

# TIPS CRUISE INSURANCE POLICY

## BEFORE YOU DEPART

Please take the time to read **Your Policy** and review all of **Your** coverage. If **You** have any questions **You** must contact **Your** agent. Bold capitalized words have a specific meaning which is defined in the **Definitions** section of this **Policy** on page 41.

The term **Covered Trip** means the travel arrangements **You** have insured under this **Policy**. To be sure **You** have full coverage for **Your** trip, **You** must purchase insurance for the full value of the non-refundable portion and the full duration of all of **Your** travel arrangements. Coverage for **Bankruptcy** or **Default of a Travel Supplier** (see page 12), requires that the applicable plan be purchased within **7 days** of the earlier of: a) **Your Covered Trip** final payment date; or, b) the date when penalties first commence. **You** must be a Canadian resident or **Your Covered Trip** must involve travel to, from or within Canada.

## 10 DAY RIGHT TO EXAMINE

**You** may cancel this **Policy** within **10 days** of purchase for a full refund if **You** have not departed on **Your Covered Trip** and there is no claim in process.

## IMPORTANT NOTICE

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that **You** read and understand **Your Policy** before **You** travel as **Your** coverage is subject to certain limitations, conditions or exclusions.
- Pre-existing condition exclusions may apply to **Medical Conditions** and/or symptoms that existed prior to **Your Covered Trip**. Check to see how these apply in **Your Policy** and how they relate to **Your** departure date, date of purchase or **Effective Date**.
- In the event of an **Injury** or **Sickness**, prior medical history may be reviewed when a claim is reported.
- This **Policy** provides travel assistance and **You** are required to notify the **Emergency Assistance Provider** prior to **Treatment**. This **Policy** limits benefits should **You** not contact the assistance provider within the specified time period.

## TABLE OF CONTENTS

Eligibility Requirements	Page 3
What Does This Policy Cover?	Page 3
Schedule of Maximum Benefits By Plan	Page 5
Period of Coverage	Page 6
Travel Assistance Services	Page 7
When It Applies	Page 7
What We Provide 24/7	Page 7
What Happens When <b>You</b> Call For Assistance	Page 9
What To Do When <b>You</b> Need Assistance	Page 10
Limitation on Emergency Assistance Provider Services	Page 10

Trip Cancellation and Trip Interruption	Page 11
When It Applies	Page 11
Covered Events	Page 11
What We Exclude	Page 15
What We Pay – Trip Cancellation	Page 17
What We Pay – Trip Interruption	Page 17
Limitation of Payment for Trip Cancellation and Interruption	Page 18
Bankruptcy of a Travel Supplier	Page 18
Act of Terrorism	Page 18
What To Do If <b>You</b> Have A Claim	Page 19
The Ultimate Upgrade	Page 20
When It Applies	Page 20
What We Cover	Page 20
What We Exclude	Page 20
What We Pay – Trip Cancellation	Page 21
What We Pay – Trip Interruption	Page 21
What To Do If <b>You</b> Have A Claim	Page 21
Trip Delay	Page 22
When It Applies	Page 22
What We Cover	Page 22
What We Exclude	Page 23
What We Pay	Page 23
What To Do If <b>You</b> Have A Claim	Page 23
Emergency Medical	Page 24
When It Applies	Page 24
What We Cover	Page 24
What We Exclude	Page 27
What We Pay	Page 28
What To Do If <b>You</b> Have A Claim	Page 29
Baggage & Personal Effects	Page 30
When It Applies	Page 30
What We Cover & What We Pay	Page 30
What We Exclude	Page 31
What To Do If <b>You</b> Have A Claim	Page 32
Personal Money	Page 33
When It Applies	Page 33
What We Cover & What We Pay	Page 33
What We Exclude	Page 33
What To Do If <b>You</b> Have A Claim	Page 33
Travel Accident	Page 34
When It Applies	Page 34
What We Cover	Page 34
What We Exclude	Page 34
What We Pay	Page 35
What To Do If <b>You</b> Have A Claim	Page 35
Rental Vehicle Damage Protection	Page 36
When It Applies	Page 36
What We Cover	Page 36
What We Exclude	Page 36
What We Pay	Page 37
What To Do If <b>You</b> Have A Claim	Page 38
General Exclusions	Page 39
General Policy Provisions	Page 40
Definitions	Page 41
Claims Information	Page 45
Privacy	Page 46

## ELIGIBILITY REQUIREMENTS

### Who is Eligible for Coverage?

All of the following restrictions apply:

- For **covered trips of 37 days** or less, the cruise portion must be at least **50%** of the **covered trip** length or **5 days**, whichever is shorter.
- For **covered trips of 38 days** or more, the cruise portion must be at least **50%** of the **covered trip** length.
- **You** must not have a **Medical Condition** for which a **Physician** has advised **You** against travel prior to **Your Effective Date**.
- **You** must not have been diagnosed with a **Terminal Sickness** prior to **Your Effective Date**.
- Anyone over **69 years** of age on the **Effective Date** must not reside in a retirement home, nursing home, assisted living home, convalescent home, hospice or rehabilitation centre that assists **You** daily with **Your** mobility or medications. Do not include a one-time temporary stay at a rehabilitation centre of no more than **6 weeks** during the **12 months** prior to **Your Departure Date**.
- For the **Cruise Package Plan**, for full emergency medical coverage, **You** must be insured under a valid Canadian federal, provincial or territorial government health insurance plan (GHIP) or Canadian university health insurance plan (UHIP). Otherwise the limit of coverage is **\$25,000**
- The **Policy** must be purchased prior to departure.
- When the **Covered Trip** value exceeds **\$15,000**, **You** must complete the **TIPS Insurance Eligibility Questionnaire**.
- Wherever completion of the **TIPS Insurance Eligibility Questionnaire** is required, if **You** are not eligible for the plan purchased in accordance with the eligibility requirements of the **TIPS Insurance Eligibility Questionnaire**, **We** will declare **Your** coverage null and void from inception and no benefit will be payable under this **Policy**.
- The maximum length of a **Covered Trip** depending on **Your** age is as follows:
  - For **ages 59 and under** the maximum length of the **Covered Trip** is **365 days**;
  - For **ages 60 and over** the maximum length of the **Covered Trip** is **90 days**.

If **You** do not meet the eligibility requirements previously listed, **Your** insurance is void and the **Company's** liability is limited to a refund of the premium paid.

## WHAT DOES THIS POLICY COVER?

This **Policy** covers only the specific situations, events and losses mentioned in this document and only under the conditions **We** describe.

The Plan **You** purchased may not include all the coverage described in this document. The **Schedule of Maximum Benefits By Plan** is outlined on page 5. Make sure **You** check **Your Policy Confirmation** to confirm **Your** benefits, coverage and limits.

Coverage under this **Policy** is secondary to all other sources of recovery. Any benefits payable under this **Policy** are in excess of any other coverage **You** may have with any other insurance company or any other source of recovery.

### Pre-Existing Condition A Special Note

If **You** or **Your Travelling Companion** have a health irregularity, there will only be coverage for claims arising from that condition if it is not worsening, and there has been no alteration in any medication for that condition, and no medical services other than routine monitoring have been required or recommended by a **Physician** for that condition within the time periods listed below:

#### • Trip Cancellation Coverage:

1. **Ages 59 and under**, for the **60 days** prior to and including the **Effective Date\*** of the **Policy**.
2. **Ages 60 and over**, for the **90 days** prior to and including the **Effective Date\*** of the **Policy**.

#### • Trip Interruption and Emergency Medical Coverage:

1. **Ages 59 and under**, for the **60 days** prior to **Your Departure Date**.
2. **Ages 60 to 74**, for the **90 days** prior to **Your Departure Date**.
3. **Ages 75 and over**, for the **180 days** prior to **Your Departure Date**.

**\*Effective Date for Trip Cancellation: please see page 6.**

Coverage under Trip Cancellation, Trip Interruption and Emergency Medical is not provided for any claims arising from:

- a) a heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
- b) a lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).

**NOTE:** For **Covered Trips** where **Your** trip cost is in excess of **\$15,000**, this **Pre-Existing Condition** section pertains to anyone's health irregularity that gives rise to a claim under Trip Cancellation or Trip Interruption.

If prior to **Your Departure Date** **You** are prescribed any **Treatment** or change in the dosage, frequency or type of medication resulting in **Your Medical Condition** no longer being **Stable and Controlled**, **You** must contact **Us** immediately and request consideration for the change by providing us with:

- a) certified medical information from **Your Physician** for the required period(s) and the changes as stated above;
- b) signed authorization allowing **Us** access to information from **Hospitals** and/or medical professionals;
- c) copies of: all travel invoices; **Travel Supplier's** cancellation clause with regard to non-refundable costs, charges and expenses; and, any other information **We** deem necessary.

Once all of the required information is received, **We** will respond within one business day if **We** will:

- a) accept or decline **Your** claim under **Your** Trip Cancellation benefits; or
- b) waive the change in the **Medical Condition** for that condition or related condition for any future claim under the applicable section of **Your Policy**.

## SCHEDULE OF MAXIMUM BENEFITS BY PLAN

BENEFIT SECTIONS		CRUISE PACKAGE PLAN	NON-MEDICAL CRUISE PACKAGE PLAN
1	TRAVEL ASSISTANCE	INCLUDED	INCLUDED
2	TRIP CANCELLATION & TRIP INTERRUPTION		
	TRIP CANCELLATION	SUM INSURED	SUM INSURED
	TRIP INTERRUPTION	SUM INSURED	SUM INSURED
	TRIP INTERRUPTION EARLY/LATE RETURN	UNLIMITED SAME CLASS FARE	UNLIMITED SAME CLASS FARE
	SUPPLIER BANKRUPTCY/DEFAULT	SEE PAGE 12	SEE PAGE 12
	ACT OF TERRORISM	SEE PAGE 15	SEE PAGE 15
	ACCOMMODATION & MEALS	\$1,000	\$1,000
	REPATRIATION OF REMAINS	UNLIMITED	UNLIMITED
	CREMATION/BURIAL AT DESTINATION	\$10,000	\$10,000
3	THE ULTIMATE UPGRADE	OPTIONAL SEE PAGE 20	OPTIONAL SEE PAGE 20
4	TRIP DELAY	\$2,000	\$2,000
	ACCOMMODATION & MEALS	\$2,000	\$2,000
5	EMERGENCY MEDICAL		
	HOSPITAL & MEDICAL	UNLIMITED	—
	ACCIDENTAL DENTAL	UNLIMITED	—
	EMERGENCY MEDICAL EVACUATION/ RETURN HOME	UNLIMITED	—
	ACCOMMODATION & MEALS	\$4,500	—
	HOSPITAL/CABIN QUARANTINE STAY ALLOWANCE	\$750	—
6	BAGGAGE & PERSONAL EFFECTS	\$2,000	\$2,000
	BAGGAGE DELAY	OVERALL LIMIT	OVERALL LIMIT
	MAXIMUM PER ITEM	\$500	\$500
7	PERSONAL MONEY	\$500	\$500
8	TRAVEL ACCIDENT		
	AIRFLIGHT ACCIDENT	\$100,000	\$100,000
	WORLDWIDE ACCIDENT	\$50,000	\$50,000
9	RENTAL VEHICLE DAMAGE PROTECTION	\$50,000	\$50,000

**Sum Insured** means the amount of insurance coverage **You** have purchased for the benefit indicated.

Please see page 41 for **Our** policy on “**Refund of Premium**”

## PERIOD OF COVERAGE

### Effective Date – When Coverage Begins

**Trip Cancellation:** Begins at 12:01 a.m. following the date **You** purchase this **Policy**.

**Trip Interruption:** Begins on the **Departure Date** of **Your Covered Trip**.

**Emergency Medical:** Begins on the **Departure Date** at the point when **You** leave **Your** province or territory of residence on **Your Covered Trip**.

**Travel Accident:** Begins when **You** leave **Your** home on **Your Covered Trip**.

**All Other Benefits:** Begin on the **Departure Date** of **Your Covered Trip** as shown on **Your Policy Confirmation**.

**Rental Vehicle Damage Protection:** Begins when **You** legally take control of the rental vehicle during the coverage period, as per the rental contract

### When Coverage Ends

**Your** coverage ends on the earliest of the following events:

1. The date and time **You** cancel **Your** insurance prior to departure;
2. When **You** cancel **Your Covered Trip**;
3. **Your Policy Expiry Date** as shown on **Your Policy Confirmation**;
4. The date **You** return to **Your Departure Point**.

In the case of **Rental Vehicle Damage Protection**, coverage ends on the earlier of the date **You** return **Your** rental vehicle or its scheduled return date as shown **Your Policy Confirmation**.

