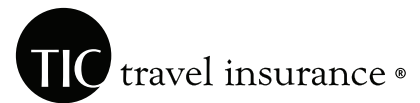


TRIP CANCELLATION & INTERRUPTION INSURANCE

Administered by TIC Travel Insurance Coordinators Ltd. Underwritten by Co-operators Life Insurance Company.
Property risks are underwritten by the Sovereign General Insurance Company.



RIGHT TO EXAMINE POLICY

Please review this policy before you travel to ensure it meets your needs. You have 10 days after purchase to return this policy for a full refund, provided your coverage has not begun. Please refer to the sections of the policy that explain when coverage begins. For refunds after coverage has begun, refer to our refund policy also explained in this document.

IMPORTANT NOTICE

Please read your policy carefully before you travel.

What am I covered for?

Coverage is different for each plan; to find out what your coverage is, please read the section titled 'Benefits' under the name of the plan(s) you have purchased. Travel insurance is intended to cover losses arising from sudden, unexpected, and unforeseeable circumstances.

What is not covered?

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

What if I have an emergency or claim?

To apply for the settlement of benefits, complete the claim form and include all original bills. Incomplete forms will cause delay.

Does this insurance cover my trip arrangements?

Your trip arrangements are covered. Details of your coverage will be as shown in your confirmation of coverage. Check with your *travel supplier* or agent at the time you book your *trip*, to understand the amounts that are non-refundable. The benefits payable under this policy are limited to the amounts that are non-refundable, as assessed by the *travel supplier* or agent, at the occurrence date of the 'Insured Risk' that was the cause for cancellation, regardless of the date the *trip* is cancelled. It is important to read this carefully and to notify your *travel supplier* or agent on the day (or the next business day) that the cause of cancellation occurs.

Is my personal information protected?

We are committed to protecting the privacy, confidentiality and security of the personal information we collect, use and disclose. Your personal information, including your medical history, will be collected, used or disclosed only for the purpose of providing you with the requested insurance services. For a copy of TIC's privacy policy, please contact us or visit our website www.travelinsurance.ca.

I want to stay longer. Can I purchase further coverage?

Yes, you can, subject to policy terms and conditions. Just call your agent or TIC (during business hours) prior to the expiry of your policy. You must be in good health and not have incurred any losses during the *period of coverage*. Fees will be charged.

Travel Assistance

TIC or Co-operators Life Insurance Company will use their best efforts to provide assistance for a medical *emergency* arising anywhere in the world. They or their agents will not be responsible for the availability, quantity, quality, or results of any medical *treatment* received, or for failure to obtain medical service.

Note: Words in italics indicate they are defined on pages 4 to 5.

TRIP CANCELLATION & INTERRUPTION INSURANCE POLICY

Basic and Select Plans

ELIGIBILITY

To be eligible for coverage a person must:

- be at least 15 days old; and
- be scheduled to travel on a *trip* to, from or within Canada; and
- purchase this coverage prior to leaving for the *trip*; and
- if purchasing this coverage at the time of, or after the initial trip payment, or after cancellation penalties are applicable, an *insured* must be in good health, and know of no reason to:
 - seek medical attention; and
 - cancel the *trip*; and
 - make any claim.

Start of Coverage and Period of Coverage

When an application has been made and the premium has been paid for a specific plan of insurance, the *period of coverage* begins on the latest of the date and time:

- the completed application is accepted by TIC or its representative; or
- indicated as the *application date* except under c) below
- of the scheduled departure for Accidental Death & Dismemberment, Flight Accident and Baggage.

End of Coverage

Coverage ends on the earliest of the date:

- of occurrence of the 'Insured Risk' which results in the cancellation of the *insured's trip* prior to the scheduled departure date; or
- and time the *insured* returns to their permanent residence; or
- indicated as the *expiry date* on the confirmation of coverage; or
- 365 days from the *application date* for 'Prior Departure' benefits.

DESCRIPTION OF COVERAGE

The *insurer* agrees to pay up to the sum insured indicated on the confirmation of coverage, for losses resulting from an 'Insured Risk' occurring during the *period of coverage*. Coverage is provided worldwide for *trips* to, from or within Canada. Benefits are limited to the non-refundable amounts assessed by the *travel supplier* as of the date of occurrence of the 'Insured Risk', *injury* or the ultimate diagnosis of a *sickness*, that was the cause of the cancellation, regardless of the date the *trip* is cancelled. Benefits payable as a result of the *default* of the *travel supplier* are limited to \$3,500 per *insured* as described in 'Insured Risks'.

