

Quest Travel Insurance

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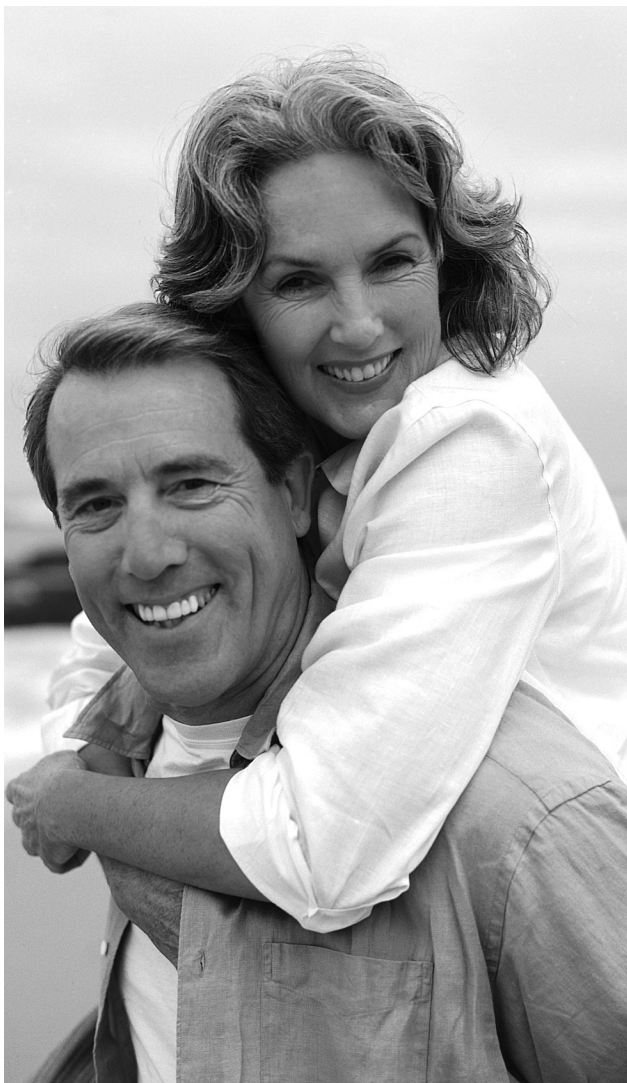


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This is your insurance document. This document contains clauses that may exclude or limit your coverage. PLEASE READ IT CAREFULLY.

Contact Information

Keep these numbers handy when you travel.

You can contact us at the following numbers or visit us at www.oneworldassist.com

Claims/Hospitalization

In the event of hospitalization, call OneWorld Assist immediately:

From Canada & USA	1-800-663-0399
From Mexico	001-800-514-9976
Outside N. America & Mexico (global toll-free)	*800-663-00399
Worldwide (collect)	**604-278-4108

Notice to 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.

Policy Extensions During General Business Hours

To extend your policy while travelling, simply call us:

From Canada & USA	1-800-663-5389
From Mexico	001-800-514-9976
Outside N. America & Mexico (global toll-free)	*800-663-00399
Worldwide (collect)	**604-276-9900

*To use the global toll-free service when you are travelling outside North America and Mexico, you must first dial the international access code (see list below) to reach Canada, then enter our 11-digit toll-free number. For example, if you are in Australia, dial 0011 + 800-663-00399.

Argentina	00	Latvia	00
Australia	0011 or 00111	Luxembourg	00
Austria	00	Macau	00
Belarus	810	Malaysia	00
Belgium	00	Netherlands	00
Bulgaria	00	New Zealand	00
China	00	Norway	00
Colombia	005 or 00	Philippines	00
Costa Rica	00	Poland	00
Cyprus	00	Portugal	00
Czech Republic	00	Russia	810
Denmark	00	Singapore	001
Estonia	00	Slovenia	00
Finland	00 or 990	South Africa	09 or 00
France	00	South Korea	001 or 002 or 008
Germany	00	Spain	00
Hong Kong	001	Sweden	00
Ireland	00	Switzerland	00
Israel	00 or 014	Taiwan	00
Italy	00	Thailand	001
Japan	010 or 0061 010 or 0041 010 or 001 010 or 0033 010	United Kingdom	00
		Uruguay	00

**If you are unable to use the global toll-free service and access codes shown above (subject to change without notice), please call us collect. You can complete your call by speaking immediately with a Canadian operator using one of the Canada Direct access numbers listed on our website at www.oneworldassist.com or with the assistance of a local operator.

Tell the Canadian or local operator you wish to make a collect call to Canada at 604-276-9900 (for policy extensions) or at 604-278-4108 (for claims/hospitalization).

Some restrictions may apply depending on the country from which the call is originating.

All italicized terms are defined as stated in the Definitions' section.

10-Day Full Refund Provision

You have 10 days from the application date to review this Policy to ensure it meets *your* Insurance needs. A full refund is available provided no travel has taken place and/or no claim has been or will be submitted.

This does not apply to Policies with Trip Cancellation/Trip Interruption Insurance.

To cancel *your* Policy, you must contact *your* agent or *Travel Underwriters* during general business hours. The request must be received no later than 10 days from the application date of the Policy.

Other refunds may be available, please refer to the Refunds section of the plan you have purchased.

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. All the limits of Insurance under each benefit are per trip.

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, time dated and numbered *application*.

Emergency Medical Insurance – Multi Trip Annual and Single Trip

Eligibility

You are eligible for coverage if:

1. You are 55 years of age and have not yet reached the age of 90 years as of application date of the Policy.
2. You are a *Canadian resident*, and you must be insured 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 home province*.
5. The length of travel out of *your home province* does not exceed the number of days selected at the time of application or authorized extension period.

Period of Coverage

Multi Trip Annual

This Policy begins at 12:01 AM 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 home province*, which must be on or after the effective date as shown on the *application*. The *insured* may travel as many times as they wish during the period of coverage provided that no one trip exceeds the maximum number of days as specified and *contracted for* at the time of *application*.

Coverage terminates on each return to *your home province*, 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.

Single Trip

Coverage commences at 12:01 AM on the effective date as shown on the *application*, which is the same as the date you are scheduled to depart from *your home province*.

Coverage terminates on the date when you return to *your home province*, or at 12:00 Midnight on the expiry date as shown on the *application*, whichever first occurs.

Top-Up Coverage

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 home province*; or,
2. if purchased for a trip not originating in Canada.

Benefits

Maximum limit – \$5,000,000 per insured person, per trip.

If *hospitalization* or *medical treatment* due to a medical *emergency* is required by you while travelling outside *your home province*, the *company* will pay you or the *physician* and *hospital* of your choice for all eligible medical related expenses up to the sum insured in the event of a covered claim. To qualify for reimbursement the expenses must be *medically necessary* for the treatment of an *acute*, sudden and unexpected *sickness* or *accident*. This Insurance is in excess of any other valid insurance policies, plans or contracts, including any private or provincial automobile insurance.

