance.ca or by calling the TIC Claims Department. See page 17 for mailing address.

ACCIDENTAL DEATH & DISMEMBERMENT

ELIGIBILITY

To be eligible for coverage a person must:

- a) be at least 15 days old; and
- b) not reside in a nursing home, convalescent home, or rehabilitation centre; and
- c) not require assistance with daily living activities.

Coverage Begins

When an application has been made and the premium has been paid for each person insured under this plan, coverage begins on the latest of the date and time:

- a) the completed application is accepted by TIC or its representative; or
- b) indicated as the effective date on the application; or
- c) the insured departs from their country of origin or province or territory of residence.

Coverage Ends

Coverage ends on the earliest of the date:

- a) and time the insured arrives in their country of origin, or province or territory of residence; or
- b) indicated as the expiry date on the confirmation of coverage; or
- c) 365 days after the effective date for this policy.

DESCRIPTION OF COVERAGE

The insurer agrees to pay up to the sum insured indicated on the confirmation of coverage, for loss of life, limb or sight resulting directly from accidental injury, occurring during the period of coverage, except while boarding, riding in, or alighting from an aircraft.

Coverage is limited to:

- a) \$25,000 for each insured under the Visitors to Canada Select Plan; and
- b) \$10,000 for each insured under the Trip Cancellation & Interruption Select Plan.

BENEFITS

Benefits are payable according to the following schedule:

- a) 100% of sum insured resulting from the same accidental injury for loss of:
 - i. life; or
 - ii. entire sight of both eyes; or
 - iii. both hands; or
 - iv. both feet; or
 - v. one hand and entire sight of one eye; or
 - vi. one foot and entire sight of one eye.
- b) 50% of sum insured resulting from the same accidental injury for loss of:
 - i. entire sight of one eye; or
 - ii. one hand; or
 - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means total and irrecoverable loss of the entire sight.

Only one amount is payable (the largest) if the *insured* suffers more than one of these losses.

Exposure and Disappearance

If the *insured* is exposed to the elements or disappears as a result of an *accident*, a loss will be covered if:

- a) as a result of such exposure, the *insured* suffers one of the losses specified in the schedule of losses above; or
- b) the body of the *insured* has not been found within 52 weeks from the date of the *accident* it will be presumed, subject to evidence to the contrary, that the *insured* suffered loss of life.

EXCLUSIONS

Benefits are not payable for losses incurred due to:

ADD1 Losses while sane or insane due to: emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression; suicide or attempted suicide; or intentional self-inflicted injury.

ADD2 Act of war, kidnapping, act of terrorism including those caused directly or indirectly by nuclear, chemical or biological means; riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities or a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by the *insured*, a family member or travelling companion.

ADD3 Loss, death or injury, if at the time of the loss, death or injury, evidence supports the *insured* was affected by, or the medical condition causing the loss was in any way contributed to by, the use of alcohol, prohibited drugs, or any other intoxicant; the non-compliance with a prescribed treatment or medical therapy; or the misuse of medication.

ADD4 Travelling against the advice of a physician or any loss resulting from a sickness or medical condition that was diagnosed by a physician as terminal prior to the effective date of this policy.

ADD5 Injury resulting from training for or participating in speed contests usually and customarily in excess of 60 km per hour, professional sport activities, or organized motor sport contests.

ADD6 Being the occupant of an aircraft, either as passenger or crew.

ADD7 Any nuclear occurrence, however caused.

CLAIMS PROCEDURES

Important Notes

1. Written proof of claim must be submitted to TIC within 90 days of occurrence.
2. If the claim form is not fully completed and submitted with all required documentation this may delay your claim.
3. Any costs incurred for documentation or required reports are the *insured's* or claimant's responsibility.

When submitting your claim please include:

1. A fully completed and signed claim form by either the *insured* person, or in the case of death, by the appointed executor/executrix.
2. Police report including any witness statements.
3. Coroner's report.
4. Death certificate.
5. Medical Certificate completed by the attending physician or hospital medical records.
6. Any other documents requested by TIC after initial review of the claim.

All claims forms are available online at www.travelinsurance.ca or by calling the TIC Claims Department. See page 17 for mailing address.

FLIGHT ACCIDENT

ELIGIBILITY

To be eligible for this coverage a person must be at least 15 days old.

Coverage Begins

When an application has been made and the premium has been paid for this insurance, coverage begins on the latest of the date and time:

- a) the completed application is accepted by TIC or its representative; or
- b) indicated as the *effective date* on the application; or
- c) the *insured* commences travel as described under the 'Risks Insured' section of this coverage.

Coverage Ends

Coverage ends on the earliest of:

- a) the *expiry date* on the confirmation of coverage; or
- b) the date and time the *insured* ceases travel as described under the 'Risks Insured' section of this coverage.

DESCRIPTION OF COVERAGE

The *insurer* agrees to pay up to a maximum sum insured of either \$200,000 or \$500,000 as indicated on the confirmation of coverage, for loss of life, limb or sight directly resulting from *accidental injury* occurring worldwide during the *period of coverage*.

1. Each person insured under the 'Multi-trip Select Plan' has a maximum sum insured of \$100,000.
2. Each person insured under 'Trip Cancellation & Interruption Select Plan' has a maximum sum insured of \$50,000.

Coverage is for all flights ticketed and arranged prior to the *effective date*.

The total *aggregate limit* for *accidental injury* resulting from a risk insured under the 'Flight Accident' benefit is \$10 million.

BENEFITS

Benefits are payable according to the following schedule:

- a) 100% of sum insured resulting from the same *accidental injury* for loss of:
 - i. life; or
 - ii. entire sight of both eyes; or
 - iii. both hands; or
 - iv. both feet; or
 - v. one hand and entire sight of one eye; or
 - vi. one foot and entire sight of one eye
- b) 50% of sum insured resulting from the same *accidental injury* for loss of:
 - i. sight of one eye; or
 - ii. one hand; or
 - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means total and irrecoverable loss of the entire sight.

Only one amount is payable (the largest) if the *insured* suffers more than one of these losses.

Exposure and Disappearance

If the *insured* is exposed to the elements or disappears as a result of a flight accident, a loss will be covered if:

- a) as a result of such exposure, the *insured* suffers one of the losses specified in the schedule of losses above, or
- b) the body of the *insured* has not been found within 52 weeks from the date of the flight accident. It will be presumed, subject to evidence to the contrary, that the *insured* suffered loss of life.

RISKS INSURED

Benefits are limited to payment for losses occurring during the *period of coverage* while the *insured* is:

- a) Riding solely as a ticketed passenger in, or boarding or alighting from, a certified multi-engine transportation-type

aircraft or passenger aircraft provided by a regularly scheduled airline on any regularly scheduled *trip* operated between licensed airports.

