
INGLETM
INSURANCE

1.800.360.3234

Purchased from: _____

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travel insurance coordinators

Policy Number: _____

24-Hour Claims Department – T.I.C. Claims

Toll Free CANADA/USA 1-800-88CLAIM (882-5246)

COLLECT Worldwide +604-639-8849

For faster service, file your claim online
at www.travelinsurance.ca

TRAVEL INSURANCE POLICY BOOKLET

TRAVEL INSURANCE PLANS

*Out-of-province emergency
excess hospital and medical,
Annual multi-trip plans,
Trip cancellation and interruption,
All-inclusive package plans,
Visitors to Canada,
Optional insurance plans*

4T EFFECTIVE FEBRUARY 2005



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Attach Declaration form to this page

This policy booklet must be accompanied by a *declaration form* to complete the insurance policy.

Identification of Insurers

The “insurer” as referred to in this Policy means Co-operators Life Insurance Company, except in respect of the Air Flight Accident Insurance where the insurer is certain Lloyd’s Underwriters and in respect of all property insurance, the insurer is the Sovereign General Insurance Company. All insurance is administered by “T.I.C.” as referred to in this Policy, meaning T.I.C. Agencies Ltd., operating as T.I.C. Travel Insurance Coordinators.

T.I.C. HEAD OFFICE

300 - 2609 Westview Drive
North Vancouver, BC V7N 4M2
Tel: 604-986-4292 Fax: 604-986-7796
Toll Free: 1-800-663-4494
www.travelinsurance.ca

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 sudden, unexpected, and unforeseeable circumstances.

What is not covered?

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

What if I have an emergency or claim?

You must notify the T.I.C. Claims Department (toll free 1-800-882-5246 or worldwide collect 604-639-8849) within 48 hours of being admitted to a hospital and before any surgery is performed. Failure to do so, without reasonable cause, will reduce eligible expenses by 20%. To make a claim, fill out the Claim Form completely and include all original bills. Incomplete forms will cause delay.

Do I have to reveal my medical history?

We are dedicated to protecting your privacy. Your medical history will be collected when required and will only be used or disclosed for the purpose of adjudicating your claim. For a copy of T.I.C.’s privacy policy, please contact us or visit our website.

I want to stay longer; can I extend or renew my policy?

Yes, you can. Just call your agent or T.I.C. no sooner than seven days prior to the expiry of your Policy. You can purchase an extension provided you call (during business hours) at least 48 hours prior to the expiry of your first coverage. You must indicate that you are in good health and do not have any claims filed with T.I.C.. Extension fees will be charged.

Travel Assistance

Assistance for a medical emergency arising anywhere in the world is provided on a best effort basis. T.I.C. Agencies Ltd., Co-operators Life Insurance Company, 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

We require you to sign the *declaration form* if you are a Visitor to Canada, or are 71 years or older, or are travelling for longer than 35 days.

Extended absence from Canada

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

Note: Words in *italics* indicate they are defined on pages 42-45.

Emergency Excess Hospital and Medical Expense for Canadians

U.S.A. Plan – Plan A

Non-U.S.A. Plan – Plan C

Seniors' Worldwide Plan – Plan S

Group Sports – Plan D

Basic Annual Plan – Plan P

Select Annual Plan – Plan B

You have paid premium for a specific plan of insurance as indicated on the *declaration form*, please note:

Coverage begins at 12:01 a.m. on the date of departure from the *insured's* province or territory of residence as indicated on the *declaration form* and terminates at 12:00 midnight on the expiry date.

This coverage shall be void and the premium paid refunded if:

- a) purchased or effective after departure, or if purchased for a *trip* not originating in Canada, unless authorization has been provided by T.I.C.,
- b) the entire *trip* is cancelled prior to departure,
- c) the *insured* is not a *Canadian resident*.

DESCRIPTION OF COVERAGE

1. Emergency Excess Hospital and Medical expense pays up to \$2 million for reasonable, necessary and customary expenses incurred unexpectedly by an *insured Canadian resident* while on a *trip* outside the *insured's* province or territory of residence on or after the *effective date* and during the *period of coverage* for *acute emergency hospital*, *emergency medical*, or other covered expenses due to *injury* or *sickness*.
2. For *Canadian residents* not insured under a provincial or territorial hospital/medical plan, the maximum sum insured is \$3,000.
3. Amounts payable under this plan shall only be for the excess of such expenses over any amounts available or collectible for treatment or services which are insured services under the provincial or territorial hospital/medical plan of the province or territory in

which the *insured* is covered, or would be covered, or those expenses payable or collectible under any other policy or plan. Refer to General Conditions on page 39.

BENEFITS

1. **Hospital Confinement** – pays for customary (for the area where situated) charges made by the *hospital* for standard accommodation and for services and supplies reasonable and necessary for the care of the *insured* during confinement as a resident in-patient.
2. **Medical Services** – pays for:
 - a) The services of a legally licensed medical physician or surgeon, anesthetist and registered graduate nurse (all of whom are other than a relative by blood or marriage of the *insured*).
 - b) The services of a legally licensed physiotherapist (other than a relative by blood or marriage of the *insured*) when ordered by the attending physician at destination as treatment for an insured *injury*. Not to exceed \$500 for out-patient treatment.
 - c) The services of a legally licensed doctor of chiropractic (other than a relative by blood or marriage of the *insured*) at destination for treatment of an insured *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 legally licensed medical 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, but not to exceed 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 medicines that require a legally licensed medical physician's written prescription but not to exceed a one-month's supply to a maximum \$500 per *insured* unless hospitalized as an in-patient.
3. **Out-of-Pocket Allowance** – pays up to \$3,000 reimbursement for additional and reasonable living expenses, child care costs (up to a maximum age of 18), essential telephone calls and taxi fares incurred by the *insured* or other *insured* persons remaining with the *insured* while an *insured* is hospitalized as an inpatient during the *period of coverage*.

4. **Family Transportation Expense** – pays up to \$3,000 reimbursement for round-trip economy class transportation costs by the most direct route via a common carrier in the event an *insured* becomes hospitalized as a result of a covered *injury* or *sickness*, and the attending physician advises the necessary attendance of a *family member* or close friend of the *insured*. Plus, up to \$1,000 reimbursement for reasonable expenses incurred by the transported person once they arrive.
5. **Return of Family member** – pays up to \$3,000 reimbursement for the extra cost of one-way economy class airfare, seating which has been pre-approved by T.I.C., to return one insured accompanying *family member* home when an *insured* is transported by Air Ambulance or commercial stretcher.
6. **Return of Vehicle or Watercraft**
- In the event an *insured* is unable to return to Canada with the vehicle or watercraft used for the journey due to total disability as a result of a covered *injury* or *sickness*, reimbursement up to \$3,000 is payable for a commercial agency to return the vehicle or watercraft to the *insured's* home or rental agency, or;
 - In lieu of the Return of Vehicle benefit as stipulated under item (a) above, if by virtue of *emergency* air ambulance which was arranged and coordinated by T.I.C. the *insured* wishes to return to his/her destination in the U.S.A., the insurer will pay the costs of a one-way economy airfare to the city from where the evacuation commenced. If the *insured* was evacuated with another *insured*, then that person is also eligible for a one-way economy airfare to the city from where the evacuation commenced. This benefit can only be offered once during the *period of coverage*. Under no circumstances shall the *aggregate sum* of expenses for the one-way economy airfare exceed \$3,000.
7. **Return of Accompanying Dog or Cat** – pays up to \$300 reimbursement, in the event an *insured* is hospitalized due to a covered risk, for the cost of returning the *insured's* accompanying dog or cat to Canada when necessary.
8. **Return of Deceased Body** – pays up to \$10,000 reimbursement in the event of death due to a covered *injury* or *sickness*, for the expense actually incurred for homeward carriage in a standard transportation container to the permanent residence of the *insured* in Canada, or up to \$4,000 for cremation or burial at the place of death, when death is due to a covered *injury* or *sickness*.
In the event of death due to a covered *injury* or *sickness* during the *period of coverage* and, if it is legally required by local authorities in the region where the death of the *insured* occurred, a benefit of up to \$3,000 is available to cover the costs of a round-trip economy class ticket for a *family member* or a close friend of the *insured* to identify the remains of the *insured*.
9. **Accidental Dental** – pays up to \$3,000 reimbursement for any one accident for *emergency* treatment or services to whole or sound natural teeth (capped or crowned teeth are considered whole or sound natural teeth) caused by an accidental blow to the face. The actual expenses incurred are not to exceed the minimum fee specified in the schedule of fees relating to dentistry, approved and published by the Dental Association of the province or territory in which the *insured* resides.
10. **Dental Emergencies** – pays up to \$500 reimbursement 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 be commenced within 48 hours from the onset of the *emergency* and must be completed within the *effective term* of this Policy and prior to the *insured's* return to their province or territory of residence.
11. **Air Ambulance** – pays for pre-paid, medical *emergency* transportation of the *insured* to a *hospital* in Canada when arranged, coordinated and authorized by T.I.C., and/or the use of air ambulance to the nearest *hospital* equipped to deal with the *emergency*, when assessed as medically transportable.
12. **Escort of Insured Children** – pays the economy class airfare to return the accompanying insured children (up to a maximum age of 18 years) to their province or territory of residence in the event an *insured* has been air evacuated to Canada for medical reasons, and will pay for an escort to accompany the insured children when necessary. This benefit is payable only when pre-approved and arranged by T.I.C.
13. **Act of Terrorism** – When an *act of terrorism* directly or indirectly causes a loss that would otherwise be payable under this plan, this Insurance will, subject to all other policy limits, provide coverage as follows:
- 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 \$2,500,000 for all eligible insurance policies issued and administered by T.I.C. Agencies Ltd, including this Policy
 - As a result of one or a series of *acts of terrorism* occurring in any calendar year, the *aggregate limit* payable shall be limited to \$5,000,000 for all eligible policies issued and administered by T.I.C. Agencies Ltd, including this Policy.

