TRAVEL GUARD®
CHARTIS

Your world, insured

800209BS 12/12

WARNING: THIS POLICY INCLUDES RESTRICTED BENEFITS

1. This *policy* covers losses resulting from unforeseeable and *emergency* circumstances only.
2. A pre-existing condition exclusion applies to *medical conditions* and/or symptoms that existed prior to travel. There may be no coverage if *you* have a pre-existing condition.
3. *You* must contact *us* before seeking medical attention and a failure to call will result in *your* being responsible for 30% of any eligible expenses incurred unless *your medical condition* prevents *you* from calling, in which case *you* must call as soon as medically possible or have someone call on *your* behalf.
4. *Our* medical advisors must approve and arrange all surgery and heart procedures, (including, but not limited to, heart catheterization), in advance and a failure to call will result in *your* being responsible for 30% of any eligible expenses incurred unless *your medical condition* prevents *you* from calling, in which case *you* must call as soon as medically possible or have someone call on *your* behalf.
5. If *you* choose not to receive *treatment* or services from a *provider*, as directed by *us*, *you* will be responsible for 30% of any eligible expenses.
6. *Your* Emergency Medical and Dental Coverage is subject to an aggregate limit of $2 million CAD.
7. There are limits, limitations and exclusions that apply to all *insured* persons.
8. The coverage provided by this *policy* shall be null and void for travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates.
9. Read this *policy* carefully.

IMPORTANT INFORMATION

This *policy* covers losses arising from sudden, unexpected and unforeseeable circumstances only. Some words have very specific meanings that are set out in the Definitions Section. These words appear in italics in this *policy* document when the policy definition applies. This *policy* is valid only if the required premium has been received by *us*.

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

SCHEDULE OF BENEFITS

Insurance		Medical Package	Deluxe Package	Platinum Package
Emergency Medical		YES	YES	YES
Accidental Death and Dismemberment	In Flight	100,000	100,000	100,000
	Non Flight	25,000	25,000	25,000
Trip Cancellation and Interruption	Basic		YES	YES
	Enhanced		YES	YES
School Board Ruling				YES
Baggage and Personal Effects		YES	YES	YES
24-Hour Emergency Medical Assistance		YES	YES	YES

All benefits and premiums are quoted in Canadian currency.

GENERAL CONDITIONS

We will insure *you* against eligible expenses incurred as the result of an *emergency* or pay benefits for other covered losses in accordance with the package selected by *you* under the heading SCHEDULE OF BENEFITS. All benefits are subject to the terms, conditions, limits and exclusions of this *Policy*. The maximum period of coverage under this *Policy* shall not exceed 12 consecutive months. *Your* application for Medical Insurance must be submitted and the premium must be paid prior to *your trip departure date*. *Your* application for Trip Cancellation Insurance must be submitted and the premium paid at the time of booking *your trip*. Coverage will be declared null and void if: a) the premium is not received; b) the cheque is not honoured; or c) credit card charges are declined for any reason.

The coverage provided by this *policy* shall be null and void for travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates.

Automatic Extension of Coverage: If *you*, *your travel companion* or *family member* travelling with *you* is hospitalized on *your return date* or *Policy expiry date*, *your* coverage will automatically be extended at no additional premium for the period of hospitalization and up to 72 hours after discharge. In addition, coverage will automatically be extended for up to 72 hours when there is a delay of a common carrier on which *you* are a passenger.

Optional Extension of Coverage: Any extension granted will be subject to *our* prior approval. Call 1-866-878-0191 before *your Policy expiry date*.

You must, at all times while *you* are covered under this *Policy*, act in a prudent manner so as to minimize costs to *us*.

If any benefits payable to *you* under this *Policy* are in addition to similar benefits payable to *you* by any other insurer, total benefits paid to *you* by all insurers must not exceed *your* actual total expenses. If *you* are covered under more than one of *our Policies*, the total amount paid to *you* will not exceed *your* actual expenses; and the maximum to which *you* are entitled is the largest amount specified for the benefit in any one of *our Policies*. *We* co-ordinate payment of benefits with all insurers who provide *you* benefits similar to those provided under this *Policy*, up to a maximum of the largest amount specified by each insurer. *We* are last payor. *We* have full rights of subrogation. In the event of a payment of a claim under this *Policy*, *we* have the right to proceed, in *your* name but at *our* expense, against third parties who may be responsible for giving rise to a claim under this *Policy*. *You* will execute and deliver documents as necessary and co-operate fully with *us* so as to allow *us* to fully assert *our* rights. *You* will do nothing to prejudice such rights.

Notwithstanding any provisions contained herein, this *Policy* is subject to the statutory conditions of the Insurance Act applicable to contracts of accident and *sickness* insurance and the laws and regulations in *your* province/territory of residence in Canada. For non-residents, the Insurance Act and the laws and regulations of the Province of Ontario will apply.

