

MEDIPAC

**TRIP CANCELLATION/
INTERRUPTION
INSURANCE**
(NON-MEDICAL)



MEDIPAC
Travel Insurance

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Medipac International Inc. 2015



MEDIPAC Trip Cancellation/Interruption Insurance (Non-Medical)

IMPORTANT NOTICE

- ▶ Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that **You** read and understand **Your Policy** before **You** travel as **Your** coverage is subject to certain limitations, conditions or exclusions.
- ▶ Pre-existing condition exclusions may apply to **Medical Conditions** and/or symptoms that existed prior to **Your Covered Trip**. Check to see how these apply in **Your Policy** and how they relate to **Your** departure date, date of purchase or **Effective Date**.
- ▶ In the event of an **Injury** or **Sickness**, prior medical history may be reviewed when a claim is reported.
- ▶ This **Policy** provides travel assistance and limits benefits should **You** not contact the assistance provider within the specified time period.

10 DAY RIGHT TO EXAMINE

You may cancel this **Policy** within **10 days** of purchase for a full refund if **You** have not departed on **Your Covered Trip** and there is no claim in process.

BEFORE YOU DEPART

This Non-Medical Trip Cancellation/Interruption Insurance policy contains benefits, exclusions and limitations that differ from the Medipac Travel Emergency Medical Insurance plan. Please read this policy carefully for an understanding of the coverage provided.

This policy is underwritten by Old Republic Insurance Company of Canada or in Quebec, Reliable Life Insurance Company, which have appointed Medipac International Inc. (Medipac) to perform certain administrative services, including enrolment and customer service, and Medipac Assistance International Inc. (Medipac Assist) to perform assistance and claims services. The **Company** will pay benefits specified subject to the exclusions, limitations, definitions and other provisions of this policy. If **You** have any questions call Medipac at 1-888-633-4722. Bold capitalized words have a specific meaning which is defined in the **Definitions** section of this **Policy** on page 12.

The term **Covered Trip** means the travel arrangements **You** have insured under this **Policy**. To be sure **You** have full coverage for **Your** trip, **You** must purchase insurance for the full value of the non-refundable portion and the full duration of all of **Your** travel arrangements.

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ELIGIBILITY REQUIREMENTS

Who is Eligible for Coverage?

All of the following restrictions apply:

- ▶ **You** must not have a **Medical Condition** for which a **Physician** has advised **You** against travel prior to **Your Effective Date**.
- ▶ **You** must not have been diagnosed with a **Terminal Sickness** prior to **Your Effective Date**.
- ▶ As of **Your Effective Date**, **You** must not reside in a retirement home, nursing home, assisted living home, convalescent home, hospice or rehabilitation centre that assists **You** daily with **Your** mobility or medications (do not include a one-time temporary stay at a rehabilitation centre of no more than **6 weeks** during the **12 months** prior to **Your Departure Date**).
- ▶ **You** must be a Canadian resident to purchase this **Policy**.
- ▶ **Your** coverage must be purchased from within Canada, prior to **Your** departure and within **72 hours** of booking **Your Trip**.
- ▶ **Your Trip** value must not exceed **\$15,000 CAD**. **Your Trip** value must be insured for the equivalent amount of Canadian dollars.
- ▶ **Your** maximum **Covered Trip** length must not exceed **183 days**.

If **You** do not meet the eligibility requirements previously listed **Your** insurance is void and the **Company's** liability is limited to a refund of the premium paid.

PERIOD OF COVERAGE

Effective Date – When Coverage Begins

Coverage	Effective Date
Trip Cancellation	Begins at 12:01 a.m. following the date You purchased this Policy .
Trip Interruption	Begins on the Departure Date of Your Covered Trip .
All Other Benefits	Begin on the Departure Date as shown on Your Policy Confirmation for this insurance.

When Coverage Ends

Your coverage ends on the earliest of the following events:

1. The date and time **You** cancel **Your** insurance prior to departure;
2. When **You** cancel **Your Covered Trip**;
3. On **Your Policy Expiry Date** as shown on **Your Policy Confirmation**;
4. On the date **You** return to **Your Departure Point**.

How Do You Become Insured

You become insured and this brochure becomes an insurance **Policy**:

- ▶ When **You** apply for coverage and the **Company** approves and accepts **Your** application and issues **You** a **Policy Confirmation**; and
- ▶ When **You** pay the required premium on or before **Your** coverage **Effective Date**.

Pre-Existing Condition A Special Note

This insurance does not provide benefits for any claim concerning, relating to, caused by or arising from any **Pre-Existing Condition** that has not been **Stable and Controlled** in the 90 days immediately prior to the **Effective Date**. This includes any reaction that results from a change in medication prescribed for such a condition.

Pre-Existing Condition means any medical or physical condition, symptom, illness or disease for which **Medical Attention** was received or for which an ordinarily prudent person would have sought **Medical Attention** prior to the **Effective Date**.

Stable and Controlled: see definition on page 13 for details.

Medical Attention: see definition on page 12 for details.

Coverage under Trip Cancellation and Trip Interruption is not provided for any claims arising from:

- a) a heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
- b) a lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).

WHAT DOES THIS POLICY COVER?

This **Policy** covers only the specific situations, events and losses mentioned in this document and only under the conditions **We** describe.

The **Schedule of Maximum Benefits** is outlined in the chart on page 5. Make sure **You** check **Your Policy Confirmation** to confirm **Your** coverage.

Coverage under this **Policy** is secondary to all other sources of recovery. Any benefits payable under this **Policy** are in excess of any other coverage **You** may have with any other insurance company or any other source of recovery.

If prior to **Your Departure Date** **You** are prescribed any **Treatment** or change in the dosage, frequency or type of medication resulting in **Your Medical Condition** no longer being **Stable and Controlled**, **You** must contact **Us** immediately at 1-888-633-4722 and provide **Us** with:

- a) certified medical information from **Your Physician** for the required period(s) and the change as stated above;
- b) signed authorization allowing **Us** access to information from **Hospitals** and/or medical professionals;
- c) copies of: all travel invoices; **Travel Supplier's** cancellation clause with regard to non-refundable costs, charges and expenses; and any other information **We** deem necessary;
- d) a completed claim form.