Eligible medical related expenses are described below.

1. Emergency medical treatment

The *company* agrees to pay you or the *physician* and *hospital* directly in respect of the expenses set out below for losses incurred in excess of the amount of the *deductible* as shown on the *application* per *insured* per covered claim. This *deductible* applies to the portion of *emergency* medical expenses remaining after payment by your provincial government health care plan or other insurance policies, plans or contracts, including private or provincial automobile insurance.

• Hospital confinement and treatment

Emergency hospital confinement (limited to semi-private accommodation) and/or *emergency medical treatment* by a *physician* for the actual, usual and customary charges for reasonable and necessary *hospital* and medical expenses. This expense includes one *follow-up* visit (not including ongoing treatment), when the medical process in dealing with the *emergency* requires such *follow-up* visit. The *follow-up* visit must take place within 14 days of the initial *emergency*. In the case of *hospital* confinement any coverage related to the *hospital* confinement terminates upon release from *hospital*.

• Physician

The services of a *physician*.

• Ambulance services

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*.

• X-ray examinations

X-ray examinations and diagnostic laboratory procedures when performed at time of initial *emergency*.

• Medicines and/or drugs

Medicines and/or drugs (excluding vitamins, minerals, dietary supplements and over the counter medicines) that require a *physician's* written prescription following a consultation, for a maximum period of 30 days (original pharmacy prescription receipts are required). While you are confined to *hospital*, the *company* will reimburse the total cost of such medicines and/or drugs.

- **Rental of essential medical appliances**
Rental of essential medical appliances including, but not limited to, wheelchairs, crutches and canes, but in no event will the rental amount payable exceed the total purchase price.
 - **Private duty nursing**
Private duty nursing services, performed by a registered nurse (R.N.) other than a relative, when ordered in writing by the attending *physician* expressly in lieu of *hospitalization*.
2. **Other professional medical services**
The services of a licensed physiotherapist, chiropractor, chiropodist, osteopath and podiatrist for the relief of *acute emergency* pain limited to a maximum of \$500 for any one *emergency* for each practitioner. Chiropractic benefits are limited to the initial office visit.
 3. **Dental services**
Benefits are payable to a maximum limit of \$4,000 for an *accident* requiring the repair or replacement of sound natural teeth or permanently attached artificial teeth. Also, benefits are payable for other *emergency* treatment for dental pain relief other than pain caused by an *accident*, up to a maximum limit of \$500. All dental treatment must be initiated within 48 hours from the time the *emergency* began and completed no later than 90 days after the treatment has begun.
 4. **Hospital allowance**
Expenses of \$50 per day to a maximum of \$500 are allowed to cover incidental *hospital* charges, which are billed by the *hospital*, such as TV rental and telephone charges.
 5. **Emergency air transportation**
This benefit is payable only when pre-approved and arranged by OneWorld Assist Inc.
 - a) Medical air evacuation to the nearest medical facility equipped to provide the required treatment, or for return to Canada; or,
 - b) the cost of stretcher fare or one-way economy airfare on a commercial flight via the most direct route to return to *your home province* for immediate *medical treatment* as a result of an *emergency* providing *medical treatment* is sought within 48 hours of arrival to *home province*, and if the attending *physician* providing treatment outside *your home province* recommends it in writing; and,
 - c) the cost of a return economy airfare on a commercial flight via the most direct route for a qualified medical attendant, to accompany *you* when the attendant is *medically necessary* or required by the airline.
 6. **Return of insured travelling companion**
This benefit is payable only when pre-approved and arranged by OneWorld Assist Inc.
If *you* are returned to *your home province* under the emergency air transportation benefit or the repatriation benefit, the *company* will reimburse a one-way economy airfare back to point of departure, for one travelling companion up to \$3,000.
 7. **Escort of insured children**
This benefit is payable only when pre-approved and arranged by OneWorld Assist Inc.
In the event *you* have 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.
 8. **Repatriation**
In the event of *your* death during a trip as a result of an *accident* or an unexpected *sickness* covered under the Policy benefits, the *company* will reimburse for:
 - a) preparation and return of *your* body, including the cost of a standard shipping container (excluding cost of a burial coffin), to *your home province* in Canada to a maximum of \$10,000; or,
 - b) burial or cremation at the place of death (excluding cost of a burial coffin or urn), in the event *your* body is not returned to *your home province*, to a maximum of \$4,000.
 9. **Family transportation**
This benefit is payable only when pre-approved and arranged by OneWorld Assist Inc.
If an attending *physician* considers it necessary, the *company* will reimburse one economy return airfare or ground transportation costs for a *family member* to be with *you* while *you* are in *hospital* due to a covered *sickness* or *injury*, and up to a maximum of \$150 per day for meals and commercial accommodation.
 10. **Additional board and lodging**
The *company* will reimburse up to \$400 per day to a maximum of \$4,000, in the event *you* or *your* travelling companion are confined to *hospital* on the date *you* are scheduled to return to *your home province*, for reasonable and necessary commercial accommodation, meals, telephone calls, taxi or bus fare and child care costs for dependants up to the age of 18 years (excluding child care provided by a *family member*) and for other *insureds* who remain with *you* while *you* or *your* travelling companion are *hospitalized*.
 11. **Return of vehicle**
If the attending *physician* determines that as a result of an *emergency*, *you* are incapable of continuing *your* trip by means of the *vehicle* used for the trip and *your* travelling companion is unable to do so for *you*, the *company* will reimburse the actual reasonable and necessary charges incurred for a commercial agency to return a *vehicle* that *you* own or rent to either *your home province* 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.
 12. **Return of insured to destination**
If *you* are returned to *your home province* under the

emergency air transportation benefit, the *company* will pay the cost of a one-way economy airfare to return *you* to the place where the emergency air transportation commenced. This benefit can only be offered once during the same covered trip, and will not apply after *your* original expected return date.

13. 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.

Exclusions

In addition to the general exclusions, the *company* will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1. Any *pre-existing condition* as defined, except as follows:

Applicable to the Gold plan

- a) *Pre-existing conditions* that are *stable* in the 90 days prior to the commencement date of a covered trip.

Applicable to the Silver plan

- a) *Pre-existing conditions* that are *stable* in the 180 days prior to the commencement date of a covered trip.

Applicable to the Bronze plan

- a) Diabetes, heart and lung conditions that are *stable* in the 365 days prior to the commencement date of a covered trip.
- b) All other *pre-existing conditions* that are *stable* in the 180 days prior to the commencement date of a covered trip.

Pre-existing conditions that do not meet the criteria set out above are not covered. If *you* have purchased the Guaranteed Stability Option or the Future Stability Option, refer to that section heading for pre-existing condition coverage.

