

The purpose of this fact sheet is to inform you of your rights.  
It does not relieve the insurer or the distributor of their obligations to you.

## LET'S TALK INSURANCE!

Name of distributor: Travelscape, LLC

Name of insurer: AIG Insurance Company of Canada

Name of insurance product: Protection Plan



### IT'S YOUR CHOICE

**You are never required to purchase insurance:**

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



### HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



### DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration. The distributor **must** tell you when the remuneration exceeds 30% of that amount.



### RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

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The *Autorité des marchés financiers* can provide you with unbiased, objective information.  
Visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca) or call the AMF at 1-877-525-0337.

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Reserved for use by the insurer: You may view this document and the insurance policy at [www.aig.ca/qc-distribution-lists](http://www.aig.ca/qc-distribution-lists)

## Product Summary

### Protection Plan

Single Trip Travel Insurance Policy providing coverage for:  
Trip Cancellation/Interruption/Delay, Emergency Medical Expenses and Baggage Loss/Delay

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#### Insurer's Contact Information

Name: **AIG Insurance Company of Canada**  
AMF Registration Number: 2000533077  
Website: aig.ca  
Address: 120 Bremner Boulevard, Suite 2200, Toronto, ON, M5J 0A8  
Phone Number: 1-416-596-3000  
Fax Number: 1-855-453-1063  
Toll Free: 1-800-387-4481

#### Administrator's Contact Information

Name: **Travel Guard Group Canada, Inc.**  
Address: 120 Bremner Boulevard, Suite 2200, Toronto, ON, M5J 0A8  
Phone Number: 1-416-646-3723  
Fax Number: 1-416-646-3759

#### Claims Administrator's Contact Information

Name: **Global Excel Management**  
Address: 73 Queen Street, Sherbrooke, QC J1M 0C9  
Phone Number: 1-819-566-8833  
Fax Number: 1-819-566-8447  
Toll Free: 1-888-566-8028

#### Distributor's Contact Information

Name: **Travelscape, LLC**  
Address: 10190 Covington Cross Drive, Ste 300, Las Vegas, NV 89144  
Phone Number: 1-702-938-2100

***L'Autorité des marchés financiers (AMF) does not express an opinion on the quality of the product offered in this summary. The insurer alone is responsible for any discrepancies between the wording in the summary and the policy.***

## **INTRODUCTION**

This Product Summary has been designed to help you understand the coverages and benefits along with the exclusions, pre-existing conditions and terms and conditions of the Protection Plan ("Plan"). The premium you will pay for this Plan is a fixed percentage (%) of your trip cost and is calculated when you purchase your trip through the distributor's website. The distributor's remuneration exceeds 30%.

This document has been created to assist you, without the advice of a licensed insurance advisor, in determining if the product is right for you and corresponds to your needs.

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## **YOUR RIGHT TO EXAMINE YOUR POLICY**

You have 15 days from the date you purchased your insurance to review your policy and ask questions when you are not sure. If, in that 15 days, you believe the Plan does not provide the coverage you are looking for, you are entitled to a full refund of the premium you paid.

If, within the 15 days, you have departed on your trip or you have reason to file a claim, you are not eligible to receive a refund. You are also not entitled to a refund after the 15 days right to examine your policy period described above.

You may cancel your coverage online by logging on to the website you booked your travel through (see list below). You will require to input your email address and itinerary number. If you enter incorrect information the system will not be able to assist you.

- [www.expedia.ca](http://www.expedia.ca)
- [www.travelocity.ca](http://www.travelocity.ca)
- <https://www.tdrewards.com/expedia-for-td>

## **SIMILAR PRODUCTS**

There are other types of products on the market that provide similar coverage. You should check to ensure that you are not covered by another insurance offering the same coverage as the one described below.

## **WHO CAN I CALL WITH QUESTIONS?**

If you want to discuss the coverage or have any questions with respect to the coverage offered to you, prior to purchasing the policy or after you have purchased the policy, feel free to call Global Excel Management (GEM) at the following phone numbers:

Global Excel Management

Canada and Continental USA: Toll Free: 1-877-281-0082

International: Collect: +1-819-780-0646

Hours of Operation:

Monday to Friday – 8:00 a.m. to 8:00 p.m. Eastern Standard Time

## **ELIGIBILITY CRITERIA:**

### Who May Purchase This Insurance?

1. You may purchase this insurance only if you are a Canadian resident. **and**
2. You are travelling no more than 90 consecutive days. **and**
3. Your coverage must be purchased for:
  - a) the entire duration of your trip; **and**
  - b) the full amount of the cost of your trip.

### Who May Not Purchase This Insurance?

You cannot purchase this insurance if:

- a) you are over the age of 65 (sixty-five) years on the departure date of your trip; **or**
- b) you are travelling against the advice of a medical practitioner or for the purpose of obtaining medical advice or treatment.

Coverage will be declared null and void in the case of fraud or attempted fraud by you, or if you conceal or misrepresent any material fact or circumstance concerning this insurance.

## WHAT LIMITATIONS ARE THERE WITH RESPECT TO MY HEALTH?

If you need to cancel your trip or your trip is interrupted and you are filing a claim, your medical history may be reviewed by the claims administrator based on your reason for claiming. For claims that based on medical reasons, the claims administrator will review your medical history.

### **Trip Cancellation**

Whether or not the condition has been stable and controlled, **you are not covered** for any illness, disease or injury suffered by you, your relative, business associate or travelling companion **that in the 365-day period immediately preceding and including the day you purchase this policy:**

- a) first manifested itself, worsened, became acute or exhibited symptoms that would have caused an ordinarily prudent person to seek diagnosis, care or treatment; **or**
- b) required taking prescribed drugs or medicine, or tests, or further investigation had been recommended by a medical practitioner; **or**
- c) was treated by a medical practitioner, or treatment had been recommended by a medical practitioner; **or**
- d) any congenital, hereditary, chronic or ongoing condition of yours, your relative, business associates, or travelling companion which you, or they, are aware of, or could reasonably be expected to be aware of, before you purchased this insurance.

### **Emergency Medical**

Whether or not the condition has been stable and controlled **you are not covered** for any loss or expense related directly or indirectly to any medical condition for which You have taken medication, been prescribed medication, received treatment, experienced a deterioration of the condition or had cause to seek treatment at **any time within the 365-day period immediately preceding and including your departure date.**

## WHAT ARE THE TOP TWO (2) COVERAGES THE PLAN DOES NOT OFFER?

- Coverage on this Plan does not cover risks, or pay claims, related to Cuba, as Cuba related risks and claims are not serviced and supported by our United States affiliates (upon which the Plan relies on for service and support).
- This Plan will not cover any loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Iran, Syria, North Korea or the Crimea region.

For a full list of exclusions please refer to the policy wording; General Exclusions 1 through 32.

## WHAT COVERAGE DOES THE PLAN OFFER?

The Protection Plan provides coverage for the trip that you have booked through one of Expedia's many websites. Coverage begins on the day you pay for your insurance.

**Trip Cancellation and Trip Postponement** coverage begins on the day you pay for your insurance and ends on the day you start your trip.

- The purpose of trip cancellation is to provide coverage should you have to cancel your trip before you leave.
- The purpose of trip postponement is to provide coverage if it is necessary and unavoidable that you have to change your trip as a result of one (1) or more of the covered events listed in the policy. This will allow you to keep your coverage in place for travelling on different dates.

The Plan provides coverage if you have to cancel your trip, or postpone your trip, because of a covered reason. Here are some coverage reasons:

1. your death, serious illness or injury;
2. the death, serious illness or injury of your relative, or travelling companion;
3. you are made redundant at your place of employment as long as you had been working at your current place of employment for a minimum continuous period of two (2) years or more;
4. strike resulting in cancellation of scheduled covered transport services.

### **Emergency Medical Expenses and Evacuation and Repatriation**

Coverage begins on the day you depart on your trip and ends on the day you are scheduled to return home.

**Emergency Medical Expenses** covers you for emergency medical expenses if you fall sick or are injured during your trip.

For trips within Canada, this policy only provides coverage for injuries suffered by you while on your trip. You do not have coverage for any medical conditions.

Here are the coverage reasons:

1. if you're sick or injured while travelling outside of Canada and need emergency medical treatment; **or**
2. if you You're injured while travelling on a trip within Canada or outside of Canada and need emergency medical treatment.

### **Emergency Medical Evacuation & Repatriation**

- a) This Plan covers you if you fall sick while travelling outside of Canada. **or**
- b) This Plan covers you if you are injured while travelling outside of Canada or within Canada.

Your policy may cover up to a certain amount or emergency medical evacuation to your country of residence or for relocation from one (1) hospital to another for continued treatment.

- c) In the event you die while travelling outside of Canada.

The Assistance Company and your treating physician must agree that you can be moved or travel safely to your country of residence to continue treatment.

**Trip Curtailment & Interruption** coverage begins on the day you are scheduled to leave on your trip and ends the day you are scheduled to return home. These dates are shown on the certificate of insurance, emailed to you, as the Policy Inception Date and Policy Expiration Date.

The Plan provides coverage if you have to cancel your trip, or are unable to continue on your trip, because of a covered reason. Here are some coverage reasons:

1. Your sickness, injury or death or that by a relative, or travelling companion;
2. Natural disaster and extreme weather conditions at your main travel destination(s);
3. Strike resulting in cancellation of scheduled covered transport services.

**Travel Delay** covers you if your departure by your pre-booked and paid covered transport is delayed for more than six (6) consecutive hours from the scheduled departure time. Should your trip be delayed six (6) or more consecutive hours beyond the time your flight was to leave coverage on our policy will automatically extend until you reach your return destination or seven (7) days after the date the trip was scheduled to be completed.

The Plan provides coverage if you have a delay because of a covered reason. Here are some coverage reasons:

1. poor weather conditions (but not including weather conditions defined as natural catastrophe); **or**
2. a Strike, industrial action; **or**
3. mechanical breakdown.

**Personal Belongings & Baggage** covers you if you need to replace or repair items you own (not that you have borrowed or rented), of the type usually carried or worn by travellers, in the event such items are lost, stolen or accidentally damaged during your trip.

Special Limitations apply to this coverage: Maximum Coverage for all items claimed is \$3,200 per person.	
Any One (1) Item / Pair or Set of Items Limit	Maximum Coverage for claiming is \$390
Valuables and Electronic/Other Equipment Limit	Maximum Coverage for claiming is \$980
Property in a motor vehicle limit	Maximum Coverage for claiming is \$130
***For example purposes only: If you claim \$300 for the first item, the remaining amount can be used toward any other baggage that is lost. When submitting the claim, the maximum that can be claimed for is \$3,200, no matter how many various items are listed on the claim form.	

**Delayed Baggage** covers you for a certain amount for buying essential items if during any segment of your trip, your baggage is delayed by the covered transport for more than six (6) consecutive hours at the scheduled arrival port.

**Hotel Stay only:** we will pay up to the amount shown in the table of benefits in the policy wording for buying essential items if during any segment of your trip if your baggage is delayed by the covered transport for more than six (6) consecutive hours at the scheduled arrival port.

**Important note:** you must get written confirmation of the length of the delay from the covered transport provider and you must keep all original receipts for the essential items you buy.

**This benefit does not apply if baggage is delayed on the return flight home and you have reached the return destination.**

For a full list of benefits please refer to the policy wording; Your Benefits Under this Policy, Section A, Section B1 and B2, Section D, Section F and Section G1 and G2.

### WHAT SERVICES DOES THE PLAN OFFER?

**Emergency & Pre-Travel Assistance are services we provide such as:**

Your policy may cover up to a certain amount or emergency medical evacuation to your country of residence or for relocation from one hospital to another for continued treatment.

The Assistance Company operates a network of service centres that will provide You with 24/7 travel assistance before and during Your Trip.

#### Medical assistance

1. emergency medical evacuation;
2. referrals to doctors and hospitals;
3. latest information on medical advisories, epidemics, and disease prevention.

#### Worldwide assistance

1. lost or stolen baggage assistance;
2. lost or stolen passport and travel document assistance;
3. information on visa/passport requirements;
4. information on immunization requirements;
5. embassy or consulate information.

Important Note: This section provides details for assistance services only.

### **WHAT BENEFIT(S) DO MOST PEOPLE CLAIM FOR?**

1. You, your travel companion, or a family member (not travelling on the insured trip) is so sick, or there has been an injury that is so serious, it causes the trip to be cancelled or interrupted.

**If claiming for medical reasons you will require a letter or statement from a physician certifying that the illness or injury was so serious that it prevented you from going, or continuing, on your trip.**

2. The airline either delays or cancels the flight or flights, for which the insurance was purchased, because of weather conditions that prevents you from reaching your destination.
3. Your baggage is lost, stolen or damaged while on your trip. When filing a claim because the baggage was stolen, you will need to provide a police report.

**Original receipts must be submitted at time of claim in order to be reimbursed.**

### **CLAIMS PROCEDURES AND PAYMENT OF CLAIMS**

If you require medical treatment that necessitates admittance to hospital as an in-patient, emergency transportation services or to return home for any reason covered by this policy, **you must contact the Assistance Company and follow their advice or instruction.**

Failure to do so may prejudice your claim under this policy.

**To report a claim or request a claim form call:**

**24-Hour Emergency Assistance Telephone Numbers**

**Global Excel Assist**

- toll free **1-888-566-8028**, if in Canada or Continental U.S.
- collect **1-819-566-8028**, if calling from elsewhere in the world

**Be sure to use the appropriate country and city codes when calling.**



A claim for loss under the travel insurance coverage presented in this summary must first be submitted in accordance with the terms of the policy wording, at which point the claim will be reviewed and approved or denied based on its individual merit.

#### **Who can make a claim?**

- The primary insured being the person who purchased the policy. **or**
- Other insured(s) as listed on the policy by the primary insured. **or**
- The authorized representative, as approved in writing by the primary or other insured(s) to the Claims Administrator.

#### **When do you need to file your claim?**

If you are making a claim for reimbursement under this coverage, you must:

- contact the Claims Administrator as soon as possible reasonably possible; **or**
- no later than 30 days after returning home from your trip.

The Claims Administrator will send a claim form to you or your authorized representative. This form will need to be completed and returned to the Claims Administrator in order for your claim to be reviewed.

Please note that failure to give notice of claim or furnish proof of loss within the time required will not invalidate the claim if it is shown that:

- it was not reasonably possible to give notice of claim or furnish proof of loss within the time limit; **and**
- if the notice of claim or proof of loss is given or furnished as soon as reasonably possible; **and**
- it is no later than one (1) year from the date of the event for which benefits are being claimed.