- b) On airport premises immediately before boarding or immediately after alighting from an aircraft; or while riding as a passenger in an airport limousine or bus, or surface vehicle provided, and arranged for, by the airline or airport authority, when going to or after being at an airport for the purpose of boarding an aircraft or alighting from an aircraft.

EXCLUSIONS

Benefits are not payable for loss resulting from:

FAC1 Losses while sane or insane due to: emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression; suicide or attempted suicide; or intentional self-inflicted injury.

FAC2 *Act of war*, kidnapping, *act of terrorism* including those caused directly or indirectly by *nuclear, chemical or biological* means; riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities or a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by the *insured*, a *family member* or *travelling companion*.

FAC3 Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports the *insured* was affected by, or the medical condition causing the loss was in any way contributed to by, the use of alcohol, prohibited drugs, or any other intoxicant; the non-compliance with a prescribed treatment or medical therapy; or the misuse of medication.

FAC4 Any nuclear occurrence, however caused.

CLAIMS PROCEDURES

Important Notes

1. Written proof of claim must be submitted within 90 days of occurrence.
2. To submit your claim, fill out the claim form completely and include all necessary documents. Incomplete information will cause delay.
3. Any costs incurred for documentation or required reports are the *insured's* or claimant's responsibility.

When submitting your claim please include:

1. Fully completed and signed claim form (completed by either the *insured* person, or in the case of death, by the appointed executor/executrix).
2. Copy of flight itinerary.
3. Copy of incident report from airline or airport.
4. Medical Certificate completed by the attending *physician* or *hospital* medical records.
5. Death certificate (in the event of death).

All claims forms are available online at www.travelinsurance.ca or by calling the TIC Claims Department. See page 17 for mailing address.

TRIP CANCELLATION & INTERRUPTION

Basic Plan

Select Plan

All-inclusive Package – U.S.A. and Non-U.S.A. Plans

ELIGIBILITY

To be eligible for coverage a person must:

- a) be at least 15 days old; and
- b) be scheduled to travel on a *trip* to, from or within Canada; and
- c) purchase this coverage within 48 hours of paying the non-refundable deposit to the *travel supplier* or agent for the *trip* and before any cancellation penalties are applicable.

Coverage Begins

When an application has been made and the premium has been paid for a specific plan of insurance, coverage begins on the latest of the date and time:

- a) the completed application is accepted by TIC or its representative; or
- b) indicated as the *application date*.

Coverage Ends

Coverage ends on the earliest of the date:

- a) of occurrence of the Insured Risk which results in the cancellation of the *insured's trip* prior to the scheduled departure date; or
- b) and time the *insured* returns to their permanent residence; or
- c) indicated as the *expiry date* on the confirmation of coverage; or
- d) 365 days from the *application date* for 'Prior to Departure' benefits.

DESCRIPTION OF COVERAGE

The *insurer* agrees to pay up to the sum insured indicated on the confirmation of coverage, for losses resulting from an 'Insured Risk' occurring during the *period of coverage*. Coverage is provided worldwide for *trips* to, from or within Canada. Benefits are limited to the non-refundable amounts assessed by the *travel supplier* as of the date of occurrence of the 'Insured Risk', *injury* or the ultimate diagnosis of a *sickness* that was the cause of the cancellation, regardless of the date the *trip* is cancelled.

ALL-INCLUSIVE PACKAGE

U.S.A Plan

Non-U.S.A. Plan

Coverage includes:

1. 'Emergency Hospital & Medical for Canadians' Refer to page 2 for coverage details.
2. 'Trip Cancellation & Interruption – Select Plan' Refer to page 9 for coverage details.

BENEFITS For Basic Plan and Select Plan

Benefits are payable for the following costs:

- a) **Prior to Departure**
 - i. The non-refundable, non-recoverable portion of prepaid airfare and/or pre-paid travel arrangements.
 - ii. The single supplement charged as the result of a *travelling companion* or accompanying *family member* who is unable to travel due to an 'Insured Risk'.
- b) **After Departure**
 - i. The extra cost of economy transportation by the most direct route to continue with the *insured trip* if the *insured* misses a portion of his/her *trip* due to *sickness* or *injury* of the *insured*, a *travelling companion* or accompanying *family member*.
 - ii. The non-refundable portion of unused, pre-paid, insured travel arrangements for the *trip* (excluding partially used airline tickets) booked prior to departure, and the extra cost of economy airfare by the most direct route, to return to the point of departure.
 - iii. In the event of death due to a covered *sickness* or *injury*, up to \$10,000 will be reimbursed for costs incurred to return the *insured* in a standard transportation container, to their permanent residence, or up to \$4,000 for cremation or burial at the place of death, when the *insured* is not covered under any other insurance plan.
- c) **Prior To or After Departure**

In the event that a delay of the connecting carrier or automobile at the departure point causes a missed connection, provided the connecting carrier or automobile was scheduled to arrive not less than two hours prior to the scheduled connection time due to:

- Weather conditions or mechanical failure of the connecting carrier (airline, bus, train or government-operated ferry system); or
- Traffic accident or emergency police road closure (police report required) causes the delay of a private or commercial automobile.

The *insurer* agrees to pay:

- the extra cost of economy transportation to the ticketed destination;
- the unusable pre-paid, insured travel arrangements; and
- an out-of-pocket allowance of up to \$200 per day to a maximum of \$600 for commercial accommodation and meals, essential telephone calls and taxi fares.

ADDITIONAL BENEFITS For Select Plan

Benefits are payable for the following costs:

1. Meals and Accommodation

In the event that the *insured's* trip is interrupted or delayed beyond the *expiry date* shown in the confirmation of coverage, as a result of *sickness* or *injury* of the *insured*, a *travelling companion*, or an accompanying *family member*, additional commercial accommodation and meals, essential telephone calls and taxi fares will be reimbursed up to \$300 per day to a maximum of \$1,000.

2. Delayed Baggage

In the event that the *insured's* luggage or personal possessions are delayed or lost for 12 hours or more, while en route and before returning to the original point of departure, costs for reasonable and necessary toiletries and clothing will be reimbursed up to a maximum of \$200. Purchases must be made within 36 hours of arrival at the *insured's* destination and prior to receipt of the *insured's* baggage.

3. Tour Operators

In the event that the *insured's* tour is cancelled or re-scheduled by the tour operator for any reason other than *default*, up to \$1,000 will be payable for the non-refundable pre-paid travel arrangements that are not a part of the cancelled or re-scheduled tour package.