The *Application for Insurance*, this *Policy* and any riders or endorsements to the *Policy* shall form the entire contract. Only *we* have the authority to change the contract or waive any of its terms, conditions or provisions. Any provision of this *Policy* which is in conflict with any federal law or provincial/territorial law of *your* province/territory of residence in Canada is hereby amended to conform with the minimum requirements of that law, and all other provisions shall remain in full force and effect.

All premiums, benefits, and limits are quoted in Canadian currency. To facilitate direct payment to providers, *we* may elect to pay the claim in the currency of the country where the charges were incurred, based on the rate of exchange established by any chartered bank in Canada on the last date of service, or where cheques are issued directly to doctors, *hospitals* or other medical providers, on the date of issuance. No refund of premium will be made in the event a claim has been incurred or paid under this *Policy*, or in respect of the *trip* cancellation or interruption coverage after it is effective. *Our* liability under this *Policy* is limited solely to the payment of eligible benefits, up to the maximum amount specified herein for any loss or expense. *Our* maximum limit of liability resulting from all occurrences within a 168-hour period will be $10,000,000 in the aggregate. If loss for all insureds exceeds $10,000,000, *we* will pay each insured that portion of the benefit stated which $10,000,000 bears to the total loss of all persons under all Travel Guard Canada *Policies*. *We* do not assume 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*.

If *you* have misstated or misrepresented any information on y*our Application for Insurance* which results in: (i) *your* not paying the sufficient premium, or (ii) *your* not being eligible for the plan which *you* have chosen, then any claim submitted by *you* will be denied and/or *your Policy* will be declared null and void.

GENERAL EXCLUSIONS

These exclusions apply to all benefits. In addition to any exclusions which apply to a particular benefit (outlined under the Exclusions section for each Plan), this *Policy* does not cover and no benefit is payable for any claim arising from:

1. Routine or elective treatment for pregnancy within the first 31 weeks of pregnancy; abortion; childbirth or complications of childbirth; pregnancy or complications thereof within the 9 weeks before or anytime after the expected date of delivery; expenses incurred by an infant less than 15 days old or a person not named as an insured on *your Application for Insurance*; or a *medical condition* arising from or related to a congenital birth defect;
2. Emotional, mental or nervous disorders or other acute psychosis (including stress) while sane or insane by whatever cause that does not require admission to a *hospital*;
3. Committing or attempting to commit suicide or intentionally self-inflicted injury;
4. *Your* being impaired or adversely influenced by medication, *prescription drugs*, alcohol, prohibited drugs or intoxicants of any kind;
5. A *trip* undertaken in contravention of a physician's recommendation or after the manifestation of medical symptoms which would cause an ordinarily prudent person to seek medical advice; or where a *terminal illness* prognosis has been given;
6. A *trip* undertaken for the purpose of securing medical *treatment*, consultation or advice; whether or not recommended by any *physician*;
7. Elective, non-emergency, or cosmetic medical or dental *treatment* or routine follow-up procedures including but not limited to *treatment* for varicose veins, gout, arthritis, cataracts;
8. Any medical procedure, hospitalization or air ambulance service that was not previously authorized or arranged in advance by *us*;
9. Civil unrest, acts of foreign enemies, acts of war, or rebellion, whether declared or not;
10. Any loss arising directly or indirectly out of, or contributed to by, or resulting from actual, threatened, feared or perceived use of biological, chemical, radioactive or nuclear agent, material, device or weapon;

11. Any unlawful or criminal/criminal-like acts or contravention of any statutory law/regulation; participation in protests or commercial sexual transactions; (committed by *you*, *your family member*, *your travel companion*, or *your travel companion's family member* whether an insured or not);
12. Rock or *mountain climbing*; participation in a motor sport, motor racing or speed contests; or scuba diving (unless *you* hold an open water diving certificate);
13. *Your* professional participation in an organized sport.
14. Operating or learning to operate any aircraft, as pilot or crew;
15. Engagement in manual labour for wages or profit including the operation of transport vehicles; performing employment duties on any aircraft or ship; performing duties in any regular armed forces service;
16. A travel, immigration or work visa that is not issued due to a late application, or has been previously refused;
17. Expenses incurred in your province/territory of residence (unless specifically provided for in this *Policy*);
18. Any interest, finance or late payment charge;
19. Expenses incurred if *you* chose to travel to or in a country or to or in a specific region of a country if there was a travel advisory issued after *your Policy effective date* by the Department of Foreign Affairs and International Trade of the Canadian Government to advise Canadians not to travel to a country or to a specific region of a country included in *your trip*;
20. Expenses incurred relating to travel in, to, or through Cuba, because such travel is not serviced and supported by the Insurer's United States affiliates.

EMERGENCY MEDICAL INSURANCE

This coverage is subject to the GENERAL CONDITIONS and GENERAL EXCLUSIONS listed in this *Policy*.
Coverage begins on *your departure date* and terminates on the earlier of 1) the *Policy expiry date* specified on the *Application for Insurance* or 2) the date *you* return to *your* original departure point of the insured *trip*.