SCHEDULE OF MAXIMUM BENEFITS

BENEFIT SECTIONS		NON-MEDICAL PACKAGE PLAN
1	TRAVEL ASSISTANCE	INCLUDED
2	TRIP CANCELLATION & TRIP INTERRUPTION	
	TRIP CANCELLATION	SUM INSURED
	TRIP INTERRUPTION	SUM INSURED
	TRIP INTERRUPTION EARLY/LATE RETURN	UNLIMITED
	SUPPLIER BANKRUPTCY/DEFAULT	SEE PAGE 6
	ACCOMMODATION & MEALS	\$700
3	TRIP DELAY	\$1,000
	ACCOMMODATION & MEALS	\$700
	SPECIAL EVENTS	\$1,000
4	BAGGAGE & PERSONAL EFFECTS	
	BAGGAGE DELAY	\$250
	PERMANENTLY LOST BAGGAGE	\$500
5	PERSONAL MONEY	\$100

Please see page 11 for **Our Policy** on “Refund of Premium”

Sum Insured means the amount of insurance coverage **You** have purchased for the benefit indicated.

ASSISTANCE SERVICES

If **You** require help while travelling on **Your Covered Trip**, call the **Assistance Provider** at 1-800-813-9374.

What We Provide

1. Verification of **Your** insurance coverage.
2. Translation services. **We** will assist **You** in arranging for translation services or referral of the same.
3. Referral to the most appropriate service provider for **Your** situation.
4. Urgent message transmittals. **We** can help **You** get an urgent message to someone back home to **Your** family or employer and confirm that **We** were able to reach the person **You** asked **Us** to contact.
5. Transfer of funds. If **Your** cash is lost or stolen or if **You** need extra money to pay for unexpected expenses, **We** can arrange to transfer funds from **Your** family or friends.
6. Assistance if **Your** passport or other travel documents are lost or stolen. **We** can help **You** reach the appropriate authorities, contact **Your** family or friends, and assist **You** in getting **Your** documents replaced.
7. Help with lost or stolen travel tickets. If **Your** tickets are lost or stolen, **We** can contact the airline or other carriers and help **You** with **Your** travel arrangements.
8. Assistance with lost or delayed baggage. If **Your** baggage is lost or delayed, **We** can contact the airline or other carriers and assist **You** with recovering **Your** baggage.

What To Do When You Need Assistance

Have **Your Policy** number with **You** at all times. Access is available **24 hours per day, 365 days per year** at the numbers listed below. If **You** cannot successfully place a collect call to the **Assistance Provider** as instructed below, please dial direct and submit the charges incurred to make the call along with **Your** claim documents.

USA & Canada 1-800-813-9374

Elsewhere Operator Assisted Collect 416-441-6337

When contacting **Our** assistance provider, please provide **Your** name, **Your Policy** number, **Your** location and the reason for your call.

Limitation on Assistance Services

The **Company** and/or the **Assistance Provider** reserve the right to suspend, curtail or limit services in any area or country in the event of:

- ▶ rebellion, riot, military uprising, war; or
- ▶ labour disturbances, strikes; or
- ▶ nuclear **Accidents**, acts of God, or refusal by the authorities in the country where assistance is required, to permit the delivery of such services.

The **Assistance Provider** will use its best efforts to provide the required services during any such occurrence.

The **Assistance Provider's** obligation to provide services described in this **Policy** is subject to the terms, conditions, limitations and exclusions set out in this **Policy**. The medical professional(s) suggested or designated by the **Company** or the **Assistance Provider** to provide services are not employees of the **Company** or the **Assistance Provider**. Therefore, neither the **Company** nor the **Assistance Provider** shall be held responsible or liable for any negligence or other acts or omissions on their part, nor for the availability, quality, quantity or results of any service **You** may receive or **Your** failure to obtain or receive any service.

TRIP CANCELLATION AND TRIP INTERRUPTION

When It Applies

If **You** must cancel **Your Covered Trip** before the **Departure Date** or interrupt **Your Covered Trip** while **You** are travelling.

Covered Events

For insurance coverage to apply, the cancellation or interruption of **Your Covered Trip** must result from any one of the following unforeseen events occurring during **Your** coverage period that prevents **You** from travelling:

Health

1. Any **Injury** or **Sickness** occurring to:
 - a) **You, Your Travelling Companion**, or a **Family Member** of either, travelling with **You** on **Your Covered Trip**;
 - b) **Your** or **Your Travelling Companion's Family Member, Business Partner, Key Employee**, or **Caregiver**, not travelling with **You** on **Your Covered Trip**.
2. An **Injury** or **Sickness** which, in the written opinion of the attending **Physician**, is expected to prevent **You** or **Your Travelling Companion** from participating in a sporting event, when participation in that sporting event is the purpose of **Your Covered Trip**.
3. **You** or **Your Travelling Companion** are medically unable to receive a vaccination that is required for entry into a country, region or city originally determined to be **Your** destination, provided that such vaccination was not mandatory on **Your Effective Date**.
4. Quarantine of **You, Your Travelling Companion** or the **Spouse** or children of either.

You must provide detailed medical documentation from a **Physician** including a statement advising not to travel if the trip cancellation or trip interruption was caused by or resulted from an **Injury, Sickness** or quarantine. Failure to do so will result in non-payment of the claim. **We** reserve the right to examine medical records or documentation relating to **Your** claim(s) from any licensed **Physician**, dentist, medical practitioner, **Hospital**, clinic, insurer, individual, institution or other provider of service relating to the pre-existing time period pertaining to the claim presented. (See the **Pre-existing Condition** exclusion in this section.)

Death

5. **Your** or **Your Travelling Companion's** death, the death of **You** or **Your Travelling Companion's Family Member**, friend, **Business Partner, Key Employee** or **Caregiver** which occurs during the coverage period.
 - ▶ This does not include travel for the purpose of visiting a person suffering from a **Medical Condition** who dies due to that **Medical Condition** and whose death is the cause of cancellation or interruption of **Your Covered Trip**.

Pregnancy & Adoption

6. **You, Your Travelling Companion** or the **Spouse** of either:
 - a) experience complications in the first **31 weeks** of pregnancy if the attending **Physician** advises against travel; or
 - b) has a pregnancy that is diagnosed after the **Effective Date** of this insurance if **Your Covered Trip** is scheduled to take place within the **9 weeks** prior to or after the expected delivery date; or
 - c) has the attending **Physician** advise against travel during the first trimester of pregnancy.
7. The legal adoption of a child by **You** or **Your Travelling Companion** when the notice of adoption was received after the **Effective Date** of this insurance.

