

TRAVEL UNDERWRITERS

Annual & Single Trip Travel Insurance



Administered by North American Air Travel Insurance Agents Ltd. dba Travel Underwriters, a licensed insurance broker. 11th Floor - 6081 No. 3 Road, Richmond, BC V6Y 2B2. Insurance is underwritten by American Bankers Life Assurance Company of Florida, American Bankers Insurance Company of Florida, Industrial Alliance Pacific Life Insurance Company and certain Lloyd's Underwriters.

Table of Contents

Page

The Insuring Agreement	3
Eligibility	3
Period of Coverage	4
Validation of Coverage	5
Emergency Excess Hospital/Medical Insurance – Annual/Single Trip	5
Visitors to Canada Emergency Hospital/Medical Insurance	7
Baggage, Personal Effects and Currency Insurance	8
Air Flight/Common Carrier/24-Hour Accident Insurance	9
Trip Cancellation/Trip Interruption Insurance	10
All Inclusive Holiday Package	11
Rental Car Physical Damage Protection	11
General Exclusions Applicable to All Coverages	12
General Conditions	15
Automatic Extensions to Coverage	17
Extensions to Policy	17
Refunds	17
Definitions	18
Statutory Conditions	21
How to Claim	23
International Assistance Services	24

This is Your insurance document. This document contains clauses which may exclude or limit Your coverage. Please read it carefully.

THE INSURING AGREEMENT

In consideration of having paid the required premium in full for the coverage(s) chosen and having completed in full the Application which has been provided to You either by Travel Underwriters or one of its Designated Representatives, this policy wording booklet becomes Your Policy of Insurance. The Company hereby agrees to provide Insurance in accordance with the terms and conditions of the Policy as set forth herein.

ELIGIBILITY

Applicable to All Coverages

You are eligible for coverage if:

1. You are named in the completed Application/Declarations.
2. The information provided by You at the time of Application is true and accurate.

Applicable to All Medical Coverages (except Visitors to Canada Coverage)

You are eligible for coverage if:

1. You have not yet reached the age of 90 years at the time of Application Date of the Policy.
2. You are a resident of Canada, and You must be insured and/or eligible for benefits under the Government Health Care Plan of the province or territory in which You reside. If You are not insured under the Government Health Care Plan in the province in which You reside, the portion that would have been refunded by the provincial Government Health Care Plan is not a benefit of this Insurance.
3. The expenses You incur result from an Acute, sudden and unexpected Emergency.
4. The Emergency first occurs and the Medical Treatment is provided outside Your province or territory of ordinary residence.
5. The length of travel out of Your province or territory of ordinary residence does not exceed the number of days selected at the time of Application or authorized extension period.
6. You do not stay longer than Your contracted Period of Coverage. If You stay longer than Your contracted Period of Coverage without an authorized extension, You will be responsible for any claims occurring during the contracted Period of Coverage.
7. For those persons 70 years of age and over, within the 12 months prior to the date of Application, You have not taken or have not been advised to take a total of 3 or more prescribed medications (including inhalers, but excluding vitamins) for one or more medical conditions, other than a Minor Ailment or the following medical conditions: thyroid, glaucoma, allergies, eczema, heartburn, menopause, migraines and sleeping disorders.

Applicable to Annual Medical Coverage

You are eligible for coverage if:

1. You have not yet reached the age of 81 years at the time of Application Date of the Policy.

Applicable to Visitors to Canada Emergency Hospital/ Medical Insurance

You are eligible for coverage if:

1. You have not yet reached the age of 90 years at the time of Application Date of the Policy.
2. You are a visitor to Canada, an immigrant awaiting provincial Government Health Care Coverage, or a returning Canadian.
3. Your arrival date in Canada is within 60 days of purchasing the Policy.
4. The expenses You incur result from an Acute, sudden and unexpected Emergency.

Visitors to Canada are not eligible to purchase the following plans: Baggage, Personal Effects and Currency Insurance and Air Flight/Common Carrier/24-Hour Accident Insurance.

Trip Cancellation/Trip Interruption can be purchased by Visitors to Canada after arrival in Canada for travel anywhere in the world provided the travel originates in Canada.

Applicable to Trip Cancellation/Trip Interruption Insurance

To be eligible for coverage this Insurance must be purchased within 72 hours after initial deposit is paid or prior to any cancellation penalties being chargeable to the Insured.

Applicable to Baggage, Personal Effects and Currency Insurance

To be eligible for coverage, You must be a resident of Canada.

Applicable to Rental Car Physical Damage Protection

To be eligible for coverage, You must be a resident of Canada. This Insurance is only available to those persons holding a valid driver's license, and not over the age of 70 years.

PERIOD OF COVERAGE

EMERGENCY EXCESS HOSPITAL/MEDICAL INSURANCE

Single Trip

Coverage commences at 12:01am on the effective date as shown on the Application, which is the same as the date You are scheduled to depart from Your province or territory of ordinary residence. Coverage terminates on the date when You return to Your province or territory of ordinary residence in Canada, or at 12:00 midnight on the expiry date as shown on the Application, whichever first occurs.

Annual

This Policy begins at 12:01am on the effective date as shown on the Application and continues in force for a period of one year from the effective date. Coverage commences on the time and date of each departure from Your province or territory of ordinary residence, which must be after the effective date as shown on the Application. Coverage terminates on each return to Your province or territory of ordinary residence in Canada, subject to the maximum duration limitation of each trip as specified in the Application, or at 12:00 midnight on the expiry date, whichever occurs first.

Applicable to Single Trip and Annual

When this Policy is purchased to top-up any other insurance plan, coverage commences the day following the expiry date of the insurance plan named in the Application under Top-Up coverage.

Coverage shall be void in the following cases:

1. If purchased after the date of departure from Your province or territory of ordinary residence; or
2. If the effective date is after the date of departure from Your province or territory of ordinary residence; or
3. If purchased for a trip not originating in Canada.

Visitors to Canada Emergency Hospital/Medical Insurance

Coverage commences on the date and time of purchase, which is also the effective date as shown on the Application. The effective date must not be prior to Your arrival date in Canada. This Policy must be purchased within 60 days of arrival in Canada.

When purchased on behalf of the Insured, the application date must be prior to the arrival of the Insured in Canada.

Coverage terminates on the date You leave Canada to return to Your country of residence or at 12:00 midnight on the expiry date as shown on the Application, whichever first occurs.

Trip Cancellation/Trip Interruption Insurance

Coverage commences on the Application Date as shown on the Application and terminates on the date of the cause of cancellation if the Insured Trip is cancelled

prior to the Contracted departure date, or on the date when You return to Your province or territory of ordinary residence in Canada, or at 12:00 midnight on the expiry date as shown on the Application, whichever first occurs.

All Other Insurance Plans

For Rental Car Physical Damage Protection, see page 11.

For Air Flight/Common Carrier/24 Hour Accident Insurance, Baggage, Personal Effects and Currency Insurance, coverage commences at 12:01am on the Effective Date as shown on the Application and terminates on the date when You return to Your province or territory of ordinary residence in Canada, or at 12:00 midnight on the expiry date as shown on the Application, whichever first occurs.

VALIDATION OF COVERAGE

At the time the required premium is paid Your coverage will be validated when the Company or the Designated Representative provides You with a completed, signed, time dated and numbered Application.

EMERGENCY EXCESS HOSPITAL/ MEDICAL INSURANCE – ANNUAL/SINGLE TRIP

Maximum Liability - \$2,000,000, per Insured Person per Period of Coverage.

The wording in the section applies to Emergency Excess Hospital/Medical:

- Annual and Single Trip Worldwide including U.S.A.
- Single Trip Worldwide excluding U.S.A.
- Single Trip for Travel within Canada.

COVERED RISKS

Injury or Sickness requiring Emergency Hospital confinement or Emergency Medical Treatment while traveling outside Your province of residence.