We will pay for covered expenses incurred as a result of a medical *emergency*, up to the policy limits, for the actual expenses related to the medical attention *you* require if a medical condition begins unexpectedly after *you* leave *your* province/territory of residence, and if these expenses are not covered by *your* provincial/territorial health insurance plan or any other related insurance or reimbursement plan. Medical expenses will be limited to a maximum of $25,000 if *you* are not covered under a Canadian provincial/territorial *Government Health Insurance Plan (GHIP)* or *you* are not a permanent resident of Canada. Canadian residents travelling outside their province/territory of residence for more than 182 days (212 days for Ontario and Newfoundland/ Labrador) must receive written permission from their provincial/territorial government to maintain their government health insurance plan.
You must notify *us* at 1-866-878-0192 or 416-646-3723 (collect) prior to any *emergency* medical *treatment* or *hospitalization*. Failure to do so will result in *your* being responsible for 30% of any eligible expenses incurred unless *your* medical condition prevents *you* from calling. *You* must call as soon as medically possible or have someone call on *your* behalf.
We, in consultation with *your* attending physician, reserve the right to return *you* to *your* province/territory of residence prior to any *treatment* or following *emergency treatment* or *hospitalization* for a *sickness* or injury, if on medical evidence *you* are able to return to *your* province/territory of residence without endangering *your* health. If *you* elect not to return to *your* province/territory of residence following the recommendation to do so, then any expenses incurred for continuing medical *treatment* or surgery with respect to such *emergency* will not be covered and all coverage and benefits under this *Policy* will cease.

The *emergency* medical attention *you* receive must be outside of *your* province/territory of residence unless specifically provided for in this *Policy* and be required as part of *your emergency treatment* and ordered by a *physician* or a dentist.
We will pay covered expenses incurred as the direct result of *terrorism* which causes *accidental bodily injury* or *sickness* to *you* during *your trip*.This *terrorism* benefit is payable only after *you* have exhausted all other recovery sources. *We* will pay up to a maximum limit of $10,000 as a direct result of *terrorism* which causes *your* death within 72 hours of the *terrorism* occurrence. *Our* maximum limit of liability for all claims directly resulting from *terrorism* occurring within a 72-hour period is $500,000 in the aggregate. *Our* maximum limit of liability for all claims directly resulting from *terrorism* occurring within a calendar year is $1,000,000. If loss for all insureds exceeds the maximum limits listed above, *we* will pay each insured that portion of the benefit stated which the maximum limits bear to the total loss of all persons under all Travel Guard Canada *Policies* after the end of the calendar year.

Benefits for Emergency Medical Insurance
Emergency Medical Expenses:

1. Care received from a *physician* in or out of a hospital, the cost of a *hospital* room to a maximum of semi-private rates, the rental or purchase (whichever is less) of a *hospital* bed, wheelchair, brace, crutch or other medical appliance, tests that are needed to diagnose *your* condition, and *prescription drugs*. All of the above must be prescribed by a *physician* or a dentist. This benefit is limited to $2,000,000.
2. *Professional* services referred by a *physician* – care received from a licensed chiropractor, osteopath, physiotherapist or podiatrist, up to $250 per category of practitioner.
3. Ambulance transportation – local ground ambulance service to a medical service provider in an *emergency*.

Emergency Evacuation and Repatriation: If approved in advance by *us*, expenses to return *you* to *your* original point of departure of the insured *trip* if *your* attending *physician* recommends *your* return because of *your medical condition* or if *your* attending *physician* recommends *your* return after *your emergency treatment*, *we* will pay via the most cost-effective itinerary for one or more of:

- The extra cost of an economy/charter class fare;
- A stretcher fare on a commercial flight;
- The return economy/charter class fare of a qualified medical attendant and the attendant's reasonable fees and expenses, if required by the airline;
- The cost of air ambulance transportation, pre-approved and arranged by *us*; or
- A *travel companion's* extra fare to accompany *you*.

Expenses Related to your Death: If *you* die during *your trip* from a covered risk, *we* will reimburse *your* estate up to $3,000 for the preparation of *your* remains and the transportation container plus the transportation costs (using customary airline procedures) to *your* original departure point of the insured *trip* or up to $2,000 for the cremation or preparation of *your* remains and the cost of a standard burial container at the place of death. If someone is legally required to identify *your* body and must travel to the place of *your* death, *we* will pay the fare via the most cost-effective itinerary for that person, and up to a maximum of $300 for that person's hotel and meal expenses.
Subsistence Allowance: If a medical *emergency* prevents *you* or *your travel companion* from returning to *your* original point of departure of *your* insured *trip* or if *your emergency* medical *treatment* or that of *your*

travel companion requires *your* transfer to a location that is different from *your* original destination, *we* will reimburse *your* expenses for meals, hotel, phone calls, and taxis, up to $300 per day to a maximum of $1,200. *We* will only reimburse these expenses if *you* have actually paid for them (receipts must be submitted).