Transportation & Accommodation

8. For **Covered Trips** booked through a licensed Canadian travel agency, **Bankruptcy** or **Default** of a **Travel Supplier**, other than the travel agency or organization from whom **You** purchased the travel arrangements. Benefits are provided only for the expenses charged by the **Travel Supplier** whose **Bankruptcy** or **Default** results in loss covered by this **Policy** and which stops service after **Your Effective Date**.
 - ▶ **You** must purchase **Your Policy** within **7 days** of the date **You** make **Your** first payment on **Your Covered Trip** to have coverage for this benefit.
 - ▶ Payment is limited to the conditions described in "**Limitation of Payment for Trip Cancellation and Interruption**" on page 9.
 - ▶ No coverage is provided for the total cessation or complete suspension of operations by a **Travel Supplier** caused by fraud or negligent misrepresentation by such **Travel Supplier**.
 - ▶ No coverage is provided if the **Travel Supplier** is a United States of America airline, except when the airline tickets are issued by a tour operator and are one component of an inclusive package booked through a licensed Canadian travel agency.
9. **Your** or **Your Travelling Companion's** place of business is made unsuitable for the transaction of business by fire, vandalism or **Natural Disaster**.
10. **Your** or **Your Travelling Companion's** principal residence is made uninhabitable during **Your Covered Trip** by fire, vandalism, burglary or **Natural Disaster**.
11. Burglary of **Your** or **Your Travelling Companion's** principal residence or place of business within **7 days** of **Your Departure Date** or during **Your Covered Trip**.
12. Death, hospitalization or quarantine of **Your Host at Destination**.
13. As the result of a cancellation of a cruise or tour included in **Your Covered Trip** for reasons beyond **Your** control except for **Bankruptcy** or **Default**, **We** will reimburse **You** up to **\$1,000**:
 - a) prior to departure from **Your Departure Point** for **Your** non-refundable prepaid airfare that is not part of **Your** cruise or tour package; or
 - b) after departure from **Your Departure Point** but prior to departing on **Your** cruise or tour, **We** will reimburse **You** for the added expense resulting from a change fee or one way **Fare** to return to **Your Departure Point**.
14. **Your** or **Your Travelling Companion's** destination accommodations made uninhabitable for the period of **Your Covered Trip** due to fire, vandalism, burglary or **Natural Disaster**.
15. A schedule change resulting in the late departure or earlier departure of **Your** aircraft, announced before or on the **Departure Date** of **Your Covered Trip**, by the airline carrier on which **You** are booked to travel that renders the **Covered Trip** no longer usable or causes **You** to misconnect with a portion of **Your Covered Trip**.
 - ▶ Schedule changes caused by strike, labour disruption, **Bankruptcy, Default**, grounding of aircraft for failure to satisfy government safety regulations or security alerts are not covered.
 - ▶ Benefits are limited to the lesser of **\$1,000** or the cost of **Your Covered Trip** for the change fee or the additional one way **Fare** incurred by **You** to continue on **Your Covered Trip** or to return to **Your Departure Point**.

If a claim is paid under this benefit, no other benefits under **Trip Delay** are applicable.

16. For **Covered Trips** booked through a licensed Canadian travel agency, a schedule change resulting from a strike or labour disruption that renders the **Covered Trip** no longer usable or causes **You** to misconnect with a portion of **Your Covered Trip** provided the strike or labour disruption was not reported in any media prior to the date of purchase of this **Policy**.

- ▶ Benefits are limited to the lesser of **\$1,000** or the cost of **Your Covered Trip** for the change fee or the additional one way **Fare** incurred by **You** to continue on **Your Covered Trip** or to return to **Your Departure Point**.
- ▶ Excluded are any general strikes or labour disruptions whereby all or most of the workers of a country, province, state, city or town cease work.
- ▶ If a claim is paid under this benefit, no other benefits in this **Policy** under **Trip Cancellation, Trip Interruption** or **Trip Delay** are applicable.

17. For **Trip Interruption** only, the delay of **You** connecting **Common Carrier** due to mechanical failure, traffic **Accident**, weather conditions or documented emergency road closure by police causing **You** to miss a connection provided **You** choose to continue on **Your Covered Trip**. If a claim is payable under this benefit, no other benefits under **Trip Delay** are applicable.

Weather

18. Weather conditions causing the scheduled carrier, on which **You** or **Your Travelling Companion** are booked to travel, to be delayed for a period of at least **30%** of **Your Covered Trip duration**. If **You** experience a delay which results in **You** losing less than **30%** of **Your Covered Trip**, there may be coverage under **Trip Delay**. See page 9.

Employment or Educational Obligations

19. Relocation of a principal residence due to a job transfer by **You, Your Travelling Companion** or the **Spouse** of either. The person who must relocate must be a full time active employee with that same employer for this benefit to apply.

20. **You** or **Your Travelling Companion** or the **Spouse** of either, is called to emergency service as a member of a police force, armed forces, reserves or fire fighting unit as a result of a **Natural Disaster**.

21. Involuntary termination or layoff of permanent employment, not including contract or self-employment, affecting **You, Your Travelling Companion** or the **Spouse** of either when actively employed with the same employer for at least **6 months** prior to the **Effective Date** for this insurance.

22. Cancellation of **You** or **Your Travelling Companion's** business meeting for reasons beyond the control of either person or their employer.

- ▶ Legal proceedings, seminars, conferences, symposiums, workshops, trade shows, fairs, exhibitions, assemblies, or conventions are not considered to be business meetings.

23. The requirement that **You** or **Your Travelling Companion** attend a high school, university or college course examination on a date that occurs during **Your Covered Trip**, provided that the examination date which was published prior to **Your Effective Date** was subsequently changed after the **Effective Date**.

24. The rescheduling of high school, university or college classes of **You** or **Your Travelling Companion** to a date that occurs during **Your Covered Trip** due to unusual circumstances beyond **You** or **Your Travelling Companion's** control and the control of the high school, university or college provided that both the unusual circumstances and the resulting rescheduling occurred after **Your Effective Date**.

Legal & Government

25. The non-issuance of a travel visa, excluding an immigration or employment visa required for **Your Covered Trip**, provided **You** or **Your Travelling Companion** were eligible to make such an application, for reasons beyond **You** or **Your Travelling Companion's** control other than due to late application or a subsequent attempt for a visa that had already been refused in the past.

26. The non-issuance of **You** or **Your Travelling Companion's** Canadian passport if required for **Your Covered Trip** provided:

- a) **You** and **Your Travelling Companion** are eligible for a Canadian passport; and
- b) Proper application and all required documents have been received by Passport Canada at least **30 days** prior to **Your Departure Date**.

27. The loss or theft of **You** or **Your Travelling Companion's** valid passport or travel documents causing **You** to misconnect with a portion of **Your Covered Trip**.