The amount payable for each eligible claim under (a) and (b) above are in excess of all other sources or 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*.

EXCLUSIONS

Benefits are not payable for expenses resulting from:

EHM1 Losses while sane or insane including: emotional, mental or nervous disorders by whatever cause; suicide, attempted suicide; or intentionally self-inflicted *injury*.

EHM2 *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*.

EHM3 Losses where a *trip* is undertaken with an intention to seek medical treatment or advice for an *injury* or *sickness*.

EHM4 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.

EHM5 Any elective, non-emergency or routine follow-up procedures or treatment.

EHM6 Travelling against doctor's orders.

EHM7 An *injury* or *sickness*, or state of health which, prior to the *effective date* of coverage, was such as to render *expected medical treatment* or hospitalization.

EHM8 Any loss as a result of an *injury* or a *sickness* which required any or all of, *medical consultation*, prescription medication, medical treatment or hospitalization, at any time during the 180-day period immediately preceding the *effective date* of this Policy. 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.

EHM9 Continuing medical treatment or hospitalization the *insured* receives or elects to receive, unless the *insured* is

medically certified as unfit to travel or return to their province or territory of residence following diagnosis or *emergency treatment* of an *injury* or *acute sickness*.

EHM10 A recurrence of the medical condition that caused the *insured* to be returned home should the *insured* elect to resume their *trip* after being returned to Canada.

EHM11 Any rehabilitation, convalescent care or subsequent claim either paid, denied or pending, with respect to an *injury* or *sickness*, or result of an *injury* or *sickness*, which occurred during the effective term of this Insurance and for which *medical consultation* has been sought.

EHM12 *Injury* received while training or participating in speed contests usually in excess of 60 km per hour or *professional sport activities*.

EHM13 The commission of an Air Ambulance unless arranged and pre-approved by T.I.C.

EHM14 Routine or elective treatment for pregnancy within the first 32 weeks of the pregnancy.

EHM15 Pregnancy within 8 weeks of the expected delivery date.

EHM16 Treatment for an infant less than 15 days old.

EHM17 An automobile accident and the *insured* is entitled to benefits under the "no fault" benefit schedule of the *insured's automobile* policy, or under an applicable Insurance Act.

EHM18 Dental or cosmetic surgery unless such *emergency surgery* is a result of a covered *injury*.

EHM19 Treatment or services that contravene, or are prohibited by legislation under a provincial or territorial hospital/medical plan.

EHM20 Naturopathic, holistic or acupuncture treatment.

EHM21 Charges that exceed the customary and reasonable rate for the area in which the treatment or services are being performed.

EHM22 Any *nuclear* occurrence howsoever caused.

EHM23 Any loss resulting from an *act of terrorism* on a *trip* to a destination where prior to the scheduled date of departure by the *insured* from the province or territory of residence, 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 the booked destination for a period that would include the *insured's* scheduled *trip*.

LIMITATIONS

U.S.A. Plan – Plan A

1. Maximum *period of coverage*: For persons up to age 60 inclusive, coverage is limited to 365 days. For persons ages 61-70, coverage is limited to *trips* of 35 days.
2. Age eligibility: 15 days to 70 years inclusive
3. Geographic coverage: For travel to the U.S.A. and worldwide

Non-U.S.A. Plan – Plan C

1. Maximum *period of coverage*: For persons up to age 60 inclusive, coverage is limited to 365 days. For persons ages 61-70, coverage is limited to *trips* of 35 days.
2. Age eligibility: 15 days to 70 years inclusive
3. Geographic coverage: Limited to worldwide travel outside the United States of America, except for transit through the U.S.A. up to 5 days, unless additional premium has been paid.

Seniors' Worldwide Plan – Plan S

1. Maximum *period of coverage*: For all persons, coverage is limited to *trips* of 180 days.
2. Age eligibility: 61 and over
3. Geographic coverage: Worldwide

Group Sports Plan – Plan D

1. Maximum *period of coverage*: for persons up to age 60 inclusive, coverage is limited to *trips* of 35 days.
2. Age eligibility: 15 days to 60 years inclusive
3. Geographic coverage: Worldwide
4. Minimum group size: 3 persons

CONDITIONS

1. It is a condition of coverage, that T.I.C. be notified prior to, or within 48 hours of, admission to *hospital* and prior to any surgery or invasive investigations being performed. Failure to do so, without reasonable cause, will result in the insurer reducing the eligible expenses by 20%.
2. General Conditions of this Policy apply. Refer to page 39.

ANNUAL MULTI-TRIP PLANS

For the Basic and Select Annual Plans, coverage becomes effective for each separate *trip* immediately upon the *insured's* departure from their province or territory of residence, on or after the *effective date* as indicated on the *declaration form*.

Basic Annual Plan – Plan P

1. Maximum *period of coverage*: The maximum number of days coverage of each *trip* departing from the province

or territory of residence is in accordance with the option indicated and the premium paid on the *declaration form* unless additional premium has been paid. *Trip* lengths available are:

7 days per <i>trip</i>	15 days per <i>trip</i>
35 days per <i>trip</i>	105 days per <i>trip</i>

2. Age eligibility: 15 days to age 75 inclusive
3. Geographic coverage: Worldwide

Select Annual Plan – Plan B

1. Maximum *period of coverage*: The maximum number of days coverage of each *trip* departing from the province or territory of residence is 35 days per *trip* unless additional premium has been paid.
2. Age eligibility: 15 days to 75 years inclusive
3. Geographic coverage: Worldwide

Option #1 includes: Emergency Excess Hospital & Medical coverage and \$100,000 Air Flight Accident Insurance. Refer to pages 2 and 30 for coverage details.

Option #2: In addition to the above benefits, up to \$1,000 sum insured for Trip Cancellation prior to departure and up to \$2,000 for Trip Interruption after departure.

The Trip Cancellation & Interruption coverage provided under the Select Annual Plan includes, and is subject to all limitations and benefits as outlined under Trip Cancellation & Interruption. Refer to page 10. The date the *insured* pays the initial non-refundable costs of the *insured trip* is deemed as the *application date*.

For all Emergency Excess Medical Plans

In the event that an *insured* at the end of the *period of coverage* is confined to *hospital* due to a covered loss and thus prevented from returning to Canada, covered expenses for such confinement will be paid for up to 365 days from the date of the *injury* or *sickness* but not to exceed the sum insured. Refer to Extended Coverage After Termination on page 41.

CLAIMS PROCEDURES

Important Notes:

- In the event of hospitalization, T.I.C. must be notified prior to, or within 48 hours of, admission to *hospital* and prior to any surgery or invasive investigations being performed.
- Any fee for completion of forms is not covered under this Insurance.
- Incomplete forms will delay your claim.
- **Claims must be submitted within 30 days of initial treatment.**

How to Report Your Claim

Please start your claim online or download any of the claim forms mentioned below at www.travelinsurance.ca/customers/claims/. If you do not have access to the internet and do not have a claim form with your Policy, contact the T.I.C. Claims Department for assistance. Submit all the following documents to the T.I.C. Claims Department: (address on page 49)

1. Fully completed and signed claim form.
2. Original itemized billings and receipts for all expenses incurred.
3. B.C. residents must submit, within 60 days of service, an MSP Schedule A & B form and an out-of-country form in the event of a hospitalization. Ontario residents must submit a copy of your OHIP card. Quebec residents must submit a mandate authorization and application for reimbursement. Newfoundland residents must submit an application for NF Hospital Insurance Benefits.
4. Medical Certificate completed by the treating physician at your destination. Available on website.
5. Any medical reports you may have been given at the time of treatment (such as a copy of ER report or a written letter from the treating physician).
6. For physiotherapy visits, obtain a letter from the referring physician.
7. In the event of an *injury*, provide details of other insurance which may respond to this loss (auto plans, homeowners/tenant or commercial insurance).
8. For Annual Multi-trip Plan, documentation indicating dates of departure from and return to your province of residence.

Trip Cancellation and Interruption

Trip Cancellation and Interruption Basic - Plan I

Trip Cancellation and Interruption Select - Plan K

You have paid premium for a specific plan of insurance, please note:

Coverage begins on the *application date* at the time of application as indicated on the *declaration form* and for which premium has been paid.

Coverage terminates at the earliest of:

- a) The date of the cause of cancellation if the *trip* is cancelled prior to the scheduled departure date, or
- b) The date the *insured* returns to the permanent residence as shown in this Policy, or
- c) The expiry date.

DESCRIPTION OF COVERAGE

Pays up to the sum insured as indicated on the *declaration form* for trips to or from Canada and for which premium has been paid for the following benefits when certain risks insured occur prior to or after departure of the insured *trip*. Refer to Limitation #9 on page 16.