4. Accidental Death & Dismemberment

\$10,000 sum insured. Refer to page 7 for details of coverage.

5. Flight Accident

\$50,000 sum insured. Refer to page 8 for details of coverage.

6. Baggage

\$500 sum insured. Refer to page 13 for details of coverage.

INSURED RISKS

The Benefits listed above are payable if the *insured's* trip is cancelled prior to the scheduled departure date, curtailed prior to the scheduled return date, or delayed after the scheduled return date as the result of:

Health

- Sickness, injury* or death of the *insured*, or a *family member*, or a *travelling companion*, or *travelling companion's* family member or a *key employee* of the *insured*.
- The death of a friend of the *insured*.
- The death or hospitalization of the *insured's* host at the destination.
- Sickness, injury* or death of a person or persons with whom arrangements were made for the care of dependents living in the *insured's* household.

Legal

- The *insured* has been called to jury duty, or been subpoenaed as a witness, and the court proceeding is scheduled to be heard during the period of the *trip* (excluding law enforcement officers).
- The legal adoption of a child by the *insured* during the period of the *trip*, which necessitates cancellation of the *trip*.

External

- The schedule change of the airline carrier that is providing transportation for a portion of the insured *trip*, causing the

insured to miss a connection or resulting in the interruption of the insured travel arrangements.

- The *insured's* failure to obtain a valid travel visa (excluding an immigration, student or employment visa) necessary to enter the country of destination of the *trip*, for reasons beyond the *insured's* control provided the *insured* is a *Canadian resident* and eligible to apply, and the failure to obtain valid documents is not the result of a late or previously denied application.
- Default* of a *travel supplier* ceasing operations as a result of bankruptcy.
- A disaster which renders the *insured's* principal residence, in their country of permanent residence, uninhabitable.
- A statement on terrorism or health risk made in the 'Travel Report' issued by the Canadian Department of Foreign Affairs or Public Health Agency of Canada after the *application date*, advising or recommending that Canadians should not travel to the booked destination for a period that would include the *insured's* scheduled *trip*.
- Hijacking or quarantine of the *insured*.
- Adverse weather which would prevent the *insured* from travelling for a period not less than 30% of the total duration of the insured *trip* when the *insured* chooses not to continue with the *trip* prior to departure from the point of origin.
- Cancellation prior to departure, of a *business meeting* that the *insured* is required to attend by his/her employment or a conference arranged by the *insured's* professional association, and the cancellation is beyond the control of the *insured*, the *insured's* employer or association.
- Rescheduling of an examination at an accredited Canadian or American university or college after the *trip* was booked and due to circumstances beyond the *insured's* control. A copy of the original official examination schedule and the notice of rescheduling must accompany any claim submission. The rescheduled examination must occur during the *period of coverage*.

Work

- A job transfer within 30 days of the *insured's* scheduled departure date, by the *insured's* employer, that requires relocation of the *insured's* principal residence (not applicable to self-employed persons).

SPECIFIC CONDITIONS

- Upon the occurrence of an 'Insured Risk' that results in cancellation, curtailment or delay of the *insured's* *trip*, the *travel supplier* or agent must be notified on the same day or next business day that the cause of cancellation, *injury* or ultimate diagnosis of *sickness* occurs.
- Benefits are limited to the non-refundable amounts assessed by the *travel supplier* as of the date of occurrence of the 'Insured Risk', *injury* or the ultimate diagnosis of a *sickness*.
- When *family members* are travelling together, the total *aggregate limit* is 12 *insured* persons, regardless of the number of policies issued, unless authorized by TIC.
- When *travelling companions* are travelling together, the total *aggregate limit* is 5 *insured* persons, regardless of the number of policies issued, unless authorized by TIC.
- No benefits are payable when the *insured's* return to the point of origin is beyond 10 days from the *expiry date* specified in the confirmation of coverage, unless the *insured* or a *travelling companion* suffering the *sickness* or *injury* was confined in a *hospital*, or was certified as medically unfit to travel by the attending *physician* at the location treatment was provided.
- Reimbursement of any eligible additional costs are limited to the lesser of:
 - the change-fee;
 - a one-way economy class airfare; or
 - a return economy class airfare;
 all by the most direct route.

7. All claims due to *sickness* or *injury* must be supported by documentation from the attending *physician* at the location where *sickness* or *injury* leading to cancellation occurred.
8. 'General Provisions' of this policy apply. Refer to page 16.

EXCLUSIONS

Benefits are not payable for costs incurred due to:

CANX1 Any *sickness*, *injury* or medical condition of an *insured*, *family member*, *travelling companion* or *travelling companion's family member* or *key employee* of the *insured*, that exhibited symptoms for which a diagnosis need not have been made or required any or all of: *medical consultation*, medical treatment or hospitalization, within the 90 days immediately preceding the *application date*.

CANX2 Any *sickness*, *injury* or medical condition for which a diagnosis need not have been made or state of health which, prior to the *application date*, was such as to render *expected medical treatment* or hospitalization.

CANX3 Losses while sane or insane due to: emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression; suicide, attempted suicide; or intentionally self-inflicted injury.

CANX4 *Act of war*, kidnapping, *act of terrorism* including those caused directly or indirectly by *nuclear*, *chemical* or *biological* means; riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities or a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by the *insured*, a *family member* or *travelling companion*.

CANX5 Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports the *insured* was affected by, or the medical condition causing the loss was in any way contributed to by, the use of alcohol, prohibited drugs, or any other intoxicant; the non-compliance with a prescribed treatment or medical therapy; or the misuse of medication.

CANX6 Any *sickness*, *injury* or medical condition for which a diagnosis need not have been made, where the *trip* is undertaken for the purpose of securing medical treatment or advice.

CANX7 Any *medical consultation* that is non-emergency or any procedure or treatment that is elective or the consequence of a prior elective procedure.

CANX8 Travelling against the advice of a *physician* or any loss resulting from a *sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.

CANX9 *Injury* resulting from training or participating in speed contests usually and customarily in excess of 60 km per hour, *professional* sport activities, or organized motor sport contests.

CANX10 Loss incurred as a result of pregnancy, or childbirth, or complications thereof occurring within 8 weeks of the expected date of delivery.

CANX11 Loss incurred as a result of pregnancy which are routine or elective and which occur within the first 32 weeks of pregnancy.

CANX12 A *trip* undertaken for the purpose of visiting or attending to an ailing person whose medical condition or ensuing death is the cause of cancellation or curtailment of the *insured trip* or delays the *insured's* return home.

CANX13 Loss for any event prior to departure, which might reasonably have been expected to necessitate the immediate return or delay the return of the *insured*.