#### **How to Make a Claim**

##### **By paying the premium for this insurance, you agree that:**

1. we may verify your Government Health Insurance Plan (GHIP) and other information required to process your claim, with government and other authorities;
2. you authorize physicians, medical practitioners, hospitals and other medical providers to provide to Global Excel management any and all information they have regarding you, while under observation or treatment, including your medical history, diagnoses and test results;
3. the information available under (1) and (2) above, and from other sources, maybe disclosed to such other persons as may be required for the purposes of providing assistance about or processing Your claim for benefits; **and**
4. failure to complete the required claim form and authorization form in full will delay the processing of your claim and could invalidate your claim.

Your claim cannot be processed nor can your claim be paid in full until all required documentation has been received by Global Excel Management.

##### **To claim for Trip Cancellation and Postponement (wherever applicable):**

You must:

- a. notify Global Excel Management on the same day, or next business day, in the event of a trip cancellation or postponement claim. If you are unable to provide cancellation notice within the required timeframe, you must provide proof of the circumstance that prevented timely notification.
- b. provide Global Excel Management with documentation of the cancellation or interruption and proof of the expenses incurred.

Global Excel Management will notify you of a decision to approve or decline your claim by phone followed by letter. The objective is to inform you of this decision **within 15 business days** upon receiving your completed claim form and all original documents required to form a decision.

**To claim for Emergency Medical Expenses, Emergency Medical Evacuation & Repatriation, Compassionate Visit, Emergency Dental and Hospital Income Overseas** (wherever applicable):

You must notify Global Excel Management **prior to any emergency medical treatment and prior to any surgery, invasive procedure or admission to a Hospital**. The medical assistance coordinators will provide guidance and make every effort to pay hospitals, medical practitioners and medical providers directly. You must provide Global Excel management with **original receipts for incurred expenses including those for subsistence allowance expenses**.

**IMPORTANT NOTICE**

**You may be responsible for 30% of any eligible expenses incurred**, or you may not be reimbursed for your claim, if:

1. you did not contact Global Excel Management before seeking medical attention; **or**
2. if your medical condition prevented you from calling you did not have someone call on your behalf; **and**
3. you did not call to allow Global Excel Management to approve all medical procedures.

**If you choose not to receive treatment or services from a medical provider as directed by Global Excel Management you may be responsible for 70% of any eligible expenses incurred.**

**To claim for benefit Trip Curtailment and Interruption** (wherever applicable):

You must:

- a. contact Global Excel Management **as soon as it is known the trip** is going to be interrupted; **and**
- b. provide Global Excel Management with documentation of the curtailment or interruption and proof of the expenses incurred; **and**
- c. provide proof of payment such as cancelled cheque or credit card statements, proof of refunds received, copies of applicable tour operator or common carrier cancellation policies, and any other information reasonably required to prove the loss.

**To claim for benefit Trip Delay** (wherever applicable):

You must:

- a. contact Global Excel Management **as soon as it is known the trip** is going to be **delayed more than six (6) hours**; **and**
- b. provide Global Excel Management with documentation of the delay and proof of the expenses incurred; **and**
- c. provide proof of payment such as cancelled cheque or credit card statements, proof of refunds received, copies of applicable tour operator or common carrier cancellation policies, and any other information reasonably required to prove the loss.

**To claim for benefit Personal Belongings & Baggage** (wherever applicable):

You must notify Global Excel Management immediately of the loss or damage to baggage or personal effects. **You** must also report the loss or damage to police, local or conveyance authorities, tour operator representatives, the hotel manager or official transportation representative and obtain a written report.

**You** must also submit a letter of coverage or denial from the transportation carrier and/or **Your** homeowner's insurance company. As proof of loss value, **We** may, at **Our** option, request original receipts, credit card original receipts or sales slips for all lost or stolen articles claimed.

**Payment of Claims: To Whom Paid:** Benefits are payable to the insured who purchased the coverage and paid any required plan cost. Any benefits payable due to that **Insured's** death will be paid to the survivors of the first surviving class of those that follow:

- a. the beneficiary named by that **insured** and on file with **the Claims Administrator**;
- b. his or her **partner**, if living;
- c. If no living **partner**, the **insured's** estate.

**Important note:**

1. Non-medical claims, such as trip cancellation, lost baggage, trip delay, etc. can be submitted by registering your claim online through the Claims Portal <https://claims.travelguard.com/myclaim/ca>.
2. Claims for the following sections should be notified to Global Excel Management by phone:
  - Emergency Medical Expenses
  - Emergency Medical Evacuation & Repatriation
  - Compassionate Visit
  - Emergency Dental
  - Hospital Income Overseas

Upon review of your claim:

1. if it is determined to be a payable claim payment should be received within six (6) to eight (8) weeks; **or**
2. if it is determined your claim is a deniable claim you will receive a call from Global Excel Management advising why. **You will be provided the opportunity to submit additional documentation** to support your claim. Global Excel Management will review the additional information and provide you with a final decision.

If any documents are missing, or your claim form is not completed correctly, you will be notified. Should this occur it will extend the time in which your claim is reviewed by the Claims Administrator.

**GENERAL PROVISIONS**

In the event that you are not satisfied with your purchase of the Protection Plan through Travel Guard Group Canada, Inc. please visit the Complaint Resolution Policy at <https://www.travelguard.ca/complaint-resolution-policy>

**NOTICE OF RESCISSION OF AN INSURANCE CONTRACT**

**NOTICE GIVEN BY A DISTRIBUTOR**

Section 440 of the Act respecting the distribution of financial products and services (chapter D-9.2)

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

The Act allows you to rescind an insurance contract, without penalty, within 10 days of the date on which it is signed. However, the insurer may grant you a longer period.

To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.

Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.

After the expiry of the applicable time, you may rescind the insurance contract at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 1-877-525-0337 or visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca).

**NOTICE OF RESCISSION OF AN INSURANCE CONTRACT**

To: \_\_\_\_\_  
(name of insurer)

\_\_\_\_\_  
(address of insurer)

Date: \_\_\_\_\_  
(date of sending of notice)

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby rescind insurance contract no.: \_\_\_\_\_  
(number of contract, if indicated)

Entered into on: \_\_\_\_\_  
(date of signature of contract)

In: \_\_\_\_\_  
(place of signature of contract)

\_\_\_\_\_  
(name of client)

\_\_\_\_\_  
(signature of client)



## TRAVEL INSURANCE POLICY PLEASE READ THIS POLICY CAREFULLY

**Premium shown includes applicable taxes. The premium is fixed.**

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances during **Your Period of Insurance**. It is important that **You** read and understand **Your** policy before **You** travel as **Your** coverage may be subject to certain limitations or exclusions.

This policy provides complete descriptions of the benefits, terms, conditions, limitations and exclusions of **Your** insurance coverage.

Along with this policy document, **You** should have received a Confirmation of Coverage that sets out details specific to the product **You** purchased. All of these documents make up **Your** contract of insurance. If **You** did not receive all of these documents, if any information contained in these documents is incorrect, or if **You** have questions regarding **Your** coverage, it is **Your** responsibility to contact **Us** at:

For coverage questions:

### **Cancellation Plan and Protection Plan**

#### **Residents of Quebec only**

Toll Free: 1-977-281-0082

International: +1-819-780-0646 (collect)

#### **Residents of other provinces**

Toll Free: 866-591-5452

International: +1-416-621-6820 (collect)

### **Collision Damage Plan (Car rental) - All provinces**

Toll free: 1-877-281-0082

International: +1-819-780-0646 (collect)

Hours of Operation:

Monday to Friday - 7.00 am to 7.00 pm Central except public holidays

This policy is the only contract under which benefits are paid. **You** should bring all of these documents with **You** when **You** travel.

This insurance is designed to cover certain emergency medical expenses resulting from unanticipated Incidents during **Your Trip**. **Your** policy does not provide coverage for medical conditions and/or symptoms that existed before **You** booked **Your Trip**, purchased this insurance or before the **Policy Inception Date**. Check to see how this applies in **Your** policy and how it relates to **Your** departure date, date of purchase or effective date.

In the event of an Accident, Injury or **Illness** **Your** prior medical history may be reviewed at the time of claim. **Your** policy provides travel assistance; **You** are required to notify the designated assistance company prior to treatment. **Your** policy may limit benefits should **You** fail to contact the assistance company within a specified period.

Depending on the coverage **You** have purchased, the policy may contain a provision removing or restricting the right of the **Insured Person** to designate persons to whom or for whose benefit insurance money is to be payable. See section "**Beneficiary Designation and Change**" of this policy for detailed information with respect to this restriction. Further information can also be obtained:

### **Cancellation Plan and Protection Plan**

#### **Residents of Quebec only**

Toll Free: 1-977-281-0082

International: +1-819-780-0646 (collect)

#### **Residents of other provinces**

Toll Free: 866-591-5452

International: +1-416-621-6820 (collect)

### **Collision Damage Plan (Car rental) - All provinces**

Toll free: 1-877-281-0082

International: +1-819-780-0646 (collect)

Hours of Operation:

Monday to Friday - 7.00 am to 7.00 pm Central except public holidays

### **Limitation of Action**

Every action or proceeding against an Insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislations.

### **WARNING: THIS POLICY INCLUDES RESTRICTED BENEFITS**

1. **You** are not covered for any **Pre-existing conditions** on **Your Trip** as below:

- a. **if any** illness, disease or **Injury suffered by You, Your Relative**, business associate, or **Travelling Companion** which, in the one (1) year period before **You** purchased this insurance for benefit **Section A - Trip Cancellation & Postponement**, or before the **Policy Inception Date** for other benefits:
  - i. first manifested itself, worsened, became acute or exhibited symptoms that would have caused an ordinarily prudent person to seek diagnosis, care or treatment;
  - ii. required taking prescribed drugs or medicine, or tests, or further investigation had been recommended by a **Medical Practitioner**;
  - iii. was treated by a **Medical Practitioner**, or treatment had been recommended by a **Medical Practitioner**; or

- b. any congenital, hereditary, chronic or ongoing condition of **Yours, Your Relative**, business associates, or **Travelling Companion** which **You**, or they, are aware of, or could reasonably be expected to be aware of, before **You** purchased this insurance for benefit **Section A - Trip Cancellation & Postponement** or before the **Policy Inception Date** for other benefits.
- 2. **You** may be responsible for 30% of any eligible expenses incurred, or you may not be reimbursed for **Your** claim, if:
  - a. **You** did not contact **Us** before seeking medical attention; or
  - b. if **Your** medical condition prevented **You** from calling **You** did not have someone call on **Your** behalf; and
  - c. **You** did not call to allow **Our** medical department to approve all medical procedures.
- 3. If **You** choose not to receive treatment or services from a medical provider as directed by **Us** **You may be responsible for 70% of any eligible expenses incurred.**
- 4. The coverage provided by this policy does not apply to risks and claims related to Cuba, as Cuba related risks and claims are not serviced and supported by **Our** United States affiliates (upon which **We** rely for service and support), unless such coverage would be permissible under all applicable sanctions.
- 5. The **Insurer** will not be liable to provide any coverage or make any payment hereunder if to do so would be in violation of any sanctions law or regulation which would expose the **Insurer**, its parent company or its ultimate controlling entity to any penalty under any sanctions law or regulations.
- 6. This policy will not cover any loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Iran, Syria, North Korea or the Crimea region.
- 7. This policy offers coverage only to **Canadian Residents** travelling outside of their **Home**.

Please refer to the policy wordings for the full details of benefits, terms and exclusions that are applicable. The information provided in this document is a brief summary for quick and easy reference. The complete terms and conditions that apply are stated in the policy wordings. If **You** have any queries, **You** may contact **Us** at:

#### Customer Relations

Address: 120 Bremner Boulevard, Suite 2200, Toronto, Ontario, Canada, M5J 0A8

For All Other Provinces:

Canada & Continental USA: 866-591-5452 (toll free)

International: +1-416-621-6820

Email: [CA.expcustsvc@aig.com](mailto:CA.expcustsvc@aig.com)

#### How do I make a claim?

To submit a claim under this policy, **You** will need to send a completed claim form with all original bills and receipts from commercial organizations attached. Please take care in filling out the form as any missing information may cause a delay in payment of **Your** claim.

For non-medical **Claims**, **You** may submit **Your Claim** by registering **Your Claim** online through **Our** Claim Portal <https://claims.travelguard.com/myclaim/ca> or submitting a completed claim form. See section **How To Make A Claim**, including the Important Note at the end of the section, for complete details on submitting a **Claim**.

#### Can I cancel my policy?

If this cover is not suitable for **You** and **You** want to cancel **Your** policy, **You** must contact **Expedia** using the information provided below within fifteen (15) days of buying **Your** policy or the date **You** receive **Your** policy documents, whichever is later, provided **Your Trip** has not commenced.

In line with the conditions below, **Your** premium will be refunded within fifteen (15) business days from the date **Your** request for cancellation is acknowledged and confirmed by **Expedia**. **Your premium will not be** refunded if **You** have travelled or made a **Claim** before **You** asked to cancel the policy within the fifteen (15) day period.

Expedia Customer Support Phone: Local toll free 800 469 1793

Call from abroad, charges apply +1 417 521 0859

Expedia Customer Support Portal: <https://www.expedia.ca/service>

Insurance is underwritten by AIG Insurance Company of Canada, 120 Bremner Boulevard, Suite 2200, Toronto, Ontario, Canada, M5J 0A8. The policy is administered on AIG Insurance Company of Canada's behalf by Travel Guard Group Canada, Inc. (Travel Guard Canada).

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■ **IMPORTANT CONTACT DETAILS**

## INTRODUCTION

### About This Product

Please note: Terms shown in bold in this policy have defined meanings given to them in the [General Definitions](#) section of this document. This policy document is only valid when issued in conjunction with a **Certificate of Insurance** and if the required insurance premium has been paid.

It is important to note that the insurance policy offered to **You** is specific to **Your Country of Residence** and therefore it is essential that **You** should select the correct **Country of Residence** at time of purchase.

**You** are only covered for:

- (i) the period of **Your Trip** booked through **Expedia**, for example, for **Hotel-only** bookings, **You** are only covered for your **Hotel Stay** (see the coverage period details in section [Coverage during Your Period of Insurance](#)), not for **Your whole Trip**; and
- (ii) travel products or services booked through **Expedia**.

This policy provides cover on a worldwide basis, subject to the territorial exclusion noted below. This means cover is provided for **Your Trips**:

- (a) within **Your Country of Residence (Domestic Trip)**; and
- (b) anywhere in the world outside **Your Country of Residence** or **Country of Departure** as applicable depending on the country from where **You** originally depart as per **Your Travel Itinerary (Overseas Trip)**.

**Please note:** This policy will not cover any claims, loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Cuba, Iran, Syria, North Korea or the Crimea region.

The following cover is provided for each **Insured Person**. It is important that **You** refer to the individual sections of cover for full details of what **You** are entitled to should **You** need to make a **Claim**.