- ▶ Benefits are limited to the lesser of **\$1,000** or the cost of **Your Covered Trip** for the change fee or the additional one way **Fare** incurred by **You** to continue on **Your Covered Trip** or to return to **Your Departure Point**.
- ▶ Excluded is any loss or theft as a result of:
 - a) property left unattended; or
 - b) destruction or damage from confiscation or detention by customs or other officials or authorities.

28. **You, Your Travelling Companion** or the **Spouse** of either is called for jury duty, or are subpoenaed as a witness or required to appear as a defendant in a civil suit in a case being heard during **Your Period of Coverage**.

What We Exclude

In addition to the **General Exclusions** (page 11) which apply to all sections of this Policy, this insurance does not provide benefits for **any claim** concerning, relating to, caused by or arising from:

1. Any **Pre-Existing Condition** that has not been **Stable and Controlled** in the **90 days** immediately prior to the **Effective Date**. This includes any reaction that results from a change in medication prescribed for such a condition.

Pre-Existing Condition means any medical or physical condition, symptom, illness or disease for which **Medical Attention** was received or for which an ordinarily prudent person would have sought **Medical Attention** prior to the **Effective Date**.

Stable and Controlled: see definition on page 13 for details.

Medical Attention: see definition on page 12 for details.

Coverage under Trip Cancellation, and Trip Interruption is not provided for any claims arising from:

- a) a heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
- b) a lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).

NOTE: For 1. above: if prior to **Your Departure Date** **You** are prescribed any **Treatment** or change in the dosage, frequency or type of medication resulting in **Your Medical Condition** no longer being **Stable and Controlled**, **You** must contact **Us** immediately at 1-888-633-4722 and provide **Us** with:

- a) certified medical information from **Your Physician** for the required period(s) and the change as stated above;
- b) signed authorization allowing **Us** access to information from **Hospitals** and/or medical professionals;
- c) copies of: all travel invoices; **Travel Supplier's** cancellation clause with regard to non-refundable costs, charges and expenses; and, any other information **We** deem necessary;
- d) a completed claim form.

Once all of the required information is received, **We** will respond within one business day if **We** will:

- a) accept or decline **Your** claim under **Your Trip Cancellation** benefits; or
 - b) waive the change in **the Medical Condition** for that condition or related condition for any future claim under **Your Policy**.
2. A return delayed more than **ten (10) days** beyond **Your** scheduled date of return, unless **You**, a **Family Member** travelling with **You**, or a **Travelling Companion** were hospitalized for at least **twenty-four (24)** consecutive hours within this **ten (10) day** period.

What We Pay – Trip Cancellation

You are covered up to the lesser of the maximum amount shown on the **Schedule of Maximum Benefits** or the amount as otherwise specified in the benefit, when a Covered Event listed on pages 6 and 7 causes **You** to cancel **Your Covered Trip**, for any of the following applicable expenses incurred by **You**:

1. For trip cost payments and deposits **You** made before **Your Covered Trip** was cancelled, less any refunds or credits **You** are entitled to receive;
2. The expenses incurred by **You** for the next occupancy level, if **Your Travelling Companion** with whom **You** had booked prepaid shared accommodation cancels their travel arrangements for a Covered Event outlined on pages 6 and 7 and **You** elect to travel as originally planned. If this occurs **You** are advised to upgrade the amount of insurance on **Your Covered Trip**;
3. The change fee charged by **Your** originally booked **Travel Supplier** of **Your** prepaid **Covered Trip** when such an option is made available by a licensed Canadian travel agency;
4. The cost to catch up to **Your** trip if **You** qualify to cancel but choose instead to continue on **Your Covered Trip**, providing the cost to catch up is less than the cost to cancel **Your Covered Trip**;
5. Published cancellation penalties imposed by hotels for unused accommodation.

What We Pay – Trip Interruption

You are covered up to the lesser of the maximum amount shown on the **Schedule of Maximum Benefits** or the amount as otherwise specified in the benefit, when a Covered Event listed on pages 6 and 7 causes **You** to interrupt **Your Covered Trip**, for any of the following applicable expenses incurred by **You**:

1. The unused part of **Your** prepaid cruise and/or covered land arrangements, less any refunds **You** receive;
2. The lesser of a one way **Fare** or change fees on existing tickets, less any refunds, to return to **Your Departure Point** or to continue on **Your Covered Trip**;
3. The extra expenses incurred, supported by original receipts, for commercial accommodation and meals, essential telephone calls and taxi fares up to **\$350 per day** to a maximum of **\$700**;
4. Published cancellation fees imposed for the early return of a rental vehicle prior to the contracted date of return;
5. Published cancellation fees imposed by hotels for unused accommodations;
6. If **You** are required to interrupt **Your Covered Trip** to attend a funeral or go to the bedside of a hospitalized **Family Member**, **You** have the option to purchase a round-trip ticket and **We** will reimburse **You** for the cost of the round-trip ticket, up to the amount of a one way economy ticket back to **Your Departure Point**.

Limitation of Payment for Trip Cancellation and Interruption

Benefits payable are in excess of all other sources of recovery including other insurance and replacement travel options offered by airlines, tour operators, cruise lines and other **Travel Suppliers**.

Bankruptcy of a Travel Supplier

- ▶ The **Company's** maximum liability under this **Policy** and all other policies issued by the **Company** as a result of the financial **Default** of any one contracted **Travel Supplier** is **\$1,000,000** regardless of the number of claims. Where the aggregate limit of **\$1,000,000** is exceeded, claims will be paid on a pro-rata basis.
- ▶ The **Company's** maximum liability under this **Policy** and all other policies issued by the **Company** for financial **Default** of a **Travel Supplier** is limited to **\$5,000,000** per calendar year regardless of the number of incidents of **Default** of contracted **Travel Suppliers**. Where the aggregate eligible claims in a calendar year exceed **\$5,000,000** claims will be paid on a pro-rata basis and will be paid after the end of the calendar year.
- ▶ If a contracted **Travel Supplier** or carrier ceases operations, the amount payable under this **Policy** for actual financial loss to **You** is limited to the amount in excess of the amount recoverable from a provincial compensation fund up to the **Sum Insured** to a maximum of **\$10,000**. This **Policy** will not pay any other amounts with respect to such loss, and will in no circumstances provide or be deemed to provide primary coverage in respect of such loss.

What To Do If You Have A Claim

All cancellations must be reported to **Your** travel agent within **72 hours** following the unforeseen event that caused the cancellation. If **You** do not report the cancellation within the specified time period, claim payment will be limited to the cancellation penalties that were in effect within **72 hours** of the event that caused cancellation.

