

/ICR Travel Insurance



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Section 1 – Important Notice

- **Read *your* policy**
Please read this policy carefully, particularly the sections relating to the insurance coverage(s) *you* have purchased. Some of the terms may limit the benefits payable to *you*.
- **Check the exclusion for pre-existing medical conditions**
A pre-existing medical condition exclusion may apply to medical conditions and/or symptoms that existed prior to *your* trip. Check to see how this applies in *your* policy and how it relates to *your* date of purchase or date of departure.
- **Medical history review**
In the event of an *accident, injury* or *sickness, your* prior medical history may be reviewed when a claim is reported.
- **Definitions**
Throughout this policy, words in italics have a specific meaning and are defined in the “Definitions” section.
- **Benefits limits**
All amounts are in Canadian currency, unless indicated otherwise.

What To Do in an Emergency

In the event of an *medical emergency* during a *covered trip, you* must call Global Excel Management Inc. (herein after called *Global Excel*), immediately, prior to seeking treatment:

MEDICAL ASSISTANCE

1-888-215-4091 toll free or
819-566-8477 collect

If it is not reasonably possible for *you* to contact *Global Excel* prior to seeking treatment, due to the nature of *your emergency, you* must have someone else call on *your* behalf or *you* must call as soon as medically possible. Failure to do so may limit benefits (see Section 4 - Limitations and Restrictions - Paragraph 2 - page 10).



TRAVEL & HEALTHCARE SOLUTIONS

TRIP CANCELLATION AND INTERRUPTION

In the event that *you* must cancel or interrupt *your covered trip*, *you* must contact *Global Excel* on the day the insured risk occurs or on the next business day:

1-877-644-4215 toll free or
819-566-4215 collect

Section 2 – Eligibility

1. To purchase this insurance, *you* must be under 75 years of age.
2. This insurance must be:
 - a. issued in Canada within 48 hours of booking *your* travel arrangements through Intrawest Central Reservations;
 - b. purchased prior to *your contracted* date of departure;
 - c. issued with the prior approval of **etfs** when the non-refundable amount of the *covered trip* exceeds \$12,000; and
 - d. purchased at the time of initial deposit or prior to any cancellation penalties being applicable to *you* for the *covered trip*.
3. This insurance is null and void if a *covered trip* is booked or undertaken:
 - a. contrary to medical advice;
 - b. while the applicant requires kidney dialysis; or
 - c. if the applicant has a terminal illness. Terminal illness means that the applicant has a medical condition that is cause for a *physician* to estimate that he has less than six months to live or for which palliative care have been received.
4. It is a condition precedent to the Insurer's liability under this policy that at the time of application:
 - a. the applicant knows of no reason for him, an *immediate family member*, a *travel companion* or a *travel companion's immediate family member*, to seek medical attention;
 - b. the applicant and his *travel companion(s)* must be deemed fit to undertake and complete the *covered trip* as booked.

Note: If this insurance is purchased in a manner other than as stated in this Section, the policy shall be null and void and the Insurer's sole liability will be limited to the refund of the insurance premium paid.

Section 3 – Insurance Agreement

A. The Contract

Note that this Policy, the Application and the Policy Confirmation all form part of *your* insurance contract and must be read as a whole. The Insurer will pay benefits specified in the Policy upon payment of the required premium, submission of a correct and complete application form and occurrence of an insured risk, subject to the terms, conditions, limitations, exclusions, definitions and other provisions of this Policy.

B. Period of Coverage

1. Emergency Medical Expenses, Accidental Death and Dismemberment and Baggage, Personal Effects and Sports Equipment:

- a. **Effective Date** – Coverage begins on the later of the following:
 - i. the date of departure for *your* trip; or
 - ii. the effective date as indicated on *your* Policy Confirmation.
- b. **Expiry Date** – Coverage terminates on the earlier of the following:
 - i. the date *you* return to *your* permanent place of residence or to *your* original point of departure; or
 - ii. the expiration date as indicated on *your* Policy Confirmation.

2. Trip Cancellation and Interruption:

- a. **Effective Date** – Coverage begins on the later of the following:
 - i. the date *you* pay the premium (either at the time of initial deposit or prior to any cancellation penalties being applicable to *your covered trip*); or
 - ii. the date a policy number is issued.
- b. **Expiry Date** – Coverage terminates on the earliest of the following:
 - i. the date the insured risk occurs (if the *covered trip* is cancelled prior to the date of departure); or
 - ii. the date *you* return to *your* point of departure; or
 - iii. the expiry date as indicated on *your* Policy Confirmation.

C. Automatic Extension of Coverage

Your coverage will be extended automatically, up to 24 hours, without additional premium upon notifying *Global Excel*, if *your* return to the point of departure is delayed beyond *your contracted* date of return due to the delayed arrival or departure of a *common carrier* aboard which *you* are scheduled to travel.

D. Premium Payment

Coverage is valid upon payment of premium subject to the eligibility requirements. The premium must be paid before *your* effective date. Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid or if no proof of *your* payment exists.

E. Refunds

7-Day Full Refund Provision

You may cancel *your* insurance policy within 7 days of purchase and receive a full refund of the premium paid, provided it was purchased at the same time as *your* travel arrangements and that *you* have not incurred a claim. To cancel the policy, *you* must submit *your* request to Intrawest Central Reservations in writing within 7 days of purchasing coverage.

However, *your* insurance policy is non-refundable if *your* trip begins within 14 days of premium payment.

Section 4 – Emergency Medical Expenses

A. Coverage Offered

This insurance provides payment for the *reasonable and customary costs* incurred by *you* in case of an *emergency* occurring while on a *covered trip* for the benefits set out below. The Insurer will pay such eligible expenses, to a maximum of \$7,500 (up to \$15,000 for Benefit 12) per *insured*, only in excess of those reimbursable under any group, individual, private or public plan or contract of insurance, including any auto insurance plan and *your* Canadian provincial or territorial government health insurance plan (for Canadian residents only).

B. Benefits

In order to be considered eligible expenses, many benefits listed in this section require the prior approval of *Global Excel*.