BENEFITS

1. Prior to Departure, reimbursement of:

- a) The non-refundable, non-recoverable portion of prepaid airfare and/or pre-paid travel arrangements.
- b) The single supplement charged because a *travelling companion* or accompanying *family member* is prohibited from travelling due to an insured risk.
- c) The extra cost of economy transportation to the ticketed destination in the event a delay of the connecting carrier or automobile at 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.

2. After Departure, reimbursement of:

- a) The extra cost of economy transportation by the most direct route to continue with the insured trip in the event the *insured* misses a portion of his/her *trip* due to *injury* or *sickness* of the *insured*, a *travelling companion* or accompanying *family member*;
- b) The non-refundable portion of unused, pre-paid, insured travel arrangements for the *trip* (excluding partially used airline tickets) booked prior to departure due to an insured risk, and reimbursement of the extra cost of economy airfare by the most direct route, to return to the point of departure.
- c) When not insured under other plans of insurance, up to \$10,000 in the event of death due to a covered *injury* or *sickness*, for the expense actually incurred for homeward carriage in a standard transportation container to the permanent residence of the *insured* as shown in the Policy, or \$4,000 for cremation or burial at the place of death.
- d) The extra cost of economy transportation to continue with the insured trip:

In the event a delay of the connecting carrier or automobile at departure point causes a missed connection, provided the connecting carrier or automobile was scheduled to arrive not less than 2 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.

In the event of delay or cancellation of a connecting carrier or automobile as stated in (1c) Prior to Departure and (2d) After Departure, reimbursement of:

- Unusable pre-paid, insured travel arrangements and;
- 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 K)

1. **Out-of-Pocket Allowance** – In the event the *insured's* trip is interrupted or delayed beyond the return date shown in the Policy as a result of accidental *injury* or *sickness* of the *insured*, *travelling companion*, accompanying *family member*, reimbursement of up to \$300 per day to a maximum of \$1,000 for additional commercial accommodation and meals, essential telephone calls and taxi fares.
2. **Delayed Baggage** – If en route and before returning to the original point of departure, the *insured's* luggage or personal possessions are delayed or lost for 12 hours or more, reimbursement up to \$200 for reasonable and necessary toiletries and clothing.
3. **Accidental Death and Disablement** – up to \$10,000 sum insured. Refer to page 28 for details of coverage.
4. **Air Flight Accident** – \$50,000 sum insured. Refer to page 30 for details of coverage.
5. **Baggage** – \$500 sum insured. Refer to page 25 for details of coverage.

RISKS INSURED

Pays benefits as listed above in the event cancellation of the *insured's trip* prior to the scheduled departure, or curtailment of the *insured's trip* prior to the scheduled return due to:

1. *Injury*, *sickness** 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*.

*Reimbursement is limited to the non-refundable amount at the date of the *injury* or ultimate diagnosis of the *sickness*.

2. Jury duty of the *insured*, or the *insured* being subpoenaed as a witness in a case being heard during the period of the *trip* (excluding law enforcement officers).
3. A disaster which renders the *insured's* principal residence, in their country of permanent residence, uninhabitable.
4. The legal adoption of a child by the *insured* during the period of the *trip* which necessitates cancellation of the *trip*.
5. The death of a friend of the *insured*.
6. The death or hospitalization of the *insured's* host at destination.
7. A statement on terrorism or health risk made in the 'travel report' issued by the Canadian Department of Foreign Affairs after the *application date* of this insurance, advising or recommending that Canadians should not travel to the booked destination for a period that would include the *insured's* scheduled *trip*.
8. Hijacking or quarantine of the *insured*.
9. A job transfer within 30 days of the scheduled departure date, by the employer with whom the *insured* is employed on the *application date*, that requires relocation of the *insured's* principal residence (not applicable to self-employed persons).
10. The cancellation prior to departure of a *business meeting* required by the *insured's* employer which is a requirement of the *insured's* employment or conference arranged by the *insured's* professional association, and the cancellation is beyond the control of the employer or association.
11. *Injury*, *sickness* or death of a person or persons with whom arrangements were made for the care of dependents living in the *insured's* household.
12. Rescheduling of an exam at an accredited Canadian or American university or college. The exam must have been scheduled prior to the booking of the *insured's trip* and the rescheduling must be beyond the control of the *insured*. A copy of the original official exam schedule and the notice of rescheduling must accompany any claims submission. The rescheduled exam must be during the *period of coverage*.
13. 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.

14. 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.
15. The non-issuance of a travel visa (not 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 non-issuance is not the result of a late application or a renewed application previously denied.
16. *Default of travel supplier* ceasing operations as a result of bankruptcy.

EXCLUSIONS

Benefits are not payable for expenses resulting from:

CANX1 Losses while sane or insane including: emotional, mental or nervous disorders by whatever cause unless hospitalized; suicide, attempted suicide; or intentionally self-inflicted *injury*.

CANX2 *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*.

CANX3 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.

CANX4 An *injury* or *sickness* where the *trip* is undertaken for the purpose of securing medical treatment or advice for such *injury* or *sickness*.

CANX5 Any elective, non-emergency or routine follow-up procedures or treatment.

CANX6 Travelling against doctor's orders.

CANX7 An *injury* or *sickness*, or state of health which, prior to the *application date*, was such as to render *expected medical treatment* or hospitalization.

CANX8 Any loss as a result of an *injury* or *sickness* of an *insured*, *family member*, *travelling companion* or *travelling companion's family member* or *key employee* of the *insured*

which required any or all of, *medical consultation*, medical treatment or hospitalization within 90 days immediately preceding the *application date*.

CANX9 *Injury* received while training or participating in speed contests usually in excess of 60 km per hour, or *professional sport activities*.

CANX10 Self-diagnosis by a physician.

CANX11 Loss incurred as a result of pregnancy, or childbirth, or complications thereof occurring within 8 weeks of the expected date of delivery.

CANX12 Loss incurred as a result of pregnancy which are routine or elective and which occur within the first 32 weeks of the pregnancy.

CANX13 A *trip* that is 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*.

CANX14 Any loss, prior to departure, which might reasonably have been expected to necessitate the immediate return or delay the refund of the *insured*.

CANX15 Loss for any event which at the *application date* could reasonably have been expected to prevent the *insured* from travelling as booked.

CANX16 Losses which are recovered or are recoverable from any other source, including trustees or any government compensation fund.

CANX17 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.

CANX18 Losses arising as a result of a *default* if, at the time of booking and/or *application date*, the *travel supplier* is bankrupt, insolvent, or in receivership or shall have sought protection from creditors under any bankruptcy or related legislation.

CANX19 Losses arising as a result of a *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 T.I.C.

CANX20 Losses arising from *default of travel supplier* for travel services purchased by the *insured* direct from the *travel supplier*, or from other than an appointed representative of T.I.C.

CANX21 Penalties incurred after the date of *injury* or ultimate diagnosis of a *sickness*.

CANX22 Any *nuclear* occurrence howsoever caused.

LIMITATIONS

1. Maximum *period of coverage*: 365 days
2. Age eligibility: 15 days and over
3. Geographic coverage: Worldwide
4. Benefits and claims settlements are limited to the penalties at the time of the cause of cancellation and date of *injury* or the ultimate diagnosis of a *sickness*.
5. When *family members* are traveling together, the total *aggregate limit* is limited to twelve (12) *insured* persons, unless authorized by T.I.C.
6. When *travelling companions* are travelling together, the total *aggregate limit* is limited to five (5) *insured* persons, unless authorized by T.I.C.
7. No amount is payable where the date of the return of an *insured* to the point of origin is more than 10 days beyond the expiry date specified on the Policy unless the *insured* or a *travelling companion* suffering the *injury* or *sickness* was confined as an in-patient in a *hospital* as a result of the *injury* or *sickness*, or was certified as medically unfit to travel by the attending physician at the location treatment was given.
8. In the event of *default* of a *travel supplier*, coverage is limited to \$3,500 for any one *insured*, or \$7,500 for all *insureds* listed on the *declaration form*. Total *aggregate limit* is \$250,000.
9. Reimbursement of extra costs where applicable are the least of (a) change-fee (b) one-way economy airfare or (c) economy return airfare, all by the most direct route.

CONDITIONS

1. This insurance is valid only if purchased at the time of and in conjunction with the non-refundable deposit of the *insured's trip* and before any cancellation penalties have been incurred.
2. When cause of cancellation and date of *injury* or the ultimate diagnosis of a *sickness* occurs prior to the departure date, the *insured* must cancel his/her *trip* with the travel agent or the carrier concerned on the day the cause of cancellation occurs or on the next business day at the latest.
3. Cancellation due to *injury* or *sickness* must be following a *medical consultation* and attested to by the attending medical physician, in writing, at the location where *sickness* or *injury* leading to cancellation occurred.
4. Failure to provide applicable substantiation for a claim shall invalidate any claim under this Insurance.
5. General Conditions of this Policy apply. Refer to page 39.

ALL-INCLUSIVE PACKAGE PLANS

U.S.A. Package – Plan L

Non-U.S.A. Package – Plan M

Seniors' Worldwide Package – Plan R

All Package Plans include the following coverage:

1. Trip Cancellation & Interruption Select. Refer to page 10.
2. Excess Hospital and Medical Expense, \$2 million sum insured. Refer to page 2.

LIMITATIONS

U.S.A. Package & Non-U.S.A. Package

Maximum *trip* length:

60 days for ages 15 days to 60 years.

35 days for ages 61-70 years.

