

TRAVEL INSURANCE
POLICY BOOKLET
TRAVEL INSURANCE PLANS

*Emergency hospital and
medical plans for
Visitors to Canada*

3T EFFECTIVE JULY 2003



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If there is a discrepancy between this wording and the wording of the original full-colour, bound policy booklet, the original shall take precedence.

This policy booklet must be accompanied by a Declaration Form to complete the insurance policy.

Identification of Insurers

The "Insurer" as referred to in this policy means Co-operators Life Insurance Company, except in respect of the Air Flight Accident Insurance where the insurer is certain Lloyd's Underwriters.

All insurance is administered by "T.I.C." as referred to in this policy, meaning T.I.C. Agencies Ltd., operating as T.I.C. Travel Insurance Coordinators.

T.I.C. HEAD OFFICE

300 - 2609 Westview Drive
North Vancouver, BC V7N 4M2
Tel: 604-986-4292 Fax: 604-986-7796
Toll Free: 1-800-663-4494
www.travelinsurance.ca

Important Notice

Please read your policy carefully before you travel

What am I covered for?

Coverage is different for each plan; to find out what your coverage is, please read the section titled "Benefits" under the name of the plan/s you have purchased. Travel insurance is intended to cover sudden, unexpected, and unforeseeable circumstances.

What is not covered?

Travel insurance does not cover everything. Your insurance has exclusions, conditions and limitations. You should read and understand them before you travel. Pre-existing medical conditions may be excluded. Any medical condition you are aware of prior to the Effective Date of coverage whether diagnosed or not, may not be covered.

What if I have an emergency or claim?

You must notify the T.I.C. claims department (toll free 1-800-882-5246 or worldwide collect 604-639-8849) within 48 hours of being admitted to a hospital and before any surgery is performed. Failure to do so, without reasonable cause, will reduce eligible expenses by 20%. To make a claim, fill out the Claim Form completely and include all original bills. Incomplete forms will cause delay.

Do I have to reveal my medical history?

We are dedicated to protecting your privacy. Your medical history will be collected when required and will only be used or disclosed for the purpose of adjudicating your claim. For a copy of T.I.C.'s privacy policy, please contact us or visit our website.

I want to stay longer; can I extend or renew my policy?

Yes, you can. Just call your agent or T.I.C. no sooner than seven days prior to the expiry of your policy. You can purchase an extension provided you call (during business hours) at least 48 hours prior to the expiry of your first coverage. You must indicate that you are in good health and do not have any claims filed with T.I.C. Extension fees will be charged.

Travel Assistance

Assistance for a medical emergency arising anywhere in the world is provided on a best effort basis. T.I.C. Agencies Ltd., Co-operators Life Insurance Company, or their agents will not be responsible for the availability, quantity, quality, or results of any medical treatment received or for failure to obtain medical service.

Mandatory Statement of Health and Consent

We require you to sign the Declaration Form if you are a Visitor to Canada, or are 71 years or older, or are traveling for longer than 35 days.

Extended absence from Canada

Each provincial and territorial government health insurance plan has limitations on how long you can be out of the country to remain eligible for coverage. Check your health plan for details.

Note: Capitalized words indicate the words are defined in Definitions section.

Visitors to Canada - Emergency Hospital and Medical Expense

Basic Plan – Plan E

Select Plan – Plan J

You have paid premium for a specific plan of insurance, please note:

Coverage for losses arising as a result of an Injury begin in Canada at the latest of:

- 12:01 a.m. on the Effective Date as indicated on the Declaration Form or
- The time of application.

Coverage for loss arising as a result of a Sickness begins in Canada 48 hours after the latest of:

- 12:01 a.m. on the Effective Date as indicated on the Declaration Form or
- The time of application.

All coverage terminates at the earliest of:

- 12:00 midnight on the expiry date or
- Time the Insured arrives in their Country of Origin.

DESCRIPTION OF COVERAGE

- Emergency Hospital and Medical Expense for Visitors to Canada pays up to the sum insured as indicated on the Declaration Form for reasonable, necessary and customary expenses incurred unexpectedly by an Insured while on a stay in Canada on or after the Effective Date and during the Period of Coverage. Eligible expenses are paid for Acute Emergency Hospital, unexpected Emergency medical, or other covered expenses, due to Injury or Sickness.
- Expenses incurred outside of Canada are covered provided that the majority of the time covered under this insurance is spent in Canada. Expenses will not be paid when incurred in the Insured's Country of Origin.
- For persons insured under Basic Plan E, expenses are paid up to the sum insured in excess of the first \$50 per Insured.