Bedside Companion Travel and Subsistence: If *you* are travelling alone and are admitted to a hospital for 3 days or more, *we* will pay the economy/charter class fare via the most cost-effective itinerary for someone to be with *you*. *We* will also pay up to a maximum of $300 for that person's hotel and meals (receipts must be submitted) and cover him/her under this *Policy*, subject to the terms, conditions, limits and exclusions, until *you* are medically fit to return to *your* province/territory of residence. For an insured *child*, a bedside companion is available immediately upon *hospital* admission.

Emergency Dental: *You* are covered for the following dental expenses when required as *emergency treatment* and ordered or prescribed by a licensed dentist:

a) If *you* need dental *treatment* to repair or replace *your* natural or permanently attached artificial teeth because of an accidental blow to *your* mouth, *you* are covered for the *emergency* dental expenses *you* incurred during *your trip* and to a maximum of $1,000 to continue necessary *treatment* after *you* return to *your* province/territory of residence.This *treatment* must be completed within 90 days after the accident. This benefit is limited to a maximum of $1,800.

b) If *you* need dental *treatment* in an *emergency*, *we* will pay up to $250 for the relief of dental pain.

Exclusions for Emergency Medical Insurance

This coverage is subject to the GENERAL EXCLUSIONS listed in this *Policy*. Also, this *Policy* does not cover and no benefit is payable for any claim arising from:

1. Any injury or *sickness* that *you* have sought or received medical *treatment*
   (a) within 90 days prior to *your trip* departure if you are *age* 59 or younger or
   (b) within 180 days prior to *your trip* departure if *you* are *age* 60 or older UNLESS (applies to a and b): the condition is *controlled* through the taking of *prescription drugs* or medication and remains *controlled* throughout the applicable 90/180-day period. A *sickness* has manifested itself when medical care or *treatment* has been given, there has been a *change(s) in medication*, or there exists symptoms which would cause a reasonably prudent person to seek diagnosis, care or *treatment*.
2. Unless otherwise provided for in this *Policy*, expenses incurred for follow-up *treatment*, recurrence of a condition or subsequent *emergency treatment* or *hospitalization* for a condition or related condition for which *you* received *emergency treatment* during *your trip*.
3. Transplants including but not limited to organ transplants or bone marrow transplants, artificial joints or prosthetic devices/implants including any associated charges.
4. Cardiac procedures including cardiac catheterization, angioplasty or surgery, unless approval is specifically given by *us* prior to the procedure being performed.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

This coverage is subject to the GENERAL CONDITIONS and GENERAL EXCLUSIONS listed in this *Policy*.

If the total amount of all AD&D benefits *you* have under *our Policies* is more than your in-flight policy limit our aggregate liability will not exceed your in-flight policy limit and any excess insurance will be void, and the excess premiums paid will be refunded. *Our* total aggregate limit is $10,000,000 for any one accident.

Benefits for Accidental Death and Dismemberment

1. If an *accidental bodily injury* sustained during *your trip* causes *you*: a) to die, to become completely and permanently blind in both eyes, or to have two of *your* limbs fully severed above *your* wrist or ankle joints in the 12 months after the accident, *we* will pay 100% of the amount shown on the Schedule of Benefits; b) to become completely and permanently blind in one eye or have one of *your* limbs fully severed above a wrist or ankle joint in the 12 months after the accident, *we* will pay 50% of the amount shown on the Schedule of Benefits.
2. If *you* have more than one *accidental bodily injury* during *your trip*, *we* will pay the applicable insured sum only for the one accident that entitles *you* to the largest benefit amount.
3. If *your* body is not found within 12 months of the accident, *we* will presume that *you* died as a result of *your* injuries.
4. Unless *you* have notified *us* in writing prior to *your departure date* of the name of *your* designated beneficiary, this benefit will be paid to *your* estate.

In-Flight AD&D: This benefit, as described in 1 and 2 above, applies only to an *accidental bodily injury* sustained by *you* while riding as a passenger (but not as a pilot, operator, or member of the crew) in, on, boarding or alighting from any *passenger plane* having a current and valid airworthiness certificate or any transport type *passenger plane* operated by the Canadian Armed Forces or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation.

Non-Flight AD&D: This benefit, as described in 1 and 2 above, applies only to an *accidental bodily injury* sustained by *you* other than while riding in an aircraft of any type. *Our* maximum liability is limited to the amount shown on the schedule of benefits for non-flight.

Exclusions for Accidental Death and Dismemberment

This coverage is subject to the GENERAL EXCLUSIONS listed in this *Policy*. Also, this accidental death and dismemberment insurance does not cover and no benefit is payable for any claim arising from a disease, even if the proximate cause of its activation or reactivation is the *accidental bodily injury*.