ELIGIBLE MEDICAL EXPENSES

1. Emergency Hospital confinement and/or Emergency Medical Treatment by a legally qualified medical Physician or surgeon for the actual, usual and customary charges for reasonable and necessary Hospital and medical expenses including x-ray examinations and diagnostic laboratory procedures.
2. When deemed essential by the attending Physician, and when the Medical Treatment has been administered for relief of Acute Emergency pain caused by an accidental Injury, expenses for (a) physiotherapy to a limit of \$500 (b) chiropractic benefits to \$500 (limited to the initial office visit and treatment) (c) services of a licensed chiropodist, osteopath or podiatrist to a limit of \$500.
3. The employment of a registered nurse when such service has been recommended by a legally qualified medical Physician or surgeon and is expressly in lieu of hospitalization.
4. Rental of crutches, splints, trusses, appliances, or a Hospital-type bed, but in no event will the rental amount payable exceed the total purchase price.

ADDITIONAL BENEFITS

1. Licensed Ambulance

The services of a licensed ambulance, including mountain and sea rescue, from the scene of the accident or place of onset of the Sickness to the nearest Hospital.

2. Emergency Dental Accident Expense Reimbursement

Up to a limit of \$4,000 for an accidental blow to the face requiring the repair or replacement of whole or sound natural teeth or up to a limit of \$500 for Emergency treatment. The treatment must be initiated within 48 hours after the accident, and completed no later than 90 days after the treatment has begun.

3. Prescription Drug Reimbursement

If Injury or Sickness of an Insured requires drugs or medicines and such drugs or medicines are prescribed and deemed essential by the attending medical Physician following a consultation (oral contraceptives and patent medicines excluded), the Company will reimburse the Insured for the actual expense

incurred, during the period in which Insurance is in force hereunder for such drugs or medicines, to a limit for 30 days supply, unless confined to Hospital.

4. **Homeward Carriage for Burial**

The Company will pay the expense up to a limit of \$10,000 of preparing the deceased for burial and homeward carriage of the body in the event of the death of an Insured during a period in which Insurance is in force hereunder due to Injury or Sickness covered under this section.

5. **Cremation Expense**

The Company will pay up to a limit of \$4,000 for cremation or burial of the Insured at the place of death, if death results from Injury or Sickness covered under the policy benefits.

6. **Medical Transport**

At the discretion of the Company and coordinated and arranged by World Wide Medclaim Services Ltd., medical transport (by the most appropriate means, stretcher accommodation or Emergency air ambulance service, if the condition of the Insured Person prevents the use of other means of transportation) to the nearest medical facility equipped to provide the required treatment or for return to Canada, including any necessary accompaniment; also included will be the cost to return the Insured's traveling companion aboard the medical transport or when space does not permit aboard the medical transport, up to \$3,000 for a one-way economy airfare.

7. a) **Return of Vehicle**

If the attending Licensed Medical Physician determines that as a result of Emergency Sickness or Injury, You are incapable of continuing Your trip by means of the Vehicle used for the trip and Your traveling companion is unable to do so for You, the Company will reimburse the actual reasonable and necessary charges for a commercial agency to return a Vehicle that You own or rent to either Your home or the nearest appropriate vehicle rental agency.

The maximum benefit payable is limited to the amount it would cost the Insurer to return Your Vehicle, but in no event will the maximum benefit payable exceed \$4,000.

b) **Return of Insured to U.S.A.**

If by virtue of emergency air evacuation, which was arranged and coordinated by World Wide Medclaim Services Ltd. in order to obtain medical care in Canada, the Insured wishes to return to his destination in the U.S.A., the Company will pay the costs of a one-way economy airfare to the city from where the air evacuation commenced. This benefit is in lieu of the Return of Vehicle benefit as above. It is only available to those persons who have been air evacuated under the terms and conditions of this Policy and can only be offered once during the same covered trip, and cannot exceed Your original expected return date. The air evacuation occasioning this benefit cannot originate within Canada.

c) **Airfare to Return Home**

If, in the event of a medical Emergency, the Insured elects to return to Canada for treatment saving the Insurer the cost of Medical Treatment in the U.S.A., the Company will reimburse the cost of a one-way economy airfare home, by the most direct route, for the Insured and one traveling companion to a maximum of \$4,000. Documentation is required to validate claim. This benefit is in lieu of a) and b) above.

8. **Family Transportation Expense**

The Company will reimburse one economy return airfare or other transportation costs by the most direct route in the event Sickness or Injury confines the Insured to Hospital as an in-patient and the attending Physician advises the necessary attendance of a family member, and up to a maximum of \$100 per day for meals and accommodation. **This benefit is payable only if the expense has been coordinated, arranged and approved by World Wide Medclaim Services Ltd.**

9. **Out-of-Pocket Expenses**

\$400 per day to a maximum of \$4,000 (receipts required) in the event an Insured or traveling companion is confined to Hospital on the date on which

he or she is scheduled to return to Canada for reasonable and necessary accommodation, meals, telephone calls, taxi or bus fare and child care costs (excluding child care provided by a parent or legal guardian) for dependents up to the age of 18 years.

10. Escort of Insured Children

In the event an Insured Person has been air evacuated to Canada for medical reasons, the Company will pay the economy class airfare to return an accompanying Insured child/children (up to the age of 18 years) to the original point of departure. The Company will also pay for an escort to accompany the children when necessary. **This benefit is payable only when approved and arranged by World Wide Medclaim Services Ltd.**

11. Hospital Allowance

Expenses of \$50 per day to a maximum of \$500 are allowed to cover incidental Hospital charges such as T.V. rental, telephone charges, etc.

12. Return of Accompanying Dog or Cat

In the event You are medically air evacuated back to Canada, the Company will reimburse up to a maximum of \$300 for the cost of returning Your accompanying dog or cat to Canada.

ADDITIONAL BENEFIT (Applicable to Emergency Excess Hospital/Medical – Annual only)

Air Flight Accident Insurance: Maximum Sum Insured - \$100,000.

Refer to policy wording page 9 for details.

VISITORS TO CANADA EMERGENCY HOSPITAL/MEDICAL INSURANCE

Maximum Liability - \$150,000

If Injury or Sickness of an Insured requires Emergency Hospital confinement (limited to standard ward accommodation), Emergency medical or other covered services, the Company will reimburse the Insured for the Loss, the actual expense incurred, in amounts not in excess of the usual and customary charges in the geographic area involved for such treatment or services, which do not exceed the maximum Aggregate Benefit of either \$10,000, \$25,000, \$50,000, \$100,000 or \$150,000 whichever is indicated on the Policy Application and for which the appropriate premium has been paid, as follows:

- a) For confinement as a resident in-patient in a Hospital including charges made by the Hospital for services and supplies rendered and provided for use during such confinement.
- b) For Emergency treatment as an out-patient in a Hospital.
- c) i) For services of a Licensed Medical Physician and surgeon (other than an Insured) or a legally qualified anaesthetist. For services of a registered graduate nurse (other than a practical nurse or relative by blood or marriage). For x-ray examination by a Licensed Medical Physician for the purpose of diagnosis. For the use of a licensed local ambulance, including mountain and sea rescue, from the scene of the Accident or place of onset of the Sickness to the nearest Hospital. For rental of crutches or hospital-type bed or the cost of splints, trusses, braces or other approved prosthetic appliances, but in no event will the higher amount payable exceed the total purchase price.
- ii) When deemed essential by the attending Physician, and when the Medical Treatment has been administered for relief of Acute Emergency pain caused by an accidental Injury, expenses for (a) physiotherapy to a limit of \$500 (b) chiropractic to a limit of \$500 (limited to the initial office visit and treatment (c) services of a licensed chiropodist, osteopath or podiatrist to a limit of \$500.
- iii) For drugs or medicines while hospitalized and/or that require Licensed Medical Physician's written prescription following a consultation but not to exceed a 30-day supply unless hospitalized with respect to each Insured Person under this Insurance.