BENEFITS (for Basic and Select, Plans E & J)

1. **Hospital Confinement** – pays for customary charges made by the Hospital for standard accommodation (for the area where situated), and for services and supplies reasonable and necessary for the care of the Insured during confinement as a resident in-patient.
2. **Medical Services** – pays for:
 - a) The services of a legally licensed medical physician or surgeon, anesthetist and registered graduate nurse (all of whom are other than a relative by blood or marriage of the Insured).
 - b) The services of a legally licensed physiotherapist (other than a relative by blood or marriage of the Insured) when ordered at destination by the attending physician as treatment for an insured Injury. Not to exceed \$500 for out-patient treatment.
 - c) The services of a legally licensed doctor of chiropractic (other than a relative by blood or marriage of the Insured) when ordered at destination by the attending physician as treatment for an insured Injury. Not to exceed \$500.
 - d) When performed at the time of the initial Emergency, lab tests and/or X-ray examination as ordered by a legally licensed medical physician for the purpose of diagnosis.
 - e) The use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation), when reasonable and necessary, to the nearest Hospital.
 - f) Rental of crutches or hospital-type bed, but not to exceed the purchase price; and the cost of splints, trusses, braces or other approved prosthetic appliances.
 - g) Emergency out-patient services provided by a Hospital.
 - h) Drugs or medicines that require a legally licensed medical physician's written prescription but not to exceed a one-month's supply to a maximum \$500 per Insured unless hospitalized as an in-patient.
3. **Return of Deceased Body** – pay up to \$10,000 reimbursement in the event of death due to a covered Injury or Sickness, for the expense actually incurred for homeward carriage in a standard transportation container to the permanent residence of the Insured as shown in the Policy, or up to \$4,000 for cremation or burial at the place of death, where death is due to a covered Injury or Sickness.

4. **Accidental Dental** – pays up to \$3,000 reimbursement for Emergency treatment or services to whole or sound natural teeth (capped or crowned teeth are considered whole or sound natural teeth) caused by an accidental blow to the face. The actual expenses incurred are not to exceed the minimum fee specified in the schedule of fees relating to Dentistry, approved and published by the Canadian Dental Association of the province or territory in which the dental expense was incurred.
5. **Dental Emergencies** – pays up to \$500 reimbursement for the immediate relief of Acute dental pain caused by other than a blow to the face. Dental conditions for which the Insured has previously received treatment or advice are not covered.

Treatment relating to any dental claim must be commenced within 48 hours from the onset of the Emergency and must be completed within the effective term of this Policy and prior to the Insured's return to their country of origin.

ADDITIONAL BENEFITS (for Select Plan J)

1. **Return Home** – Reimbursement up to \$3,000 for the actual extra cost of one-way economy transportation by the most direct route to the Insured's Country of Origin in the event the covered Injury or Sickness of the Insured necessitates the immediate return of the Insured during the Period of Coverage. Includes one additional Insured Family Member whose name is stated on the Declaration Form.
2. **Accidental Death and Disablement (A.D. & D.)** \$25,000 Sum Insured (Refer to page 26.)
3. **Follow-up Visits** – covers two (2) out-patient follow-up visits, as part of the initial Acute Emergency to the Insured's physician following Emergency treatment of an Injury or Acute Sickness.

EXCLUSIONS

Benefits are not payable for expenses due to:

VTC1 Losses while sane or insane including: emotional, mental or nervous disorders by whatever cause; suicide, attempted suicide; or intentionally self-inflicted Injury.

VTC2 Act of War, kidnapping or Act of Terrorism, riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities or a commercial sexual transaction. The commission or attempted commission of any criminal/criminal-like act by the Insured, a Family Member or Travelling Companion; contravention of any statutory law or regulation in the area where the loss occurred.

VTC3 An Injury or Sickness where the Trip is undertaken for the purpose of securing medical treatment or advice for such Injury or Sickness.

VTC4 Loss, death or Injury, if at the time of the loss, death or Injury, evidence supports the Insured was affected by, or the medical condition causing the loss was in any way contributed to by the use of prohibited drugs, alcohol or any other intoxicant.

VTC5 Any elective, or consequence of a prior elective procedure, non-Emergency or routine follow-up procedures or treatment, except as specified in Additional Benefit #3 of the Visitors to Canada Select Plan.

VTC6 Travelling against doctor's orders.

VTC7 An Injury or Sickness, or state of health which, prior to the Effective Date of coverage, was such as to render Expected Medical Treatment or hospitalization.

VTC8 Any loss as a result of an Injury or a Sickness for which symptoms occurred or which required any or all of, Medical Consultation, prescription medication, medical treatment or hospitalization, within 180 days prior to the Effective Date. And any loss as a result of Sickness for which symptoms or Sickness occurred within 48 hours of the Effective Date.