### Table Of Benefits

Section	Benefits	Sum insured up to: (Per insured person)
<b>A</b>	Trip Cancellation & Postponement	CAD 9,800.00
<b>B1</b>	Emergency Medical Expenses Age 14 days to 65 years	CAD 656,000.00 100% of Sum Insured
<b>B2</b>	Emergency Medical Evacuation & Repatriation Age 14 days to 65 years	CAD 459,000.00 100% of Sum Insured
	Repatriation of Remains Funeral Expenses	CAD 6,500.00 CAD 2,600.00
<b>D</b>	Trip Curtailment & Interruption	CAD 9,800.00
<b>F</b>	Travel Delay Per 6 hour delay limit	CAD 390.00 CAD 130.00
<b>G1</b>	Personal Belongings & Baggage Any One Item / Pair or Set of Items Limit Valuables and Electronic/Other Equipment Limit Property in a Motor Vehicle Limit	CAD 3,200.00 CAD 390.00 CAD 980.00 CAD 130.00
<b>G2</b>	Delayed Baggage Per 6 hour delay limit	CAD 390.00 CAD 130.00
<b>L</b>	Emergency & Pre-Travel Assistance	Included

**Important note:** Section may not appear in sequence depending on the policy purchased.

By signing below, the President and Chief Executive Officer of the Insurer Provider agree on behalf of the Insurer Provider to all the terms of this policy.



President and Chief  
Executive Officer  
AIG Insurance Company  
of Canada

### Coverage during Your Period Of Insurance

Each benefit has a specific coverage period during **Your Period of Insurance** as follows:

**Coverage during Your Period of Insurance for policies purchased with a Flight only:**

1. Cover for [Trip Cancellation & Postponement](#) (wherever applicable) starts at the later of:
  - the time **You** book **Your Trip**; or
  - pay the insurance premium.

And ends at the earlier of:



- Your departure by **Flight** for **Your Overseas** or **Domestic Trip**; or
- **Policy Inception Date** as shown in **Your Certificate of Insurance**.

2. Cover under all other benefits starts at the earlier of:
  - **Policy Inception Date** as shown on **Your Certificate of Insurance**; or
  - when **You** leave from **Your Home** or **Your** usual place of stay in **Your Country of Departure** for **Your** departure by **Flight** for **Your Overseas** or **Domestic Trip** (but not earlier than 24 hours before **Your** scheduled departure time).

And ends at the earlier of:

- when **You** return to **Your Home** or **Your** usual place of stay in **Your Country of Departure** after **Your Flight** arrives at the **Final Destination** (but not later than 24 hours after **Your** scheduled arrival time); or
- **Policy Expiry Date** as shown on **Your Certificate of Insurance**.

**Coverage during Your Period of Insurance for policies purchased with a Hotel Stay only:**

1. Cover for **Trip Cancellation & Postponement** (wherever applicable) starts at the later of:
  - the time **You** book **Your Trip**; or
  - pay the insurance premium.

And ends at the earlier of:

- **Your** arrival and check-in for **Your Hotel Stay**; or
- **Policy Inception Date** as shown in **Your Certificate of Insurance**.

2. Cover under all other benefits starts at the earlier of:
  - **Policy Inception Date** as shown on **Your Certificate of Insurance**; or
  - when **You** leave from **Your Home** or **Your** usual place of stay in **Your Country of Departure** for **Your** departure for **Your Overseas** or **Domestic Trip** provided **You** are in direct transit to **Your Hotel** for **Your** pre-booked **Hotel Stay** (but not earlier than 24 hours before **Your** scheduled check-in time for **Your Hotel Stay**).

And ends at the earlier of:

- when **You** return to **Your Home** or **Your** usual place of stay in **Your Country of Departure** (but not later than 24 hours after **Your** scheduled check-out time of **Your Hotel Stay**); or
- **Policy Expiry Date** as shown on **Your Certificate of Insurance**.

(Except for **Delayed Baggage** where **Your** inward journey to **Your Home** or **Your** usual place of stay in **Your Country of Departure** is not covered)

**Coverage during Your Period of Insurance for policies purchased with a Car Rental only:**

1. Cover for **Trip Cancellation & Postponement** (wherever applicable) starts at the later of:
  - the time **You** book **Your Trip**; or
  - pay the insurance premium.

And ends at the earlier of:

- when **You** pick-up **Your Rental Vehicle**; or
- **Policy Inception Date** as shown in **Your Certificate of Insurance**.

2. Cover under all other benefits starts at the later of:
  - when **You** pick-up **Your Rental Vehicle**; or
  - **Policy Inception Date** as shown on **Your Certificate of Insurance**.

And ends at the earlier of:

- when **You** drop-off **Your Rental Vehicle**; or
- **Policy Expiry Date** as shown on **Your Certificate of Insurance**.

**Coverage during Your Period of Insurance for policies purchased with Travel Itineraries with multiple types of Trip:**

In the event a **Trip** includes a **Flight** with a **Hotel Stay** and/or **Car Rental**, the coverage during **Your Period of Insurance** follows that of the **Flight** except the benefit of **Section K – Collision Damage Protection** (where applicable), coverage for which ends at the earlier of:

- when **You** drop-off **Your Rental Vehicle**; or
- **Policy Expiry Date** as shown on **Your Certificate of Insurance**

**Trip extensions if You are unable to complete Your Trip as planned due to a covered event:**

If, due to unexpected circumstances beyond **Your** control arising from or relating to a covered event as set out in coverage sections – **Section A** to **Section L** (for example, **Serious Illness or Injury**, or unavoidable delays affecting **Your** return **Flight** or **Covered Transport**), **Your Trip** cannot be completed within the **Period of Insurance** outlined in **Your Certificate of Insurance**, cover will be extended for **You** at no extra cost for up to seven (7) days. This also applies to one (1) person travelling with **You** who is authorised by **Us** to stay with **You** if the extension is due to medical reasons. All requests for more than seven (7) days must be authorised by **Us** and **We** may charge premium as applicable.

It is a condition of this extension cover that **You** must make every endeavour to return to **Your Home** at the first available opportunity.

## Your Right To Complain

**We** believe **You** deserve courteous, fair and prompt service. If there is any occasion when **Our** service does not meet **Your** expectations please contact **Us** using the contact details below, providing the policy/**Claim** number and the name of the **Policyholder/Insured Person** to help **Us** address **Your** comments quickly.

**Customer Relations**

Address: 120 Bremner Boulevard, Suite 2200, Toronto, Ontario, Canada, M5J 0A8

For All Other Provinces:

Canada & Continental USA: 866-591-5452 (toll free)

International: +1-416-621-6820

Email: [CA.expcustsvc@aig.com](mailto:CA.expcustsvc@aig.com)

**We** take pride in providing exemplary service to our policyholders. This quality service earns and maintains the trust and loyalty of **Our** customers.

The purpose of **Our** Complaint Resolution Policy (CRP) is to set up a free and equitable procedure for dealing with complaints. This **CRP** is also intended to provide oversight for the receipt of complaints, delivery of acknowledgements of receipt, creation of complaint files, compilation of complaints for the purpose of preparing and filing periodic reports with provincial regulators, and (in Québec) the transfer



of complaint files to the Autorité des marchés financiers (“AMF”).

If **You** have a complaint, **You** are encouraged to first contact **Us** at +1-416-621-6820 or toll free at 866-591-5452 (for all other provinces). **You** may also contact them via email at [CA.expcustsvc@aig.com](mailto:CA.expcustsvc@aig.com). The above individuals will work to obtain a solution that may be acceptable in resolving **Your** complaint.

If **Our** Travel Guard representatives are unable to resolve **Your** issue and **You** wish to have the **Insurer** further review **Your** complaint, **You** may contact **Us** verbally or in writing. If **You** know the name of the representative of the relevant business unit, please contact that person directly. If **You** are unsure of whom to contact **Our** Travel Guard representatives may provide **You** with the appropriate contact information.

The representative assigned to **Your** file will send **You** an acknowledgement of receipt within three (3) business days of receiving the complaint, highlighting information pertinent to the complaint. On receiving the complaint, the representative will initiate the complaint examination process. A complaint file is created for each complaint, which will contain details of the respective complaint, the outcome of the complaint examination process (the analysis and the supporting documents), and all written correspondences to the complainant. The representative will examine the complaint and, within ten (10) business days of receipt of the complaint, prepare and send a written response to **You** with justifying reasons, or explaining that more time is necessary and why.

If the representative is unable to resolve **Your** concern, **You** may request that the complaint be escalated to senior management of the business unit for their attention and further efforts to resolve the complaint.

[In order to consult the full complaints handling policy please go to www.travelguard.ca](http://www.travelguard.ca)

## ABOUT THIS POLICY

### Maximum Trip Duration

#### Single Trip

This policy gives **You** cover to travel on one (1) **Trip** within the **Period of Insurance** up to ninety (90) consecutive days for **Flight** and **Hotel Stay** and up to thirty-one (31) consecutive days for **Car Rental**.

### Age Limits

The minimum age for cover under this policy is:

1. fourteen (14) days from birth for all benefits except **Section K – Collision Damage Protection**
2. twenty-five (25) years for **Section K – Collision Damage Protection**

The maximum age for cover under this policy is:

1. sixty-five (65) years inclusive if **Section B1 – Emergency Medical Expenses** is included in this policy, or
2. seventy-five (75) years inclusive if **Section B1 – Emergency Medical Expenses** is not included in this policy.
3. seventy (70) years for **Section K – Collision Damage Protection**

Both the minimum and maximum ages are determined based on the **Policy Inception Date**.

**Please note:** Some benefits may have a reduced amount payable based on age. Please refer to the **Table of Benefits** for further information.

### Cancellations And Refunds

#### Your right to cancel the policy within fifteen (15) days of purchase

If this cover is not suitable for **You** and **You** want to cancel **Your** policy, **You** must contact **Expedia** using the information provided below within fifteen (15) days of buying **Your** policy or the date **You** receive **Your** policy documents, whichever is later, provided **Your Trip** has not commenced. In line with the conditions below, **Your** premium will be refunded within fifteen (15) business days from the date **Your** request for cancellation is acknowledged and confirmed by **Expedia**. **Your premium** will not be refunded if **You** have travelled or made a **Claim** before **You** asked to cancel the policy within the fifteen (15) day period.

Expedia Customer Support Phone: Local toll free 800 469 1793

Call from abroad, charges apply +1 417 521 0859

Expedia Customer Support Portal: <https://www.expedia.ca/service>

#### Our right to cancel the policy

**We** have the right to cancel this policy by giving at least thirty (30) days' notice in writing to **You** at **Your** last known address if **We** have serious grounds for doing so, including any fraud, deliberate misstatement or hidden information by **You** or any assignment or transfer of this policy without **Our** written agreement or non-payment of premium.

A proportionate refund of the premium paid will be made to **You** from the date **We** cancel the policy. However, in event of fraud, deliberate misstatement or hidden information by **You** or non-payment of premium, no refund would be applicable.

## IMPORTANT INFORMATION

### General Information

#### Your travel insurance

This policy wording along with **Your Certificate of Insurance** and any appropriate endorsements forms the basis of **Your** contract of insurance with **Us**. Together, these documents explain and detail what **You** are covered for and what **You** are not covered for.

Please read this policy wording to make sure that the cover meets **Your** needs and please check the details outlined in **Your Certificate of Insurance** and any applicable endorsements to make sure that the information shown is correct.

#### Importance of Your Disclosures

**You** have a duty to take reasonable care not to make a misrepresentation when purchasing this policy, to answer all questions fully and accurately and to disclose any matter that **You** know to be relevant to **Us** in accepting the risks and determining the rates and terms to be applied. Failure to do so may void the policy or result in refusal or reduction of a **Claim**, change of terms or termination of this policy. This duty of disclosure shall continue until the time this policy is entered into or amended. **You** also have a duty to tell **Us** immediately if at any time after this policy has been entered into or amended with **Us**, if any of the information given for this policy at the time of purchase is inaccurate or has changed.

If **You** or any person to be covered under this policy suffers a new medical or dental event or **Your** general state of health deteriorates after **You** have purchased this policy, but before **Your** departure for **Your Trip**, **You** must contact **Us**, otherwise the consequences of **Your** change in health may not be covered under the Policy once **Your Trip** commences. In such circumstances, **We** reserve the right to review the cover granted including withdrawing or amending cover previously approved for the **Trip**.

**Insurance provider:**

Insurance is underwritten by AIG Insurance Company of Canada, 120 Bremner Boulevard, Suite 2200, Toronto, Ontario, Canada, M5J 0A8. The policy is administered on AIG Insurance Company of Canada's behalf by Travel Guard Group Canada, Inc. (Travel Guard Canada).

Assistance Services are provided by Travel Guard (**Assistance Company**)

**Law and jurisdiction**

**Limitation of Action** - Every action or proceeding against an Insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws of Alberta and British Columbia). The *Insurance Act* (for actions or proceedings governed by the laws of Manitoba), *the Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislations.

**Statutory Conditions – Despite any other provision contained in the contract, the contract is subject to the statutory conditions in the *Insurance Act* respecting contracts of accident and sickness insurance. This condition does not apply in the province of Quebec.**

**How We use personal information**

**We** abide by the Privacy Principles of the AIG Insurance Company of Canada and want **You**, **Our** policyholders, Insureds and claimants (referred to as “Customers” or “You”), to be aware of how and why **We** handle personal information. **We** work hard to respect and maintain **Your** privacy. However, the very nature of **Our** business is such that the collection, use and disclosure of personal information is fundamental to the products and services **We** provide.

For the purposes of the Privacy Principles, personal information means information about identifiable individual. For example: an individual's name, birth date, address, age, health and financial information is personal information which **We** may collect, use and in certain circumstances, where necessary, disclose, in the course of providing insurance services and carrying on business. By applying for or purchasing AIG's products and services, **You** are providing **Your** consent to **Our** collection, use, and disclosure of **Your** personal information for insurance purposes and carrying on business, as set out in the Privacy Principles.

**You** may obtain a copy of the Privacy Principles on **Our** website at [www.travelguard.ca](http://www.travelguard.ca).

**Marketing communications** - **We** will not send **You** any marketing communications, unless **You** expressly ask **Us** to. **We** will still send **You** other important communications, e.g. communications relating to administration of **Your** insurance policy or claim.

**Sharing of personal information** – In the event of an accident, **Injury** or sickness, **Your** prior medical history may be reviewed when a claim is made. The assistance company, on behalf of the underwriter, requires information for medical insurance claims purposes, including but not limited to, determining the validity of coverage and coordinating benefits under other insurance coverage. To protect the confidentiality of personal information, the assistance company will establish a claim file to which access will be restricted to authorized employees and agents of the underwriter, its reinsurers and to persons authorized by law.