For longer trips, use the Seniors' Worldwide Package.

Seniors' Worldwide Package

Maximum *trip* length: 60 days.

CLAIMS PROCEDURES

How to Report Your Claim

Please start your claim online or download any of the claim forms mentioned below at www.travelinsurance.ca/customers/claims/. If you do not have access to the internet and do not have a claim form with your Policy, contact the T.I.C. Claims Department for assistance.

Prior to Departure: Trip Cancellation

Notify your travel agent or carrier/tour operator on the day the cause of cancellation occurs or on the next business day at the latest and notify T.I.C. Agencies Ltd. at the same time. You can contact us by phone, email, fax or visit our website to initiate a claim. Submit all the following documents to the T.I.C. Claims Department: (address on page 49)

1. Fully completed and signed claim form.
2. If cancellation is due to an *injury* or *sickness*, please have the Medical Certificate fully completed by the physician who treated the person whose sickness has caused cancellation of *trip*.
3. Documentation to substantiate cancellation if for other than medical reasons. For example:
 - Death certificate if canceling due to death including death of *insured*, *family member*, *travelling companion*, *key employee* or friend.
 - Copy of subpoena if cancelling due to jury duty or being called as a witness.
 - Letter from your employer if cancelling due to a job transfer.

4. Proof of payment such as credit card statement, debit receipt, travel agent's cash receipt, showing how much you paid for your *trip* and an itemized invoice which includes a breakdown of the cost of airfare, hotel, taxes, service fees, etc.
5. Original unused airline ticket and any other original travel documents if you did not get a refund from any other source.
6. Statement of refund from agency/travel supplier (airline, tour operator) - if applicable.

After Departure: Trip Interruption

Submit all the following documents to the T.I.C. Claims Department: (address on page 49)

1. Fully completed and signed claim form.
2. Medical Certificate completed by the attending/treating physician at the destination. If you did not have the treating physician complete the Medical Certificate, we can accept a medical note or letter from the attending physician at the destination as long as it has complete information such as:
 - Diagnosis
 - Date(s) of treatment
 - Recommendation to return earlier than your scheduled return date, or to delay your return beyond your scheduled return date along with the prognosis and the date you were fit to travel.
3. If interruption of your *trip* occurred for other than a medical reason, documentation to substantiate early or delayed return.
4. Original unused ticket and passenger coupon of new ticket purchased to return home, along with receipt/invoice or credit card slip showing amount paid for ticket to return.
5. If only a change fee was charged, a receipt showing amount charged.
6. If claiming unused tour, copy of original invoice and breakdown of unused tour cost – this can be obtained from your travel agent.
7. Any original receipts for out-of-pocket expenses incurred due to a delayed return.
8. In the event of a missed connection due to weather or mechanical failure, a letter from the airline certifying the delay and all original receipts for expenses incurred to continue your *trip*. Please also submit a copy of your original itinerary.

Visitors to Canada - Emergency Hospital and Medical Expense

Basic Plan – Plan E

Select Plan – Plan J

You have paid premium for a specific plan of insurance, please note:

Coverage for losses arising as a result of an *injury* begin in Canada at the latest of:

- a) 12:01 a.m. on the *effective date* as indicated on the *declaration form* or
- b) The time of application.

Coverage for loss arising as a result of a *sickness* begins in Canada 48 hours after the latest of:

- a) 12:01 a.m. on the *effective date* as indicated on the *declaration form* or
- b) The time of application.

All coverage terminates at the earliest of:

- a) 12:00 midnight on the expiry date or
- b) Time the *insured* arrives in their *country of origin*.

DESCRIPTION OF COVERAGE

1. Emergency Hospital and Medical Expense for Visitors to Canada pays up to the sum insured as indicated on the *declaration form* for reasonable, necessary and customary expenses incurred unexpectedly by an *insured* while on a stay in Canada on or after the *effective date* and during the *period of coverage*. Eligible expenses are paid for *acute emergency hospital*, unexpected *emergency medical*, or other covered expenses, due to *injury* or *sickness*.
2. Expenses incurred outside of Canada are covered provided that the majority of the time covered under this Insurance is spent in Canada. Expenses will not be paid when incurred in the *insured's country of origin*.
3. For persons insured under Basic Plan E, expenses are paid up to the sum insured in excess of the first \$50 per *insured*.

BENEFITS (FOR BASIC AND SELECT, PLANS E & J)

1. **Hospital Confinement** – pays for customary charges made by the *hospital* for standard accommodation (for the area where situated), and for services and supplies reasonable and necessary for the care of the *insured* during confinement as a resident in-patient.
2. **Medical Services** – pays for:
 - a) The services of a legally licensed medical physician or surgeon, anesthetist and registered graduate nurse (all of whom are other than a relative by blood or marriage of the *insured*).

- b) The services of a legally licensed physiotherapist (other than a relative by blood or marriage of the *insured*) when ordered at destination by the attending physician as treatment for an insured *injury*. Not to exceed \$500 for out-patient treatment.
 - c) The services of a legally licensed doctor of chiropractic (other than a relative by blood or marriage of the *insured*) as treatment for an insured *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 legally licensed medical physician for the purpose of diagnosis.
 - e) The use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation), when reasonable and necessary, to the nearest *hospital*.
 - f) Rental of crutches or hospital-type bed, but not to exceed 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 medicines that require a legally licensed medical physician's written prescription but not to exceed a one-month's supply to a maximum \$500 per *insured* unless hospitalized as an in-patient.
3. **Return of Deceased Body** – pay up to \$10,000 reimbursement in the event of death due to a covered *injury* or *sickness*, for the expense actually incurred for homeward carriage in a standard transportation container to the permanent residence of the *insured* as shown in the Policy, or up to \$4,000 for cremation or burial at the place of death, where death is due to a covered *injury* or *sickness*.
4. **Accidental Dental** – pays up to \$3,000 reimbursement for *emergency* treatment or services to whole or sound natural teeth (capped or crowned teeth are considered whole or sound natural teeth) caused by an accidental blow to the face. The actual expenses incurred are not to exceed the minimum fee specified in the schedule of fees relating to dentistry, approved and published by the Canadian Dental Association of the province or territory in which the dental expense was incurred.
5. **Dental Emergencies** – pays up to \$500 reimbursement 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 be commenced within 48 hours from the onset of the *emergency* and must be completed within the effective term of this Policy 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, this Insurance will, subject to all other policy limits, provide coverage 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 \$2,500,000 for all eligible insurance policies issued and administered by T.I.C. Agencies Ltd, including this Policy.
 - b) As a result of one or a series of *acts of terrorism* occurring in any calendar year, the *aggregate limit* payable shall be limited to \$5,000,000 for all eligible policies issued and administered by T.I.C. Agencies Ltd, including this Policy.
- The amount payable for each eligible claim under (a) and (b) above are in excess of all other sources or 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*.

ADDITIONAL BENEFITS (FOR SELECT PLAN J)

- 1. **Return Home** – Reimbursement up to \$3,000 for the actual extra cost of one-way economy transportation by the most direct route to the *insured's country of origin* in the event the covered *injury* or *sickness* of the *insured* necessitates the immediate return of the *insured* during the *period of coverage*. Includes one additional *insured family member* whose name is stated on the *declaration form*.
- 2. **Accidental Death and Disablement (A.D.& D.)** \$25,000 sum insured. Refer to page 28.
- 3. **Follow-up Visits** – covers two (2) out-patient follow-up visits, as part of the initial *acute emergency* to the *insured's* physician following *emergency* treatment of an *injury* or *acute sickness*.

EXCLUSIONS

Benefits are not payable for expenses due to:

VTC1 Losses while sane or insane including: emotional, mental or nervous disorders by whatever cause; suicide, attempted suicide; or intentionally self-inflicted *injury*.

VTC2 *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*.

VTC3 An *injury* or *sickness* where the *trip* is undertaken for the purpose of securing medical treatment or advice for such *injury* or *sickness*.

VTC4 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.

VTC5 Any elective, or consequence of a prior elective procedure, non-emergency or routine follow-up procedures or treatment, except as specified in Additional Benefit #3 of the Visitors to Canada Select Plan.

VTC6 Travelling against doctor's orders.

VTC7 An *injury* or *sickness*, or state of health which, prior to the *effective date* of coverage, was such as to render *expected medical treatment* or hospitalization.

VTC8 Any loss as a result of an *injury* or a *sickness* for which symptoms occurred or which required any or all of, *medical consultation*, prescription medication, medical treatment or hospitalization, within 180 days prior to the *effective date*. And any loss as a result of *sickness* for which symptoms or *sickness* occurred within 48 hours of the *effective date*.

VTC9 Continuing medical treatment or hospitalization the *insured* receives or elects to receive, unless the *insured* is medically certified as unfit to travel or return to their *country of origin* (whether or not they intend to return) following diagnosis or *emergency* treatment of an *injury* or *acute sickness*.

VTC10 Any rehabilitation, convalescent care or subsequent claim either paid, denied or pending, with respect to an *injury* or *sickness*, or result of an *injury* or *sickness*, which occurred during the effective term of this Insurance and for which *medical consultation* has been sought.

VTC11 *Injury* received while training or participating in speed contests usually in excess of 60 km per hour or *professional sport* activities.

VTC12 The commission of an Air Ambulance unless arranged and pre-approved by T.I.C.

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

VTC14 Treatment for an infant less than 15 days old.

