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This policy is a valid contract only if premium
is paid and a policy number has been issued.

ONCE THE APPROPRIATE PREMIUM IS PAID AND A POLICY CONFIRMATION NUMBER IS ISSUED, THIS BOOKLET BECOMES YOUR INSURANCE POLICY.

Your Safe Trip Begins Here...

- **What safer way to begin *your* trip than by purchasing travel insurance?**

Insurance is designed to guard against the financial consequences of unexpected and unforeseen events. Still, no single coverage can protect against every risk. That's why it's important for *you* to understand the nature of the insurance *you* have purchased.

- **Read *your* policy**

Please read this policy carefully, particularly the sections relating to the insurance coverage(s) *you* have purchased. Some of the terms may limit the benefits payable to *you*.

- **Check the exclusion for pre-existing medical conditions**

A pre-existing medical exclusion may apply to medical conditions and/or symptoms that existed prior to *your* trip. Check to see how this applies in *your* policy and how it relates to *your* date of purchase or date of departure.

- **You must call before receiving treatment**

You are required to contact Global Excel Management Inc. (hereinafter referred to as "*Global Excel*") for prior approval of treatment. This policy may limit benefits should *you* fail to do so. (See penalty described on page 4.)

- **Medical history review**

In the event of an *accident, injury or sickness*, *your* prior medical history will be reviewed when a claim is reported.

For a better understanding of this policy, read *What you Should Know* on page 3.

What you Should Know

Once you pay your premium and your Travel Agent issues a policy confirmation number, this booklet becomes your insurance policy – a legal contract that determines what benefits are payable to you by the Insurer in the event of a claim.

As the *insured*, you must understand the insurance coverage you have purchased. To make this easier for you, we have divided the policy into four separate parts.

<p>Part One</p> <ul style="list-style-type: none"> • Your Safe Trip Begins Here • What you Should Know • What to Do in an <i>Emergency</i> • International Assistance Services 	<p>You are reading Part One now.</p> <p>It contains the very basic information that you need to know before reading the other parts of the policy.</p> <p>Pay particular attention to What To Do in an <i>Emergency</i>.</p>
<p>Part Two</p> <ul style="list-style-type: none"> • Plan Descriptions (Plans 1 to 5) • INSURED RISKS • BENEFITS • CONDITIONS • EXCLUSIONS 	<p>Check your insurance invoice for the plans you have purchased, then refer to the <u>Plan Description</u> using the Table of Contents at the beginning of this booklet.</p> <p>While all of the information is important, you should pay particular attention to the <u>Conditions</u> and <u>Exclusions</u>. These sections may limit the benefits payable to you.</p>
<p>Part Three</p> <ul style="list-style-type: none"> • How To Report a Travel Cancellation or Interruption • How To File a Claim 	<p>Refer to this part when you report and file a claim.</p> <p>By following these instructions, you can speed up the payment of your expenses.</p> <p>You may also want to obtain further information about your benefits by consulting Part Two of the policy.</p>
<p>Part Four</p> <ul style="list-style-type: none"> • General Terms of Agreement • Definitions 	<p><u>General Terms of Agreement</u> lay down the legal framework for your insurance policy. It is important for you to review these sections.</p> <p>Throughout this policy you will notice that certain terms are brought to your attention with italics. These terms are explained in the “Definitions” section. Pay particular attention to these definitions as the Insurer has given a very specific meaning to these terms.</p>

What To Do in an Emergency

In the event of an *emergency* during a covered trip, you must call the Globetrek Assistance provider, Global Excel Management Inc. (hereinafter referred to as "*Global Excel*") immediately, prior to seeking treatment:

24-HOUR EMERGENCY MEDICAL ASSISTANCE

1-888-215-4091 (toll free from the USA and Canada)
001-800-514-4289 (toll free from Mexico)
1-800-002-547 (toll free from Australia)
1-888-751-4338 (toll free from the Dominican Republic)
(819) 566-8477 (collect from anywhere)

If it is not reasonably possible for you to contact *Global Excel* prior to seeking treatment, due to the nature of your emergency, you must have someone else call on your behalf or you must call as soon as medically possible.

Failure to notify and obtain prior approval from *Global Excel* will limit the benefits payable to you to:

- a. in the event of *hospitalization*, 70% of eligible expenses, based on *reasonable and customary costs*; and
- b. in the event of an out-patient medical consultation, a maximum of one visit per *sickness or injury*.

You will be responsible for payment of any remaining charges.

Why are you required to call Global Excel?

If *Global Excel* is not notified, you may receive *medical treatment* or services which are not considered *medically necessary* as defined by the policy.

Global Excel will work closely with you to:

- recommend an appropriate *physician* or *hospital* at your trip destination, wherever possible;
- monitor your care so that only appropriate, *medically necessary* treatment is given and to ensure that your medical needs are met;
- contact your family and physician on your behalf;
- pay *hospitals*, *physicians* and other medical providers directly, whenever possible;
- approve and arrange air ambulance transportation when *medically necessary*;
- inform you of any expenses not covered by the policy or to explain the policy's terms and provisions as they relate to your *emergency*;
- provide multilingual interpreters to communicate with *physicians* and *hospitals*.

Other important facts you should know

- **Benefit Limits** - All benefit limits indicated are in Canadian currency.
- **Direct Payment** - Direct payment of eligible medical expenses approved in advance is part of our service, but if it is not possible for the Insurer to pay directly, *you* may be required to provide payment yourself and submit a claim supported by proper documentation.
- **Pre-approval Requirement** - *Global Excel* must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization), prior to the insured undergoing such procedure, surgery, treatment or testing. It remains *your* responsibility to inform *your* attending *physician* to call *Global Excel* for approval, except in extreme circumstances where such action would delay surgery required to resolve a life threatening medical crisis.
- **Transfer or Medical Repatriation** - During an *emergency* (whether prior to admission, during or after a covered *hospitalization*), the Insurer reserves the right to:
 - a. transfer *you* to one of its preferred health care providers, and/or
 - b. return *you* to *your* province or territory of residence, for the *medical treatment* of *your sickness* or *injury* without danger to *your* life or health.

If *you* choose to decline the transfer or return when declared medically stable by the Insurer, the Insurer will be released from any liability for expenses incurred for such *sickness* or *injury* after the proposed date of transfer or return. *Global Excel* will make every provision for *your* medical condition when choosing and arranging the mode of *your* transfer or return and, in the case of a transfer, when choosing the *hospital*.

- **Limitation of Benefits** - Once *you* are deemed medically stable to return to *your* province or territory of residence (with or without a medical escort) either in the opinion of the Insurer or by virtue of discharge from *hospital*, *your emergency* is considered to have ended, whereupon any further consultation, treatment, recurrence or complication related to the *emergency* will no longer be eligible for coverage under this policy.
- **Medical Care** - The Insurer is not responsible for the availability, quality or results of any *medical treatment* or transportation, or *your* failure to obtain *medical treatment* or *hospitalization*.
- **Insurance Policy** - Note that the Policy Confirmation, the Medical Declaration and the Policy Booklet all form part of *your* insurance contract and must be read as a whole.

International Assistance Services

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

Emergency Call Centre

No matter where *you* travel, professional assistance personnel are ready to take *your* call. From Canada and the U.S., call toll free 1-888-215-4091; from Mexico, call toll-free 001-800-514-4289; from Australia, call toll free 1-800-002-547; from the Dominican Republic, call toll free 1-888-751-4338; from anywhere, call collect 819-566-8477. We can also provide *you* with Canada Direct instructions and codes so that *you* deal only with Canadian telephone operators.

Referrals

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

Benefit Information

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

Medical Consultants

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

Urgent Message Relay

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

Interpretation Service

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

Direct Billing

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

Claims Information

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

**Plans 1/1A/1B/1C/1D/1E - All Inclusive Travel Insurance
(USA & Caribbean/Non-USA & Non-Caribbean or Canada)**

The All Inclusive Travel Insurance (USA & Caribbean/Non-USA & Non-Caribbean or Canada) consists of the following individual insurance coverage:

Insurance Coverage	Benefit Maximum
Travel Cancellation and Interruption Insurance (refer to Plans 3/3A)	Prior to departure: up to the <i>sum insured</i> After departure: unlimited
Travel Emergency Hospital/Medical Insurance (refer to Plans 4/4A/4B/4I/4J/4K)	\$5 million or limited to \$20,000 CDN if you do not have GHIP coverage
Travel Accident Insurance	
• Flight Accident	\$150,000
• Common Carrier Accident	\$75,000
• 24-Hour Accident	\$25,000
Travel Baggage and Personal Effects Insurance	\$1,000
Travel Baggage Delay	\$400
Infant Coverage (Emergency Hospital/Medical coverage only)	\$5 million
Cash in hospital	\$2,000
Holiday Safeguard	\$750
Flight Itinerary Schedule change	\$1,200
Coverage upgrades when purchasing Plus Plans 1/1A or 1B	Plus Plan Benefit Maximums
International Adoption (Emergency Hospital/Medical coverage only)	\$5 million
Travel Baggage and Personal Effects Insurance	\$1,500
Travel Baggage Delay	\$750
Recreation Benefit	\$100
Special Occasion Benefit	\$600
Equivalent Air Transportation Benefit	Same Class of reservation

PART TWO

**General Conditions and Limitations
(USA & Caribbean, Non-USA & Non-Caribbean or Canada)**

1. The All Inclusive Travel Insurance (USA & Caribbean, Non-USA & Non-Caribbean or Canada) is subject to the terms, insured risks, benefits, conditions, exclusions, limitations and definitions specified in this policy for **each of the insurance coverage listed above**, in addition to the General Terms of Agreement.

This policy is a valid contract only if premium is paid and a policy number has been issued.

2. a. To purchase the All Inclusive Travel Insurance USA & Caribbean, you must be:
 - i. 59 years of age or less on the date of application for covered trips of 183 days or less; or
 - ii. between 60 and 84 years of age inclusively on the date of application for covered trips of 37 days or less.
 - b. To purchase the All Inclusive Travel Insurance Non-USA & Non-Caribbean, you must be:
 - i. 59 years of age or less on the date of application for covered trips of 365 days and under; or
 - ii. between 60 and 84 years of age inclusively on the date of application for covered trips of 37 days or less.
 - c. To purchase the All Inclusive Travel Insurance Canada, you must be between zero and 84 years of age inclusively on the date of application for a covered trip of 365 days or less.
3. a. The All Inclusive Travel Insurance USA & Caribbean provides coverage anywhere in the world.
 - b. The All Inclusive Travel Insurance Non-USA & Non-Caribbean provides coverage anywhere in the world except in the USA and the *Caribbean*. An exception is made for a stopover/layover of five days or less in the USA.
 - c. The All Inclusive Travel Insurance Canada provides coverage in any Canadian province or territory, including the province or territory where you hold valid government health insurance.

Plan 2/2A - Semi Inclusive Non Medical Travel Insurance

The Semi Inclusive Non Medical Travel Insurance consists of the following individual insurance coverage:

Insurance Coverage	Benefit Maximum
Travel Cancellation and Interruption Insurance (refer to Plans 3/3A)	Prior to departure: up to the <i>sum insured</i> After departure: unlimited
Travel Accident Insurance	
• Flight Accident	\$150,000
• Common Carrier Accident	\$75,000
• 24-Hour Accident	\$25,000
Travel Baggage and Personal Effects Insurance	\$1,000
Travel Baggage Delay	\$400
Holiday Safeguard	\$750
Flight Itinerary Schedule change	\$1,200
Coverage upgrade when purchasing Plus Plan 2	Plus Plan Benefit Maximum
Travel Baggage and Personal Effects Insurance	\$1,500
Travel Baggage Delay	\$750
Recreation Benefit	\$100
Special Occasion Benefit	\$600
Equivalent Air Transportation Benefit	Same Class of reservation

General Conditions and Limitations for the Semi Inclusive Non Medical Travel Insurance

1. The Semi Inclusive Non Medical Travel Insurance is subject to the terms, insured risks, benefits, conditions, exclusions, limitations and definitions specified in this policy **for each of the insurance coverage listed above**, in addition to the General Terms of Agreement.
2. To purchase the Semi Inclusive Non Medical Travel Insurance, *you* must be 84 years of age or less on the date of application and be travelling on a *covered trip* of 365 days or less.

The following coverage, Travel Accident and Baggage Insurance are included in the All-Inclusive (USA & Caribbean, Non-USA & Non-Caribbean and Canada) and Semi Inclusive plans.