CANX14 Loss for any event which, on the *application date*, could reasonably have been expected to prevent the *insured* from travelling as booked.

CANX15 Losses recovered or which are recoverable from any other source, including trustees or any government compensation fund.

CANX16 Loss arising as a consequence of the bankruptcy or insolvency of a retail travel agent, agency or broker, whether or not otherwise entitled to the benefit of this insurance.

CANX17 Losses arising as a result of a *default* of the *travel supplier* if, at the time of booking and/or application, the *travel supplier* is bankrupt, insolvent, in receivership, or has sought protection from creditors under any bankruptcy or related legislation.

CANX18 Losses arising as a result of *default* of an *American travel supplier* if the services to be provided by the *American travel supplier* are not part of a package tour sold to the *insured* by an appointed representative of TIC.

CANX19 Losses arising from *default* of a *travel supplier* for travel services purchased by the *insured* direct from the *travel supplier*, or from other than an appointed representative of TIC.

CANX20 Any amounts assessed by the *travel supplier* that are non-refundable after the date of the occurrence of an 'Insured Risk', *injury* or ultimate diagnosis of a *sickness* that was the cause of the cancellation, regardless of the date the *trip* was cancelled.

CANX21 Any nuclear occurrence, however caused.

CLAIMS PROCEDURES

1. Claims must be reported within 30 days of occurrence.
2. Written proof must be submitted within 90 days of occurrence.

Important Notes:

- a) If an *insured trip* must be cancelled, the *travel supplier* or agent must be notified on the day (or the next business day) that the cause of cancellation occurs. Benefits are limited to the amounts that are non-refundable, at the occurrence date of the 'Insured Risk' that was the cause for cancellation, regardless of the date the *trip* is cancelled.
- b) Any fees for the completion of medical certificates or claims forms are not covered under this insurance.

When submitting your claim please include:

- a) **Trip Cancellation, Interruption and Delay**
 - i. A fully completed and signed claim form. Incomplete forms will be returned and will delay processing of your claim.
 - ii. Both the *insured* and the claimant (if other than the *insured*) must sign the Authorization and Certification.
 - iii. A Medical Certificate completed by the treating *physician*. A copy of the patient's/deceased's medical records may be required.
 - iv. If cancellation is due to death, copy of death certificate.
 - v. If cancellation is due to any reason other than *sickness*, *injury* or death, please contact the TIC Claims Department for detailed claims requirements.
- b) **Prior to Departure (in addition to the requirements for item a) above)**
 - i. Itemized copy of the invoice confirming the amount paid for your *trip*, including the cost of airfare, hotel, taxes, service fees and any other expenses.
 - ii. Proof of payment such as: a credit card statement, a copy of a cancelled cheque, or a copy of the official receipt issued by the travel agency.
 - iii. Statement of refund from the *travel supplier* or agent if applicable.
 - iv. Original unused airline tickets and any other original travel documentation (if you did not get a refund from any other source).
- c) **After Departure (in addition to the requirements for item a) above)**
 - i. Original unused airline ticket and passenger coupon of the new replacement ticket purchased to return home.
 - ii. If only a change-fee was charged, receipt showing the amount charged.
 - iii. For an unused tour, provide a copy of the original invoice, breakdown of unused tour cost, and a copy of the travel itinerary.
 - iv. Any original receipts for out-of-pocket expenses incurred due to interruption or delayed return.
 - v. Any other documentation to support your claim.

All claims forms are available online at www.travelinsurance.ca or by calling the TIC Claims Department. See page 17 for mailing address.

TRIP INTERRUPTION

ELIGIBILITY

To be eligible for coverage a person must be:

- a) at least 15 days old; and
- b) scheduled to travel on a *trip* to or from Canada.

Coverage Begins

When an application has been made and the premium has been paid for this insurance, coverage begins on the latest of the date and time:

- a) the completed application is accepted by TIC or its representative; or
- b) indicated as the *effective date* on the application; or
- c) the *insured* departs from their province or territory of residence.

Coverage Ends

Coverage ends on the earliest of the date:

- a) and time the *insured* returns to their permanent residence; or
- b) indicated as the *expiry date* on the confirmation of coverage; or
- c) 365 days from the *effective date*; or
- d) the date a *trip* is interrupted as a result of an 'Insured Risk'.

DESCRIPTION OF COVERAGE

The *insurer* agrees to pay up to the sum insured indicated on the confirmation of coverage, for loss resulting from an 'Insured Risk' occurring during the *period of coverage* and which necessitates the immediate return of an *insured* during the *period of coverage*.

BENEFITS

'Trip Interruption' benefits are payable for the actual extra cost of one-way economy transportation by the most direct route to the point of departure from Canada. Where 'Trip Interruption' coverage has been purchased by a visitor to Canada, this benefit will return the *insured* either to Canada or to the *insured's country of origin*.

INSURED RISKS

The benefits indicated above are payable if the *insured's trip* is interrupted prior to the scheduled return date as the result of:

1. *Sickness, injury* or death of the *insured* or the *insured's family member*, or an *insured travelling companion*, or the *insured travelling companion's family member*, or a *key employee of the insured*.
2. A disaster which renders the *insured's* principal residence, in their country of permanent residence, uninhabitable.
3. *Sickness, injury* or death of a person or persons with whom arrangements were made for the care of the *insured's dependents*.

SPECIFIC CONDITIONS

1. No benefits are payable when the *insured's* return to the point of origin is beyond 10 days from the *expiry date* specified in the confirmation of coverage, unless the *insured* or a *travelling companion* suffering the *sickness or injury* was confined in a *hospital*, or was certified as medically unfit to travel by the attending *physician* at the location treatment was provided.
2. Reimbursement of any eligible additional extra costs are limited to the lesser of:
 - a) the change-fee; or
 - b) a one-way economy class airfare; or
 - c) a return economy class airfare;all by the most direct route.
3. All claims due to *sickness or injury* must be supported by documentation from the attending *physician* at the location where the *sickness or injury* occurred.

EXCLUSIONS

Benefits are not payable for costs incurred due to:

TRIP1 Any *sickness, injury* or medical condition, of an *insured, family member, travelling companion* or *travelling companion's family member* or *key employee* of the *insured*, that exhibited symptoms for which a diagnosis need not have been made or required any or all of *medical consultation, medical treatment, or hospitalization*, within the 90 days immediately preceding the *effective date*.

TRIP2 Any *sickness, injury* or medical condition for which a diagnosis need not have been made, or state of health which, prior to the *effective date*, was such as to render *expected medical treatment* or hospitalization.