If **You** experience an interruption while travelling **You** should call **Our 24 hour** assistance line as directed on page 5 of this **Policy**.

In order to qualify for reimbursement under this provision, **You** must submit to **Us** with **Your** claim:

1. The date **Your Covered Trip** was cancelled or interrupted;
2. Copies of **Your** travel invoices;
3. The original unused travel tickets or vouchers;
4. **Your Travel Supplier's** cancellation clause with regard to non-refundable costs, charges or expenses;
5. Original receipts or other proofs of payment;
6. Detailed medical documentation including a statement from **Your Physician** that **You** were advised not to travel if trip cancellation or trip interruption was caused by or resulted from a serious **Injury** or serious **Sickness**; and
7. Any other information **We** deem necessary to properly adjudicate **Your** claim.

TRIP DELAY

When It Applies

If **Your** travel is delayed on or after **Your** scheduled **Departure Date**.

Special Note: **Trip Delay** coverage is intended to help **You** with the extra expenses **You** incur to catch up to **Your Covered Trip**. If **You** experience a delay **You** need to make reasonable efforts to continue on **Your Covered Trip**.

What We Cover

The delay of **Your Covered Trip** must directly result from any one of the following unforeseen events occurring on or after **Your Departure Date**:

1. **You** or **Your Travelling Companion** are delayed for at least 6 hours in arriving at **Your Covered Trip** destination or returning to **Your Departure Point** due to the delay, schedule change or cancellation of **Your** or **Your Travelling Companion's Common Carrier**.
 - Delays, schedule changes and cancellations caused by strike, labour disruptions, **Bankruptcy**, **Default**, grounding of aircraft for failure to satisfy government safety regulations or security alerts are not covered.
2. A delay of the private automobile in which **You** or **Your Travelling Companion** are travelling as a result of:
 - a) a traffic **Accident** documented by a police report;
 - b) mechanical failure;
 - c) weather conditions; or
 - d) emergency road closure by police documented by a police report providing that **You** and **Your Travelling Companion** left enough travel time to comply with the **Travel Supplier's** required check-in procedure.
3. A delay in clearing customs and security controls due to **Your** or **Your Travelling Companion's** mistaken identity.
4. Special Events Benefit: If the primary purpose of **Your Covered Trip** is to attend a wedding, funeral, sporting event, ticketed performance, or conference and **You** are delayed for any reason beyond **Your** control, **We** will reimburse **You** up to **\$1,000** for alternate scheduled transportation to get **You** to **Your** destination in time for the occasion.
5. Cancellation of a domestic Canadian common air carrier that is providing a portion of **Your Covered Trip**. **We** will reimburse **You** up to **\$1,000** for the non-refundable prepaid airfare of a domestic carrier that is no longer useful for **Your Covered Trip**.
6. For items 1 to 5 above, if **Your** travel arrangements were not made through a licensed Canadian travel agency, travel delay benefits will apply provided **Your** travel arrangements meet the following connection times:
 - a) **2 hours** between domestic airline connectors;
 - b) **3 hours** between international or Canada/USA connections;
 - c) **6 hours** between mixed connections such as an airline connecting to a land tour or cruise.

What We Exclude

The exclusions that apply to this coverage are listed in the **General Exclusions** section of this **Policy** on page 11.

What We Pay

- You** are covered up to the maximum amount shown on the **Schedule of Maximum Benefits** By Plan for **Trip Delay** for the following applicable expenses incurred by **You**:
 - The change fee or the additional **Fare** incurred by **You** while **You** are travelling to:
 - continue on **Your** Covered Trip; or
 - return to **Your** **Departure Point**;
 - The unused, non-refundable insured portion of the prepaid expenses as long as such expenses are supported by proof of purchase and are not reimbursable by any other source, less the value of the unused travel ticket;
 - Up to **\$100** for additional pet care expenses **You** incur as long as the delay in **Your** return is **24 hours** or more;
- In addition, **You** are covered for the cost of meals, commercial accommodation, essential telephone calls and taxi fares resulting from a delay for up to **\$175** per day to a maximum of **\$350** for the Cancellation/ Interruption Plan.

The **Maximum Benefit Amount** for **Trip Delay** will be reduced by any amounts paid or payable by any **Common Carrier** responsible for **Your** **Covered Trip**.

What To Do If You Have A Claim

To qualify for reimbursement under this provision, **You** must submit to **Us** with **Your** claim:

- A statement documenting the circumstances surrounding the **Trip Delay** from the **Common Carrier** upon which **You** were travelling or any other party responsible for the **Trip Delay**;
- Original receipts for any expenses, charges or costs incurred by **You** as a result of the **Trip Delay**; and
- Any other information **We** deem necessary to properly adjudicate **Your** claim.

If **You** require assistance to make alternative travel arrangements **You** may call **Our 24 hour** assistance line at the number shown on page 5 of this **Policy**.

BAGGAGE & PERSONAL EFFECTS

When It Applies

This Benefit reimburses **You** the loss of, or delay of the **Baggage and/or Personal Effects** that belong to **You** and that **You** use during **Your** **Trip**.

What We Cover

This insurance provides **You** with reimbursement for the following expenses:

- purchases of essential necessities when **Your** **Baggage and/or Personal Effects** is lost or delayed for a period of greater than **36 consecutive hours** to a maximum of **\$250**; and/or
- Your** permanently lost **Baggage and/or Personal Effects** to a maximum of an additional **\$250** in excess of any other insurance that **You** may have.

What We Exclude

This benefit will not reimburse **You** for any losses or delays relating to: electronic devices, money, tickets, securities, legal documents, or items that are fragile.

What To Do If You Have A Claim

If **You** need to make a claim under this insurance, **We** will need:

- copies of reports from the authorities as proof of loss, or delay; and
- proof that **You** owned the articles, and receipts for their replacement.

PERSONAL MONEY

When It Applies

If **Your** personal money is lost or stolen during **Your** **Covered Trip**.

What We Cover and What We Pay

We will reimburse **You** up to **\$100** for either of the following situations:

- Your** personal money is lost or stolen;
- You** suffer a financial loss or legal liability for payment following theft or fraudulent use of **Your** traveller cheques, letters of credit, travel tickets, prepaid accommodation vouchers or entertainment tickets.