**Travel Accident Insurance
(Flight/Common Carrier/24-Hour Accident)**

INSURED RISKS

A. Flight Accident Insurance

Death as a result of *injury* or dismemberment sustained during the *covered trip* while *you* are:

1. Travelling as a passenger, not as pilot or crew member, aboard a fixed wing multi-engine transport aircraft with an authorized take-off weight greater than 35,000 lbs. (15,900 kg) operated between licensed airports by a scheduled or charter airline of Canadian or foreign registry holding a valid National Transportation Agency License, Regular Specific Point or Charter Air Carrier License or its foreign equivalent, insofar as the aircraft is being used at the time as a conveyance in the capacity authorized by the airline's Scheduled, Regular Specific Point or Charter Air Carrier License; or
2. Travelling as a passenger, not as pilot or crew member, aboard a fixed wing multi-engine aircraft operated by the Canadian Armed Forces or its British or American counterparts.

B. Common Carrier Accident Insurance

Death as a result of *injury* or dismemberment sustained during the *covered trip* while *you* are:

1. on airport premises immediately prior to boarding or after alighting from an aircraft described in section A. Flight Accident Insurance above, or while travelling as a passenger in an airport limousine, bus or other ground vehicle provided or arranged for by the airline or airport authority for the purpose of boarding or alighting from an aircraft described in section A. Flight Accident Insurance above; or
2. travelling to or from the airport in connection with a flight that is part of *your covered trip* as a passenger, not as pilot, driver or crew member, aboard a *common carrier* which is involved in an *accident*.

C. 24-Hour Accident Insurance

Death as a result of *injury* or dismemberment sustained during the *covered trip* while *you* are in any situation other than those listed in sections A. Flight Accident Insurance and B. *Common Carrier* Accident Insurance above and not otherwise excluded from coverage under this policy.

BENEFITS

Subject to all terms and conditions of the policy, the greatest of the following benefits is payable for all losses resulting within 100 *days* from the date of a single *accident* described as an insured risk and as a direct result thereof:

1. 100% of the *sum insured* for loss of life, dismemberment of two limbs or loss of sight in both eyes;
2. 50% of the *sum insured* for dismemberment of one limb or loss of sight in one eye.

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

Exposure and Disappearance

If *you* are unavoidably exposed to the elements due to an *accident* resulting in the disappearance, sinking or damaging of a *common carrier* aboard which *you* are a passenger and if, as a result of such exposure, *you* sustain a loss for which benefits would otherwise be payable, such loss will be covered by this policy.

If *you* disappear due to an *accident* resulting in the disappearance, sinking or damaging of a *common carrier* aboard which *you* are a passenger and if *your* body is not found within 52 weeks of such *accident*, the Insurer shall presume that *you* sustained loss of life as a result of *injury* covered by this policy, subject to there being no evidence to the contrary.

GENERAL CONDITIONS AND LIMITATIONS

1. This insurance coverage must be:
 - a. issued in Canada; and
 - b. purchased prior to the *contracted* date of departure.

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

2. Should more than one loss be sustained from an insured risk as the direct result of a single *accident*, only the largest of the benefits is payable.
3. The benefit for dismemberment of two limbs is payable only if such dismemberment results directly from a single *accident*.
4. The total benefits payable for one or more *accidents* occurring during the same *covered trip* shall not exceed the *sum insured*.
5. If the total amount of all *accident* insurance coverage that *you* purchase from the Insurer with respect to the same *covered trip* exceeds \$150,000 in the aggregate, then any such excess is void and the Insurer's only liability with respect to such excess will be to refund the premiums relating to such excess insurance coverage.

6. In the event of death, benefits will be made payable to the estate unless a beneficiary is designated in writing to Globetrek at the time of purchase.

EXCLUSIONS FOR TRAVEL ACCIDENT INSURANCE

(what Travel Accident insurance does not cover under plans 1/1A/1B/1C/1D/1E/2 and 2A)

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

1. Expenses for which no charge would normally be made in the absence of insurance.
2. Committing or attempting to commit an illegal act or criminal act.
3. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
4. Labour disruptions or strikes (legal or illegal).
5. Medication, drugs or toxic substance abuse or overdose (whether or not *you* are sane); alcohol abuse, alcoholism or an *accident* while being impaired by drugs or alcohol or having an alcohol concentration that exceeds eighty (80) milligrams in one hundred (100) milliliters of blood.
6. Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.
7. Participation in:
 - a) any sports as a professional athlete (person who engages in an activity as one's main paid occupation);
 - b) any competitive motorized sporting events, racing or speed contests.
8. *Injury* sustained while making a parachute jump for any purpose other than to save *your* life.
9. Flight accident (unless *you* are travelling as a fare-paying passenger on a commercial airline).

Travel Baggage and Personal Effects Insurance

INSURED RISKS

Loss of, or damage to, the baggage and personal effects *you* own and use by reason of theft, burglary, fire or transportation hazards during the *covered trip*. Coverage does not include the mysterious disappearance of such items.

BENEFITS

Subject to all terms and conditions of the policy, the following benefits are payable to a maximum of the *sum insured*:

1. **Personal Effects** - The *actual cash value* or \$500, whichever is less, in respect of any one item or set of items. Jewelry or cameras (including camera equipment) are respectively considered a single item.
2. **Document Replacement** - Reimbursement of the cost of replacing one or more of the following documents, to a maximum of \$200, in the event of loss or theft: passport, driver's license, birth certificate or *travel visa*.

This policy is a valid contract only if premium is paid and a policy number has been issued.

3. **Baggage Delay** - Up to \$400 (\$750 when purchasing Plus plans 1/1A/1B/2) to purchase necessary toiletries in the event that *your* checked baggage is delayed by the *common carrier* for more than 12 hours while en route and before returning to *your contracted* point of departure. To file a claim, *you* must supply proof of delay of checked baggage from the *common carrier* and original purchase receipts.
4. **Emergency Pet Care** - When purchasing the Plus Plan 1/1A/1B or 2 the benefit provides reimbursement for emergency veterinary services due to an unexpected injury of *your* accompanying cat or dog, to a maximum of \$250.

GENERAL CONDITIONS AND LIMITATIONS

1. This insurance coverage must be:
 - a. issued in Canada;
 - b. purchased prior to departure; and
 - c. purchased for the entire duration of a trip which originates and terminates in Canada (not available for one-way travel).

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

2. This insurance coverage is in excess (i.e. second to all other insurance policies) of loss or damage to items specifically or otherwise insured.
3. In the event of loss due to theft, burglary, robbery or malicious mischief, *you* must notify and obtain supporting documentary evidence from the police immediately upon discovery. Failure to report the loss to the police shall invalidate any claim under this insurance for such loss.
4. To file a claim, *you* must:
 - a. take all reasonable steps to protect, save and/or recover the property;
 - b. notify *Global Excel* of the loss within 24 hours (see page 4 for the telephone number);
 - c. promptly notify and obtain supporting documentary evidence from the transportation authorities in whose custody the *insured* property was at the time of loss or promptly notify the hotel manager, tour guide or police; and
 - d. provide adequate proof of loss, ownership and actual value within 90 days from the date of loss.

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

5. The maximum *sum insured* per person or family shall in no event exceed \$2,000 in the aggregate of all coverage in this and other Baggage and Personal Effects Insurance policies issued by the Insurer, regardless of actual loss or damage.
6. The Insurer reserves the right to repair or replace damaged or lost property with other property of like quality and value and shall not be liable beyond the *actual cash value* of such property at the time of loss or damage.
7. The total benefits paid to *you* from all sources cannot exceed the actual expense which *you* have incurred.
8. When, after a reasonable period of time, property lost by the *common carrier* is not found, any claim therefore will be adjusted and paid.

EXCLUSIONS (what Baggage insurance does not cover under plans 1/1A/1B/1C/1D/1E/2 and 2A)

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

1. Expenses for which no charge would normally be made in the absence of insurance.
2. Committing or attempting to commit an illegal act or criminal act; property illegally acquired, kept, stored or transported.
3. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
4. Labour disruptions or strikes (legal or illegal).
5. The purchase or replacement cost (prescribed or not) loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses or prosthetic teeth, limbs or devices and resulting prescription therefrom.
6. Loss or damage resulting from moths, vermin, deterioration or wear and tear.
7. Loss or damage caused by any imprudent action or omission by the covered person.
8. Loss or damage by theft from an unattended *automobile* unless it was locked and there was visible evidence of forced entry.
9. Belongings insured under another insurance policy.
10. Jewelry, cameras and camera equipment while held by a *common carrier*.
11. Money and currency (including any form thereof), credit cards, securities, tickets, documents, items pertaining to business, paintings, statuary, china, breakage of fragile articles, glass objects, art objects, antiques, household effects.
12. Flight accident (unless *you* are travelling as a fare-paying passenger on a commercial airline).

Plan 3/3A - Travel Cancellation and Interruption Insurance**INSURED RISKS**

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

1. *Sickness, injury*, death or quarantine of *you*, a *travel companion*, an *immediate family member*, a *travel companion's immediate family member* or a *caregiver*. To file a claim, *you* must supply medical records and/or a death certificate.
2. Death or *emergency hospitalization* of a business partner, a key employee or a close friend occurring within 10 *days* of the *contracted* departure date or during the *covered trip*. To file a claim, *you* must supply hospital records and/or a death certificate.
3. Death or *emergency hospitalization* of *your* host at trip destination. To file a claim, *you* must supply hospital records and/or a death certificate.

4. A pregnancy diagnosed after paying for *your covered trip* if *you, your spouse, a travel companion or a travel companion's spouse* accompanying *you* on the *covered trip* are pregnant and the expected date of delivery is in the nine weeks before or after the *contracted* departure date of *your covered trip*.
5. Complication of pregnancy occurring to *you, your spouse, a travel companion or a travel companion's spouse* accompanying *you* on *your covered trip*, in the first 31 weeks of pregnancy.
6. The legal adoption of a child by *you* or a *travel companion*, when the actual date of adoption is scheduled to take place during *your covered trip*.
7. Cancellation of a private *business meeting* at trip destination pertaining to *your* full-time profession or occupation for a reason beyond *your* control or that of *your* employer when the sole purpose of *your covered trip* is the *business meeting*. A board meeting, conference, convention, exhibition, general assembly, seminar, course, training or trade show is not covered. *You* will be required to supply documentary evidence of meeting arrangements in the event of a claim.
8. A delay that causes *you* to miss or interrupt any part of *your covered trip*, when:
 - a. a prepaid connecting *common carrier* that is part of *your covered trip* is delayed due to weather, earthquake, volcanic eruptions or mechanical failure;
 - b. an *automobile* or *common carrier* aboard which *you* are a passenger or when purchasing Plus plans 1/1A/1B/2 or 3 a private or rented *automobile* which *you* are driving on *your* way to the *contracted* point of departure or return is delayed due to an emergency road closure by the police or an *accident*, provided that the *common carrier* or *automobile* was scheduled to arrive at the *contracted* departure or return point at least two or three hours (as stated in *your* travel documents) in advance of the *contracted* time of departure or return. To file a claim, *you* must supply a police report detailing such circumstances.
9. Delay of a prepaid *common carrier* that is part of *your* or *your travel companion's covered trip* due to weather conditions, when the delay represents at least 30% of the total duration of the *covered trip*, provided no other means of transportation is available and, as a result of this delay, *you* choose not to continue with the *covered trip*.
10. Complete cancellation of a cruise within 30 *days* of departure by the cruise line when the cruise ship is rendered inoperative as a result of a collision at sea, an on board fire or the complete breakdown of the ship's engines (see paragraph A.5. under BENEFITS on page 16). The cruise ship must weigh a minimum of 10,000 tons and *your* ticket must be issued and paid in full at the time of cancellation.
11. The relocation of *your* principal residence or that of a *travel companion* by reason of an unforeseen transfer initiated by the employer with whom *you, your spouse, a travel companion or a travel companion's spouse* are employed at the time of purchase. This risk does not apply to cases of self-employment or temporary contract work.
12. Involuntary loss of permanent employment without just cause by *you, your spouse, a travel companion, a travel companion's spouse, your parent or legal guardian* (if *you* are under 16 years of age)

provided that, at the time *you* purchased this insurance, the imminent loss was not public knowledge, nor were the aforementioned persons aware that such loss of permanent employment was imminent.