VTC9 Continuing medical treatment or hospitalization the Insured receives or elects to receive, unless the Insured is medically certified as unfit to travel or return to their Country of Origin (whether or not they intend to return) following diagnosis or Emergency treatment of an Injury or Acute Sickness.

VTC10 Any rehabilitation, convalescent care or subsequent claim either paid, denied or pending, with respect to an Injury or Sickness, or result of an Injury or Sickness, which occurred during the effective term of this Insurance and for which Medical Consultation has been sought.

VTC11 Injury received while training or participating in speed contests usually in excess of 60 km per hour or Professional sport activities.

VTC12 The commission of an Air Ambulance unless arranged and pre-approved by T.I.C.

VTC13 Any loss incurred as a result of pregnancy, abortion, miscarriage, childbirth or complications thereof.

VTC14 Treatment for an infant less than 15 days old.

VTC15 An automobile accident and the Insured is entitled to benefits under the 'no fault' benefit schedule of the Insured's automobile policy, or under an applicable Insurance Act.

VTC16 Dental or cosmetic surgery unless such Emergency surgery is a result of a covered Injury.

VTC17 Treatment or services that contravene, or are prohibited by, legislation under a provincial or territorial hospital/medical plan.

VTC18 Naturopathic, holistic or acupuncture treatment.

VTC19 Charges that exceed the customary and reasonable rate for the area in which the treatment or services are being performed.

VTC20 Any loss incurred outside of Canada where the majority of the time on risk has not been spent in Canada.

VTC21 Any loss incurred inside an Insured's Country of Origin which is other than Canada.

VTC22 Any losses occurring from nuclear energy or any nuclear contamination from any cause whatsoever.

LIMITATIONS

1. Maximum Period of Coverage:
365 days for persons age 15 days to 60 years inclusive, per Period of Coverage.
180 days for persons age 61 to 85, per visit to Canada and \$50,000 sum insured.
No coverage is available in excess of these periods either by extension, renewal or new policy for any insured unless pre-approved by T.I.C.
2. Age eligibility: 15 days to 85 years.
3. Geographic coverage: Worldwide – (expenses incurred outside of Canada are covered provided that the majority of the time on risk is spent in Canada. Expenses incurred outside of Canada will not be paid when incurred in the Insured's Country of Origin).
4. In the event that an Insured, at the end of the Period of Coverage, is confined to Hospital, covered expenses for such confinement will be paid for up to 365 days from the date of the Injury or Sickness but not to exceed the Sum Insured. (Refer to Extended Coverage After Termination in General Conditions)

CONDITIONS

1. It is a condition of coverage that at the time of application the Insured knows of no reason to seek medical attention.
2. It is a condition of coverage, that T.I.C. be notified at the 24-hour claim line prior to, or within 48 hours of, admission to Hospital and prior to any surgery or invasive investigations being performed. Failure to do so, without reasonable cause, will result in T.I.C. reducing the eligible expenses by 20%.
3. General Conditions of this policy apply.

CLAIMS PROCEDURES

Important Notes:

- In the event of hospitalization, T.I.C. must be notified prior to, or within 48 hours of, admission to Hospital and prior to any surgery or invasive investigations being performed.

- Any fee for completion of forms is not covered under this insurance.
- Incomplete forms will delay your claim.
- **Claims must be submitted within 30 days of initial treatment.**

How to Report Your Claim

Please start your claim online or download any of the claim forms mentioned below at www.travelinsurance.ca/customers/claims/. If you do not have access to the internet and do not have a claim form with your policy, contact the T.I.C. Claims Department for assistance.

Submit all the following documents to the T.I.C. Claims Department:

1. Fully completed and signed claim form.
2. All original receipts with proof of payment for all expenses incurred.
3. Medical Certificate completed by the treating physician at your destination. Available on website.
4. For hospital visits (out-patients), obtain a copy of the Emergency Room report at the time of the visit.
5. For chiropractic/physiotherapy visits, obtain a letter from the referring physician.
6. In the event of an injury, provide details of other insurance which may respond to this loss (auto plans, homeowners/tenant or commercial insurance).

Accidental Death & Disablement – (included with Select Plans only)

You have paid premium for a specific plan of insurance, please note:

Coverage is provided on a 24-hour basis beginning at 12:01 a.m. on the date of departure from the Insured's province or territory of residence as indicated on the Declaration Form and terminates at the earliest of:

- a) 12:00 midnight on the expiry date or
- b) The time the Insured returns to their province or territory of residence.

