

This Policy is valid only if the required premium has been received by Us.

SCHEDULE OF BENEFITS

PLAN 1: Emergency Medical Insurance	Maximum Limits -Up To-
Hospital & Emergency Medical Expenses	\$2,000,000
Emergency Evacuation and Repatriation	Unlimited
Subsistence & Out-of-Pocket Expenses (\$100 per day)	\$1,200
Expenses Related to Your Death	\$5,000
Bedside Companion Travel and Subsistence	Unlimited
Emergency Dental Treatment	\$1,800
Return of Children Under Your Care	Unlimited
Accidental Death & Dismemberment	
In-Flight	\$100,000
Non-Flight	\$50,000
24-HOUR EMERGENCY MEDICAL ASSISTANCE	Included

PLAN 2: Trip Cancellation/Interruption Insurance

Trip Cancellation	Sum Insured
Next Occupancy Charge	Unlimited
Trip Interruption	Unlimited

PLAN 3: Comprehensive Insurance

Includes all the coverages in PLANS 1 & 2 plus the following:

Change of Mind	\$250
Missed Connection	\$800
Schedule Change	\$800
Flight Delay (\$50 per 12 hours)	\$150
Return of Vehicle	Unlimited
Baggage & Personal Effects (Maximum \$250 per article)	\$2,000
Baggage Delay (\$50 per 24 hours)	\$500
Bag Trak™	Included
Vacation Rain Check (Travel voucher)	\$500

All benefits and premiums are quoted in Canadian dollars.

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 benefits 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 Plan 1 must be submitted and the premium must be paid prior to *Your Trip Departure Date*. Your Application for Plan 2 and 3 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.

Automatic Extension of Coverage: If *You, Your Travel Companion* or *Immediate 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. If *You* choose to extend *Your Trip* beyond the scheduled *Return Date* shown on the *Application for Insurance* for a reason not covered under this Policy, *You* must:

- a) Contact *Us* prior to the *Return Date* shown on the *Application for Insurance* and pay the required additional premium, provided a claim has not been incurred or is not pending; or
- b) Contact *Us* if *You* have had a medical consultation or experienced a *Medical Condition* during *Your Trip* that is not the reason for *Your* request for an extension of coverage.

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 have full rights of subrogation. In the event of a payment of a claim under this Policy, We will 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 in *Your* province or territory of residence in Canada. This Policy is governed by the laws and regulations of the province or territory in Canada in which *You* reside.

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, provincial or territorial law of *Your* province or 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/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 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.

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. Pregnancy, routine pre-natal care, childbirth, or complications of *Your* pregnancy or childbirth that happen during the 9 weeks before or anytime after the expected date of delivery;
2. Medical expenses incurred as the result of *Your Change(s) in Medication*;
3. A visa that is not issued due to a late application, or has been previously refused;
4. Any *Medical Condition* where information given by *You* in *Our* questionnaire (if required) was false, incorrect, incomplete, or misleading. In that case, We may choose to void *Your* Policy and refund *Your* premium;
5. Civil unrest, acts of foreign enemies, acts of war, or rebellion whether declared or not;
6. Any benefit that was not previously authorized or arranged in advance by *Us*;
7. 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;
8. Rock or *Mountain Climbing*, hang-gliding, parachuting, bungee jumping, or skydiving; participating in a motor sport or motor racing; *Your Professional* participation in an organized sport; or scuba diving unless *You* hold an open water diving certificate;
9. Committing or attempting to commit suicide, a criminal act or intentional self-inflicted injury; medication, drug or alcohol abuse; not following recommended or prescribed therapy or *Treatment*; a mental or emotional disorder or other acute psychosis that does not require admission to a *Hospital*;
10. Any unlawful acts committed by *You, Your Immediate Family* or *Your Travel Companion*, whether an insured or not;
11. A *Trip* that is undertaken for the purpose of visiting or attending to an ailing person if the *Medical Condition* or ensuing death is the cause of cancellation or curtailment of the *Trip* or delay beyond the contracted *Trip Return Date*;
12. Travel arrangements for which no premium was paid;
13. Medication commonly available without prescription; vaccinations, injections or medication received on a preventative basis; contraceptives; fertility drugs; or vitamin preparations;
14. HIV or Acquired Immune Deficiency Syndrome (AIDS) and sexually transmitted diseases or any possible consequences thereof;
15. Engagement in manual labour for wages or profit including the operation of transport vehicles;
16. Operating or learning to operate any aircraft, as pilot or crew;

17. Any interest, finance or late payment charge;
18. Elective or non-Emergency Medical or dental *Treatment*;

PLAN 1: EMERGENCY MEDICAL INSURANCE

This benefit is subject to the **GENERAL CONDITIONS** listed in this Policy. Coverage will begin on the *Departure Date* specified on the *Application for Insurance*. Coverage will terminate on the earlier of the *Return Date* specified on the *Application for Insurance* or the date *You* return to *Your* original departure point.