To file a claim, *you* must supply a letter of termination. This risk does not apply if employment began after this insurance was purchased or to cases of self employment, temporary contract work, temporary lay-offs or if *you* were in the trial period for a new permanent employment.

13. *Your* principal residence or that of a *travel companion* is rendered uninhabitable or *your* place of business or that of a *travel companion* is rendered inoperative.
14. The non-issuance, prior to *your contracted* date of departure, of a *travel visa* required to enter one or more countries that are part of *your covered trip*, provided the *travel visa* applicant (*you* or a *travel companion*) is a Canadian resident, has applied within the required application period, has followed proper application procedures and is eligible to apply. The non-issuance cannot be the result of a late application or a renewed application after a previous refusal. The non-issuance of an immigration visa, work permit, work visa or student visa is not covered under this risk.
15. *You* or a *travel companion* are summoned to perform police, fire or military service (whether active or reserve).
16. *You* or a *travel companion* are:
 - a. summoned for jury duty;
 - b. subpoenaed as a witness in a case; or
 - c. named as a plaintiff or a defendant in a civil suit.

This risk applies only when the case is scheduled to be heard during the *covered trip* and the notice to appear is received after the date the insurance was purchased. To file a claim, *you* must provide a copy of the notice of hearing, subpoena, summons or any other court document showing the date *you* must appear in court.

17. A new formal notice issued by the Canadian Government after this insurance was purchased, warning Canadian residents not to travel to a specific region of any country that is part of *your covered trip*. This risk applies only to Canadian residents.
18. *Sickness, injury* or death of *your* trained guide dog provided that *you* are legally blind or physically handicapped and travel arrangements have been made for the dog to accompany *you* on the *covered trip*. To file a claim, *you* must supply receipts for services and/or a letter from *your* veterinarian.
19. *You* or a *travel companion* are the victim of a hijacking during *your covered trip*.
20. A direct violent attack perpetrated during the *covered trip* against *you* or a *travel companion*. To file a claim, *you* must supply a police report substantiating the attack.

BENEFITS

A. Benefits for Travel Cancellation

(when the insured risk occurs before departure)

You must report the cancellation of *your covered trip* immediately. Refer to Part Three for instructions.

Reimbursement of one of the following amounts, subject to the *sum insured* and to all terms and conditions of the policy:

This policy is a valid contract only if premium is paid and a policy number has been issued.

1. the nonrefundable, unusable, unused, and/or cancelled portion of the travel arrangements that *you* have paid for prior to *your* departure, and where alternatively, *you* have not accepted, nor will *you* accept any compensatory travel arrangements "in lieu of" *your* cancelled travel arrangements from *your* travel supplier(s). This benefit applies to risks 1.-18.; or
2. the penalty fee charged for the reinstatement of the unused travel points. This benefit applies to risks 1.-18.; or
3. upgrade expenses for the extra cost of the next occupancy charge when an insured risks 1.-18. prevents a *travel companion* from departing on the *covered trip* and *you* elect to continue with the *covered trip*; or
4. reasonable transportation costs for *you* to travel to the destination of *your covered trip* by the most direct route if *you* miss the *contracted* departure due to the occurrence of insured risk 1., 2., 5., 8. or 13.; or
5. a maximum of \$1,200 for prepaid accommodation and nonrefundable prepaid airfare, not forming part of a fly-cruise package, booked and scheduled so that *you* may join the cruise ship that is part of *your covered trip* at its original point of embarkation, when the cruise departure is cancelled by the cruise line because the cruise ship (minimum 10,000 tons) has been rendered inoperative as a result of a collision at sea, an on board fire or the complete breakdown of the ship's engines.

B. Benefits for Travel Interruption (when the insured risk occurs after departure)

You must report the interruption of *your covered trip* immediately. Refer to Part Three on page 34 for instructions.

Reimbursement of the following, subject to the *sum insured* and to all terms and conditions of the policy:

1. If *you* must return earlier or later than the *contracted* date of return due to the occurrence of insured risk 1., 2., 3., 5., 7., 8., 10., 13., 17., 19. or 20.:
 - a. up to the cost of a one-way economy airfare to the *contracted* point of departure or the fee charged by the airline to change *your contracted* date of return as shown on *your* current and usable ticket, whichever is less; and
 - b. the nonrefundable portion of unused land arrangements (if any) paid prior to *your contracted* date of departure.

This benefit does not reimburse the unused portion of any travel ticket.
2. If *you* miss part of the *covered trip* due to the occurrence of an insured risk 1., 2., 3., 5., 8., 19. or 20.:
 - a. reasonable and additional transportation costs for *you* to rejoin the tour or group by the most direct route; and
 - b. the nonrefundable portion of other unused land arrangements paid prior to *your contracted* date of departure.

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

3. When an insured risk occurs, *you* will also be reimbursed for reasonable and necessary commercial lodging and meals, commercial *automobile* rental, essential telephone calls and taxi transportation, to a maximum of \$3,500, subject to a limit of \$350 per *day* (\$500 per *day* with the purchase of Plus plan 1/1A/1B/2 or 3), provided:

- a. *you* miss part of a *covered trip*; or
 - b. *you*, or an *insured travel companion's* return to the *contracted* point of departure is delayed beyond the *contracted* date of return; or
 - c. *you* must return earlier than the *contracted* date of return.
- To file a claim for such expenses, *you* must supply original receipts from commercial organizations.

4. In the event of *your* death during the *covered trip*:
- a. the actual cost incurred for return of *your* remains in the *common carrier's* standard transportation container to the *contracted* point of departure, including the preparation of the remains and the cost of the *common carrier's* standard transportation container up to a maximum of \$5,000; or
 - b. the actual cost incurred for return of *your* remains to the *contracted* point of departure, including the cremation of remains at the place of death up to a maximum of \$2,500; or
 - c. up to \$3,000 for the preparation of *your* remains and the cost of a standard burial container, plus a maximum of \$2,500 for burial of remains at the place of death.

The cost of the casket or urn is not covered by this benefit.

C. Benefits for All Inclusive and Semi Inclusive Non Medical Travel Insurance (Globetrek and Globetrek Plus plans 1/1A/1B/1C/1D/1E/2 and 2A)

The following benefits apply to *you* only if *you* have purchased an All Inclusive Travel Insurance or Semi Inclusive Non Medical Travel Insurance plan.

Benefits for Holiday Safeguard

If the unexpected death or *hospitalization* of an *immediate family member*, close friend, business associate or key employee, who has not accompanied *you* on the *covered trip*, prompts *you* to return earlier than *your contracted* date of return and *you* consequently miss at least 70% of *your contracted* package tour, the Insurer will issue a redeemable certificate for the cost of *your* original trip up to a maximum of \$750 CDN.

Eligibility and conditions for Holiday Safeguard

1. To be eligible for Holiday Safeguard, *you* must:
 - a. be named as the policyholder for the All Inclusive Travel Insurance or Semi Inclusive Non Medical Travel Insurance;
 - b. file a claim deemed payable under the Travel Cancellation and Interruption Insurance; and
 - c. have purchased *your* original insurance policy within 72 hours of *your* initial deposit for travel arrangements and at the published premium rate then in effect.
2. For the replacement trip (travel and accommodation arrangements) to be eligible under Holiday Safeguard, it must:
 - a. be booked and purchased with the travel agency where *you* booked and purchased *your* original *covered trip*;
 - b. not exceed the cost of the travel and accommodation arrangements of *your* original *covered trip* (subject to a maximum of \$750 CDN); and
 - c. begin within 180 days of the early return home from the original *covered trip*.

3. The redeemable certificate is:
 - a. made payable only to *you*;
 - b. not redeemable in cash; and
 - c. not transferable.

Flight Itinerary Schedule Change

If an unexpected and unplanned change in the schedule (not a flight delay) of *your* confirmed, prepaid and ticketed flight reservations or a cancellation or schedule change of *your* cruise or tour (excluding supplier default) by the cruise company or tour operator is announced, *you* will be reimbursed any additional expenses incurred for *your* rescheduled flight(s), hotel and meals to await rescheduled flight(s) or in the case of cruise or tour cancellation pre-paid flights, arising under the following conditions:

1. when a change by any of the *non-aligned air carriers* providing a portion of the air transportation for *your covered trip* requires *you* to re-schedule a flight to complete *your covered trip*; or
2. when *your* original flight itinerary, not forming part of a fly-cruise package, is changed more than 72 hours prior to departure, and *you* incur additional expenses for new flight arrangements to join *your* cruise embarkation at the point of cruise departure or debarkation; or
3. when there is a cancellation or schedule change of *your* cruise or tour (excluding supplier default) by the cruise company or tour operator, prior to or after *your* departure from *your* departure point, but prior to the departure of the cruise ship or tour.

This coverage applies to any flight that is part of *your covered trip*, from *your contracted* date and point of departure up to and including *your contracted* date of return to *your* original point of departure, subject to one *Flight Itinerary Schedule Change* per connecting point in the *covered trip*, to a maximum of the lesser of *your sum insured* or \$1,200 per *covered trip*.

Benefits for Flight Itinerary Schedule Change

The Insurer will reimburse to *you*, for rescheduled flights forming part of the *covered trip*, the lesser of the difference in cost (including usual and customary agency service fees, if normally applicable for similar reservation services) between *your* refundable and/or unusable ticket(s) and the cost of:

- a. the change fee for *your* new ticket, charged to *you* by the agency and/or air carrier(s) involved to bring *you* to the next connecting point or the point of initial cruise embarkation or debarkation as shown on *your* original ticket itinerary; or
- b. a one-way economy ticket by the most cost-effective route, charged to *you* by the agency and/or air carrier(s) involved to bring *you* to the next connecting point or to the point of initial cruise embarkation or debarkation on *your* original ticket itinerary;
- c. reimbursement of *your* non-refundable prepaid airfare, which joins to or departs from *your* original sea/land arrangements and that is not part of *your* cruise or tour package;
- d. reasonable and necessary commercial lodging and meals to a maximum of \$3,500, subject to a limit of \$350 per day provided *you* are awaiting the rescheduled original flight forming part of *your* covered trip.

Conditions for Flight Itinerary Schedule Change

1. At the time of booking, *you* and/or the agency must be completely unaware of any pending announcement regarding a *Flight Itinerary Schedule Change* that is applicable to *your covered trip*.
2. *You* must make new flight arrangements within five business *days* of the *Flight Itinerary Schedule Change* announcement made to *you* or *your* agency by the air carrier(s) involved to bring *you* to the next connecting point or to the point of initial cruise embarkation on *your* original ticket itinerary.
3. This coverage is applicable only to the schedules of air carriers that, on the date of booking the *covered trip*, are duly authorized by appropriate and governing air transportation authorities.
4. Local and standard minimum airline connecting time rules and procedures, as well as printed instructions for re-confirmation of the *covered trip*, must be respected and adhered to.

Additional benefits included with the purchase of the All Inclusive and Semi Inclusive Globetrek Plus plans 1/1A/1B and 2

Recreation Benefit – This benefit provides up to \$100 for entertainment expenses to attend a ticketed event when return travel is delayed due to an insured risk, beyond the scheduled return date.

Special Occasion Benefit – When *your* scheduled time of arrival is delayed for any reason beyond *your* control, up to \$600 towards additional transportation costs of an alternate route on a schedule carrier to the original destination to allow arrival in time for a wedding, sporting event or conference, which cannot be delayed regardless of the *insured* being in attendance.

Equivalent Air Transportation Benefit – Covers the cost of equivalent class of reservation originally booked via the most cost effective route when *you* are travelling on a passenger aircraft with a ticket or pass which is part of *your* original covered trip, and *you* are eligible for benefit 1a, 2a or 2b under the Travel Cancellation and Interruption Insurance.