BENEFITS

Benefits are payable for the following costs:

a) Prior to Departure

- The non-refundable, non-recoverable portion of prepaid airfare and/or pre-paid travel arrangements.
- The single supplement charged as the result of a *travelling companion* or accompanying *family member* who is unable to travel due to an 'Insured Risk'.

b) After Departure

- The extra cost of economy transportation by the most direct route to continue with the insured *trip* if the *insured* misses a portion of his/her *trip* due to *sickness* or *injury* of the *insured*, a *travelling companion* or accompanying *family member*.
- The non-refundable portion of unused, pre-paid, insured travel arrangements for the *trip* (excluding partially used airline tickets) booked prior to departure, and the extra cost of economy airfare by the most direct route, to return to the point of departure.

- iii. In the event of death due to a covered *sickness* or *injury*, up to \$10,000 will be reimbursed for costs incurred to return the *insured* in a standard transportation container, to their permanent residence, or up to \$4,000 for cremation or burial at the place of death, when the *insured* is not covered under any other insurance plan.

c) **Prior To or After Departure:**

In the event that a delay of the connecting carrier or automobile at the departure point causes a missed connection, provided the connecting carrier or automobile was scheduled to arrive not less than two hours prior to the scheduled connection time due to:

- weather conditions or mechanical failure of the connecting carrier (airline, bus, train or government-operated ferry system); or
- traffic accident or emergency police road closure (police report required) causes the delay of a private or commercial automobile.

The *insurer* agrees to pay:

- i. the extra cost of economy transportation to the ticketed destination;
- ii. the unusable pre-paid, insured travel arrangements and;
- iii. an out-of-pocket allowance of up to \$200 per day to a maximum of \$600 for commercial accommodation and meals, essential telephone calls and taxi fares.

INSURED RISKS

The 'Benefits' listed above are payable if the *insured's* trip is cancelled prior to the scheduled departure date, curtailed prior to the scheduled return date, or delayed after the scheduled return date as the result of:

Health

1. *Sickness, injury* or death of the *insured*, or a *family member*, or a *travelling companion*, or *travelling companion's family member* or a *key employee* of the *insured*.
2. The death of a friend of the *insured*.
3. The death or hospitalization of the *insured's* host at the destination.
4. *Sickness, injury* or death of a person or persons with whom arrangements were made for the care of dependents living in the *insured's* household.

Legal

5. The *insured* has been called to jury duty, or been subpoenaed as a witness, and the court proceeding is scheduled to be heard during the period of the *trip* (excluding law enforcement officers).
6. The legal adoption of a child by the *insured* during the period of the *trip*, which necessitates cancellation of the *trip*.

External

7. The schedule change of the airline carrier that is providing transportation for a portion of the *insured trip*, causing the *insured* to miss a connection or resulting in the interruption of the *insured* travel arrangements.
8. The *insured's* failure to obtain a valid travel visa (excluding an immigration, student or employment visa) necessary to enter the country of destination of the *trip*, for reasons beyond the *insured's* control provided the *insured* is a *Canadian resident* and eligible to apply, and the failure to obtain valid documents is not the result of a late or previously denied application.
9. Default of a *Canadian travel supplier* ceasing operations as a result of bankruptcy.
10. A disaster which renders the *insured's* principal residence, in their country of permanent residence, uninhabitable.
11. A statement made in the 'Travel Report' issued by the Canadian Department of Foreign Affairs and International Trade after the *application date*, advising or recommending that Canadians avoid travel to the booked destination for a period that would include the *insured's* scheduled trip.
12. Hijacking or quarantine of the *insured*.
13. Adverse weather which would prevent the *insured* from travelling for a period not less than 30% of the total duration of the *insured trip* when the *insured* chooses not to continue with the *trip* prior to departure from the point of origin.

14. Cancellation prior to departure, of a *business meeting* that the *insured* is required to attend as required by his/her employment or a conference arranged by the *insured's* professional association, and the cancellation is beyond the control of the *insured*, the *insured's* employer or association.
15. Rescheduling of an examination at an accredited Canadian or American university or college after the *trip* was booked and due to circumstances beyond the *insured's* control. A copy of the original official examination schedule and the notice of rescheduling must accompany any claim submission. The rescheduled examination must occur during the *period of coverage*.

Work

16. A job transfer within 30 days of the *insured's* scheduled departure date, by the *insured's* employer, that requires relocation of the *insured's* principal residence (not applicable to self-employed persons).