1. **Hospital Accommodations:** Up to the semi-private room rate (or an intensive care or coronary care unit when *medically necessary*).
2. **Physician Fees:** *Medical treatment* by a *physician*.
3. **Other Services:** When approved in advance by *Global Excel*, x-rays (including plasma x-rays) or blood when prescribed by the attending *physician* and due to an *emergency*. **Note:** This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies unless such services are approved in advance by *Global Excel*.
4. **Paramedical Services:** Services of a licensed chiropractor, chiropodist, osteopath, podiatrist or physiotherapist (other than an *immediate family member*), including x-rays, when approved in advance by *Global Excel*.
5. **Ambulance Services:** When reasonable and *medically necessary*, licensed ground ambulance service (also covers taxi fare in lieu of ground ambulance) to the nearest *hospital*.
6. **Private Duty Nursing:** The professional services of a registered private nurse (other than an *immediate family member*) as the result of a covered *emergency*, when *medically necessary* and while *hospitalized*, when approved in advance by *Global Excel*.
7. **Medical Appliances:** When approved in advance by *Global Excel*, the temporary rental of a wheelchair, crutches, braces, splints, trusses, *hospital*-type bed or other minor appliances required due to a covered *emergency* and while on the *covered trip*.
8. **Prescriptions:** Drugs and medicines that can only be obtained upon medical prescription, that are prescribed by a *physician* and that are supplied by a licensed pharmacist when required as a result of an *emergency*. This benefit does not cover drugs or medicines needed to stabilize a chronic condition or a medical condition which *you* had before *your* trip. Limited to a 30-day supply per prescription, unless *you* are *hospitalized*. To file a claim *you* must supply original receipts issued by the pharmacist, *physician* or *hospital*, indicating the total cost, prescription number, name of medication, quantity, date and name of the prescribing *physician*.

9. **Outpatient visits:** *Reasonable and customary costs* for treatment on an outpatient basis. A one time deductible of \$100 applies to all outpatient visits.
10. **Qualified Medical Attendant:** Fees for a qualified medical attendant (other than an *immediate family member*) to accompany *you* to *your* original point of departure when recommended by the attending *physician* and approved in advance and arranged by *Global Excel*. This includes return economy airfare and overnights lodging and meals (where necessary).
11. **Medical Repatriation:** Following a covered *emergency* and when *medically necessary*, the Insurer will reimburse the cost of a one-way economy airfare by the most direct route, for *you* to return to *your* permanent place of residence or to a *hospital* or medical facility closest to *your* permanent place of residence to continue receiving treatments.
12. **Medical Transfer:** When adequate treatment for *your* covered *emergency* is unavailable at the local *hospital* or medical facility, the Insurer will provide medical transfer, up to \$15,000, to receive the appropriate treatment. This benefit must be approved and arranged by *Global Excel*.
13. **Repatriation of Remains:** In the event of *your* death, up to a maximum benefit of \$5,000 towards the actual cost incurred for preparation of remains, homeward transportation of the deceased *insured person* to their permanent place of residence; or cremation and/or burial at place of death. The cost of the casket or urn is not covered by this benefit.
14. **Treatment of Dental Accident:** *Emergency* medical treatment at trip destination, to a maximum of 1,000 to repair or replace sound natural teeth or permanently attached artificial teeth injured as the result of an accidental blow to the face, provided *you* consult a *physician* or dentist immediately following the *injury*. An *accident* report is required for the *physician* or dentist for claims purposes. This benefit excludes crowns and root canal treatments.

C. Limitations and Restrictions

1. **Pre-Approval of Surgery, Invasive Procedure, Diagnostic Testing and Treatment** - *Global Excel* must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization), prior to the *insured* undergoing such surgery, procedure, testing or treatment. It remains *your* responsibility to inform *your* attending *physician* to call *Global Excel*

for approval, except in extreme circumstances where such action would delay surgery required to resolve a life-threatening medical crisis.

2. **Failure to Notify Global Excel** - Failure to notify and obtain prior approval from *Global Excel* will limit benefits payable to *you* to:
 - a. in the event of *hospitalization*, 70% of eligible expenses, based on *reasonable and customary costs*; and
 - b. in the event of an outpatient medical consultation, a maximum of one visit per *sickness* or *injury*.

You will be responsible for payment of any remaining charges.
3. **Transfer or Medical Repatriation** - During an *emergency* (whether prior to admission, during a *hospitalization* or after *your* release from the *hospital*), the Insurer reserves the right to:
 - a. transfer *you* to one of its preferred health care providers; and/or
 - b. return *you* to *your* permanent place of residence, for the *medical treatment* of *your sickness* or *injury* without danger to *your* life or health. If *you* choose to decline the transfer or return when declared medically stable by the Insurer, the Insurer will be released from any liability for expenses incurred for such *sickness* or *injury* after the proposed date of transfer or return.

Global Excel will make every provision for *your* medical condition when choosing and arranging the mode of *your* transfer or return and, in the case of a transfer, when choosing the *hospital*.

4. **Limitation of Benefits** - Once *you* are deemed medically stable to return to *your* permanent place of residence (with or without a medical escort) either in the opinion of the Insurer or by virtue of discharge from *hospital*, *your emergency* is considered to have ended, whereupon any further consultation, treatment, recurrence or complication related to the medical *emergency* will no longer be eligible for coverage under this policy.
5. **Availability and Quality of Care** - The Insurer is not responsible for the availability, quality or results of any *medical treatment* or transportation, or *your* failure to obtain *medical treatment* or *hospitalization*.

6. **Benefits Limited to Incurred Expenses** - The total benefits paid to *you* from all sources cannot exceed the actual expenses which *you* have incurred.

D. Exclusions

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

Exclusion 1 below applies to the following person: *you, your immediate family member, your travel companion, your travel companion's immediate family member or your business partner.*

1. Any *sickness, injury* or medical condition (other than a *minor ailment*) for which *you* have been *hospitalized*, have been prescribed medication (including prescribed as needed), have taken medication or have undergone a medical or surgical procedure at any time during the 60 *days* prior to the effective date of this insurance.
2. Any *sickness* or *injury* occurring before this coverage is in force or expenses for which no charge would normally be made in the absence of insurance.
3. *Injury* resulting from skiing/snowboarding outside the established boundaries of a ski resort (unless accompanied by a certified mountain guide or instructor).
4. Extreme or high risk sports, including but not limited to bodily contact sports, sky diving, hang gliding, bungee jumping, parachuting, heli-skiing/snowboarding, freestyle skiing/snowboarding, para-gliding, caving, ice-climbing, mountain-climbing, rock-climbing or competition of any kind.
5. Practicing for or participation in sanctioned competitive sports or professional sports.
6. Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.
7. Committing or attempting to commit an illegal act or a criminal act.
8. *Your* participation in and/or voluntary exposure to any risk form: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any services in the armed forces.
9. Treatment or *hospitalization* of mother or *child* as a result of pregnancy, miscarriage, abortion, childbirth or complications of any of these conditions occurring in the nine weeks before and/or after the expected delivery date.

10. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature.
11. Non-compliance with any prescribed medical therapy or medical treatment (as determined by the Insurer) or failure to carry out a *physician's* instructions.
12. Medication, drugs or toxic substance abuse or overdose (whether or not *you* are sane); alcohol abuse, alcoholism or an *accident* while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 millilitres of blood.
13. Elective and/or cosmetic surgery or treatment whether or not for psychological reasons.
14. *Hospitalization* or services rendered in connection with general health examinations for "check-up" purposes, treatment of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or treatment in connection with drugs, alcohol or any substance abuse.
15. Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain or suffering, or that *you* elect to have provided outside *your* usual place of residence when medical evidence indicates that *you* could return to *your* usual place of residence to receive such treatment. The delay to receive treatment in *your* usual place of residence has no bearing on the application of this exclusion.
16. Treatment or surgery during a trip when the trip is undertaken for the purpose of securing or with the intent of receiving medical or *hospital* services, whether or not such trip is taken on the advice of a *physician*; or a *sickness, injury* or related condition for which it was reasonable to expect treatment or *hospitalization* during *your covered trip*.
17. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by *Global Excel* prior to being performed, except in extreme circumstances where such surgery is performed on an *emergency* basis immediately upon admission to a *hospital*.
18. Treatment of a *sickness* or *injury* after the initial medical *emergency* has ended (as determined by the Insurer).
19. *Emergency* air transportation and/or car rental unless approved and arranged in advance by *Global Excel*.

20. Treatment not performed by or under the supervision of a *physician*, licensed dentist or practitioner (as specified under the Paramedical Services benefit).
21. Expenses incurred as a result of symptomatic or asymptomatic HIV infection, HIV-related conditions and AIDS (Acquired Immune Deficiency Syndrome), including any associated diagnostic tests or charges.
22. The purchase replacement cost (prescribed or not) loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses or prosthetic teeth, limbs or devices and resulting prescription therefrom.
23. Services provided by an optometrist or for cataract surgery.
24. The replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medication (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of a medical *emergency*.
25. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by *Global Excel*.
26. Flight *accident* (unless *you* are travelling as a fare-paying passenger on a commercial airline).
27. Self-exposure to exceptional risk, hazardous pursuits or occupations.

E. How to File a Claim

You must substantiate *your* claim by providing all required documents for the applicable insurance coverage. Failure to do so may result in non-payment of *your* claim. The Insurer is not responsible for charges levied in relation to any such documents. Note that incomplete documentation will be returned to *you* for completion.

For a claim under Emergency Medical Expenses, *you* must submit the following documents:

1. A completed claim form (available by contacting *Global Excel*).
2. Original itemized bills from the licensed medical provider(s) stating the patient's name, diagnosis, date and type of treatment, and the name, address and telephone number of the provider, as well as the original transaction documents proving that payment was made to the provider. Copies of itemized bills are accepted only if the *insured* has already dealt directly with his government health insurance plan.

3. Original prescription drug receipts from the pharmacist, *physician* or *hospital* indicating the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
4. If *you* are covered by other insurance:
 - a. the full name and address of *your* employer;
 - b. the policy number, name and address of any other insurance company.

Send all applicable documents listed above to:

Global Excel Management Inc.

73, Queen Street

Sherbrooke, Québec J1M 0C9

Telephone: 1-877-296-9922 toll-free
or 819-566-3937 collect

Section 5 – Trip Cancellation & Interruption

A. Coverage Offered

Insured Risks

Any of the following occurrences that prevent *you* from departing, travelling or returning on the scheduled dates of the *covered trip* is an insured risk.

1. *Sickness, injury* or death of *you*, a *travel companion*, an *immediate family member*, a *travel companion's immediate family member* or a business partner.
2. *You* or a *travel companion* are:
 - a. summoned for jury duty;
 - b. subpoenaed as a witness in a case; or
 - c. named as a plaintiff or a defendant in a civil suit.
 This insured risk applies only when the case is scheduled to be heard during the *covered trip* and the notice to appear is received after the date the insurance was purchased.
3. *Your* principal residence or that of a *travel companion* is rendered uninhabitable due to a fire (except if caused by *your* intentional fault), forest fire, flood, earthquake, blizzard, hurricane or tornado.
4. *You* or *your travel companion* are victim of hijacking or quarantine.
5. Unannounced airline strike that causes complete cessation of services for at least 2 days in the USA or Canada.
6. A new formal noticed issued by the Canadian or U.S. Government after this insurance was purchased

advising residents of either country not to travel, or to leave, a specific region of either country that is part of *your covered trip*. This coverage is only for Canadian residents or U.S. visitors.

7. A delay that causes *you* to miss or interrupt any part of *your covered trip* when, the *common carrier* or a prepaid connecting flight aboard which *you* are a passenger, is delayed due to weather or a mechanical failure, provided that the *common carrier* was scheduled to arrive at the *contracted* departure or return point at least two hours (or the required minimum reporting time, whichever is the greater) in advance of the *contracted* time of departure or return.

B. Benefits for Trip Cancellation

You must report the cancellation of *your covered trip* immediately. See Section G - How to File a Claim, page 18, for instructions. When the insured risk occurs before departure, this Policy provides for payment of one of the following amounts, up to the *sum insured*:

1. the non-refundable portion of the insured travel arrangements that *you* have paid for prior to *your* departure; this benefit is payable if *you* have not accepted, nor will *you* accept any compensatory travel arrangements "in lieu of" *your* cancelled travel arrangements from *your* travel supplier(s); or
2. upgrade expenses, up to \$500, for the extra cost of the next occupancy charge when an insured risks prevents a *travel companion* from departing on the *covered trip* and *you* elect to continue with the *covered trip*; or
3. reasonable transportation costs for *you* to travel to the destination of *your covered trip* by the most direct route if *you* miss the *contracted* departure due to the occurrence of insured risk.

C. Benefits for Travel Interruption

You must report the interruption of *your covered trip* immediately. See Section G - How to file a Claim, page 18, for instructions. When the insured risk occurs after departure, this Policy provides for payment of the following benefits:

1. If *you* must return earlier or later than the *contracted* date of return due to the occurrence of an insured risk:
 - a. up to the cost of a one-way economy airfare to the *contracted* point of departure or the fee charged by the airline to change *your contracted*

date of return as shown on *your* current and usable ticket, whichever is less; and

- b. the non-refundable portion of unused land arrangements (if any) paid prior to *your contracted* date of departure.

This benefit does not reimburse the unused portion of any travel ticket.