### Automatic Extension of Coverage

**Your** insurance will automatically be extended beyond **Your Expiry Date** as shown on **Your Policy Confirmation** if:

1. **Your** scheduled **Common Carrier** is delayed or **You** are delayed due to circumstances beyond **Your** control, coverage will be extended for **up to 72 hours**; or
2. **You, Your Travelling Companion** or a **Family Member** travelling with **You** are hospitalized on or prior to **Your Expiry Date**. Coverage will be extended for the duration of the **Hospital** stay and for up to **5 days** after discharge from the **Hospital** while outside **Your** province or territory of residence; or
3. **You, Your Travelling Companion** or a **Family Member** travelling with **You** are unable to travel due to a medical reason that does not require hospitalization. Coverage will be extended for up to **3 days** and must be documented by a **Physician** at **Your** destination.

## Extending Coverage After Departure

If **You** decide to extend **Your Covered Trip** after departure, call **Your TIPS Travel Insurance** agent.

**We** will extend **Your** coverage under this **Policy** beyond **Your Expiry Date**, as long as:

1. **You** have not incurred a claim under this **Policy**;
2. **You** have not experienced an **Injury** or **Sickness**, or have not had medical **Treatment** during **Your Covered Trip**;
3. Coverage under this **Policy** is in force at the time **You** request an extension;
4. **You** pay any additional required premium for such extension; and
5. The total **Period of Coverage** for any single **Covered Trip** including the extension requested, will not exceed the period for which **Your** government health insurance plan covers **You** nor the maximum number of days of the plan purchased.

In all other circumstances, coverage may be extended beyond the above time frames, but only at the Company's discretion. In no event shall coverage be extended for a period exceeding **12 months** from **Your** original **Departure Date**.

**Failure to make medical information known will render this coverage extension null and void.**

## How Do You Become Insured?

**You** become insured and this brochure becomes an insurance **Policy**:

- When **You** are named on a completed insurance application; and
- When **You** pay the required premium on or before **Your** coverage **Effective Date**; and
- If applicable, the completion and acceptance by the **Company** of the **TIPS Insurance Eligibility Questionnaire**.

If **You** have an infant under **2 years of age** who is a **Family Member**, travelling with **You** and listed on the **Policy Confirmation**, the infant will be covered at no charge under **Your Policy** for **Emergency Medical Benefits**.

## TRAVEL ASSISTANCE SERVICES

### When It Applies

If **You** require **Emergency** medical assistance or other help while travelling on **Your Covered Trip**.

### What We Provide 24/7

#### A. MEDICAL ASSISTANCE

1. Worldwide multi-lingual medical and dental referrals. If **You** need care from a **Physician**, dentist or medical facility while **You** are travelling, **We** can help **You** find one.
2. Advance payment to **Hospital**. **We** will provide advance payment to a **Hospital** if it is required to secure **Your** admission for a covered **Sickness** or **Injury**.

3. Monitoring of **Treatment**. If **You** are hospitalized, **Our** medical staff will stay in contact with **You** and the **Physician** caring for **You**. **We** can also notify **Your** family and **Your Physician** back home of **Your Sickness** or **Injury** and update them on **Your** status.
4. Transfer of insurance information to medical providers. If **You** require medical **Treatment** for an **Injury** or **Sickness**, **We** will provide the emergency medical providers with any coverage information that they require.
5. Vaccine and blood transfers. If required, **We** will coordinate the transfer of required blood or vaccine to **You**.
6. Dispatch of **Physicians** and specialists. If **You** need the care of a **Physician** or specialist, **We** will coordinate the appropriate dispatch.
7. Prescription assistance. If **You** have lost, misplaced or forgotten **Your** prescription medication, **We** will assist **You** in contacting **Your Physician** and obtaining a replacement supply.
8. Replacement of corrective eyeglasses and medical devices. If **You** have lost, misplaced or forgotten **Your** corrective eyeglasses or medical devices, **We** will assist **You** in obtaining a replacement.
9. Transfer of medical records. If and when required for **Emergency** medical **Treatment**, **We** will coordinate the transfer of medical records and related information to the treating **Physician**.
10. Updates to family, employer and home **Physician**. If **You** are hospitalized, **We** will provide appropriate medical condition updates to **Your** family, employer and/or personal **Physician**.
11. Hotel arrangements for convalescence. If **You** are hospitalized, **We** will make necessary hotel and related accommodation arrangements for **You** and/or **Your** family travelling with **You** or **Your Travelling Companion** before, during and after **Your** hospitalization.

#### B. MEDICAL EVACUATION AND REPATRIATION SERVICES

**All evacuation and repatriation services must be pre-approved and arranged by Us.**

1. **Emergency** medical evacuations. If **Our** medical team and the local **Physician** caring for **You** agree that the local care facility cannot **Treat Your Sickness** or **Injury**, **We** will provide transport and any necessary accompaniment to transfer **You** to the nearest appropriate facility.
2. Transportation of someone to join **You** if **You** are hospitalized. If **You** are hospitalized for an **Emergency Sickness** or **Injury**, **We** will arrange for the economy class round-trip ticket to bring a friend or **Family Member** to **You** if **You** are alone and a **Physician** recommends that someone travel to join **You**.
3. Return of **Children**. If **You** are confined to **Hospital** for more than **24 hours** **We** will arrange for the one way **Fare** to return home **Your Children** who have accompanied **You** on **Your Covered Trip**. **We** will also provide an escort if these **Children** are under **18 years of age**.
4. Return of **Travelling Companion**. If, due to a medical **Emergency** covered by this **Policy**, **You** must return to **Your Departure Point**, **We** will arrange for the one way **Fare** to return **Your Travelling Companion** to **Your** Departure Point.
5. Transportation after stabilization. Once **You** are medically stable to return home, **We** will arrange for the cost of a one way **Fare** to get **You** home (less any refunds from **Your** unused return trip tickets).

6. Repatriation of mortal remains. **We** will arrange for the reasonable and necessary services to transport **Your** remains to **Your** place of residence. **We** can coordinate between sending and receiving funeral homes.

### C. LEGAL ASSISTANCE

1. Transfer of funds. If **Your** cash is lost or stolen or if **You** need extra money to pay for unexpected expenses, **We** can arrange to transfer funds from **Your** family or friends.
2. Legal and bail referrals. **We** can help **You** find local legal advice or a bail bondsman while travelling.

### D. TRAVEL & DOCUMENT ASSISTANCE

1. Replacement of lost or stolen passport or other travel documents. If **Your** passport or other travel documents are lost or stolen, **We** can help **You** reach the appropriate authorities, contact **Your** family or friends, and assist **You** in getting **Your** documents replaced.
2. Replacement of lost or stolen travel tickets. If **Your** tickets are lost or stolen, **We** can contact the airline or other carriers and help **You** with **Your** travel arrangements.
3. Assistance with lost or delayed baggage. If **Your** baggage is lost, stolen or delayed, **We** can contact the airline or other carriers and assist **You** with recovering **Your** baggage.

### E. OTHER ASSISTANCE SERVICES

1. **Emergency** travel arrangements to return home. If **You** must interrupt **Your Covered Trip** and return home for an **Emergency** reason, **We** can contact the airline or other carriers and help **You** with **Your** travel arrangements.
2. Translation services. **We** will assist **You** in arranging for translation services or referral of the same.
3. Urgent message transmittals. **We** can help **You** get an urgent message to someone back home to **Your** family, employer or personal **Physician** and confirm that **We** were able to reach the person **You** asked us to contact.
4. Vehicle return. If **You** are not physically able to do so due to an **Injury** or **Sickness**, **We** will arrange for the return of **Your** vehicle to the rental agency or to **Your** permanent residence.

## What Happens When You Call For Assistance

- **You** will be referred to the most appropriate service provider for **Your** situation.
- **We** will confirm that a **Policy** has been issued.
- Prior to receiving all relevant medical information, **We** will handle **Your Emergency** assuming **You** are eligible for benefits under this **Policy**. If it is later determined that a **Policy** exclusion applies to **Your** claim, **You** will be required to reimburse **Us** for any payments **We** have made on **Your** behalf.
- **You** will be reminded that any services rendered are subject to the terms and conditions of this **Policy**. If it is later determined that a **Policy** exclusion applies to **Your** claim, **You** will be required to reimburse **Us** for any payments **We** have made on **Your** behalf.
- Where a claim is payable **We** will arrange, to the extent possible, to have any medical expenses billed directly to the **Company**.

## What To Do When You Need Assistance

Have **Your Policy** number or **Policy Confirmation** with **You** at all times. When on the cruise ship, seek the cruise ship's **Physician** and provide the assistance information. Otherwise, when on land, contact Our assistance provider at the telephone numbers listed below. Access is available 24 hours per day, 365 days per year at the numbers listed below. If **You** cannot successfully place a collect call to the **Emergency Assistance Provider** as instructed below, please dial direct and submit the charges incurred to make the call along with **Your** claim documents.

USA or Canada	1-800-334-7787
Dominican Republic	1-888-751-4866
Mexico	001-800-514-0409
Europe	00-800-758-75875
Australia	0011-800-758-75875
Elsewhere Operator Assisted Collect	905-667-0587
Direct Dial	1-905-667-0587

Email: [assistance@oldrepublicgroup.com](mailto:assistance@oldrepublicgroup.com)

When contacting **Our** assistance provider, please provide **Your** name, **Your Policy** number, **Your** location and the nature of the **Emergency**.

## Limitation on Emergency Assistance Provider Services

The **Company** and/or the **Emergency Assistance Provider** reserve the right to suspend, curtail or limit services in any area or country in the event of:

- rebellion, riot, military uprising, war; or
- labour disturbances, strikes; or
- nuclear **Accidents**, acts of God, or refusal by the authorities in the country where assistance is required, to permit the delivery of such services.

The **Emergency Assistance Provider** will use its best efforts to provide the required services during any such occurrence.

The **Emergency Assistance Provider's** obligation to provide services described in this **Policy** is subject to the terms, conditions, limitations and exclusions set out in this **Policy**. The medical professional(s) suggested or designated by the **Company** or the **Emergency Assistance Provider** to provide services according to the benefits and terms of this **Policy** are not employees of the **Company** or the **Emergency Assistance Provider**. Therefore, neither the **Company** nor the **Emergency Assistance Provider** shall be held responsible or liable for any negligence or other acts or omissions on their part, nor for the availability, quality, quantity or results of any medical **Treatment** or service **You** may receive or **Your** failure to obtain or receive any medical **Treatment** or service.

# TRIP CANCELLATION AND TRIP INTERRUPTION

## When It Applies

If **You** must cancel **Your Covered Trip** before the **Departure Date** or interrupt **Your Covered Trip** while **You** are travelling.

## Covered Events

For insurance coverage to apply, the cancellation or interruption of **Your Covered Trip** must result from any one of the following **unforeseen** events occurring during **Your** coverage period that prevents **You** from travelling:

### Health

1. Any **Injury** or **Sickness** occurring to:
  - a) **You, Your Travelling Companion**, or a **Family Member** of either, travelling with **You** on **Your Covered Trip**;
  - b) **You** or **Your Travelling Companion's Family Member, Business Partner, Key Employee**, or **Caregiver**, not travelling with **You** on **Your Covered Trip**;
  - c) the babysitter **You** or **Your Travelling Companion** have arranged to care for **You** or **Your Travelling Companion's Children** while **You** are on **Your** cruise becomes sick or injured, causing them to cancel their agreement with **You** or **Your Travelling Companion**.
2. **You** or **Your Travelling Companion** are medically unable to receive a vaccination that is required for entry into a country, region or city originally determined to be **Your** destination, provided that such vaccination was not mandatory on **Your Effective Date**.
3. Quarantine of **You** or **Your Travelling Companion** or the **Spouse** or children of either.

**You** must provide detailed medical documentation from a **Physician** including a statement advising not to travel if the trip cancellation or trip interruption was caused by or resulted from an **Injury, Sickness** or quarantine. Failure to do so will result in non-payment of the claim.

**We** reserve the right to examine medical records or documentation relating to **Your** claim(s) from any licensed **Physician**, dentist, medical practitioner, **Hospital**, clinic, insurer, individual, institution or other provider of service relating to the pre-existing time period pertaining to the claim presented. (See the **Pre-existing Condition** exclusion in this section.)

### Death

4. **You** or **Your Travelling Companion's** death, the death of **You** or **Your Travelling Companion's Family Member**, friend, **Business Partner**, **Key Employee** or **Caregiver** which occurs during the coverage period.
  - This does not include travel for the purpose of visiting a person suffering from a **Medical Condition** who dies due to that **Medical Condition** and whose death is the cause of cancellation or interruption of **Your Covered Trip**.