TRIP3 Losses while sane or insane due to: emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression; suicide, attempted suicide; or intentional self-inflicted injury.

TRIP4 *Act of war, kidnapping, act of terrorism* including those caused directly or indirectly by *nuclear, chemical or biological* means; riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities or a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by the *insured, a family member or travelling companion*.

TRIP5 Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports the *insured* was affected by, or the medical condition causing the loss was in any way contributed to by, the use of alcohol, prohibited drugs, or any other intoxicant; the non-compliance with a prescribed treatment or medical therapy; or the misuse of medication.

TRIP6 Any *sickness, injury* or medical condition for which a diagnosis need not have been made, where the *trip* is undertaken for the purpose of securing medical treatment or advice.

TRIP7 Any *medical consultation* or treatment that is non-emergency, elective or the consequence of a prior elective procedure.

TRIP8 Travelling against the advice of a *physician* or any loss resulting from a *sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.

TRIP9 *Injury* resulting from training or participating in speed contests usually and customarily in excess of 60 km per hour, *professional sport activities*, or organized motor sport contests.

TRIP10 Pregnancy, childbirth, or complications thereof occurring within 8 weeks of the expected date of delivery.

TRIP11 Routine or elective treatment for pregnancy within the first 32 weeks of the pregnancy.

TRIP12 A *trip* undertaken for the purpose of visiting or attending to an ailing person whose medical condition or ensuing death is the cause of curtailment of the *insured trip*.

TRIP13 Any event that occurred prior to departure, for which it is reasonable to expect that the *insured* would have to return early from their *trip*.

TRIP14 Any nuclear occurrence, however caused.

CLAIMS PROCEDURES

Important Notes

1. Claims must be reported within 30 days of occurrence.
2. Written proof of claim must be submitted within 90 days of occurrence.
3. Any fees for the completion of medical certificates or claim forms are not covered under this policy.

When submitting your claim please include:

1. Fully completed and signed claim form. Incomplete forms will be returned and will delay processing of your claim.
2. Both the claimant and *insured* (if different from claimant) must sign the Authorization and Certification.
3. The original unused ticket (if applicable) and the passenger coupon of the new ticket purchased to return home, along with a receipt or credit card slip showing the amount paid.

In addition to the above:

If the loss is due to *sickness, injury* or death, include the following:

1. A medical certificate completed by the treating *physician*.
A copy of the patient's/deceased's medical records may be required.
2. If cancellation is due to death, a copy of the death certificate.

If the loss is due to disaster rendering your principle residence uninhabitable, please include the following:

- Copy of police report, fire department incident report or insurance investigative report.

All claims forms are available online at www.travelinsurance.ca or by calling the TIC Claims Department. See page 17 for mailing address.

BAGGAGE

ELIGIBILITY

To be eligible for coverage a person must:

- a) be travelling on a *trip* to, from, or within Canada; and
- b) purchase coverage for the entire duration of the *trip*.

Coverage Begins

When an application has been made and the premium has been paid for this insurance, coverage begins on the latest of the date and time:

- a) the completed application is accepted by TIC or its representative; or
- b) indicated as the *effective date* on the application; or
- c) the *insured* departs from their province, territory or country of residence.

Coverage Ends

Coverage ends on the earliest of the date:

- a) and time the *insured* returns to their province, territory or country of residence; or
- b) indicated as the *expiry date* on the confirmation of coverage; or
- c) 365 days after the *effective date* for this coverage.

DESCRIPTION OF COVERAGE

1. The *insurer* agrees to pay up to a maximum sum insured of either \$1,000 or \$1,500 as indicated on the confirmation of coverage, for loss or damage to owned or borrowed baggage and personal effects normally carried by the *insured*.
Coverage is limited to \$500 under the 'Trip Cancellation & Interruption Select Plan.'
2. The amount of loss or damage sustained in each event shall be determined separately, and any benefits payable are in excess of any amounts available under any other insurance or source.
3. Coverage is subject to a \$50 deductible, for each insured event causing loss.
4. The *insurer's* liability shall be limited to \$300 per single article, matched pair or set or group of related articles.
5. The *insurer* will pay the lesser of the following:
 - a) the actual cash value of the property, with proper deduction for depreciation, at the time of loss or damage; or
 - b) the amount for which the property could be repaired to its condition prior to the damage; or
 - c) the amount for which the property could be replaced with property of like kind and quality.

BENEFITS

The *insurer* agrees to pay for the following:

1. **Personal Effects**
Items for the personal use, adornment or amusement of the *insured* or any of the *insured's* family members who are travelling with the *insured*.
2. **Personal Currency**
Up to \$100 for loss of personal currency when caused directly by theft or robbery and supported by a police report.

3. **Wheelchair**

Up to \$100 for repairs or rental replacement of the *insured's* wheelchair (or standard special features) in the event the wheelchair is rendered inoperable due to damage resulting during normal usage.

4. **Injury of Accompanying Cat or Dog**

Up to \$200 for emergency care due to unexpected *injury* of an accompanying cat or dog.

5. **Travel Documents**

Up to an *aggregate limit* of \$100 for the replacement cost of any of the following documents: passport, driver's license, birth certificate or travel visa when the loss is caused directly by theft or robbery and supported by a police report.

EXCLUSIONS

Benefits are not payable for loss as a result of:

BAG1 *Act of war*, kidnapping, *act of terrorism* including those caused directly or indirectly by *nuclear, chemical or biological* means; riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities or a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by the *insured*, a *family member* or *travelling companion*.

BAG2 Normal wear and tear, deterioration, moths or vermin.

BAG3 Loss of or damage to: contact lenses, prescription eye glasses, artificial teeth and limbs, hearing aids, forms of money and currency (except as provided under 'Personal Currency'), securities, tickets, credit cards, statuary, paintings, breakage of fragile or brittle objects, objects of art or antiques, or animals (except as specifically provided for cat or dog).

BAG4 Theft from an unattended vehicle unless it was securely locked and there was visible evidence of forced entry.

BAG5 Any nuclear occurrence, however caused.

CLAIMS PROCEDURES

Important Notes

1. Immediately notify the airline, bus, railroad, hotel or other authorities where the theft occurred and obtain an official report. A police report is required in the event of stolen baggage or personal effects.
2. Written proof of claim must be submitted within 90 days of occurrence.

When submitting your claim please include:

1. A completed and signed claim form with a brief explanation of the incident leading to the loss.
2. An itemized list detailing the value of all lost or stolen items, together with proof of ownership such as receipts, photos, credit card statements, owners manuals, etc.
3. Copy of correspondence from any other source which may cover this loss, confirming payment or denying liability.
4. Copy of airline tickets and itinerary confirming departure and return dates.
5. Any other documents to support your claim.