**International transfer** – due to the global nature of **Our** business, personal information may be transferred to parties located in the United States with different data protection laws than in Canada.

**Security and retention of personal information** – appropriate legal and security measures are used to protect personal information. **Our** service providers are selected carefully and required to use appropriate protective measures. Personal information will be retained for the period necessary to fulfil the purposes described above.

**Policy corrections or questions** – upon receipt of **Your** policy documents it is **Your** responsibility to review **Your** information to ensure it is accurate. Should any information be incorrect **You** must contact **Us**, at the number below, right away so that **We** can make the necessary corrections. Or should **You** have any questions **You** can call and speak to a licensed representative.

**Cancellation Plan and Protection Plan**

**Residents of Quebec only**

Toll Free: 1-977-281-0082

International: +1-819-780-0646 (collect)

**Residents of other provinces**

Toll Free: 866-591-5452

International: +1-416-621-6820 (collect)

**Collision Damage Plan (Car rental) - All provinces**

Toll free: 1-877-281-0082

International: +1-819-780-0646 (collect)

Hours of Operation:

Monday to Friday - 7.00 am to 7.00 pm Central except public holidays

**Before You Travel**

**Health Conditions**

**Your Health**

This policy contains conditions relating to how **Your** current health may limit **Your** insurance coverage. In particular, some claims may not be covered if you have certain medical conditions. Please refer to [General Exclusions](#) for further information.

**Health of Your Relatives and Travelling Companions**

This policy contains conditions relating to how **Your Relatives** and **Your Travelling Companions'** health may limit **Your** insurance coverage. In particular, some claims may not be covered if they have certain medical conditions. Please refer to [General Exclusions](#) for further information.

**Sports And Activities**

This policy contains conditions relation to **Your** participation in certain sports or activities which may limit **Your** insurance coverage. In

particular, some claims may not be covered if **You** participate in certain sports or activities. Please refer to **General Exclusions** for further information.

## Important Notices for Canadians Residents

### To be eligible to purchase insurance:

1. **You** must be a **Canadian Resident** at the time **Your Policy** is purchased and remain a **Canadian Resident** for the full duration of **Your Trip**; and
2. **You** must be covered under **Your** Government Health Insurance Plan (GHIP) for the full duration of **Your Trip** to be eligible for the maximum emergency medical benefits.

**Beneficiary Designation and Change** The **Insured Person's** beneficiary(ies) is (are) the person(s) designated by the **Insured Person** and on file with **Us**. If no beneficiary has been designated, payment will be made to the **Insured Person's** estate.

An **Insured Person**, over the age of majority and legally competent, may change his/her beneficiary designation at any time unless the beneficiary designation is irrevocable, without the consent of the designated beneficiary(ies), by providing **Us** a written request for change. When the request is received, whether the **Insured Person** is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the **Insurance Provider** on account of any payment made by it prior to receipt of the request.

## Medical And Other Emergencies

The **Assistance Company** will provide help if **You** are ill, injured or die during **Your Trip**. They provide twenty-four (24) hour emergency service, 365 days a year. The contact details are as follows:

For New Brunswick, Newfoundland, Saskatchewan residents  
Canada & Continental USA: 1-877-281-0082 (toll free)  
International: +1-819-780-0646

For Other Provinces:  
Canada & Continental USA: 866-591-5452 (toll free)  
International: +1-416-621-6820

Please have the following information available when **You** (or someone on **Your** behalf) contact the **Assistance Company** so that **Your** case can be dealt with efficiently:

- **Your** name and address;
- **Your** contact phone number;
- **Your** policy number shown on **Your Certificate of Insurance**; and
- The name, address and contact phone number of **Your Medical Practitioner**.

### Important Notes:

1. This is not private medical insurance. If **You** go into **Hospital** during **Your Trip** and **You** are likely to be kept as an inpatient for more than twenty-four (24) hours or if **Your** outpatient treatment is likely to cost more than CAD 500, **You** or someone acting on **Your** behalf must contact the **Assistance Company** as soon as reasonably possible. Failure to do so may limit **Your** insurance coverage.
2. If **You** have to return to **Your Country of Residence** under **Section B1 – Emergency Medical Expenses** or **Section D - Trip Curtailment & Interruption**, **You** or someone acting on **Your** behalf must contact the **Assistance Company** to make arrangements and receive authorisation. Failure to do so may limit **Your** insurance coverage.

### Special note to US medical providers:

Please contact the **Assistance Company** through the contact information below. All claims and billing correspondence should be sent to the address listed below.

Travel Guard

For New Brunswick, Newfoundland, Saskatchewan residents  
Canada & Continental USA: 1-877-281-0082 (toll free)  
International: +1-819-780-0646

For Other Provinces:  
Canada & Continental USA: 866-591-5452 (toll free)  
International: +1-416-621-6820

[CA.expassist@aig.com](mailto:CA.expassist@aig.com)

120 Bremner Boulevard, Suite 2200, Toronto, Ontario, Canada, M5J 0A8

### Important Notes for Canadian Residents:

1. **Your** policy does not provide coverage for medical conditions and/or symptoms that existed before **Your Trip**. Check to see how this applies in **Your Policy** and how it relates to **Your Policy Inception Date** or date of purchase.
2. **You** must contact **Us** before seeking medical attention, and a failure to call will result in **You** being responsible for 30% of any eligible expenses incurred, or no reimbursement, unless **Your** medical condition prevents **You** from calling. **You** must call as soon as medically possible or have someone call on **Your** behalf.
3. **Our Assistance Company** must approve in advance all surgery or invasive procedures (including, but not limited to, heart catheterization), prior to **You** undergoing such procedure(s). It is **Your** responsibility to inform **Your** attending **Medical Practitioner** to call **Us** for approval in advance, except in extreme circumstances where such action would delay surgery required to resolve a life threatening medical emergency.
4. If **You** choose not to receive treatment or services from a medical provider as directed by **Us**, **You** may be responsible for 70% of any eligible expenses incurred.
5. Once **You** are deemed medically able to return to **Your Home** for a **Domestic Trip** or to **Your Country of Residence** (with or without a medical escort), either in the opinion of **Our Assistance Company**, or by virtue of discharge from **Hospital**, **Your** medical emergency is considered to have ended. Any further consultation, treatment, recurrence or complication related to the medical emergency will no longer be eligible for coverage under this policy.

## How To Make A Claim

**By paying the Premium for this insurance, You agree that:**

1. **We** may verify **Your** Government Health Insurance Plan and other information required to process **Your** claim, with government and other authorities;
2. **You** authorize physicians, **Medical Practitioners, Hospitals** and other medical providers to provide to **Us** any and all information they have regarding **You**, while under observation or treatment, including **Your** medical history, diagnoses and test results;
3. **We** may disclose the information available under (1) and (2) above and from other sources to such other persons as may be required for the purposes of providing assistance about or processing **Your** claim for benefits; and
4. Failure to complete the required claim form and authorization form in full will delay the processing of **Your** claim and could invalidate **Your** claim. **We** cannot process **Your** claim in full until all required documentation has been received by **Our** claims department.

**To claim for benefit section A - Trip Cancellation and Postponement** (wherever applicable):

The Insured must:

1. notify **Us** on the same day or next business day in the event of a Trip Cancellation or Postponement claim. If the **Insured** is unable to provide cancellation notice within the required timeframe, the **Insured** must provide proof of the circumstance that prevented timely notification.
2. provide **Us** with documentation of the cancellation or interruption and proof of the expenses incurred.

**We** will notify **You** of a decision to approve or decline **Your** claim by phone followed by letter. The objective is to inform **You** of this decision within 15 business days upon receiving **Your** completed claim form and all original documents required to form a decision.

**To Claim For benefit sections B1 - Emergency Medical Expenses, Section B2 – Emergency Medical Evacuation & Repatriation, Section B3 – Compassionate Visit, B4 - Emergency Dental and Section C – Hospital Income Overseas** (wherever applicable):

**You** must notify **Us** at:

For New Brunswick, Newfoundland, Saskatchewan residents  
Canada & Continental USA: 1-877-281-0082 (toll free)  
International: +1-819-780-0646 (collect)

For Other Provinces:  
Canada & Continental USA: 866-591-5452 (toll free)  
International: +1-416-621-6820 (collect)

prior to any emergency medical treatment and prior to any surgery, invasive procedure or admission to a **Hospital**. **Our** assistance coordinators will provide guidance. **We** will make every effort, although **We** cannot guarantee, to pay **Hospitals, Medical Practitioners** and medical providers directly. **You** must provide **Us** with original receipts for incurred expenses including those for subsistence allowance expenses.

**To claim for benefit section D - Trip Curtailment and Interruption** (wherever applicable):

The Insured must

1. contact **Us** as soon as **You** know **Your Trip** is going to be interrupted;
2. provide **Us** with documentation of the curtailment or interruption and proof of the expenses incurred.
3. provide proof of payment such as cancelled cheque or credit card statements, proof of refunds received, copies of applicable tour operator or **Common Carrier** cancellation policies, and any other information reasonably required to prove the loss.

**To claim for benefit section F - Trip Delay** (wherever applicable):

The Insured must

1. contact **Us** as soon as he or she knows his or her **Trip** is going to be delayed more than six (6) hours.
2. provide **Us** with documentation of the delay and proof of the expenses incurred.
3. provide proof of payment such as cancelled cheque or credit card statements, proof of refunds received, copies of applicable tour operator or **Common Carrier** cancellation policies, and any other information reasonably required to prove the loss.

**To claim for benefit section G1 - Personal Belongings & Baggage** (wherever applicable):

**You** must notify **Us** immediately of the loss or damage to baggage or personal effects. **You** must also report the loss or damage to police, local or conveyance authorities, tour operator representatives, the hotel manager or official transportation representative and obtain a written report.

**You** must also submit a letter of coverage or denial from the transportation carrier and/or **Your** homeowner's insurance company. As proof of loss value, **We** may, at **Our** option, request original receipts, credit card original receipts or sales slips for all lost or stolen articles claimed.

**Payment of Claims: To Whom Paid:** Benefits are payable to the **Insured** who purchased the coverage and paid any required plan cost. Any benefits payable due to that **Insured's** death will be paid to the survivors of the first surviving class of those that follow:

1. the beneficiary named by that **Insured** and on file with **Us**;
2. his or her **Partner**, if living;
3. if no living **Partner**, the **Insured's** estate.

**Important note:**

1. Non-medical claims, such as trip cancellation, lost baggage, trip delay, etc. can be submitted by registering **Your** claim online through **Our** Claims Portal <https://claims.travelguard.com/myclaim/ca>.
2. **Claims** for the following sections should be notified to **Us** only through **Our Assistance Company** by phone:
  - a. **Section B1 – Emergenses**
  - b. **Section B2 – Emergency Medical Evacuation & Repatriation**
  - c. **Section B3 – Compassionate Visit**
  - d. **Section B4 – Emergency Dental**
  - e. **Section C – Hospital Income Overseas**

**Emergency Assistance for New Brunswick, Newfoundland, Saskatchewan Residents**

Phone: +1-877-281-0082  
International: +1-819-780-0646 (collect)

**Emergency Assistance For Residents of Other Provinces**

Phone: 1-866-591-5452  
International: +1-416-621-6820 (collect)

For further details about claims, please refer to **General Conditions**.

## General Definitions

Wherever the following words or phrases appear in bold in this policy, they will have the following meanings:

**Accident or Accidental** means a sudden, unexpected, involuntary and specific event, external to the body, which occurs at an identifiable

time and place.

**Assistance Company** means the AIG assistance provider or a third party assistance provider referenced in the **Important Information** section of this document.

**Canadian Resident /Resident** means an **Insured Person** who has a provincial or territorial government health care plan in place and:

1. is a Canadian citizen with a primary permanent residence in Canada; or,
2. has landed immigrant status in Canada and a primary permanent residence in Canada; or,
3. has a permit to study or work in Canada.

**Car Rental** means the reservation or rental of a **Rental Vehicle** for short periods of time, generally ranging from a few hours to a few weeks for a fee.

**Certificate of Insurance** means the summary document showing details of the insurance coverage, which should be read with this policy.

**Child** means a person(s) who is 17 years of age or under.

**Chronic** means any condition that persists, or is expected to persist for longer than a year and after that time is likely to recur. These include but are not limited to: arthritis, cardiovascular disorders, cancer (carcinoma / carcinoma in situ / malignant tumors), epilepsy, haemophilia, lupus, motor neuron disease, multiple sclerosis disease, muscular dystrophy, Parkinson's disease, renal-kidney disease, respiratory disorder.

**Civil Unrest, Riot or Commotion** means a gathering of persons (organised or unorganised) in disturbance of the public peace with the presence of violence, threats of violence, or the action of any lawfully constituted authority to suppress or attempt to suppress any such gathering.

**Claim** means a request by **You** to **Us** to avail of the range of benefits that are available under this policy.

**Common Carrier** means a commuter bus, ferry, hovercraft, hydrofoil, train, tram, and any fixed-wing aircraft:

1. authorised pursuant to any statute, regulation, law or equivalent for the transportation of fare paying passengers; and
2. which operates to fixed, established and regular schedules and routes.

It does not mean:

1. any such conveyance if chartered or arranged as part of a tour even if such services are regularly scheduled; or
2. taxis, ride sharing services or cruise ships

**Covered Transport** means any land, water or air conveyance operating under a valid license for conveyance of fare paying passengers and which operates to fixed, established and regular schedules and routes.

**Country of Departure** means the country from which **You** first departed for **Your Trip** as per **Your Travel Itinerary** (for example, the country from which **Your** first **Flight** is originally scheduled to depart or the country from which **You** travelled to collect **Your Rental Vehicle** or to check-into **Your Hotel** ).

**Country of Residence** means any country in which **You** have been granted rights of citizenship or are a Resident with un-restricted right of re-entry by the respective Government Authority.

**Dental Treatment Expenses** means the necessary and reasonable expenses incurred and paid to a **Dental Practitioner** for dental treatment carried out by a **Dental Practitioner**. All treatment including specialist treatment must be prescribed or referred by a **Dental Practitioner** in order for expenses to be reimbursed under this policy, and such reimbursement will not exceed the usual level of charges for similar treatment, dental services or supplies in the location where the expenses were incurred and paid, had this insurance not existed.

**Dental Practitioner** means a registered and properly qualified dental practitioner licensed under any applicable laws and acting within the scope of his/her license and training. The attending **Dental Practitioner** cannot be **You**, **Your Relative**, business associate, employer, employee or **Travelling Companion**.

**Domestic Trip** means travel undertaken by **You** during the **Period of Insurance** for the purpose of leisure and/or business travel which is:

1. within **Your Country of Residence**;
2. beyond 100 kilometres from your **Home**; and
3. excludes any commute to and from **Your** regular place of employment or work.