2. Any condition(s) for which *you* are registered on a waiting list in Canada for treatment or diagnosis.
3. Conditions or any related conditions for which, prior to departure, testing or investigative consultation took place, was scheduled to take place or was recommended for the purpose of establishing a diagnosis (not including routine check-up or routine monitoring for a *stable* and controlled condition), and for which results had not yet been received at the time of departure. This includes tests that were recommended or scheduled prior to departure, but had not yet taken place at the time of departure.
4. Tests and investigative consultation, including but not limited to biopsies, except when performed at the time of initial *emergency sickness* or *injury*.
5. Loss of or damage to prescription glasses, contact lenses, prosthetic devices, hearing aids.
6. Any subsequent claim of the same medical condition or related medical condition with respect to a *sickness* or *injury* which occurred during a covered trip.

Applicable to Multi Trip Annual

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 the Gold plan;
 - b) in the 180 days prior to the commencement date of a covered trip for the Silver plan;
 - c) in the 365 days prior to the commencement date of a covered trip for diabetes, heart and lung conditions and in the 180 days for all other *pre-existing conditions* prior to the commencement date of a covered trip for the Bronze plan.
7. Treatment or services that contravene any provisions of any provincial government health care plan of the province or territory in which *you* reside.
 8. Any *medical treatment* which is a continuation of or subsequent to an *emergency sickness* or *accident*, unless *you* are declared by an attending *physician* medically unfit to return to *your home province*.
 9. This Policy does not provide reimbursement for expenses once the *emergency* ends and in the opinion of the attending *physician* or dentist, *you* are able to travel to *your home province* for any further treatment relating to the *sickness* or *accident* that led to the *emergency* (other than for a *follow-up* visit as listed under the benefits for *emergency medical treatment*).
 10. Expenses incurred after emergency air transportation, when the emergency air transportation was not arranged by OneWorld Assist Inc.
 11. Expenses incurred for trips where the date of departure from Canada preceded the effective date of coverage under this Policy, unless authorized in advance by *Travel Underwriters*.

Deductible

This Policy will reimburse eligible medical expenses for losses incurred in excess of the amount of the *deductible* as shown on the *application*, per *insured* per covered claim. This *deductible* applies to the portion of eligible expenses listed in section Benefits, under benefit number 1 Emergency medical treatment, remaining after payment by *your* provincial government health care plan or other insurance policies, plans or contracts, including private or provincial automobile insurance. Any claim will be subject to an extra *deductible* of \$10,000 of the eligible expenses per condition claimed if *you* have not disclosed in the health questionnaire *your* medical conditions or events that were present at the time of application. In addition, no future coverage will be afforded under this Policy, unless *you* pay the additional premium correctly reflecting *your* medical condition(s).

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 home province*.
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.

Refunds

Applicable to Multi Trip Annual and Single Trip

1. Refunds are not available if a claim has been or will be submitted.
2. When the request for refund is received PRIOR to the effective date of the Policy, a full refund is available.
3. When the request for refund is received AFTER the effective date of the Policy and provided no travel has taken place:
 - a) A full refund is available within 10 days of the application date; or,
 - b) A refund less an administration fee is available when the request for refund is received more than 10 days after the application date but no later than 30 days after the effective date and prior to the expiry date of the Policy.
 - c) Refunds must be requested in writing.

Applicable to Single Trip only

1. In the case of early return to *your home province*, partial refunds may be available provided:
 - a) A satisfactory proof of return to *your home province* is sent to *Travel Underwriters*; and
 - b) The request is received by *Travel Underwriters* no later than 30 days after *your* actual return date. Refunds will be calculated from the date of return. All partial refunds will be subject to an administration fee.
 - c) Refunds must be requested in writing.

Optional Coverages

The Optional Coverages listed below may only be purchased in conjunction with the Emergency Medical Insurance coverage described in this Policy. The Optional Coverages are also subject to the Insuring Agreement, Validation of Coverage, General Exclusions, General Conditions, Statutory Conditions and Definitions of this Policy.

Guaranteed Stability Option

Benefits

The *company* will reimburse *you* for eligible medical related expenses due to *sickness* or *injury* incurred as a result of a medical condition which existed prior to the commencement date of a covered trip to a maximum of \$150,000.

Exclusion

This Policy does not provide payment or indemnity for expenses incurred directly or indirectly as a result of:

1. Conditions for which symptoms arose or for which medical consultation was required or took place on the date of departure or at any time within the seven days prior to the date of departure, other than a *minor ailment*.

Conditions

When this coverage is purchased as an endorsement to an Emergency Medical plan, coverage is also subject to the terms and conditions specified in section entitled Emergency Medical Insurance, not including exclusion number 1.

Coverage is also subject to the *deductible* as specified in the section entitled Emergency Medical Insurance.

Future Stability Option

Eligibility

To be eligible to purchase this option, you must meet the following requirements at the time of application which are based on the plan *you* qualify for:

Applicable to the Gold plan

- a) *Your pre-existing conditions* must be *stable* in the 90 days prior to the application date of the Policy.

Applicable to the Silver plan

- a) *Your pre-existing conditions* must be *stable* in the 180 days prior to the application date of the Policy.

Applicable to the Bronze plan

- a) *Your pre-existing diabetes, heart and lung conditions* must be *stable* in the 365 days prior to the application date of the Policy; and
- b) all other *pre-existing conditions* must be *stable* in the 180 days prior to the application date of the Policy.

Benefits

The *company* will reimburse *you* for eligible medical related expenses due to *sickness* or *injury* incurred as a result of a medical condition which existed prior to the commencement date of a covered trip including unstable *pre-existing conditions* provided the *pre-existing conditions* were *stable* at the time of application as specified in the section Eligibility above, up to a maximum of \$150,000.

Exclusions

This Policy does not provide payment or indemnity for expenses incurred directly or indirectly as a result of:

1. Conditions for which symptoms arose or for which medical consultation was required or took place on the date of departure or at any time within the seven days prior to the date of departure, other than a *minor ailment*.
2. Any subsequent claim of the same medical condition or related medical condition with respect to a *sickness* or *injury* which occurred during a covered trip.

Conditions

When this coverage is purchased as an endorsement to an Emergency Medical plan, coverage is also subject to the terms

and conditions specified in the section entitled Emergency Medical Insurance, not including exclusions number 1 and 6. Coverage is also subject to the *deductible* as specified in the section entitled Emergency Medical Insurance.

Trip Cancellation/Trip Interruption Insurance

– Single Trip

Eligibility

You are eligible for coverage if:

1. You are 55 years of age and you have not yet reached the age of 90 years as of the *application date* of the Policy.
2. You are a *Canadian resident*.

Period of Coverage

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 *home province*, or at 12:00 Midnight on the expiry date as shown on the *application*, whichever first occurs.

Covered Risks

1. Your and/or your travelling companion's sickness, injury, death or quarantine.
2. Sickness, injury, death or quarantine of your immediate family or your travelling companion's immediate family.
3. Death or hospitalization or your or your travelling companion's 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. Sickness or injury of your immediate family who is at your final destination.
6. A natural disaster, which renders your or your travelling companion's principal residence uninhabitable or place of business inoperative.
7. Hijacking in which you or your travelling companion is a victim.
8. Missed connection or departure:
 - a) if journey includes a regularly scheduled two or more hours connection on a *common carrier* and this connection is missed due to weather conditions, mechanical failure of the *common carrier*, a traffic accident, or an emergency police-directed road closure; or,
 - b) delay of a private automobile resulting from mechanical failure of that automobile, weather conditions, a traffic accident, or an emergency police-directed road closure, provided that the automobile was scheduled to arrive at the departure point at least two hours before the scheduled time of departure.