1. A disease, even if the proximate cause of its activation or reactivation is the *accidental bodily injury*.

TRIP CANCELLATION AND INTERRUPTION INSURANCE

This insurance is subject to the GENERAL CONDITIONS and GENERAL EXCLUSIONS listed in this *Policy*. Coverage will begin on the date of *Application for Insurance* provided the premium has been paid. This insurance will terminate on the earlier of 1) the return date specified on *your Application for Insurance* or 2) the date *you* return to *your* original departure point of the insured *trip*. If *you* are unable to depart on *your* scheduled *trip* or return to *your* original departure point, due to a covered risk, *we* will pay airfare and/or unused, non-refundable, prepaid travel arrangement costs up to the *policy* limit, provided that the charges are not recoverable from any other source. If *you* must cancel *your trip* before *your departure date*, *you* must notify *us* within 24 hours of notification of the need to cancel. Failure to do so will result in the benefits being restricted to the *trip* cancellation benefits which were in effect on that date.

The following risks are covered:

1. *You*, *your travel companion*, *your family member*, *your key-person*, or *your travel companion's family member* develops a medical condition or dies; *your* friend dies; or the person whose guest *you* will be during *your trip* is admitted to a *hospital* in an *emergency* or dies; or the person who is providing care and supervision of your *child/children* while *you* are on *your trip* becomes *hospitalized* or dies.
2. *You*, *your spouse*, *your travel companion*, or *your travel companion's spouse* a) becomes pregnant after *you* book *your trip* and *your departure date* falls during the 9 weeks before the expected delivery date or b) legally adopts a *child* and the date of the adoption falls during *your trip*.
3. *You*, *your spouse*, *your travel companion* or *your travel companion's spouse* loses a permanent job which any of *you* have had for at least 12 months (excluding contract work) because of layoff or dismissal without just cause; or *your* employer, *your spouse's* employer or *your travel companion's* employer initiates a job transfer which necessitates relocation of principal residence within 30 days of *your* scheduled *departure date* (not applicable to self-employed persons).
4. *You*, *your spouse*, *your travel companion* or *your travel companion's spouse* is called to service during *your trip* as a reservist, firefighter, or military or police staff, or called to jury duty or to be a defendant in a civil suit; or *you* or *your spouse* are subpoenaed as a witness.
5. *You*, *your spouse*, *your travel companion* or *your travel companion's spouse* is quarantined or hijacked.
6. *You* or *your spouse* is unable to occupy *your* principal residence or to operate *your* business because of a natural disaster.
7. A business meeting that was scheduled before *you* purchased this *Policy* is cancelled due to *sickness*, injury or death of the person *you* intended to meet, when the meeting was the purpose of the *trip*.
8. A travel advisory is issued by the Department of Foreign Affairs and International Trade of the Canadian Government to advise Canadians not to travel to a country or to a specific region of a country included in *your trip* after *you* purchase *your Policy*.
9. *Your* or *your travel companion's* visa is not issued for a reason beyond *your* control.
10. Violent acts while on *your trip* except for violent acts which occur in countries where travel advisories have been issued.
11. *Your* or *your travel companion's* scheduled carrier is delayed by weather conditions for at least 30% of *your trip* and *you* or *your travel companion* choses not to continue *your trip*.

Benefits for Trip Cancellation and Interruption Basic

Trip Cancellation: If *you* must cancel *your trip* due to a covered risk, prior to the *departure date* on *your Application for Insurance*, *you* will be reimbursed for the non-refundable prepaid travel arrangement costs up to the limits selected on *your Application for Insurance*.

Trip Interruption: If *your trip* is interrupted due to a covered risk, on or after the *departure date* shown on the *Application for Insurance*, *we* will pay for the non-refundable, unused *trip* arrangements for which *you* have already paid and additional travel transportation expenses to return *you* to *your* original departure point, (except *your* prepaid unused return transportation).

Next Occupancy Charge: If *you* have prepaid shared accommodations and *your travel companions(s)* cancels for a covered risk and *you* elect to travel as originally planned, *you* will be reimbursed the next occupancy charge.

Benefits for Trip Cancellation and Interruption Enhanced

Missed Connection: If *you* miss a connection or must interrupt *your trip* because of the delay of a private automobile or *your* connecting *passenger plane*, ferry, cruise ship, bus, limousine, taxi, or train, when the delay is caused by the mechanical failure of the vehicle; a traffic accident; an emergency, police-directed road closure; or weather conditions, *we* will reimburse *you* up to $800 for the extra cost of *your* one-way airfare via the most cost-effective itinerary to *your* next destination or to *your* original point of departure. (*You* must have been

scheduled to arrive at *your* point of boarding at least 2 hours before the scheduled time of departure.)