SPECIFIC CONDITIONS

1. Upon the occurrence of an 'Insured Risk' that results in cancellation, curtailment or delay of the *insured's* trip, the *travel supplier* or agent must be notified on the same day or next business day that the cause of cancellation, *injury* or ultimate diagnosis of *sickness* occurs.
2. Benefits are limited to the non-refundable amounts assessed by the *travel supplier* as of the date of occurrence of the 'Insured Risk', *injury* or the ultimate diagnosis of a *sickness*.
3. When *family members* are travelling together, the total *aggregate limit* is twelve (12) insured persons, regardless of the number of policies issued, unless authorized by TIC.
4. When *travelling companions* are travelling together, the total *aggregate limit* is five (5) insured persons, regardless of the number of policies issued, unless authorized by TIC.
5. No benefits are payable when the *insured's* return to the point of origin is beyond 10 days from the *expiry date* specified in the confirmation of coverage, unless the *insured* or a *travelling companion* suffering the *sickness* or *injury* was confined in a *hospital*, or was certified as medically unfit to travel by the attending *physician* at the location *treatment* was provided.
6. Reimbursement of any eligible additional costs are limited to the lesser of:
 - a) the change-fee
 - b) a one-way economy class airfare or
 - c) a return economy class airfare,
 all by the most direct route.
7. All claims due to *sickness* or *injury* must be supported by documentation from the attending *physician* at the location where *sickness* or *injury* leading to cancellation occurred.
8. 'General Provisions' of this policy apply. Refer to page 5.

ADDITIONAL BENEFITS for Select Plan

Benefits are payable for the following:

1. Meals and Accommodation

In the event that the *insured's* trip is interrupted or delayed beyond the *expiry date* shown in the confirmation of coverage, as a result of *sickness* or *injury* of the *insured*, a *travelling companion*, or an accompanying *family member*, additional commercial accommodation and meals, essential telephone calls and taxi fares will be reimbursed up to \$300 per day to a maximum of \$1,000.

2. Delayed Baggage

In the event that the *insured's* luggage or personal possessions are delayed or lost for 12 hours or more, while en route and before returning to the original point of departure, costs for reasonable and necessary toiletries and clothing will be reimbursed up to a maximum of \$200. Purchases must be made within 36 hours of arrival at the *insured's* destination and prior to receipt of the *insured's* baggage.

3. Tour Operators

In the event that the *insured's* tour is cancelled or re-scheduled by the tour operator for any reason other than *default*, up to \$1,000 will be payable for the non-refundable pre-paid travel arrangements that are not a part of the cancelled or re-scheduled tour package.

4. Accidental Death & Dismemberment Benefits

The *insurer* agrees to pay up to the sum insured of \$10,000 for loss of life, limb or sight resulting directly from *accidental injury*, occurring during the *period of coverage*, **except** while boarding, riding in, or alighting from an aircraft. The total *aggregate limit* for all losses under 'Accidental Death & Dismemberment' is \$10 million.

Accidental Death & Dismemberment Benefits are payable according to the following schedule of losses:

- a) 100% of sum insured resulting from the same *accidental injury* for loss of:
 - i. life; or
 - ii. entire sight of both eyes; or
 - iii. both hands; or
 - iv. both feet; or
 - v. one hand and entire sight of one eye; or
 - vi. one foot and entire sight of one eye.
- b) 50% of sum insured resulting from the same *accidental injury* for loss of:
 - i. entire sight of one eye; or
 - ii. one hand; or
 - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means total and irrecoverable loss of the entire sight.

Only one amount is payable (the largest) if the *insured* suffers more than one of these losses

Exposure and Disappearance

If the *insured* is exposed to the elements or disappears as a result of an *accident*, a loss will be covered if:

- a) as a result of such exposure, the *insured* suffers one of the losses specified in the schedule of losses above; or
- b) the body of the *insured* has not been found within 52 weeks from the date of the *accident* it will be presumed, subject to evidence to the contrary, that the *insured* suffered loss of life.

5. Flight Accident

The *insurer* agrees to pay up to the sum insured of \$50,000 for loss of life, limb or sight directly caused by an *accidental injury* resulting from a 'Insured Risk' occurring worldwide during the *period of coverage*. Coverage is for all flights ticketed and arranged prior to the *effective date*.

The total *aggregate limit* for *accidental injury* resulting from an 'Insured Risk' under the 'Flight Accident' benefit is \$10 million.