GENERAL CONDITIONS AND LIMITATIONS

1. This insurance coverage must be:
 - a. issued in Canada for travel arrangements booked through a Canadian travel agency and for the entire duration of the *covered trip*; and
 - b. issued for the total amount of the nonrefundable portion of the *covered trip*; and
 - c. issued with the prior approval of Globetrek when the nonrefundable amount of the *covered trip* exceeds \$12,000 CDN; and
 - d. purchased at the time of initial deposit or prior to any cancellation penalties being applicable to *you* for the *covered trip*.
2. It is a condition precedent to the Insurer's liability under this policy that at the time of application:
 - a. *you* know of no reason for *you*, an *immediate family member*, a *travel companion*, or a *travel companion's immediate family member*, to seek medical attention;

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- b. *you* and *your travel companion(s)* must be deemed fit to undertake and complete the *covered trip* as booked.
- 3. This insurance coverage is null and void if the *covered trip* is purchased or undertaken contrary to medical advice or if *you* have been advised that *you* have a *terminal illness*.
- 4. The *physician* recommending cancellation, interruption or delay of the *covered trip* must be *your* personal *physician* or a *physician* actively and personally attending to *your* care.
- 5. If an insured risk occurs, causing *you* to cancel *your covered trip* prior to *your* departure, *you* must:
 - a. Contact the *Global Excel* Cancellation Desk immediately at 1-877-644-4215 toll-free or 819-566-4215 collect on the *day* the insured risk occurs or on the next business *day*.
(For complete details, see "How to Report a Travel Cancellation or Interruption" on page 34)
 - b. Cancel all travel arrangements with *your* Travel Agent on the *day* the insured risk occurs or on the next business *day*.
Only the sums that are nonrefundable on the *day* the insured risk occurs shall be considered for the purpose of the claim.
- 6. If *your* cruise departure is cancelled by the cruise line due to insured risk 10.:
 - a. cancellation must occur within 30 *days* of departure;
 - b. *your* ticket must be issued and paid in full at the time of cancellation; and
 - c. the cruise ship must weigh a minimum of 10,000 tons.

EXCLUSIONS

(what is not covered under plans 1/1A/1B/1C/1D/1E/2/2A/3 and 3A)

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

- 1. a. *Your* medical condition, if at any time in the 90 *days* prior to purchase, *your* medical condition has not been *stable*.
- b. *Your* heart condition if at any time in the 90 *days* prior to purchase **any** heart condition you had, has not been *stable*.
- c. *Your* lung condition if at any time in the 90 *days* prior to purchase:
 - i) **any** lung condition you had, has not been *stable*; or
 - ii) *you* have been treated with home oxygen or taken oral steroids (e.g., Prednisone) for **any** lung condition.

Exclusions 1 a,b,c above applies to *insureds* age sixty (60) or over.

- 2. Any *injury, sickness* or medical condition which, prior to the effective date of coverage was such as to render *expected medical consultation* or *hospitalization*, which has been shown, by prior medical history, as probable or certain to occur.
- 3. Expenses for which no charge would normally be made in the absence of insurance.
- 4. Committing or attempting to commit an illegal act or criminal act.
- 5. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.

6. Labour disruptions or strikes (legal or illegal).
7. *Sickness, injury* or medical condition if *you*, a *travel companion* or an *immediate family member* of *you* or *your travel companion* are awaiting or undergoing any surgery, medical test(s) examination(s), monitoring or consultation:
 - a. for an existing medical condition, other than a regular medical check-up. (In the eventuality of a claim, the dates of the last and next medical check-up must be provided.)
 - b. for a new or changed medical condition which may eventually cause *you* to seek medical attention.
8. Medication, drugs or toxic substance abuse or overdose (whether or not *you* are sane); alcohol abuse, alcoholism or an *accident* while being impaired by drugs or alcohol or having an alcohol concentration that exceeds eighty (80) milligrams in one hundred (100) milliliters of blood.
9. Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.
10. A disorder, disease, condition or symptom that is emotional, psychological, or mental in nature unless *you* are *hospitalized* on the date of occurrence for the event that caused a trip cancellation.
11. Treatment or surgery during a trip when the trip is undertaken for the purpose of securing or with the intent of receiving medical or *hospital* services, whether or not such trip is taken on the advice of a *physician* or surgeon; or a *sickness, injury* or related condition for which it was reasonable to expect treatment or *hospitalization* during *your covered trip*.
12. A trip undertaken for the purpose of visiting a sick or injured person when the *covered trip* is cancelled, interrupted or delayed due to such person's medical condition or death therefrom.
13. Treatment or *hospitalization* of mother or child(ren) as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the nine (9) weeks before and/or after the expected delivery date.
14. A return earlier or later than the *contracted* date of return, unless recommended by the attending *physician*.
15. A return delayed more than ten (10) *days* beyond the *contracted* date of return, unless *you*, an *immediate family member* or a *travel companion* were *hospitalized* for at least forty-eight (48) consecutive hours within the ten (10)-*day* period.
16. Cancellation, interruption or delay when the insurance coverage is issued or booked after the initial deposit or after cancellation penalties are chargeable to *you* for the *covered trip*.
17. *Sickness, injury* or medical condition *you* suffer or contract in a specific country, region or area for which the Department of Foreign Affairs and International Trade of the Canadian Government has issued a travel advisory or formal notice, before *your* departure date, advising Canadians not to travel to that specific country, region or area. If the Canadian Government issues a travel advisory or formal notice to leave that specific country, region or area, after *your* departure date, *your* coverage for *sickness, injury* or medical condition is limited to a period of ten (10) *days* from the date the advisory was issued, or to a period that is reasonably necessary to safely evacuate the country, region or area. In this exclusion "sickness, injury or medical condition" means any sickness, injury or medical

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condition that is attributable to the reason for which the travel advisory or formal notice was issued or any complications arising therefrom.

18. Any cause or event which might reasonably have been expected to necessitate the immediate return of the *insured*.
19. Flight accident (unless *you* are travelling as a fare-paying passenger on a commercial airline).

**Plan 4/4A/4B/4C/4D/4E/4F/4G/4H/4I/4J/4K - Travel
Emergency Hospital/ Medical Insurance (USA &
Caribbean/Non-USA & Non-Caribbean/Canada/Privilege/
Elite/ Superior/Advantage/Standard/Annual)**

In the event of an emergency during a covered trip, you must call the Globetrek Assistance provider, Global Excel, immediately, prior to seeking treatment:

PART TWO

**24-HOUR EMERGENCY
MEDICAL ASSISTANCE**

1-888-215-4091 (toll free from the USA and Canada)

001-800-514-4289 (toll free from Mexico)

1-800-002-547 (toll free from Australia)

1-888-751-4338 (toll free from the Dominican Republic)

(819) 566-8477 (collect from anywhere)

If it is not reasonably possible for you to contact Global Excel prior to seeking treatment, due to the nature of your emergency, you must have someone else call on your behalf or you must call as soon as medically possible.

Failure to notify and obtain prior approval from Global Excel will limit the benefits payable to you to:

- a. in the event of *hospitalization*, 70% of eligible expenses, based on *reasonable and customary costs*; and
- b. in the event of an out-patient medical consultation, a maximum of one visit per *sickness or injury*.

You will be responsible for payment of any remaining charges.

INSURED RISKS

Treatment of an *emergency* during a *covered trip* outside *your* province or territory of residence (and within *your* province or territory of residence for Canada Plans 1B/1E/4B/4K).

This insurance provides payment for the *reasonable and customary costs* incurred by *you* for *emergency* treatment of an unexpected and unforeseen *sickness or injury* occurring outside *your* province or territory of residence (and within *your* province or territory of residence for Canada Plans 1B/1E/4B/4K) during the *covered trip*. The Insurer will pay such eligible expenses only in excess of those reimbursable by the government health insurance plan (GHIP) in *your* province or territory of residence and by any other insurance contract or health plan (group or individual) under which *you* are entitled to benefits.

BENEFITS

Subject to all terms and conditions of the policy, the following benefits are payable as part of a covered medical *emergency* to a maximum of \$5 million per *insured* (\$20,000 if *you* are not covered by GHIP) insofar as such services are urgent and *medically necessary*:

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This policy is a valid contract only if premium is paid and a policy number has been issued.

1. **Emergency Medical Treatment** -
 - a. *Hospital* accommodation up to the semi-private room rate (or an intensive or coronary care unit where *medically necessary*).
 - b. *Physicians'* fees.
 - c. Laboratory tests and x-rays prescribed by the attending *physician* and approved in advance by *Global Excel*. **Note:** This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies unless such services are approved in advance by *Global Excel*.
 - d. Private duty nursing (other than by an *immediate family member*) during *hospitalization* when ordered by the attending *physician* and approved in advance by *Global Excel*.
 - e. Local, licensed ambulance service to the nearest *hospital* (also covers local taxi fare in lieu of local ambulance service where an ambulance is *medically necessary*).
 - f. Drugs requiring a prescription by a *physician*, limited to a 30-day supply per prescription unless *you* are *hospitalized*, excluding those necessary for the continued stabilization of a chronic condition. To file a claim, *you* must provide original receipts issued by the pharmacist, *physician* or *hospital*, indicating the total cost, prescription number, name of medication, quantity, date and name of the prescribing *physician*.
 - g. Casts, splints, trusses, braces, crutches, rental of wheelchair or other minor medical appliances when prescribed by a *physician* and approved in advance by *Global Excel*.
2. **Paramedical Practitioners** - Services of a licensed chiropractor, chiropodist, osteopath, podiatrist or physiotherapist (other than an *immediate family member*), including x-rays, to a maximum of \$300 per profession listed, when ordered by a *physician* and approved in advance by *Global Excel*.
3. **Prescription Glasses** - When purchasing a Plus policy plan 1/1A/1B/4/4A or 4B, this benefit covers the replacement or repair of prescription glasses when they are damaged during a covered medical *emergency*, to a maximum of \$350.
4. **Emergency Dental Treatment** -
 - a. *emergency* dental treatment at trip destination to repair or replace sound natural teeth or permanently attached artificial teeth injured as the result of an accidental blow to the face, provided *you* consult a *physician* or a dentist immediately following the *injury*;
 - b. necessary *emergency* treatment (described in a.) that must be continued upon return to *your* province or territory of residence, provided treatment is completed within 90 *days* from the date of the *accident*, to a maximum of \$1,500; and
 - c. other *emergency* dental treatment at trip destination, to a maximum of \$350.

To file a claim under a. or b. above, *you* must provide an accident report from the *physician* or dentist.
5. **Return of Automobile** - Reasonable costs for a commercial agency to return an *automobile* owned by *you* or leased by *you* from a commercial vehicle rental agency when *you* are unable to operate such vehicle due to *sickness* or *injury* and when approved in advance by *Global Excel*. To file a claim, *you* must supply original receipts for costs actually incurred.

This policy is a valid contract only if premium is paid and a policy number has been issued.

6. **Pet return** - The return to Canada of *your* accompanying cat or dog, in the event that *you* are *hospitalized* during a covered *medical emergency*, to a maximum of \$500.
7. **Family Transportation** - When approved in advance by *Global Excel*, a return economy airfare for an *immediate family member* or a close friend.
 - a. to attend *your* bedside (upon the recommendation of the attending *physician*) when *you* are travelling alone, provided the *hospitalization* lasts at least three *days*. This benefit is provided immediately if *you* are 20 years of age or over and physically or mentally handicapped, or under 21 years of age and dependent for support on the visiting *immediate family member*; or
 - b. to identify the *insured's* remains (where necessary).
The person attending bedside will be covered under the same terms and conditions of *your* policy (but for no longer than three *days* in the case of b. above). Reasonable out-of-pocket expenses incurred by the attending *immediate family member* or close friend will be reimbursed to a maximum of \$500, subject to a limit of \$150 per *day*. To file a claim, *you* must supply original receipts.
8. **Out-of-Pocket Expenses** - When approved in advance by *Global Excel*, reasonable, necessary expenses incurred by *you* or an *insured travel companion* for commercial lodging and meals, commercial *automobile* rental, essential telephone calls and taxi transportation, to a maximum of \$3,500, subject to a limit of \$350 per *day* or with the purchase of the Plus plan 1/1A/1B/4/4A/4B to a maximum of \$5,000, subject to a limit of \$500 per day, if a covered *medical emergency* causes *you* to miss *your contracted* date of return or requires that *you* be relocated for treatment. To file a claim, *you* must supply original receipts from commercial organizations and a certificate from the attending *physician* to the effect that *you* were unable to travel.
9. **Emergency Air Transportation** - When approved in advance and arranged by *Global Excel*:
 - a. up to the cost of a one-way economy airfare to *your* province or territory of residence; or
 - b. the fare for additional airline seats to accommodate a stretcher to return *you* to *your* province or territory of residence; or
 - c. where *medically necessary*, medical air evacuation (paid in advance) to the nearest appropriate *hospital* or to a *hospital* in *your* province or territory of residence;
when the attending *physician* or the Insurer recommends that *you* be so transported for the purpose of obtaining immediate treatment.
10. **Qualified Medical Attendant** - Fees for a qualified medical attendant (other than an *immediate family member*) to accompany *you* to *your* province or territory of residence when recommended by the attending *physician* and approved in advance and arranged by *Global Excel*. This includes return economy airfare and overnight lodging and meals (where necessary).
11. **Return of Dependent Children** - When approved in advance by *Global Excel*:
 - a. up to the cost of a one-way economy airfare for the return of each insured dependent *child* to *your* province or territory of residence. A qualified escort will be provided; or

b. up to \$1,000 for the services of a *caregiver* (other than an *immediate family member*) contracted by you for your insured dependent children;

in the event of an *emergency* return to your province or territory of residence or the *hospitalization* of an insured parent or legal guardian during the *covered trip*.