Schedule Change: *We* will reimburse up to the maximum of $800 for the change fees charged by the airline(s) if *your* or *your travel companion's trip* is cancelled, interrupted or delayed because *your* or *your travel companion's* next connecting flight leaves earlier or later than originally scheduled providing a two-hour connecting time was originally scheduled.

Flight Delay: If *your* flight is delayed, *you* will receive $50 for each full 12 hours of the trip that is missed. (Maximum claim $200)

Return of Vehicle: Expenses to return your vehicle – if *you* are unable to drive *your* vehicle to *your* original departure point as a result of a medical *emergency*, *we* will cover the reasonable costs charged by a commercial agency to return *your* vehicle. If *you* used a rental car during *your trip*, *we* will cover its return to the rental agency.

Vacation Rain Check: *We* will provide payment in the form of a redeemable travel voucher payable only to *you*, up to a maximum of $500, if *your trip* is interrupted and causes *you* to return earlier than *your* contracted return date forcing *you* to miss at least 70% of *your trip* due to the death or *hospitalization* of a non-travelling *family member* or *key-person* (*hospital* records and/or death certificate required). *You* must book the replacement *trip* before the 180th day following the date of *your* early return from *your* interrupted insured *trip* through the same tour company which booked *your* original interrupted *trip*. No benefit is payable if the travel companies named on the coupon are insolvent.

Exclusions for Trip Cancellation and Interruption Insurance

This coverage is subject to the GENERAL EXCLUSIONS listed in this *Policy*. Also, this *Policy* does not cover and no benefit is payable for any claim arising from:

1. *Your* or *your travel companion's* knowledge at the time of booking or application for this insurance of any reason why the *trip* might be cancelled or interrupted;
2. Any injury or *sickness* incurred by *you*, *your family member*, *your travel companion* or his/her *family member* which manifests itself during the 90 days immediately preceding and including the date of *Application for Insurance*, unless the condition is *controlled* through the taking of *prescription drugs* or medication and remains *controlled* throughout the 90-day period. A *sickness* has manifested itself when: a) medical care or *treatment* has been given; or b) there exist symptoms which would cause a reasonably prudent person to seek diagnosis, care or *treatment*.
3. Travel which is planned contrary to medical advice, or where a *terminal illness* prognosis has been given, or after the manifestation of medical symptoms which would cause an ordinarily prudent person to seek medical advice.
4. Travel for the purpose of visiting a person suffering from a medical condition and the medical condition (or ensuing death) of that person is the cause of cancellation or interruption of *your trip*.
5. Expenses incurred as a direct result of *terrorism* except when a travel advisory is issued by the Department of Foreign Affairs and International Trade of the Canadian Government to advise Canadians not to travel to a country or to a specific region of a country included in *your trip* after *you* purchase *your Policy*.
6. Expenses incurred as the result of inadequate or invalid passport, travel or visa documentation required by countries included in *your trip*.

BAGGAGE AND PERSONAL EFFECTS INSURANCE

Benefits for Baggage and Personal Effects:

This insurance is payable only after *you* have exhausted all benefits available from any other insurance or coverage. Coverage begins on the *departure date* specified on the *Application for Insurance* and terminates on the earlier of the return date specified on the *Application for Insurance* or the date *you* return to *your* original departure point. *We* will pay this benefit up to $2,000 after making proper allowance for wear and tear or depreciation for the loss of, or damage to the baggage and personal effects that belong to *you* and that *you* use during the *trip*. *We* cover the current actual cash value of *your* property when it is lost or damaged up to $2,000. *We* also reserve the option to repair or replace *your* property with other of a similar kind, quality, and value. *We* may also ask *you* to submit damaged items for an appraisal of the damage. The limit for loss per single article including its attachments, accessories and equipment, or matched pair or set, or group of related articles is $250. In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item covered under this benefit, *you* must obtain written documented evidence from the police immediately or, if the police are unavailable, the hotel manager, tour guide, or transportation authorities. *You* must also take all precautions to protect, save or recover the property immediately, and advise *us* as soon as *you* return home. *Your* claim will not be valid under this *Policy* if *you* do not comply with these conditions.

Baggage Delay: If *your* checked baggage is delayed due to a delay or misdirection by an airline or ground carrier but is subsequently recovered intact, *you* will receive $50 for each full 24-hour period of delay. Maximum claim is $500. This coverage provides reimbursement for necessary toiletries and clothing when *your* checked baggage is delayed. This benefit applies only if the delay happens before *your* return home.

Bag Trak®: The industry's premier baggage tracing service protects *your* baggage and personal possessions if they are delayed.