Flight Accident Benefits

Flight Accident benefits are payable according to the following schedule of losses:

- a) 100% of sum insured resulting from the same *accidental injury* for loss of:
 - i. life; or
 - ii. entire sight of both eyes; or
 - iii. both hands; or
 - iv. both feet; or
 - v. one hand and entire sight of one eye; or
 - vi. one foot and entire sight of one eye.
- b) 50% of sum insured resulting from the same *accidental injury* for loss of:
 - i. sight of one eye; or
 - ii. one hand; or
 - iii. one foot.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means total and irrecoverable loss of the entire sight.

Only one amount is payable (the largest) if the *insured* suffers more than one of these losses.

Exposure and Disappearance

If the *insured* is exposed to the elements or disappears as a result of a flight accident, a loss will be covered if:

- a) as a result of such exposure, the *insured* suffers one of the losses specified in the schedule of losses above, or
- b) the body of the *insured* has not been found within 52 weeks from the date of the flight accident. It will be presumed, subject to evidence to the contrary, that the *insured* suffered loss of life.

Flight Accident Insured Risks

Benefits are limited to payment for losses occurring during the *period of coverage* while the *insured* is:

- a) Riding solely as a ticketed passenger in, or boarding or alighting from, a certified multi-engine transportation-type aircraft or passenger aircraft provided by a regularly scheduled airline on any regularly scheduled *trip* operated between licensed airports.
- b) On airport premises immediately before boarding or immediately after alighting from an aircraft; or while riding as a passenger in an airport limousine or bus, or surface vehicle provided and arranged for by the airline or airport authority, when going to or after being at an airport for the purpose of boarding an aircraft or alighting from an aircraft.

6. Baggage

The *insurer* agrees to pay up to the sum insured of \$500, for loss or damage to owned or borrowed baggage and personal effects normally carried by the *insured*.

- a) The amount of loss or damage sustained in each event shall be determined separately, and any benefits payable are in excess of any amounts available under any other insurance or source.
- #### Reduction
- b) Coverage is subject to a \$50 deductible, for each insured event causing loss.
 - c) The *insurer's* liability shall be limited to \$300 per single article, matched pair or set or group of related articles.
 - d) The *insurer* will pay the lesser of the following:
 - i. the actual cash value of the property, with proper deduction for depreciation, at the time of loss or damage; or
 - ii. the amount for which the property could be repaired to its condition prior to the damage; or
 - iii. the amount for which the property could be replaced with property of like kind and quality.

Baggage Benefits

The *insurer* agrees to pay for the following:

- a) **Personal Effects**
items for the personal use, adornment or amusement of the *insured* or any of the *insured's* family members who are travelling with the *insured*.
- b) **Personal Currency**
up to \$100 for loss of personal currency when caused directly by theft or robbery and supported by a police report.
- c) **Wheelchair**
up to \$100 for repairs or rental replacement of the *insured's* wheelchair (or standard special features) in the event the wheelchair is rendered inoperable due to damage resulting during normal usage.
- d) **Injury of Accompanying Cat or Dog**
up to \$200 for emergency care due to unexpected *injury* of an accompanying cat or dog.
- e) **Travel Documents**
up to an *aggregate limit* of \$100 for the replacement cost of any of the following documents: passport, driver's license, birth certificate or travel visa when the loss is caused directly by theft or robbery and supported by a police report.

EXCLUSIONS

Exclusions with **CANX** refers to Trip Cancellation & Interruption benefits, **ADD** refers to Accidental Death & Dismemberment, **FAC** refers to Flight Accident benefits and **BAG** refers to Baggage benefits.

Benefits are not payable for costs incurred due to:

CANX1 Any *sickness, injury* or medical condition of an *insured, family member, travelling companion* or *travelling companion's family member* or *key employee* of the *insured*, that exhibited symptoms for which a diagnosis need not have been made or required any or all of: *medical consultation, medical treatment* or hospitalization, within the 90 days immediately preceding the *application date*. A *sickness* controlled by the consistent use of prescribed medication is covered unless it had deteriorated, or required investigation or had a change in medication type or dosage during that 90 day period.

CANX2 Any *sickness, injury* or medical condition for which a diagnosis need not have been made or state of health which, prior to the *application date*, was such as to render *expected medical treatment* or hospitalization.

CANX3 (ADD1, FAC1) Losses while sane or insane due to: emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression; suicide, attempted suicide; or intentionally self-inflicted injury.

CANX4 (ADD2, FAC2, BAG1) *Act of war*, kidnapping, *act of terrorism* including those caused directly or indirectly by *nuclear, chemical* or *biological* means; riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities or a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by the *insured, a family member* or *travelling companion*.