VTC15 An automobile accident and the *insured* is entitled to benefits under the "no fault" benefit schedule of the *insured's* automobile policy, or under an applicable Insurance Act.

VTC16 Dental or cosmetic surgery unless such *emergency* surgery is a result of a covered *injury*.

VTC17 Treatment or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/medical plan.

VTC18 Naturopathic, holistic or acupuncture treatment.

VTC19 Charges that exceed the customary and reasonable rate for the area in which the treatment or services are being performed.

VTC20 Any loss incurred outside of Canada where the majority of the time on risk has not been spent in Canada.

VTC21 Any loss incurred inside an *insured's* *country of origin* which is other than Canada.

VTC22 Any *nuclear* occurrence howsoever caused.

VTC23 Any loss resulting from an *act of terrorism* on a *trip* to a destination where prior to the scheduled date of departure by the *insured* from the province or territory of residence, 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 the booked destination for a period that would include the *insured's* scheduled trip.

LIMITATIONS

1. Maximum *period of coverage*: 365 days for persons age 15 days to 60 years inclusive, per *period of coverage*. 180 days for persons age 61 to 85, per visit to Canada and \$50,000 sum insured. No coverage is available in excess of these periods either by extension, renewal or new policy for any *insured* unless pre-approved by T.I.C.
2. Age eligibility: 15 days to 85 years.
3. Geographic coverage: Worldwide – (expenses incurred outside of Canada are covered provided that the majority of the time on risk is spent in Canada. Expenses incurred outside of Canada will not be paid when incurred in the *insured's* *country of origin*).
4. In the event that an *insured*, at the end of the *period of coverage*, is confined to *hospital*, covered expenses for such confinement will be paid for up to 365 days from the date of the *injury* or *sickness* but not to exceed the sum insured. Refer to Extended Coverage After Termination on page 41.

CONDITIONS

1. It is a condition of coverage that at the time of application the *insured* knows of no reason to seek medical attention.
2. It is a condition of coverage, that T.I.C. be notified at the 24-hour claim line prior to, or within 48 hours of, admission to *hospital* and prior to any surgery or invasive investigations being performed. Failure to do so, without reasonable cause, will result in T.I.C. reducing the eligible expenses by 20%.
3. General Conditions of this Policy apply. Refer to page 39.

CLAIMS PROCEDURES

Important Notes:

- In the event of hospitalization, T.I.C. must be notified prior to, or within 48 hours of, admission to *hospital* and prior to any surgery or invasive investigations being performed.
- Any fee for completion of forms is not covered under this Insurance.
- Incomplete forms will delay your claim.
- **Claims must be submitted within 30 days of initial treatment.**

How to Report Your Claim

Please start your claim online or download any of the claim forms mentioned below at www.travelinsurance.ca/customers/claims/. If you do not have access to the internet and do not have a claim form with your Policy, contact the T.I.C. Claims Department for assistance. Submit all the following documents to the T.I.C. Claims Department: (address on page 49)

1. Fully completed and signed claim form.
2. All original receipts with proof of payment for all expenses incurred.
3. Medical Certificate completed by the treating physician at your destination. Available on website.
4. For hospital visits (out-patients), obtain a copy of the Emergency Room report at the time of the visit.
5. For physiotherapy visits, obtain a letter from the referring physician.
6. In the event of an *injury*, provide details of other insurance which may respond to this loss (auto plans, homeowners/tenant or commercial insurance).

OPTIONAL PLANS

Baggage – Plan H

Applies to Plans K, L, M & R.

You have paid premium for a specific plan of insurance, please note:

Coverage begins upon departure on the *effective date* as indicated on the *declaration form* and terminates at the earliest of:

- a) 12:00 midnight on the expiry date or
- b) the time the *insured* returns to the province or territory of residence.

This Insurance shall be void and the premium paid shall be refunded if:

- a) Purchased or effective after departure, or if purchased for a *trip* not originating in Canada, unless authorization has been provided by T.I.C.
- b) The entire *trip* is cancelled prior to departure.

DESCRIPTION OF COVERAGE

1. Baggage insurance pays for loss or damage to owned or borrowed baggage, personal effects normally carried by the *insured* up to the sum insured as indicated on the *declaration form*. Coverage is limited to \$500 under Trip Cancellation & Interruption Select plans. The amount of loss or damage sustained in each event shall be determined separately and from the amount so determined there shall be deducted \$50. The expenses paid are in excess of any amounts payable under any other insurance or source.
2. In the event of loss or damage to baggage or personal effects, the liability of the insurer shall be limited to \$300 per single article, matched pair or set or group of related articles.
3. The insurer will not pay more than the least of the following amounts:
 - a) The actual cash value of the property, with proper deduction for depreciation, at the time of loss or damage.
 - b) The amount for which the property could be repaired to its condition prior to the damage.
 - c) The amount for which the property could be replaced with property of like kind and quality.

BENEFITS

1. **Personal Effects** – covers personal effects for: the personal use, adornment or amusement of the *insured* or any member of the *insured's* family travelling with the *insured*.

2. **Personal Currency** – pays up to \$100 reimbursement for loss of personal currency when caused directly by theft or robbery (specifically excluding mysterious disappearance).
3. **Wheelchair** – pays up to \$100 reimbursement for repairs or rental replacement of the *insured's* wheelchair (or standard special features) in the event the wheelchair is rendered inoperable through damage incurred during normal usage.
4. **Injury of Accompanying Cat or Dog** – pays up to \$200 reimbursement for *emergency* care due to unexpected *injury* of accompanying cat or dog.
5. **Travel Documents** – Insures costs for replacement of one or more of the following documents: passport, driver's license, birth certificate or travel visa when caused directly by theft or robbery (specifically excluding mysterious disappearance) up to a maximum amount of \$100.

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 Loss or damage caused by wear and tear, deterioration, moths or vermin.

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

BAG4 Any *nuclear* occurrence howsoever caused.

LIMITATIONS

1. Maximum length of coverage: 365 days
2. Minimum length of coverage: Must be purchased for the entire duration of the *insured's* trip.
3. Geographic coverage: Outside the *insured's* province or territory of residence, worldwide.

CONDITIONS

1. A police report is required in the event baggage and/or personal effects are stolen.
2. Failure by the *insured* to comply with the following Claims Procedure shall invalidate any claims under this coverage.

CLAIMS PROCEDURES

1. Promptly notify the hotel proprietors, shipping lines, airlines, railroad, bus, airport or other station authorities, or any other carrier or bailee in whose custody the *insured* property was at the time of loss or damage.
2. The loss must be reported to an airline if the baggage was in their possession at the time of loss. Settlement or denial notification is required.
3. The loss must be reported to the police and a report obtained in the event baggage and/or personal effects are stolen.
4. Contact the T.I.C. Claims Department for a claim form or start a claim on our website at www.travelinsurance.ca/customers/claims/

Lost or Damaged Baggage

Submit all the following documents to the T.I.C. Claims Department:

- a) Fully completed claim form.
- b) Documentation to substantiate claim such as a report from airlines, police or hotel.
- c) Copy of settlement from an airline, if applicable.
- d) Proof of ownership for all items lost. Some attempt has to be made to show proof of ownership such as copy of owner's manual or a photograph of item lost.
- e) Copy of declaration page from your homeowners insurance showing their deductible - if applicable.
- f) If item is being repaired, copy of the repair bill.

Delayed Baggage

(only available with Trip Cancellation Select Plan)

1. Please submit a report from the airline certifying the delay of more than 12 hours.
2. Original receipts for items purchased.

Important

- a) Since this Insurance has limited coverage, it is to your benefit to report large losses to your homeowners insurance company and the T.I.C. insurance can cover the deductible subject to policy limits.
- b) This insurance does not pay replacement cost and there is a maximum allowed per item or group of related items of \$300.

Accidental Death & Disablement – Plan G

You have paid premium for a specific plan of insurance, please note:

Coverage is provided on a 24-hour basis beginning at 12:01 a.m. on the date of departure from the *insured's* province or territory of residence as indicated on the *declaration form* and terminates at the earliest of:

- a) 12:00 midnight on the expiry date or
- b) The time the *insured* returns to their province or territory of residence.

For Visitors to Canada Select Plan, coverage begins at 12:01 a.m. on the *effective date* as indicated on the *declaration form* and terminates at the earliest of:

- a) 12:00 midnight on the expiry date or
- b) Date the *insured* returns to their *country of origin*.

DESCRIPTION OF COVERAGE

Accidental Death and Disablement (A.D.&D.) pays for accidental loss of the *insured's* life, or accidental loss of an *insured's* limb or sight from accidental *injury* up to the sum insured as indicated on the *declaration form* occurring during the *period of coverage*. Coverage is limited to \$25,000 for persons covered under Visitors to Canada Select Plan and \$10,000 under Trip Cancellation & Interruption Select. No benefits are payable if the loss occurs as a result of an Air Flight Accident.

BENEFITS

Benefits are payable according to the sum insured of the following schedule in the amount specified for the classification of *injury*.

1. Only one amount, the largest, is payable in the event of loss:
 - a) 100% of sum insured for loss of life, double dismemberment (as described below) or loss of sight of both eyes.
 - b) 50% of sum insured for single dismemberment (as described below) or loss of sight of one eye. 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. Amounts specified for loss of two limbs or two eyes or one limb and one eye are payable only when such double loss occurs as a result of the same accident.