2. If *you* miss part of the *covered trip* due to the occurrence of an insured risk:
 - a. reasonable and additional transportation costs for *you* to rejoin the tour or group by the most direct route; and
 - b. the non-refundable portion of other unused land arrangements paid prior to *your contracted* date of departure.

When an applicable insured risk occurs, the insured is eligible for interruption benefits 1 or 2 above.

D. Travel Delay

1. In the event that *your* flight does not operate on time due to adverse weather or carrier delay or if *your covered trip* does not begin on time due to:
 - a. an *injury* or *sickness* of *you* or *your travel companion*; or
 - b. lost or stolen passport, travel documents or money (theft report required); or
 - c. quarantine;

this insurance will reimburse up to \$100 for each 24 hour period *you* are delayed up to a maximum of 5 days for reasonable, additional lodging and transportation expenses *you* incur because of a travel delay which lasts at least 12 hours. Benefits will also be paid if *you* are driving to the contracted ski resort and the highway *you* travel is closed by reason of inclement weather or a natural disaster, for at least 6 consecutive hours in a 24-hour period. *You* must make every reasonable effort to avoid additional expenses, and receipts are required.

Such expenses will not be paid if *you* receive reimbursement from another source. This benefit is limited to one delay during *your covered trip*. In addition, *you* will be reimbursed for the unused portion of *your covered trip*.

2. If *you* purchase scheduled air transportation for *your covered trip* and the outbound flight is delayed by adverse weather or mechanical failure for at least 48 hours, *you* may elect to abandon *your covered trip* at

that point and receive reimbursement for the non-refundable portion of *your covered trip*. You must check in for the flight according to *your* original itinerary and obtain a written statement from the airline confirming the date and time the flight departed and the reason it was delayed.

The insured is eligible for Travel Delay benefit 1 or 2 above.

E. Limitations and Restrictions

1. Coverage Limited to Non-Refundable Sums

Failure to notify *Global Excel* may limit the benefits payable to *you*. Only the sums that are non-refundable on the *day* the insured risk occurs shall be considered for the purpose of the claim.

2. Condition Precedent to Liability

It is a condition precedent to the Insurer's liability under this policy that at the time of application:

- a. *you* know of no reason for *you*, an *immediate family member*, a *travel companion*, or a *travel companion's immediate family member*, to seek medical attention;
- b. *you* and *your travel companion(s)* must be deemed fit to undertake and complete the *covered trip* as booked.

F. Exclusions

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

1. Any *sickness, injury* or medical condition (other than a *minor ailment*) for which *you* have been *hospitalized*, have been prescribed medication (including prescribed as needed), have taken medication or have undergone a medical or surgical procedure at any time during the 60 *days* prior to the effective date of this insurance.
2. Any *sickness* or *injury* occurring before this coverage is in force or expenses for which no charge would normally be made in the absence of insurance.
3. *Injury* resulting from skiing/snowboarding outside the established boundaries of a ski resort (unless accompanied by a certified mountain guide or instructor).
4. Extreme or high risk sports, including but not limited to bodily contact sports, sky diving, hang gliding, bungee jumping, parachuting, heli-skiing/snowboarding, freestyle skiing/snowboarding, para-gliding, caving, ice-climbing, mountain-climbing, rock-climbing or competition of any kind.

5. Practicing for or participation in sanctioned competitive sports or professional sports.
6. Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.
7. Committing or attempting to commit an illegal act or a criminal act.
8. *Your* participation in and/or voluntary exposure to any risk form: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any services in the armed forces.
9. Treatment or *hospitalization* of mother or *child* as a result of pregnancy, miscarriage, abortion, childbirth or complications of any of these conditions occurring in the nine weeks before and/or after the expected delivery date.
10. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature.
11. Non-compliance with any prescribed medical therapy or medical treatment (as determined by the Insurer) or failure to carry out a *physician's* instructions.
12. Medication, drugs or toxic substance abuse or overdose (whether or not *you* are sane); alcohol abuse, alcoholism or an *accident* while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 millilitres of blood.
13. Elective and/or cosmetic surgery or treatment whether or not for psychological reasons.
14. *Hospitalization* or services rendered in connection with general health examinations for "check-up" purposes, treatment of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or treatment in connection with drugs, alcohol or any substance abuse.
15. Delay or cancellation of *your covered trip* due to lack of snow at trip destination.
16. Financial default of travel providers or Travel Consultant.
17. Airline or hotel overbooking which cause cancellation or delay of *your covered trip*.
18. Job transfer, military duty or any employment-related problems.
19. Delay or cancellation of *your covered trip* due to being detained by any Customs authority.

20. Labour disruptions or strikes (legal or illegal). This exclusion does not apply to Insured Risk #5.

21. *Sickness, injury* or medical condition if *you*, a *travel companion* or an *immediate family member* of *you* or *your travel companion* are awaiting or undergoing any surgery, medical test(s) examination(s), monitoring or consultation prior to purchase:

- a. for an existing medical condition, other than a regular medical check-up. (In the eventuality of a claim, the dates of the last and next medical check-up must be provided.);
- b. for a new or changed medical condition which may eventually cause *you* to seek medical attention.

22. A return earlier or later than the *contracted* date of return, unless recommended by the attending *physician*.

23. A return delayed more than 10 *days* beyond the *contracted* date of return, unless *you*, an *immediate family member* or a *travel companion* were *hospitalized* for at least 48 consecutive hours within the 10-day period.

24. Any cause or event which might reasonably have been expected to necessitate the immediate return of the *insured*.

25. Flight *accident* (unless *you* are travelling as a fare-paying passenger on a commercial airline).

26. Self-exposure to exceptional risk, hazardous pursuits or occupations.

G. How to File a Claim

You must substantiate *your* claim by providing all required documents for the applicable insurance coverage. Failure to do so may result in non-payment of *your* claim. The Insurer is not responsible for charges levied in relation to any such documents. Note that incomplete documentation will be returned to *you* for completion.

For a Claim under Trip Cancellation or Interruption

1. The *physician* recommending cancellation, interruption or delay of the *covered trip* must be *your* personal *physician* or a *physician* actively and personally attending to *your* care.
2. *You* must call the *Global Excel* Cancellation Desk (at 1-877-644- 4215 toll free or 819-566-4215 collect) and *your* Travel Consultant on the *day* the insured risk occurs or on the next business *day* to advise them of *your* cancellation or interruption. Failure to notify

Global Excel may limit the benefits payable to *you*. Only the non-refundable prepaid amounts that apply on the *day* the insured risk occurs shall be considered for the purpose of *your* claim.