All claims forms are available online at www.travelinsurance.ca or by calling the TIC Claims Department. See page 17 for mailing address.

RENTAL CAR COLLISION DAMAGE PROTECTION

ELIGIBILITY

To be eligible for this coverage a person must hold a driver's license that is valid in Canada.

Coverage Begins

When an application has been made and the premium has been paid for this insurance, coverage begins on the latest of the date:

- a) and the time the *insured* takes control of the *automobile*; or
- b) indicated as the *effective date* on the application.

Coverage Ends

Coverage ends on the earliest of:

- a) the *expiry date* indicated on the confirmation of coverage; or
- b) the date and time the *commercial rental agency* assumes control of the *automobile*, whether it be at their place of business or elsewhere; or
- c) the date and time the rental agreement or contract expires or is terminated; or
- d) 31 days following the *effective date* unless prior approval is received from TIC.

DESCRIPTION OF COVERAGE

The *insurer* agrees to pay the actual cash value at the time of the loss, to a maximum amount of \$50,000, for *physical damage or loss* of, one *automobile* rented by the *insured* from a *commercial rental agency*. The loss or damage must occur after purchase of this insurance in Canada, during the *period of coverage* and while the *automobile* is in the care, custody and control of the *insured* and/or those persons otherwise permitted to operate the *automobile* in accordance with the rental contract.

BENEFITS

The maximum benefit payable is limited to the amount which would have been payable if the *insured* had purchased rental car collision damage protection from the *commercial rental agency*, less:

- a) any amount payable by the *insured's automobile* insurance policy; and
- b) any amount assumed, waived or paid by the *commercial rental agency* or its insurer; and
- c) any amount payable under any other insurance, including without limitation motor vehicle insurance, policy or legislative plan.

SPECIFIC CONDITIONS

1. The *insured* shall promptly file a report (see 'Claims Procedures') of *physical damage or loss* with World Travel Protection and provide a written notice of loss and police report, disclosing full details, within 90 days of the date of loss.
2. The *insured* shall examine the *automobile* and file a written report of existing damage with the *commercial rental agency* prior to acceptance of the *automobile* and the *insured* shall report in writing to the *commercial rental agency* all *physical damage or loss* which occurs during the term of the *automobile* rental agreement or contract prior to, or upon, return of the *automobile* to the *commercial rental agency*.
3. The *insurer* shall pay any money for which it is liable under this policy within 60 days after receiving satisfactory proof of loss.
4. In the event of an *accident*, malicious act, burglary, robbery, or theft, the *insured* must immediately report to the police or other authorities having jurisdiction, full details as required by law.
5. The *insured* must decline the rental car collision damage protection offered by the *commercial rental agency*.
6. A police report must accompany any claim for reimbursement if the loss exceeds \$1,000 (CAD).
7. The *automobile* must be rented from a duly authorized *commercial rental agency*.
8. The *automobile* must not be used for carrying passengers for compensation or hire or for commercial delivery.
9. The *insured* must not be engaged in the business of renting *automobiles* in any manner whatsoever.
10. No repairs, other than those that are immediately necessary for the protection of the *automobile* from further loss or damage, shall be undertaken and no evidence of the *physical damage or loss* shall be removed without the consent of World Travel Protection.
11. Every action or proceeding against the *insurer* under this policy must be commenced within one year after the cause of the action arose.

12. This policy does not provide coverage in any jurisdiction where such coverage is prohibited by law.
13. This coverage must be purchased in Canada prior to the *insured* assuming control of the *automobile*.
14. The 'General Provisions' of this policy apply. See page 16.

EXCLUSIONS

Benefits are not payable for loss or damage:

CDW1 While sane or insane due to: emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression; suicide or attempted suicide; or intentionally self-inflicted injury.

CDW2 Resulting from an *act of war*, kidnapping, *act of terrorism* including those caused directly or indirectly by *nuclear, chemical or biological* means; riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities or a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by the *insured*, a *family member* or *travelling companion*.

CDW3 If at the time of the loss, evidence supports the *insured* was affected by, or the loss was in any way contributed to by, the use of alcohol, prohibited drugs, or any other intoxicant; the non-compliance with a prescribed treatment or medical therapy; or the misuse of medication.

CDW4 Resulting from loss of use of the *automobile* or any administration fees.

CDW5 Caused by, or contributed to by: mechanical fracture or breakdown of any part of the *automobile*; rusting, corrosion, wear and tear, gradual deterioration, inherent defect, freezing, conversion or any dishonest act of the *insured* or any other party of interest or any person to whom the property may be entrusted (bailors for hire excepted); or the *insured's* failure to preserve or protect the *automobile*; or the neglect or abuse of the *automobile* by the *insured* or any other person to whom the *automobile* was entrusted under the terms of the rental agreement.

CDW6 Where at the time of loss the *automobile* was operated by an individual who does not hold a driver's license that is valid in Canada.

CDW7 To any contents of the *automobile*.

CDW8 To *exotic cars*.

CDW9 Resulting from speed tests or contests.

CDW10 Arising directly or indirectly from operation of the *automobile* contrary to the terms and conditions of the rental agreement/contract.

CDW11 Resulting from any nuclear occurrence, however caused.

CDW12 Where coverage is not purchased in Canada prior to the time the *insured* assumed control of the *automobile*.

CLAIMS PROCEDURES

Important Notes

1. In the event of *physical damage or loss* to a rental *automobile* for which coverage has been purchased, the *insured* must contact **World Travel Protection** within 48 hours.
2. Written proof of claim must be submitted within 90 days of occurrence.

When submitting your claim please include:

1. A copy of the driver's license of the person who was driving/operating the *automobile* at the time of the *accident/loss*.
2. A copy of the loss/damage report the *insured* completed with the *commercial rental agency*.
3. A copy of the police report is required when the loss results in damage or theft over \$1,000 (CAD).
4. A copy of the itemized repair estimate, final itemized repair bill and parts invoices and original receipts for any repairs, which the *insured* may have paid.

5. A copy of the rental agreement from the *commercial rental agency*.

Submit claims to:

WORLD TRAVEL PROTECTION

Claims Department

400 University Avenue, Suite 1500

Toronto, ON M5G 1S7

Phone: 1-888-807-5967 or 416-977-8764

DEFINITIONS

Accident(al) means a sudden, unexpected, unforeseeable, unavoidable external event.

Act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether defacto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

Act of war means any loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

Aggregate limit means the total number or the maximum value of insured losses resulting from any one *accident* or event causing loss.