**Expedia** means Expedia, Inc. and its subsidiaries and corporate affiliates, as applicable.

**Expedition** means any journey to high risk, remote, inaccessible and/or inhospitable locations including but not limited to, privately organised kayaking trips around the coast of a country, or trips to generally inaccessible interiors of a country or areas previously unexplored or unchartered including trips undertaken for scientific, research or political purposes to such locations. It does not mean **Trekking** and travel outside of such locations if (a) such **Trekking** or travel is part of a tour that is accessible to the general public without restrictions (other than general health or fitness warnings) and is run by a recognised tour operator; and (b) **You** are always acting under the guidance and supervision of qualified guides and/or instructors of the tour operator.

**Extreme Sports and Sporting Activities** means any sport or sporting activities that present a high level of inherent danger (i.e. involve a high level of expertise, exceptional physical exertion, highly specialised gear or stunts) including but not limited to big wave surfing; **Winter Sports** (except as noted in (b) below); bicycle, motor, air or sea craft speed trials or stunts, canoeing down rapids, cliff jumping, horse jumping, horse polo and stunts, boxing and martial arts. **Extreme Sports and Sporting Activities** does not include:

1. Tourist activities that are accessible to the general public without restrictions (other than general health/fitness warnings) and are run by a recognised resort or tour operator, provided that **You** comply with all relevant requirements/instructions of such resort/tour operator and with all safety guidelines for the activity concerned, including the use of any appropriate and recommended safety equipment.
2. Skiing, snowboarding, cross country skiing, ice curling, ice skating, ice hockey, langlauf and sledging/sleighing/ tobogganing, but only if **You** engage in such **Winter Sports** (i) as tourist activities (subject to the conditions in (a) above), and (ii) on prepared ice rinks, recognised and prepared paths or marked trails of the resort.

**Final Destination** means **Your** last destination specified in **Your Travel Itinerary**; **You** are deemed to arrive at **Your Final Destination** when **Your Flight** arrives at the airport there or when **You** first reach **Your** x planned arrival point there.

**Financial Default** means insolvency, bankruptcy, provisional liquidation, liquidation, financial collapse, appointment of a receiver, manager or administrator, entry into any official or unofficial scheme of arrangement, statutory protection, restructuring or composition with creditors, or the happening of anything of a similar nature under the laws of any jurisdiction.

**Flight** means an air journey in a commercial, scheduled aircraft in which **You** are a fare paying passenger.

**Flood** means a general and temporary covering of water of two (2) or more acres of normally dry land.



**Home** means an **Insured Person's** usual place of residence within **Your Country of Residence**.

**Hospital** means an establishment constituted and registered as a facility for the care and treatment of sick and injured persons and which:

1. has full facilities for diagnosis and surgical procedures;
2. provides twenty-four (24) hour a day nursing services by registered graduate nurses;
3. is supervised by a staff of **Medical Practitioners**; and
4. is not primarily a clinic, nursing, rest or convalescent home, a home for the aged, a place for the treatment of alcoholism or drug addiction or an institution for mental or behavioural disorder.

**Hotel** means any commercial establishment used for the purpose of short term or overnight lodging for which a fee is paid and reservations are required.

**Hotel Stay** means **Your** reserved stay in a **Hotel** for a fee.

**Illness** means a physical condition marked by a pathological deviation from the normal healthy state.

**Injury** means a physical bodily injury sustained by **You** as a result of an **Accident** during the **Trip** which occurs solely, directly and independently of any other cause or causes including sickness, disease or any pre-existing physical or congenital condition, except sickness directly resulting from medical or surgical treatment rendered necessary by such **Injury**.

**Insurance Provider** means the company issuing this policy, which may include subsidiaries or affiliates of American International Group, Inc., and appointed network partners as applicable.

**Insured Person** means the person or persons shown on the **Certificate of Insurance** or, in the case of a standalone **Hotel Stay**, the person or persons included in the number of adults and **Children** submitted through an **Expedia** website and registered with the **Hotel**.

**Main Travel Destination** means any location, temporary or otherwise, to which **You** travel during **Your Trip** if it is proven to **Our** satisfaction that a covered event in one (1) or more of these locations would impact **Your Trip** to the extent that it needs to be necessarily cancelled or interrupted as the relevant policy section provides.

**Manual Labour** means **Your** active personal participation in work which involves physical labour or manual operation, including but not limited to:

1. underground work, mining work, military duties, offshore work, manual agricultural labour, construction work, or outside building or installation work exceeding three (3) metres in height;
2. work that involves heavy machinery, explosives or hazardous materials
3. work as a diver, life guard, taxi driver, bus driver, or other commercial vehicle or heavy vehicle driver, dispatch rider or delivery person; or
4. work of a manual nature that involves specialist equipment and training, or work that presents risk of serious injury including but not limited to oil riggers, fishermen, crane operators or welders.

**Medical Practitioner** means a registered and properly qualified medical specialist licensed under applicable laws and acting within the scope of his/her license and training. The attending **Medical Practitioner** cannot be **You**, **Your Relative**, business associate, employer, employee or **Travelling Companion**

**Medically Necessary** means a medical service provided by a **Medical Practitioner** which is:

1. consistent with the diagnosis and is a customary medical treatment for the covered **Illness** and/or **Injury**;
2. in accordance with standards of good medical practice, consistent with current standards of professional medical care and of proven medical benefits;
3. not for the convenience of **You** or the **Medical Practitioner**;
4. unable to be rendered out of a **Hospital** (if admitted as an inpatient);
5. not experimental, investigational, research, preventive or screening in nature; and
6. for which charges are reasonable, customary and do not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age for a similar **Illness** and/or **Injury** in accordance with accepted medical standards and practice that could not have been omitted without adversely affecting **Your Illness** and/or **Injury**.

**Natural Catastrophe** means any of the following – volcanic eruption, **Flood**, tsunami, earthquake, landslide, hurricane, tornado or wildfire.

**Natural Disaster and Extreme Weather Conditions** means any **Natural Catastrophe**, typhoon, cyclone, volcanic ash, mudslide, avalanche, fire, or blizzard that is due to natural causes.

**Mountaineering** means ascent or descent of a mountain ordinarily necessitating the use of specified equipment, including but not limited to, crampons, pickaxes, anchors, bolts, carabineers and lead-rope or top-rope anchoring equipment.

**Overseas** means beyond the territorial limits of **Your Country of Departure** or **Country of Residence** as applicable depending on the country from where **You** originally depart as per **Your Travel Itinerary**, but in no circumstance includes **Your Country of Residence**.

**Pair or Set of Items** means items of personal property which belong together and cannot be worn or used or work separately for the purpose intended (for example, a pair of earrings).

**Parent** means a person with parental responsibility for a **Child**, including a legal guardian acting in that capacity.

**Partner** means a person who is an **Insured Person's** spouse, civil or domestic partner, fiancé or fiancée who permanently lives at the same address as the **Insured Person**.

**Period of Insurance** means the period commencing with the **Policy Inception Date** and terminating with the **Policy Expiry Date** as defined on the **Certificate of Insurance**. (For details on specific coverage periods applicable to each benefit section, please see section **Coverage during Your Period of Insurance**.)

**Policyholder** means the person who has paid for this policy and is shown on the **Certificate of Insurance**.

**Policy Inception Date** means the date on which **Your** policy will commence as stated in **Your Certificate of Insurance**.

**Policy Expiry Date** means the date on which **Your** policy will terminate as stated in **Your Certificate of Insurance**.

**Pre-existing Medical Condition** means:

1. any illness, disease or injury suffered by **You**, **Your Relative**, business associate, or **Travelling Companion** which in the one (1) year period before **You** purchased this insurance for benefit **Section A - Trip Cancellation & Postponement**, or before the **Policy Inception Date** for other benefits.
  - a. first manifested itself, worsened, became acute or exhibited symptoms that would have caused an ordinarily prudent person

- to seek diagnosis, care or treatment;
  - b. required taking prescribed drugs or medicine, or tests, or further investigation had been recommended by a **Medical Practitioner**; or
  - c. was treated by a **Medical Practitioner**, or treatment had been recommended by a **Medical Practitioner**.
2. any congenital, hereditary, **Chronic** or ongoing condition of **Yours**, **Your Relative**, business associates, or **Travelling Companion** which **You** or they are aware of, or could reasonably be expected to be aware of, before **You** purchased this insurance for benefit **Section A - Trip Cancellation & Postponement**, or before the **Policy Inception Date** for other benefits.

**Public place** means any place where the public has general access rights and shall include but is not limited to shops, airports (including airport lounges), train stations, bus stations, streets, hotel foyers and grounds, function, exhibition or conference centres, restaurants, beaches and public toilets.

**Rental Vehicle** means a motor vehicle rented or hired by **You** from a licensed **Car Rental** agency for the carriage of non-fare paying passengers and does not include:

1. any vehicle designed to be used for the carriage of commercial goods;
2. any vehicle which is classed as a campervan, motor home or any other vehicle that is used for both accommodation and transportation purposes;
3. any vehicle that is categorised as a non-passenger carrying motorcar, including but not limited to, motorcycles, racing cars, watercraft and aircraft of any type.

**Relative** means **Your Partner**, parents, **Your Partner's** parents, **Child**, son-in-law, daughter-in-law, grandparent, grandparent-in-law, great-grandparent, grandchild, brother, sister, brother-in-law, sister-in-law, step-parent, stepdaughter, stepson, step-brother, step-sister, niece, nephew, aunt or uncle.

**Serious Illness or Injury** means:

1. in respect of the **Insured Person**, a condition which necessitates treatment by a **Medical Practitioner** who certifies that as a direct result of this condition the **Insured Person** requires urgent medical attention and is unfit to commence the **Trip** or continue on with the **Trip** as originally scheduled; and
2. in respect of any other person whose health may affect **Your** entitlement to coverage under this policy, such person is hospitalised and the attending **Medical Practitioner** certifies that their life is in imminent danger necessitating **Your** immediate attendance.

**Strike** means any organised, wilful refusal by workers or employees to continue working to register a protest, or the action of any lawfully constituted authority in preventing or attempting to prevent any such act or in minimising the consequences of such act.

**Terrorist** means any person who commits, or attempts to commit, a **Terrorist Act** or who participates in or facilitates the commission of a **Terrorist Act** and/or is verified or recognised or designated by any government or authority as a terrorist.

**Terrorist Act** means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or committing of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) are not considered terrorist acts. A **Terrorist Act** also includes any act which is verified or recognised by the (relevant) government as an act of terrorism.

**Travelling Companion** means a person or persons with whom **You** have coordinated travel arrangements and with whom **You** intend to travel for at least 80% of **Your Trip** duration, and without whom **You** reasonably would not undertake the **Trip**.

**Travel Itinerary** means the **Flight/Flights**, **Hotel Stay/Stays**, and/or **Car Rental** that **You** booked under a single payment transaction through an **Expedia** website, for which **You** purchased this policy.

**Trekking** means an overnight hike, tramp, trek or similar activity through mountainous terrain, national parks or reserve lands normally undertaken on foot but which also can be by other means, including but not limited to, by animal or off-road vehicle, and which involves an overnight stay in the wilderness including in campsites, huts and lodges. For the purpose of clarity, it does not mean **Mountaineering**.

**Trip** means **Your Overseas** trip or **Domestic** trip as stated in **Your Travel Itinerary**.

**Unattended** means when **You** do not have full view of **Your** property or where **You** are not in a position to prevent the unauthorised taking of **Your** property, unless it is left in a locked room or a locked safety deposit facility. Property left in a motor vehicle is considered to be **Unattended** unless the motor vehicle is locked and the property is out of view in an enclosed storage compartment, boot / car trunk or luggage space.

**Valuables and Electronic/Other Equipment** means photographic, audio, video, electronic, electrical equipment, media (including CDs, DVDs, video and audio tapes and electronic games), MP3 players, computer equipment (but not mobile or smart phones or tablet computers), binoculars, antiques, jewellery, watches, furs, silks, precious stones and articles made of or containing gold, silver or precious metals.

**War** means military action, either between nations or resulting from civil war or revolution.

**Winter Sports** means bigfoot skiing, cat skiing or boarding, cross country skiing, glacier skiing, glacier walking, heli-skiing, ice climbing, ice curling, ice diving, ice hockey, ice skating, kite skiing, kite snowboarding, langlauf, mono skiing, off piste skiing or snowboarding, skiing, ski or snow board jumping or stunts, ski/snow biking, ski/snow blading, ski randonee, ski touring, sledging/sleighing, snowboarding, snowmobiling, speed skating and tobogganing, bobsleighing, luge or skeleton, or tobogganing on an ice track.

**We, Us, Our** means the **Insurance Provider** that issued this policy.

**You, Your, Yourself** means the **Policyholder** and/or an **Insured Person** as named in the **Certificate of Insurance**.

## General Conditions

**General Conditions** apply to all sections of this policy. In addition to these **General Conditions**, please also refer to the 'Specific conditions applicable to Section' under each policy section as this sets out further conditions which apply to that policy section:

1. **You** must tell **Us** if **You** know about anything that may affect **Our** decision to accept **Your** insurance (for example, if **You** are planning to take part in a dangerous activity while **You** are on **Your Trip**).
2. **You** must take all reasonable steps to avoid or reduce any loss that may mean **You** have to make a **Claim** under this insurance.
3. **You** must give **Our** claims department all the documents they request to deal with any **Claim**. **You** will be responsible for the costs involved in doing this. For example, in the event of a cancellation **Claim**, **You** will need to supply proof that **You** were unable to travel, such as a medical certificate completed by **Your Medical Practitioner**.
4. **You** must help **Us** get back any money that **We** have paid from anyone or from other insurers by giving **Us** all the details **We** need and by filling in any forms.