### Pregnancy & Adoption

5. **You, Your Travelling Companion** or the **Spouse** of either :
  - a) experience complications in the first **31 weeks** of pregnancy if the attending **Physician** advises against travel; or
  - b) has a pregnancy that is diagnosed after the **Effective Date** of this insurance if **Your Covered Trip** is scheduled to take place within the **9 weeks** prior to or after the expected delivery date; or
  - c) has the attending **Physician** advise against travel during the first trimester of pregnancy.

6. The legal adoption of a child by **You** or **Your Travelling Companion** when the notice of adoption was received after the **Effective Date** of this insurance.

### Transportation & Accommodation

7. For **Covered Trips** booked through a licensed Canadian travel agency, **Bankruptcy** or **Default** of a **Travel Supplier**, other than the travel agency or organization from whom **You** purchased the travel arrangements. Benefits are provided only for the expenses charged by the **Travel Supplier** whose **Bankruptcy** or **Default** results in a loss covered by this **Policy** and which stops service after **Your Effective Date**.
  - For this coverage to apply, **You** must purchase **Your Policy** within **7 days** of the earlier of: a) **Your Covered Trip** final payment; or b) the date penalties commence.
  - Payment is limited to the conditions described in "**Limitation of Payment for Trip Cancellation and Interruption**" on page 18.
  - No coverage is provided for the total cessation or complete suspension of operations by a **Travel Supplier** caused by fraud or negligent misrepresentation by such **Travel Supplier**.
  - No coverage is provided if the **Travel Supplier** is a United States of America airline, except when the airline tickets are issued by a tour operator and are one component of an inclusive package booked through a licensed Canadian travel agency.
8. **You** or **Your Travelling Companion's** place of business is made unsuitable for the transaction of business by fire, vandalism or **Natural Disaster**.
9. **You** or **Your Travelling Companion's** principal residence is made uninhabitable during **Your Covered Trip** by fire, vandalism, burglary or **Natural Disaster**.
10. Burglary of **You** or **Your Travelling Companion's** principal residence or place of business within **7 days** of **Your Departure Date** or during **Your Covered Trip**.
11. Death, hospitalization, or quarantine of **Your Host at Destination**.
12. **You** or **Your Travelling Companion's** destination accommodations made uninhabitable for the period of **Your Covered Trip** due to fire, vandalism, burglary or **Natural Disaster**
13. Cancellation of a cruise by the cruise line for any reason beyond **Your** control other than supplier **Bankruptcy** or **Default**: prior to departure, **We** will reimburse **You** up to **\$2,500** for **Your** non-refundable prepaid airfare that is not part of **Your** cruise package; after departure from **Your Departure Point** but prior to departing on **Your** cruise, **We** will reimburse **You** up to **\$2,500** for the added expense resulting from a change fee or one way **Fare** to return to **Your Departure Point**.
14. A schedule change resulting in the late departure or earlier departure of **Your** aircraft, announced before or on the **Departure Date** of **Your Covered Trip**, by the airline carrier on which **You** are booked to travel that renders the **Covered Trip** no longer usable or causes **You** to misconnect with a portion of **Your Covered Trip**.
  - Schedule changes caused by strike, labour disruption, **Bankruptcy**, **Default**, grounding of aircraft for failure to satisfy government safety regulations or security alerts are not covered.
  - Benefits are limited to the lesser of **\$1,000** or the cost of **Your Covered Trip** for the change fee or the additional one way **Fare** incurred by **You** to continue on **Your Covered Trip** or to return to **Your Departure Point**.

If a claim is paid under this benefit, no other benefits under **Trip Delay** are applicable

15. For **Covered Trips** booked through a licensed Canadian travel agency, a schedule change resulting from a strike or labour disruption that renders the **Covered Trip** no longer usable or causes **You** to misconnect with a portion of **Your Covered Trip** provided the strike or labour disruption was not reported in any media prior to the date of purchase of this **Policy**.

- Benefits are limited to the lesser of **\$1,000** or the cost of **Your Covered Trip** for the change fee or additional one way **Fare** incurred by **You** to continue on **Your Covered Trip** or to return to **Your Departure Point**.
- Excluded are any general strikes or labour disruptions whereby all or most of the workers of a country, province, state, city or town cease work.
- If a claim is paid under this benefit, no other benefits in this **Policy** under **Trip Cancellation, Trip Interruption or Trip Delay** are applicable.

16. A delay for any one of the 5 reasons below that results in **You** or **Your Travelling Companion** being unable to

- a) reach **Your** cruise before it sails from its departure point, or
- b) catch up to it at a subsequent port,

providing **You** or **Your Travelling Companion** will miss at least **30%** of **Your** cruise duration.

Delay Reasons:

i) **You** or **Your Travelling Companion** are delayed due to delay, schedule change or cancellation of **Your** or **Your Travelling Companion's Common Carrier**.

- Delays, schedule changes and cancellations caused by strike, labour disruption, **Bankruptcy, Default**, grounding of aircraft for failure to satisfy government safety regulations, or national security alerts are not covered.

ii) A delay of the private automobile in which **You** or **Your Travelling Companion** are travelling as a result of :

- a) traffic **Accident** documented by a police report;
- b) mechanical failure;
- c) weather conditions; or
- d) emergency road closure by police documented by a police report

providing that **You** and **Your Travelling Companion** left enough travel time to comply with the **Travel Supplier's** required check-in procedure.

iii) A delay in clearing customs and security controls due to **You** or **Your Travelling Companion's** mistaken identity.

iv) **You** or **Your Travelling Companion** are involuntarily bumped from **Your** or **Your Travelling Companion's** outgoing flight due to an oversold flight (without **You** or **Your Travelling Companion's** permission and through no fault of either **You** or **Your Travelling Companion**).

v) Cancellation of a Canadian domestic common air carrier that is providing a portion of **Your Covered Trip**.

This Covered Event #16 is payable providing **You** and **Your Travelling Companion** were originally scheduled to arrive at **Your** cruise ship departure point no later than **4 hours** prior to sailing.

## Weather

17. Weather conditions causing the scheduled carrier, on which **You** or **Your Travelling Companion** are booked to travel, to be delayed for a period of at least **30%** of **Your Covered Trip** duration. If **You** experience a delay which results in **You** losing less than **30%** of **Your Covered Trip**, there may be coverage under **Trip Delay**. See page 22.

## Employment or Educational Obligations

18. Relocation of a principal residence due to a job transfer by **You**, **Your Travelling Companion** or the **Spouse** of either. The person who must relocate must be a full time active employee with that same employer for this benefit to apply.

19. **You** or **Your Travelling Companion** or the **Spouse** of either, is called to emergency service as a member of a police force, armed forces, reserves or fire fighting unit as a result of a **Natural Disaster**.

20. Involuntary termination or layoff of permanent employment, not including contract or self-employment, affecting **You**, **Your Travelling Companion** or the **Spouse** of either when actively employed with the same employer for at least **6 months** prior to the **Effective Date** for this insurance.

21. The requirement that **You** or **Your Travelling Companion** attend a high school, university or college course examination on a date that occurs during **Your Covered Trip**, provided that the examination date which was published prior to **Your Effective Date** was subsequently changed after the **Effective Date**.

22. The rescheduling of high school, university or college classes of **You** or **Your Travelling Companion** to a date that occurs during **Your Covered Trip** due to unusual circumstances beyond **Your** or **Your Travelling Companion's** control and the control of the high school, university or college provided that both the unusual circumstances and the resulting rescheduling occurred after **Your Effective Date**.

## Legal & Government

23. The non-issuance of a travel visa, excluding an immigration or employment visa, required for **Your Covered Trip**, provided **You** or **Your Travelling Companion** were eligible to make such an application, for reasons beyond **You** or **Your Travelling Companion's** control other than due to late application or a subsequent attempt for a visa that had already been refused in the past.

24. The non-issuance of **Your** or **Your Travelling Companion's** Canadian passport if required for **Your Covered Trip** provided:

- i. **You** and **Your Travelling Companion** are eligible for a Canadian passport; and
- ii. Proper application and all required documents have been received by Passport Canada at least **30 days** prior to **Your Departure Date**.

25. The loss or theft of **Your** or **Your Travelling Companion's** valid passport or travel documents causing **You** to misconnect with a portion of **Your Covered Trip**.

- Benefits are limited to the lesser of **\$1,000** or the cost of **Your Covered Trip** for the change fees or the additional one way **Fare** incurred by **You** to continue on **Your Covered Trip** or to return to **Your Departure Point**.
- Excluded is any loss or theft as a result of:
  - a) property left unattended; or
  - b) destruction or damage from confiscation or detention by customs or other officials or authorities.

26. **You, Your Travelling Companion** or the **Spouse** or children of either is called for jury duty, or are subpoenaed as a witness or required to appear as a defendant in a civil suit in a case being heard during the period of coverage.

### **Terrorism, Hijacking, & Travel Warnings**

27. Hijacking of **You, Your Travelling Companion** or the **Spouse** or children of either.
28. An event including **Act of Terrorism**, war, impending war, or health issue which causes Foreign Affairs Canada to issue a travel warning advising Canadians not to travel to a country, region or city originally ticketed for a period that includes **Your Covered Trip**. The travel warning must be issued after the **Effective Date** of this insurance. This benefit is limited to the amount described in "**Limitation of Payment for Trip Cancellation and Interruption**" on page 18.
- This benefit is not payable if the **Act of Terrorism** is caused by the use of nuclear, chemical, or bio-chemical material.
  - This benefit is not payable if the cruise company changes its itinerary due to a terrorism travel warning.

### **What We Exclude**

In addition to the **General Exclusions** (page 39) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for:

1. **A. If Your Covered Trip has a maximum Sum Insured of up to \$15,000:** claims caused by **Your** or **Your Travelling Companion's Pre-Existing Condition** that was not **Stable and Controlled** as follows:
- a) **Trip Cancellation:**
    - i) **Ages 59 and under**, for the **60 days** prior to and including the **Effective Date** of the **Policy**;
    - ii) **Ages 60 and over**, for the **90 days** prior to and including the **Effective Date** of the **Policy**.
  - b) **Trip Interruption:**
    - i) **Ages 59 and under**, for the **60 days** prior to **Your Departure Date**;
    - ii) **Ages 60 to 74**, for the **90 days** prior to **Your Departure Date**;
    - iii) **Ages 75 and over**, for the **180 days** prior to **Your Departure Date**.

Coverage is not provided for any claims arising from **Your** or **Your Travelling Companion's**:

- a) heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
- b) lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).

- B. If Your Covered Trip has a Sum Insured in excess of \$15,000:** claims caused by **Your Pre-Existing Condition** or the **Pre-existing Condition** of any person who is the cause of a claim for Trip Cancellation or Trip Interruption that was not **Stable and Controlled** as follows:

- a) **Trip Cancellation:**
  - i) **Ages 59 and under**, for the **60 days** prior to and including the **Effective Date** of the **Policy**;
  - ii) **Ages 60 and over**, for the **90 days** prior to and including the **Effective Date** of the **Policy**.
- b) **Trip Interruption:**
  - i) **Ages 59 and under**, for the **60 days** prior to **Your Departure Date**;
  - ii) **Ages 60 to 74**, for the **90 days** prior to **Your Departure Date**;
  - iii) **Ages 75 and over**, for the **180 days** prior to **Your Departure Date**.

Coverage is not provided for any claims arising from:

- a) a heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
- b) a lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).

**NOTE:** For 1. "A" and "B" above if prior to **Your Departure Date** **You** are prescribed any **Treatment** or change in the dosage, frequency or type of medication resulting in **Your Medical Condition** no longer being **Stable and Controlled**, **You** must contact **Us** immediately and request consideration for the change by providing us with:

- a) certified medical information from **Your Physician** for the required period(s) and the change as stated above;
- b) signed authorization allowing **Us** access to information from **Hospitals** and/or medical professionals;
- c) copies of: all travel invoices; **Travel Supplier's** cancellation clause with regard to non-refundable costs, charges and expenses; and, any other information **We** deem necessary.

Once all of the required information is received, **We** will respond within one business day if **We** will:

- a) accept or decline **Your** claim under **Your** Trip Cancellation benefits; or
- b) waive the change in the **Medical Condition** for that condition or related condition for any future claim under **Your Policy**.

2. Where coverage for the non-refundable travel arrangements is increased, resulting in an increase in the **Sum Insured** and the required **Policy** premium paid, the **Effective Date** for this increased amount with respect to trip cancellation benefits is the date the coverage is increased.
3. Caused by **Your** failure to disclose a **Material Fact** regarding either **Your** or **Your Spouse's Medical Condition** on the **TIPS Insurance Eligibility Questionnaire**, if applicable. This exclusion applies to the total **Sum Insured**.
4. A return delayed more than **ten (10)** days beyond **Your** scheduled date of return, unless **You**, a **Family Member** travelling with **You**, or a **Travelling Companion** were hospitalized for at least **twenty four (24)** consecutive hours within this **ten (10)** day period.