Exposure and Disappearance: If the *insured* is unavoidably exposed to the elements or disappears as a result of an accident, loss will be covered by this Insurance if:

1. As a result of such exposure, the *insured* suffers a loss for which benefits are payable, or
2. The body of the *insured* has not been found within 52 weeks from the date of the accident. It will be presumed, subject to no evidence to the contrary, that the *insured* suffered loss of life as a result of *injury* covered by this Insurance.

EXCLUSIONS

Benefits are not payable for loss resulting from:

ADD1 Losses while sane or insane including: emotional, mental or nervous disorders by whatever cause; suicide, attempted suicide; or intentionally 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.

ADD4 Travelling against doctor's orders.

ADD5 *Injury* received while training or participating in speed contests usually in excess of 60 km per hour, *professional sport* activities, sky diving, or scuba diving.

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

ADD7 Any *nuclear* occurrence howsoever caused.

LIMITATIONS

1. Maximum length of coverage: 365 days
2. Age eligibility: 15 days and over
3. Geographic coverage: Worldwide
4. Only one amount, the largest, is payable as a result of accidental *injury* or death when insured under more than one policy issued by T.I.C. during the *period of coverage*.

CONDITIONS

1. The insurer has the right and the *insured* shall afford to the insurer an opportunity to examine the person of the *insured* when and as often as it may be required when a claim under this Insurance is pending.
2. Any claim for indemnity under this Insurance must be submitted within 90 days of the date of accident and must be substantiated by a certificate from the attending physician at the place of the accident.

CLAIMS PROCEDURES

How to Report Your Claim

Please download the claim form mentioned below at www.travelinsurance.ca/customers/claims/. If you do not have access to the internet and do not have a claim form with your Policy, contact the T.I.C. Claims Department for assistance. Submit all the following documents to the T.I.C. Claims Department: (address on page 49)

1. Fully completed and signed claim form.
2. Police report including any witness statements
3. Coroner's report
4. Death certificate
5. Emergency room report

Air Flight Accident – Plan F

You have paid premium for a specific plan of insurance, please note:

Coverage begins at 12:01 a.m. on the date of departure as indicated in the *declaration form* and terminates at the earliest of:

- a) 12:00 midnight on the expiry date or
- b) The time the *insured* returns to the province or territory of residence.

DESCRIPTION OF COVERAGE

1. Air Flight Accident pays up to the maximum sum insured of either \$200,000 or \$500,000 as indicated on the *declaration form* and for which premium has been paid for any one *insured*.
2. Persons insured under the Select Annual Plan the maximum sum insured is \$100,000.
3. Persons insured under Trip Cancellation & Interruption Select, the maximum sum insured is \$50,000.
4. The total *aggregate limit* is \$10 million for any one accident.

BENEFITS

1. Benefits are payable for loss of life, limb, or sight according to the sum insured of the following schedule in the amount specified for the classification of *injury*:
 - a) For loss of life, or two limbs, or sight of both eyes, or sight of one eye and one limb – 100% of principal benefit.
 - b) For loss of one limb, or sight in one eye – 50% of principal benefit. 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. Amounts specified for loss of two limbs or two eyes or one limb and one eye are payable only when such double loss occurs as a result of the same accident.

RISKS INSURED

Benefits are payable for loss of life, limb, or sight according to the sum insured of the above schedule in the amount specified for the classification of *injury* when the *insured* suffers loss:

1. While 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 and holding a valid Canadian Air Transport Board schedule, specific point or Charter Air Carrier license and operated by a properly certified pilot.
2. Sustained while on airport premises immediately before boarding or immediately after alighting from an aircraft covered by this Insurance 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 covered by this Insurance.

EXCLUSIONS

Benefits are not payable for loss resulting from:

AFA1 While sane or insane: Emotional, mental or nervous disorders by whatever cause; suicide, attempted suicide, or intentionally self-inflicted *injury*.

AFA2 *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*.

AFA3 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.

AFA4 Any *nuclear* occurrence howsoever caused.

LIMITATIONS

1. In the event that an *insured* has more than one policy in force, which are arranged by T.I.C., and for which eligible expenses are payable, only one policy, the one with the largest limit shall be deemed to be in force. All other policies described above shall be considered void and the premium refunded.
2. Age eligibility: 15 days and over
3. Geographic coverage: Worldwide for all flights ticketed and arranged prior to the *effective date*.

CONDITIONS

1. The insurer has the right and the *insured* shall afford to the insurer an opportunity to examine the person of the *insured* when and as often as it may be required when a claim under this Insurance is pending.
2. Any claim for indemnity under this Insurance must be submitted within 90 days of the date of accident and must be substantiated by a certificate from the attending physician at the place of the accident.
3. In the event the *insured's* body has not been found within 52 weeks from the date of accident, it will be presumed that the *insured* suffered loss of life.

CLAIMS PROCEDURE

How to Report Your Claim

Please download the claim form mentioned below at www.travelinsurance.ca/customers/claims/. If you do not have access to the internet and do not have a claim form with your Policy, contact the T.I.C. Claims Department for assistance. Submit all the following documents to the T.I.C. Claims Department: (address on page 49)

1. Fully completed and signed claim form.
2. Flight itinerary
3. Incident report from airline or airport
4. Medical report

Trip Interruption – Plan O

You have paid premium for a specific plan of insurance, please note: Coverage begins at 12:01 a.m. on the date of departure from the *insured's* province or territory of residence as indicated on the *declaration form* and terminates at the earliest of:

- a) 12:00 midnight on the expiry date or
- b) The time the *insured* returns to the province or territory of residence.

DESCRIPTION OF COVERAGE

Trip Interruption coverage pays up to the sum insured as indicated on the *declaration form* for the actual extra cost of one-way economy transportation by the most direct route to the point of departure from Canada in the event that one of the following necessitates the immediate return of the *insured* during the *period of coverage*. In the event Trip Interruption has been purchased in conjunction with a Visitors to Canada Plan, the benefit will return the *insured* to either Canada or their *country of origin*. Refer to Limitation 4 on page 34.

RISKS INSURED

1. *Injury, sickness, or death of the insured or a 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. *Injury, sickness, or death of a person or persons with whom arrangements were made for the care of dependents.*

EXCLUSIONS

Benefits are not payable for expenses resulting from:

TRIP1 Losses while sane or insane including: emotional, mental or nervous disorders by whatever cause; suicide, attempted suicide; or intentionally self-inflicted *injury*.

TRIP2 *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*.

TRIP3 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.

TRIP4 An *injury* or *sickness* where the *trip* is undertaken for the purpose of securing medical treatment or advice for such *injury* or *sickness*.

TRIP5 Any elective, non-emergency or routine follow-up procedures or treatment.

TRIP6 Travelling against doctor's orders.

TRIP7 An *injury* or *sickness*, or state of health which, prior to the *effective date*, was such as to render *expected medical treatment* or hospitalization.

TRIP8 *Injury* received while training or participating in speed contests usually in excess of 60 km per hour, or *professional sport activities*.

TRIP9 Self-diagnosis by a physician.

TRIP10 Loss incurred as a result of pregnancy, or childbirth, or complications thereof occurring within 8 weeks of the expected date of delivery.

TRIP11 Loss incurred as a result of pregnancy which are routine or elective and which occur within the first 32 weeks of the pregnancy.

TRIP12 Any loss as a result of an *injury* or *sickness* of an *insured*, *family member*, *travelling companion* or *travelling companion's family member* or *key employee of the insured* which required any or all of, *medical consultation*, medical treatment or hospitalization within 90 days immediately preceding the *application date*.

TRIP13 A *trip* that is 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*.

TRIP14 Any cause, prior to departure, which might reasonably have been expected to necessitate the immediate return or delay of the *insured*.

TRIP15 Any *nuclear* occurrence howsoever caused.

LIMITATIONS

1. Maximum *period of coverage*: 365 days.
2. Age eligibility: 15 days of age and over.
3. Geographic coverage: Worldwide.
4. Reimbursement of extra costs where applicable are the least of (a) change-fee (b) one-way economy airfare or (c) economy return airfare, all by the most direct route.

CONDITION

Return due to *injury* or *sickness* must be on the written advice of the attending physician (other than a relative by blood or marriage of the *insured*) at the location where *sickness* or *injury* leading to cancellation occurred.

CLAIMS PROCEDURE

How to Report Your Claim

Please start your claim online or download any of the claim forms mentioned below at www.travelinsurance.ca/customers/claims/. If you do not have access to the internet and do not have a claim form with your Policy, contact the T.I.C. Claims Department for assistance. Submit all the following documents to the T.I.C. Claims Department: (address on page 49)

1. Fully completed and signed claim form.
2. Medical certificate completed by the attending/ treating physician at the destination. If you did not have the treating physician complete the Medical Certificate, we can accept a medical note or letter from the attending physician at the destination as long as it has complete information such as: diagnosis, date(s) of treatment, recommendation to return earlier than your scheduled return date.
3. Original unused ticket and passenger coupon of new ticket purchased to return home, along with receipt/invoice or credit card slip showing amount paid for ticket to return. Benefit is limited to cost of one-way economy to return home, to a maximum sum insured as indicated on your *declaration form*. If interruption of your *trip* occurred for other than a medical reason, please submit:
4. In the event of death, copy of death certificate.
5. In the event of a disaster rendering your principal residence uninhabitable, copy of police report, fire report or insurance investigative report.