For this benefit to be payable **You**:

- ▶ Must not have violated any conditions set out by the issuing authority of the traveller's cheques or negotiable documents; and
- ▶ Must report the missing documents to the issuing authority within the prescribed timeframe; and
- ▶ Must promptly report the loss to the police and obtain their written report within **24 hours** after the theft or loss.

What We Exclude

In addition to the **General Exclusions** (page 11) which apply to all sections of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section for:

- The first **\$25** of each and every claim;
- Delay, detention or confiscation by customs officers or officials;
- Shortages due to error, omission, depreciation, or fluctuations in value;
- Money not in **Your** possession at the time of the loss.

What To Do If You Have A Claim

In order to qualify for reimbursement under this provision, **You** must submit to **Us**:

1. A detailed signed and sworn statement as to proof of such loss;
2. Any police or any other reports documenting any loss covered under this provision; and
3. Any other information **We** deem necessary to properly adjudicate **Your** Claim.

GENERAL EXCLUSIONS

These exclusions apply to all sections of this **Policy**. This insurance does not cover and no benefit will be payable for any claim arising from:

1. Any event that might cause **Your Covered Trip** to be cancelled or abandoned, which **You** or **Your Travelling Companion** had knowledge of at the time of purchasing this insurance;
2. Consequential loss of any kind including loss of enjoyment of **Your Covered Trip** from any cause;
3. **Your** mental, emotional or psychological condition or symptom including, but not limited to stress, anxiety and depression;
4. Any elective medical **Treatment**;
5. Except as described in Trip Cancellation/Trip Interruption: pregnancy or childbirth in the normal course; complications of pregnancy or childbirth within **9 weeks** of the expected delivery date; voluntarily induced abortion; or, a child born during **Your Covered Trip**;
6. **Your** use of drugs, alcohol, or any medication that results directly or indirectly in the condition causing a claim;
7. **Your** suicide, attempted suicide or any intentionally self-inflicted **Injury**;
8. **Your** participation in **Extreme Activities**;
9. **Your** participation in organized professional sporting activities;
10. Driving a motorcycle, moped, or scooter, whether or not **You** are driving on publicly maintained roads, driving off-road or on private property (unless **You** hold an applicable valid Canadian driver's license);
11. **Your** riding, driving or participating in races of speed or endurance;
12. Piloting an aircraft or air travel on any air supported device other than as a fare-paying passenger on a flight operated by a **Common Carrier**;
13. Fraud, concealment or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder;
14. **Your** participation in a crime or malicious act;
15. War, whether declared or not, any act of civil war, rebellion, insurrection or terrorism, or participation in a riot, civil commotion or demonstration;
16. Participation in the armed forces except as provided under Trip Cancellation and Trip Interruption Covered Events page 7 item #20;
17. Events related to travel warnings issued by Foreign Affairs, Trade and Development Canada prior to **Your Effective Date** that were or continue to be in effect for any country, region or city of destination on **Your Covered Trip**, as reflected in **Your** travel itinerary;
18. Orbital and sub-orbital flights;
19. A condition that is directly or indirectly related to any **Medical Condition** for which **You** have declined or delayed recommended **Treatment**, diagnostic testing or prescription medication in the **12 months** prior to the date it gives rise to a claim under this **Policy**;
20. **Contamination** resulting from radioactive material or nuclear fuel or waste; or

21. Any trip outside **Your** province or territory of residence as a driver, operator, co-driver, crewmember, or passenger on any commercial vehicle used to carry goods for sale, resale or income.

GENERAL POLICY PROVISIONS

Assignment of Benefits: Where the **Company** has paid expenses or benefits to **You** or on **Your** behalf under this **Policy**, the **Company** has the right to recover, at its own expense, those payments from any applicable source or any insurance **Policy** or plan that provides the same benefits or recoveries. This **Policy** also allows the **Company** to receive, endorse and negotiate eligible payments from those parties on **Your** behalf. When the **Company** receives payment from any other insurer, or any other source of recovery to the **Company**, the respective payor is released from any further liability with respect to the claim.

Autopsy: In the event of **Your** death, the **Company** may request an examination or autopsy subject to any applicable laws relating to autopsies.

Concealment and Misrepresentation: The entire coverage will be void, if before, during or after a loss, any **Material Fact** or circumstance relating to this **Policy** has been concealed or misrepresented.

Conformity With Existing Laws: Any provision of this **Policy** which is in conflict with any federal, provincial or territorial law where this **Policy** is issued is hereby amended to conform to the minimum requirements of that law. In all other respects, the terms and provisions of this **Policy** shall apply.

Despite any other provision contained in the contract, the contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance.

Contract Changes: This **Policy** is a legal contract between **You** and **Us**. It, including any endorsements and attached papers are the entire contract. No change in this **Policy** is valid unless approved in writing by one of **Our** officers. No agent has the right to change this **Policy** or to waive any of its provisions.

Coordination of Benefits: The **Company** will coordinate benefits payable under this **Policy** with benefits available to **You** under any other **Policy** or plan, so that payments made under this **Policy** and from all other sources will not exceed 100% of the eligible expenses incurred.

Currency: All premiums and benefits under this **Policy** are payable in Canadian currency based on a) the rate of exchange set by the Bank of Canada on the last date of service, or b) on the date the payment is issued to the provider of service.

Limitation of Liability: The **Company's** liability under this **Policy** is limited solely to the payment of eligible benefits, up to the maximum amount purchased for any loss or expense. The **Company** upon making payment under this **Policy** does not assume any responsibility for the availability, quality, results or outcome of any **Treatment** or service, or **Your** failure to obtain any **Treatment** or service covered under the terms of this **Policy**.

Medical Examination: The **Company** reserves the right to have **You** medically examined in the event of a claim.

Medical Records: In the event of a claim, **You** agree to provide access to and **We** reserve the right to review any and all medical records or documentation relating to **Your** claim(s) from any licensed **Physician**, dentist, medical practitioner, **Hospital**, clinic, insurer, individual, institution or other provider of service relating to the validity of **Your** claim.

Refund of Premium: Other than the "10 Day Right to Examine" on page 2, premiums are non refundable.

Right of Recovery: In the event that **You** are found to be ineligible for coverage, any benefit is paid in error, payment is made in excess of the amount allowed under the provisions of this **Policy**, a claim is found to be invalid, or benefits are reduced in accordance with any **Policy** provision, the **Company** has the right to collect from **You** any amount which it has paid on **Your** behalf to medical providers or other parties or seek reimbursement from **You**, **Your** estate, any institution, insurer or person to whom the payment was made.