Medical Transport

At the discretion of the Company and coordinated and arranged by World Wide Mediclaim Services Ltd., medical transport (by the most appropriate means, stretcher accommodation or Emergency air ambulance services, if the condition of the Insured Person, prevents the use of other means of transportation) to the nearest medical facility equipped to provide the required treatment limited to Canada and the U.S.A. This benefit is limited to the maximum Aggregate Benefit which is indicated on the Policy Application and for which the appropriate premium has been paid; also included will be the cost to return the Insured's traveling companion aboard the medical transport and any necessary medical accompaniment.

Emergency Dental Accident Expense Benefit

Up to a limit of \$4,000 for an Accidental Injury to the face requiring the repair or replacement of whole or sound natural teeth or up to a limit of \$500 for Emergency treatment. The treatment must be initiated within 48 hours after the accident, and completed no later than 90 days after the treatment has begun.

Homeward Carriage for Burial Benefit

The Company will pay the expense up to a limit of \$10,000 (excluding cost of the casket) of preparing the deceased for burial and homeward carriage of the body in the event of death of an Insured during the Period of Coverage OR up to \$4,000 for cremation of the remains of the deceased Insured at the place of death.

Subsistence Allowance Benefit

In the event that an Insured, at the end of the term of coverage under this section, is confined to Hospital and thus prevented from returning to the country of permanent residence, the Company will pay the reasonable board, lodging and extra travel expenses incurred during the term of said Hospitalization by other Insureds who remain with the Hospitalized Insured to a maximum of \$1,000.

Additional Benefit

24 Hour Accident Insurance: Maximum Sum Insured - \$15,000.

Refer to policy wording, page 9 for details.

CONDITIONS

Special Note: Coverage is not applicable while in Your country of residence.

Travel to the U.S.A. or Mexico during the Period of Coverage is valid as long as the majority of the Period of Coverage is spent in Canada, except for U.S.A. residents returning to the U.S.A. and Mexican residents returning to Mexico.

BAGGAGE, PERSONAL EFFECTS AND CURRENCY INSURANCE

AVAILABLE TO CANADIAN RESIDENTS ONLY

Maximum Sum Insured - \$1,500 per Person

The Company agrees to pay for the loss, damage, destruction or theft of personal effects owned by the Insured or any member of the Insured's family traveling with him while in transit, or while in any hotel or any other building, en route anywhere in the world, on water, land or in the air.

1. **Notice of Loss** - If the insured property shall be lost or damaged through perils insured against, the Insured shall notify the Company within 30 days of return from journey and take all reasonable measure to protect, save and/or recover the same. At the time of loss the Insured must immediately notify either police, hotel proprietors, steamship lines, railroad or station authorities, airlines or any other carrier or bailee in whose custody the property was at the time of loss, damage or theft. This Insurance is conditional upon compliance by the Insured with this clause.
2. **Settlement of Loss** - Any claim recoverable hereunder for damage and/or destruction shall be adjusted and paid immediately upon presentation of evidence substantiating such damage and/or destruction, and any claim recoverable hereunder for lost property shall be adjusted and paid upon failure to recover the property lost after the lapse of 7 days, providing the Insured shall present documentation substantiating such loss and values involved.

3. **Valuation** - The Company shall not be liable beyond the actual cash value of the property at the time any loss or damage occurs and the loss or damage shall be ascertained or estimated according to such actual cash value with proper deduction for depreciation, however caused, and shall in no event exceed what it would then cost to repair or replace the same with material of like kind and quality.
4. **Reduction in Amount of Insurance** - The amount of Insurance and the applicable limit of liability, upon the occurrence of any loss covered hereunder, is reduced by the amount of such loss.

BENEFITS

The following amounts are payable provided all Conditions of the Policy are met:

1. Up to the Sum Insured for loss or damage to baggage and/or personal effects.
2. Up to \$100 for theft or robbery of personal currency (excluding mysterious disappearance; police report required).
3. Up to \$200 to purchase necessities if flight is delayed beyond 12 hours (requires original receipts and airline confirmation of delay).

LIMITATION

All risk of or damage to the property of the Insured for any one single item is limited to not more than 25% of the Sum Insured per Person.

AIR FLIGHT/COMMON CARRIER/ 24-HOUR ACCIDENT INSURANCE

Air Flight/Common Carrier Accident: Maximum Sum Insured - \$100,000

24-Hour Accident: Maximum Sum Insured - \$15,000

COVERED RISKS

Air Flight/Common Carrier Accident

Death or dismemberment as a result of an Injury sustained during the Period of Coverage while:

1. Riding as a fare-paying passenger, entering or leaving an airplane or helicopter flight lawfully operated by a licensed public air common carrier.
2. Riding as a fare-paying passenger, entering or leaving a lawfully operated licensed public Common Carrier other than an air common carrier.

24-Hour Accident

Death or dismemberment as a result of an Injury sustained during the Period of Coverage in any other situation not specifically mentioned in 1 or 2 above.

BENEFITS

If accidental death of an Insured or certain Losses resulting from Accidental Bodily Injury occurs to an Insured, the Company will pay to the Insured, his estate or other Beneficiary, such benefits as defined below, but in no event shall payment exceed the principal sum under this section:

1. 100% of the Sum Insured for Loss of life, double dismemberment or Loss of sight in both eyes.
2. 50% of the Sum Insured for single dismemberment or Loss of sight in one eye.

Benefits for Loss of life, limb or sight are payable for Loss which occurs within 90 days of the date of the accident.

Any claim for indemnity for Loss of life, dismemberment or Loss of sight must be substantiated by a certificate from the attending medical Physician at the place of the accident attesting to the actual injuries sustained.

CONDITIONS

This Insurance is not available for those persons under the age of 2 years or over the age of 70 years.

TRIP CANCELLATION/ TRIP INTERRUPTION INSURANCE

COVERED RISKS

Applicable to Trip Cancellation and Trip Interruption

1. Sickness, Injury, death or quarantine of the Insured or a Traveling Companion.
2. Sickness, Injury, death or quarantine of the Insured's Immediate Family or the Traveling Companion's Immediate Family.
3. Death or hospitalization of a business partner, or key employer/employee. Death or admission to hospital must occur either 10 days prior to Departure Date or anytime during the Insured Trip (hospital records and/or death certificate required).
4. Death or hospitalization of host at final destination (hospital records and/or death certificate required).
5. A natural disaster which renders the Insured's principal residence uninhabitable.
6. Hijacking in which Insured is a victim.

Applicable to Trip Cancellation Only

1. Job transfer which results in the relocation of Your principal residence of at least 160 km and within 30 days of departure or return (self-employment not applicable).
2. An accident on the way to the point of departure involving a private passenger automobile or Common Carrier in which the Insured was a passenger (police report required).
3. A travel advisory, issued by the Canadian Government after the date premium is paid, recommending that, on the Contracted dates, Insureds do not travel to the Contracted destinations.
4. An Insured or Traveling Companion being subpoenaed, after the date premium is paid, for jury duty, as a witness or required to appear as a defendant in a civil suit during the period of travel (excluding law enforcement officers).
5. Involuntary job loss of permanent employment provided Insured or Traveling Companion have been continuously employed by the same employer for more than one year prior to job loss.
6. Missed Connection - if journey includes a regularly scheduled 2-hour connection on an airline, ship, train or bus and this connection is missed due to weather conditions or mechanical failure of Your carrier (supporting documentation required).

BENEFITS

Trip Cancellation/Trip Interruption: Maximum Limit - \$25,000 per Person

Trip Interruption: Maximum Limit - \$2,000 per Person

Benefits as outlined below, are payable if disruption of travel plans results in unexpected travel costs such as cancellation penalties before departure, or additional expenses after departure for catch up, or early or delayed return, as a result of a Covered Risk.