Rental Car Collision Damage Protection – Plan U

You have paid premium for a specific plan of insurance, please note: Coverage begins at the time the *insured* takes control of the rented *automobile* during the *period of coverage* as indicated on the *declaration form*. Coverage terminates at the earliest of:

- a) 12:00 midnight on the expiry date,
- b) The time the *commercial rental agency* assumes control of the *automobile* whether it be at their place of business or elsewhere; or

- c) The time the rental agreement or contract expires or is terminated. Coverage shall be void and the premium shall be refunded if coverage is not purchased in Canada and prior to rental of the vehicle.

DESCRIPTION OF COVERAGE

Rental Car Collision Damage Protection pays the actual cash value at the time of the loss up to \$50,000 for loss due to *physical damage or loss* of one *automobile* rented by the *insured* from a *commercial rental agency* occurring 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, while covered under this Insurance.

BENEFITS

1. The maximum benefit payable is limited to the amount which would have been payable if the *insured* had purchased collision damage waiver coverage from the *commercial rental agency*, less:
 - a) Any amount payable by the *insured's* own *automobile* insurance policy;
 - b) Any amount assumed, waived or paid by the *commercial rental agency* or its insurer; and
 - c) Any amount payable under any other insurance policy.

EXCLUSIONS

Benefits are not payable for loss due to:

CDW1 While sane or insane: Emotional, mental or nervous disorders, suicide, attempted suicide, or intentionally self-inflicted *injury*.

CDW2 *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 Loss being in any way contributed to by the use of alcohol, prohibited drugs, or any other intoxicant.

CDW4 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*; or rusting, corrosion, wear and tear, gradual deterioration,

inherent defect, freezing, conversion or any dishonest act of the *insured* and/or any other party of interest and/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* and/or any other person in which the *automobile* was entrusted under the terms of the rental agreement.

CDW6 The operation of the *automobile* by an individual who does not hold a valid driver's license in their state, province or territory of residence or *country of origin*.

CDW7 Loss or damage of any contents of the *automobile*.

CDW8 Loss or damage of *exotic cars*.

CDW9 Speed tests or contests.

CDW10 Benefits do not include damage or loss arising directly or indirectly from operation of the vehicle contrary to the terms and conditions of the rental agreement/contract.

CDW11 Any *nuclear* occurrence howsoever caused.

LIMITATIONS

1. Age eligibility: Legal driving age at the place of rental
2. Maximum sum insured: \$50,000
3. Geographic coverage: Worldwide
4. Maximum Length of coverage: 31 consecutive days unless authorized by T.I.C.
5. There is no coverage provided for any form of third party automobile liability or personal accident insurance benefits.

CONDITIONS

1. The *insured* shall promptly file a report (as per Claims Procedures on page 38) of *physical damage or loss* for which the *insured* may be liable with the insurer's representative and the *insured* shall provide the insurer's representative with 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 vehicle to the *commercial rental agency*.
3. The insurer shall pay insurance money for which it is liable under this Insurance within 60 days after satisfactory proof of loss has been received by the insurer.

4. In the event of an accident, malicious act, burglary, robbery, or theft, the *insured* will immediately report to the police or other authorities having jurisdiction, full details as required by law.
5. The *insured* must decline the collision damage waiver 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* is not used for carrying passengers for compensation or hire or for commercial delivery.
9. The *insured* is not 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 the insurer's representative.
11. Every action or proceeding against the insurer under this Insurance shall be commenced within one year after the cause of the action arose and not afterwards.
12. This Insurance does not provide coverage in any jurisdiction where such coverage is prohibited by law.
13. General Conditions of this Policy apply. See page 39.

CLAIMS PROCEDURES

In the event of physical damage or loss to a rental car for which coverage has been purchased, **it is a requirement of this Insurance that WORLD TRAVEL PROTECTION be contacted within 48 hours.** You will be sent a claim form which you must complete and submit with all the following documents to:

World Travel Protection Claims Department
 200 University Avenue, Suite 700
 Toronto, ON M5H 4B8
 1-888-807-5967 or 416-977-8764

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 you completed with the rental agency and a copy of the rental agreement.
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 for which you may have paid.

General Conditions

Applicable to all insurances in this policy booklet.

1. Co-operators Life Insurance Company hereby insures the person(s) named as the *insured(s)* and will pay the benefits listed in this Policy except for all property insurance which is insured by the Sovereign General Insurance Company and benefits payable for the Air Flight Accident Insurance which has been effected with certain Lloyd's Underwriters (called the "insurer") through T.I.C. Agencies Ltd., North Vancouver, B.C.
2. The *declaration form* is the basis of and forms part of this Policy. Coverage is valid only if a *declaration form* is fully completed by a T.I.C. authorized and appointed agent on or before the *application date* and prior to the *effective date* of coverage.
3. Expiry time of coverage is deemed to be the time within the time zone where the *insured* was residing when the *declaration form* was issued.
4. Insurance is in effect only for coverages indicated on the *declaration form* for which premium has been paid on or before the *effective date*. Benefits are payable in accordance with the classification of coverage and are limited to the sum insured.
5. Benefits payable do not include interest charges.
6. The coverages outlined in this Policy are second payor plans. If there are other third party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial auto insurance plan providing hospital, medical or therapeutic coverage, in force concurrently herewith, amounts payable hereunder are limited to those expenses incurred outside the *insured's* province of residence that are in excess of the amounts for which the *insured* is insured under such other coverage. T.I.C. will coordinate all benefits in conjunction with the guidelines provided by Canadian Life and Health Insurance Association. Insured benefits do not include, and reimbursement will not be made for any expenses, services or supplies that an insurer is eligible to pay under a motor vehicle liability policy pursuant to the 'no-fault' benefits schedule under any Insurance Act. Where there is no other coverage reasonably available or other plan that will pay the expense, insured benefits will be paid by T.I.C.
7. If the *insured* named in this Policy is retired with an extended health plan provided by a former employer, with a lifetime limit of \$50,000, T.I.C. will not coordinate benefits with that provider.
8. Benefits are only payable under one policy, for each *insured* during the *period of coverage* indicated on this

- Policy. If more than one T.I.C. coverage is in force concurrently herewith, benefits will only be paid under the insurance with the greatest sum insured.
9. In the event of any payment of benefits under the insurance, the insurer shall be subrogated to all the rights of recovery therefore which any *insured* receiving such payment may have against any person or organization. Such person shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights and shall do nothing after loss to prejudice such rights.
 10. The entire coverage of this Insurance shall be void if, whether before or after loss, the *insured* has concealed or misrepresented any material fact or circumstances concerning this coverage or subject thereof, or the interest of the *insured* therein, or in the case of any fraud or false swearing by the *insured*.
 11. The *insured* shall be responsible for the verification of
 - a) any medical expenses incurred and shall obtain itemized accounts of all medical services which have been provided,
 - b) 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,
 - c) any payment made by any other insurance plan or contract,
 - d) at the request of T.I.C. it is the *insured's* responsibility to provide substantiating medical documentation from their *country of origin*. Failure to provide substantiating documents shall invalidate all claims under this Insurance.
 12. All benefits and limitations stated in this Policy are deemed to be in Canadian currency (CAD).
 13. T.I.C. reserves the right to investigate or obtain private opinion on an *insured's* medical condition and to obtain any and all information relating to a claim.
 14. It is a condition that T.I.C. be notified at the 24-hour claim line prior to, or within 48 hours of, admission to *hospital* and prior to any surgery or invasive investigations being performed. Failure to do so, without reasonable cause will reduce eligible expenses by 20%.
 15. 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. This condition applies to all plans other than Baggage, Accidental Death and Disablement, Air Flight Accident and Rental Car Collision Damage Protection.
 16. This Policy or any benefits payable or which may become payable under this Policy are not assignable and the insurer is not responsible for or bound by any assignment entered into by the *insured*.
- ### Extended Coverage After Termination
17. If an *insured* under this Insurance is riding as a passenger in a conveyance licensed for the transportation of passengers and for which coverage would otherwise be provided under this Insurance and if such conveyance is scheduled to arrive at its destination while this Insurance is in force but is delayed beyond such arrival time by reason of circumstances over which the *insured* has no control, the coverage of this Insurance shall be extended automatically until the *insured* ceases to be a passenger in such conveyance, but not to exceed 72 additional hours.
 18. If an *insured* under this Insurance is deemed as medically unfit to travel as a result of a covered *injury* or *sickness* and if this advice is provided prior to the expiry date of this Policy as indicated on the *declaration form* and if this advice is provided, in writing, by the attending physician, this Insurance will automatically be extended for five days.
 19. If an *insured* is hospitalized at the end of the *period of coverage*, as a result of a covered *injury* or *sickness*, insurance will be extended to the *insured* and an *insured travelling companion* remaining with the *insured* when reasonable and necessary, for the period of *hospital confinement*, plus 72 hours after release to travel home.
 20. Extension or renewal of coverage is subject to the terms and conditions outlined by T.I.C. on file with the duly appointed agents of T.I.C.
 21. It is a condition that each term of coverage is considered a separate contract and all terms and conditions of coverage apply except where waived or endorsed by authorization of T.I.C.
- ### REFUNDS
- Premium refunds must be obtained from the agent where coverage was originally purchased. There will be no refund of premium if any claims have, or will be made against this Insurance. An administration fee of \$25 for partial refunds (cancellations) and \$10 for flat cancellations will be deducted from the returned premium. Refund of premium will only be returned upon the completion of a claims waiver form under the following circumstances:
- #### Emergency Excess Hospital and Medical Coverage:
- a) The entire *trip* is cancelled prior to the *effective date*.
 - b) The *insured* chooses to cancel this coverage after reading this Policy wording provided the request for

cancellation is within 10 days of receipt of this Policy and prior to the *effective date* as stated on the *declaration form*.