3. When *you* contact the *Global Excel* Cancellation Desk and *your* Travel Consultant by telephone, be prepared to provide the following information:
 - a. *your* name;
 - b. *your* policy number;
 - c. the insurance plan *you* purchased;
 - d. *your contracted* dates of travel for the *covered trip*;
 - e. the reason why *you* are cancelling or interrupting *your covered trip*; and
 - f. the telephone, fax number and/or e-mail address where *you* can be contacted immediately.
4. Once *you* have reported the cancellation or interruption of *your covered trip* (as described in 1. and 2. above), *you* must submit the documents listed below to *Global Excel* at the address indicated on page 21. Please ensure *you* complete the following steps.

You must submit the following documents:

1. A claim form (available by contacting *Global Excel*) fully completed and signed by *you* as well as by *your* regular attending *physician* or the *physician* actively attending to *your* care who is recommending that *you* do not travel on the dates of *your covered trip*.
2. Original invoices receipts for transportation and transfer vouchers.
3. Original airline tickets. If any part of the airline ticket is refundable (taxes or penalty) please proceed first with the refund and send us a copy of the airline ticket and proof of refund.
4. Original receipts as proof of payment for *your covered trip* showing date(s), amount(s) paid, travel agency service fees and penalties and the method of payment for *your* insurance. This is required for all the deposits and final payments *you* made to *your* Travel Consultant for *your covered trip*.

For Travel Cancellation

5. For a claim under insured risk 1 due to death or *hospitalization*, a claim form (available by contacting *Global Excel*), a death certificate and *hospital* records as well as an explanation of *your* relationship to the person in question and why this event caused *you* to cancel *your covered trip*.

6. For a claim under insured risks 2 to 7, proof of the insured risk's occurrence, as follows:
 - a. for insured risk 2, a copy of the notice of hearing, summons, subpoena or any other court document showing the date *you* must appear in court;
 - b. for insured risk 3, 4 or 5, the applicable reports from the proper authorities;
 - c. for insured risk 6, a proof of the travel advisory or formal notice;
 - d. for insured risk 7, the original airline ticket(s) and/or an original cancellation invoice, the transfer vouchers, or in the case of a mechanical failure, an applicable letter from the airline company confirming such failure.

For Travel Interruption or Travel Delay

7. For a claim under insured risks 1, 4, 5, and 7 or under the Travel Delay Benefit:
 - a. The original: airline tickets, transfer vouchers and other travel documents prepaid for *your covered trip*.
 - b. An explanation of the events that caused *you* to interrupt *your covered trip* under the insured risk.
 - c. Complete details and dates of the event and an explanation of *your* relationship to the person in question where a person other than *yourself* is involved.
 - d. For *hospitalization*, death or repatriation: a copy of the *hospital* records, death certificate, receipts from airlines, funeral homes and other expenses covered under the insured risk.
8. *Global Excel* may ask *you* or *your* attending *physician* to provide additional evidence to support *your* claim. The existence of a pre-existing medical condition may be established using the medical records held by the claimant's attending *physician(s)* or any *hospital(s)* for the purpose of determining the validity of a claim. In this event, *you* will be responsible for any fees required to substantiate *your* claim. *You* may also be required to undergo examination by one or more of our *physicians*. In this event, *Global Excel* will cover any associated costs.

Send all applicable documents listed above to:

Global Excel Management Inc.
73, Queen Street
Sherbrooke, Québec J1M 0C9
Telephone: 1-877-296-9922 toll-free
or 819-566-3937 collect

Section 6 – Baggage, Personal Effects and Sports Equipment

A. Coverage Offered

Loss of, or damage to, the baggage, personal effects and *sports equipment* *you* own and use by reason of theft, burglary, fire or transportation hazards during the *covered trip*, to a maximum *sum insured* of \$1,000 (\$500 for Baggage Delay). The Insurer will reimburse eligible expenses only in excess of those reimbursable under any other source. This insurance does not cover mysterious disappearance.

B. Benefits

The Insurer reserves the right to repair or replace damaged or lost property with other property of like quality and value and shall not be liable beyond the *actual cash value* of such property at the time of loss or damage. When, after a reasonable period of time, property lost by the *common carrier* is not found, any claim will be adjusted and paid.

1. **Personal Effects** - The *actual cash value* or \$500, whichever is less, in respect of any one item or set of items. Jewellery, cameras (including camera equipment) or *sports equipment* are respectively considered a single item. This benefit is subject to a \$50 deductible and a limit of \$2,000 applies per family.
2. **Baggage Delay** - Up to \$100 for each 24 hour period not to exceed a maximum of \$500, to purchase necessary toiletries in the event that *your* checked baggage is delayed by the *common carrier* for more than 24 hours. If *your sports equipment* is also delayed by the *common carrier*, for a period exceeding 24 hours, the Insurer will reimburse up to \$50 for each 24 hour period, not to exceed a maximum of \$250, for the cost of renting *sports equipment*. The delay must occur while en route and before returning to *your contracted* point of departure. To file a claim, *you* must supply proof of delay of checked baggage

from the *common carrier* and original purchase receipts.

C. Limitations and Restrictions

Total Benefits Limited to Actual Expenses - The total benefits paid to *you* from all sources cannot exceed the actual expense which *you* have incurred.

D. Exclusions

This insurance does not cover losses or expenses, caused directly or indirectly, in whole or in part, by:

1. Detention or confiscation by any Customs authority.
2. Belongings insured under another insurance policy.
3. Loss or damage by theft from an unattended *vehicle* unless it was locked and there was visible evidence of forced entry.
4. Property shipped under Freight Contract.
5. *Sports equipment* temporarily stored at a hotel or restaurant unless securely locked.
6. Rented items.
7. Committing or attempting to commit an illegal act or criminal act; property illegally acquired, kept, stored or transported.
8. Loss or damage caused by any imprudent action or omission by the *insured person*.
9. Labour disruptions or strikes (legal or illegal).
10. Jewellery, cameras, camera equipment and *sports equipment* while held by a *common carrier*.
11. Money and currency (including any form thereof), credit cards, securities, tickets, documents, items pertaining to business, paintings, statuary, china, breakage of fragile articles, glass objects, art objects, antiques, household effects.
12. The purchase or replacement cost (prescribed or not), loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses or prosthetic teeth, limbs or devices and resulting prescription therefrom.

E. How to File a Claim

For a claim under Baggage, Personal Effects and Sports Equipment

1. **Important** - In the event of loss due to theft, burglary, robbery or malicious mischief, *you* must notify and obtain supporting documentary evidence from the police immediately upon discovery. Failure to report the loss to the police shall invalidate any claim under this insurance for such loss.