For Visitors to Canada Select Plan, coverage begins at 12:01 a.m. on the Effective Date as indicated on the Declaration Form and terminates at the earliest of:

- a) 12:00 midnight on the expiry date or
- b) Date the Insured returns to their Country of Origin.

DESCRIPTION OF COVERAGE

Accidental Death and Disablement (A.D.&D.) pays for accidental loss of the Insured's life, or accidental loss of an Insured's limb or sight from accidental Injury up to the sum insured as indicated on the Declaration Form occurring during the Period of Coverage.

Coverage is limited to \$25,000 for persons covered under Visitors to Canada Select Plan.

No Benefits are payable if the loss occurs as a result of an Air Flight Accident.

BENEFITS

Benefits are payable according to the sum insured of the following schedule in the amount specified for the classification of Injury.

1. Only one amount, the largest, is payable in the event of loss:
 - a) 100% of sum insured for loss of life, double dismemberment (as described below) or loss of sight of both eyes.
 - b) 50% of sum insured for single dismemberment (as described below) or loss of sight of one eye.

Loss of hand or hands, or foot or feet means severance through or above the wrist joint or ankle joint, respectively. Loss of eye or eyes means total and irrecoverable loss of the entire sight. Only one amount is payable (the largest) if the Insured suffers more than one of these losses. Amounts specified for loss of two limbs or two eyes or one limb and one eye are payable only when such double loss occurs as a result of the same accident.

Exposure and Disappearance: If the Insured is unavoidably exposed to the elements or disappears as a result of an accident, loss will be covered by this Insurance if:

1. As a result of such exposure, the Insured suffers a loss for which Benefits are payable, or
2. The body of the Insured has not been found within 52 weeks from the date of the accident. It will be presumed, subject to no evidence to the contrary, that the Insured suffered loss of life as a result of Injury covered by this insurance.

EXCLUSIONS

Benefits are not payable for loss resulting from:

ADD1 Losses while sane or insane including: emotional, mental or nervous disorders by whatever cause; suicide, attempted suicide; or intentionally self-inflicted Injury.

ADD2 Act of War, kidnapping, hijacking or Act of Terrorism, riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities or a commercial sexual transaction. The commission or attempted commission of any criminal/criminal like act by the Insured, a Family Member or Travelling Companion; contravention of any statutory law or regulation in the area where the loss occurred.

ADD3 Loss, death or Injury, if at the time of the loss, death or Injury, evidence supports the Insured was affected by, or the medical condition causing the loss was in any way contributed to by the use of prohibited drugs, alcohol or any other intoxicant.

ADD4 Travelling against doctor's orders.

ADD5 Injury received while training or participating in speed contests usually in excess of 60 km per hour; Professional sport activities, sky diving, or scuba diving.

ADD6 Being the occupant of an aircraft, either as passenger or crew.

ADD7 Any losses occurring from nuclear energy or any nuclear contamination from any cause whatsoever.

LIMITATIONS

1. Maximum length of coverage: 365 days
2. Age eligibility: 15 days and over
3. Geographic coverage: Worldwide.
4. Only one amount, the largest, is payable as a result of accidental Injury or death when insured under more than one policy issued by T.I.C. during the Period of Coverage.

CONDITIONS

1. The Insurer has the right and the Insured shall afford to the Insurer an opportunity to examine the person of the Insured when and as often as it may be required when a claim under this Insurance is pending.
2. Any claim for indemnity under this insurance must be submitted within 90 days of the date of accident and must be substantiated by a certificate from the attending physician at the place of the accident.
3. In the event the Insured's body has not been found within 52 weeks from the date of accident, it will be presumed that the Insured suffered loss of life.

CLAIMS PROCEDURES

How to Report Your Claim

Please download the claim form mentioned below at www.travelinsurance.ca/customers/claims/. If you do not have access to the internet and do not have a claim form with your policy, contact the T.I.C. Claims Department for assistance.

Submit all the following documents to the T.I.C. Claims Department: (address on page 45)

1. Fully completed and signed claim form.
2. Police report including any witness statements
3. Coroner's report
4. Death certificate
5. Emergency room report

General Conditions

Applicable to all insurances in this policy booklet.