Exclusions for Baggage and Personal Effects

This coverage is subject to the GENERAL EXCLUSIONS listed in this *Policy*. Also, this baggage and personal effects insurance does not cover and no benefit is payable for any claim arising from:

1. Loss or theft of: animals, perishable items, household items and furniture, artificial teeth or limbs, hearing aids, glasses of any type, contact lenses, *prescription drugs*, tobacco products, money, tickets, securities, documents, items related to *your* occupation, mobile phones, computers and accessories, CDs, DVDs and personal entertainment devices, antiques or collectors' items, items that are fragile, items that are obtained illegally, or articles that are insured on a valued basis or are insured by another insurer.
2. Damage or loss resulting from wear and tear, deterioration, defect, mechanical breakdown, *your* imprudence or omission.
3. Unaccompanied baggage or personal property, baggage or personal property left in an unattended vehicle and which was not locked in the trunk, or baggage or personal property shipped under a freight contract.

SCHOOL BOARD RULING INSURANCE

School Board Ruling: If *you* must cancel *your trip* due to a school board ruling as a result of a union mandated teachers' labour strike or a school board or principal of the school determination that there is a risk of harm to students travelling to a specific region of a country included in *your trip*, *you* will be reimbursed for the non-refundable prepaid travel arrangement cost up to the limits selected on *your application for insurance*.

If *you* must cancel *your trip* due to a school board ruling for any other reason, or the principal of the school advising of cancellation, *you* will be reimbursed for up to 75% the forfeited non-refundable prepaid travel arrangement cost.

24-HOUR EMERGENCY MEDICAL ASSISTANCE

24-HOUR EMERGENCY ASSISTANCE

Conditions for Emergency Medical Assistance

With all *hospital* & *emergency* medical expenses coverage, *your* benefits include 24-hour *emergency* medical assistance. Whether *you* need *emergency* medical care or *emergency* arrangements to return home, *you* can count on *our emergency* assistance counsellors, doctors and nurses to help *you* anywhere in the world, anytime of day. Coverage begins on the *departure date* as stated on *your Application for Insurance* and terminates on the earlier of 1) the return date specified on *your Application for Insurance* or 2) the date *you* return to *your* original departure point of the insured *trip*.

Call us 24-hours a day, seven days a week:

Canada and Continental USA – 1-866-878-0192

International – 416-646-3723 (collect)

DEFINITIONS

Accidental Bodily Injury: An injury sustained during *your trip* which is caused by external violent and purely accidental means, directly and independently of all other causes.

AD&D: Accidental death and dismemberment.

Age: *Your age* on *departure date*.

Application for Insurance: Computer printout, printed form, invoice or document which confirms the coverage for which *you* have paid the required premium. The *Application for Insurance* forms part of this *Policy*.

Business Meeting: A prearranged meeting (not including a convention, conference, assembly, trade show, exhibition, seminar, or board meeting) which pertains to *your* fulltime occupation or profession and which was the sole purpose of *your trip*.

Change(s) in Medication: Any change in the kind, type, dosage or action of medicine, and/or the *treatment* prescribed by a *physician* to manage a medical condition, including but not limited to a diet or a pacemaker adjustment (a pacemaker battery change is not considered a treatment change in type or dosage).The following are not considered alterations or *change(s) in medication*: the change from a brand-named medication to a generic brand medication provided the usage or dosage has not changed; the dosage changes of the regulatory medications insulin and coumadin; and the decrease or elimination of a medication dosage, recommended by a *physician*, provided it has been changed more than 90 days prior to *your departure date* and has not had an effect on *your medical condition*.

Child: An unmarried dependent son or daughter under the age of 21 or an unmarried, dependent son or daughter who is mentally or physically challenged.

Controlled: A *medical condition* is not worsening and there has been no alteration in any medication or its usage or dosage for the condition, nor any *treatment*, prescribed or recommended by a *physician*, or received, within the period before *your* trip specified in this *Policy*.

Departure Date: The date on which *you* are scheduled to leave your province/territory of residence as shown on *your Application for Insurance*.

Emergency: An unforeseen *medical condition* that takes place during the period of coverage.

Emergency Medical Treatment: *Treatment* required for the immediate relief of an acute symptom or that, according to a *physician*, cannot be delayed until *you* return to *your* original point of departure. It must be

ordered by a *physician* (or in the case of dental *treatment*, by a dentist) and administered by a licensed *physician*, dentist, physiotherapist, chiropractor or podiatrist during *your trip*.

Family Member: *Your spouse*; natural, step, or adopted children; sons/daughters-in-law; persons for whom *you* are the legal guardian; parents; parents-in-law; step-parents; sisters; brothers; sisters/brothers-in-law; step-sisters/brothers; grandparents; grandchildren; aunts; uncles; nieces; and nephews.

Government Health Insurance Plan (GHIP): The coverage that the provincial/territorial governments provide to residents of Canada.

Home: *Your* province/territory of residence or the place from which *you* leave on the first day of coverage and to which *you* are scheduled or ticketed to return on the last day of coverage.

Hospital: A facility that is licensed as a *hospital* where in-patients receive medical care, that has a registered nurse on permanent duty and that includes a laboratory and operating theatre. A clinic; an extended or palliative care facility; a rehabilitation establishment; an addiction centre; a convalescence, rest, or nursing home; home for the aged; or health spa is not a *hospital*.