## What We Pay – Trip Cancellation

**You** are covered up to the lesser of the maximum amount shown on the **Schedule of Maximum Benefits by Plan** or the amount as otherwise specified in the benefit when a Covered Event listed on pages 11 to 15 causes **You** to cancel **Your Covered Trip**, for any of the following applicable expenses incurred by **You**:

1. For trip cost payments and deposits **You** made before **Your Covered Trip** was cancelled, less any refunds or credits **You** are entitled to receive;
2. The expenses incurred by **You** for the next occupancy level, if **Your Travelling Companion** with whom **You** had booked prepaid shared accommodation cancels their travel arrangements for a Covered Event outlined on pages 11 to 15 and **You** elect to travel as originally planned. If this occurs **You** are advised to upgrade the amount of insurance on **Your Covered Trip**;
3. The change fee charged by **Your** originally booked travel supplier of **Your** prepaid Covered Trip when such an option is made available by **Your** licensed Canadian travel agency;
4. The value of a replacement voucher for another cruise furnished by the cruise line, if you are unable to travel by the expiration date of the voucher, providing **You** relinquish the voucher to **Us**;
5. The cost to catch up to **Your** trip if **You** qualify to cancel but choose instead to continue on **Your Covered Trip**, providing the cost to catch up is less than the cost to cancel **Your Covered Trip**;
6. A combined limit of **\$500** for non-refundable prepaid visa fees, inoculation fees, and onboard cruise services;
7. Up to **\$500** for non-refundable prepaid shore excursions not included in **Your** original **Covered Trip** cost that are missed because of an itinerary change experienced by the cruise ship;
8. Published cancellation fees imposed by hotels for unused accommodation.

## What We Pay – Trip Interruption

**You** are covered up to the lesser of the maximum amount shown on the **Schedule of Maximum Benefits by Plan** or the amount as otherwise specified in the benefit, when a Covered Event listed on pages 11 to 15 causes **You** to interrupt **Your Covered Trip**, for any of the following applicable expenses incurred by **You**:

1. The unused part of **Your** prepaid cruise and/or covered land arrangements, less any refunds **You** receive;
2. The lesser of a one way **Fare** or change fees on existing tickets, less any refunds, to return to **Your Departure Point** or to continue on **Your Covered Trip**;
3. The extra expenses incurred, supported by original receipts, for commercial accommodation and meals, essential telephone calls and taxi fares up to **\$350** per day to a maximum of **\$1,000**;
4. Published cancellation fees imposed for the early return of a rental vehicle prior to the contracted date of return;
5. Up to **\$500** to cover unused non-refundable prepaid costs for excursions booked onboard **Your** cruise ship that are not included as part of **Your** original **Covered Trip** cost if **You** must cancel the balance of **Your Covered Trip**;

6. The extra charges for travel documents (i.e. visa requirements) associated with leaving the cruise in a country where departure is unplanned;
7. Published cancellation fees imposed by a hotel for unused accommodations.
8. **Repatriation of Remains:** If **You** die during **Your Covered Trip**, We will reimburse the reasonable expenses incurred up to the maximum specified in the **Schedule of Maximum Benefits by Plan** for:
  - a) preparing and transporting **Your** remains or ashes back to **Your Departure Point** in Canada; or
  - b) the cremation or burial of **Your** remains at the location where death occurs.No benefit is payable for the cost of a headstone, casket and/or funeral service expenses.

## Limitation of Payment for Trip Cancellation and Interruption

Benefits payable are in excess of all other sources of recovery including other insurance and replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers.

## Bankruptcy of a Travel Supplier

- The **Company's** maximum liability under this **Policy** and all other policies issued by the **Company** as a result of the financial **Default** of any one contracted travel supplier is **\$1,000,000** regardless of the number of claims. Where the aggregate limit of **\$1,000,000** is exceeded, claims will be paid on a pro-rata basis.
- The **Company's** maximum liability under this **Policy** and all other policies issued by the **Company** for financial **Default** of a travel supplier is limited to **\$5,000,000** per calendar year regardless of the number of incidents of **Default** of contracted travel suppliers. Where the aggregate eligible claims in a calendar year exceed **\$5,000,000** claims will be paid on a pro-rata basis and will be paid after the end of the calendar year.
- If a contracted travel supplier or carrier ceases operations, the amount payable under this **Policy** for actual financial loss to **You** is limited to the amount in excess of the amount recoverable from a provincial compensation fund up to the Sum Insured to a maximum of **\$10,000**. This **Policy** will not pay any other amounts with respect to such loss, and will in no circumstances provide or be deemed to provide primary coverage in respect of such loss.

## Act of Terrorism

- In the event of an **Act of Terrorism**, benefits will be paid out of a fund limited to **\$1,000,000** per **Act of Terrorism** or a series of **Acts of Terrorism** occurring within a **72 hour** period and applying to all policies issued by the **Company**.
- Regardless of the number of **Acts of Terrorism** the maximum liability of the fund under this **Policy** and all other policies issued by the **Company** is limited to **\$2,000,000** per calendar year.
- If in **Our** opinion the total number of claims payable due to one or more **Acts of Terrorism** may exceed the available fund limit, **Your** pro-rated claim will be paid after the end of the calendar year.
- This coverage is in excess of all other potential sources of recovery, even if other potential sources of recovery are described as excess coverage. **We** will not apply this coverage until after **You** have exhausted all other potential sources.

## What To Do If You Have A Claim

All cancellations must be reported to **Your** travel agent within **72 hours** following the unforeseen event that caused the cancellation. If **You** do not report the cancellation within the specified time period, claim payment will be limited to the cancellation penalties that were in effect within **72 hours** of the event that caused cancellation.

If **You** experience an interruption while travelling **You** should call **Our 24 hour** assistance line as directed on page 10 of this Policy.

In order to qualify for reimbursement under this provision, **You** must submit to **Us** with **Your** claim:

1. The date **Your Covered Trip** was cancelled or interrupted;
2. Copies of **Your** travel invoices;
3. The original, unused travel tickets or vouchers;
4. **Your Travel Supplier's** cancellation clause with regard to non-refundable costs, charges or expenses;
5. Original receipts or other proofs of payment;
6. Detailed medical documentation including a statement from **Your Physician** that **You** were advised not to travel if trip cancellation or trip interruption was caused by or resulted from a serious **Injury** or serious **Sickness**; and
7. Any other information **We** deem necessary to properly adjudicate **Your** claim.

## THE ULTIMATE UPGRADE

### Optional All Events Upgrade Rider Applicable Only to Trip Cancellation and Trip Interruption Coverages

#### When It Applies

This upgrade rider is applicable if **You** must cancel **Your Covered Trip** before the **Departure Date** or interrupt **Your Covered Trip** while **You** are travelling. This is only available for **Covered Trips** that have a maximum **Sum Insured** of up to **\$15,000** per person. Both the applicable plan and this rider must be purchased within **7 days** of the earlier of:

- a) **Your Covered Trip** final payment date; or
- b) the date when penalties first commence.

#### What We Cover

Whenever **You** or **Your Travelling Companion** are prevented from taking or completing **Your Covered Trip** due to an unforeseen event that occurs after the **Effective Date** of this upgrade that is not otherwise covered by this **Policy**.

#### What We Exclude

Only the following exclusions are applicable to this upgrade rider. There is no coverage and no benefits will be payable for any claim arising from:

1. **Your or Your Travelling Companion's Pre-Existing Condition** that was not **Stable and Controlled** on the purchase date of this **Policy**.

Coverage is not provided for any claims arising from **Your** or **Your Travelling Companion's**:

- a) heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
  - b) lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).
2. Any event giving rise to a claim which is foreseen at the time of purchasing this insurance;
  3. Voluntary cancellation or interruption of travel for any reason, including loss of enjoyment;
  4. Fraud, concealment, or deliberate misstatement in relation to any matter affecting this insurance;
  5. Participation in a crime, malicious act, riot or insurrection.

## What We Pay – Trip Cancellation

We will reimburse **You** to a maximum of **95%** of the **Sum Insured** for the following expenses:

1. **95%** of any unused non–refundable prepaid expenses for travel arrangements; and
2. **95%** of any published penalties **You** incur as a result of a **Trip Cancellation**.

## What We Pay – Trip Interruption

We will reimburse **You** to a maximum of **95%** of the **Sum Insured** for the following expenses:

1. **95%** of any unused non–refundable prepaid expenses for travel arrangements;
2. **95%** of a one way **Fare** to return to the **Departure Point** or to continue on **Your Covered Trip**; and
3. **95%** of additional reasonable expenses incurred for an unplanned overnight stay.

## What To Do If You Have A Claim

All cancellations must be reported to **Your** travel agent within **72 hours** following the **unforeseen event** that caused the cancellation. If **You** do not report the cancellation within the specified time period, claim payment will be limited to the cancellation penalties that were in effect within **72 hours** of the event that caused cancellation.

If **You** experience an interruption while travelling **You** should call **Our 24 hour** assistance line as directed on page 10 of this **Policy**.

In order to qualify for reimbursement under this provision, **You must** submit to **Us** with **Your** claim:

1. The date **Your Covered Trip** was cancelled or interrupted;
2. Copies of **Your** travel invoices;
3. The original unused travel tickets or vouchers;
4. **Your Travel Supplier's** cancellation clause with regard to non–refundable costs, charges or expenses;
5. Original receipts or other proofs of payment;
6. Detailed medical documentation including a statement from **Your Physician** that **You** were advised not to travel if trip cancellation or trip interruption was caused by or resulted from a serious **Injury** or serious **Sickness**; and
7. Any other information **We** deem necessary to properly adjudicate **Your** claim.

## TRIP DELAY

### When It Applies

If **Your** travel is delayed on or after **Your** scheduled **Departure Date**.

**Special Note:** Trip Delay coverage is intended to help **You** with the extra expenses **You** incur to catch up to **Your Covered Trip**. If **You** experience a delay **You** need to make reasonable efforts to continue on **Your Covered Trip**.

### What We Cover

The delay of **Your Covered Trip** must directly result from any one of the following **unforeseen events** occurring on or after **Your Departure Date**:

1. **You** or **Your Travelling Companion** are delayed for at least **6 hours** in arriving at **Your Covered Trip** destination or returning to **Your Departure Point** due to delay, schedule change or cancellation of **Your** or **Your Travelling Companion's Common Carrier**.
  - Delays, schedule changes and cancellations caused by strike, labour disruption, **Bankruptcy**, **Default**, grounding of aircraft for failure to satisfy government safety regulations, or national security alerts are not covered.
2. A delay of the private automobile in which **You** or **Your Travelling Companion** are travelling as a result of:
  - a) a traffic **Accident** documented by a police report;
  - b) mechanical failure;
  - c) weather conditions; or
  - d) emergency road closure by police documented by a police reportproviding that **You** and **Your Travelling Companion** left enough travel time to comply with the Travel Supplier's required check–in procedure.
3. A delay in clearing customs and security controls due to **Your** or **Your Travelling Companion's** mistaken identity.
4. **You** or **Your Travelling Companion** are involuntarily bumped from **Your** or **Your Travelling Companion's** outgoing flight due to an oversold flight (without **Your** or **Your Travelling Companion's** permission and through no fault of either **You** or **Your Travelling Companion**).
5. Cancellation of a Canadian domestic common air carrier that is providing a portion of **Your Covered Trip**. **We** will reimburse **You** up to **\$1,000** for the non–refundable prepaid airfare of a domestic carrier that is no longer useful for **Your Covered Trip**.

For items 1 to 5 above, if **Your** travel arrangements were not made through a licensed Canadian travel agency, travel delay benefits will apply provided **Your** travel arrangements meet the following connection times:

- a) **2 hours** between domestic airline connectors
- b) **3 hours** between international or Canada/USA connections
- c) **6 hours** between mixed connections such as an airline connecting to a land tour or cruise.

6. The arrival of **Your** cruise ship at its final destination port is delayed by at least **3 hours** causing **You** to miss **Your** scheduled flight to **Your** next destination.
7. **Your** return to **Your** cruise **Departure Point** is delayed due to **Your** or **Your Travelling Companion's** passport being lost or stolen while on the covered cruise.

## What We Exclude

The exclusions that apply to this coverage are listed in the **General Exclusions** section of this **Policy** on page 39.

## What We Pay

1. **You** are covered up to the maximum amount shown on the **Schedule of Maximum Benefits by Plan for Trip Delay** for the following applicable expenses incurred by **You**:
  - a) the change fee or the additional **Fare** incurred by **You** while **You** are travelling to:
    - i) continue on **Your Covered Trip**; or
    - ii) return to **Your Departure Point**;
  - b) the unused, non-refundable portion of the prepaid expenses as long as such expenses are supported by proof of purchase and are not reimbursable by any other source, less the value of the unused travel ticket.
  - c) up to **\$100** for additional pet care expenses **You** incur as long as the delay in **Your** return is 24 hours or more.
2. In addition, **You** are covered for the cost of meals, commercial accommodation, essential telephone calls and taxi fares resulting from a delay for up to **\$350** per day, to a maximum of **\$2,000**.