Antique automobile means a vehicle that is more than 20 years old or has not been manufactured for 10 years or more.

Application date (applicable to 'Trip Cancellation & Interruption' and 'All-inclusive Package Plans' only) means the date the *insured* applies and pays for this insurance in conjunction with the initial non-refundable costs associated with booking their *trip*. The *insured* must purchase this insurance within 48 hours of paying the non-refundable deposit for the *trip* and before any non-refundable amounts assessed by the *travel supplier* apply.

Automobile means a vehicle rented by the *insured* from a *commercial rental agency* for his/her personal use under a written rental agreement specifically excluding a truck, van (other than a mini-van), bus, offroad vehicle (while used as such), motorcycle, moped, motorbike, recreational vehicle, all-terrain vehicle, camper or trailer, *antique automobile*, limousine, or *exotic car*.

Business meeting means a meeting scheduled before the *application date* between companies with unrelated ownership, pertaining directly to the *insured's* full-time employment or professional association, and required by the *insured's* employment.

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

Commercial rental agency means a car rental agency or company licensed under the law of the jurisdiction(s) where it conducts business.

Country of origin means the country in which the *insured* maintained a permanent residence prior to entry into Canada.

Default means a complete cessation of operations as a result of a bankruptcy of a contracted *travel supplier*.

Effective date means the date and time coverage begins as provided for in the section titled 'Coverage Begins' for the specific plan purchased.

Emergency means a sudden, unforeseen *sickness* or *injury* occurring during the *period of coverage*, which requires immediate intervention by a *physician* or legally licensed dentist and cannot reasonably be delayed. An emergency is deemed to no longer exist when medical evidence indicates that the *insured* is able to

continue the *trip* or return to their place of ordinary residence in *Canada* or *country of origin*.

Exotic car includes any vehicle manufactured by Aston Martin, Bentley, Ferrari, Lamborghini, Lotus, Maybach, Maserati, Morgan, Panoz, Porsche, Rolls Royce or any similar vehicle.

Expected medical treatment means *medical consultation* or hospitalization, which has been shown, by prior medical history, as probable or certain to occur.

Expiry date means the date coverage ends as indicated in the section titled 'Coverage Ends' for the specific plan purchased.

Family member means the *insured's* legal or common-law spouse, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, ward, natural or adopted child.

Hospital means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident in-patients, a laboratory, a registered graduate nurse and *physician* always on duty and an operating room where surgical operations are performed by a *physician*. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or nervous disorders.

Injury means sudden bodily harm, which is directly caused by or resulting from an *accident*, being a sudden and unforeseen event, excluding bodily harm that results from deliberate or voluntary action, and independent of *sickness* and all other causes.

Insured means an eligible person named on the application, who has been accepted by TIC or its authorized representative, and has paid the required premium for a specific plan of insurance.

Insurer means Co-operators Life Insurance Company, except in respect of all property insurance, where the insurer is The Sovereign General Insurance Company.

Key employee means a business partner or an employee whose continued presence is critical to the ongoing affairs of the business during the *insured's* absence.

Medical consultation means any medical services obtained from a licensed medical practitioner for an ailment, *sickness* or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or treatment, and for which a diagnosis of the condition need not have been definitively made. This does not include regular medical check-ups where no medical signs or symptoms existed or were found during the check-up.

Nuclear, chemical or biological means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- **Nuclear** means any occurrence causing bodily *injury*, *sickness*, disease, or death or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.
- **Chemical agent** means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- **Biological agent** means any pathogenic (disease-producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Period of coverage means the period from the *effective date* to the *expiry date* as indicated in this policy and for which premium has been paid.

Physical damage or loss means loss or damage to the *automobile* for which the *insured* may be liable (excluding tires unless coincident with other covered loss or damage) caused by fire, theft, explosion, earthquake, windstorm, hail, rising water, malicious mischief, riot, civil commotion or collision with another object or by upset.

Physician means a person other than the *insured*, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and is not related to the *insured* by blood or marriage.

Professional means an activity engaged in by the *insured* who earns the majority of their income from such activity.

Reasonable and customary means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable treatment, services or supplies for a similar *sickness* or *injury*.

Sickness means any illness or disease.

Spouse means a person who is legally married to the *insured*, or has been living in a common-law relationship (either opposite sex or same sex) with the *insured* for a continuous period of at least one year and who resides in the same household as the *insured*.

Terminal means a *sickness* or medical condition for which a *physician* gave a prognosis of eventual death or for which palliative care was received, prior to the *effective date*.

Travel supplier means a licensed tour operator, licensed travel wholesaler, licensed ground transporter, airline or accommodation facility from whom the *insured* has purchased travel services and whose services were arranged by a licensed Canadian travel agent. U.S. airlines are not covered unless part of a package tour.

Travelling companion means a person who has prepaid shared accommodation or transportation with the *insured*. (Maximum of 5 persons including the *insured*.)

Trip means the period of travel contracted by the *insured* and for which coverage is in effect.

GENERAL PROVISIONS

Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by the *insured*, and the *insurer* is not responsible for and will not be bound by any assignment entered into by the *insured*.

Automatic Extension of Coverage

1. This coverage shall be automatically extended for up to 72 hours if, during the *period of coverage*, the conveyance in which the *insured* is riding or is scheduled to ride as a passenger, scheduled to arrive at destination during the *period of coverage*, is delayed due to circumstances beyond their control.
2. Coverage will be automatically extended for up to 5 days, if medical evidence supports that the *insured* is medically unfit to travel due to a covered *sickness* or *injury* on or before the coverage *expiry date*.
3. If an *insured* is hospitalized at the end of the *period of coverage*, as a result of a covered *injury* or *sickness*, this coverage will be extended to the *insured* and an *insured travelling companion* remaining with the *insured* when reasonable and necessary, during the period of *hospital confinement*, plus 72 hours after release to travel home.

Benefit Payments

Unless otherwise stated, all provisions in this policy apply to each *insured* during one *period of coverage*. Benefits are only payable under one policy, for each *insured* during the *period of coverage*. If more than one TIC policy is in effect at the same time benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by TIC at the time of application. Any benefits payable do not include interest charges.

Claim Submission

The *insured* or the claimant, if other than the *insured*, shall be responsible for the verification of:

1. Any medical costs incurred; and shall obtain itemized accounts of all medical services which have been provided;

2. Any payment made by a provincial or territorial hospital/medical plan, or, if the *insured* is not covered or is not eligible for coverage, verification of any payment that would have been made;
3. Any payment made by any other insurance plan or contract;
4. Providing substantiating medical documentation from their province, territory or country of residence, at the request of TIC. Failure to provide substantiating documents shall invalidate all claims under this insurance.