You must notify *Us* at 1-866-878-0192 or 416-621-0750 (collect) within 24 hours of 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 services or surgery with respect to such *Emergency* will not be covered and all coverage and benefits under this Policy will cease.

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 \$50,000 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 Policies after the end of the calendar year.

Hospital and Emergency Medical Expenses: We will pay this benefit up to the maximum limit of \$2,000,000 for the actual expenses related to the medical attention *You* need during *Your Trip* if a *Medical Condition* begins unexpectedly after *You* leave *Your* province/territory of residence, when these expenses are not covered by a Canadian provincial or territorial health insurance plan or any other related plan. Medical expenses will be limited to a maximum of \$10,000 if *You* are not covered under a Canadian provincial or territorial *Government Health Insurance Plan (GHIP)*. The medical attention must be required as part of *Your Emergency Treatment* and ordered by a *Physician* or a dentist.

This *Emergency* coverage also pays for:

- (a) Care received from a *Physician* in or out of a *Hospital*, the cost of a *Hospital* room, 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 drugs that are available only by prescription from a *Physician* or dentist.
- (b) Expenses to receive *Professional* services referred by a *Physician* – this means care received from a licensed chiropractor, osteopath, physiotherapist or podiatrist, up to \$250 per category of practitioner.
- (c) Expenses for ambulance transportation - this means local ground ambulance service to a medical service provider in an *Emergency*.

Emergency Evacuation and Repatriation: If *Our* medical advisors, in consultation with the attending *Physician*, recommend *Your* return to *Your* province/territory of residence or transfer to another *Hospital*, We will pay for one or more of the following via the most cost-effective itinerary:

- The extra cost of an economy class/charter fare;
- A stretcher fare on a commercial flight;
- The return economy class/charter 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*.

Subsistence & Out-of-Pocket Expenses: If a medical *Emergency* prevents *You* or *Your Travel Companion* from returning to *Your* original point of departure 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 expenses for meals, hotel, phone calls and taxis, up to \$100 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).

Expenses Related to Your Death: If *You* die during *Your Trip* due to a covered risk listed in this Policy, We will reimburse *Your* estate for:

- Transportation: the return *Home* of *Your* body (using customary airline procedures). Other Expenses:
- Up to \$3,000 for the preparation of *Your* body and the cost of the transportation container;
 - The return *Home* of *Your* ashes, plus up to \$2,000 to cremate *Your* body where *You* die; or

• Up to \$3,000 to have *Your* body prepared and the cost of a standard burial container, plus up to \$2,000 for *Your* burial where *You* die.

• In addition, 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 \$300 for that person's hotel and meal expenses. We will also cover this person for medical benefits listed in this Policy for 72 hours.

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 fare via the most cost-effective itinerary for someone to be with *You*. We will also pay up to \$300 for that person's hotel and meals and cover him/her under this Policy 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.

Child under Two (no seat): Medical coverage at no additional premium will be extended to *Your Child* under the *Age* of 2 (not occupying a seat) not including a *Child* born during the *Trip*.

Emergency Dental Treatment: *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.

Return of Children Under Your Care: If *You* are admitted to the *Hospital* for more than 24 hours or must return to *Your* province/territory of residence because of a *Medical Condition*, We will pay for the extra cost of the children's transportation to their original departure point via the most cost-effective itinerary and the return airfare of a qualified escort via the most cost-effective itinerary when the airline requires it. The children must have been under *Your* care during *Your Trip* and be covered under *Your* Policy.