9. An accident on the way to the point of departure involving a private passenger automobile in which you are a passenger or driver; or *common carrier* in which you were a passenger (police report required).
10. A travel advisory and/or travel warning issued by the Canadian government after the date the *trip* is booked, recommending that, on the *contracted* dates, you do not travel to the *contracted* destinations.
11. A *schedule change* of the airline carrier that is providing transportation for a portion of your *trip*, causing you to miss a connection.
12. You or your travelling companion being summoned to military (active or reserve) police or fire service.
13. A cancellation of a *business meeting* at your final destination.
14. Delay of your or your travelling companion's scheduled *common carrier*, due to weather conditions, for a period of at least 30% of the total duration of an insured *trip*, when you choose not to continue with the insured *trip*.

Applicable to Trip Cancellation only (coverage for prior to departure)

1. Job transfer that 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. You or your travelling companion being subpoenaed, after the *trip* is booked, for jury duty, as a witness, or required to appear at a court proceeding during the period of travel (excluding law enforcement officers).
3. Involuntary loss of permanent employment provided you or your travelling companion have been continuously employed by the same employer for more than one year prior to job loss.
4. The non-issuance of your or your travelling companion's travel visa for reasons beyond your or your travelling companion's control. This does not include an immigration or employment visa.
5. You or your spouse's pregnancy, or your travelling companion's or your travelling companion's spouse's pregnancy, being diagnosed after your *trip* is booked, if you or your travelling companion's departure is scheduled to take place in the nine weeks before or after the expected date of delivery.

Benefits

The sum insured amount as shown on the *application* is an aggregate limit per *insured*. 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 sum insured prior to departure

1. Reimbursement of non-refundable prepaid airfare and/or prepaid travel arrangement costs that cannot be recovered from another source, as a result of a covered risk.

2. Reimbursement of the additional single supplement commercial accommodation expense in the event *your travelling companion* cancels due to a covered risk.

Trip Interruption After Departure – payable up to the sum insured after departure

These benefits as outlined below, subject to the exclusions, provisions and conditions of this Policy, include 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 to the original *contracted* point of departure to return earlier or later than the *contracted* return date and/or unused non-refundable land or sea arrangements.
2. Reimbursement of *your* non-refundable unused prepaid airfare costs when *trip* is interrupted after arrival at *your* destination.
3. Reimbursement of reasonable catch-up costs to rejoin a tour or a one-way economy airfare to *your* next destination if a portion was missed due to a covered risk.
4. Repatriation—In the event of *your* death during a covered *trip*, as result of an unexpected *sickness* or *injury*, the *company* will reimburse for:
 - a) preparation and return of *your* body, including the cost of a standard shipping container (excluding cost of a burial coffin), to *your home province*, to a maximum of \$10,000; or,
 - b) burial or cremation at the place of death (excluding cost of a burial coffin or urn), in the event *your* body is not returned to *your home province*, to a maximum of \$4,000.
5. **In the event *your* return is delayed due to a covered risk**—Reimbursement for the cost to return *you*, by one-way economy airfare, to *your home province*, and/or the reasonable out-of-pocket expenses up to the limit of \$350 per day to a maximum of \$1,500 for commercial accommodation, meals, telephone and facsimile charges and taxi expenses.
6. **Trip link**—In the event *you* return to *your home province* from *your trip* before *your* scheduled return date as a result of:
 - a) *hospitalization* or death of a *family member* not travelling with *you* after *your* date of departure; or,
 - b) a natural disaster rendering *your* principal residence uninhabitable after *your* departure date.The *company* will reimburse up to a maximum of \$2,500 for the cost of a one-way economy airfare to travel back to *your* original travel destination point provided the return takes place within the period of coverage.

Conditions

In addition to the general conditions, the following conditions apply:

1. At the time the *trip* is booked 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 OneWorld Assist Inc.
3. If *your trip* is cancelled because of *sickness* or *injury*, the patient must consult a *physician* on or before *your* departure date and time, and prior to the date and time of cancellation. If *your trip* is interrupted or delayed for *sickness* or *injury*, the patient must consult a *physician* on or before the date and time 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* trip. **If a *physician* was not consulted as required or if *you* cannot provide the complete written certificate, *your* claim will be denied.** *Your* claim must also include original unused tickets, copies of substitute transportation tickets and travel agent or tour operator invoices (if applicable).
4. If *your contracted* travel dates change, *you* must notify the *company* of *your* new travel dates. Failure to do so may result in denial of *your* claim.

Applicable to Trip Cancellation only

1. 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 OneWorld Assist Inc. within the same period.

Exclusions

In addition to the general exclusions, this Insurance does not cover loss caused by or arising from:

1. Cancellation or interruption caused by or related to a circumstance known to *you* prior to the date the *trip* is booked or prior to purchase of the Policy, whichever occurs later, and which might reasonably be expected to prevent or interrupt travel as booked.
2. A *sickness* claim occurring within 72 hours after the purchase of the Policy if the Policy was purchased more than 72 hours after the transportation and/or commercial accommodations are booked.
3. Any *pre-existing condition* affecting *you*, *your travelling companion* or business partner, employer or key employee of either, or *family member*, business associate or host at destination, unless the *pre-existing condition* was *stable* during the 60 days prior to the date *your trip* is booked or during the 60 days prior to the date the non-refundable deposit is paid, whichever occurs later.
4. Travel to visit an ailing *family member* where the medical condition or death of that *family member* is the cause of the claim.
5. Travel arrangements for which no premium was paid before departure.
6. The non-issuance of a travel visa due to late visa application.

7. *Terrorist activity.*
8. Refundable tickets, if, as result of a *trip* cancellation, an airline refunds the amount paid for the purchase of a ticket by *you* and does not charge *you* any cancellation penalties. This Insurance will not provide reimbursement for any amounts that are refundable by the airline.
9. Cancellation or interruption due to *sickness* or *injury* when a *physician* has not been consulted on or before *your* date and time of departure or date and time of interruption or delay.
10. An early or late return, unless ordered by the attending *physician* or unless returning to *your home province* or to seek immediate *medical treatment*.