The Maximum Benefit Amount for Trip Delay will be reduced by any amounts paid or payable by any **Common Carrier** responsible for **Your Covered Trip**.

## What To Do If You Have A Claim

To qualify for reimbursement under this provision, **You must** submit to **Us** with **Your** claim:

1. A statement documenting the circumstances surrounding the trip delay from the **Common Carrier** upon which **You** were travelling or any other party responsible for the trip delay;
2. Original receipts for any expenses, charges or costs incurred by **You** as a result of the trip delay; and
3. Any other information **We** deem necessary to properly adjudicate **Your** claim.

If **You** require assistance to make alternative travel arrangements **You** may call **Our 24 hour** assistance line at the number shown on page 10 of this **Policy**.

## When It Applies

If **You** experience a medical **Emergency** while on **Your Covered Trip**.

## What We Cover

1. **Emergency Medical Expenses:** as listed below and ordered or prescribed by a **Physician** as **Medically Necessary** for diagnosis or **Treatment of Your Emergency Sickness or Injury:**
  - a) the services of a **Physician**, surgeon or in-**Hospital** duty nurse;
  - b) **Hospital** accommodation (this will include expenses for a cruise ship cabin or hotel room, not already included in the cost of **Your Covered Trip**, if recommended as a substitute for a **Hospital** room for recovery of an **Injury** or **Sickness**);
  - c) transportation furnished by a professional ambulance company to and from a **Hospital**;
  - d) up to **\$50** if a local taxi service is required to get **You** to and from the nearest medical service provider for a minor **Emergency**;
  - e) **Your Emergency** evacuation from a remote location to the nearest appropriate **Hospital** that can provide the necessary **Emergency** medical **Treatment** as determined and arranged by **Our Emergency Assistance Provider**;
  - f) diagnostic procedures, laboratory procedures and **Treatment**, subject to prior approval by **Us**;
  - g) medical equipment purchased or rented for therapeutic purposes subject to prior approval by **Us**;
  - h) prescription medications required to **Treat** any **Emergency Medical Condition** or **Injury**, which are prescribed by a **Physician** and dispensed by a licensed pharmacist.
  - With respect to all Emergency medical expenses, **You** or someone acting on **Your** behalf are required to immediately contact **Our 24 hour** assistance line at the telephone numbers provided on page 10 of this **Policy** before admission to **Hospital** or within **24 hours** after a life or organ-threatening **Emergency**. Failure to do so will result in **You** being responsible for **30%** of any eligible expenses incurred.
  - The **Company** reserves the right to return **You** to Canada or to **Your Departure Point** before any **Treatment** or following **Emergency Treatment for Sickness or Injury**, if the medical evidence obtained from **Our** medical advisor and **Your** local attending **Physician** confirms **You** are able to return to Canada without endangering **Your** life or health.
  - If **You** elect not to return to Canada following the **Company's** recommendation to do so, any further expenses related to the **Emergency** will not be covered by this **Policy** and all benefits will end.
2. **Prescription Drugs:** up to **\$50** for prescription drugs lost, stolen or damaged during **Your Covered Trip**. Up to **\$75** will be allowed if the services of a local **Physician** or up to **\$100** will be allowed if the services of **Your** cruise ship's **Physician** are required to secure the replacement prescription. **You** must contact **Our Emergency Assistance Provider**.

3. **Emergency Dental:** treatment ordered by a licensed dentist or dental surgeon as follows:
  - a) **Treatment** or repair of natural or permanently attached artificial teeth which are damaged by an **Injury** to the head or mouth. Up to **\$1,500** will be paid for continuing dental **Treatment** completed within **90 days** after **You** return to Canada, provided the **Treatment** is related to the **Injury**;
  - b) up to **\$300** to relieve acute pain and suffering not related to an **Injury**.
4. **Emergency Paramedical Services:** performed by a chiropractor, chiroprapist, physiotherapist, osteopath or podiatrist for **Emergency Treatment** up to **\$300** per category of practitioner. Services performed by a **Family Member** are not covered.
5. **Accommodation and Meals:** commercial accommodation, meals, essential telephone calls, taxi fares or rental vehicle charges incurred by **You, Your Travelling Companion**, or a **Family Member** travelling with **You** if one of you is relocated to receive **Emergency medical Treatment** or one of you is delayed beyond **Your Expiry Date** due to **Sickness or Injury**.
  - This benefit is limited to **\$350** per day to a maximum of **\$4,500**. Original receipts and the local attending **Physician's** written diagnosis of the **Sickness or Injury** must be submitted for this benefit to qualify for payment.
6. **Medical Evacuation or Return Home:** in response to an **Emergency Sickness or Injury** as follows:
  - a) the extra cost of a one way **Fare** on a commercial airline via the most direct route to return **You** to **Your** place of residence in Canada; or
  - b) the cost to accommodate a stretcher on a commercial airline via the most direct route to return **You** to **Your** place of residence in Canada or to the most appropriate medical facility closest to **Your** home in Canada, plus the reasonable cost of meals, accommodations and airfare expenses for a qualified medical attendant to accompany **You** if it is deemed **Medically Necessary**; or
  - c) air ambulance transportation when it is **Medically Necessary**.
    - Benefits must be pre-approved and arranged by **Us** in consultation with medical advisors, the local treating **Physician** and **Our Emergency Assistance Provider** for coverage to apply. If **Your** unused return travel ticket is refundable, **We** will deduct the value of the refund from the return transportation cost **We** arranged or **You** may choose to turn **Your** unused return ticket over to **Us**.
7. **Bedside Visit:** If **You** are hospitalized for an **Emergency Sickness or Injury** and the local attending **Physician** recommends that a relative or close friend should visit at **Your** bedside, remain with **You**, or accompany **You** home, **We** will reimburse the cost of a round-trip **Fare** by the most direct route and up to **\$500** for commercial accommodation and meals. **We** will automatically insure the accompanying **Family Member** or friend for **Emergency Medical** coverage under this **Policy** until **You** are medically stable to return to Canada subject to the eligibility, limitations, conditions, & exclusions of this **Policy**.
  - These benefits are subject to prior approval by **Us**.
8. **Return and Escort of Children:** This benefit is payable if **You** are confined to a **Hospital** for more than **24 hours** or **You** must return to **Your** home because **You** have a medical **Emergency** which is covered by this **Policy** or in case of **Your** death. **We** will pay for the transportation expenses incurred, up to the cost of a one way **Fare** for the return home of any **Children** who are accompanying **You**. If **Your** child is under 18 years of age, **We** will also pay the extra cost of a round trip airfare via the most direct route, overnight commercial accommodation, and reasonable meal expenses for an escort to accompany **Your** child home. If the unused return travel ticket is refundable, **We** will deduct the value of the refund from the return transportation cost **We** arranged, or **You** may choose to turn **Your** unused return ticket over to **Us**.
9. **Child Care Cost:** If **You** are hospitalized for an **Emergency Sickness or Injury** during **Your Covered Trip** and need to be relocated to receive **Emergency medical Treatment** or are delayed beyond **Your Expiry Date**, **We** will reimburse **You** up to **\$50** per day to a maximum of **\$500** for the professional child care cost incurred during **Your Covered Trip** to care for **Children** travelling with **You**.
  - Original receipts from the professional child care provider are required.
10. **Return of Travelling Companion:** If **You** must return to **Your Departure Point** because of a medical **Emergency** covered by this **Policy**, **We** will reimburse **You** for the extra cost of a one way **Fare** on a commercial flight via the most direct route to return **Your Travelling Companion** back to **Your Departure Point**. If the unused return travel ticket is refundable, **We** will deduct the value of the refund from the return transportation cost **We** arranged.
11. **Identification of Remains:** If someone is legally required to identify **Your** remains before **Your** body is released, **We** will reimburse the cost of one person to travel to the place where **Your** remains are located via a round-trip **Fare** by the most direct route and up to **\$500** for commercial accommodation and meals. **We** will automatically insure this person for **Emergency Medical** coverage under this **Policy** for not more than **3 days** until they return to Canada subject to the eligibility, limitations, conditions, and exclusions of this **Policy**.
  - This benefit must be pre-arranged and approved by **Us**.
12. **Vehicle Return:** **We** will pay the expenses associated with returning **Your** vehicle to **Your** home or **Your** rental vehicle to the appropriate rental agency if **You** are unable to do so because of a medical **Emergency**. Return of commercial vehicles is not covered.
13. **Return of Baggage and Personal Effects:** In the event of **Your** medical evacuation or repatriation of remains by the **Company**, if there is insufficient space to accommodate **Your Baggage and Personal Effects** aboard the transport provided, **We** will reimburse **You** up to **\$500** to cover the cost of shipping these items to **Your Departure Point**.
14. **Hospital/Cabin Quarantine Stay Allowance:** If **You** are required to stay in a **Hospital** for **Treatment** of an **Emergency Sickness or Injury** as an in-patient or quarantined and confined to **Your** cabin by **Your** cruise ship's **Physician** while on **Your Covered Trip**, **We** will pay **You** **\$50** for each **24 hours** of continuous stay up to a limit of **\$750**. This benefit begins after the initial **48 hours** of continuous stay has concluded.

15. **Eyeglasses Replacement:** In the event **Your** eyeglasses are damaged as a result of a covered **Injury**, **We** will reimburse **You** up to **\$200** to replace them during **Your Covered Trip**
16. **Return to Destination:** If, following **Your Emergency** medical evacuation arranged by the **Company** to **Your** province/territory of residence, **You** wish to return to **Your** destination, **We** will reimburse **You** for the cost of a one way **Fare** to the city from where the medical evacuation occurred.
  - This benefit is available only if :
    - a) **Your** attending **Physician** in Canada determines that **You** require no further **Treatment**,
    - b) **You** receive prior approval from **Us**,
    - c) **You** choose this benefit instead of benefit #12, **Vehicle Return**, and
    - d) **Your** return must be prior to **Your Expiry Date**.
  - Once **You** return to **Your** destination, a **Recurrence** of the **Medical Condition** which necessitated **Your Emergency** medical evacuation or related **Medical Condition** will not be covered under this **Policy**.
  - This benefit can only be used once during **Your Covered Trip**. Upon return to **Your** destination, the **Effective Date** of coverage is the day **You** leave **Your Departure Point** to return to **Your** destination.

## What We Exclude

In addition to the **General Exclusions** (page 39) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section resulting from:

1. **Pre-Existing Conditions** or related **Medical Conditions** as follows:
  - a) For **ages 59 and under** on the **Departure Date**, any **Pre-Existing Condition** or **Medical Condition** that was not **Stable and Controlled** during the **60 day** period immediately prior to **Your Departure Date** or which, in the opinion of **Your Physician**, would be expected to require **Treatment** in the foreseeable future.
  - b) For **ages 60 to 74** on the **Departure Date**, any **Pre-Existing Condition** or **Medical Condition** that was not **Stable and Controlled** during the **90 day** period immediately prior to **Your Departure Date** or which, in the opinion of **Your Physician**, would be expected to require **Treatment** in the foreseeable future.
  - c) For **ages 75 and over** on the **Departure Date**, any **Pre-Existing Condition** or **Medical Condition** that was not **Stable and Controlled** during the **180 day** period immediately prior to **Your Departure Date** or which, in the opinion of **Your Physician**, would be expected to require **Treatment** in the foreseeable future.

**NOTE:** Coverage is not provided for any claims arising from:

- a) a heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
- b) a lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).

**NOTE:** If prior to **Your Departure Date** **You** are prescribed any **Treatment** or have any change in the dosage, frequency or type of medication resulting in **Your Medical Condition** no longer being considered **Stable and Controlled**, **You** must contact **Us** immediately and request consideration for the change by providing us with:

- a) certified medical information from **Your Physician** for the required period(s) and the change as stated above;
- b) signed authorization allowing **Us** access to information from **Hospitals** and/or medical professionals; and,
- c) any other information **We** deem necessary.

Once all of the required information is received, **We** will respond within one business day as to whether or not **We** will waive the change in the **Medical Condition** for that condition or related condition for any future claim under this **Policy**.