Contract

The application, completed medical questionnaire, confirmation of coverage, this policy, any document attached to this policy when issued, and any amendment to the policy agreed upon in writing after it is issued, constitute the entire contract. Each policy or term of coverage is considered a separate contract. TIC reserves the right to decline any application or any request for extensions of coverage. No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by TIC.

Coordination of Benefits

Coverage under this policy is in excess of all or any existing coverage concurrently in force held by the *insured*, including but not limited to homeowners, tenants, multi-risk, any credit card, third-party liability, group or individual basic or extended health insurance or any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage. TIC will coordinate all benefits in accordance with the Canadian Life and Health Insurance Association guidelines.

Reimbursement will not be made for any costs, services or supplies that are payable to the *insured* under a motor vehicle insurance policy or legislative plan pursuant to the 'no-fault' benefits schedule under any Insurance Act, or for which the *insured* receives benefits from any other party pursuant to any policy or legislative plan of motor vehicle insurance.

The *insured* may not claim or receive in total, more than 100% of the loss caused by the insured event.

If the *insured* named in this policy is retired with an extended health plan provided by a former employer, with a lifetime limit of up to \$50,000, TIC will not coordinate benefits with that provider.

Currency

All amounts stated in the policy including premium are in Canadian currency. At the option of TIC, benefits may be paid in the currency of the country where the loss occurred.

Governing Law

This policy will be governed by the laws of the Canadian province or territory in which the *insured* normally resides, or in the case of visitors to Canada, the Canadian province or territory where the policy was issued.

Limit on Liability

It is a condition precedent to liability under this policy that at the time of application, the *insured* is in good health and knows of no reason to seek medical attention.

Misrepresentation or Nondisclosure

A failure to disclose or misrepresentation of any material fact by the *insured*, or fraud, either at the time of application or at the time of claim, shall render the entire contract null and void, and any claim submitted thereunder shall not be payable.

Premiums

The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates for the *insured's* age on the *effective date*.

Rights of Examination

The claimant shall provide TIC with the opportunity to examine the *insured* when and so often as it reasonably requires while a claim is pending. In the case of an *insured's* death TIC may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

Subrogation (Right of Recovery)

In the event of any payment of benefits under this policy, TIC shall be subrogated to all the rights of the *insured* including without limitation, the right to proceed in the *insured's* name, but at the *insurer's* cost, against any third party that may be responsible for giving rise to a claim under this policy. The *insured* shall execute all documents required and shall co-operate fully with the *insurer* to secure such rights. The *insured* shall do nothing after the loss to prejudice the *insurer's* right of recovery.

Time

Expiry time of coverage is the time within the time zone where the *insured* was residing when the application was made.

REFUNDS

Emergency Hospital & Medical Plans

Multi-trip plans are not refundable after the effective date.

Refunds are payable when:

- a) the entire *trip* is cancelled prior to the *effective date*; or
- b) the *insured* returns to their province or territory of residence 15 days or more prior to the *expiry date*.

Visitors to Canada Plans

Refunds are payable when:

- a) the entire *trip* is cancelled prior to the *effective date*; or
- b) the *insured* returns to their *country of origin* 15 days or more prior to the *expiry date*; or
- c) the *insured* becomes insured under a provincial or territorial health/medical plan.

Trip Cancellation & Interruption and All-inclusive Package Plans

Refunds are prorated according to the period of time insured from the *application date* when:

- a) the *insured* is unable to travel following cancellation of the insured *trip* by the *travel supplier*, provided all penalties are waived; or
- b) the *insured* is unable to travel following rescheduling of an insured *trip* by the *travel supplier*, provided all penalties are waived; or
- c) the *insured* cancels the *trip* before any penalties come into effect.

Baggage

Accidental Death & Dismemberment

Flight Accident

Trip Interruption

Rental Car Collision Damage Protection

Refunds are payable when the entire *trip* is cancelled prior to the *effective date*.

Premium refunds must be obtained from the agent where coverage was originally purchased unless purchased directly from TIC. There will be no refund of premium if any losses have been incurred whether or not a claim has been made. Premiums which are 100% refundable are charged a \$10 administration fee, except when cancelled during the 10 day examination period. Partial cancellations are charged a \$25 administration fee. These fees are deducted from the net amount to be refunded. Premiums less than \$10 will not be refunded.

STATUTORY CONDITIONS

Notwithstanding any other provisions herein contained, this contract is subject to the Statutory Conditions in the Insurance Act respecting contracts of Accident and Sickness Insurance. For Québec residents, notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Québec respecting contracts of Accident and Sickness Insurance.

In witness whereof, CO-OPERATORS LIFE INSURANCE COMPANY has caused this policy to be signed by its COO and Senior Vice President

CLAIMS PROCEDURES

You will find the claims procedures at the end of each plan description.

Claims can be reported on our website at: www.travelinsurance.ca

SEND YOUR CLAIMS TO:

For Provinces Manitoba and West

TIC Claims Department

125 – 4400 Dominion Street
Burnaby, BC, Canada V5G 4G3
Collect worldwide: 604-639-8849
Toll free Canada/U.S.A.: 1-800-882-5246

For Provinces Ontario and East

TIC Claims Department

1200 – 438 University Avenue
Toronto, ON, Canada M5G 2K8
Collect worldwide: 416-340-8809
Toll free Canada/U.S.A.: 1-800-869-6747

EMERGENCY PROCEDURES

In the event of a medical *emergency*, TIC Emergency Assistance must be notified prior to any surgery being performed or within 24 hours of admission to a *hospital*. Failure to do so, without reasonable cause, will result in the reduction of eligible benefit amounts payable by 20%.

We are here to help. Our service is available 24 hours a day, 7 days a week. TIC Emergency Assistance also provides support and recommendations for non-medical emergencies, providing you with access to resources to help resolve any unexpected difficulties you encounter during your *trip*.

TIC EMERGENCY ASSISTANCE

Toll free Canada/U.S.A.: 1-800-995-1662

Toll free worldwide:

800-842-08420 or 00-800-842-08420

If unable to contact us through the toll free numbers call collect: 416-340-0049

Contact us at www.travelinsurance.ca and initiate your claim and we will contact you.

Administered by:

TIC Travel Insurance Coordinators Ltd.
300 – 2609 Westview Drive
North Vancouver, BC V7N 4M2

Underwritten by:

Co-operators Life Insurance Company
1920 College Avenue
Regina, Saskatchewan S4P 1C4

Property risks are underwritten by:

The Sovereign General Insurance Company
500 – 6700 Macleod Trail S.E.
Calgary, Alberta T2H 0L3