Trip Cancellation Before Departure – payable up to the limit of insurance purchased

1. Reimbursement of non-refundable prepaid costs that cannot be recovered from another source, as a result of a Covered Risk.
2. Reimbursement of the additional single supplement accommodation expense in the event the Traveling Companion cancels due to a Covered Risk.

Trip Cancellation/Trip Interruption After Departure – payable up to the maximum limit of insurance purchased

This Benefit as outlined below, subject to the conditions, exclusions, provisions and conditions of this Policy, includes reimbursement for unexpected airfare and other specified travel costs incurred as a result of a Covered Risk.

1. Reimbursement of the extra cost of a one-way economy airfare return to the original Contracted point of departure and/or unused non-refundable land or sea arrangements to return earlier or later than the Contracted return date.

2. Reimbursement of reasonable transportation catch-up costs to rejoin a tour if a portion was missed.
3. Reimbursement of reasonable out-of-pocket expenses up to a limit of \$350 per day to a maximum of \$1,500 for commercial accommodation, meals, telephone and facsimile charges and taxi expenses in the event the return is delayed. (receipts required).
4. Reimbursement of the costs incurred for preparation and return of the remains of a deceased Insured (excluding casket) up to \$10,000 or up to \$4,000 for the actual costs of local burial or cremation.

Applicable to Trip Cancellation Only

1. Reimbursement of Your non-refundable prepaid airfare costs unless already covered under another Benefit of this Policy.

CONDITIONS

Applicable to Trip Cancellation/Trip Interruption

1. It is a condition precedent to liability that at the time of application no circumstance is known which might reasonably be expected to prevent travel as booked.
2. No claims will be considered unless the original unused transportation ticket(s) are provided to the Insurer.
3. If Your Insured Trip is cancelled because of Sickness or Injury the patient must consult a Physician on or before Your departure date. If Your Insured Trip is interrupted or delayed for Sickness or Injury, the patient must consult a Physician on or before the date of interruption or delay. In either case, You must provide a medical certificate completed by the Physician that includes: a complete diagnosis, the date of onset of the condition, the dates and type of treatment, and the medical necessity of cancelling, delaying or interrupting Your Insured Trip. If a Physician was not consulted as required or if You cannot provide the complete written certificate, Your claim shall be denied. Your claim must also include original unused tickets, copies of substitute transportation tickets and travel agent or tour operator invoices (if applicable).

Applicable to Trip Cancellation Only

1. This Insurance is valid only when purchased within 72 hours or prior to any cancellation penalties being chargeable to the Insured.
2. When the reason for cancellation occurs prior to departure, You must:
 - a) cancel the travel arrangements with the travel agent or airline on the day the reason for cancellation occurs or on the next business day; and
 - b) advise World Wide Mediclaim Services Ltd. at the same time.

ALL INCLUSIVE HOLIDAY PACKAGE

This Insurance is subject to the Benefits, Terms, Conditions, Limitations and Exclusions as specified for each of the Insurance Coverage listed below:

Emergency Excess Hospital/Medical

Maximum Limit - \$2,000,000

Trip Cancellation/Trip Interruption

Up to the Limit of Insurance Purchased

Air Flight/Common Carrier Accident

Sum Insured - \$100,000

24-Hour Accident

Sum Insured - \$15,000

Baggage Personal Effects and Currency

Sum Insured - \$500

RENTAL CAR PHYSICAL DAMAGE PROTECTION

BENEFITS

In consideration of the payment of the required premium and in consideration of the use of a leased or rented Automobile by You, the Company agrees to

indemnify You, up to a maximum liability of \$50,000, for Loss due to Physical Damage or Loss of such Automobile.

Indemnity will be limited to the amount of Loss which would have been waived had You purchased collision damage waiver from the car rental or leasing agency or company less:

1. any amount payable by Your own automobile insurance policy, and
2. any amount assumed, waived or paid by the rental or leasing agency or company or its insurer.

PERIOD OF INDEMNITY

Coverage commences either at the time control is taken by the Insured of the rented or leased vehicle or on the effective date of the Policy, whichever is later and ends at the earliest of:

1. the time the rental or leasing agency or company assumes control of the vehicle; or
2. the time the rental or lease agreement expires or is terminated; or
3. the Expiry Date of the Policy.

The Effective and Expiry dates are determined by the dates the Insured established with the a) travel agent at the time of purchase or rental or b) leasing agency or company at the time of purchase, whichever applies.

CONDITIONS

1. There is a deductible of \$100 which each Insured must incur before becoming entitled to benefits.
2. No coverage is provided for any form of third party automobile liability or personal accident insurance benefits.
3. No coverage is provided if collision damage waiver is purchased from the rental agency or company.
4. No coverage is provided unless all terms and conditions of the rental or lease agreement or contract have been met and no restrictions are violated.
5. Losses in excess of \$700 must be documented by a police report.
6. Such automobile is leased or rented from a duly authorized rental or leasing agency or company.
7. The automobile is not used for carrying passengers for compensation or hire or for commercial vehicle.

GENERAL EXCLUSIONS APPLICABLE TO ALL COVERAGES

In addition to the Exclusions specified in each Insurance coverage, this Insurance does not provide payment or indemnity for expenses incurred directly or indirectly as a result of:

1. a) war, civil war, riot, rebellion, insurrection, revolution, invasion, hostilities or warlike operations (whether war be declared or undeclared);
b) civil commotion, overthrow of the legally constituted government, military or usurped power, explosions of war weapons, utilization of Nuclear, Chemical or Biological weapons;
c) any action taken in controlling, preventing or suppressing any, or all of a) and b) above.
2. Suicide, attempted suicide, or self-inflicted injury.
3. Pregnancy, complications thereof, childbirth or complications thereof, occurring within the last 9 weeks immediately before or after the expected date of delivery or where the Insured Person is traveling against Physician's advice.
4. A trip that is undertaken:
a) against Physician's advice;
b) for the purpose of securing Medical Treatment or advice; or
c) after diagnosis of a Terminal Condition.
5. Injury while participating in professional sports. Scuba diving unless designated by internationally recognized and accepted programs (NAUI, PADI).
6. Psychotherapeutic treatment or rehabilitative treatment, psychological, mental or emotional disorders.

7. Coverage commencing after the departure date from Canada unless authorized by Travel Underwriters.
8. The commission or attempted commission of any criminal/criminal-like act by the Insured, an Immediate Family member or a Traveling Companion.
9. Any Elective (non-emergency) Treatment or Surgery.
10. Air ambulance unless arranged and pre-approved by the Company.
11. Expenses incurred after Medical Transport, when the Medical Transport was not coordinated and arranged by World Wide Medclaim Services Ltd.
12. Treatment or services that contravene any provisions of any provincial Government Health Care Plan of the province or territory in which the Insured resides.
13. Treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre.
14. The consumption or abuse of any alcohol, drugs, or medication, or any event, act or omission caused or contributed to by any consumption or abuse of alcohol, drugs or medication.
15. A condition arising out of or resulting from Acquired Immune Deficiency Syndrome ("AIDS") or AIDS Related Complex ("ARC") if the condition first manifested itself prior to the effective date of Coverage or if the condition arose out of Acquired Human Immunodeficiency Virus ("HIV") which had first manifested itself prior to the effective date.
16. Continuous medical intervention or treatment when the Emergency examination or treatment discloses a condition which by its nature would require continuous medical intervention or treatment.
17. Expenses incurred as a result of the Insured's failure to accept or follow the Physician's advice, treatment or recommended treatment.
18. A medical condition for which hospitalization could have reasonably been expected.
19. This Policy does not provide reimbursement for Eligible Medical Expenses or Additional Benefits once the Emergency ends and in the opinion of the attending Licensed Medical Physician or dentist You are able to travel home to Your province or territory of ordinary residence for all or part of treatment relating to that Emergency.
20. Expenses if other insurance policies, plans or contracts, including any private or provincial automobile insurance, cover the loss. If, however, the loss exceeds the limits of the other policies, plans or contracts in dollar or day value, this Insurance shall then apply in excess of all other valid insurance.
21. The Company shall not be liable under this Insurance for any claim caused or contributed to by, happening through or in consequence of:
 - i) the failure of, or
 - ii) the fear of failure of, or
 - iii) the inability of,
 any equipment or any computer program, to recognize, interpret correctly, or process any date as its true calendar date, or to continue to function correctly beyond that date.