2. Expenses incurred for medical care or services where **Your Covered Trip** was undertaken contrary to medical advice or after receiving a prognosis of a **Terminal Sickness**.
3. Any **Treatment**:
  - a) not required for the immediate relief of acute pain and suffering;
  - b) which can reasonably be delayed until **You** return to **Your** province or territory of residence;
  - c) for follow-up **Treatment**, **Recurrence** of a **Medical Condition** or subsequent **Emergency Treatment** or **Hospital** stay for a **Medical Condition** or related **Medical Conditions** for which **You** had received **Emergency Treatment** during **Your Covered Trip**.
4. Transplants of any kind.
5. Unless prior approval is obtained from **Us**, any **Emergency** air transportation, MRI, CAT Scan, surgery, cardiac procedures, including but not limited to cardiac catheterization, angioplasty or surgery.
6. Expenses incurred for all medical care or services including those related to an **Accident** when this **Policy** was purchased specifically to obtain **Hospital** or medical **Treatment** outside **Your** province or territory of residence in Canada, whether or not recommended by a **Physician**.
7. Expenses incurred for ongoing or recurring **Medical Conditions**. Once **Emergency Treatment** and care is completed, no further benefits for the same or related **Medical Conditions** will be covered.

## What We Pay

**You** will be reimbursed for the **Reasonable and Customary** charges in excess of any government health insurance plan (GHIP) allowance or **Your** Canadian university health insurance plan (UHIP) allowance for the eligible **Emergency** medical expenses listed above up to the lesser of the maximum benefit amount described on the **Schedule of Maximum Benefits by Plan** or the amount as otherwise specified in the benefit.

If **You** have other insurance that may provide the same benefits **You** must notify **Us** of that insurance, co-operate with **Our** efforts to co-ordinate benefits payable by another insurer, and reimburse **Us** for any payment that **We** have made that **You** receive from another insurer.

## What To Do If You Have A Claim

### If You are Hospitalized:

Contact the **Emergency Assistance Provider** at the telephone numbers provided on page 10 of this **Policy**. You must do this before admission to **Hospital** or within **24 hours** after a life or organ-threatening **Emergency**.

You or someone acting on Your behalf, must authorize Us to access all medical documentation from the treating facility at Your location and Your attending **Physician(s)** at home for the applicable pre-existing time period. (See the pre-existing exclusion in this section.)

Prior to receiving all relevant medical information, We will handle Your **Emergency** assuming You are eligible for benefits under this **Policy**. If it is later determined that a Policy exclusion applies to Your claim, You will be required to reimburse Us for any payments We have made on Your behalf.

In order to qualify for coverage under this provision, You must submit to Us with Your claim:

1. The completed Medical Claim Form;
2. Original receipts or other proofs of payment;
3. Detailed medical documentation; and
4. Any other information We deem necessary to properly adjudicate Your claim.

## BAGGAGE & PERSONAL EFFECTS

### When It Applies

If Your **Baggage and/or Personal Effects** are lost, stolen, damaged or delayed during Your **Covered Trip**.

### What We Cover & What We Pay – Baggage & Personal Effects – Lost, Stolen or Damaged

When **Baggage and/or Personal Effects** are lost, stolen, or damaged during Your **Covered Trip**, We will reimburse You up to the Maximum Benefit Amount as shown on the **Schedule of Maximum Benefits by Plan**.

We will pay the lesser of:

1. The replacement or repair cost, after an allowance is made for wear and tear or depreciation; or
2. The original purchase price.

A maximum of **\$500** is payable for any single item.

A combined maximum limit of **\$500** will be paid for: jewellery; watches; cameras, including related equipment; binoculars; articles consisting in whole or in part of silver, gold or platinum; furs and fur-trimmed items; cell phones, computers and other digital or electronic items provided that original receipts accompany the claim.

The liability of the Company with respect to any one claim under this benefit shall not exceed the lesser of the sum insured at the time of application or **\$2,000** in the aggregate under all TIPS insurance policies purchased for any one Covered Trip with respect to a single insured person.

For this benefit to apply You must:

- provide a police report if applicable
- take all reasonable steps to protect, save or recover **Your Baggage and/or Personal Effects**;
- promptly notify, in writing, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any **Common Carrier** or third party who had custody of **Your Baggage and/or Personal Effects** at the time of loss and supply Us with a copy of the written report.

### What We Cover & What We Pay – Baggage Delay

If Your checked baggage is misdirected or delayed more than **12 hours** by the **Common Carrier** while on Your **Covered Trip**, We will pay up to **\$500** for the first **12 hours** and up to **\$750** for each **24 hour** period thereafter to an overall combined maximum of **\$2,000**, for:

1. The purchase or rental of essential items of personal clothing and necessary toiletries while on Your **Covered Trip**; and
2. The rental of a wheelchair for use during Your **Covered Trip**.

This benefit does not apply to baggage delayed after You have returned to Your **Departure Point**.

**NOTE:** Any amount paid under **Baggage Delay** is deducted from any amount payable under this **Policy** for stolen, loss of, or damage to **Baggage & Personal Effects**.

## What We Cover & What We Pay – Passport / Travel Visa Replacement

If **Your** passport and/or travel visa is lost or stolen while travelling outside Canada on **Your Covered Trip We** will pay the **Reasonable and Customary** cost to reimburse **You** for the replacement of **Your** passport and/or travel visa and/or required entry documents.

## What We Cover & What We Pay – Driver’s License or Birth Certificate

If **Your** driver’s license or birth certificate is **lost or stolen** while on **Your Covered Trip, We** will reimburse **You** up to an aggregate total of **\$50** for the cost of replacing one or both of these items.

## What We Exclude

In addition to the **General Exclusions** (page 39) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section when reimbursed:

- By the **Common Carrier**, hotel or **Travel Supplier**, including any services rendered by such **Common Carrier**, hotel or **Travel Supplier**; or
- As specified under any other insurance coverage **You** may have for the loss of or damage to property.

No coverage is provided under this section for any loss or damage to:

1. Any animals;
2. Automobile and automobile equipment; aircraft; bicycles, except when checked as baggage with a **Common Carrier**; boats or other vehicles or conveyances; trailers; motors;
3. The following personal items:
  - a) sunglasses (prescription or non–prescription), contact lenses;
  - b) artificial teeth, dental bridges, dental retainers, hearing aids, prosthetic limbs, prescribed medications;
  - c) keys, money, credit cards, tickets and documents (except as coverage is otherwise specifically provided herein), stamps, securities;
  - d) sporting equipment if the loss/damage results from the use thereof;
  - e) travel tickets for **Your Covered Trip**, except for administrative fees required to reissue such tickets;
4. Household effects and furnishings, antiques and collector’s items;
5. Perishable or consumable items, including any tobacco products;
6. Property used in trade, business or for the production of income;
7. Computer software, including any expenses incurred for the restoration of any lost or corrupted data;
8. Property shipped as freight or property shipped prior to **Your Departure Date**;
9. Property stolen from an unattended vehicle that was not locked in the trunk or property left in view where a secure trunk is not available;
10. Property caused by defective materials or craftsmanship, normal wear and tear, gradual deterioration, inherent vice or mechanical breakdown;

11. Property caused by electrical current, including electric arcing, that damages or destroys electrical devices or appliances;
12. Property caused by the confiscation, detention, requisition or destruction of **Your Baggage and Personal Effects** by customs or other authorities;
13. Articles purchased during **Your Covered Trip** without original receipts attached to the claim;
14. Jewellery, precious stones, watches; cameras, including related equipment; articles consisting in whole or in part of silver, gold or platinum; furs and fur–trimmed items; cell phones, computers and other digital or electronic items that are placed in the possession of a **Common Carrier**;
15. Property caused by breaking or scratching of fragile articles other than cameras or binoculars, unless caused by fire or **Accident** to the vehicle in which they are being carried;
16. Property insured under any homeowner’s or tenant’s package policy;
17. Any baggage or property left unattended.

## What To Do If You Have A Claim

In order to qualify for reimbursement under this provision, for loss, theft, damage or delay to **Your Baggage and Personal Effects**, **You** must submit to **Us**:

1. proof of ownership and original receipts for each item being claimed;
2. reports or other documentation from the **Common Carrier** or any other parties responsible for such loss, damage or delay;
3. a detailed signed and sworn statement as to proof of such loss;
4. the original receipts for the necessary purchases, or reimbursements;
5. any police or any other reports documenting any loss covered under this provision; and
6. any other information We deem necessary to properly adjudicate **Your Claim**.

**When It Applies**

If **You** personal money is lost or stolen during **Your Covered Trip**.

**What We Cover and What We Pay**

**We** will reimburse **You** up to **\$500** for either of the following situations:

1. **Your** personal money is lost or stolen;
2. **You** suffer a financial loss or legal liability for payment following theft or fraudulent use of **Your** traveller cheques, letters of credit, travel tickets, prepaid accommodation vouchers or entertainment tickets.

For this benefit to be payable **You**:

- Must not have violated any conditions set out by the issuing authority of the traveller's cheques or negotiable documents; and
- Must report the missing documents to the issuing authority within the prescribed timeframe; and
- Must promptly report the loss to the police and obtain their written report within **24 hours** after the theft or loss.

**What We Exclude**

In addition to the **General Exclusions** (page 39) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section for:

1. The first **\$25** of each and every claim.
2. Delay, detention or confiscation by customs officers or officials;
3. Shortages due to error, omission, depreciation, or fluctuations in value;
4. Money not in **Your** possession at the time of the loss.

**What To Do If You Have A Claim**

In order to qualify for reimbursement under this provision, **You** must submit to **Us**:

1. a detailed signed and sworn statement as to proof of such loss;
2. any police or any other reports documenting any loss covered under this provision; and
3. any other information **We** deem necessary to properly adjudicate **Your** Claim.

**When It Applies**

If **You** sustain an **Injury** while **You** are travelling on **Your Covered Trip**.

**What We Cover****1. WORLDWIDE ACCIDENT COVERAGE**

**You** are covered for a sudden bodily **Injury** caused by a happening due to external, violent, sudden or fortuitous event beyond **Your** control which occurs during **Your Covered Trip**.

**2. AIRFLIGHT ACCIDENT COVERAGE**

**You** are covered for bodily **Injury** sustained during **Your Covered Trip** while riding as a passenger (not as a pilot, operator or crew member) in, boarding or alighting from any:

- a) aircraft maintained by a **Scheduled Airline**;
- b) transport type aircraft operated by the: i) Air Mobility Command (AMC) of the United States; ii) Royal Canadian Air Force Transport Command; or iii) Royal Air Force Air Transport Command of Great Britain;
- c) land conveyance licensed for the transportation of passengers for hire which takes **You** directly to or immediately from airports used by a **Scheduled Airline**; or
- d) land or water conveyance provided at the expense of the air carrier as a substitute for an aircraft covered by this **Policy**.

**3. EXPOSURE AND DISAPPEARANCE**

Loss from exposure to the elements by reason of a covered **Accident** will be covered if such loss is otherwise payable under this **Policy**.

If **You** are not found within one year after:

- a) the disappearance, sinking or wrecking of a conveyance in which **You** are riding during **Your Covered Trip**; or
- b) the destruction of a building which **You** are in during **Your Covered Trip**;

**You** will be presumed to have suffered loss of life resulting from **Injury** caused by an **Accident**.

**What We Exclude**

In addition to the **General Exclusions** (page 39) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section resulting from:

1. Disease or any physical defect, infirmity or **Sickness** which existed prior to the commencement of **Your Covered Trip**; or
2. Any **Act of Terrorism**

## What We Pay

**You** are covered up to the lesser of the maximum amount shown on the **Schedule of Maximum Benefits by Plan** or the amount as otherwise specified in the benefit when a covered loss occurs. A percentage of the maximum benefit will be payable as listed below for the following injuries:

Loss of:	Percent of Maximum Benefit Payable
Life .....	100%
Both Hands or Both Feet .....	100%
Entire Sight of Both Eyes .....	100%
One Hand & One Foot .....	100%
One Hand & Entire Sight of One Eye .....	100%
One Foot & Entire Sight of One Eye .....	100%
Complete & Irrecoverable Loss of Speech or Hearing .....	100%
One Hand or One Foot .....	50%
Entire Sight of One Eye .....	50%

For a benefit to be payable under this coverage, the **Accident** must happen on **Your Covered Trip** and the resulting **Injury** or death must occur within **365 days** of the **Accident**.

Loss as used above with reference to:

1. Hand or foot: means that the hand or foot is completely and permanently severed at or above the wrist or ankle joint;
2. Sight: means the total and irrecoverable loss of entire sight.

If more than one loss results from any one **Accident**, **We** will only pay the one largest benefit as listed above. No benefit is payable for a loss which is not shown above.

Regardless of how many valid policies **You** have purchased with **Our Company**, the maximum amount for which **You** can be covered under all policies issued for **Travel Accident/Airflight Accident** by **Our Company** as a result of any one incident is limited to an aggregate amount of **\$500,000**. Any amount purchased in excess of **\$500,000** shall be refunded upon request.