2. To file a claim, *you* must:
 - a. take all reasonable steps to protect, save and/or recover the property;
 - b. notify *Global Excel* of the loss within 24 hours (see page 4 for the telephone number);
 - c. promptly notify and obtain supporting documentary evidence from the transportation authorities in whose custody the insured property was at the time of loss or promptly notify the hotel manager, tour guide or police; and
 - d. provide adequate proof of loss, ownership and *actual cash value* within 90 *days* from the date of loss.

Failure to comply with these conditions shall invalidate any claim under this insurance for such loss.

You must submit:

3. A completed claim form (available by contacting *Global Excel*).
4. A copy of the insurance policy with the confirmation number identified prominently.
5. **For loss:**
 - a. a report by the police and either the hotel manager, tour guide or transportation authorities in whose custody the insured property was at the time of loss;
 - b. adequate proof of loss, ownership and itemized value along with a detailed statement within 90 *days* from the date of loss (failure to supply such information shall invalidate *your* claim);
 - c. a Property Irregularity Report when luggage is lost or damaged while in the custody of the airline or *common carrier*;
 - d. adequate proof of home insurance coverage and/or amount of deductible (if applicable).
6. **For baggage delay:**
 - a. original itemized receipts for expenses actually incurred;
 - b. a copy of the baggage claim ticket;
 - c. a copy of *your* airline ticket;
 - d. a copy of the airline report confirming the delay of *your* checked baggage including the reason and the duration of the delay;
 - e. a copy of the delivery receipt for *your* checked baggage.

Send all applicable documents listed above to:

Global Excel Management Inc.

73, Queen Street

Sherbrooke, Québec J1M 0C9

Telephone: 1-877-296-9922 toll-free
or 819-566-3937 collect

Section 7 – Accidental Death and Dismemberment

A. Coverage Offered

1. Flight Accident

Death or dismemberment as a result of *injury* sustained during the *covered trip* while *you* are travelling as a passenger, boarding or alighting from a flight of a multiple engine transport type *aircraft* operated by a licensed airline maintaining published schedules, or chartered airline or airport limousine or bus, or surface vehicle substituted by the airline, up to a *sum insured* of \$15,000.

2. Common Carrier Accident

Death or dismemberment as a result of *injury* sustained during the *covered trip* while *you* are travelling as a passenger, boarding or alighting from a conveyance provided by a *Common Carrier*, up to a *sum insured* of \$10,000.

3. 24-Hour Accident

Death or dismemberment as a result of *injury* sustained during the *covered trip* while *you* are in any situation other than those listed in *Flight Accident* and *Common Carrier Accident*, up to a *sum insured* of \$5,000.

B. Benefits

The greatest of the following benefits is payable for all losses resulting within 120 *days* from the date of a single *accident* described above in Coverage Offered, Section 7. A. and as a direct result thereof:

1. 100% of the *sum insured* if one single *accident* results in loss of life, dismemberment of two limbs or loss of sight in both eyes.

Note: The benefit for dismemberment of two limbs or loss of sight in two eyes is payable only if such dismemberment results directly from a single *accident*.

2. 50% of the *sum insured* for dismemberment of one limb or loss of sight in one eye.

Note: “Loss” in reference to dismemberment means the actual, complete severance at or above the wrist or ankle joint. Loss of sight means the complete and irrecoverable loss of eyesight, which loss cannot be substantially corrected or remedied through simple treatment or corrective lenses.

C. Limitations and Restrictions

1. **Coverage Limited to Greatest Loss** - Should more than one covered loss be sustained as the direct result of a single *accident*, only the single greatest of the benefits is payable.
2. **Coverage Limited to Sum Insured** - The total benefits payable for one or more *accidents* occurring during the same *covered trip* shall not exceed the *sum insured*.
3. **Excess Coverage** - If the total amount of all Accidental Death and Dismemberment insurance coverage that *you* purchase from the Insurer with respect to the same *covered trip* exceeds \$15,000 in the aggregate, then any such excess is void and the Insurer’s only liability with respect to such excess will be to refund the premiums relating to such excess insurance coverage.
4. **Aggregate Limit** – The aggregate liability of the Insurer under this the Accidental Death and Dismemberment coverage with respect to any one *insured person* is limited to \$15,000 in the aggregate. The maximum amount of the Accidental Death and Dismemberment coverage for which *you* can be covered under this Policy and all other Accidental Death and Dismemberment policies issued by the Insurer is limited to \$500,000 in the aggregate. Any amount purchased in excess of this amount will be void and the premiums will be refunded.
The Insurer’s maximum liability under this Policy and all other Accidental Death and Dismemberment policies issued by the Insurer with respect to any one incident is limited to \$10,000,000 in the aggregate, which will be shared proportionately among all claimants entitled to claim. In addition, the Insurer’s maximum liability under this Policy and all other Accidental Death and Dismemberment Policies issued by the Insurer under this coverage with respect to more than one incident occurring during the calendar year is limited to \$20,000,000 in the aggregate.

D. Exclusions

This insurance does not cover losses or expenses caused directly or indirectly, in whole or in part, by:

1. Any *sickness* or *injury* occurring before this coverage is in force or expenses for which no charge would normally be made in the absence of insurance.
2. *Injury* resulting from skiing/snowboarding outside the established boundaries of a ski resort (unless accompanied by a certified mountain guide or instructor).
3. Extreme or high risk sports, including but not limited to bodily contact sports, sky diving, hang gliding, bungee jumping, parachuting, heli-skiing/snowboarding, freestyle skiing/snowboarding, para-gliding, caving, ice-climbing, mountain-climbing, rock-climbing or competition of any kind.
4. Practicing for or participation in sanctioned competitive sports or professional sports.
5. Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.
6. Committing or attempting to commit an illegal act or a criminal act.
7. *Your* participation in and/or voluntary exposure to any risk form: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any services in the armed forces.
8. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature.
9. Non-compliance with any prescribed medical therapy or medical treatment (as determined by the Insurer) or failure to carry out a *physician’s* instructions.
10. Medication, drugs or toxic substance abuse or overdose (whether or not *you* are sane); alcohol abuse, alcoholism or an *accident* while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 millilitres of blood.
11. Self-exposure to exceptional risk, hazardous pursuits or occupations.
12. Labour disruptions or strikes (legal or illegal).
13. Participation in:
 - a. any sports as a professional athlete (person who engages in an activity as one’s main paid occupation);

- b. any competitive motorized sporting events, racing or motorized speed contests.

14. *Injury* sustained while making a parachute jump for any purpose other than to save *your* life.
15. Flight *accident* (unless *you* are travelling as a fare-paying passenger on a commercial airline).