Refunds

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

A full refund less an administration fee is available only if:

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

General Exclusions

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), civil commotion, overthrow of the legally constituted government, military or usurped power, explosions of war weapons, utilization of nuclear, chemical or biological weapons;
- b) death or disablement in any way caused by or contributed by radioactive contamination; or
- c) any action taken in controlling, preventing or suppressing any, or all of a) or b) above.
2. Suicide or attempt thereof, self-inflicted *injury*, or the commission or attempted commission of any crime or offence.
3. Pregnancy, routine pre-natal care, a child born during *your* trip, childbirth or complications thereof occurring within the nine weeks immediately before or after the expected date of delivery.
4. A trip that is undertaken:
 - a) against *physician's* advice; or
 - b) after diagnosis of a *terminal condition*.
5. Any medical condition or recognized complication of a condition, where the purpose of *your* trip is to seek *medical treatment* or advice for that condition, and where the

medical evidence indicates the *medical treatment* is related to that condition.

6. A medical condition for which treatment or *hospitalization* could have reasonably been expected.
7. *Injury* or *sickness* while scuba diving unless *you* are certified by an internationally recognized and accepted program (NAUI, PADI).
8. *Injury* or *sickness* while participating in *professional sport* activities.
9. Psychotherapeutic treatment or rehabilitative treatment, psychological, *emotional* or *mental disorders*.
10. Any *elective* (non-emergency) *treatment* or *surgery*.
11. Air ambulance or other medical evacuation by air unless pre-approved and arranged by OneWorld Assist Inc.
12. Treatment or services that contravene any provisions of any government health care plan of the province or territory in which *you* reside.
13. Treatment, services or prescriptions required for ongoing care or check-ups, or provided in a psychiatric hospital, chronic care facility of a *hospital* or convalescent or nursing home, health spa, or rehabilitation centre.
14. The consumption or abuse of any alcohol, drugs, or medication, or any event, act or omission caused or contributed to by the use 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 Human Immunodeficiency Virus (HIV) which had first been diagnosed or that manifested itself prior to the effective date.
16. Expenses incurred as a result of the *insured's* failure to accept or follow the *physician's* advice, treatment or recommended treatment.
17. Unless otherwise stated in this Policy (see General Condition, number 2), expenses incurred 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 and if this Insurance covers losses and periods not covered by those other policies, plans or contracts, this Insurance shall then apply in excess of all other valid insurance.

General Conditions

Provisions and Conditions

1. Qualification, Misrepresentation and Fraud

- a) The coverage under this Policy shall be void if *you* do 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 any loss or claim, *you* or *your* representative conceal, misrepresent or fail to disclose any material fact or commits any fraud or false swearing pertaining to *you* or any claim.
- b) Medical Health Questionnaire - If *you* fail to answer truthfully and accurately any question in the Medical Health Questionnaire, any claim will be subject to an extra *deductible* of \$10,000 in addition to any other applicable *deductible* amount, and no future coverage will be provided under this Policy unless you pay the additional premium reflecting true and accurate answers to those questions.
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 under that plan is \$100,000 or less.
- If *you* acquire any right of action against any person, firm or organization for loss covered hereunder, *you* shall, if requested by the *company*, assign and transfer such claim or right of action to the *company* and will permit suit to be brought in *your* name under the direction and expense of the *company*. This right of subrogation is in addition to all other rights of subrogation existing under common law, equity or statute. *You* shall do nothing after a loss to prejudice the *company's* rights of subrogation. In the event that *you* make any legal claim against a third party based on an event that led to the payment of a claim under this Policy, *you* will include the amount of that claim in *your* legal claim against the third party, and will account to the *company* for any recovery from the third party.
3. **Misstatement of Age**—If *your* age 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. **Due Diligence**—*You* must act at all times so as to minimize the costs to the *company*.
5. **Currency**—Any dollar amount expressed as a limit of coverage or benefit payable under this Policy is deemed by the *company* to be in Canadian currency.
6. *You* 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.
7. If any of the terms or conditions of this Policy are in conflict with the statutes of the province or territory in which this Policy is issued, the terms and conditions are hereby amended to conform to such statutes.
8. In the event of *your medical treatment* or other circumstances that have led or may lead to a claim under this Policy, *you* authorize any *hospital*, *physician* or other person or organization that has records or knowledge of *you* or *your* health, medical history or other information relevant to the claim to provide that information to the *company* or OneWorld Assist Inc. and authorize the *company* and OneWorld Assist Inc. to use and disclose that information for the purpose of determining whether any claim that may be made is covered by this Policy or by another plan or Policy.
9. In the event of a claim, *you* 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.
10. If requested by the *company* or *Travel Underwriters* or OneWorld Assist Inc. *you* must furnish or consent to the release of *your* medical records for the relevant period prior to the effective date and/or during the term of the insurance required in order to determine if the claim is payable. Failure to produce these records will invalidate *your* claim.
11. Any extension request when a claim has been made must be authorized by *Travel Underwriters*.
12. 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 Canada V6Y 2B2.
13. The availability, quality, results or effects of any *medical treatment* assistance, *hospitalization*, transportation or *your* failure 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.
14. The *company* reserves the right to accept or to decline any person as an *insured*.
15. OneWorld Assist Inc. has been appointed by the *company* to be the sole provider of all assistance and claims processing services.
16. In the case of duplicate benefits in this Policy claims are payable for one benefit only.
17. The *company* and OneWorld Assist Inc. shall comply with all applicable privacy legislation and regulations.
18. 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.
19. The law of the province or territory of Canada in which *you* ordinarily will govern this Policy, including all issues of its interpretation and performance. Any legal action or other proceeding related to or connected with this Policy that is commenced by *you* or anyone claiming on *your* behalf or by an assignee of benefits under this Policy must take place in the courts of the province or territory of Canada in which *you* ordinarily resided or in which *you* purchased this Policy, and no other court has jurisdiction to hear or determine any such action or proceeding.

Authorized Extensions to Period of Coverage

You can extend *your* period of coverage by calling *Travel Underwriters* during general business hours. All extensions must be authorized by *Travel Underwriters*. An administration fee may be charged in addition to the

premium for the additional number of days required.

Please refer to contact information.

You must meet the following conditions:

Applicable to all coverages

1. *You* have not submitted a claim and have no intent to submit a claim;
2. *Your* period of coverage has not already expired;
3. Extensions are not available if total trip length exceeds two years from the effective date of the original Policy.

Applicable to Emergency Medical Insurance

1. *You* have not seen a *physician* since *your* departure date or the effective date of the Policy;
2. *You* are in good health.

Definitions

Applicable to All Plans

Accident and injury means physical *injury* to an *insured* 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 *you*.

Acute means initial or *emergency* short course (not chronic) treatment phase of a *sickness* or *injury*.

Application means the printed form, printed or electronic receipt, Policy declaration, group manifest or document provided by *Travel Underwriters* or one of its *designated representatives*. The *application* forms part of the Insurance contract.

Canadian resident means a person who meets one or all the following conditions:

- a) is eligible for or has a provincial government health care plan in place; or,
- b) is a Canadian citizen with a primary permanent residence in Canada; or,
- c) has landed immigrant status in Canada and a primary permanent residence in Canada.

Common carrier means any land, air or water conveyance operated by those whose occupation or business is transportation of persons or things for hire or reward, and that undertakes to carry all passengers indifferently who may apply for passage, so long as there is room, with no legal excuse for refusal, and that issues tickets and/or boarding passes.