CANX5 (ADD3, FAC3) Loss, death or *injury*, if at the time of the loss, death or *injury*, evidence supports the *insured* was affected by, or the medical condition causing the loss was in any way contributed to by, the use of alcohol, prohibited drugs, or any other intoxicant; the non-compliance with a prescribed *treatment* or medical therapy; or the misuse of medication.

CANX6 Any *sickness, injury* or medical condition for which a diagnosis need not have been made, where the *trip* is undertaken for the purpose of securing *medical treatment* or advice.

CANX7 Any *medical consultation* that is non-emergency or any procedure or *treatment* that is elective or the consequence of a prior elective procedure.

CANX8 (ADD4) Travelling against the advice of a *physician* or any loss resulting from a *sickness* or medical condition that was diagnosed by a *physician* as *terminal* prior to the *effective date* of this policy.

CANX9 (ADD5) *Injury* resulting from training or participating in speed contests usually and customarily in excess of 60 km per hour, *professional sport* activities, or organized motor sport contests.

CANX10 Loss incurred as a result of pregnancy, or childbirth, or complications thereof occurring after the 32nd week of pregnancy.

CANX11 Loss incurred as a result of pregnancy which are routine or elective and which occur within the first 32 weeks of pregnancy.

CANX12 A *trip* undertaken for the purpose of visiting or attending to an ailing person whose medical condition or ensuing death is the cause of cancellation or curtailment of the *insured trip* or delays the *insured's* return home.

CANX13 Loss for any event prior to departure, which might reasonably have been expected to necessitate the immediate return or delay the return of the *insured*.

CANX14 Loss for any event which, on the *application date*, could reasonably have been expected to prevent the *insured* from travelling as booked.

CANX15 Losses recovered or which are recoverable from any other source, including trustees or any government compensation fund.

CANX16 Loss arising as a consequence of the bankruptcy or insolvency of a retail travel agent, agency or broker, whether or not otherwise entitled to the benefit of this insurance.

CANX17 Losses arising as a result of a *default* of the *travel supplier* if, at the time of booking and/or application, the *travel supplier* is bankrupt, insolvent, in receivership, or has sought protection from creditors under any bankruptcy or related legislation.

CANX18 Losses arising as a result of *default* of an American *travel supplier* if the services to be provided by the American *travel supplier* are not part of a package tour sold to the *insured* by an appointed representative of TIC.

CANX19 Losses arising from *default* of a *travel supplier* for travel services purchased by the *insured* direct from the *travel supplier*, or from other than an appointed representative of TIC.

CANX20 Any amounts assessed by the *travel supplier* that are non-refundable after the date of the occurrence of an 'Insured Risk', *injury* or ultimate diagnosis of a *sickness* that was the cause of the cancellation, regardless of the date the *trip* was cancelled.

CANX21 (ADD7, FAC4, BAG5) Any nuclear occurrence, however caused.

The following exclusion applies to the Accidental Death & Dismemberment Benefit only:

ADD6 Being the occupant of an aircraft, either as passenger or crew, or while boarding or alighting from an aircraft.

The following exclusions apply to the Baggage Benefit only:

BAG2 Normal wear and tear, deterioration, moths or vermin.

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

BAG4 Theft from an unattended vehicle unless it was securely locked and there was visible evidence of forced entry.

DEFINITIONS

Accident(al) means a sudden, unexpected, unforeseeable, unavoidable external event

Act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

Act of war means any loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

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

Application date (applicable to Trip Cancellation & Interruption) means the date the *insured* applies and pays for this insurance in conjunction with the initial non-refundable costs associated with booking their *trip*.

Business meeting means a meeting scheduled before the *application date* between companies with unrelated ownership, pertaining directly to the *insured's* full-time employment or *professional* association, and required by the *insured's* employment.

Canadian resident means a landed immigrant or Canadian citizen who maintains a permanent residence in Canada to which they will return after their *trip*.

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

Effective date means the date and time coverage begins as provided for in the section titled 'Start of Coverage and Period of Coverage' for the specific plan purchased.

Emergency means a sudden, unforeseen *sickness* or *injury* occurring during the *period of coverage* which requires immediate intervention by a *physician* or legally licensed dentist and cannot reasonably be delayed. An *emergency* is deemed to no longer exist when medical evidence indicates that the *insured* is able to continue the *trip* or return to their place of ordinary residence or country of origin.

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

Expiry date means the date coverage ends as indicated in the section titled 'End of Coverage' for the specific plan purchased.

Family member means the *insured's* legal or common-law spouse, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, ward, natural or adopted child.

Hospital means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident in-patients, a laboratory, a registered graduate nurse and *physician* always on duty and an operating room where surgical operations are performed by a *physician*. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or nervous disorders.