E. How to File a Claim

For a claim under Accidental Death and Dismemberment, *you* must contact *Global Excel* for forms and instructions.

Section 8 - International Assistance Services

Global Excel answers *your* questions 24 hours a day, 7 days a week.

Emergency Call Centre

No matter where *you* travel, professional assistance personnel are ready to take *your* call. We also provide *you* with Canada Direct instructions and codes so that *you* deal only with Canadian telephone operators.

Referrals

Global Excel can refer *you* to a medical provider (*hospitals*, clinics and *physicians*) that is closest to where *you* are staying. With a referral, it is less likely that *you* will have to pay for services out-of-pocket.

Benefit Information

Explanation of *your* policy is available to *you* and to the medical providers who are treating *you*.

Medical Consultants

Our team of medical professionals, available 24 hours a day, will monitor the services given in the event of a serious *emergency*. If necessary, we will help *you* to return to Canada for the care *you* need.

Urgent Message Relay

In the event of an *emergency*, we will contact *your travel companion* to keep him apprised of *your* medical situation, and we will help *you* exchange important messages with *your* family.

Interpretation Service

We can connect *you* to a foreign language interpreter when required for *emergency* services in foreign countries.

Direct Billing

Whenever possible, we will instruct the *hospital* or clinic to bill *Global Excel* directly.

Claims Information

We will answer any questions *you* may have about the eligibility of *your* claim, our standard verification procedures and the way that *your* policy benefits are administered.

Section 9 - General Provisions

Subrogation

If an *insured person* suffers a loss covered under this policy, the Insurer is granted the right from the *insured person* to take action to enforce all the rights, powers, privileges and remedies of the *insured person* upon making payment or accepting the claim to the extent of the incurred losses, against any person, legal person or entity which caused such loss. Additionally, if No Fault benefits or other collateral sources of payment of expenses are available to the *insured person*, regardless of fault, the Insurer is granted the right to make a demand for, and recover those benefits. If the Insurer institutes an action, the Insurer may do so at its own expense, in the *insured person's* name, and the *insured person* will attend at the place of loss to assist in the action. If the *insured person* institutes a demand or action for a covered loss he shall immediately notify the Insurer so that it may safeguard its rights. The *insured person* shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph and shall do such things as are necessary to secure the Insurer's rights.

Other Insurance

This insurance is a second payor plan. For any loss or damage insured by, or for any claim payable under any other liability, group or individual basic or extended health insurance plan, or contracts including any private or provincial or territorial auto insurance plan providing *hospital*, medical, or therapeutic coverage, or any other insurance in force concurrently herewith, amounts payable hereunder are limited to those covered benefits incurred outside the province of residence that are in excess of the amounts for which an *insured person* is insured under such other coverage.

All coordination with employee related plans follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the Insurer seek to recover against employment related plans if the lifetime maximum for all in-country and out-of-country benefits is \$50,000 or less. If the lifetime maximum for all in-

country and out-of-country benefits is over \$50,000, the Insurer will coordinate benefits only above this amount.

Misrepresentation and Non-Disclosure

The entire coverage under this policy shall be voidable if the Insurer determines, whether before or after loss, *you* have concealed, misrepresented or failed to disclose any material fact or circumstance concerning this policy or *your* interest therein, or if *you* refuse to disclose information or permit the use of such information, pertaining to any of the *insured persons* under this contract of insurance.

Arbitration

Notwithstanding any clause in the present policy, the parties hereto undertake to submit to an arbitration procedure, to the exclusion of the courts, any present or future dispute relating to a claim. The arbitration proceedings shall be governed by arbitration laws in force in the Canadian province or territory of residence of the *insured*. The parties agree that any action will be referred to arbitration.

Applicable Law

This contract of insurance is governed by the laws of *your* Canadian province or territory of residence. Any legal proceeding by *you*, *your* heirs or assigns shall be brought in the courts of the Canadian province or territory of residence of the *insured*.

Safeguarding your Privacy

The Insurer places great importance on the protection of *your* privacy. The Insurer collects *your* personal information when *you* apply for this insurance and in the event of a claim, to provide *you* with insurance services and to analyze *your* claim. This information remains confidential, as is required under applicable federal and provincial laws. In the event of a claim, the Insurer may collect *your* personal health information held by a third party. This information may be released to employees of *Global Excel* and the Insurer for claims analysis and to better serve *you*.

In no case will the Insurer release this information to any person or organization that is not clearly entitled to it without first seeking *your* consent. For privacy information, please see www.royalsunalliance.ca, or call us at 1-800-716-4339.

Section 10 – Statutory Conditions

The Contract

The application, this policy, any document attached to this policy when issued, and any amendment to the contract agreed upon in writing by the Insurer after the policy is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

Waiver

The Insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the Insurer.

Copy of Application

The Insurer shall, upon request, furnish to the *insured* or to a claimant under the contract a copy of the application.

Material Facts

No statement made by *you* at the time of application for this contract shall be used in defense of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Notice and Proof of Claim

The *insured* or a beneficiary entitled to make a claim, or the agent of any of them shall:

- give written notice of claim to *Global Excel* by delivery thereof or by sending it by registered mail to *Global Excel* not later than 30 *days* from the date the claim arises under the contract on account of an *accident*, *sickness* or insured risk;
- within 90 *days* from the date a claim arises under the contract on account of an *accident*, *sickness* or insured risk, furnish *Global Excel* such proof of claim as is reasonably possible in the circumstance of the happening of the *accident* or the commencement of the *sickness* and the loss occasioned thereby, the right of the claimant to receive payment, his or her age, and the age of the beneficiary, if relevant; and
- if so required by *Global Excel*, furnish a satisfactory certificate as to the cause or nature of the *accident*, *sickness* or insured risk for which a claim may be made under the contract and as to the duration of such disability.

Failure to Give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the prescribed period above does not invalidate the claim if the notice or proof is given or furnished as soon as is reasonably possible, and in no event later than one year from the date of *emergency* if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

Insurer to Furnish Forms for Proof of Claim

The Insurer shall furnish forms for proof of claim within 15 days after receiving notice of claim, but where the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the *accident* or *sickness* giving rise to the claim and of the extent of the loss.

Rights of Examination

As a condition precedent to recovery of insurance money under this contract:

- a. the claimant shall afford to the Insurer and *Global Excel* an opportunity to examine the *insured person* when and so often as it reasonably requires while the claim hereunder is pending; and
- b. in the case of death of the *insured*, the Insurer and *Global Excel* may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

When Money Payable

All money payable under this contract shall be paid by the Insurer within 60 days after it has received proof of claim.