Accidental Death and Dismemberment: If the total amount of all AD&D benefits *You* have under *Our* policies is more than \$100,000, *Our* aggregate liability will not exceed \$100,000 and any excess insurance will be void and the excess premiums paid will be refunded. *Our* maximum liability is limited to \$100,000 per person insured under this benefit. *Our* total aggregate limit is \$10,000,000 for any one accident:

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. Unless *You* have notified *Us* in writing prior to departure of the name of *Your* designated beneficiary, this benefit will be paid to *Your* estate.

In-Flight: This benefit applies only to an injury sustained by *You* while riding as a passenger (but not as a pilot, operator, or member of the crew) in an, on, boarding, or alighting from any multi-engine aircraft having a current and valid airworthiness certificate or any transport type aircraft 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, or while *You* are at an airport for the departure or arrival of the flight covered by this benefit or if making a flight connection, while riding over land or water at the expense of the airline, riding in a limousine or bus provided by the airport authority, or in a scheduled helicopter shuttle service between airports.

Non-Flight: This benefit applies only to an injury sustained by *You* resulting from incidents not described in In-Flight AD&D.

24-HOUR MERCURY INTERNATIONAL ASSISTANCE

Conditions for Mercury International Assistance

With all Hospital and Emergency Medical Expenses coverage, *Your* benefits include free 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, any time of day. 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.

Call *Us* 24-hours a day, seven days a week

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

For International call collect — 416-621-0750

Exclusions for PLAN 1: 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* initial *Trip* deposit if *You* are *Age* 59 or younger or
 - (b) within 180 days prior to *Your Trip* departure if *You* are *Age* 60 or older
- (applies to a and b) unless 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 exist symptoms which would cause a reasonably prudent person to seek diagnosis, care or *Treatment*.

2. Expenses incurred for medical care or services where travel was undertaken contrary to medical advice or after notice of a terminal prognosis has been given.

3. Unless otherwise provided 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*.

4. Transplants including but not limited to organ transplants or bone marrow transplants, artificial joints, or prosthetic devices/implants including any associated charges.

5. Cardiac procedures including cardiac catheterization, angioplasty or surgery, unless approval is specifically given by *Us* prior to the procedure being performed.

6. Expenses incurred whereby this Policy was purchased specifically to obtain *Hospital* or medical *Treatment* outside *Your* province or territory of residence in Canada whether or not recommended by *Your* attending *Physician*.

7. A disease, even if the proximate cause of its activation or reactivation is the *Accidental Bodily Injury*.

PLAN 2: TRIP CANCELLATION/INTERRUPTION INSURANCE

This benefit is subject to the **GENERAL CONDITIONS** listed in this Policy. Coverage will begin on the date of *Application for Insurance* provided the premium has been paid. If the value of *Your Trip* is more than \$10,000, *You* will be required to fill out *Our* medical questionnaire to determine *Your* eligibility. This benefit will terminate on the earlier of, 1) the *Return Date* specified on the *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, We will pay airfare and/or unused, non-refundable, prepaid travel arrangement costs as per the Schedule of Benefits, provided that the charges are not recoverable from any other source. If *You* must cancel *Your Trip* before the *Departure Date*, *You* must advise *Your* travel agent and/or *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*, a member of *Your Immediate Family, Your Key-person*, or a member of *Your Travel Companion's Immediate Family* 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 (excluding contract work) because of layoff or dismissal without just cause; or *Your* employer or *Your Spouse's* employer initiates that *You* or *Your Spouse* be transferred and must move *Your* principal residence (not applicable to self-employed persons).
4. *You, Your Spouse, Your Travel Companion, or Your Travel Companion's Spouse* are 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* are quarantined.

6. *You* or *Your Spouse* are 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* choose not to continue *Your Trip*.

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*.

Next Occupancy Charge: If *You* have prepaid shared accommodations and *Your*

Travel Companion(s) cancels for a covered risk and *You* elect to travel as originally planned, *You* will be reimbursed the next occupancy charge.

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).

Exclusions for PLAN 2:TRIP CANCELLATION/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 Travel Companion* or *Immediate 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 undertaken contrary to medical advice, or where a terminal 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. *Change(s) in Medication/Treatment* (in type or dosage) unless *You* advise *Us* directly and provide any requested medical information. If this information results in an increase in *Your* premium, *You* may have the option of paying the increased premium or exercising *Your* rights under the Trip Cancellation benefit for which *You* have paid.
6. 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*.
7. Expenses incurred as the result of inadequate or invalid passport, travel or visa documentation required by countries included in *Your* insured *Trip*.