Applicable to Emergency Excess Hospital/Medical Insurance

In addition to the General Exclusions shown on page 12 this Insurance does not provide payment or indemnity for expenses incurred directly or indirectly as a result of:

1. Any Pre-existing Condition as defined on page 19, except as follows:

Applicable to persons 55 years and under

- a) On trips 28 days and less, except for conditions where symptoms arose or medical consultation was required within 7 days prior to departure, with the exception of a Minor Ailment.
- b) On trips over 28 days, any condition which has remained Stable in the 90 days prior to the commencement date of a covered trip.

Applicable to persons 56 to 69 years

- a) On trips 14 days and less, except for conditions where symptoms arose or medical consultation was required within 7 days prior to departure, with the exception of a Minor Ailment.

- b) On trips over 14 days, any condition which has remained Stable in the 180 days prior to the commencement date of a covered trip.

Applicable to persons 70 to 89 years

- a) On all trip lengths, Pre-existing Conditions must be Stable in the 365 days prior to the commencement date of a covered trip.
2. Sickness when the appropriate and applicable discount for the **Accident Only Coverage option** is chosen as indicated on the Application.
 3. A cardiovascular condition for persons 65 years and over if taking 3 or more prescribed medications and 1 or more of the medications is related to a cardiovascular condition. Medication taken for high blood pressure is not included. Also not included in the list of 3 or more prescribed medications, unless taken as a result of a cardiovascular condition, are medications taken for a Minor Ailment, thyroid, glaucoma, allergies, eczema, heartburn, menopause, migraines and sleeping disorders.
 4. Any condition(s) for which the Insured is registered on a Canadian hospital list waiting to receive treatment.
 5. Conditions or any related conditions for which tests and investigative consultation took place, or was scheduled to take place prior to departure, and for which results had not yet been received at the time of departure.
 6. Tests and investigative consultation including, but not limited to biopsies, except when performed at the time of Emergency Sickness or Injury.
 7. Loss of or damage to eyeglasses, contact lenses, prosthetic devices, hearing aids.
 8. Treatment, service or prescriptions required for ongoing care, check-ups, or provided in a psychiatric hospital, chronic unit of a general hospital, nursing home, health spa, or rehabilitation centre.
 9. Any subsequent claim of the same medical condition with respect to a Sickness or Injury which occurred:

Applicable to Single Trip Plan

During the effective term of this Insurance and for which a claim has already been paid or is pending and,

Applicable to Annual Plan

During a covered trip and for which a claim has already been paid or is pending. On any subsequent covered trip, no coverage will apply unless such medical condition which required the medical attention has remained Stable as follows:

- a) in the 90 days prior to the commencement date of a covered trip for persons 55 years and under;
 - b) in the 180 days prior to the commencement date of a covered trip for persons 56 to 69 years of age;
 - c) in the 365 days prior to the commencement date of a covered trip for persons 70 to 89 years of age.
10. The first \$250 U.S. of the eligible expenses per Insured Person, per covered claim unless You have paid the zero deductible surcharge at the time of Application. This exclusion applies to the portion of eligible expenses remaining after payment by Your provincial Government Health Care Plan or other insurance policies, plans or contracts, including private or provincial automobile insurance. This exclusion does not apply to Emergency Excess Hospital/Medical for travel within Canada.

Applicable to Visitors to Canada Emergency Hospital/Medical Insurance

In addition to the General Exclusions shown on page 12 this Insurance does not provide payment or indemnity for expenses incurred directly or indirectly as a result of:

1. The first \$100 CAD of the eligible expenses per Insured Person, per covered claim unless You have paid the zero deductible surcharge at the time of Application.
2. Loss of or damage to eyeglasses, contact lenses, prosthetic devices, hearing aids.
3. Conditions or any related conditions for which tests and investigative consultation took place, or was scheduled to take place prior to departure, and for which results had not yet been received at the time of departure.

4. Tests and investigative consultation including, but not limited to biopsies, except when performed at the time of Emergency Sickness or Injury.
5. Treatment, service or prescriptions required for ongoing care, check-ups, or provided in a psychiatric hospital, chronic unit of a general hospital, nursing home, health spa, or rehabilitation centre.
6. A medical condition which existed prior to the effective date of the Policy or any condition wholly or partly, directly or indirectly, related thereto, and any loss as a result of Sickness originating or where symptoms occurred within the first 48 hours of the effective date of the Policy.
7. Medical treatment and expenses incurred while outside North America and Mexico are an exclusion under this Policy.
8. This Insurance does not cover any subsequent claim with respect to a Sickness or Injury which occurred during the effective term of this Insurance and for which a claim has already been paid or is pending.

Applicable to Baggage, Personal Effects & Currency Insurance

This Insurance does not cover:

1. Animals; self-propelled conveyances of any kind or their equipment; trailers, boats, motors, aircraft or other conveyances or their appurtenances; bicycles except while checked as baggage with a common carrier; household effects and furnishings; artificial teeth and limbs; hearing aids; eye glasses, contact lenses; money (except as provided for personal currency), securities, tickets and documents; professional or occupational equipment or property; personal computers, software, pagers or cellular phones, antiques and collectors items; property illegally acquired, kept, stored, or transported; works of art, jewellery, furs, cameras or camera equipment.
2. Loss or damage caused by wear and tear, deterioration, moths or vermin.
3. Property insured under other insurance.

Applicable to Trip Cancellation/Trip Interruption Insurance

In addition to the General Exclusions shown on page 12 this Insurance does not cover loss caused by or arising from:

1. Any Pre-existing Condition of the Insured, Traveling Companion or key employer/employee of either, or Immediate Family member(s), business associate or host at destination, unless the Pre-existing Condition has remained Stable in the 60 days prior to the date when premium is paid.
2. Travel to visit an ailing Family Member and the medical condition (or ensuing death) of that Family Member is the cause of the claim.
3. Insurance issued or booked after the initial deposit for the trip is paid or after the date any cancellation penalties have been incurred.
4. Travel arrangements for which no premium was paid before departure.
5. The non-issuance of a travel visa due to late visa application.
6. Terrorist Activity.

Applicable to Rental Car Physical Damage Protection

1. Operation of the vehicle contrary to the terms of the rental contract which results in damage or damage-related expenses.
2. Bodily injury to or for the death of any person under this Insurance.
3. Damage to the property of third persons other than damage to the rental car of the licensed car rental agency.
4. Expenses resulting from any kind of race or speed contest.
5. Vehicles that are not private passenger vehicles or station wagons.

GENERAL CONDITIONS

PROVISIONS AND CONDITIONS

1. **Qualification, Misrepresentation and Fraud** – The coverage under this Policy shall be void if an Insured does not meet the eligibility requirements for the plan selected as set out in the Application. The eligibility requirements are material to the risk for which insurance is sought. In addition, the coverage under this Policy shall be void if, before or after a loss, the Insured or his or her representative misrepresents, conceals or fail to disclose any material fact

or matter, or if there is any fraud or false swearing by the Insured or his or her representative, pertaining to the Insured or any claim under this Policy.