Company means Industrial Alliance Insurance and Financial Services Inc. and certain *Lloyd's Underwriters*, severally and not jointly.

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

Deductible means the portion of eligible expenses *you* must pay from *your* own pocket when an eligible claim occurs. For all

medical insurance plans, the *deductible* applies to the expenses remaining after payment by *your* government health care plan.

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 *you* return to Canada or, c) which *you* elect to have provided during insured trip following *emergency medical treatment* of a medical condition or the diagnosis of a medical condition, which on medical evidence would not prevent *you* from returning to Canada prior to such treatment or surgery.

Emergency means an unforeseen *sickness* or *injury*, which requires immediate *medical treatment* to alleviate existing danger to life or health. An *emergency* no longer exists, when the medical evidence indicates that *you* are able to continue the trip or return to *your* province or territory of ordinary residence. Once such *emergency* ends, no further benefits are payable in respect of the condition which caused the *emergency*.

Emotional or **mental disorder** means an emotional upset or condition, state of anxiety, situational crisis, anxiety or panic attack, or other mental health disorders that may be treated with tranquilizers or anti-anxiety medication.

Follow-up means re-examination of *you* to monitor the affects of earlier *medical treatment* related to the initial *emergency*, except while *hospitalized*. *Follow-up* does not include further diagnostic or investigative testing related to the initial *emergency*.

Home province means *your* province or territory of ordinary residence in Canada.

Hospital means a legally constituted medical facility under the medical supervision of a *physician*, with either permanent facilities on the premises for surgery or a formal arrangement with another institution making such facilities available, and providing 24-hour nursing services. The term *hospital* does not include convalescent, nursing, rest or skilled nursing facilities, whether separate or a part of a regular general *hospital*, operated exclusively for the treatment of persons who are mentally ill, aged, drug or alcohol abusers.

Hospitalization or **hospitalized** means *medical treatment* in a *hospital* when admitted as an in-patient.

Immediate family or **family member** means (whether by birth, adoption or marriage) *your* legal or common-law *spouse*, parents, step-parents, brothers, sisters, in-laws, natural or adopted children, stepchildren, stepbrother or stepsister, grandparents, grandchildren, aunts, uncles, nieces, nephews, or any individual of whom *you* are a legal guardian.

Insured or **insured persons** means all insureds named in the *application* attached to and forming part of this Policy.

Lloyd's Underwriters means certain *Lloyd's Underwriters* as identified in the Agreement Number specified in the Policy Declaration.

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: a) the unchanged use of prescribed drugs or medication for a *stable* condition, symptom or problem; or, b) a check-up where the *physician* observes no change in a previously noted condition, symptom or problem.

Medically necessary means the medical service or product in question is necessary to preserve, protect or improve *your* medical condition and well being.

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

Physician means a medical *physician* who is currently registered and licensed in accordance with the regulations applying in the jurisdiction where the *physician* practices.

Pre-existing condition means a medical condition, illness or *injury* known to *you*, and for which *you* have 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.

Professional sport means a sporting activity from which *you* earn the majority of *your* income.

Recurrence means the appearance of symptoms caused by or related to a medical condition that 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 *you*.

Spouse means the person *you* are legally married to, or a person *you* have been living with for a minimum period of one year and who is publicly presented as *your spouse*, regardless of sex.

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* includes an increase or decrease in medication dosage, usage or a change in medication type, but 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 for which, prior to the commencement date of the covered trip, a *physician* has given *you* a terminal prognosis with a life expectancy of 12 months or less.

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).

Travel Underwriters means North American Air Travel Insurance Agents Ltd.

Vehicle means an automobile, recreational vehicle, motorcycle, boat or other land or water conveyance used for the covered trip.

You or your means the same as *insured* or *insured persons*.

Applicable to Trip Cancellation/Trip Interruption Insurance

Application date means the date when premium for this Insurance is paid.

Business meeting means a meeting that was pre-arranged before *your* effective date between companies with unrelated ownership, pertains to *your* full-time occupation or profession, and was the primary purpose of *your trip*.

Injury means accidental bodily *injury*.

Insured trip or trip means the period of travel for which prepaid travel arrangements, *contracted* for by *you*, for which an insurance premium under this Policy has been paid.

Pre-existing condition means a medical condition, illness or *injury* known to *you* and for which *you* have received medical consultation, diagnosis, and/or *medical treatment* by a *physician* and includes a medical condition which occurs or develops as a progressive consequence of a *pre-existing condition*.

Schedule change means the later departure of an airline carrier causing *you* to miss *your* next connecting flight, or the earlier departure of an airline carrier rendering unusable the ticket *you* have purchased for *your* prior connector flight. *Schedule change* does not include a change resulting from a strike or a labour disruption.

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 *you*.

Travelling companion means a person who has prepaid accommodation or transportation with *you* for the same *insured trip* (maximum four persons including the *insured*).

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 this 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 insured or to a claimant under the contract a copy of the application.

Material facts

No statement made by the insured or a person insured at the time of application for the contract may be used in defence of a claim under or to avoid the 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 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 required by this condition does not invalidate the claim if (a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the accident or the date a claim arises under the contract on account of sickness or disability, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition, or (b) in the case of death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year from the date a court makes the declaration.

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 money under the contract,

- a) the claimant must give the insurer an opportunity to examine the person of the person insured when and as often as it reasonably requires while a claim is pending, and
- b) 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.

When moneys payable

All money payable under this contract shall be paid by the insurer within sixty days after it has received proof of claim.

Limitation of actions

An action or proceeding against the *company* for the recovery of insurance money under this *policy* must be commenced not later than one year* after the date of the occurrence giving rise to the claim for insurance.

*Two years in Ontario, Saskatchewan, Alberta, British Columbia, Nunavut and the Northwest and Yukon Territories, three years in Quebec.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act*.

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 and sickness 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.

Subscription Policy

Applicable to all sections of this Policy

IN CONSIDERATION OF THE INSURED having paid or agreed to pay each of the INSURERS the required premium, hereinafter called "THE INSURERS".

THE INSURERS SEVERALLY AND NOT JOINTLY agree, each for the Sum(s) Insured or Percentage(s) and for the Coverage(s) Insured set against its name, and subject always to the terms and conditions of the Policy, that if a loss occurs for which insurance is provided by this Policy at any time while it is in force, they will indemnify the INSURED against the loss so caused; the liability of each insurer individually for such loss being limited to that proportion of the loss payable according to the terms and conditions of this Policy which the Sum Insured or the amount corresponding to the Percentage set against it bears to the total of the sums insured or of the amounts corresponding to the percentages of the sums insured respectively set out against the coverage concerned on the Policy Declaration.

Wherever in this Policy, or in any endorsement attached hereto, reference is made to “The Company”, “The Insurer”, “This Company”, “we”, “us”, or “our”, reference shall be deemed to be made to each of the Insurers severally.