PLAN 3: COMPREHENSIVE INSURANCE

The benefits of Plan 3 include all coverages, conditions and exclusions listed in this Policy and the following:

Change of Mind: *We* will reimburse *Your* cancellation penalties up to the maximum limit of \$250 for cancellation of a scheduled *Trip* by *You* prior to the *Departure Date* shown on the *Application for Insurance* because *You* have changed *Your* mind provided *Your Trip* has been paid in full.The Change of Mind benefit will not be paid in combination with any other benefit, nor will *We* pay any of *Your* additional occupancy charges when a *Travel Companion(s)* cancels his/her *Trip*.

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. (In the case of a private automobile, the automobile 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 \$150)

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.

Baggage and Personal Effects: This benefit 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. Call Travel Guard at 1-866-878-0191 or 416-628-6765 (collect).

Vacation Rain Check: *We* will provide payment in the form of a redeemable coupon 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 *Immediate Family* member, close friend, business associate 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 travel agency and tour operator which booked *Your* original interrupted *Trip* and the coupon cannot be used with the Change of Mind benefit. No benefit is payable if the travel companies named on the coupon are insolvent.

Exclusions for PLAN 3: COMPREHENSIVE INSURANCE

This coverage is subject to the **GENERAL EXCLUSIONS** and **Exclusions for Plan 1 and 2** listed in this Policy. Also, this Policy does not cover and no benefit is payable for any claim arising from:

1. Any items that are not checked as baggage with *Your* transportation carrier, 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, including passport, driver's licence, birth certificate or travel visa, items related to *Your* occupation, mobile phones, computers and accessories, 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.

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 the date of the *Application for Insurance*.

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* full-time 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.

Child Under Two: Child who was born before *Your Trip*, is under two years of *Age*, does not occupy a seat, and is a member of *Your Immediate Family* and travels with *You* during *Your Trip*.

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, physio-therapist, chiropractor or podiatrist during *Your Trip*.

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

Home: *Your* province or 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*.

Immediate Family: Refers to *Your Spouse*, natural, step, or adopted children, 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.

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 a member of *Your Immediate Family*.
Policy or Policies: This *Policy* contract, 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.

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 as his/her main paid occupation.

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*.

Schedule Change: The later departure of an airline carrier or the earlier departure of an airline carrier precluding the use of *Your* reserved connecting flight.

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.

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-potrayed symptoms.

Trip: Prepaid travel arrangements booked for travel between *Your Departure Date* and *Your Return Date*.

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 Industrial Alliance Pacific Life Insurance Company.This Policy is administered on *Our* behalf by Travel Guard Canada/Mercury International Assistance, 405 The West Mall, Suite 600, Toronto, Ontario, M9C 5J1; Tel: 416-628-6765 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 416-628-6765 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 Hospital and Medical Expenses:

- *You* must notify *Us* at 1-866-878-0192 or 416-621-0750 (collect) within 24 hours

of 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.

For Baggage and Personal Effects:

- Report loss or damage to police, local or conveyance authorities, tour operator representative, hotel manager, or official transportation representative as soon as possible and obtain a written report. Failure to submit this written report with *Your* claim will result in the denial of *Your* claim.
- In the event of theft or unauthorized use of *Your* credit cards, *You* must notify the credit card company immediately to reduce *Your* loss.
- *You* must also submit a letter of coverage or denial from the transportation carrier and/or homeowner's insurance company.
- Claims for valuable items must be accompanied by original receipts.

We utilize "The Fairness Principle" in settling claims. All denied claims which are disputed are sent to a mediator for review and *We* honour the mediator's decision. If mediation fails, all disputes shall be decided by the arbitration act of the province or territory where *You* reside or the Province of Ontario under the rules of arbitration legislation of the Canadian province or territory in which this Policy was issued or, in the absence of such legislation, in the Commercial Arbitration Act, R.S.C. 1998, C.17 (second supp.) as amended. In any event, legal action to recover a claim must start within 12 months from the date the insurance monies would have been payable if it were a valid claim.

TRAVEL INSURANCE POLICY

24-HOUR EMERGENCY ASSISTANCE

You must notify us within 24 hours of 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 Continental USA:

1-866-878-0192

**International (call collect):
416-621-0750**

Product Code: 800201 12/03 CT