12. Return of Insured Travel Companion - When approved in advance by *Global Excel*, the cost of a one-way economy airfare to return your insured travel companion to your province or territory of residence if you are returned under the Emergency Air Transportation or Repatriation of Remains benefit.

Reasonable out-of-pocket expenses incurred by the *travel companion* will be reimbursed to a maximum of \$450, subject to a limit of \$150 per *day*. To file a claim, the *travel companion* must supply original receipts.

13. Remote Evacuation - Your *emergency* evacuation from a mountainous area, the sea, or other such remote location to the nearest, most reasonably accessible medical facility or *hospital*, to a maximum of \$5,000.

14. Return to Trip Destination - A one-way economy airfare for you to be returned to your contracted trip destination after you are returned to your province or territory of residence for immediate *medical treatment* provided your attending *physician* determines that you require no further treatment for your *medical emergency*, when approved in advance by the Insurer.

Once you return to your trip destination, a recurrence of the *sickness* or *injury* which caused the initial *medical emergency*, or any problems or complications related thereto, will not be covered under this policy.

Note: This benefit is valid only if your insurance policy under which you were returned to Canada with the Emergency Air Transportation benefit is still effective.

15. Preparation and Repatriation of Remains - In the event of death:

a. the actual cost incurred for return of the deceased *insured* in the *common carrier's* standard transportation container to the contracted point of departure, including the preparation of the remains and the cost of the *common carrier's* standard transportation container up to a maximum of \$5,000; or

b. the actual cost incurred for return of the deceased *insured's* remains to the contracted point of departure, including the cremation of remains at the place of death up to a maximum of \$2,500; or

c. up to \$3,000 for the preparation of the deceased *insured's* remains and the cost of a standard burial container, plus a maximum of \$2,500 for burial of remains at the place of death.

The cost of the casket or urn is not covered by this benefit.

16. Infant Coverage - When you have purchased an All Inclusive Travel Insurance plan, this benefit provides automatically, at no extra charge, Travel Emergency Hospital/Medical Insurance to *infants* who:

a. are under two years of age at the date of application; and

b. do not occupy a seat on the airline; and

c. are travelling with a parent or legal guardian who has purchased the All Inclusive Travel Insurance (USA & Caribbean/Non-USA & Non-Caribbean or Canada).

17. **Cash in Hospital** - When *you* have purchased an All Inclusive Travel Insurance plan, and *you* are *hospitalized* for at least 24 hours due to *sickness* or *injury* during a *covered trip* outside *your* province or territory of residence, the Insurer will reimburse *you* \$50 per *day* to a maximum of \$2,000 for non-medical expenses incurred while in *hospital*.

Eligibility to receive the Cash in Hospital benefit is dependent upon approval and payment of a valid claim under the Travel Emergency Hospital/Medical Insurance of this policy. To file a claim, *you* must supply *hospital* records and original receipts of the non-medical expenses incurred while *you* were *hospitalized*.

18. **International Adoption** - When *you* have purchased an All Inclusive USA & Caribbean Plus or Non-USA & Non-Caribbean Plus Travel Insurance, plan 1 or 1A, this benefit provides automatically, at no extra charge, Travel Emergency Hospital/Medical Insurance as covered under this policy, to a child adopted abroad who:

- a. is not a Canadian resident and is more than 30 *days* old at the date of application; and
- b. is travelling with a parent or legal guardian who has purchased the All Inclusive Plus Travel Insurance.

Exclusions and Limitations for International Adoption:

- a. the costs of any medical examination performed on the adopted child prior to the adoption will not be covered under this benefit; and
- b. any *sickness* or *injury* for which the adopted child experienced symptoms, was diagnosed, was *treated*, required *hospitalization* or for which the child took medication prior to *your contracted* effective date will not be covered under this benefit.

GENERAL CONDITIONS AND LIMITATIONS

1. *You* must be a Canadian citizen or a landed immigrant to purchase any type of Travel Emergency Hospital/Medical Insurance Plan under this policy.
2. Medical and *hospital* benefits are payable to a maximum of:
 - a. \$5 million if *you* are covered by a government health insurance plan in *your* Canadian province or territory of residence; or
 - b. \$20,000 CAD for all *hospital/medical* expenses covered under this policy, if *you* are **not** covered by GHIP and *you* purchase Plans 1/1A/1C/1D/4/4A/4C/4D/4E/4F/4G/4I/4J. *You* must be covered by the government health insurance plan (GHIP) in *your* Canadian province or territory of residence for the entire duration of the *covered trip*, if *you* purchase Plans 1B/1E/4B/4H/4K.
3.
 - a. To purchase Plan 4 or 4I, *you* must be 59 years of age or less on the date of application for *covered trips* of 183 days or less or between 60 and 74 years of age inclusively on the date of application for *covered trips* of 15 days or less, for travel anywhere in the world.
 - b. To purchase Plan 4A or 4J, *you* must be 59 years of age or less on the date of application for *covered trips* of 365 days or less or between 60 and 74 years of age inclusively on the date of application for *covered trips* of 15 days or less, for travel outside the USA and Caribbean. An exception is made for a stopover/layover of five days or less in the USA.

- c. No age restriction applies to Plan 4B or 4K for trips of 365 days or less.
 - d. To purchase Plans 4C/4D/4E/4F/4G, *you* must be 60 years of age or over on the date of application for *covered trips* of 183 days or less.
 - e. To purchase Plan 4H (Annual Plan), *you* must be 74 years of age or less on the date of application.
4. This insurance coverage must be:
- a. issued in Canada;
 - b. purchased prior to departure; and
 - c. purchased for the entire duration of the trip.

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

5. This insurance coverage is null and void if a *covered trip* is booked or undertaken:
- a. contrary to medical advice;
 - b. while *you* require kidney dialysis; or
 - c. if *you* have a *terminal illness*.
6. Plan 4H - Travel Multi-Trip Annual Insurance: this plan is valid for one year and provides coverage for an unlimited number of *covered trips* to a maximum of 4, 8, 16, or 35 *days* each (depending on the option *you* select at the time of purchase) beginning at the first day of departure and an unlimited number of days for travel within Canada (excluding *your* province or territory of residence). However, *you* may purchase top up coverage from Globetrek to supplement the initial coverage for an individual *covered trip*. Individual *covered trips* must be separated by a return to *your* province or territory of residence. *You* are not required to provide advance notice of the dates of departure and return for each *covered trip*; however, *you* will be required to provide proof of *your* dates of departure and return in the event of a claim (ex.: airline ticket customs or immigration stamp).
7. *You* must contact *Global Excel* prior to seeking treatment. Failure to notify and obtain prior approval from *Global Excel* will limit the benefits payable to:
- a. in the event of *hospitalization*, 70% of eligible expenses based on *reasonable and customary costs*; and
 - b. in the event of an out-patient medical consultation, a maximum of one visit per *sickness or injury*.
- You* will be responsible for payment of any remaining charges.
8. If it is not reasonably possible for *you* to contact *Global Excel* prior to seeking treatment, due to the nature of *your emergency*, *you* must have someone else call on *your* behalf or *you* must call as soon as medically possible.
9. *Global Excel* must approve in advance any surgery, invasive procedure, diagnostic testing or treatment (including, but not limited to, cardiac catheterization), prior to the *insured* undergoing such procedure, surgery, treatment or testing. It remains *your* responsibility to inform *your* attending *physician* to call *Global Excel* for approval, except in extreme circumstances where such action would delay surgery required to resolve a life threatening medical crisis.

This policy is a valid contract only if premium is paid and a policy number has been issued.

10. During an *emergency* (whether prior to admission, during a *hospitalization* or after *your* release from the *hospital*), the Insurer reserves the right to:
 - a. transfer *you* to one of its preferred health care providers; and/or
 - b. return *you* to *your* province or territory of residence;for the treatment of *your sickness* or *injury* without danger to *your* life or health. If *you* choose to decline the transfer or return when declared medically stable by the Insurer, the Insurer will be released from any liability for expenses incurred for such *sickness* or *injury* after the proposed date of transfer or return. *Global Excel* will make every provision for *your* medical condition when choosing and arranging the mode of *your* transfer or return and, in the case of a transfer, when choosing the *hospital*.
11. Once *you* are deemed medically stable to return to *your* province or territory of residence (with or without a medical escort) either in the opinion of the Insurer or by virtue of discharge from *hospital*, *your emergency* is considered to have ended, whereupon any further consultation, treatment, recurrence or complication related to the medical *emergency* will no longer be eligible for coverage under this policy.
12. The Insurer is not responsible for the availability, quality or results of any *medical treatment* or transportation, or *your* failure to obtain *medical treatment* or *hospitalization*.
13. This policy covers eligible expenses in excess of those covered under *your* government health insurance plan or any other insurance coverage with similar health benefits. If *you* are retired and *you* have similar out of country/province extended health benefits with a lifetime maximum coverage of:
 - a. \$50,000 or less, the Insurer will not coordinate payment with such insurance; or
 - b. over \$50,000, the Insurer will coordinate payment with such insurance for the portion in excess of \$50,000;in accordance with the Canadian Life and Health Insurance Association Inc. (CLHIA) guidelines.
14. The total benefits paid to *you* from all sources cannot exceed the actual expenses which *you* have incurred.
15. *You* must complete and sign the Globetrek claim form (available by contacting *Global Excel*), certain portions of which authorize the Insurer to recover such sums from *your* government health insurance plan, other health plans or Insurers, when the Insurer has made payment in advance on *your* behalf to any *hospital* or medical provider, and *you* must assist in obtaining such reimbursement. *You* will be required to reimburse the Insurer if an advance is made for any expense not covered by this insurance policy.
16. If payment has not been advanced by the Insurer for covered expenses, *you* must obtain and forward the following documents:
 - a. a statement from the attending *physician* or *hospital* stating the diagnosis, *medical treatment* provided and any amount paid or owing; and
 - b. a copy of the invoice from *your* Travel Agent showing the insurance premium paid to the Insurer.

**EXCLUSIONS (what is not covered under plans 1/1A/1B/1C/
1D/1E/4/4A/4B/4C/4D/4E/4F/4G/4H/4I/4J/4K)**

A – Pre-existing Medical Condition Exclusions

Pre-existing medical exclusions TABLE

Pre-existing Key:

PTP=Prior to Purchase PTD=Prior to Departure PTED=Prior to each Departure

Your Plan	Your Age	Maximum Trip Duration	Your pre-existing exclusion	Your pre-existing period
All Inclusive USA & Caribbean	0-59	183 days	1	90 days (PTP)
	60-74	37 days	1	90 days (PTD)
	75-84	37 days	2	180 days (PTD)
All Inclusive Non-USA & Non-Caribbean	0-59	365 days	1	90 days (PTP)
	60-74	37 days	1	90 days (PTD)
	75-84	37 days	2	180 days (PTD)
All Inclusive Canada	0-84	365 days	None	None
Medical USA & Caribbean	0-59	183 days	1	90 days (PTP)
	60-74	15 days	1	90 days (PTD)
Medical Non-USA & Non-Caribbean	0-59	365 days	1	90 days (PTP)
	60-74	15 days	1	90 days (PTD)
Medical Canada	0-84	365 days	None	None
Privilege	60 +	183 days	1	90 days (PTD)
Elite	60 +	183 days	1	90 days (PTD)
Preferred	60 +	183 days	1	90 days (PTD)
Advantage	60 +	183 days	1	*365 days (PTD)
Standard	60 +	183 days	1	*365 days (PTD)
Multi-trip Annual	0-59	4, 8, 16 or 35 days	1	90 days (PTED)
	60-74	4, 8, 16 or 35 days	1	90 days (PTED)

PART TWO

*90 days stable for hypertension/high blood pressure and 180 days stable for cancer

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

Pre-existing Medical Exclusion 1

1. *Your* medical condition if at any time in the pre-existing period, *your* medical condition has not been *stable*.
2. *Your* heart condition, if at any time in the pre-existing period **any** heart condition you had, has not been *stable*.
3. *Your* lung condition, if at any time in pre-existing period:
 - a. **any** lung condition you had, has not been *stable*; or
 - b. *You* have been *treated* with home oxygen or taken oral steroids (e.g., Prednisone) for **any** lung condition.