**The Company's** maximum liability under this **Policy** and all other **Travel Accident/Airflight Accident Insurance** policies issued by the **Company** with respect to any one incident is limited to **\$12,000,000** in the aggregate, which will be shared proportionately among all claimants entitled to claim. In addition, the **Company's** maximum liability under this **Policy** and all other **Travel Accident/Airflight Accident Insurance** policies issued by the **Company** under this benefit with respect to more than one incident occurring during a calendar year is limited to **\$24,000,000** in the aggregate.

## What To Do If You Have A Claim

In order to qualify for coverage under this provision, **You** or someone on **Your** behalf must submit to **Us**:

1. The completed Medical Claim Form;
2. Detailed medical documentation;
3. A detailed signed and sworn statement as to proof for such loss; and
4. Any other information **We** deem necessary to properly adjudicate **Your** Claim.

## RENTAL VEHICLE DAMAGE PROTECTION

### When It Applies

If **You** sustain damage to **Your** rental vehicle while on **Your Covered Trip** anywhere in the world. This coverage only applies if **You** booked **Your** rental vehicle through the licensed Canadian travel agency with whom **You** booked **Your Covered Trip**.

### What We Cover

Loss or damage for any vehicle with a maximum capacity of **8 people** or less that had a manufacturer's suggested retail value less than **\$50,000 (Canadian)** excluding all taxes in its model year while it is in **Your** possession or the possession of a person permitted to operate the vehicle under the terms of the rental agreement caused by:

1. Collision or physical damage;
2. Theft;
3. Fire;
4. Vandalism.

Coverage is only valid if **You** declined the collision damage waiver (CDW) from the rental agency.

Only one rental vehicle at a time may be covered under this **Policy**.

It is **Your** responsibility to examine the rental vehicle before accepting it and to retain a copy of the written record of any existing damage for submission to **Us** if **You** have a claim.

### What We Exclude

In addition to the **General Exclusions** (page 39) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section caused by:

1. Driving the rental vehicle while **You** are:
  - a) under the influence of alcohol or any illegal substance;
  - b) participating in a speed competition or race of any kind;
  - c) receiving compensation for hire;
  - d) participating in an illegal activity, or transporting contraband;
  - e) in violation of the terms and conditions of the rental agreement; or
  - f) using any medication which recommends abstinence from driving.
2. Mechanical failure or breakdown of the rental vehicle; wear and tear, gradual deterioration, corrosion, rust or freezing;
3. Any neglect or abuse of the rental vehicle either by the commercial rental vehicle agency or **You**;
4. Any conversion or modification to the rental vehicle by or at **Your** direction;
5. **Contamination** of the rental vehicle by radioactive material;
6. Contents of the rental vehicle;

7. The following types of vehicles are excluded from coverage under this **Policy**:

- Any vehicle that had a manufacturer's suggested retail value of over **\$50,000** excluding taxes in its model year at the place where the rental agreement is signed or the vehicle is picked up;
- Vans, cargo vans, or mini cargo vans (not including mini passenger vans);
- Passenger vans with a capacity for more than 8 passengers;
- Trucks, pick-up trucks or any vehicle that can be spontaneously reconfigured into a pick-up truck;
- Limousines;
- Off-road vehicles meaning any vehicle while it is being operated on a road not maintained by a federal, provincial, state, or local agency, not including entrance or departure ways or private property, or any vehicle which cannot be licensed to drive on a public road and is designed and manufactured primarily for off-road usage;
- Motorcycles, mopeds or motor bikes;
- Trailers, campers, recreational vehicles or vehicles not licensed for road use;
- Vehicles towing or propelling trailers or any other object;
- Mini-buses or buses;
- Exotic vehicles, meaning vehicles such as but not limited to Aston Martin, Bentley, Excalibur, Ferrari, Lamborghini, Lotus, Maserati, Porsche, Rolls Royce, Hummer, Lincoln Navigator, Ford SportTrac;
- Any vehicle which is either wholly or in part hand made, hand finished or has a limited production of under 2,500 vehicles per year;
- Antique vehicles, meaning a vehicle over **20 years old** or which has not been manufactured for **10 years** or more;

8. Non-physical damage to the rental vehicle; or

9. Any damage repairs not pre-authorized by the **Company**.

## What We Pay

**You** are covered up to the maximum benefit amount of **\$50,000** for physical loss or damage, reasonable loss of use of the rental vehicle for which you are responsible, towing costs, fire department charges, salvage and civil action defence costs relating to the physical damage of **Your** rental vehicle for which **You** are liable under **Your** rental agreement.

We will not pay if:

1. the commercial rental vehicle agency waives or assumes responsibility for expenses incurred as a result of any physical loss or damage to the rental vehicle for which **You** may be liable;
2. **You** have any other coverage.

## What To Do If You Have a Claim

When physical loss of or damage to **Your** rental vehicle occurs during the rental period, **You must** immediately:

1. Report such loss or damage to the commercial rental vehicle agency and provide to the agency full details of the circumstances surrounding the loss of or damage to the rental vehicle;
2. File a report with the police documenting:
  - a) the **Accident** involving the rental vehicle; or
  - b) the physical loss of or any damage to the rental vehicle; and
3. Notify the **Emergency Assistance Provider**.

In order to qualify for benefits under this provision, **You** must submit to **Us**, within **30 days** of the date of the loss or damage, copies of:

1. The written verification of the rental vehicle booking as made by or through an approved commercial rental vehicle agency;
2. The rental agreement;
3. Any police or other reports documenting:
  - a) any physical loss of or damage to the rental vehicle;
  - b) the circumstances surrounding any **Accident** in which the rental vehicle may have been involved;
  - c) the theft of or any malicious mischief or vandalism to the rental vehicle; and
4. Any other information **We** deem to be necessary to properly adjudicate **Your** rental vehicle claim.

Upon receipt of the necessary forms and documentation, **We** will investigate and negotiate the rental vehicle claim on **Your** behalf, subject to all the terms, conditions and limitations of this **Policy**. **We** reserve the right to have the rental vehicle examined, at **Our** own expense, by an insurance adjuster of **Our** own choosing as often as **We** determine such examination to be reasonably necessary.

## GENERAL EXCLUSIONS

These exclusions apply to all sections of this **Policy**. This insurance does not cover and no benefit will be payable for any claim arising from:

1. Any event that might cause **Your Covered Trip** to be cancelled or abandoned, which **You** or **Your Travelling Companion** had knowledge of at the time of purchasing this insurance;
2. Consequential loss of any kind including loss of enjoyment of **Your Covered Trip** from any cause;
3. **Your** mental or emotional disorders including but not limited to stress, anxiety and depression unless hospitalized. This exclusion is not applicable to major psychiatric illness such as psychosis, schizophrenia and major affective mood disorders;
4. Any elective medical **Treatment**;
5. Except as described in Trip Cancellation/Trip Interruption: pregnancy or childbirth in the normal course; complications of pregnancy or childbirth within **9 weeks** of the expected delivery date; voluntarily induced abortion; or, a child born during **Your Covered Trip**;
6. Your use of drugs, alcohol, or any medication that results directly or indirectly in the condition causing a claim;
7. **Your** suicide, attempted suicide or any intentionally self-inflicted **Injury**;
8. Your participation in **Extreme Activities**;
9. Your participation in organized professional sporting activities;
10. Driving a motorcycle, moped, or scooter, whether or not **You** are driving on publicly maintained roads, driving off-road or on private property (unless **You** hold an applicable valid Canadian driver's license);
11. Your riding, driving or participating in races of speed or endurance;
12. Piloting an aircraft or air travel on any air supported device other than as a fare-paying passenger on a flight operated by a **Common Carrier**;
13. Fraud, concealment or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder;
14. **Your** participation in a crime or malicious act;
15. Participation in a riot or insurrection;
16. Except as provided under Trip Cancellation (#28 **Act of Terrorism** page 15), war or act of war (whether declared or undeclared), invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection or military uprising or usurped power;
17. **Act of Terrorism** by nuclear means and terrorism by dissemination of biological, chemical and or bio-chemical agents and substances;
18. Participation in the armed forces except as provided under Trip Cancellation and Trip Interruption Covered Events page 14 item #19;
19. Events related to travel warnings issued by Foreign Affairs Canada prior to **Your Effective Date** that were or continue to be in effect for any country, region or city of destination on **Your Covered Trip**, as reflected in **Your** travel itinerary;
20. Orbital and sub-orbital flights;
21. A condition that is directly or indirectly related to any **Medical Condition** for which **You** have declined or delayed recommended **Treatment**, diagnostic testing or prescription medication in the **2 years** prior to the date it gives rise to a claim under this **Policy**;
22. **Contamination** resulting from radioactive material or nuclear fuel or waste; or

23. Any trip outside **Your** province or territory of residence as a driver, operator, co-driver, crewmember, or passenger on any commercial vehicle used to carry goods for sale or resale.

## GENERAL POLICY PROVISIONS

**Assignment of Benefits:** Where the **Company** has paid expenses or benefits to **You** or on **Your** behalf under this **Policy**, the **Company** has the right to recover, at its own expense, those payments from any applicable source or any insurance **Policy** or **Plan** that provides the same benefits or recoveries. This **Policy** also allows the **Company** to receive, endorse and negotiate eligible payments from those parties on **Your** behalf. When the **Company** receives payment from any Canadian provincial or territorial government health insurance plan, any other insurer, or any other source of recovery to the **Company**, the respective payor is released from any further liability with respect to the claim.

**Autopsy:** In the event of **Your** death, the **Company** may request an examination or autopsy subject to any applicable laws relating to autopsies.

**Concealment and Misrepresentation:** The entire coverage will be void, if before, during or after a loss, any **Material Fact** or circumstance relating to this **Policy** has been concealed or misrepresented.

**Conformity With Existing Laws:** Any provision of this **Policy** which is in conflict with any federal, provincial or territorial law where this **Policy** is issued is hereby amended to conform to the minimum requirements of that law. In all other respects, the terms and provisions of this **Policy** shall apply.

Despite any other provision contained in the contract, the contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance.

**Contract Changes:** This **Policy** is a legal contract between **You** and **Us**. It, including any endorsements and attached papers are the entire contract. No change in this **Policy** is valid unless approved in writing by one of **Our** officers. No agent has the right to change this **Policy** or to waive any of its provisions.

**Coordination of Benefits:** The **Company** will coordinate benefits payable under this **Policy** with benefits available to **You** under any other policy or plan, so that payments made under this **Policy** and from all other sources will not exceed **100%** of the eligible expenses incurred. Coordination of Benefits of – **Emergency Medical Expenses** will be in accordance with the Coordination of Benefits Guidelines issued by the Canadian Life and Health Insurance Association with respect to Out of Country/Province Medical Expenses. However, if **You** are covered as an active or retired employee under **Your** current or former employer's group health insurance plan for Extended Health Care benefits and the lifetime maximum amount is:

1. **\$50,000** or less, Coordination of Benefits will not apply to such amount; or
2. More than **\$50,000**, Coordination of Benefits will apply only to the amount of insurance in excess of **\$50,000**.

**Currency:** All premiums and benefits under this **Policy** are payable in Canadian currency based on a) the rate of exchange set by any chartered bank in Canada on the last date of service, or b) on the date the payment is issued to the provider of service.

**Limitation of Liability:** The **Company's** liability under this **Policy** is limited solely to the payment of eligible benefits, up to the maximum amount purchased for any loss or expense. The **Company** upon making payment under this **Policy** does not assume any responsibility for the availability, quality, results or outcome of any **Treatment** or service, or **Your** failure to obtain any **Treatment** or service covered under the terms of this **Policy**.

**Medical Examination:** The **Company** reserves the right to have **You** medically examined in the event of a claim.

**Medical Records:** In the event of a claim, **You** agree to provide access to and **We** reserve the right to review any and all medical records or documentation relating to **Your** claim(s) from any licensed **Physician**, dentist, medical practitioner, **Hospital**, clinic, insurer, individual, institution or other provider of service relating to the validity of **Your** claim.

**Refund of Premium:** With the exception of the "10–Day Right to Examine" on page 1, premium refunds are not available.

**Right of Recovery:** In the event that **You** are found to be ineligible for coverage, any benefit is paid in error, payment is made in excess of the amount allowed under the provisions of this **Policy**, a claim is found to be invalid, or benefits are reduced in accordance with any **Policy** provision, the **Company** has the right to collect from **You** any amount which it has paid on **Your** behalf to medical providers or other parties or seek reimbursement from **You**, **Your** estate, any institution, insurer, or person to whom the payment was made.

**Subrogation:** If **You** suffer a loss caused by a third party, the **Company** has the right to subrogate **Your** rights of recovery against the third party for any benefits payable to or on **Your** behalf, and will, at its own expense and in **Your** name, execute the necessary documents and take action against the third party to recover such payments. **You** must not take any action or execute any documents after the loss that will prejudice the **Company's** rights to such recovery.

**Sworn Statements:** **We** have the right to request that claims documents be sworn under oath and have **You** examined under oath in respect to any claims documents submitted.