2. **Subrogation** – The Company will not subrogate against any employment plans if the lifetime maximum limit for all in-country and out-of-country benefits is \$100,000 or less. If the Insured shall acquire any right of action against any person, firm or organization for loss covered hereunder, the Insured shall, if requested by the Company or Travel Underwriters or World Wide Medclaim Services Ltd., assign and transfer such claim or right of action to the Company and will permit suit to be brought in the Insured's name under the direction and expense of the Company. The Insured shall do nothing after loss to prejudice such rights.
3. **Misstatement of Age** – If the age of the Insured Person has been misstated to the Company the coverage and/or premium may be adjusted in accordance with the correct age as of the date You became covered. Any premium adjustment is payable upon receipt of a premium notice.
4. The Insured Person(s) shall be responsible for the verification of any Hospital and medical expenses incurred and shall obtain itemized accounts of all Hospital and medical services which have been provided.
5. Terms of the Policy which are in conflict with the statutes of the Province wherein this Policy is issued are hereby amended to conform to such statutes.
6. In the event of a claim, the Insured Person hereby consents to the Company and its Agents obtaining any and all information with respect to illness, Injury, medical history, consultations, medicines, or treatment and copies of all hospital or medical records.
7. In the event of a claim, the Insurance Holder may be required to establish the date of departure and initially planned date of return of the trip in order to comply with the Terms of the Policy.
8. The Insured claimant must be able to furnish, if required by the Company or Travel Underwriters or World Wide Medclaim Services Ltd., medical records for the period prior to the effective date of the Insurance. Failure to produce these records may invalidate claim.
9. Extensions to the Insurance term can only be considered when the Company is contacted prior to Expiry Date. Any extension not authorized by Travel Underwriters will be considered void.
10. In the event of unresolved disputes respecting any claim or portion thereof, the following should be contacted: Travel Underwriters, 11th Floor, 6081 No. 3 Road, Richmond, BC V6Y 2B2.
11. If an Insured is medically certified as fit to travel or return to the province of residence in Canada following diagnosis of, or the Emergency treatment for, a medical condition which requires surgery or hospitalization or continuing treatment and the Insured has such surgery or hospitalization or continuing treatment provided outside of the Insured's province of residence in Canada the expenses of such surgery or hospitalization or continuing treatment will not be covered by this Insurance.
12. The availability, quality, results or effects of any medical treatment assistance, hospitalization, transportation or failure of an Insured Person to obtain any of the above, is not the responsibility of either the Company or Travel Underwriters or any company or agency providing services on their behalf.
13. The Company reserves the right to limit the requested duration of coverage to whatever duration the premium paid would have purchased, if payment received is insufficient.
If You paid insufficient premium, the duration of coverage will be decreased to the period that would have been provided for Your age category.
Where no age is provided, the highest premium for that length of trip applies.
14. The Company reserves the right to accept or to decline any person as an Insured.
15. World Wide Medclaim Services Ltd. has been appointed by the Company to be the sole provider of all assistance and claims processing services.

16. The Company and World Wide Medclaim Services Ltd. shall comply with all applicable privacy legislation and regulations.
17. The Company shall not be liable for any expense incurred after a period of 365 days has elapsed following the date on which the Emergency first occurred or commenced during the Period of Coverage.
18. This Policy does not provide reimbursement for any eligible expenses if information provided at the time of application is not true and accurate.

OTHER INSURANCE PLANS

This Policy is excess to all or any existing coverage held by the Insured such as Homeowners Insurance, Tenants Insurance, Extended Health Care Insurance or Automobile Insurance or any other plan or policy not specifically named.

CANADIAN CURRENCY

All benefits under this Insurance are stated in Canadian currency. Claims will be paid in Canadian currency based on the rate of exchange in effect at the conclusion of the service rendered, as determined by any Canadian chartered bank. No sum payable under this Insurance shall bear interest.

AUTOMATIC EXTENSIONS TO COVERAGE

This Policy, after termination of any one Period of Coverage, will be automatically extended:

1. for 72 hours in the event a Delayed Common Carrier prevents You from returning to Your province or territory of ordinary residence;
2. if You are Hospitalized during the term of this Policy, for the period of Hospital confinement plus 72 hours after release for You to travel home.

EXTENSIONS TO POLICY

1. **THE INSURED MUST CALL** Travel Underwriters as close as possible to the Expiry Date and/or end of Period of Coverage to arrange for extension of the Policy. An extension fee will be charged to cover the cost of handling.
2. Extensions will not be issued or authorized if a claim has been made or it is known that a claim will be made.
3. Extensions will not be issued if Policy has already expired.

REFUNDS

Trip Cancellation/Trip Interruption and All-Inclusive Holiday Package

Refunds are not available except as follows:

1. the tour operator (airline etc.) cancels the trip and all penalties are waived, or;
2. the client cancels the trip prior to the effective date of any cancellation penalties, or;
3. the tour operator changes the travel date and if the client is unable to travel on the new dates, the tour operator waives all cancellation penalties.

Trip Interruption

Refunds are not available except when the coverage is cancelled prior to Your departure date.

Emergency Excess Hospital/Medical Annual Plan

A full refund is only available if the request for refund is received PRIOR to the effective date or a full refund less a cancellation administration fee is available AFTER the effective date, provided no travel has taken place and the request is received no later than 30 days after the effective date of the Policy.

Emergency Excess Hospital/Medical Single Trip Plan; Visitors to Canada Emergency Hospital/Medical; Baggage, Personal Effects and Currency; Air Flight/Common Carrier/24-Hour Accident; and Rental Car Physical Damage Protection

Refunds are available as follows:

1. When no travel has taken place:
 - a) A full refund is available when the request for refund is received PRIOR to the effective date of the Policy.

- b) A full refund less a cancellation administration fee is available when the request for refund is received AFTER the effective date provided the request for refund is received no later than 30 days after the effective date and prior to the Expiry Date of the Policy.
- 2. In the case of early return, partial refunds are only available if:
 - a) The Insured returns to province or territory of residence and a minimum term of 45 days remains unused on the Policy.
- 3. Applicable to Visitors to Canada, a partial refund is available if:
 - a) the Insured returns to their country of residence and a minimum term of 45 days remains unused on the Policy or,
 - b) the Insured becomes eligible and covered under a provincial or territorial health plan during the Period of Coverage.

Applicable to Partial Refunds

A written request for refund, including proof of return to province or territory of residence, or applicable to Visitors to Canada, proof of return to country of residence or proof of the date the Insured became covered under a provincial or territorial health plan, must be sent to Travel Underwriters. Refunds will be calculated from the date of return, or in the case of Visitors to Canada, the date the Insured becomes covered under a provincial or territorial health plan.

All refund requests must be received by Travel Underwriters no later than 30 days after the Insured's actual return date, or in the case of Visitors to Canada, no later than 30 days from the date the Insured became covered under a provincial or territorial health plan. All refunds will be subject to a cancellation administration fee.

Applicable to All Plans

Refunds are not available if a claim has been or will be submitted.

SPECIAL NOTICE

Notice to the Insured, Physicians and Hospitals: It is a condition of the Insurance that in the event of medical Emergency due to Sickness or Injury which may require or result in hospitalization, the Insurer must be notified as soon as possible by calling toll-free 1-800-663-0399 from Canada and U.S.A. or world wide call collect 1-604-278-4108.

This Document of Insurance covers Emergency services only and claim may be invalid if an Insured is able to travel home for all or part of treatment.

DEFINITIONS

"Accidental Bodily Injury" or "Injury" means bodily Injury which occurs while Insurance under this Policy is in force, caused by violent external and accidental means, but does not include any Injury caused by an event, act or omission which was caused or contributed to by the consumption of or abuse of any alcohol, drugs or medication by an Insured Person.

"Acute" means initial or Emergency short course (not chronic) treatment phase of a Sickness or Injury.

"Common Carrier" means a boat, airplane, bus, taxi, train or other similar vehicle that is licensed, intended and used primarily to transport passengers for hire.

"Company" means American Bankers Life Assurance Company of Florida, American Bankers Insurance Company of Florida, Industrial Alliance Pacific Life Insurance Company and certain Lloyd's Underwriters.