Subrogation: If **You** suffer a loss caused by a third party, the **Company** has the right to subrogate **Your** rights of recovery against the third party for any benefits payable to or on **Your** behalf, and will, at its own expense and in **Your** name, execute the necessary documents and take action against the third party to recover such payments. **You** must not take any action or execute any documents after the loss that will prejudice the **Company's** rights to such recovery.

Sworn Statements: We have the right to request that claims documents be sworn under oath and have **You** examined under oath in respect to any claim documents submitted.

DEFINITIONS

Accident means a happening due to external, violent, sudden or fortuitous causes beyond **Your** control which occurs during **Your Period of Coverage**.

Assistance Provider provides service **24 hours** a day, **7 days** a week, during **Your Period of Coverage**.

Baggage and/or Personal Effects means items or articles of necessity, adornment or for personal convenience including clothing and other personal effects worn on the person that are usually carried by travellers for their individual use while travelling.

Bankruptcy or **Default** means the **Travel Supplier** is insolvent, is bankrupt, is in receivership, has made a proposal to its creditors or filed a notice of intention to make a proposal to creditors under the Bankruptcy and Insolvency Act R.S.C. 1985, c. B-3, or filed for protection from creditors under the Companies' Creditors Arrangement Act, R.S.C. 1985, c C-36. For non-Canadian **Travel Suppliers**, **Bankruptcy** or **Default** means the inability to provide contracted services due to total cessation or complete suspension of operations due to financial insolvency, with or without the filing of a **Bankruptcy** petition, whether voluntary or involuntary, by a tour operator, cruise line, airline or other **Travel Supplier**.

Business Partner means an individual who has at least a **20%** ownership interest in a commercial enterprise in which **You** also have at least a **20%** ownership interest; and **You** are both actively engaged in the daily management of the business.

Caregiver means the permanent full-time person who is entrusted with the well-being of **Your** dependent(s) and who cannot reasonably be replaced.

Children means **Your** child who is unmarried and is travelling with **You** during **Your Covered Trip** and is over the age of **3 months** and under the age of **19 years**.

Common Carrier means commercial airline carrier, cruise ship, ferry, bus, train, taxi, limousine or other similar vehicle that is licensed, intended and used primarily to transport passengers for hire not including rented, leased or privately owned vehicles.

Company, We, Our or **Us** means Old Republic Insurance Company of Canada (in Quebec, Reliable Life Insurance Company and/or Old Republic Insurance Company of Canada), Hamilton, Ontario.

Contamination means poisoning of people by nuclear, chemical and/or biological substances that cause **Sickness** or death.

Covered Trip means travel arrangements insured by this **Policy** commencing on the **Departure Date** and ending on the **Expiry Date**, both as shown on the **Policy Confirmation**.

Departure Date means the later of the date shown as such on the **Policy Confirmation** or the date **You** actually depart on **Your Covered Trip**.

Departure Point means the city, province, territory or country **You** depart from on **Your Covered Trip**.

Effective Date means the date **Your** insurance coverage under this **Policy** or a specific benefit of this **Policy** begins.

Expiry Date means the date coverage under this **Policy** ends as shown on **Your Policy Confirmation**.

Extreme Activities means participating in any of the following: bungee jumping, hang-gliding, hunting, mountain climbing, parachuting, paragliding, rock climbing (not mountaineering) scuba diving (unless qualified and not diving deeper than 130 feet), skydiving, spelunking, tall ship crewing.

Family Member means **Spouse**, parent, legal guardian, step-parent, grandparent, grandchild, in-laws, natural or adopted child, stepchild, brother, sister, stepbrother, stepsister, aunt, uncle, niece, nephew or an employed **Caregiver** for unmarried dependent children under **16 years** of age.

Fare means the same ticket class that **You** originally purchased for **Your Covered Trip**. This is subject to availability. If **You** have not insured the full non-refundable cost of **Your Covered Trip**, **Fare** means the lowest single seat fare from any International Air Transportation Association carrier.

Hospital means a duly licensed facility which accommodates inpatient care, which has registered nurses on a full-time basis, a laboratory and an operating room where surgical operations are performed by qualified surgeons. Excluded are convalescent homes, rest homes, nursing homes, homes for the aged, drug and alcohol **Treatment** centres, health spas or clinics or any facility not operated **24 hours per day** under the supervision of a **Physician**.

Host at Destination means the person with whom **You** have arranged overnight accommodation for the majority of **Your Covered Trip** at their usual place of residence, not including commercial facilities.

Injury means sudden bodily damage caused by an **Accident** during **Your Period of Coverage**.

Key Employee means an employee whose continued presence is critical to the ongoing affairs of **Your** business during **Your** absence.

Material Fact means any fact that would cause **Us** to decline **Your** application for insurance or charge more premium than **You** have paid for the insurance **Policy**.

Medical Attention means any medical, therapeutic or diagnostic procedure, service or supply that is prescribed, performed or recommended by a **Physician**, including but not limited to prescribed medication, investigative testing and surgery. **Medical Attention** does not include either the unchanged use of prescribed medication for a **Medical Condition**, symptom or problem which is **Stable and Controlled**; or a **Routine Check-up**.

A change in medication does not apply to cholesterol lowering medication or to a change in any other medication from a brand name medication to a generic brand medication (insofar as the dosage is not modified). If **You** are taking Coumadin (warfarin) or insulin and are required to have **Your** blood levels tested on a regular basis and **You** are required to adjust the dosage of **Your** medication only to ensure correct blood levels are maintained, such a change is not considered to be a change in medication, provided **Your Medical Condition** remains unchanged.

Medical Condition means an irregularity in a person's health which required or requires medical advice, consultation, investigation, **Treatment**, care, service or diagnosis by a **Physician**.

Natural Disaster means a disaster resulting from natural causes including flood, hurricane, tornado, earthquake, volcanic eruption or blizzard.

Physician means a person, other than **You**, a **Travelling Companion** or a **Family Member**, who is qualified and legally licensed to practice medicine, perform medical **Treatment** and/or surgery within the scope of their licence in the place where the medical services are rendered.

Policy means this document and **Your Policy Confirmation** issued at the time the required premium has been paid.

Policy Confirmation confirms the insurance coverage **You** have purchased indicating **Your Policy** number, **Your** purchase date, **Your Departure Date** and **Your Expiry Date** along with a brief summary of benefits. This document sets out **Your Period of Coverage** and forms an integral part of the **Policy** contract.

Pre-Existing Condition means any medical or physical condition, symptom, illness or disease for which **Medical Attention** was received or for which an ordinarily prudent person would have sought **Medical Attention** prior to the **Effective Date**.