Injury means sudden bodily harm directly caused by or resulting from an *accident*, excluding bodily harm that results from deliberate or voluntary action.

Insured means an eligible person named on the application, who has been accepted by TIC or its authorized representative, and has paid the required premium for a specific plan of insurance.

Insurer means Co-operators Life Insurance Company, except in respect of all property insurance, where the insurer is The Sovereign General Insurance Company.

Key employee means a business partner or an employee whose continued presence is critical to the ongoing affairs of the business during the *insured's* absence.

Medical consultation means any medical services obtained from a licensed medical practitioner for an ailment, *sickness* or medical condition, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or *treatment*, and for which a diagnosis of the condition need not have been definitively made. This does not include regular medical checkups where no medical signs or symptoms existed or were found during the check-up.

Nuclear, chemical or biological means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- **Nuclear** means any occurrence causing bodily *injury*, *sickness*, disease, or death or loss of or damage to property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other hazardous properties of source, special nuclear, or by-product material.
- **Chemical agent** means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants, or material property.
- **Biological agent** means any pathogenic (disease-producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Period of coverage means the period from the *effective date* to the *expiry date* as indicated in this policy and for which premium has been paid.

Physician means a person other than the *insured*, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed and who is not related to the *insured* by blood or marriage.

Professional means an activity engaged in by the *insured*, who earns the majority of their income from such activity.

Sickness means illness or disease.

Spouse means a person who is legally married to the *insured*, or has been living in a common-law relationship (either opposite sex or same sex) with the *insured* for a continuous period of at least one year and who resides in the same household as the *insured*.

Terminal means a *sickness* or medical condition for which a *physician* gave a prognosis of eventual death or for which palliative care was received, prior to the *effective date*.

Travel supplier means a tour operator, travel wholesaler, airline, cruise line, provider of ground transportation or provider of commercial accommodation to the *insured* that is contracted to provide travel services to the *insured*, and that is licensed, registered or is otherwise legally authorized to operate and provide travel services.

Travelling companion means a person who has prepaid shared accommodation or transportation with the *insured*. (Maximum of 5 persons including the *insured*).

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

Trip means the period of travel contracted by the *insured* and for which coverage is in effect.

GENERAL PROVISIONS

Assignment

Any benefits payable or which may become payable under this policy cannot be assigned by the *insured*, and the *insurer* is not responsible for and will not be bound by any assignment entered into by the *insured*.

Automatic Extension of Coverage

1. This coverage shall be automatically extended for up to 72 hours if, during the *period of coverage*, the conveyance in which the *insured* is riding or is scheduled to ride as a passenger, scheduled to arrive at destination during the *period of coverage* is delayed due to circumstances beyond their control.
2. Coverage will be automatically extended for up to 5 days if medical evidence supports that the *insured* is medically unfit to travel due to a covered *sickness* or *injury* on or before the coverage *expiry date*.
3. If an *insured* is hospitalized at the end of the *period of coverage*, as a result of a covered *sickness* or *injury*, this coverage will be extended to the *insured* and *insured travelling companion(s)* remaining with the *insured* when reasonable and necessary, during the period of *hospital confinement*, plus 72 hours after release to travel home.

Benefit Payments

Unless otherwise stated, all provisions in this policy apply to each *insured* during one *period of coverage*.

Benefits are only payable under one policy, for each *insured* during the *period of coverage*. If more than one TIC policy is in effect at the same time, benefits will only be paid under one insurance policy, the one with the greatest sum insured. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by TIC at the time of application. Any benefits payable do not include interest charges.

Claim Submission

The *insured* or claimant if other than the *insured*, shall be responsible for the verification of:

1. Any medical costs incurred and shall obtain itemized accounts of all medical services which have been provided;
2. Any payment made by a provincial or territorial hospital/medical plan, or, if the *insured* is not covered or is not eligible for coverage, verification of any payment that would have been made;
3. Any payment made by any other insurance plan or contract;
4. Providing substantiating medical documentation from their province territory or country of residence at the request of TIC.

Failure to provide substantiating documents shall invalidate all claims under this insurance.

Contract

The application, completed medical questionnaire, confirmation of coverage, this policy, any document attached to this policy when issued, and any amendment to the policy agreed upon in writing after it is

issued, constitute the entire contract. Each policy or term of coverage is considered a separate contract. TIC reserves the right to decline any application or any request for extensions of coverage. No condition of this policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly expressed in writing and signed by TIC.