This Policy is made and accepted subject to the foregoing provisions, and to the other provisions, stipulations and conditions contained herein, which are hereby specially referred to and made part of this Policy, as well as such other provisions, agreements or conditions as may be endorsed hereon or added hereto.

Several Liability Clause

PLEASE NOTE – This notice contains important information. PLEASE READ CAREFULLY

The liability of an insurer under this contract is several and not joint with other insurers party to this contract. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is an insurer otherwise responsible for any liability of any other insurer that may underwrite this contract.

The proportion of liability under this contract underwritten by an insurer (or, in the case of a Lloyd’s syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown in this contract.

In the case of a Lloyd’s syndicate, each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with other members. A member is liable only for that member’s proportion. A member is not jointly liable for any other member’s proportion. Nor is any member otherwise responsible for any liability of any other insurer that may underwrite this contract. The business address of each member is Lloyd’s, One Lime Street, London EC3M 7HA. The identity of each member of a Lloyd’s syndicate and their respective proportion may be obtained by writing to Market Services, Lloyd’s, at the above address.

Although reference is made at various points in this clause to “this contract” in the singular, where the circumstances so require this should be read as a reference to contracts in the plural.

Where LLOYD’S UNDERWRITERS are subscribing insurers to the Policy, the following applies to them:

Identification of Insurer/Action Against Insurer

This insurance has been entered into accordance with the authorization granted to North American Air Travel Insurance Agents Ltd. (The Coverholder) by the Underwriting Members of the Syndicates whose definite numbers and proportions are detailed herein and referred to as “the Underwriters”.

The Underwriters shall be liable hereunder each for his own part and not one for another in proportion to the several sums that each of them has subscribed to the said Agreement.

In any action to enforce the obligations of the Underwriters they can be designated or named as “Lloyd’s Underwriters” and such designation shall be binding on the Underwriters 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 2220, Montreal, Quebec H3B 2V6.

Notice

Any notice to the Underwriters may be validly given to North American Air Travel Insurance Agents Ltd. d.b.a. Travel Underwriters (The Coverholder).

THE INSURERS	Coverage(s) Insured	Percentage(s)
Industrial Alliance Insurance and Financial Service Inc.	All Sections of this Wording	90%
Lloyd’s Underwriters per Agreement Number specified in the Policy Declaration	All sections of this Wording	10%

Complaints under all Sections should be referred to the lead insurer Industrial Alliance at 2165 West Broadway, P.O. Box 5900, Vancouver B.C. V6B 5H6

Should a policyholder wish to file a complaint relative to a policy with Lloyd’s Underwriters effected through you, the policyholder must be provided with the following Lloyd’s Underwriters’ Complaint Protocol:

Lloyd’s Underwriters’ Policyholders’ Complaint Protocol

If you have a complaint with any aspect of your policy with Lloyd’s Underwriters:

You may contact the broker/agent who arranged your policy for you. Should you be dissatisfied with the outcome of your broker’s resolution, please submit your written complaint to: Lloyd’s Canada Inc.
1155 rue Metcalfe, Suite 2220
Montreal, Quebec H3B 2V6
Tel: 1-877-4LLOYDS
Fax: (514) 861-0470
E-mail: lineage@lloyds.ca

Your written complaint will be forwarded to Lloyd’s Policyholder and Market Assistance Department in London which ensures that Lloyd’s Underwriters and their representatives deal with claims and complaints in an acceptable manner. It acts as an impartial mediator. When undertaking a review this

Department takes account of general legal principles, good insurance practice, and whether all events surrounding a given case have been considered fairly.

If you are dissatisfied with Lloyd's Policyholder and Market Assistance Department's final letter from London, you may ask the General Insurance OmbudService (GIO) to arrange for mediation. Mediation is not available until Lloyd's has issued its final letter of position on your complaint. The GIO assists in the resolution of conflicts between insurance customers and their insurance companies. GIO works with only those companies offering home, automobile or business insurance.

OR

You may contact the General Insurance OmbudService (GIO) who will contact Lloyd's on your behalf. However, you must first have tried to resolve your problem with your insurance company.

The GIO can be reached across Canada at its national toll-free number: 1-877-225-0446

For more information or to submit the facts of your insurance-related dispute, please visit the GIO website.

GIO - Alberta can be contacted where a policyholder is not satisfied with the basis on which a premium for basic coverage for a private passenger vehicle was determined, or considers that an insurer, directly or indirectly, has taken an adverse contractual action with respect to insurance for basic coverage.

In Québec, you may also avail yourself of the services of Autorité des marchés financiers (l'Autorité). Should you be dissatisfied with Lloyd's Policyholder and Market Assistance Department's final letter from London, you may request Lloyd's Canada Inc. to send your complaint to l'Autorité who will study your file and may recommend mediation, if it deems this action appropriate and if both parties agree to it. L'Autorité can be reached at:

Autorité des marchés financiers (l'Autorité)

Québec City (418) 525-0311

Montréal (514) 395-0311

Toll-free: 1-866-526-0311

E-mail: Renseignements-consommateur@lautorite.qc.ca

The Insured is requested to read this policy, and if incorrect, return it immediately for alteration.

In the event of an occurrence likely to result in a claim under this insurance, immediate notice should be given to the Coverholder whose name and address appears above. All inquiries and disputes are also to be addressed to this Coverholder.

For the purpose of the Insurance Companies Act (Canada), this Canadian Policy was issued in the course of Lloyd's Underwriters' insurance business in Canada.

In witness whereof this Policy has been signed as authorized by the insurers listed in the definition of *company*.



K. Starko, Executive Director

Notice Concerning Personal Information

By purchasing insurance from certain Underwriters at Lloyd's, London ("Lloyd's"), a customer provides



Lloyd's with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with Lloyd's policyholders
- the underwriting of policies
- the evaluation of claims
- the detection and prevention of fraud
- the analysis of business results
- purposes required or authorised by law

For the purposes identified, personal information may be disclosed to Lloyd's related or affiliated organisations or companies, their agents/mandataires, and to certain non-related or unaffiliated organisations or companies, including service providers. These entities may be located outside Canada therefore a customer's information may be processed in a foreign jurisdiction (the United Kingdom and the European Union) and their information may be accessible to law enforcement and national security authorities of that jurisdiction.

To obtain written information about Lloyd's policies and practices in respect of service providers located outside Canada, please contact the Ombudsman at lineage@lloyds.ca who will also answer customer's questions about the collection, use, disclosure or storage of their personal information by such Lloyd's service providers.

Further information about Lloyd's personal information protection policy may be obtained from the customer's broker or by contacting Lloyd's on: 514 861 8361, 1 877 455 6937, or through info@lloyds.ca

Lloyd's Underwriters Code of Consumer Rights & Responsibilities

Lloyd's Underwriters are committed to safeguarding your rights when you shop for insurance and when you submit a claim following a loss. Your rights include the right to be informed fully, to be treated fairly, to timely complaint resolution, and to privacy. These rights are grounded in the contract between you and your underwriters and the insurance laws of your province/territory. With rights, however, come responsibilities including, for example, the expectation that you will provide complete and accurate information to the underwriters with whom insurance is being negotiated. Your policy outlines other important responsibilities. Underwriters and intermediaries acting on your behalf, and governments also have important roles to play in ensuring that your rights are protected.