Key-person: Someone to whom a dependant's full-time care is entrusted and who cannot reasonably be replaced, a business partner, or an employee who is critical to the ongoing affairs of *your* business during *your trip*.

Medical Condition: Complications of pregnancy within the first 31 weeks of pregnancy, a mental or emotional disorder that requires admission to a *hospital*, *accidental bodily injury*, illness, or disease validated by a *physician*.

Mountain Climbing: The ascent or decent of a mountain requiring the use of specialized equipment, including pick-axes, anchors, bolts, crampons, carabineers and lead or top-rope anchoring equipment.

Passenger Plane: A certified multi-engine transport type aircraft provided by a regularly scheduled airline on any regularly scheduled *trip* operated between licensed airports and holding a valid Canadian Air Transport Board or Charter Air Carrier licence, or its foreign equivalent and operated by a certified licensed pilot.

Physician: A medical doctor who is duly licensed in the jurisdiction in which he/she operates and who gives medical care within the scope of his/her licensed authority. A *physician* must be a person other than *yourself* or *your family member*.

Policy or Policies: This *Policy*, any riders or endorsements to the *Policy* and the *Application for Insurance* shall form the entire contract. Only *we* have the authority to change the contract or waive any of its terms, conditions or provisions.

Policy Effective Date: The date *your* coverage begins, as stated on *your Application for Insurance*.

Policy Expiry Date: The date *your* coverage ends, as stated on *your Application for Insurance*.

Prescription Drugs: Drugs or medicine that can only be prescribed by a licensed *physician* or dentist and are dispensed by a licensed pharmacist.

Professional: A person who is engaged in a specific activity and receives remuneration.

Rental Car: A private passenger automobile used during *your trip* exclusively for transporting of passengers other than for hire.

Return Date: The date on which *you* are scheduled to return to *your* original point of departure from *your trip* as shown on *your Application for Insurance*.

Sickness: An acute illness, acute pain and suffering, or disease requiring *emergency* medical *treatment* or hospitalization due to the sudden onset of symptoms.

Spouse: Someone to whom one is legally married, or with whom one has been living in a conjugal relationship for at least one full year before the insurance starts.

Terminal Illness: A *medical condition* for which, prior to *your Policy effective date*, a *physician* gave a prognosis of eventual death or palliative care was received.

Terrorism: Act(s) including but not limited to the use or threat of forces or violence (including hijacking and kidnapping) by an individual or group for the purpose of terrorizing or intimidating any person, government, group, association or the general public for ideological, political or religious reasons.

Travel Advisory: An advisory issued by the Department of Foreign Affairs and International Trade of the Canadian Government to advise Canadians not to travel to a country or a specific region of a country included in *your trip*.

Travel Companion: Someone who shares travel arrangements with *you* up to a maximum of three companions.

Treatment: Medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a *physician*, including but not limited to *prescription drugs*, investigative testing, and surgery. *Treatment* does not include a regular medical check-up where there is no medical clinical signs or patient-portrayed symptoms.

Trip: *Your* travel outside *your home province* for which coverage under this *policy* has been purchased and is in effect.

Violent Acts: Human physical force which injures or abuses *you* but does not include *your* involvement in an illegal activity, felonious assault or self-inflicted injury.

We, Us, Our refer to Chartis Insurance Company of Canada. This *Policy* is administered on *our* behalf by Travel Guard Canada, 145 Wellington Street West,Toronto, Ontario, M5J 1H8;Tel: 416-646-3723 or 1-866-878-0191.

You, Yourself, Your refer to the person named as the insured on the *Application for Insurance*.

CLAIM PROCEDURES

If making a claim, *we* want *you* to call us as soon as possible in order to facilitate the process. *We* must receive notice of *your* claim within 30 days of *your* return home in order for *us* to provide *you* with a claim form specific to *your* loss.To report a claim or to request a claim form, call 416-646-3723 or 1-866-878-0191.

For all claims, *you* must include the following where required:

- Fully completed Claim Form
- Proof of travel and insurance payment
- Originals of all travel tickets, bills, invoices and receipts
- Written incident reports, police reports, doctor/hospital records and/or death certificate, autopsy or coroner's report (where lawful)
- For Baggage claims: a) the incident or police report must accompany *your* claim; b) claims for valuable items must be accompanied by original receipts; c) *you* must also submit a letter of coverage or denial from the transportation carrier and/or *your* homeowner's insurance company.

24-HOUR EMERGENCY ASSISTANCE

You must notify us prior to any emergency medical treatment or hospitalization. Failure to do so will result in your being responsible for 30% of any eligible expenses incurred.

Canada and USA: **1-866-878-0192**
International (call collect): **416-646-3723**
Product Code: 800209BS 12/12 CT