"Contracted" means specified in the travel documents for the Insured Trip with respect to any destination, date and time/place of arrival or departure.

"Delayed Common Carrier" or "Delayed" means delay solely due to an unannounced and unpublished strike, weather conditions or hijacking. Such delay coverage does not include loss from or contributed by (a) detention by customs officials, (b) war, (c) air traffic delays caused by congestion in the skies; and (d) mechanical breakdown.

"Designated Representative" means an appointed agent of Travel Underwriters.

"Elective (non-emergency) Treatment or Surgery" means any treatment, investigations or surgery either a) not required for the immediate relief of Acute pain and suffering, or b) which reasonably could be delayed until the Insured returns to

Canada (for Visitors to Canada - country of residence), or c) which the Insured elects to have provided during the Insured Trip following Emergency Medical Treatment of a medical condition or the diagnosis of a medical condition, which on medical evidence would not prevent the Insured from returning to Canada (for Visitors to Canada - country of residence) prior to such treatment or surgery.

“Eligible Medical Expenses” means those categories of expenses which are detailed under this heading in this Policy.

“Emergency” is an unforeseen event which occurs while traveling outside the Insured Person’s province or territory of ordinary residence, affecting the Insured Person in such a way that an Insured Person will be in continued danger unless there is immediate intervention by a Licensed Medical Physician or dentist necessitating the examination or treatment by such Physician or dentist licensed to practice his/her profession. Such Emergency no longer exists, when, in the opinion of the attending Licensed Medical Physician or dentist, the Insured Person is able to return to the Insured Person’s province or territory of ordinary residence. Once such Emergency ends, no further benefits are payable in respect of the condition which caused the Emergency. Where the examination or treatment discloses a condition which because of its nature requires continuous intervention or treatment this continuous intervention or treatment does not constitute a reimbursable Eligible Medical Expense.

“Family” means a person aged 55 years and under plus that person’s legal or common-law spouse, if aged 55 years and under, and unmarried, dependent children if aged 21 years and under living in the same household as the Insured. All insured Family members must be named in the Application pertaining to and forming part of this Policy.

“Hospital” means an incorporated or licensed Hospital having accommodations for resident bed patients, a laboratory, a registered graduate nurse always on duty and an operating room where surgical operations are performed by a legally qualified Physician or Physicians, but in no event shall this include a convalescent or nursing home or home for the aged or health spa, or drug rehabilitation facility.

“Injury” means bodily Injury caused by an accident received after the effective date and while Insurance under this Policy is in force.

“Insured” or **“Insured Persons”** means the Insured and all Family members named in the Application attached to and forming part of this Policy.

“Licensed Medical Physician” or **“Physician”** means a medical Physician who is currently registered and licensed in accordance with the regulations applying in the jurisdiction where the Physician practices.

“Medical Treatment” means any reasonable medical, therapeutic or diagnostic measure prescribed by a medical Physician in any form including prescribed medication, reasonable investigative testing, Hospitalization, surgery or other prescribed or recommended treatment directly referable to the condition, symptom or problem. Medical Treatment does not include either: (1) the unchanged use of prescribed drugs or medication for a Stable condition, symptom or problem; or (2) a check-up where the Physician observes no change in a previously noted condition, symptom or problem.

“Minor Ailment” means a condition which did not require the use of medication for a period of greater than 30 days, did not require follow-up or referral visit to a registered medical practitioner, or which did not require hospitalization or surgical intervention.

“Pre-existing Condition” means a medical condition, illness or Injury known to the Insured Person, and for which an Insured Person has received medical consultation, diagnosis, and/or Medical Treatment by a Physician prior to the commencement date of a covered trip and includes a medically recognized complication or Recurrence of a medical condition.

“Recurrence” means the appearance of symptoms caused by or related to a medical condition which was previously diagnosed by a Physician or for which Medical Treatment was previously received.

“Sickness” means an Acute illness requiring immediate Emergency treatment as a result of a sudden onset of symptoms manifested while Insurance under this Policy is in force, but does not include any illness or symptoms caused or

contributed to by the consumption or abuse of any alcohol, drugs or medication by an Insured Person. Refer to Definitions Stable condition, Emergency and Pre-existing Condition.

"Stable" means the medical condition is not worsening and there has been no alteration* in any medication for the condition or its usage or dosage, nor any Medical Treatment prescribed or recommended by a Physician or received, within the period specified in this Policy before the commencement date of a covered trip. *Alteration does not include changes in brand due solely to the availability of Your usual brand or due to government regulations regarding reference-based pricing.

"Terminal Condition" means a medical condition which, in the opinion of a Licensed Medical Physician, indicates a restricted life expectancy.

"Vehicle" means the automobile, R.V., boat or other land or water conveyance used for the Insured Trip.

"You" or **"Your"** means the same as Insured or Insured Persons.

Applicable to Visitors to Canada Emergency Hospital/Medical Insurance

"Accident" means Accident originating any time during the period this Policy is in force.

"Family" means a person aged 59 years and under, plus that person's legal or common-law spouse, if aged 59 years and under and children if aged 21 years and under. All insured Family members must be named in the Application pertaining to and forming part of this Policy.

"Loss" means the actual expense incurred as a result of Accident originating during the period this Insurance is in force or as a result of Sickness occurring more than 48 hours after the effective date, (but in either case, not prior to arrival in Canada) and during the period this Insurance is in force for Hospital confinement, medical and other expenses specified in this Policy which occurs outside the country of permanent residence of the Insured and which is payable by the Insured.

"Sickness" means Sickness originating at any time during the period of this Insurance after the first 48 hours after the effective date of this Policy.

Applicable to Air Flight/Common Carrier/24-Hour Accident Insurance

"Beneficiary" means Estate unless otherwise requested in writing.

"Common Carrier" means a boat, airplane, bus, taxi, train or other similar vehicle that is licensed, intended and used primarily to transport passengers for hire.

"Loss" in respect of limbs means actual severance through or above wrist or ankle joints and, in respect of loss of sight, means entire and irrecoverable loss of sight.

Applicable to Trip Cancellation/Trip Interruption Insurance

"Application Date" means the date when premium is paid, which must be within 72 hours after initial deposit is paid or prior to any cancellation penalties being chargeable to the Insured.

"Immediate Family" or **"Family Member"** means (whether by birth, adoption or marriage) the Insured's legal or common-law spouse/partner, parents, step-parents, brothers, sisters, in-laws of the foregoing, natural or adopted child, stepchildren, stepbrother or stepsister, grandparents, grandchildren, aunts, uncles, nieces, nephews, or any individual of whom the Insured is a legal guardian.

"Injury" means accidental bodily Injury.

"Insured Trip" means the prepaid travel arrangements contracted for by the Insured for which an Insurance premium under this Policy has been paid.

"Sickness" means an Acute illness requiring immediate Emergency treatment as a result of a sudden onset of symptoms, but does not include any illness or symptoms caused or contributed to by the consumption or abuse of any alcohol, drugs or medication by an Insured Person.

"Terrorist Activity" means an act, or acts, of any person, or group(s), committed for political, religious, ideological, ethnic or similar purposes with the intention to influence any government and/or but not be limited to, the use of force or violence and/or the threat thereof. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or government(s).

"Traveling Companion" means a person who has prepaid accommodation or transportation with the Insured for the same Insured Trip. (Maximum 4 persons including the Insured.)

Applicable to Rental Car Physical Damage Protection

“Automobile” means a vehicle of the private passenger or station wagon type but excluding: trucks (except pick-up trucks with no attachments); off-road vehicles; motorcycles, motorbikes or motor scooters; recreational vehicles; vans (except passenger vans); campers or trailers; antique cars which are cars over 20 years old or have not been manufactured for 10 years or more.

“Physical Damage” or “Loss” means loss or damage to the Automobile (excluding tires unless coincidental 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.