5. Any fraud, deliberate misstatement or hiding of information in connection with the application for this policy or when making a **Claim** will make this policy invalid for the **Insured Person** who has committed the fraud, deliberate misstatement or hidden information. In this event, any benefit due to the **Insured Person** who has committed the fraud, deliberate misstatement or hiding of information under this policy will be forfeited and any benefit that has previously been paid to such **Insured Person** must be repaid to **Us** in full. **We** also will not refund any premium paid on behalf of the **Insured Person** who has committed the fraud, deliberate misstatement or hiding of information.
6. An **Insured Person** seeking payment of a **Claim** must give **Us** permission to obtain any medical reports or records needed from any **Medical Practitioner** who has treated the **Insured Person**; otherwise **We** may not pay any **Claim**.
7. **We** may ask the **Insured Person** to attend one (1) or more medical examinations. If **We** do, **We** will pay the cost of the examination(s), any medical reports and records, and reasonable travelling expenses of the **Insured Person** and any person required to travel with the **Insured Person** to attend the examination, if these expenses are agreed by **Us** in advance. If the **Insured Person** fails to attend without reasonable cause, **We** may reject the **Claim**.
8. If an **Insured Person** dies, **We** have the right to ask for a post mortem examination at **Our** expense.
9. **You** must pay **Us** back any amounts that **We** have paid to **You** that are not covered by the insurance. This could include any overpayments and payments to which **You** are not entitled (for example, if **Your Claim** for lost luggage has been paid but **Your** suitcase is subsequently returned to **You** by the airline).
10. After a **Claim** has been settled, any damaged items which **You** have sent into **Our** claims department will become **Our** property.
11. This policy may not be assigned or transferred unless **We** agree in writing.
12. **We** will not pay any interest on any amount payable under this policy.
13. Where applicable, **We** will deal with **Claims** under benefit **Section H- Personal Accident** in respect of **Accidental** death as follows:
  - a. If an **Insured Person** is eighteen (18) years of age or over, any sums payable will be made to the executor or legal representative of the deceased **Insured Person's** estate.
  - b. If an **Insured Person** is seventeen (17) years of age, or under any sums payable will be made to a **Parent** of the deceased **Insured Person**.
14. **We** may also contact third parties who have or who were to provide services to the **Insured Person** (for example, an airline, travel company or hotel) to verify the information provided.
15. This policy may only be enforced by the following :
  - a. the **Policyholder**,
  - b. an **Insured Person** (or their **Parent** if they are seventeen (17) years of age or under),
  - c. the executor or legal representative in the event of the **death** of an **Insured Person**; or
  - d. **Us**.
16. **We** must be notified of all **Claims** as soon as is reasonably practicable after the event that causes the **Claim**. Failure to do so may result in **Our** rejection of the **Claim** if it is made so long after the event that **We** are unable to investigate it fully, or may result in **You** not receiving the full amount claimed if the amount claimed is increased as a result of the delay.

#### Important Notes for Canadian Residents :

In addition to the above conditions all of the following conditions apply to all coverage under this policy including any optional coverage purchased.

1. If **Your** health status changes (including a change in prescribed medication or treatment) prior to the **Policy Inception Date** for any **Trip**, **You** must notify **Us** immediately. Please refer to "Importance of **Your** Disclosure" under **Important Information – General Information**.
2. The benefit, benefit limits and all other amounts expressed in this policy are expressed in Canadian currency. Where covered losses are billed in foreign currency, the rate of exchange is based on the rate effective on the date when **We** pay the claim. No sum payable shall bear interest. 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:
  - a. on the last date of service; or
  - b. on the date the claim was incurred if a cheque is issued directly to **Medical Practitioners, Hospitals** or other medical providers.
3. The coverage outlined in this policy is last pay or only. If, at the time of loss, **You** have insurance from another source, or if any other party is also responsible, to pay for benefits also provided under this policy, **We** will pay eligible expenses only in excess of those covered by that other insurance company or insurance companies or other responsible party or parties, including insurance plans provided through credit cards, third party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial or territorial auto insurance plan, providing Hospital, medical or therapeutic coverage, or any third party liability insurance in force concurrently with this policy. **We** have full rights of subrogation; however, **We** do not subrogate against any retiree plan benefit if the lifetime maximum limits for all in-country and out-of-country medical benefits is \$50,000 or less.
4. Notwithstanding any provision of this policy, this policy is subject to the statutory conditions of the *Insurance Act* applicable to contracts of *Accident and Sickness insurance* and the laws and regulations in **Your Home** province. The laws and regulations of the province or territory in Canada in which **You** normally reside govern this policy and any provision in this policy which is in conflict with any such statute is hereby amended to conform to such statute.

## General Exclusions

**General Exclusions** apply to all sections of this policy (with certain exceptions applicable to **Section K - Collision Damage Protection**, as set out in the Important Note at the end of this section). In addition to these **General Exclusions**, please also refer to 'What **You** are not covered for' under each policy section as this sets out further exclusions which apply to that policy section.

**We** will not be liable under any section of the policy for any **Claim** arising out of, based upon, relating to or attributable to:

1. Any **Pre-Existing Medical Condition** or any complication arising from it.\*
2. **You** travelling against the advice of a **Medical Practitioner** or for the purpose of obtaining medical advice or treatment.\*
3. **You** or any person who **Your Trip** depends on are receiving or waiting for hospital investigation or treatment for any undiagnosed condition or set of symptoms or have been given a terminal prognosis at the time of purchasing this insurance and/or before commencing travel.\*
4. Any incident of which **You** were aware at the time **You** purchased this insurance that could reasonably be expected to lead to a **Claim**.
5. Any psychological or psychiatric disorder; stress, anxiety, depression, mental or nervous conditions; psychosis or any psychosomatic condition; or sleep disorders, unless hospitalized for that specific reason.
6. Any costs relating to pregnancy if **You** are more than 26 weeks pregnant at the start of or during **Your Trip** (including routine pre-natal care, childbirth), infertility, contraception or operations related to sterilisation or any complication arising therefrom except as provided under benefit **Section A - Trip Cancellation and Postponement (sub section A3 – clause 8)**.\*
7. **War**, civil war, invasion, revolution or any similar event.
8. Civil riots, blockades, **Strikes** or industrial action of any type (except for **Strikes** or industrial action which were not public knowledge when **You** booked **Your Trip** or purchased this insurance, whichever is the later) except as provided under benefit **Section A - Trip Cancellation and Postponement (sub section A3 – clause 1.d.)** and benefit **Section D - Trip Curtailment & Interruption (sub section D3 – clause 1.d.)**.
9. Loss, expense, liability or damage to any property, arising from ionising radiation or contamination by radioactivity from
  - a. any nuclear fuel or
  - b. any nuclear waste from
    - i. burning nuclear fuel or



- ii. radioactive, toxic, explosive or
  - iii. other dangerous properties of any explosive nuclear equipment
10. **Your** use of a two-wheeled motor vehicle unless:\*
- a. as a passenger, **You** wear a crash helmet and it is reasonable for **You** to believe that the driver holds a licence to drive the two-wheeled motor vehicle under the laws of the country in which the **Accident** occurs (if such a licence is required under the laws of the country in which the **Accident** occurs); or
  - b. as a driver, **You** wear a crash helmet and **You** hold a licence which permits **You** to drive the two-wheeled motor vehicle under the laws of the country in which the **Accident** occurs (if such a licence is required under the laws of the country in which the **Accident** occurs).
11. A tour operator, airline or any other company, firm or person's becoming insolvent, or being unable or unwilling to fulfil any part of their obligation to **You**.
12. Travel to a specific country or area if, prior to **Your Trip** commencing, **Your Country of Residence's** foreign relations authority has advised against all but essential travel to that country or area.
13. **Your** involvement in any deliberate, malicious, reckless, illegal or criminal act.
14. **Your** participation in the following high risk activities\*
- a. **Extreme Sports And Sporting Activities;**
  - b. competition sports;
  - c. any professional sports or any sport in which **You** would or could earn or receive remuneration, donation, sponsorship or financial rewards of any kind;
  - d. racing other than on foot (i.e. human);
  - e. **Expeditions;**
  - f. hunting trips and safaris that are not provided by a licensed commercial operator;
  - g. white water rafting grade four (4) or above;
  - h. sailing outside of territorial waters;
  - i. parachuting, BASE jumping, sky diving or travel in any other air supported device other than as a passenger in a licensed passenger aircraft operated by an airline or charter company. This exclusion does not apply to hot air ballooning or parasailing.
  - j. scuba diving unless:
    - i. **You** are diving for recreational purposes (for the purpose of clarity recreational diving does not include technical diving or diving as a professional diver);
    - ii. **You** are diving with a qualified dive instructor or dive master, or **You** hold a PADI certification or similar recognised certification and are diving within the level of **Your** certification (including maximum dive depths and bottom time) and to the standards and procedures set up by **Your** certifying agency;
    - iii. subject to (ii) above **Your** planned dive depth does not exceed forty (40) metres; and
    - iv. **You** are not diving alone;
15. Motor racing, rallying or vehicle racing of any kind.
16. **Your** participation in:\*
- a. **Mountaineering;**
  - b. adventure climbing including outdoor rock climbing or abseiling; or
  - c. high altitude activity or any activity above 5,500 metres or **Trekking** above 3,000 metres.
- Exclusions 16(b) and 16(c) above will not apply to organised harnessed outdoor rock climbing, harnessed abseiling and **Trekking** that are:
- i. available to the general public without restriction, other than general health and fitness warnings;
  - ii. provided by a recognised commercial local tour operator or activity provider;
  - iii. provided under the guidance and supervision of qualified guides and/or instructors of the tour operator or activity provider and always subject to **You** following their advice and/or instruction; and
  - iv. undertaken below 5,500 metres.
17. **Your** performing **Manual Labour** during **Your Trip**.\*
18. **Your** suicide or attempted suicide;
19. **Your** injuring **Yourself** deliberately or putting **Yourself** in danger (unless **You** are trying to save a human life).
20. **Your** use of alcohol or drugs unless the drugs have been prescribed by a **Medical Practitioner** (whether the **Claim** arises directly or indirectly from **Your** use of alcohol or drugs)
21. **Your** being affected by any sexually transmitted disease or condition, unless hospitalized for that specific reason.\*
22. **Your** failure to get the inoculations and vaccinations that **You** need in relation to **Your Trip**.\*
23. **Your** acting in a way which goes against the advice of a **Medical Practitioner**.\*
24. Any error or omission in **Your** booking arrangements made by **You**, **Your** travel agent or any other person acting on **Your** behalf.
25. The refusal, failure or inability of any person, company or organisation including any carrier or service provider to provide services, facilities or accommodation by reason of their own **Financial Default** or the **Financial Default** of any person, company or organisation with whom or with which they have business dealings.

Additionally:

26. We will not be liable to pay any **Claim** if **You** already have a more specific insurance that provides cover (for example, if an item **You** are claiming for under benefit **Section G1 - Personal Belongings & Baggage** is a specified item on **Your** household contents insurance policy).
27. This policy does not provide coverage for any indirect losses, costs, charges or expenses (meaning losses, costs, charges or expenses that are not listed under the headings 'What **You** are covered for' in **Your Benefits Under this Policy** section (for example, loss of earnings if **You** cannot work after **You** have been injured or the cost of replacement locks if **Your** keys are stolen).
28. This policy does not provide coverage for any costs which **You** would have had to or would have chosen to pay had the reason for the **Claim** not occurred (for example, the cost of food which **You** would have paid for in any case).
29. We will not be deemed to provide cover and we will not be liable to pay any **Claim** or provide any benefit hereunder to the extent that the provision of such cover, payment of such **Claim** or provision of such benefit would expose the **Insurance Provider**, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.
30. This policy will not cover any loss, **injury** damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Cuba, Iran, Syria, North Korea or the Crimea region.
31. This policy will not cover any loss, injury, damage or legal liability sustained directly or indirectly by any individual or entity identified on any applicable government watch list as a supporter of terrorism, narcotics or human trafficking, piracy, proliferation of weapons of mass destruction, organized crime, malicious cyber activity, or human rights abuses.
32. This policy offers coverage only to **Canadian Residents** and is null and void as to non-residents of Canada.

**\* Important Note:**

The following clauses under the **General Exclusions** do not apply to **Section K – Collision Damage Protection**:

Clause 1, 2, 3, 6, 10, 14, 16, 17, 21, 22 and 23.

## Your Benefits Under this Policy

Please refer to section **Coverage during Your Period of Insurance** for the applicable coverage period for each benefit section.

## Section A – Trip Cancellation & Postponement

### ✓ What You are covered for under Section A

**A1 – Trip Cancellation (Pre-departure):** If it is necessary and unavoidable that **You** have to cancel **Your Trip** as a result of one (1) or more of the covered events listed under **Section A3**, **We** will pay up to the amount shown in the **Table of Benefits** for:

- travel and accommodation expenses for **Your Trip** purchased through an **Expedia** website and for which **You** opted to purchase insurance, which **You** have paid or have agreed to pay under a contract and which **You** cannot get back;
- the cost of excursions, tours and activities purchased through an **Expedia** website which **You** have paid for and which **You** cannot get back; and
- the cost of entry visas required for **Your Trip** which **You** have paid for and which **You** cannot get back.

#### Important Note:

1. If payment has been made using frequent traveller points or vouchers issued by or accepted by **Expedia** and these are non-refundable, then settlement of **Your Claim** will be based on the value of the frequent traveller points or vouchers, as established by **Expedia**, which **You** cannot get back.
2. This Policy will end once a **Claim** has been paid for **Section A1 – Trip Cancellation (Pre-Departure)**, If **You** want coverage for **Your** altered / new trip, **You** must purchase a new policy.

**A2 – Trip Postponement (Pre-departure):** If it is necessary and unavoidable that **You** have to alter **Your Trip** as a result of one (1) or more of the covered events listed under **Section A3**, **We** will pay up to the amount shown in the **Table of Benefits** for:

- the reasonable and necessary additional costs incurred **You** paid to re-schedule **Your Trip**.

**You** can only submit a **Claim** under **Section A1** or **A2**, not both. The amount **We** will pay **You** under **Section A2** will not be more than the amount **We** would have paid under **Section A1** above.

### A3 – Covered Events

**We** will provide this cover if the cancellation or postponement of **Your Trip** is necessary and unavoidable as a result of the following:

1. Major travel events
  - a. **Natural Disaster and Extreme Weather Conditions** at **Your Main Travel Destination(s)**;
  - b. epidemic or pandemic for which a declaration or other similar publication is issued by the government of **Your Country of Residence** or the World Health Organisation advising against travel to infected areas outside of **Your Country of Residence**;
  - c. major industrial or **Covered Transport** accident;
  - d. **Civil Unrest, Riot or Commotion** resulting in cancellation of scheduled **Covered Transport** services or in an advisory against non-essential travel issued by the government of **Your Country of Residence**;
  - e. **Strike** resulting in cancellation of scheduled **Covered Transport** services; or
  - f. any event leading to airspace or multiple airport closures
2. **Your** death, **Serious Illness or Injury**.
3. The death, **Serious Illness or Injury** of **Your Relative, Travelling Companion** or a **Relative** or friend living **Overseas** with whom **You** had planned to stay. The incident giving rise to the **Claim** must have been unexpected and not something **You** were aware of when **You** purchased this insurance. Please see the **General Exclusion** for further details.
4. **You** being made redundant, as long as **You** had been working at **Your** current place of employment for a minimum continuous period of two (2) years, and at the time of booking the **Trip** or the date **You** purchased this insurance cover, whichever is earlier, **You** had no reason to believe that **You** would be made redundant. This cover does not apply if **You** are self-employed or accept voluntary redundancy.
5. **You** or **Your Travelling Companion** being called for jury service (and **Your** request to postpone **Your** service has been rejected) or attending court as a witness (but not as an expert witness).
6. If the police or relevant authority needs **You** to stay in **Your Country of Residence** after a fire, storm, **Flood**, burglary or vandalism to **Your Home** or place of business within seven (7) days before **You** planned to leave on **Your Trip**.
7. If **You** are a member of the armed forces, police, fire, nursing or ambulance services, and **You** receive an official directive which results in **Your** having to cancel or postpone **Your Trip** due to an unforeseen emergency, or if **You** are posted **Overseas** unexpectedly.
8. If **You** become pregnant after the date **You** purchased this insurance cover and **You** will be more than 26 weeks pregnant at the start of or during **Your Trip**. Or, if **You** become pregnant after the date **You** purchased this insurance cover and **Your Medical Practitioner** advises that **You** are not fit to travel due to complications in **Your** pregnancy.