Routine Check-up means any medical examination which is performed for the purpose of general health monitoring, which may include routine medical tests and which is unrelated to any specific symptom, illness, condition or disease.

Sickness means an acute illness, acute pain and suffering or disease that requires medical **Treatment** or hospitalization due to the sudden onset of symptoms during **Your Period of Coverage**.

Spouse means the person who is legally married to **You**, or if not married to **You**, has been living in a conjugal relationship with **You** for a continuous period of at least one year.

Stable and Controlled means, during the **90 days** immediately prior to the **Effective Date**:

- a) the medical or physical condition, symptom, illness or disease did not first manifest itself; and/or
- b) the medical or physical condition, symptom, illness or disease was not first investigated; and/or
- c) the medical or physical condition, symptom, illness or disease has not worsened; and/or
- d) no change in any medication or its usage or dosage occurred, was prescribed and/or recommended by a **Physician**; and/or
- e) no **Medical Attention** was received, prescribed or recommended by a **Physician**.

Sum Insured means the amount of insurance coverage **You** have purchased for the benefit indicated.

Terminal Sickness means a **Medical Condition** from which no recovery is expected and which carries a prognosis of death within **12 months** of **Your Effective Date**.

Travel Supplier means any entity or organization that coordinates or supplies travel services for **You**.

Travelling Companion means the person who is travelling with **You** on **Your Covered Trip** up to a maximum of five persons, including **You**.

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

You or **Your** means a person who is eligible and named on the **Policy Confirmation** for insurance under this **Policy** and for whom the required premium has been paid.

In this **Policy**, words and terms denoting the singular shall be interpreted to mean the plural and vice versa, unless the context clearly indicates otherwise.

CONTACT US

When **You** contact the **Assistance Provider**, a Claim Kit will be sent within 10 days, containing everything necessary to submit **Your** claim, including instructions and forms.

USA & Canada 1-800-813-9374
Elsewhere Operator Assisted Collect 416-441-6337
or by mail at 180 Lesmill Road, Toronto, ON, M3B 2T5

How To Submit A Claim

To make a claim for benefits under this **Policy**:

- ▶ Submit **Your** claim forms within **30 days** after the expense or loss is incurred or as soon as is reasonably possible;
- ▶ Written proof of the claim must be submitted within **90 days**, but not later than **12 months** after the date of the event or loss.

Written Proof of a Claim shall include:

1. the completion of any claim forms furnished by the **Company**;
2. original receipts;
3. a written report, complete with the diagnosis by the attending **Physician**, if applicable, and any other form of documentation deemed necessary by the **Company** to validate **Your** claim;
4. documentation required by the **Company** to substantiate cancellation, interruption, **Trip Delay** or schedule change if for other than medical reasons. If death is the cause of the claim, an official document such as a death certificate that establishes cause of death will also be required.

For example:

- ▶ Copy of the subpoena if cancelling due to jury duty or being called as witness;
- ▶ Letter from the employer if cancelling due to a business meeting or job transfer;
- ▶ Letter from the airline confirming the change in the scheduled flight or the cause of the flight delay.

Original substantiating claims documentation must be provided, however, the **Company** may accept certified copies if the original documentation cannot be provided for a reasonable cause. Failure to provide applicable substantiation for a claim shall invalidate any claim under this **Policy**. All documents required to support or validate the claim, including English or French translations of such documents, must be provided free of expense to the **Company**.

Claim Payments

We will pay covered claims within **30 days** of receiving all of the necessary information required to accurately assess **Your** claim.

Benefit payments will be made to **You** or to any person or entity having a valid assignment to such benefits. In the event of **Your** death, any balance remaining or benefits payable for loss of life will be paid to **Your** estate, unless otherwise indicated.

If **You** have any questions about how to complete **Your** Claim Form, or regarding the status of **Your** claim, contact **Us** (claims department):

Toll-free from the U.S. and Canada: 1-888-311-4761
Or collect from all other locations: (416) 441-7073

Limitation of Action

If **You** have a claim in dispute under this **Policy**, **You** must begin any legal action or proceeding against the **Company** within **24 months** following the date of the event which caused the claim. If, however, this limitation is invalid according to the laws of the province or territory where this **Policy** was issued, **You** must commence any legal action or proceeding within the shortest time limit permitted by the laws of that province or territory. All legal actions or proceedings must be brought in the province or territory of Canada where **You** permanently reside (for non-residents of Canada action must be brought in the province of Ontario), or if mutually agreeable, the action can be brought in the province where the head office of the **Company** is located.

PRIVACY

The **Company** is committed to protecting **Your** privacy. Collecting personal information about **You** is essential to **Our** ability to offer **You** high-quality insurance products and service. The information provided by **You** will only be used for determining **Your** eligibility for coverage under the **Policy**, assessing insurance risks, managing and adjudicating claims and negotiating or settling payments to third parties. This information may also be shared with third parties, such as other insurance companies, health organizations and government health insurance plans to adjudicate and process any claim. In the event that **We** must share **Your** information with a third party who conducts business outside of Canada, there is a possibility that this information could be obtained by the government of the country in which the third party conducts business. **We** take great care to keep **Your** personal information accurate, confidential and secure.

Our privacy policy sets high standards for collecting, using, disclosing and storing personal information. If **You** have any questions about the **Company's** privacy policy, please contact **Our** privacy officer at 905-523-5587; by writing to: Privacy Officer, Old Republic Insurance Company of Canada/Reliable Life Insurance Company, P.O. Box 557, Hamilton, Ontario, L8N 3K9; or by email to privacy@oldrepublicgroup.com.

Underwritten by Old Republic Insurance Company of Canada
In Quebec, certain coverages underwritten by Reliable Life Insurance Company



Paul M. Field, CPA, CA
President and Chief Executive Officer
February 2015
TEP0215

CLAIM INFORMATION REQUIRED

When contacting the Assistance Provider, the following information will be required:

1. Information concerning the Insured:

Name: _____

Policy Number: _____

Date of Birth: _____

Permanent Address: _____

Telephone Number in Canada: _____

Other Travel Insurance Info: _____

2. Where can the Insured be reached?

Location of Insured: _____

Telephone Number: _____

If in Hospital, Room #: _____

Hospital Telephone Number: _____

3. Summarize the circumstances. What happened? When?

4. Insured's medical history and current medications:

5. Family physician:

Name: _____

Telephone Number: _____

Fax: _____

6. Information about the caller:

Name: _____

Relationship to Insured: _____

Telephone Number where you can be reached: _____