This policy is a valid contract only if premium is paid and a policy number has been issued.

Pre-existing Medical Exclusion 2

1. *Your* medical condition, if at any time in the pre-existing period, *your* medical condition has not been *stable*.
2. *Your* heart condition, if at any time in the pre-existing period, *you* have been *hospitalized*, have been prescribed (including prescribed as needed), have taken medication or have undergone a medical or surgical procedure, for **any** heart condition.
3. *Your* lung condition, if at any time in the pre-existing period, *you* have been *hospitalized*, have been prescribed (including prescribed as needed), have taken medication or have undergone a medical or surgical procedure, been *treated* with home oxygen or taken oral steroids (e.g., Prednisone), for **any** lung condition.

B - General Exclusions (for plans 1/1A/1B/1C/1D/1E/4/4A/4B/4C/4D/4E/4F/4G/4H/4I/4J and 4K)

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

1. Expenses for which no change would normally be made in the absence of insurance.
2. Committing or attempting to commit an illegal act or criminal act.
3. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
4. Labour disruptions or strikes (legal or illegal).
5. Medication, drugs or toxic substance abuse or overdose (whether or not *you* are sane); alcohol abuse, alcoholism or an accident while being impaired by drugs or alcohol or having an alcohol concentration that exceeds eighty (80) milligrams in one hundred (100) milliliters of blood.
6. Suicide (including any attempt thereat) or self-inflicted *injury* whether or not *you* are sane.
7. A disorder, disease, condition or symptom that is emotional, psychological or mental in nature unless *hospitalized*.
8. Treatment or surgery during a trip when the trip is undertaken for the purpose of securing or with the intent of receiving medical or *hospital* services, whether or not such trip is taken on the advice of a *physician* or surgeon; or a *sickness, injury* or related condition for which it was reasonable to expect treatment or *hospitalization* during *your covered trip*.
9. Treatment or *hospitalization* of mother or child(ren) as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the nine weeks before and/or after the expected delivery date.
10. For policy extensions, top ups on products other than Globetrek Travel Insurance or for policies that become effective after departure: *sickness* or *injury* which first appeared, was diagnosed or received *medical treatment* after the *contracted* date of departure and prior to the effective date.
11. Treatment, surgery, medication, services or supplies that are not required for the immediate relief of acute pain or suffering, or that *you* elect to have provided outside *your* province or territory of residence when medical evidence indicates that *you* could return to *your* province or territory of residence to receive such treatment.

The delay to receive treatment in *your* province or territory of residence has no bearing on the application of this exclusion.

12. Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by *Global Excel* prior to being performed, except in extreme circumstances where such surgery is performed on an *emergency* basis immediately upon admission to a *hospital*.
13. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by *Global Excel*.
14. *Hospitalization* or services rendered in connection with general health examinations for "check-up" purposes, treatment of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or *medical treatment* in connection with drugs, alcohol or any other substance abuse.
15. Noncompliance with any prescribed medical therapy *medical treatment* (as determined by the Insurer) or failure to carry out a physician's instructions.
16. Treatment of an acute *sickness* or *injury* after the initial medical *emergency* has ended (as determined by the Insurer).
17. Emergency air transportation unless approved and arranged in advance by *Global Excel*.
18. Treatment not performed by or under the supervision of a licensed *physician* or dentist.
19. Expenses incurred as a result of symptomatic or asymptomatic HIV infection, HIV-related conditions and AIDS (Acquired Immune Deficiency Syndrome), including any associated diagnostic tests or charges (for *insureds* sixty (60) or over).
20. Participation in:
 - a) any sports as a professional athlete (person who engages in an activity as one's main paid occupation);
 - b) any competitive motorized sporting events, racing or speed contests;
21. The purchase replacement cost (prescribed or not) loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses or prosthetic teeth, limbs or devices and resulting prescription therefrom.
22. Services provided by an optometrist or for cataract surgery.
23. The replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medication (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada or which are not required as a result of a *medical emergency*.
24. Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by *Global Excel*.
25. Elective and/or cosmetic surgery or treatment whether or not for psychological reasons.
26. Any *medical treatment* if *you* are not covered by the government health insurance plan (GHIP) in *your* province or territory of residence and *you* purchase Plans 1B/1E/4B/4H/4K.

If *you* are not covered by GHIP and *you* purchase Plans 1/1A/1C/1D/4/4A/4C/4D/4E/4F/4G/4I/4J, this insurance coverage is limited to a maximum of \$20,000 CAD for all *hospital/medical* expenses covered under this policy.

27. Sickness, injury or medical condition *you* suffer or contract in a specific country, region or area for which the Department of Foreign Affairs and International Trade of the Canadian Government has issued a travel advisory or formal notice, before *your* departure date, advising Canadians not to travel to that specific country, region or area. If the Canadian Government issues a travel advisory or formal notice to leave that specific country, region or area, after *your* departure date, *your* coverage for sickness, injury or medical condition is limited to a period of ten (10) *days* from the date the advisory was issued, or to a period that is reasonably necessary to safely evacuate the country, region or area. In this exclusion “sickness, injury or medical condition” means any sickness, injury or medical condition that is attributable to the reason for which the travel advisory or formal notice was issued or complications arising from such “sickness, injury or medical condition”.
28. Crowns and root canals.
29. Flight accident (unless *you* are travelling as a fare-paying passenger on a commercial airline).
30. Radiotherapy or chemotherapy.

Plan 5 - Travel Collision Damage Protection

INSURED RISKS

Physical damage or loss of an *automobile* rented by *you* from a commercial rental agency or company.

BENEFITS

Subject to all terms and conditions of the policy, *you* will be indemnified to a maximum of \$50,000 in Canadian dollars for *physical damage or loss* of an *automobile* rented by *you* and operated by *you* or by a person otherwise permitted to operate such *automobile* under the rental contract, while covered under this policy, but limited to the amount of loss which would have been waived had *you* purchased collision damage waiver from the *automobile* commercial rental agency or company, less any amount:

- a. assumed, waived or paid by the *automobile* commercial rental agency or company or its Insurer; and
- b. payable by *your* own *automobile* or other insurance policy.

GENERAL CONDITIONS AND LIMITATIONS

1. This insurance coverage must be:
 - a. issued in Canada; and
 - b. purchased prior to departure for the entire period during which *you* are in possession of the rented *automobile* (maximum 50 *days*).
2. Coverage hereunder commences on the later of:
 - a. the time *you* take control of the rented *automobile*; or
 - b. the effective date of this policy, as established with the Travel Agent at the time of purchase.
3. Coverage hereunder ends at the earliest of:

- a. the time the *automobile* rental agency or company assumes control of the *automobile* at their place of business or elsewhere;
 - b. the expiry of the rental contract or the time when such contract is terminated; or
 - c. the expiry date of this policy, as established with the Travel Agent at the time of purchase.
4. Prior to accepting the rental *automobile*, *you* shall examine it and file a written report of existing damages with the *automobile* rental agency or company.
 5. Prior to or upon returning the *automobile* to the rental agency or company, *you* shall file a written report with such agency or company detailing all *physical damage or loss* which has occurred during the term of the rental contract.
 6. Upon the occurrence of *physical damage or loss* for which *you* may be liable, *you* shall immediately contact the Insurer and the *automobile* rental company by telephone and file a report of the incident. *You* will also provide the Insurer with a written notice of loss explaining fully the circumstances thereof within 90 *days* from the date of loss.
 7. No evidence of the *physical loss or damage* shall be removed and no repairs other than those necessary to protect the *automobile* from further damage or loss shall be undertaken without the prior consent of the Insurer.
 8. The total benefits paid to *you* from all sources cannot exceed the actual expense which *you* have incurred.

EXCLUSIONS (what is not covered under plan 5)

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

1. Expenses for which no charge would normally be made in the absence of insurance.
2. Committing or attempting to commit an illegal act or criminal act.
3. *Your* participation in and/or voluntary exposure to any risk from: war or act of war, whether declared or undeclared; invasion or act of foreign enemy; declared or undeclared hostilities; civil war, riot, rebellion; revolution or insurrection; act of military power; or any service in the armed forces.
4. Labour disruptions or strikes (legal or illegal).
5. Medication, drugs or toxic substance abuse or overdose (whether or not *you* are sane); alcohol abuse, alcoholism or an *accident* while being impaired by drugs or alcohol or having an alcohol concentration that exceeds eighty (80) milligrams in one hundred (100) milliliters of blood.
6. The loss of use of the rental *automobile*.
7. *Physical damage or loss* of the rental *automobile* when:
 - a. *you* are engaged in the business of renting *automobiles* in any manner whatsoever;
 - b. a collision damage waiver is purchased from the *automobile* rental agency or company;
 - c. any term or condition of the *automobile* rental contract is not met or a restriction thereof is violated;

- d. such *automobile* is used to transport passengers for compensation or hire or for commercial delivery;
 - e. such *automobile* is rented from an organization other than a duly authorized commercial rental agency or company; or
 - f. more than one such *automobile* is in *your* care, custody or control at any one time. (If the *insured* is a corporation or a company: when more than one such *automobile* is in the care, custody or control of an individual authorized by the *insured*.)
8. Any form of third party *automobile* liability or personal accidental *injury*.
 9. A loss in any jurisdiction where such insurance coverage is prohibited by law.

HOW TO REPORT A TRAVEL CANCELLATION OR INTERRUPTION

An *insured risk* that leads to cancellation occurs **before** *your covered trip*, whereas an *insured risk* that leads to interruption occurs **after** *your departure date*.

If *you* purchased one of the plans listed below, *you* must follow the instructions in this section to report the cancellation or interruption of *your covered trip* to the *Global Excel Cancellation Desk*:

- 1/1C - All Inclusive Travel Insurance USA & Caribbean;
- 1A/1D - All Inclusive Travel Insurance Non-USA & Non-Caribbean;
- 1B/1E - All Inclusive Travel Insurance Canada;
- 2/2A - Semi Inclusive Non Medical Travel Insurance;
- 3/3A - Travel Cancellation and Interruption Insurance;

INSTRUCTIONS

1. *You* must call the *Global Excel Cancellation Desk* (at 1-877-644-4215 toll free or (819) 566-4215 collect) and *your* Travel Agent on the *day* the *insured risk* occurs or on the next business *day* to advise *Globetrek* of *your* cancellation or interruption. Failure to notify *Globetrek* may limit the benefits payable to *you*. Only the nonrefundable prepaid amounts that apply on the *day* the *insured risk* occurs shall be considered for the purpose of *your* claim.
2. When *you* contact the *Global Excel Cancellation Desk* and *your* Travel Agent by telephone, be prepared to provide the following information:
 - *your* name;
 - *your* policy number;
 - the insurance plan *you* purchased;
 - *your contracted* dates of travel for the *covered trip*;
 - the reason why *you* are cancelling or interrupting *your covered trip*; and
 - the telephone, fax number and/or e-mail address where *you* can be contacted immediately.
3. Once *you* have reported the cancellation or interruption of *your covered trip* (as described in 1. and 2. above), *you* must submit the documents listed to *Global Excel* at the address indicated on page 39. Make sure *you* complete the following steps.

HOW TO FILE A CLAIM

You must substantiate *your* claim by providing all required documents for the applicable insurance coverage. Failure to do so may result in non-payment of *your* claim. (The Insurer is not responsible for charges levied in relation to any such documents.)

Note that incomplete documentation will be returned to *you* for completion.

For a medical expenses claim under *Infant Coverage* (Plans 1, 1A, 1B, 1C, 1D or 1E)

Refer to the documents required for a claim under Travel Emergency Hospital/Medical Insurance.

For a claim under *Cash in Hospital* (Plans 1, 1A, 1B, 1C, 1D or 1E)
Eligibility to receive the Cash in Hospital benefit is dependent upon approval and payment of a valid medical expenses claim under the Travel Emergency Hospital/Medical Insurance of this policy. Please provide receipts for non-medical expenses incurred during *your hospitalization*.

For a medical expenses claim under *International Adoption* (Plans 1 or 1A)

Refer to the documents required for a claim under Travel Emergency Hospital/Medical Insurance.