### ✘ What You are not covered for under Section A

In addition to the exclusions set out in the **General Exclusions** section, this policy does not cover loss or damage arising out of, based upon or attributable to:

1. Trip Cancellation and Postponement caused by a **Pre-Existing Medical Condition**. Please see **General Exclusion** for further details.
2. **You** not wanting to travel.
3. Any extra costs resulting from **You** not telling a travel company as soon as **You** know **You** have to cancel or postpone **Your trip**.
4. **You** being unable to travel due to **You** failure to obtain the passport or entry visa **You** need for the **Trip**.
5. Airport taxes and credit or debit card fees included in the cost of **Your Trip**.
6. Costs that have not been incurred by or on behalf of an **Insured Person**.
7. Any costs **You** would have still had to pay even if **You** had not been due to travel, such as time share management fees or holiday club membership fees.

Please note that the conditions set out in the **General Conditions** section apply to all benefit sections.

#### Claims evidence required for Section A may include

- Proof of travel cost (confirmation invoice, travel tickets, unused excursion, tour or activity tickets)
- Cancellation invoice or letter confirming whether any refund is due
- Receipts for the additional costs that **You** have had to pay to continue with **Your Trip** due to postponement,
- A medical certificate which **We** will supply for the appropriate **Medical Practitioner** to complete
- An official letter confirming: redundancy, emergency posting **Overseas**, the need for **You** to remain in **Your Country of Residence**
- Summons for jury service
- Confirmation of the major travel event which has prevented **You** from travelling

**Please note:** **We** may require other evidence to support **Your Claim** depending on the circumstances, in which case **We** will contact **You**.

## Section B1 – Emergency Medical Expenses

#### Please note:

1. If **You** are admitted into **Hospital** as an inpatient for more than twenty-four (24) hours, **You** or someone acting on **Your** behalf must

contact the **Assistance Company** as soon as reasonably possible (please see the **Medical and Other Emergencies Section** for further details).

2. If **You** are entitled to receive payment of all or any part of the medical expenses from any other source, **We** will pay the difference between what was actually incurred and paid by **You** and the amount **You** are entitled to receive from such other source.

### ✔ What You are covered for under Section B1

For **Your Overseas Trip**, **We** will pay up to the amount shown in the **Table of Benefits** for **Medically Necessary** and reasonable costs as a result of **You** suffering from **Illness, Injury**, or dying during **Your Overseas Trip**. This includes:

1. Emergency medical, surgical and **Hospital** treatment and ambulance costs.
2. If **You** cannot return to **Your Country of Residence** as **You** originally planned and the **Assistance Company** agrees **Your** extended stay is **Medically Necessary**, **We** will pay for:
  - a. Extra accommodation (room only) and travel expenses (economy class, unless a higher grade of travel is confirmed as **Medically Necessary** and authorised in advance by the **Assistance Company**) to allow **You** to return to **Your Country of Residence**; and
  - b. Extra accommodation (room only) for someone to stay with **You** and travel **Home** with **You** if this is necessary due to medical advice.

For **Your Domestic Trip**, **We** will pay up to the amount shown in the **Table of Benefits** for **Medically Necessary** and reasonable costs, which are not payable under **Your** primary care program, as a result of **You** suffering from **Injury** during **Your Domestic Trip**. This includes:

1. Emergency medical, surgical and **Hospital** treatment and ambulance costs.
2. If **You** cannot return to **Your Home** as **You** originally planned and the **Assistance Company** agrees **Your** extended stay is **Medically Necessary**, **We** will pay for:
  - a. Extra accommodation (room only) and travel expenses (economy class unless a higher grade of travel is confirmed as **Medically Necessary** and authorised in advance by the **Assistance Company**) to allow **You** to return to **Your Home**; and
  - b. Extra accommodation (room only) for someone to stay with **You** and travel **Home** with **You** if this is necessary due to medical advice.

All treatment including specialist treatment must be prescribed or referred by a **Medical Practitioner** and approved by **Us** in order for expenses to be covered under this policy.

### ✘ What You are not covered for under this Section B1 and under Section B2, B3 and B4 below (if provided under Your policy)

In addition to the exclusions set out in the **General Exclusions** section, this policy does not cover loss or damage arising out of, based upon or attributable to:

1. Any **Pre-Existing Medical Condition**. Please see **General Exclusion** for further details.
2. Any costs relating to pregnancy if **You** are more than 26 weeks pregnant at the start of or during **Your Trip** (including routine prenatal care, childbirth), infertility, contraception or operations related to sterilisation or any complication arising therefrom.
3. Any treatment or surgery which the **Assistance Company** thinks is not immediately necessary and can wait until **You** return to **Your Country of Residence** for an **Overseas Trip** or to **Your Home** for a **Domestic Trip**. The decision of the **Assistance Company** is final.
4. The extra cost of a single or private **Hospital** room, unless shared rooms are not available or unless a single or private **Hospital** room is **Medically Necessary**.
5. Any search and rescue costs charged to **You** by a government, regulated authority or private organisation connected with finding and rescuing **You**. This does not include medical evacuation costs by the most appropriate transport, if **Section B2 – Emergency Medical Evacuation and Repatriation** is included in **Your** policy.
6. Any costs for the following:
  - a. telephone calls (other than the first call to the **Assistance Company** to notify them of the medical problem);
  - b. taxi fares (unless a taxi is being used in place of an ambulance to take **You** to or from a **Hospital**); or
  - c. food and drink expenses (unless these form part of **Your Hospital** costs if **You** are kept as an inpatient).
7. Any costs **You** have to pay when **You** have refused to return to **Your Country of Residence** for an **Overseas Trip** or to **Your Home** for a **Domestic Trip** and the **Assistance Company** considered **You** fit to return.
8. Any treatment or medication of any kind that **You** receive after **You** return to **Your Home**.
9. Costs that have not been incurred by or on behalf of **You**.
10. Damage to dentures.
11. Any portion of the expenses claimed that are not covered by **Your** Government Health Insurance Plan or any other related insurance or reimbursement plan.
12. Expenses in excess of reasonable and customary rates where treatment has occurred before **You** or someone on **Your** behalf has called **Us**.

Please note that the conditions set out in the **General Conditions** section apply to all benefit sections.

#### Claims evidence required for Section B1 may include:

- Proof of travel (confirmation invoice, travel tickets)
- Invoices and receipts for **Your** expenses
- An official letter from the treating **Medical Practitioner** to confirm the expenses were **Medically Necessary**

**Please note:** **We** may require other evidence to support **Your Claim** depending on the circumstances, in which case **We** will contact **You**.

## Section B2 – Emergency Medical Evacuation & Repatriation

### Please note:

In the event of **Your Injury** or **Illness**, **We** reserve the right to relocate **You** from one **Hospital** to another and/or arrange for **Your** evacuation to **Your Country of Residence** or **Home** at any time during the **Trip**. **We** will do this if in the opinion of the **Medical Practitioner** in attendance and the **Assistance Company**, **You** can be moved safely and/or travel safely to **Your Country of Residence** or **Home** to continue treatment.

### ✔ What You are covered for under Section B2

**We** will pay up to the amount shown in the **Table of Benefits** for the necessary and reasonable emergency evacuation and repatriation costs as a result of **You** suffering from **Illness, Injury**, or dying during **Your Trip**. This includes:

1. The cost of **Your** return to **Your Country of Residence** earlier than planned if approved in advance by the **Assistance Company** and deemed **Medically Necessary**.
2. The cost of transporting **You** to a **Hospital** deemed appropriate for **Medically Necessary** treatment;
3. Up to CAD 6,500.00 for the cost of returning **Your** body or ashes to **Your Country of Residence** or up to CAD 2,600.00 for the cost of the funeral and burial expenses in the country in which **You** die if this is outside **Your Country of Residence**.

If the **Claim** relates to **Your** return travel to **Your Country of Residence** and **You** do not hold a return ticket, **We** will deduct from **Your Claim** an amount equal to **Your** original carrier's published one-way airfare (based on the same class of travel as that paid by **You** for **Your** outward **Trip**) for the route used for **Your** return.

### ✘ What You are not covered for under Section B2

Please refer to the exclusions outlined in [Section B1](#) and the [General Exclusions](#) of this policy wording for details of what is not covered.

Please note that the conditions set out in the [General Conditions](#) section apply to all benefit sections.

#### Claims evidence required for Section B2 may include:

- Proof of travel (confirmation invoice, travel tickets)
- Invoices and receipts for **Your** expenses
- An official letter from the treating **Medical Practitioner** to confirm the evacuation was **Medically Necessary**

**Please note:** We may require other evidence to support **Your Claim** depending on the circumstances, in which case We will contact **You**.

## Section D – Trip Curtailment & Interruption

### Please note:

If **You** need to return **Home** or to **Your Country of Residence** earlier than planned, **You must contact the Assistance Company** as soon as reasonably possible.

### ✔ What You are covered for under Section D

#### D1 – Trip Curtailment:

If after **Your Trip** has commenced it becomes necessary and unavoidable for **You** to curtail **Your Trip** and immediately return **Home** as a result of one (1) or more of the covered events listed under [Section D3](#), We will pay up to the amount shown in the [Table of Benefits](#) for:

- travel and accommodation expenses for **Your Trip** purchased through an **Expedia** website and for which **You** opted to purchase insurance, which **You** have paid or have agreed to pay under a contract, and which **You** cannot get back;
- the cost of excursions, tours and activities purchased through an **Expedia** website for which **You** paid before **You** left **Your Country of Residence** or for which **You** paid locally upon arrival at **Your** destination and which **You** cannot get back; and
- reasonable additional travel costs to return back to **Your Country of Residence** (or costs to return **Home** if **Your Trip** is within **Your Country of Residence**).

We will calculate claims for travel curtailment from the day **You** return to **Your Country of Residence** or the day **You** go into a **Hospital** as an inpatient. **Your Claim** will be based on the number of complete days **You** have not used.

**Important note:** If payment has been made using frequent traveller points or vouchers issued by or accepted by **Expedia** and these are non-refundable, then settlement of **Your Claim** will be based on the value of the frequent traveller points or vouchers, as established by **Expedia**, which **You** cannot get back.

#### D2 – Trip Interruption:

If **Your Trip** is unexpectedly interrupted for more than twenty-four (24) consecutive hours due to one (1) or more of the covered events listed under [Section D3](#), and as a result of such covered event(s), **You** incurred and paid additional:

1. **Common Carrier** costs to re-arrange **Your** travel to reach **Your** intended destination;
2. accommodation costs because **You** were stranded on a connection;
3. accommodation costs because **You** were stranded on **Your** return journey **Home**;
4. airport car parking costs in **Your Country of Residence** because of **Your** late arrival **Home**; or
5. kennel or cattery fees in **Your Country of Residence** because of **Your** late arrival **Home**;

then We will reimburse **You** for these costs, up to the limit shown in the [Table of Benefits](#), to the extent they are necessary and reasonable, and subject to the following:

We will pay:

1. **Common Carrier** costs equivalent to an economy class fare to get **You** to the place where **You** would have been in accordance with **Your** original **Trip** itinerary had it not been for the interruption event;
2. accommodation costs (room charge only); and
3. costs to extend car parking and kennel or cattery periods in **Your Country of Residence** incurred due to **Your Trip**. The maximum period **You** can **Claim** is ten (10) consecutive days.

**You** can only claim if **You** are not claiming under the [Section D1- Trip Curtailment](#) or [Section F Travel Delay](#), for the same event.

#### D3 – Covered Events

We will provide this cover if Trip Curtailment and Interruption is necessary and unavoidable as a result of the following:

##### 1. Major travel events:

One (1) or more of the listed events below that first occurs at **Your Main Travel Destination(s)** when **You** are travelling on a **Trip**:

- a. **Natural Disaster and Extreme Weather Conditions**;
  - b. an epidemic or pandemic for which a declaration or other similar publication is issued by the government of **Your Country of Residence** or the World Health Organisation advising against travel to infected areas;
  - c. a major industrial or **Covered Transport** accident;
  - d. **Civil Unrest, Riot or Commotion** resulting in cancellation of scheduled **Covered Transport** services or in an advisory against non-essential travel issued by Government of **Your Country of Residence**;
  - e. a **Strike** resulting in cancellation of scheduled **Covered Transport** services; or
  - f. any event leading to airspace or multiple airport closures.
2. **Your** death, **Serious Illness or Injury**
  3. The death, **Serious Illness or Injury** of a **Relative**, **Your Travelling Companion** or a **Relative** or friend with whom **You** are staying during **Your Trip**.
  4. If the police or relevant authority need **You** to return to **Your Home** in **Your Country of Residence** after a fire, storm, **Flood**, burglary or vandalism to **Your Home** or place of business.
  5. If **You** are a member of the armed forces, police, fire, nursing or ambulance services, and **You** receive an official directive which results in **You** having to curtail or interrupt **Your Trip** due to an unforeseen emergency, or if **You** are posted **Overseas** unexpectedly.

### ✘ What You are not covered for under Section D

In addition to the exclusions set out in the [General Exclusions](#) section, this policy does not cover loss or damage arising out of, based upon or attributable to:

1. **Trip Curtailment and Interruption** caused by a **Pre-Existing Medical Condition**. Please see [General Exclusions](#) for further details.
2. Any **Claim** where the **Assistance Company** has not been contacted to authorise **Your** early return back to **Your Country of Residence**.
3. Any additional expenses incurred as the result of **Your** decision to travel to any destination other than **Your Country of Residence**



in the event of **Trip Curtailment**. If **You** have to cut short **Your Trip** and **You** do not return to **Your Country of Residence**, **We** will only be liable for the costs equivalent to those **You** would have incurred had **You** returned to **Your Country of Residence**.