Coordination of Benefits

Coverage under this policy is in excess of all or any existing coverage concurrently in force held by and available to the *insured*, including but not limited to homeowners, tenants, multi-risk, any credit card, third-party liability, group or individual basic or extended health insurance or any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage. TIC will co-ordinate all benefits.

Reimbursement will not be made for any costs, services or supplies that are payable to the *insured* under a motor vehicle insurance policy or legislative plan pursuant to the 'no-fault' benefits schedule under any insurance act, or for which the *insured* receives benefits from any other party pursuant to any policy or legislative plan of motor vehicle insurance.

The *insured* may not claim or receive in total, more than 100% of the loss caused by the insured event.

Currency

All amounts stated in the policy including premium are in Canadian currency. At the option of TIC, benefits may be paid in the currency of the country where the loss occurred.

Governing Law

This policy will be governed by the laws of the Canadian province or territory in which the *insured* normally resides, or in the case of Visitors to Canada, the Canadian province or territory where the policy was issued.

Language

The parties request that the policy and all related documentation be drawn in English. Les parties demandent que la présente police ainsi que toute documentation pertinente soient rédigées en anglais.

Limit on Liability

It is a condition precedent to liability under this policy that at the time of application and on the *effective date*, the *insured* is in good health and knows of no reason to seek medical attention.

Misrepresentation or Nondisclosure

A failure to disclose or misrepresentation of any material fact by the *insured*, or fraud, either at the time of application or at the time of claim, shall render the entire contract null and void, and any claim submitted thereunder shall not be payable. Where there is an error as to the *insured's* age, provided that the insured is within the insurable age limits, the premiums will be adjusted according to the *insured's* correct age.

Premiums

The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates for the *insured's* age on the *effective date*.

Rights of Examination

The claimant shall provide TIC with the opportunity to examine the *insured* when and so often as it reasonably requires while a claim is pending. In the case of an *insured's* death TIC may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

Subrogation (Right of Recovery)

In the event of any payment of benefits under this policy, the *insurer* shall be subrogated to all the rights of the *insured* including without limitation, the right to proceed in the *insured's* name, but at the *insurer's* cost, against any third party that may be responsible for giving rise to a claim under this policy. The *insured* shall execute all documents required and shall co-operate fully with the *insurer* to secure such rights. The *insured* shall do nothing after the loss to prejudice the *insurer's* right of recovery.

Time

Expiry time of coverage is the time within the time zone where the *insured* was residing when the application was made.

REFUNDS

Refunds are prorated according to the period of time insured from the application date when:

1. The *insured* is unable to travel following **cancellation** of the insured *trip* by the *travel supplier*, provided all penalties are waived.
2. The *insured* is unable to travel following **rescheduling** of an insured *trip* by the *travel supplier*, provided all penalties are waived.
3. The *insured* cancels the *trip* before any penalties come into effect.

Premium refunds must be obtained from the agent where coverage was originally purchased unless purchased directly from TIC. There will be no refund of premium if any losses have been incurred whether or not a claim has been made. Premiums which are 100% refundable are charged a \$10 administration fee. Partial cancellations are charged a \$25 administration fee. These fees are deducted from the net amount to be refunded. Amounts less than \$10 will not be refunded.

CLAIMS PROCEDURES

1. Claims must be reported within 30 days of occurrence.
2. Written proof must be submitted within 90 days of occurrence.

Trip Cancellation & Interruption – CLAIM PROCEDURE

Important Notes:

- a) If an insured *trip* must be cancelled, the *travel supplier* or agent must be notified on the day (or the next business day) that the cause of cancellation occurs. Benefits are limited to the amounts that are non-refundable, at the occurrence date of the 'Insured Risk' that was the cause for cancellation, regardless of the date the *trip* is cancelled.
- b) Any fees for the completion of medical certificates or claims forms are not covered under this insurance.

When submitting your claim please include:

- a) **For Trip Cancellation, Interruption and Delay**
 - i. A fully completed and signed claim form. Incomplete forms will be returned and will delay processing of your claim.
 - ii. Both the *insured* and the claimant (if other than the *insured*) must sign the Authorization and Certification.
 - iii. A medical certificate completed by the treating *physician*. A copy of the patient's/deceased's medical records may be required.
 - iv. If cancellation is due to death, copy of death certificate.
 - v. If cancellation is due to any reason other than *sickness, injury* or death, please contact the TIC Claims Department for detailed claims requirements.
- b) **Trip Cancellation & Interruption – Prior to Departure (in addition to the requirements for item 1 above)**
 - i. Itemized copy of the invoice confirming the amount paid for your *trip*, including the cost of airfare, hotel, taxes, service fees and any other expenses.
 - ii. Proof of payment such as: a credit card statement, a copy of a cancelled cheque, or copy of the official receipt issued by the travel agency.
 - iii. Statement of refund from the *travel supplier* or agent if applicable.
 - iv. Original unused airline tickets and any other original travel documentation (if you did not get a refund from any other source).
- c) **Trip Cancellation & Interruption – After Departure (in addition to the requirements for item 1 above)**
 - i. Original unused airline ticket and passenger coupon of the new replacement ticket purchased to return home.
 - ii. If only a change fee was charged, receipt showing the amount charged.
 - iii. For an unused tour, provide a copy of the original invoice, breakdown of unused tour cost, and a copy of the travel itinerary.
 - iv. Any original receipts for out-of-pocket expenses incurred due to interruption or delayed return.
 - v. Any other documentation to support your claim.

Baggage – CLAIMS PROCEDURES

Important Notes:

1. Immediately notify the airline, bus, railroad, hotel or other authorities where the theft occurred and obtain an official report.
2. A police report is required in the event of stolen baggage or personal effects.

When submitting your Baggage claim please include:

1. A completed and signed claim form with a brief explanation of the incident leading to the loss.
2. An itemized list detailing the value of all lost or stolen items, together with proof of ownership such as receipts; photos, credit card statements, owners manuals, etc.
3. Copy of correspondence from any other source which may cover this loss, confirming payment or denying liability.
4. Copy of airline tickets and itinerary confirming departure and return dates.
5. **For Baggage delay** benefits include original receipts for essential items purchased in the event your baggage is delayed, along with a written report from the airline confirming that your luggage was delayed for 12 hours or more.
6. Any other documents to support your claim.

Flight Accident – CLAIMS PROCEDURES

Important Notes

1. To submit your claim, fill out the claim form completely and include all necessary documents. Incomplete information will cause delay.
2. Any costs incurred for documentation or required reports are the *insured's* or claimant's responsibility.

When submitting your Flight Accident claim please include:

1. Fully completed and signed claim form (completed by either the *insured* person, or in the case of death, by the appointed executor/executrix).
2. Copy of flight itinerary.
3. Copy of incident report from airline or airport.
4. Medical certificate completed by the attending *physician* or hospital medical records.
5. Death certificate (in the event of death).

Accidental Death & Dismemberment – CLAIMS PROCEDURES

Important Notes

1. To submit your claim, fill out the claim form completely and include all necessary documents. Incomplete information will cause delay.
2. Any costs incurred for documentation or required reports are the *insured's* or claimant's responsibility.

When submitting your Accidental Death & Dismemberment claim please include:

1. Police report including any witness' statements, if applicable
2. Coroner's report.
3. Death certificate

All claims forms are available online at: www.travelinsurance.ca or by calling TIC Claims Department.

SUBMIT CLAIMS TO:

TIC Claims Department

1200 – 438 University Avenue
Toronto, Ontario, Canada M5G 2K8
Collect worldwide: 416-340-8809
Toll free Canada/U.S.A.: 1-800-869-6747

STATUTORY CONDITIONS

Notwithstanding any other provisions herein contained, this contract is subject to the Statutory Conditions in the Insurance Act respecting contracts of Accident and Sickness Insurance. For Québec residents, notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Québec respecting contracts of Accident and Sickness Insurance.

In witness whereof, CO-OPERATORS LIFE INSURANCE COMPANY has caused this policy to be signed by its COO and Senior Vice President.

Administered by:

TIC Travel Insurance Coordinators Ltd.
1200 – 438 University Avenue
Toronto, Ontario
Canada M5G 2K8

Underwritten by:

Co-operators Life Insurance Company
1920 College Avenue
Regina, Saskatchewan
Canada S4P 1C4

Property risks are underwritten by:

The Sovereign General Insurance Company
500 – 6700 Macleod Trail S.E.
Calgary, Alberta
Canada T2H 0L3

EMERGENCY PROCEDURES

We are here to help. Our service is available 24 hours a day, 7 days a week. TIC Emergency Assistance also provides support and recommendations for non-medical emergencies, providing you with access to resources to help resolve any unexpected difficulties you encounter during your trip.

TIC EMERGENCY ASSISTANCE

Toll free Canada/U.S.A.: 1-800-995-1662

Toll free worldwide: 800-842-08420 or 00-800-842-08420

If unable to contact us through the toll free numbers
call collect: 416-340-0049

Contact us at www.travelinsurance.ca and initiate your claim
and we will contact you.