For a claim under *Holiday Safeguard* (Plans 1, 1A, 1B, 1C, 1D, 1E, 2 or 2A)

Eligibility to receive the benefit under Holiday Safeguard is dependent upon approval and payment of a valid trip interruption claim under the Travel Cancellation and Interruption Insurance of this policy. In addition to the documents listed thereunder, *you* must also submit:

1. An itemized original travel agency invoice showing fares, deposits, travel dates, and final payment of the replacement trip.
2. An itemized receipt showing proof of payment for the replacement trip.
3. A copy of the Globetrek policy for the replacement trip and the name of the Travel Agent.
4. Copies of *your* new travel documents.
5. Hospital records and/or a death certificate along with an explanation of *your* relationship to the person in question and the event that caused *you* to file a claim.

For a claim under *Flight Itinerary Schedule Change* (Plans 1, 1A, 1B, 1C, 1D, 1E, 2 or 2A)

You must provide proof of refund for the original tickets (a copy of the ticket refund notice or ticket exchange notice) or a letter from the agency if ticket(s) have not yet been issued or were sent for refund to the bank settlement plan, tour operator or wholesaler.

For a claim under *travel cancellation insurance* (Plans 1, 1A, 1B, 1C, 1D, 1E, 2, 2A, 3 or 3A)

You must submit the following documents:

- a. A Globetrek claim form (available by contacting *Global Excel*) fully completed and signed by *you* as well as by your regular attending physician or the physician actively attending to your care who is recommending that *you* do not travel on the dates of *your covered trip*.

- b. A copy of *your* travel insurance policy confirmation or validation provided by *your* Travel Agent on the *day* you purchased and paid for *your* travel insurance. This document may have been issued manually or by an automated system.
- c. Original invoices from *your* Travel Agent showing the following:
 - the travel arrangements purchased for *your covered trip*;
 - the insurance plan purchased for *your covered trip*;
 - the travel agency service fees applicable to *your covered trip*;
 - the travel agency penalties applicable to *your covered trip*;
 - the date *you* purchased *your covered trip*;
 - the travel supplier penalties applicable to *your covered trip*.

If the penalties are not clearly indicated on *your* invoice, *you* may be required to provide a copy of the page in the travel supplier's printed brochure showing the penalties applicable to *your covered trip*.

- d. Original receipts as proof of payment for *your covered trip* showing date(s), amount(s) paid and the method of payment for *your* insurance. This is required for all the deposits and final payments *you* made to *your* Travel Agent for *your covered trip*.
- e. Original airline tickets. If any part of the airline ticket is refundable (taxes or penalty) please proceed first with the refund and send us a copy of the airline ticket and proof of refund.
- f. Other original transportation vouchers for *your covered trip*.
- g. Original accommodation and meal vouchers for *your covered trip*.
- h. Other original documents for travel insured under *your covered trip*.

Note: If *you* have not yet received the documents listed in e., f., g. or h., *you* must obtain the detailed invoices and receipts *your* Travel Agent received from the travel suppliers with whom he or she purchased and paid for the travel arrangements for *your covered trip*.

- i. **For a claim under insured risk 1., 2. or 3. due to death or hospitalization**, a Globetrek claim form (available by contacting *Global Excel*), a death certificate and *hospital* records as well as an explanation of *your* relationship to the person in question and how this event caused *you* to cancel *your covered trip*.
- j. **For a claim under insured risk 6., 7., 8., 9., 10., 11., 12., 13., 14., 15., 16., 17., 18., 19. or 20.**, proof of the insured risk's occurrence, as follows:
 - for insured risk 8., 17. or 18., the applicable police reports;
 - for insured risk 8., 9. or 10., the applicable letters from the *common carrier* or cruise line;
 - for insured risk 14. or 19., the applicable reports from the embassy, consulate general and/or the Canadian government;
 - for insured risk 15. or 16., the summons and/or subpoena;
 - for insured risk 11. or 12., a letter from the employer confirming the relocation or termination of employment;
 - for insured risk 6., 7., 13. or 20., the applicable reports from the proper authorities.

Send all applicable documents listed above to *Global Excel* at the address indicated on page 39.

**For a claim under travel interruption insurance
(Plans 1, 1A, 1B, 1C, 1D, 1E, 2, 2A, 3 or 3A)**

In addition to the documents listed under a., b., c. and d. above, *you* must submit the following documents for insured risks 1., 2., 3., 5., 7., 8., 10., 13., 17., 18., 19. and 20.:

- a. The original: airline tickets, transfer vouchers, accommodation and other travel documents prepaid for *your covered trip*.
- b. An explanation of the events that caused *you* to interrupt *your covered trip* under the insured risk.
- c. Complete details and dates of the event and an explanation of *your* relationship to the person in question where a person other than *yourself* is involved.
- d. For out-of-pocket expenses: original receipts for the covered expenses incurred and an explanation of the expenses.
- e. For *hospitalization*, death or repatriation: a copy of the *hospital* records, death certificate, receipts from airlines, funeral homes and other expenses covered under the insured risk.

Benefits under this coverage are payable to *you* unless *you* authorize and direct the Insurer, in writing, to pay the eligible claim amount to a third party.

Globetrek may ask *you* or *your* attending *physician* to provide additional evidence to support *your* claim. The existence of a pre-existing medical condition may be established using the medical records held by the claimant's attending *physician(s)* or any *hospital(s)* for the purpose of determining the validity of a claim. In this event, *you* will be responsible for any fees required to substantiate *your* claim. *You* may also be required to undergo examination by one or more of our *physicians*. In this event, Globetrek will cover any associated costs.

Send all applicable documents listed above to *Global Excel* at the address indicated on page 39.

**For a claim under travel emergency hospital/medical insurance
(Plans 4/4A/4B/4C/4D/4E/4F/4G/4H/4I/4J/4K)**

(USA & Caribbean/Non-USA & Non-Caribbean/Canada/Privilege/Elite/Superior/Advantage/Standard or Annual)

You must submit the following documents:

1. A completed Globetrek claim form (available by contacting *Global Excel*).
2. Original itemized bills from the licensed medical provider(s) stating the patient's name, diagnosis, date and type of treatment, and the name, address and telephone number of the provider, as well as the original transaction documents proving that payment was made to the provider. (Copies of itemized bills are accepted only if the *insured* has already dealt directly with the government health insurance plan.)
3. Original prescription drug receipts from the pharmacist, *physician* or *hospital* indicating the name of the prescribing *physician*, prescription number, name of preparation, date, quantity and total cost.
4. For out-of-pocket expenses: an explanation of expenses accompanied by the original receipts.
5. If *you* are covered by other insurance:

- a. the full name and address of *your* employer;
- b. the policy number, name and address of any other insurance company.

Send all applicable documents listed above to *Global Excel* at the address indicated on page 39. Globetrek will not cover associated costs of any additional medical documents requested.

**For a claim under travel accident insurance
(Plan 1/1A/1B/1C/1D/1E/2 or 2A)**

You must contact Global Excel for forms and instructions.

**For a claim under travel baggage and personal effects insurance
(Plan 1/1A/1B/1C/1D/1E/2 or 2A)**

You must submit:

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

Send all applicable documents listed above to Global Excel at the address indicated on page 39.

For a claim under travel collision damage protection (Plan 5)

You must submit:

1. An official police accident report.
2. A copy of the signed rental contract.
3. A copy of the rental agency's damage report.
4. A complete copy (front and back) of *your* driver's license.
5. A copy of damage or repair estimate.
6. A copy of *your* personal or business *automobile* insurance policy.
7. Proof of settlement (denial or payment) under *your* personal or business policy.

Send all applicable documents listed above to Global Excel at the address indicated on page 39.

PLEASE SEND ALL DOCUMENTS FOR YOUR CLAIM TO:

**Global Excel Management Inc.
73 Queen Street
Lennoxville, Quebec
J1M 1J3
Telephone: 1-877-296-9922 toll-free
or (819) 566-3937 collect**

General Terms of Agreement

Insuring Agreement

The Insurer will pay benefits specified herein upon payment of the required premium, submission of a correct and complete application form and the occurrence of an insured risk, subject to the terms, conditions, limitations, exclusions, definitions and other provisions of this policy.

Period of Coverage

1. Insurance shall commence:
 - a. For Travel Cancellation and Interruption Insurance - on the latest of the following:
 - i. the date *you* pay the premium (either at the time of initial deposit or prior to any cancellation penalties being applicable to *you*); or
 - ii. the date a policy/validation number is issued.
 - b. For Travel Collision Damage Protection - refer to the GENERAL CONDITIONS of Travel Collision Damage Protection.
 - c. For Travel Multi-Trip Annual Insurance - on the *contracted* effective date.
 - d. For All Inclusive Travel Insurance (International Adoption benefit) – upon the completion of all required documents and once the appropriate authorities in the adoptee’s country of origin release the *child* into the physical, exclusive custody of the adoptive parents or of the *caregiver* who will accompany the *child* until his/her arrival in Canada.
 - e. For Medical USA & Caribbean/Medical Non-USA & Non-Caribbean/Medical Canada/Privilege/Elite/Superior/Advantage and Standard - on the latest of the following:
 - i. the *contracted* date of departure when *you* leave the *contracted* point of departure; or
 - ii. the *contracted* effective date.
2. Insurance shall terminate:
 - a. For Travel Cancellation and Interruption Insurance - on the earliest of:
 - i. the date the insured risk occurs (if the *covered trip* is cancelled prior to the *contracted* date of departure); or
 - ii. the date *you* return to *your* province or territory of residence.

- b. For the Travel Collision Damage Protection - refer to the GENERAL CONDITIONS AND LIMITATIONS of Travel Collision Damage Protection.
- c. For Travel Multi-Trip Annual Insurance - 365 days after the *contracted effective date*.
- d. For the All Inclusive Travel Insurance (International Adoption benefit) - on the earliest of the following:
 - i. the actual date of arrival of the adopted *child* in his/her Canadian province or territory of residence; or
 - ii. 21 *days* following the commencement of this coverage; or
 - iii. the *contracted* date of termination.
- e. For Medical USA & Caribbean/Medical Non-USA & Non-Caribbean/Medical Canada/Privilege/Elite/Superior/Advantage and Standard – on the earliest of:
 - i. the date *you* return to *your* province or territory of residence, except in the circumstances noted below; or
 - ii. the *contracted* date of termination.

NOTE: If *you* return to *your* province or territory of residence for a temporary visit prior to *your* expiry date and provided *you* have not incurred a claim, *your* coverage may resume with no additional premium once *you* leave *your* province or territory of residence to resume *your* insured trip. The number of *days* of *your* temporary return will not be refunded or reissued. If during *your* temporary visit *you* are *treated* or *you* receive *medical treatment* for a medical condition (other than a *minor ailment*), *your* policy will terminate and *you* may be eligible for a refund.

Precedent to liability

It is a condition precedent to liability under this policy that at the time of application, the *insured* knows of no reason to seek medical attention. This condition applies to all coverage other than Travel Baggage and Personal Effects, Travel Accident, Flight Accident and Travel Collision Damage Protection.

Automatic Extension of Coverage

Coverage will be extended automatically without additional premium upon notifying *Global Excel*, if *your* return to the point of departure is delayed beyond *your contracted* date of return solely due to the following reasons:

1. *Your* return from the *covered trip* is delayed beyond the *contracted* date of return due to the delayed arrival or departure of a *common carrier* aboard which *you* are scheduled to travel, until the earliest of:
 - a. the date *you* return to the *contracted* point of departure or an alternate point of return; or
 - b. five consecutive *days* from the date the insurance coverage would otherwise terminate were it not for the automatic extension.
2. The personal means of transportation in which *you* are travelling is involved in an *accident* or mechanical breakdown that prevents *you* from returning to *your* province or territory of residence on or before *your* return date provided the return journey commences prior to the expiry date of *your* policy.
3. *You* or *your travel companion* must remain *hospitalized* for *medical treatment* of a *sickness* or *injury* beyond the date the insurance coverage would otherwise terminate, to a maximum of 365 *days* or until *you* or *your travel companion* are stable for discharge in

the opinion of the Insurer, whichever is earlier, plus five consecutive *days* thereafter.

4. *You or your travel companion's* return is delayed beyond the *contracted* date of return as a direct result of *sickness or injury* for which *you or your travel companion* are not *hospitalized*, until the earliest of:
 - a. the date *you* return to the *contracted* point of departure or an alternate point of return; or
 - b. five consecutive *days* from the date the insurance coverage would otherwise terminate were it not for the automatic extension.