4. **You** being unable to continue with **Your** travel due to **Your** failure to obtain the passport or entry visa **You** need for **Your Trip**.
5. The original cost of **Your** intended return travel to **Your Country of Residence** if **We** have paid additional return travel costs for **You** as a result of **Your** cutting short **Your Trip**.
6. Any extra costs resulting from **Your** not telling a travel company as soon as **You** know **You** have to cancel or alter **Your trip**.
7. Costs that have not been incurred by or on behalf of **You**.
8. Where permissible under Law, any loss or expense or event or liability which is covered under any other insurance policy or plan or act of government or is payable by any other source. **We**, however, will pay the difference between what is payable under the other insurance policy or scheme or act of government or such other source and what **You** otherwise would be entitled to recover under this Policy.

Please note that the conditions set out in the **General Conditions** section apply to all benefit sections.

#### Claims evidence required for Section D may include

- Proof of travel (confirmation invoice, travel tickets)
- Cancellation invoice or letter confirming whether any refund is due for the unused part of **Your Trip**
- Invoices and receipts for **Your** expenses in getting back to **Your Country Of Residence** for curtailment of **Trip**.
- Invoices and receipts for **Your** additional expenses for interruption of **Trip**
- An official letter confirming: the need for **Your** return to **Your Country Of Residence**, emergency posting **Overseas** for curtailment
- An official letter from **Your** carrier confirming the cause and length of the delay for interruption.

**Please note:** **We** may require other evidence to support **Your Claim** depending on the circumstances, in which case **We** will contact **You**.

## Section F – Travel Delay

### ✓ What You are covered for under Section F

**We** will pay up to the amount shown in the **Table of Benefits** if **Your** departure by **Your** pre-booked and paid **Covered Transport** is delayed for more than six (6) consecutive hours from the scheduled departure time due to poor weather conditions (but not including weather conditions defined as **Natural Catastrophe**), a **Strike**, industrial action or mechanical breakdown.

**We** will pay a benefit for each complete 6-hour period that **You** are delayed, as long as **You** eventually go on **Your Trip**.

**We** will calculate the departure delay time for **Travel Delay** from the scheduled departure time as provided by the **Covered Transport** provider until the first available alternative transportation offered by that **Covered Transport** provider.

### ✗ What You are not covered for under Section F

In addition to the exclusions set out in the **General Exclusions** section, this policy does not cover loss or damage arising out of, based upon or attributable to:

1. Any **Claim** arising due to a **Natural Catastrophe**.
2. Any **Claim** where **You** have not checked into or arrived at **Your** departure aircraft, sea vessel, coach, or train for **Your Trip** within the recommended time.
3. Any **Claim** where **You** have not obtained written confirmation from the appropriate transport company or authority stating the reason for the delay and how long the delay lasted.

Please note that the conditions set out in the **General Conditions** section apply to all benefit sections.

#### Claims evidence required for Sections F may include

- Proof of travel (confirmation invoice, travel tickets)
- An official letter from **Your** carrier confirming the cause and length of the delay

**Please note:** **We** may require other evidence to support **Your Claim** depending on the circumstances, in which case **We** will contact **You**.

## Section G1 – Personal Belongings & Baggage

### Important Note:

- Payment will be based on the value of the property at the time it was lost, stolen or accidentally damaged. A deduction determined at **Our** sole discretion, will be made for wear, tear and loss of value depending on the age of the property.
- The maximum amount **We** will pay for any one (1) item, **Pair or Set of Items** is as shown in the **Table of Benefits**.
- The maximum amount **We** will pay for **Valuables and Electronic/Other Equipment** in total is as shown in the **Table of Benefits**.
- The maximum **We** will pay for property which is lost or stolen from a motor vehicle is CAD 130.00 for each **Insured Person** if the property was kept in a locked boot/car trunk, a locked and covered luggage compartment or a locked glove compartment and there was evidence of forced and violent entry to the vehicle.

### ✓ What You are covered for under Section G1

**We** will pay up to the amount shown in the **Table of Benefits** to replace or repair items **You** own (not that **You** have borrowed or rented), of the type usually carried or worn by travellers, in the event such items are lost, stolen or accidentally damaged during **Your Trip**. **We** will determine, at **Our** sole discretion, whether **We** will reimburse **You** for the cost of the lost item or reimburse **You** for the repair of the damaged item up to the amount shown in the **Table of Benefits**

### ✗ What You are not covered for under Section G1

In addition to the exclusions set out in the **General Exclusions** section, this policy does not cover loss or damage arising out of, based upon or attributable to:

1. Property **You** leave **Unattended** in a **Public Place**.
2. Baggage items:
  - a. sent in advance or with someone else, mailed or shipped separately; or
  - b. given to someone else to look after who is not a **Travelling Companion**, a **Relative** or a person who is normally authorised to handle baggage, such as **Hotel** or transport representative.
3. Any **Claim** for loss or theft to personal belongings and baggage which **You** do not report to the police within twenty-four (24) hours of discovering it and for which **You** do not get a written police report.
4. Any **Claim** for loss, theft, damage or delay to personal belongings and baggage which **You** do not report to the relevant airline or transport company or service provider within twenty-four (24) hours of discovering it and which **You** do not get a written report for. In the case of an airline, a property irregularity report will be required from the airline. If the loss, theft or accidental damage to **Your** property is only noticed after **You** have left the airport, **You** must contact the airline in writing with full details of the incident within seven (7) days of leaving the airport and get a written report from them.

5. Any loss, theft or damage to **Valuables and Electronic/Other Equipment** which **You** do not carry in **Your** hand luggage while **You** are travelling on **Your Covered Transport** or on an aircraft.
6. Cash, travel documents, credit cards, financial securities and instruments of any kind, currency notes or travellers cheques, plastic money, driving license and identity cards.
7. **Claims** for which **You** are unable to provide receipts or other reasonable proof of ownership wherever possible for the items being claimed.
8. Breakage of fragile objects or breakage of sports equipment while being used.
9. Damage due to scratching or denting unless the item has become unusable as a result of this.
10. Loss due to variations in exchange rates.
11. Any loss or expense incurred if **Your** property is detained by customs, the police or other officials.
12. Loss of jewellery while swimming or taking part in sports and activities.
13. Losses caused by mechanical or electrical breakdown or damage caused by leaking powder or any substance carried within **Your** baggage.
14. Loss, theft or damage to mobile phones (including smart phones and tablet computers), contact or corneal lenses, sunglasses, prescription glasses or spectacles, dentures, hearing aids, artificial limbs, paintings, household equipment, bicycles and their accessories, motor vehicles and their accessories (this would include keys), animals, marine craft and equipment or items of a perishable and consumable nature.
15. Any **Claim** for loss, theft or damage to or delay in respect of **Winter Sports**, water sports or golf equipment.

### Specific conditions applicable to Section G1

In addition to the conditions set out in the **General Conditions** section, the following specific conditions apply:

- **You** must act in a reasonable way to look after **Your** property as if uninsured and not leave it **Unattended** or unsecured in a **Public Place**;
- **You** must carry **Valuables and Electronic/Other Equipment** with **You** in **Your** hand luggage or on **Your** person when **You** are travelling. When **You** are not travelling, keep **Your Valuables and Electronic/Other Equipment** with **You** at all times or leave them in a locked safety deposit box;
- **You** must report all losses or thefts to the relevant authorities and obtain a written report from them within twenty-four (24) hours of the incident; and
- **You** must provide **Our** claims department with all the documents they need to deal with **Your** claim, including a police report, a property irregularity report, receipts for the items being claimed as applicable.

### Claims evidence required for Section G1 may include

- Proof of travel (confirmation invoice, travel tickets)
- Loss or theft of property – police report
- Loss, theft or damage by an airline – property irregularity, baggage check tags
- Proof of value and ownership for property

### Please note:

- **We** may require other evidence to support **Your Claim** depending on the circumstances, in which case **We** will contact **You**.
- If **You** are unable to provide any of the reports referred to above, **You** may still be eligible to make a **Claim** depending on the circumstances that have prevented **You** from obtaining the necessary documentation. Please contact **Our** claims department to discuss why **You** have been unable to obtain the relevant reports and to obtain a **Claim** form so **Your Claim** can be considered.

## Section G2 – Delayed Baggage

### ✓ What You are covered for under Section G2

**We** will pay up to the amount shown in the **Table of Benefits** for buying essential items if during any segment of **Your Trip**, except **Your** inward journey to **Your Final Destination**, **Your** baggage is delayed by the **Covered Transport** for more than six (6) consecutive hours at the scheduled arrival port.

For insurance policies purchased with **Hotel Stay** only, **We** will pay up to the amount shown in the **Table of Benefits** for buying essential items if during any segment of **Your Trip**, except **Your** inward journey to **Your Home** or **Your** usual place of stay in **Your Country of Departure**, **Your** baggage is delayed by the **Covered Transport** for more than six (6) consecutive hours at the scheduled arrival port.

**We** will pay up to the amount shown in the **Table of Benefits** for each six (6) hour delay period from the scheduled arrival time of **Your** baggage, up to the maximum limit as shown in the **Table of Benefits**.

**Important note:** **You** must get written confirmation of the length of the delay from the **Covered Transport** provider and **You** must keep all receipts for the essential items **You** buy.

If **Your** baggage is permanently lost, **We** will deduct any payment **We** make for delayed baggage from the payment **We** make for **Your** overall **Claim** for baggage.

### ✗ What You are not covered for under Section G2

In addition to the exclusions set out in the **General Exclusions** section, this policy does not cover loss or damage arising out of, based upon or attributable to:

1. **Your** failure to obtain written confirmation from the **Covered Transport** provider on the number of hours of and the reason for such delay.
2. Any loss or expense incurred if **Your** property is delayed or detained by customs, the police or other officials.
3. Baggage items:
  - a. sent in advance or with someone else, mailed or shipped separately; or
  - b. given to someone else to look after who is not a **Travelling Companion** or a person who is normally authorised to handle baggage, such as hotel or transport representative.

### Specific conditions applicable to Section G2

In addition to the conditions set out in the **General Conditions** section, the following specific conditions apply:

- **You** must act in a reasonable way to look after **Your** property as if uninsured and not leave it **Unattended** or unsecured in a **Public Place**;
- **You** must report all delays to the relevant authorities and obtain a written report from them within twenty-four (24) hours of the incident; and
- **You** must provide **Our** claims department with all the documents they need to deal with **Your Claim**, including a police report, a property irregularity report, receipts for the items being claimed as applicable.

#### Claims evidence required for Section G2 may include

- Proof of travel (confirmation invoice, travel tickets)
- Delay by an airline – written confirmation of the length of delay from the airline, **Flight** tickets, baggage check tags
- receipts for emergency purchases

#### Please note:

- **We** may require other evidence to support **Your Claim** depending on the circumstances, in which case **We** will contact **You**.
- If **You** are unable to provide any of the reports referred to above, **You** may still be eligible to make a **Claim** depending on the circumstances that have prevented **You** from obtaining the necessary documentation. Please contact **Our** claims department to discuss why **You** have been unable to obtain the relevant reports and to obtain a **Claim** form so **Your Claim** can be considered.

## Section L – Emergency & Pre-Travel Assistance

The **Assistance Company** will provide twenty-four (24) hour worldwide pre-trip and emergency assistance services.

If **You** require medical treatment that necessitates admittance to **Hospital** as an in-patient, emergency transportation services or to return **Home** for any reason covered by this policy, **You** must contact the **Assistance Company** and follow their advice or instruction.

Failure to do so may prejudice **Your Claim** under this policy.

The **Assistance Company** operates a network of service centres that will provide **You** with 24/7 travel assistance before and during **Your Trip**.

Depending on **Your** specific needs, **We** can:

1. provide pre-trip information on:
  - a. local medical conditions at **Your** destination;
  - b. vaccination regulations / recommendations for the planned holiday country
  - c. visa and customs provisions
  - d. weather and climate
  - e. foreign currency provisions
2. help **You** in the event of lost baggage, travel documents or credit card by putting **You** in touch with the nearest consulate, embassy or other authorities;
3. when medical care is needed, direct **You** to suitable medical facilities, monitor **Your** condition and treatment, and keep **Your** family and friends at **Home** informed;
4. confer with **Your** treating **Medical Practitioner** to evaluate if and when emergency evacuation and repatriation is necessary, and coordinate all services; and
5. provide help to re-schedule travel plans when **Your Trip** is interrupted by an emergency.

**We** will try to get **You** medical attention when **You** travel but the **Assistance Company** cannot guarantee that appropriate medical facilities will always be available. The **Assistance Company** is only provided to assess and monitor **Your** condition remotely and cannot take over the running of **Your** medical treatment. Please note that where **Your Claim** is not covered under the policy, the provision of emergency assistance will not in itself be an admission of liability of **Your Claim**.

**Important Note** - This section provides for assistance services only and does not provide cover for emergency medical expenses, evacuation expenses or any other expenses unless they are covered elsewhere in this policy. **We** can arrange for services for **You** as listed above but **You** will be liable to pay any external costs incurred by **You** (e.g. medical expenses, repatriation costs, baggage trace fees etc.) directly if, and to the extent that, cover for such costs is not provided in another section of **Your** policy.

To contact the **Assistance Company**, phone from anywhere in the world on +1 416 621 6820.

## IMPORTANT CONTACT DETAILS POLICY ENQUIRIES

### Cancellation Plan and Protection Plan

#### Residents of Quebec only

Toll Free: 1-977-281-0082

International: +1-819-780-0646 (collect)

#### Residents of other provinces

Toll Free: 866-591-5452

International: +1-416-621-6820 (collect)

### Collision Damage Plan (Car rental) - All provinces

Toll free: 1-877-281-0082

International: +1-819-780-0646 (collect)

Hours of Operation:

Monday to Friday - 7.00 am to 7.00 pm Central except public holidays

## EMERGENCY MEDICAL ASSISTANCE – 24/7

### For New Brunswick, Newfoundland, Saskatchewan residents

Canada & Continental USA: 1-877-281-0082 (toll free)

International: +1-819-780-0646 (collect)

### For Other Provinces:

Canada & Continental USA: 866-591-5452 (toll free)

International: +1-416-621-6820 (collect)

## CLAIMS

**IMPORTANT:** **Emergency Medical and Dental Expense** claims if applicable to the Plan you have purchased (**Benefits B1 & B4 only**), You must contact Us before seeking medical attention, and a failure to call will result in Your being responsible for 30% of any eligible expenses incurred, or no reimbursement, unless Your medical condition prevents You from calling. You must call as soon as medically possible or have someone call on Your behalf.

**Residents of New Brunswick, Newfoundland, Saskatchewan**

Phone: +1-877-281-0082

International: +1-819-780-0646 (collect)

**Residents of Other Provinces**

Toll Free: 1-866-591-5452

International: +1-416-621-6820 (collect)

For other claims, file online at <https://claims.travelguard.com/myclaim/ca>