- c) The *insured* returns to his/her province or territory of residence 30 days prior to the expiry date of the Policy.

Annual Plans will not be refunded after the effective date as dated on the *declaration form*.

Trip Cancellation & Interruption and Packages are prorated according to the period of time on risk from the *application date* when:

- a) The *trip* is cancelled by the *travel supplier* and the *insured* does not travel as booked.
- b) The *travel supplier* changes the travel dates and the *insured* is unable to travel on those dates and all penalties are waived.
- c) The *insured* cancels the *trip* before any penalties come into effect.

Visitors to Canada Hospital and Medical Coverage:

- a) The entire *trip* is cancelled prior to the *effective date*.
- b) The *insured* under Visitors to Canada Insurance returns to his/her *country of origin* 30 days prior to the expiry date of the Policy.
- c) The *insured* is covered under a provincial or territorial hospital/medical plan.

Baggage, Accidental Death & Disablement, Air Flight Accident, and Trip Interruption:

- a) The entire *trip* is cancelled prior to the *effective date*.

Definitions

“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.

“Acute” means the initial *emergency*, short course (not chronic) treatment phase of an *injury* or *sickness*.

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

“Antique automobile” means an *automobile* 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) is deemed as the date the *insured* purchases this Insurance in conjunction with the initial non-refundable costs associated with booking their *trip*.

“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, off-road 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* of this Insurance between companies with unrelated ownership, pertaining directly to the *insured’s* full-time employment or professional association and is required by the *insured’s* employer.

“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 its jurisdiction.

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

“Declaration form” means the form titled “Declaration Form” specifying the *insured’s* names, *period of coverage*, *application date*, effective and expiry dates, coverages selected and premium paid.

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

“Effective date” means the date coverage commences as indicated on the *declaration form*, or in the case of Annual Plan the date of departure for each separate trip from the province or territory of residence on or after the stated *effective date*. *Effective date* for Trip Cancellation & Interruption Plans is the *application date*.

“**Emergency**” is an unforeseen *sickness* or *injury* affecting the *insured* in such a way that the *insured* requires immediate intervention by a legally licensed medical physician or dentist. Such *emergency* no longer exists, when in the opinion of the attending physician, the *insured* is able to return to their place of ordinary residence.

“**Exotic car**” includes any *automobile* manufactured by Aston Martin, Bentley, Bricklin, Daimler, De Lorean, Excalibur, Ferrari, Jensen, Lamborghini, Lotus, Jaguar, Maserati, Porsche, Rolls Royce or any similar automobile.

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

“**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, cousin, grandparent, grandchild, in-law, ward, natural or adopted child.

“**Hospital**” means an incorporated or licensed *hospital* having 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 legally licensed medical physician or physicians. 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 accidental bodily injuries received while this Insurance is in force resulting in loss, independent of *Sickness* and all other causes.

“**Insured**” means an eligible person over the age of 14 days whose name appears on the *declaration form* and who has paid the required premium and meets all the conditions of the plan selected.

“**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 the obtaining of any medical services from a licensed medical practitioner for an ailment, illness or disease, which includes 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. Does not include regular medical check-ups where there is no medical clinical sign, or patient portrayed symptoms.

“**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 shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals plants or material property.
- *Biological* agent shall mean 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 number of days coverage for which premium has been paid and for the dates indicated on the Policy.

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

“**Professional**” means any person who earns the majority of their income from a particular sporting activity.

“**Sickness**” means illness or disease causing loss commencing while this Insurance is in force.

“**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*.

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

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

“**Trip**” means the entire trip contracted by the *insured* and for which the premium was paid.

Statutory Conditions

Notwithstanding any other provisions herein contained, this contract is subject to the Statutory Conditions in The Insurance Act respecting contracts of Accident Insurance. In Witness Whereof, CO-OPERATORS LIFE INSURANCE COMPANY has caused this Policy to be signed by its COO and Senior Vice President.



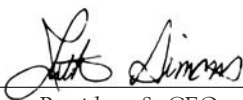
Identification of Insurer / Action Against Insurer

Air Flight Accident Insurance has been effected in accordance with the authorization granted to the undersigned by certain Lloyd's Underwriters, whose names and the proportions underwritten by them, can be ascertained by reference to Contract No. HD 451 which bears the seal of Lloyd's Policy Signing Office and has been certified by the Attorney In Fact in Canada for Lloyd's Underwriters and may be seen at the office of the undersigned. The Lloyd's Underwriters identified in the said contract shall be liable hereunder each for his own part and not one for another in proportion to the several sums by each of them subscribed to the said contract. In any action to enforce the obligations of the Lloyd's Underwriters liable hereunder they can be designated or named as "Lloyd's Underwriters" and such designation shall be binding on the Underwriters liable hereunder as if they had each been individually named as defendant. Service of such proceedings may validly be made upon the Attorney in Fact in Canada for Lloyd's Underwriters, whose address for such service is 1155, rue Metcalfe, Suite 1540, Montreal, Quebec H3B 2V6.

LLOYD'S

NOTICE

Any notice to the insurer may be validly given to the undersigned. In witness whereof this Policy has been signed, as authorized by the insurer, by T.I.C. Agencies Ltd.



President & CEO

February 2005

Claims Information

We want to make your claim go as quickly and easily as possible. Please check that you have attached all the necessary documentation. Submitting incomplete information will delay your claim. On occasion it may be necessary for T.I.C. to request additional information. You will find claims procedures at the end of each plan description. You can also start your claim on our website by going to <http://www.travelinsurance.ca/customers/claims/>.

CLAIMS PROCEDURES

You will find claims procedures at the end of each plan description in this policy booklet. Claims can be started online from our website at <http://www.travelinsurance.ca/customers/claims>.

Or, write to:

T.I.C. Claims Department
125 - 4400 Dominion St.
Burnaby, BC V5G 4G3
Tel: 604-639-8849
Fax: 604-639-8859

TIPS FOR SUBMITTING A CLAIM

1. Completely fill out your claim form. Claim forms request the information we need to process your claim. Incomplete forms must be returned, which causes delays.
2. Follow the claims procedures as indicated in your policy booklet.
3. Information about making a claim and the forms you will need are available from our website at <http://www.travelinsurance.ca/customers/claims>. Use this resource to quickly gain access to the information you need.
4. Speed up the claims process by submitting your information online at <http://www.travelinsurance.ca/customers/claims>.

Detach the card below to keep in your wallet in case of an emergency.

Copy your policy number from the top of the *declaration form*.

If you have a question on submitting a claim, please call during regular office hours, Monday to Saturday.

Tel: 604-639-8849 Toll Free: 1-800-882-5246

TRAVEL ASSISTANCE SERVICES

If at anytime during your trip you become injured or sick, call T.I.C Travel Assistance for immediate guidance on your difficult event.

Medical personnel supported by skilled administrative staff would guide you through the emergency situation by contacting clinical facilities where you are located, anywhere in the world.

Our multilingual staff allows us to ensure you receive the best possible care by monitoring your case directly with the attending physicians in the area, and overseeing the quality of medical services provided.

Travel Assistance personnel will liaise with your doctors and relatives at home. They will also work closely with your attending physician and provide input to treatment options in partnership with medical personnel.

We are here to help. Our service is available 24 hours a day, 7 days a week. T.I.C Travel 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.

PRIVACY STATEMENT

Your privacy is important to us. We are committed to ensuring the privacy, confidentiality, accuracy and security of the personal information we collect, use, retain and disclose in the course of conducting business. For our detailed privacy policy please visit our website: www.travelinsurance.ca.

IMPORTANT

- Assistance for a medical *emergency* arising anywhere in the world is provided on a best effort basis. T.I.C. Agencies Ltd., Co-operators Life Insurance Company 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.
- Failure to provide substantiating documents shall invalidate all claims under this Insurance.
- The Authorization and Certification (section 5 of the claim form) may be signed by a spouse, parent or legal guardian for a minor, or a legally-authorized representative.

T.I.C. Agencies Ltd. must be notified prior to, or within 48 hours of, admission to *hospital* and prior to any surgery or invasive investigations being performed. Failure to do so, without reasonable cause, will reduce eligible expenses by 20%.

Service is available 24 hours/day, 7 days/week.

FOR EMERGENCIES CALL:

T.I.C. Travel Assistance
Toll Free Canada/USA 1-800-88CLAIM (882-5246)
Collect Worldwide + 604-639-8849

If you have been hospitalized, you must have someone advise us as soon as possible.

It is a condition of coverage that T.I.C. Agencies Ltd. be notified prior to, or within 48 hours of, admission to Hospital and prior to any invasive investigations or surgery being performed. Failure to do so, without reasonable cause, will reduce eligible expenses by 20%.

BILLING INSTRUCTIONS

Send all claims information including physician bills to:

T.I.C. Claims Department
#125 – 4400 Dominion St.
Burnaby, BC, Canada, V5G 4G3
Tel: 604-639-8849
Fax: 604-639-8859

If you have any questions about submitting a claim, please call during regular office hours, Monday to Saturday.