STATUTORY CONDITIONS

The contract

The application, this policy, any document attached to this policy when issued, and any amendment to the contract agreed on in writing after the policy is issued constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

Waiver

The insurer is deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.

Copy of application

The insurer must, upon request, furnish to the insured or to a claimant under the contract a copy of the application.

Material facts

A statement made by the insured or person insured at the time of application for this contract must not be used in defence of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Notice and proof of claim

Notice of a claim shall be given in accordance with the claims procedures clause included in this policy as soon as practical but in no case later than 30 days from the date a claim arises under this policy. You must also within 90 days from the date the claim arises under this policy furnish such proof and additional information as is reasonably possible and if required by the company, furnish a certificate from a licensed medical physician detailing the cause or nature of the sickness or injury for which the claim has been instituted.

Failure to give notice or proof

Failure to give notice of claim or furnish proof of claim within the time prescribed by this statutory condition does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of the accident or the date a claim arises under the contract on account of sickness or disability if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

Insurer to furnish forms for proof of claim

The insurer must furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

Rights of examination

As a condition precedent to recovery of insurance moneys under this contract,

- the claimant must afford to the insurer an opportunity to examine the person of the person insured when and so often as it reasonably requires while the claim under this contract is pending, and
- in the case of death of the person insured, the insurer may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

Limitation of actions

An action or proceeding against the company for recovery of a claim under this policy shall not be commenced more than one year** after the date the eligible medical expense became reimbursable or would have become reimbursable if it had been a valid claim.

***Three years in the province of Quebec.*

Applicable to Saskatchewan residents

Notwithstanding any other provisions herein contained, this contract is subject to statutory conditions in Saskatchewan Insurance Act respecting contracts of accident insurance.

Applicable to Quebec residents

When the construction of this policy is governed by the law of the Province of Quebec, statutory conditions shall refer to the applicable provisions in the laws of the Province of Quebec.

SEVERAL LIABILITY NOTICE

The subscribing Insurers obligations under contracts of Insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing Insurers are not responsible for the subscription of any co-subscribing Insurer who for any reason does not satisfy all or part of its obligations.

IDENTIFICATION OF INSURER/ACTION AGAINST INSURER

This 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 the Contract No. indicated in the List of Subscribing Companies, 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 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 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.

NOTICE

Any notice of Lloyd's Underwriters may be validly given to North American Air Travel Insurance Agents Ltd. dba Travel Underwriters, a licensed insurance broker, Richmond, B.C. **In witness whereof** this Policy has been signed, as authorized by Lloyd's Underwriters, on the List of Subscribing Companies.

Per



G. Robinson, Executive Director

HOW TO CLAIM

CLAIMS PROCEDURES AND PAYMENT OF BENEFITS IN THE EVENT OF HOSPITALIZATION CALL WORLD WIDE MEDICLAIM SERVICES LTD. IMMEDIATELY

Canada and U.S.A.: 1-800-663-0399
World Wide call collect: 1-604-278-4108

Applicable to All Claims

1. Any notices of claim or correspondence concerning a claim should be promptly sent to:
**World Wide Medclaim Services Ltd.
11th Floor, 6081 No. 3 Road
Richmond, BC V6Y 2B2**
2. Claim Forms will be provided to the claimant for completion and return to World Wide Medclaim Services Ltd. It is the responsibility of the claimant to complete and/or produce any documentation required by World Wide Medclaim Services Ltd. to enable them to process and confirm the eligibility of the claim.
3. Any cost incurred by World Wide Medclaim Services Ltd. in obtaining further documentation required to confirm eligibility of Your claim is also the responsibility of the claimant.
4. All claims must be submitted within six (6) months of occurrence. Failure to do so will result in denial of the claim.

Applicable to Emergency Excess Hospital/Medical Insurance

1. World Wide Medclaim Services Ltd. will submit a claim for medical expenses to Your provincial Government Health Care Plan office PROVIDED THAT the Claim Form, as well as the appropriate Provincial Assignment Form are completed in full and forwarded together with receipts from legally qualified medical Physicians or Hospitals along with medical certificate(s) from attending Physician(s) within the timeframe provided. The claim must be submitted to Your provincial Government Health Care Plan offices within 90 days from the date of service. If You fail to meet this time line, You will be responsible for the provincial Government Health Care Plan portion.
2. Claims will not be considered unless the Claim Form is completed in full and signed by the claimant. The Certificate of the Canadian Physician must be completed and returned to World Wide Medclaim Services Ltd. at their request. Failure to provide fully completed forms may invalidate Your claim.

Applicable to Emergency Excess Hospital/Medical Insurance and Visitors to Canada Emergency Hospital/Medical Insurance

1. Only bills from Physicians, Hospitals and other medical care providers which are original itemized and which state the Insured's name, diagnosis, date(s) of service and type of treatment or service will be considered. Only original pharmacy prescription receipts will be considered.

Applicable to Baggage Insurance

1. If baggage is lost or stolen the proper authorities must be immediately notified - police, hotel proprietors, tour operators, airlines or authorities of other modes of transportation. A copy of this notice and/or Police Report is necessary to substantiate claim.
2. If baggage is damaged, a written estimate to repair damaged luggage from a repair shop of Your choice (if under \$25, please have repairs completed and forward the invoice to us) is necessary to substantiate claim.
3. If baggage is delayed, itemized and dated receipts of actual expenses incurred, a copy of the baggage claim ticket, a copy of the airline ticket and verification by the airline of the duration of the delay is necessary to substantiate claim.

Applicable to Trip Cancellation/Trip Interruption Insurance

1. To receive benefits, the following documents must be submitted along with Your notice of claim:

- a) The original unused airline ticket and/or all additional travel tickets purchased to return home or to rejoin the tour.
- b) Itemized travel agency dated invoices showing full payment, taxes and premiums paid for Your trip.
- c) A statement from the travel agency/airline/tour operator documenting refunds provided for cancelled or unused land and sea services.
- d) If claim occurred after the trip began, a medical certificate completed by the attending medical Physician at the place where the illness occurred, stating the diagnosis, date(s) of service and the reason why travel was not possible.
- e) If the claim occurred prior to departure, a medical certificate provided by the medical Physician at the time of consultation prior to the departure date, stating the diagnosis, date of onset of the condition, dates and type of treatment, and the reason why travel was not possible.

Applicable to Rental Car Physical Damage Protection

1. To receive benefits, the following documents must be submitted along with your notice of claim:
 - a) A copy of the Police Accident Report.
 - b) A copy of the Lease or Rental Contract.

INTERNATIONAL ASSISTANCE SERVICES

The following services will be provided to all Policyholders:

1. Toll-free Help Line 24 hours a day, every day.
2. Vital communications link between claimant/Hospital and Insurance coverage and procedures.
3. Medical (Physician and surgeon) consultative and advisory services including review of appropriateness and analysis of medical care.
4. Monitoring of progress during treatment and recovery.
5. Establishing contact with family, personal Physician and/or employer as appropriate.
6. Multi-lingual capabilities.
7. Coordination of payments.
8. Special assistance respecting claims.
9. Management, arrangement and authorization of Emergency medical evacuation.
10. Arrangement and coordination of repatriation of remains.
11. Interpretation of policy wordings.
12. Assistance in locating the nearest and most appropriate medical care.
13. Payment to Hospitals and other medical providers for Eligible Medical Expenses will be guaranteed where possible relieving claimant of credit responsibilities.
14. Travel arrangements assistance for family.
15. Provision of medical assistant to travel with claimant when necessary.
16. In addition to doctors, Hospitals/administrators and ambulance, arrangements and communications are concluded on behalf of Insured Persons with:

Consulates	Travel Agents
Embassies	Tour Guides
Airlines	Police
Foreign Affairs Department	

To access this service:

From Canada and U.S.A. call: 1-800-663-0399

World wide call collect: 1-604-278-4108