Top Ups

Contact *your* Travel Agent to purchase additional *days* of coverage as a top up to *your* existing Travel Multi-Trip Annual Insurance with Globetrek or to another insurance.

1. Top ups to Travel Multi-Trip Annual Insurance

If *you* are currently *insured* under Globetrek's Travel Multi-Trip Annual Insurance, additional coverage may be purchased to top up *your* insurance beyond its initial duration:

- a. *You* must purchase the top up prior to departure for all the remaining *days* of *your covered trip*.
- b. *You* must pay the required premium prior to *your* date of departure.

2. Top ups to another Insurer's plan (e.g. credit card, group insurance, etc.): IMPORTANT - It is *your* responsibility to ensure that *your* initial travel insurance contract will approve the top up of its insurance coverage:

- a. *You* must purchase the top-up prior to departure and for the entire number of the remaining *days* of *your covered trip*.
- b. If a top up is required to complement the value of another Insurer's plan, *you* must purchase the top up for the trip value exceeding the other Insurer's coverage.
- c. *You* must pay the required premium prior to *your* date of departure.

The top up to another Insurer's plan is subject to the terms, insured risks, benefits, conditions, exclusions and limitations specified in the Globetrek Travel Insurance policy.

NOTE: Any medical condition for which *you* incur a claim after *your* date of departure and prior to the effective date of the top up will not be covered.

Optional Extension Procedures

Coverage under All Inclusive Travel Insurance, Travel Emergency Hospital/Medical Insurance and top ups to Travel Multi-Trip Annual Insurance can be extended by contacting *Global Excel* provided that:

- a. a claim has not been made under this policy;
- b. *you* remain eligible for insurance;
- c. the extension is requested by phone before *your* coverage expires;
- d. the total time outside *your* province, territory of residence or country (including the extension) does not exceed the maximum trip duration applicable to *your* insurance coverage for *your* age group;
- e. the required premium is charged to *your* credit card.

This policy is a valid contract only if premium is paid and a policy number has been issued.

NOTE: The cost of the additional *days* of insurance will be calculated based on the total trip duration less the initial premium paid.

10 Day Full Refund Provision

(The following 10 *day* full refund provision applies ONLY to those policies purchased in the province of Quebec or in any other province where law requires such a 10 *day* full refund provision.)

You may cancel *your* insurance policy within 10 *days* of purchase and receive a full refund of the premium paid, provided it was purchased at the same time as *your* travel arrangements. To cancel the policy, *you* must send a written notice by registered or certified mail to Expert Travel Financial Security (E.T.F.S.) Inc. at 73 Queen Street, Lennoxville, Québec - J1M 1J3.

However, *your* insurance policy is nonrefundable if:

- a. the duration of *your* trip is 10 *days* or less and *your* contracted trip or *automobile* rental commenced at the time of *your* request for policy cancellation; or
- b. *you* purchase one of the following plans 11 *days* or less prior to *your* contracted date of departure or *automobile* rental pick-up: All Inclusive Travel Insurance, Semi Inclusive Non Medical Travel Insurance or Travel Cancellation and Interruption Insurance.

Precautions

You must take all reasonable precautions as though *you* were not insured to avoid *injury*, loss, damage or additional expense.

Refunds

Contact *your* Travel Agent to request premium refunds.

1. For Travel Emergency Hospital/Medical Insurance:
 - a. A full refund of the premium paid will be made if *you* must cancel the trip prior to departure.
 - b. A partial refund (minimum four *days*) of the premium paid will be made if *you* return early, provided that *you* contact the agent upon early return and that no claim is pending. Satisfactory proof of the return date must be received.
2. For Travel Multi-Trip Annual Insurance:
 - a. A full refund of the premium paid will be made if *you* must cancel the trip prior to the effective date.
 - b. No partial refund will be made if *you* return early.
3. For Travel Collision Damage Protection:
 - a. A full refund of the premium paid will be made if *you* cancel prior to the effective date of the insurance or if the plan is rejected by the rental agency at the trip destination.
 - b. A partial refund will be made (minimum four *days*) for early drop off, provided that *you* contact the agent upon the early return and that no claim is pending. Satisfactory proof of the return date must be received.
4. The following plans are nonrefundable: All Inclusive Travel Insurance, Semi Inclusive Non Medical Travel Insurance and Travel Cancellation and Interruption Insurance.

Payment of Benefits

All benefits, other than for loss of life, are payable to *you* or on *your* behalf. Benefits for loss of life are payable to *your* estate unless a beneficiary is otherwise designated by *you* in writing and directly communicated to Globetrek or to the Insurer.

Any claims paid to *you* will be payable in Canadian funds. Where claims are payable in foreign currency, the rate of exchange is based

42 This policy is a valid contract only if premium is paid and a policy number has been issued.

on the rate effective on the date when the claim payment was made. No sum payable shall bear interest. All benefit limits indicated are in Canadian currency (\$CDN).

Rights of Subrogation

If *you* suffer a loss covered under this policy, the Insurer is granted the right from *you* to take action to enforce all *your* rights, powers, privileges, and remedies, to the extent of benefits paid under this policy, against any person, legal person or entity which caused such loss. Additionally, if "no fault" benefits or other collateral sources of payment of medical expenses are available to *you* for benefits paid under this policy, regardless of fault, the Insurer is granted the right to make demand for, and recover, those benefits. If the Insurer institutes an action it may do so at its own expenses, in *your* name, and *you* will attend at the place of loss to assist in the action. If *you* institute a demand or action for a covered loss, *you* shall immediately notify the Insurer so that the Insurer may safeguard its rights.

Notwithstanding any provisions in this policy to the contrary, the Insurer's rights under this paragraph shall be governed by the laws of the state, province, territory or district where the loss occurs, or where benefits under this policy are paid.

You shall take no action after a loss that will impair the rights of the Insurer set forth in this paragraph.

Other Insurance

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

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

Misrepresentation and Non disclosure

The completed and signed application (if applicable) is essential to the appraisal of the risk by the Insurer and is the basis of and forms part of *your* contract. Any erroneous responses thereon constitute material misrepresentation or concealment relating to an essential component of the contract which renders *your* insurance voidable. Consequently and following a loss, no claim shall be payable by the Insurer and *you* shall be solely responsible for all expenses relating to *your* claim, including repatriation costs.

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

Applicable Law

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

Arbitration

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

Notice of Statutory Conditions

Despite any other provision of this contract, this contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance of the Canadian province or territory of residence of the *insured*.

Safeguarding *your* Privacy

The Insurer places great importance on the protection of *your* privacy. In our effort to assure *you* of full coverage in the event of a claim, the Insurer asks that certain applicants provide personal information when applying for insurance. This information remains confidential, as is required by Canadian law. The "Agreement, Understanding and Authorization" *you* signed on the medical declaration begins a process whereby *your* personal health record may be released to the Insurer's employees for analysis to better serve *you*. In no case will the Insurer release this information to any person or organization that is not clearly entitled to it without first seeking *your* permission.

For privacy information, please see www.royalsunalliance.ca, or call us at 1-800-716-4339.

DEFINITIONS

Throughout this policy *you* will notice that certain terms are brought to *your* attention with italics. These terms have been given specific meaning and are defined below.

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

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

Automobile means any vehicle, station wagon, mini-van, sports utility vehicle (for on road use), motorcycle, pick-up truck or a mobile home, camper truck or trailer home under 36 feet in length, used exclusively for the transportation of passengers other than for hire, in which *you* are a passenger or driver during *your* trip.

Business Meeting means a meeting scheduled before *your* effective date between companies with unrelated ownership, pertaining to *your* full-time occupation or profession and which is the sole purpose of *your* trip.

Caregiver means a person *you* have entrusted with the care of *your* dependent on a permanent, full-time basis and whose services cannot reasonably be replaced.

Caribbean means both the Greater and Lesser Antilles.

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

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

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

Day means 24 consecutive hours.

Child(ren) means a dependent and unmarried child of the *insured* or his/her *spouse*, who is under 21 years of age at the date of purchase or under 26 years of age if a full-time student or over 20 years of age, if the dependent is a handicapped person as a result of having a permanent physical impairment or a permanent mental deficiency at the date of purchase and who is dependent on *you* for support.

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

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

Family Coverage means that an *insured* has chosen the family coverage option to cover his/her *spouse* and his/her *children* under the medical coverage for *insured* adults and has paid the required premium for such coverage.

Flight Itinerary Schedule Change means:

- a. the rescheduled departure of an air carrier causing *you* to miss *your* next connecting flight with another air carrier when both air carriers are part of *your covered trip*;
- b. the earlier departure of an air carrier causing the ticket *you* purchased to be unusable for the prior connecting flight with another air carrier when both air carriers are part of *your covered trip*; or
- c. when *your* flight itinerary, not forming part of a fly-cruise package, is changed more than 72 hours prior to departure, and *you* must incur additional expenses for new flight arrangements to meet *your* original cruise embarkation.

A Flight Itinerary Schedule Change does not mean a change resulting from a labour dispute, strike or flight delay.

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

Hospital means an institution which is designated as a hospital by law; which is continuously staffed by one or more *physicians* at all times; which continuously provides nursing services by graduate registered nurses; which is primarily engaged in providing diagnostic services and/or medical and surgical treatment of a *sickness* or *injury* in the acute phase, or active treatment of chronic condition; which has facilities for diagnosis, major surgery and in-patient care. The term hospital does not include convalescent, nursing, rest or skilled nursing facilities, whether separate from or part of a regular general hospital, nor a facility operated exclusively for the treatment of persons who are mentally ill, aged, drug or alcohol abusers.

This policy is a valid contract only if premium is paid and a policy number has been issued.

Hospitalized or Hospitalization means *you* are admitted to a *hospital* and are receiving *medical treatment* on an in-patient basis.

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

Infant means a child under two years of age.

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

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

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

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

Minor Ailment means any *sickness* or *injury* which does not require the use of medication for a period greater than 15 *days*, more than one follow-up visit to a *physician*, *hospitalization*, surgical intervention, or referral to a specialist, and which ends at least 30 consecutive *days* prior to each *covered trip*. However, a chronic condition or complications of a chronic condition are not considered a minor ailment.

Non-Aligned Air Carriers means two different connecting air carriers that are part of the *covered trip* when no fare agreement exists between these air carriers for this portion of the air transportation.

Physical Damage or Loss, in reference to an *automobile*, means damage or loss for which *you* are liable and which is the result of collision, fire, theft, hail, windstorm, earthquake, flood, mischief, riot or civil commotion. Loss or damage to tires is not considered physical damage or loss unless resulting from other loss or damage covered herein.

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

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

Sickness means a disease or disorder of the body which results in loss while this coverage is in effect. The sickness must be sufficiently

serious to prompt a reasonably prudent person to consult a *physician* for the purpose of *medical treatment*.

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

Stable means any medical condition (other than a *minor ailment*) for which all the following statements are true:

- a. there has been no new diagnosis, treatment or prescribed medication;
- b. there has been no change in treatment or change in medication, including the amount of medication to be taken, how often it is taken, the type of medication or change in treatment frequency or type. Exceptions: the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and a change from a brand name medication to a generic brand medication (insofar as the dosage is not modified).
- c. there has been no new symptom, more frequent symptom or more severe symptom;
- d. there have been no test results showing deterioration;
- e. there has been no *hospitalization* or referral to a specialist (made or recommended) and *you* are not awaiting results and/or further investigations for that medical condition.

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

Terminal Illness means a medical condition that is cause for a *physician* to estimate that *you* have less than six months to live.

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

Travel Visa means the visa required for *your* entrance to a foreign country (not an immigration, employment or student visa).

Treated means that *you* have been *hospitalized*, have been prescribed (including prescribed as needed), have taken or are currently taking medication, have undergone a medical or surgical procedure.

You, Your, Yourself, Insured and **Insured Person** refers to any eligible person who is named on the confirmation of insurance. In reference to Travel Collision Damage Protection, these terms mean the policyholder and any person permitted to drive the rental *automobile* under the terms of the rental contract, while covered under this policy.

Identification of Insurer

Underwritten by:

Administered by:



TM The Royal & SunAlliance logo is a trademark owned by Royal & SunAlliance Plc, licensed by Royal & Sun Alliance Insurance Company of Canada.

TM The following is a trademark of Expert Travel Financial Security (E.T.F.S.) Inc., a member of the ETFS Financial Group: ETFS.

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

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

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