## DEFINITIONS

**Accident** means a happening due to external, violent, sudden or fortuitous causes beyond **Your** control which occurs during **Your Period of Coverage**.

**Act of Terrorism or Terrorism** means the unsanctioned and illegal use of violence (excluding general civil disturbance, rioting, and act of war (declared or undeclared) or the intentional release of a biological material), which caused destruction of property, **Injury** or death for the express or implied purpose of achieving a political, ethnic or religious goal or result.

**Baggage and/or Personal Effects** means items or articles of necessity, adornment or for personal convenience including clothing and other personal effects worn on the person that are usually carried by travellers for their individual use while travelling.

**Bankruptcy or Default** means the travel supplier is insolvent, is bankrupt, is in receivership, has made a proposal to its creditors or filed a notice of intention to make a proposal to creditors under the Bankruptcy and Insolvency Act R.S.C. 1985, c. B–3, or filed for protection from creditors under the Companies' Creditors Arrangement Act, R.S.C. 1985, c C–36. For non–Canadian travel suppliers, bankruptcy or default means the inability to provide contracted services due to total cessation or complete suspension of operations due to financial insolvency, with or without the filing of a Bankruptcy petition, whether voluntary or involuntary, by a tour operator, cruise line, airline or other travel supplier.

**Business Partner** means an individual who has at least a 20% ownership interest in a commercial enterprise in which **You** also have at least a 20% ownership interest; and **You** are both actively engaged in the daily management of the business.

**Caregiver** means the permanent full–time person who is entrusted with the well–being of **Your** dependent(s) and who cannot reasonably be replaced.

**Children** means **Your** child or grandchild who is unmarried and is travelling with **You** or who joins **You** during **Your Covered Trip** and is either: i) under **21 years** of age; ii) under **26 years** of age if a full–time student; or iii) of any age who is mentally or physically handicapped.

**Common Carrier** means commercial airline carrier, cruise ship, ferry, bus, train, taxi, limousine or other similar vehicle that is licensed, intended and used primarily to transport passengers for hire not including rented, leased or privately owned vehicles.

**Company, We, Our, Us** means Old Republic Insurance Company of Canada (in Quebec, Reliable Life Insurance Company and/or Old Republic Insurance Company of Canada), Hamilton, Ontario.

**Contamination** means poisoning of people by nuclear, chemical and/or biological substances that cause **Sickness** or death.

**Covered Trip** means travel arrangements insured by this **Policy** commencing on the **Departure Date** and ending on the **Expiry Date**, both as shown on **Your Policy Confirmation**.

**Departure Date** means the later of the date shown as such on the **Policy Confirmation** or the date **You** actually depart on **Your Covered Trip**.

**Departure Point** means the city/province/territory or country **You** depart from on **Your Covered Trip**.

**Effective Date** means the date **Your** insurance coverage under this **Policy** or a specific benefit of this **Policy** begins. (See page 6)

**Emergency** means an unforeseen **Sickness** or **Injury** that requires immediate **Treatment** to prevent or alleviate existing danger to life or health. An **Emergency** no longer exists when medical evidence indicates that the person is able to return to his or her province or territory of residence or continue with **Your Covered Trip**.

**Emergency Assistance Provider** provides the **Emergency** service **24 hours** a day, **7 days** a week during **Your Period of Coverage**. (See page 10)

**Expiry Date** means the date coverage under this **Policy** ends as shown on **Your Policy Confirmation**.

**Extreme Activities** means participating in any of the following: bungee jumping, hang–gliding, hunting, mountain climbing parachuting, paragliding, rock climbing (not mountaineering) scuba diving (unless qualified and certified and not diving deeper than 130 feet), skydiving, spelunking, tall ship crewing.

**Family Member** means **Spouse**, parent, legal guardian, step–parent, grandparent, grandchild, in–laws, natural or adopted child, stepchild, brother, sister, stepbrother, stepsister, aunt, uncle, niece, nephew or an employed **Caregiver** for unmarried dependent children under 16 years of age.

**Fare** means the same ticket class that **You** originally purchased for **Your Covered Trip**. This is subject to availability.

**Hospital** means a duly licensed facility which accommodates inpatient care, which has registered nurses on a full–time basis, a laboratory and an operating room where surgical operations are performed by qualified surgeons. Excluded are convalescent homes, rest homes, nursing homes, homes for the aged, drug and alcohol treatment centres, health spas or clinics or any facility not operated 24 hours per day under the supervision of a **Physician**.

**Host at Destination** means the person with whom **You** have arranged overnight accommodation for the majority of **Your Covered Trip** at their usual place of residence, not including commercial facilities.

**Injury** means sudden bodily damage caused by an **Accident** during **Your Period of Coverage**.

**Key Employee** means an employee whose continued presence is critical to the ongoing affairs of **Your** business during **Your** absence.

**Material Fact** means any fact that would cause **Us** to decline **Your** application for insurance or charge more premium than **You** have paid for the insurance **Policy**.

**Medical Condition** means an irregularity in a person's health which required or requires medical advice, consultation, investigation, **Treatment**, care, service or diagnosis by a **Physician**.

**Medically Necessary** means **Treatment** or services that are appropriate for the relief of **Sickness** or **Injury** in an **Emergency**, based on generally accepted professional medical standards.

**Minor Infection** means an infection that ends **30 days** prior to the **Effective Date** of coverage and does not require: use of medication for a period greater than **15 days**; more than one follow–up visit to a **Physician**; hospitalization; surgical intervention; or, consultation with a medical specialist. A chronic infection or the complication of a chronic infection is not a minor infection.

**Natural Disaster** means a disaster resulting from natural causes including flood, hurricane, tornado, earthquake, volcanic eruption or blizzard.

**Physician** means a person, other than **You**, a **Travelling Companion** or a **Family Member**, who is qualified and legally licensed to practice medicine, perform medical **Treatment** and/or surgery within the scope of their licence in the place where the medical services are rendered.

**Policy** means this document and **Your Policy Confirmation** issued at the time the required premium has been paid.

**Policy Confirmation** confirms the insurance coverage **You** have purchased indicating **Your Policy** number, **Your** purchase date, **Your Departure Date** and **Your Expiry Date** along with a brief summary of benefits. This document sets out **Your Period of Coverage** and forms an integral part of the **Policy** contract.

**Pre–Existing Condition** means a **Medical Condition** other than a **Minor Infection**, for which **Treatment** has been received or taken or which exhibited symptoms, prior to **Your Effective Date** and within the period specified for the plan **You** have chosen, and includes a medically recognized complication or **Recurrence** of a **Medical Condition**.

**Reasonable and Customary** means charges that are usually made by other providers of similar standing for residents in the locality where the charges are incurred, for comparable **Treatment**, services or supplies for a similar medical **Emergency**.

**Recurrence** means the appearance of symptoms caused by or related to a **Medical Condition** which was previously diagnosed by a **Physician** or for which **Treatment** was previously received.

**Scheduled Airline** means any airline licensed for the transportation of passengers for hire, and which maintains regular published schedules (including any chartered flights by such airlines or licensed tour companies).

**Sickness** means an acute illness, acute pain and suffering or disease that requires **Emergency** medical **Treatment** or hospitalization due to the sudden onset of symptoms during **Your Period of Coverage**.

**Spouse** means the person who is legally married to **You**, or if not married to **You**, has been living in a conjugal relationship with **You** for a continuous period of at least one year.

**Stable and Controlled** 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 **Treatment**, prescribed or recommended by a **Physician** or received within the time period specified in this **Policy**, prior to **Your Effective Date**.

**Sum Insured** means the amount of insurance coverage **You** have purchased for the benefit indicated.

**Terminal Sickness** means a **Medical Condition** from which no recovery is expected and which carries a prognosis of death within 12 months of **Your Effective Date**.

**Travel Supplier** means any entity or organization that coordinates or supplies travel services for **You**.

**Travelling Companion** means the person who is travelling with **You** on **Your Covered Trip** up to a maximum of five persons, including **You**.

**Treat, Treated or Treatment** means any medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a **Physician** including but not limited to prescribed medication, investigative testing and surgery.

**You or Your** means a person who is eligible and named on the **Policy Confirmation** for insurance under this **Policy** and for whom the required premium has been paid.

In this **Policy**, words and terms denoting the singular shall be interpreted to mean the plural and vice versa, unless the context clearly indicates otherwise.

## CLAIMS INFORMATION

### Contact Us

Travel Claims Department  
P.O. Box 557, Hamilton, Ontario L8N 3K9  
Fax: 905-528-8338  
Toll Free Fax: 1-866-551-1704  
Telephone: 905-523-4731  
Toll Free in Canada & USA: 1-888-831-2222

If **You** experience an emergency or require assistance while **You** are travelling at any time call the numbers listed below. If **You** cannot successfully place a collect call to the **Emergency Assistance Provider** as instructed below, please dial direct and submit the charges incurred to make the call along with **Your** claim documents.

USA & Canada	1-800-334-7787
Dominican Republic	1-888-751-4866
Mexico	001-800-514-0409
Europe	00-800-758-75875
Australia	0011-800-758-75875
Elsewhere Operator Assisted Collect	905-667-0587
Direct Dial	1-905-667-0587

Email: [assistance@oldrepublicgroup.com](mailto:assistance@oldrepublicgroup.com)

### How To Submit A Claim:

**You** can download a claim form directly from **Our** website:  
[www.oldrepublicgroup.com/TIPS](http://www.oldrepublicgroup.com/TIPS)

or **You** can contact **Us** toll free at:  
English: 1-888-831-2222  
French: 1-800-245-1662

To make a claim for benefits under this **Policy**:

- Submit **Your** claim forms within **30 days** after the expense or loss is incurred or as soon as is reasonably possible;
- Written proof of the claim must be submitted within **90 days**, but not later than **12 months** after the date of the event or loss.

Written Proof of a Claim shall include:

1. the completion of any claim forms furnished by the **Company**;
2. original receipts;
3. a written report, complete with the diagnosis by the attending **Physician**, if applicable, and any other form of documentation deemed necessary by the **Company** to validate **Your** claim;
4. documentation required by the **Company** to substantiate cancellation, interruption, trip delay or schedule change if for other than medical reasons. If death is the cause of the claim, an official document such as a death certificate that establishes cause of death will also be required.

For example:

- Copy of the subpoena if cancelling due to jury duty or being called as witness;
- Letter from the employer if cancelling due to a job transfer;
- Letter from the airline confirming the change in the scheduled flight or the cause of the flight delay.

Original substantiating claims documentation must be provided, however, the **Company** may accept certified copies if the original documentation cannot be provided for a reasonable cause. Failure to provide applicable substantiation for a claim shall invalidate any claim under this **Policy**. All

documents required to support or validate the claim, including English or French translations of such documents, must be provided free of expense to the **Company**.

### Claim Payments:

**We** will pay covered claims within **30 days** of receiving all of the necessary information required to accurately assess **Your** claim.

Benefit payments will be made to **You** or to any person or entity having a valid assignment to such benefits. In the event of **Your** death, any balance remaining or benefits payable for loss of life will be paid to **Your** estate, unless otherwise indicated.

### Limitation of Action:

If **You** have a claim in dispute under this **Policy**, **You** must begin any legal action or proceeding against the **Company** within **24 months** following the date of the event which caused the claim. If, however, this limitation is invalid according to the laws of the province or territory where this **Policy** was issued, **You** must commence any legal action or proceeding within the shortest time limit permitted by the laws of that province or territory. All legal actions or proceedings must be brought in the province or territory of Canada where **You** permanently reside, or if mutually agreeable, the action can be brought in the province where the head office of the **Company** is located.

## PRIVACY

The **Company** is committed to protecting **Your** privacy. Collecting personal information about **You** is essential to **Our** ability to offer **You** high-quality insurance products and service. The information provided by **You** will only be used for determining **Your** eligibility for coverage under the **Policy**, assessing insurance risks, managing and adjudicating claims and negotiating or settling payments to third parties. This information may also be shared with third parties, such as other insurance companies, health organizations and government health insurance plans to adjudicate and process any claim. In the event that **We** must share **Your** information with a third party who conducts business outside of Canada, there is a possibility that this information could be obtained by the government of the country in which the third party conducts business. **We** take great care to keep **Your** personal information accurate, confidential and secure.

**Our** privacy policy sets high standards for collecting, using, disclosing and storing personal information. If **You** have any questions about the **Company's** privacy policy, please contact **Our** Privacy Officer at 905-523-5587 or by email at: [privacy@oldrepublicgroup.com](mailto:privacy@oldrepublicgroup.com)

### Underwritten by:

Old Republic Insurance Company of Canada  
In Quebec, certain coverages underwritten by  
Reliable Life Insurance Company



Paul M. Field, CPA, CA  
President and Chief Executive Officer  
February 2015

TEC0215