Limitation of Actions

An action, arbitration or similar proceeding against the Insurer for the recovery of a claim under this contract shall not be commenced more than one year (two years in the Northwest Territories, three years in the province of Québec) after the date the insurance money became payable or would have become payable if it had been a valid claim. If this limitation is invalidly shorter than the limitation prescribed by the laws of the province or territory in which this policy was issued, an action, arbitration or similar proceeding against the Insurer shall not be commenced later than the shortest limitation period prescribed by the laws of that province or territory. The limitation periods stated in this section apply to all plans and benefits of this policy and to all endorsements thereof.

Section 11 - Definitions

Accident means a fortuitous, sudden, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily *injury*.

Actual Cash Value means the estimated value at the time of loss.

Aircraft means a fixed wing multi-engine transport aircraft with an authorized take-off weight greater than 35,000 lbs. (15,900 kg) operated between licensed airports by a scheduled or charter airline of Canadian or foreign registry holding a valid National Transportation Agency License, Regular Specific Point or Charter Air Carrier License or its foreign equivalent, insofar as the aircraft is being used at the time as a conveyance in the capacity authorized by the airline's Scheduled Regular Specific Point or Charter Air Carrier License.

Child(ren) means an unmarried *child* of the *insured* or his *spouse*, who is on the date of purchase:

- a. under 21 years of age;
- b. a full-time student under 26 years of age;
- c. of any age if the child has a permanent physical impairment or a permanent mental deficiency.

Common Carrier means a conveyance (bus, taxi, train, boat, airplane or other *vehicle*) which is licensed, intended and used to transport paying passengers.

Contracted, in reference to a destination, a date or the time and place of arrival or departure, means that which is indicated in the travel documents for the *covered trip*.

Covered Trip means the travel arrangements which *you* have *contracted* and paid in advance of departure and for which an insurance premium has been paid in full to cover the total non-refundable amount of such travel arrangements.

Day means 24 consecutive hours.

Emergency means that *you* require immediate *medical treatment* for the relief of acute pain or suffering resulting from an unexpected and unforeseen *sickness* or *injury* occurring while on a *covered trip* and that such *medical treatment* cannot be delayed until *your* return to *your* province or territory of residence.

Global Excel means the company appointed by the Insurer to provide medical assistance and claims services.

Hospital means an institution which is designated as a hospital by law; which is continuously staffed by one or more *physicians* at all times; which continuously provides nursing services by graduate registered nurses; which is

primarily engaged in providing diagnostic services and medical and surgical treatment of a *sickness* or *injury* in the acute phase, or active treatment of chronic conditions; which has facilities for diagnosis, major surgery and in-patient care. The term hospital does not include convalescent, nursing, rest or skilled nursing facilities, whether separate from or part of a regular general hospital, nor a facility operated exclusively for the treatment of persons who are mentally ill, aged, drug or alcohol abusers.

Hospitalized or **Hospitalization** means an *insured* who occupies a *hospital* bed for more than 24 hours for *medical treatment* and for which admission was recommended by a *physician* when *medically necessary*.

Immediate Family Member means *your* mother, father, sibling, *child*, *spouse*, grandparent, grandchild, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law and sister-in-law.

Injury means an unexpected and unforeseen harm to the body caused by an *accident*, occurring while on a *covered trip* and requiring immediate *emergency* treatment that is covered by this policy.

Insured, Insured Person, You, Your and Yourself refers to any eligible person who is named on the confirmation of insurance.

Medical Treatment means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is *medically necessary* and which is prescribed by a *physician*. Medical Treatment includes *hospitalization*, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the *sickness*, *injury* or symptom.

Medically Necessary, in reference to a given service or supply, means such service or supply:

- a. is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- b. is not experimental or investigative in nature;
- c. cannot be omitted without adversely affecting *your* condition or quality of medical care;
- d. cannot be delayed until *your* return to *your* province, territory of residence or Canada.

Minor Ailment means any *sickness* or *injury* which does not require the use of medication for a period greater than 15 *days*, more than one follow-up visit to a *physician*, *hospitalization*, surgical intervention, or

referral to a specialist, and which ends at least 30 consecutive *days* prior to the departure date. However, a chronic condition or any complication of a chronic condition is not considered a minor ailment.

Physician means a medical practitioner whose legal and professional standing within his jurisdiction is equivalent to that of a doctor of medicine (M.D.) licensed in Canada, who is duly licensed in the jurisdiction in which he practices, who prescribes drugs and/or performs surgery and who gives medical care within the scope of his licensed authority. A physician must be a person other than *yourself* or an *immediate family member*.

Reasonable and Customary Costs means costs that are incurred for approved, eligible medical services or supplies that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same *medical treatment* of a similar *sickness* or *injury*.

Sickness means a disease or disorder of the body which results in loss while this coverage is in effect. The sickness must be sufficiently serious to prompt a reasonably prudent person to consult a *physician* for the purpose of *medical treatment*.

Sports Equipment means skis, boots, poles, golf clubs, bicycles, fishing rods, reels, tennis racquets, etc., which are owned by *you* and taken on the *covered trip*. Rented equipment is excluded.

Spouse means the person to whom *you* are legally married or with whom *you* have been residing for at least the last 12 months.

Sum Insured means the maximum sum payable that *you* selected at the time of purchase and paid the premium for, or that applies automatically to a given insurance coverage.

Travel Companion means a person who is sharing travel arrangements with *you* from *your* point of departure on the *covered trip*, including accommodation and transportation, and who has paid such accommodation or transportation in advance of departure. A maximum of three persons will be considered *your* travel companions.

Vehicle means any automobile, motorcycle, watercraft, or recreational vehicle used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver during *your* trip.

IDENTIFICATION OF THE INSURER

Underwritten by:



Administered by:



- ™ "RSA" and the RSA logo are trademarks owned by RSA Insurance Group plc, licensed for use by Royal & Sun Alliance Insurance Company of Canada.
- ® The **etfs** logo is a registered trademark of Expert Travel Financial Security (E.T.F.S.) Inc.
- ™ The **etfs** logo and the Travel & Healthcare Solutions slogan are trademarks of Expert Travel Financial Security (E.T.F.S.) Inc.

The *insured* is requested to read this policy, and if incorrect, return it immediately for alteration. In the event of an occurrence likely to result in a claim under this insurance, immediate notice should be given to *Global Excel*.

**THIS POLICY CONTAINS CLAUSES
WHICH MAY LIMIT THE AMOUNT PAYABLE.**