Right to Be Informed

In dealing with Lloyd's Underwriters, you will be represented by an intermediary, such as a broker acting as your agent, and they may deal with other intermediaries. From the intermediary with whom you deal, you can expect to access clear information about your policy, your coverage, and the claims settlement process. You have the right to an easy-to-understand explanation of how insurance works and how it will meet your needs. You also have a right to know how premiums are calculated based on relevant facts.

A policy issued by Lloyd's Underwriters will expire on the day specified in the policy. If you wish to renew the policy, the intermediary with whom you deal will have to approach the Underwriters participating in it, often through another intermediary. If Lloyd's Underwriters are given the information they require to determine renewal terms for the policy at least 45 days prior to its expiry, under normal circumstances, they will advise the intermediary who approaches them of any changes to the policy terms at least 30 days prior to the expiration of the policy. Terms may subsequently change if there is a change in material facts prior to the expiration date. Intermediaries may receive payments from Lloyd's Underwriters in a variety of ways, which may include the payment of commissions. Lloyd's strongly supports the disclosure and transparency of these commission arrangements. You have the right to ask the intermediary with whom you deal for details of how and by whom the intermediary is being paid.

Lloyd's Underwriters accept business as members of syndicates each of which is managed by a 'managing agent'. Lloyd's has risk management procedures in place in respect of the relationship between Lloyd's managing agents and any related companies that act as intermediaries. This is to ensure that the managing agent makes proper disclosures of any such arrangements. A policyholder may ask the intermediary whom he is dealing to disclose if it is a related company to a Lloyd's managing agent. Depending on the jurisdiction, disclosure may be required in writing.

Responsibility to Ask Questions and Share Information

To safeguard your right to purchase appropriate coverage at a competitive price, you should ask questions about your policy so that you understand what it covers and what your obligations are under it. You can access information through brochures and websites, as well as through one-on-one meetings with the intermediary with whom you deal. You have the option to shop the marketplace for the combination of coverages and service levels that best suits your insurance needs. To maintain your protection against loss, you must promptly inform your underwriters of any change in your circumstances through the intermediary with whom you deal. The Underwriters with whom renewal is being negotiated must be given information required to determine renewal terms of your policy, via the intermediary whom you are dealing with, at least 45 days prior to the expiration of the policy.

Right to Complaint Resolution

Lloyd's Underwriters are committed to high standards of customer service. If you have a complaint about the service you have received, you have a right to access the Lloyd's complaint resolution process for Canada. The intermediary with whom you deal can provide you with information about how you can ensure that your complaint is heard and promptly handled. Disputes involving claims settlement matters may be handled by the independent General Insurance OmbudService www.gio-scad.org where your complaint may be referred to an independent mediator or Senior Adjudicative Officer.

Responsibility to Resolve Disputes

You should always enter into the dispute resolution process in good faith, provide required information in a timely manner, and remain open to recommendations made by independent observers as part of that process.

Right to Professional Service

You have the right to deal with insurance professionals who exhibit a high ethical standard, which includes acting with honesty, integrity, fairness and skill. Brokers and agents must exhibit extensive knowledge of the product, its coverages and its limitations in order to best serve you.

Right to Privacy

Because it is important for you to disclose any and all information required by underwriters with whom insurance is being negotiated on your behalf to provide the insurance coverage that best suits you, you have the right to know from the intermediary with whom you deal the purposes for which Lloyd's Underwriters will use your personal information. This information will not be disclosed to anyone except as permitted by law. You should know that Lloyd's Underwriters are subject to Canada's privacy laws with respect to their business in Canada.

How To Claim

Claims Procedures and Payment of Benefits

Applicable to All Claims

1. Any notices of claim or correspondence concerning a claim should be promptly sent to:

**OneWorld Assist Inc.
11th Floor, 6081 No. 3 Road
Richmond, BC Canada V6Y 2B2**

2. Any cost incurred by OneWorld Assist Inc. in obtaining further documentation required to confirm eligibility of your claim is also the responsibility of the claimant.
3. Claim Forms will be provided to the claimant for completion and return to OneWorld Assist Inc. It is the responsibility of the claimant to complete and/or produce any documentation required by OneWorld Assist Inc. to enable them to process

- and confirm the eligibility of the claim.
4. All required documentation must be received within one year from the date of loss. Failure to do so will result in the denial of the claim.
 5. To qualify for reimbursement, original, itemized receipts must be provided as support for all eligible expenses. If original itemized receipts are not provided, the expense will not be reimbursed.
 6. To receive benefits, any requested supporting documentation must be submitted along with your notice of claim.

Applicable to Emergency Medical Insurance

1. OneWorld Assist Inc. will submit a claim for medical expenses to your provincial government health care plan offices PROVIDED THAT the Claim Form, as well as the appropriate Provincial Assignment Form are completed in full and forwarded together with receipts from physicians or hospitals along with medical certificate(s) from attending physician(s) within the time frame 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 (or legally authorized representative). If requested by OneWorld Assist Inc. a Certificate of Canadian Physician must also be completed. Failure to provide fully completed forms will invalidate your claim.
3. Only bills from physicians, hospitals and other medical care provider(s) that are original itemized and which state 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. For all other benefits, original itemized receipts are required.

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 tickets and/or cancelled or unused land and sea services.
 - d) If the claim occurred prior to departure, a medical certificate provided by the physician at the time of consultation prior to the departure date and time, stating the diagnosis, date of onset of the condition, dates and type of treatment, and the reason why travel was not possible.

- e) If the claim occurred after the trip began, a medical certificate provided by the attending physician at the place where the illness occurred, stating the diagnosis, date of onset of the condition, dates and type of treatment, and the reason why it was medically necessary to return home.

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 regarding 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. Multilingual 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 emergency medical expenses will be guaranteed where possible relieving claimant of credit responsibilities.
14. Travel arrangements assistance for family members.
15. Provision of medical assistant to travel with claimant when necessary.
16. In addition to physicians, hospitals/administrators and ambulance, arrangements and communications are concluded on your behalf with:

Consulates	Travel Agents
Embassies	Tour Guides
Airlines	Police
Foreign Affairs Department	
17. Legal referral services in order to meet the legal needs of travellers.

To access this service, please refer to the Contact Information at the beginning of this policy wording booklet.

Insurance is administered by North American Air Travel Insurance Agents Ltd. d.b.a. Travel Underwriters, a licensed insurance broker, 11th Floor - 6081 No.3 Road, Richmond, BC Canada V6Y 2B2. Insurance is underwritten by Industrial Alliance Insurance and Financial Services Inc. and certain Lloyd's Underwriters, severally and not jointly.