1. Co-operators Life Insurance Company hereby insures the person(s) named as the Insured(s) and will pay the benefits listed in this policy except for benefits payable for the Air Flight Accident Insurance which has been effected with certain Lloyd's Underwriters (called the "Insurer") through T.I.C. Agencies Ltd., North Vancouver, B.C.
2. The Declaration Form is the basis of and forms part of this policy. Coverage is valid only if a Declaration Form is fully completed by a T.I.C. authorized and appointed agent on or before the Application Date and prior to the Effective Date of coverage.
3. Expiry time of coverage is deemed to be the time within the time zone where the Insured was residing when the Declaration Form was issued.
4. Insurance is in effect only for coverages indicated on the Declaration Form for which premium has been paid on or before the Effective Date. Benefits are payable in accordance with the classification of coverage and are limited to the sum insured.
5. Benefits payable do not include interest charges.
6. The coverages outlined in this policy are second payor plans. If there are other third party liability, group or individual basic or extended health insurance plans or contracts including any private or provincial auto insurance plan providing hospital, medical or therapeutic coverage, in force concurrently herewith, amounts payable hereunder are limited to those expenses incurred outside the Insured's province of residence that are in excess of the amounts for which the Insured is insured under such other coverage. T.I.C. will coordinate all benefits in conjunction with the guidelines provided by Canadian Life, Health Insurers Association.

Insured benefits do not include, and reimbursement will not be made for any expenses, services or supplies that an insurer is eligible to pay under a motor vehicle liability policy pursuant to the 'no-fault' benefits schedule under any Insurance Act. Where there is no other coverage reasonably available or other plan that will pay the expense, insured benefits will be paid by T.I.C.
7. If the Insured named in this policy is retired with an extended health plan provided by a former employer, with a lifetime limit of \$50,000, T.I.C. will not coordinate benefits with that provider.

8. Benefits are only payable under one policy, for each Insured during the Period of Coverage indicated on this policy. If more than one T.I.C. coverage is in force concurrently herewith, benefits will only be paid under the insurance with the greatest sum insured.
9. In the event of any payment of benefits under the insurance, the Insurer shall be subrogated to all the rights of recovery therefore which any Insured receiving such payment may have against any person or organization. Such person shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights and shall do nothing after loss to prejudice such rights.
10. The entire coverage of this insurance shall be void if, whether before or after loss, the Insured has concealed or misrepresented any material fact or circumstances concerning this coverage or subject thereof, or the interest of the Insured therein, or in the case of any fraud or false swearing by the Insured.
11. The Insured shall be responsible for the verification of
 - a) any medical expenses incurred and shall obtain itemized accounts of all medical services which have been provided,
 - b) any payment made by a provincial or territorial hospital/medical plan, or, if the Insured is not covered or is not eligible for coverage, verification of any payment that would have been made,
 - c) any payment made by any other insurance plan or contract,
 - d) at the request of T.I.C. it is the Insured's responsibility to provide substantiating medical documentation from their Country of Origin.

Failure to provide substantiating documents shall invalidate all claims under this insurance.

12. All benefits and limitations stated in this policy are deemed to be in Canadian currency (CAD).
13. T.I.C. reserves the right to investigate or obtain private opinion on an Insured's medical condition and to obtain any and all information relating to a claim.
14. It is a condition that T.I.C. be notified at the 24-hour claim line prior to, or within 48 hours of, admission to Hospital and prior to any surgery or invasive investigations being performed. Failure to do so, without reasonable cause will reduce eligible expenses by 20%.
15. 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 plans other than Baggage, Accidental Death and Disablement, Air Flight Accident and Rental Car Collision Damage Protection.

Extended Coverage After Termination

16. If an Insured under this insurance is riding as a passenger in a conveyance licensed for the transportation of passengers and for which coverage would otherwise be provided under this insurance and if such conveyance is scheduled to arrive at its destination while this insurance is in force but is delayed beyond such arrival time by reason of circumstances over which the Insured has no control, the coverage of this insurance shall be extended automatically until the Insured ceases to be a passenger in such conveyance, but not to exceed 72 additional hours.
17. If an Insured under this insurance is deemed as medically unfit to travel as a result of a covered Injury or Sickness and if this advice is provided prior to the expiry date of this policy as indicated on the Declaration Form and if this advice is provided, in writing, by the attending physician, this insurance will automatically be extended for five days.
18. If an Insured is hospitalized at the end of the Period of Coverage, as a result of a covered Injury or Sickness, insurance will be extended to the Insured and an Insured Travelling Companion remaining with the Insured when reasonable and necessary, for the period of Hospital confinement, plus 72 hours after release to travel home.
19. Extension or renewal of coverage is subject to the Terms and Conditions outlined by T.I.C. on file with the duly appointed agents of T.I.C.
20. It is a condition that each term of coverage is considered a separate contract and all terms and conditions of coverage apply except where waived or endorsed by authorization of T.I.C.

REFUNDS

Premium refunds must be obtained from the agent where coverage was originally purchased. There will be no refund of premium if any claims have, or will be made against this insurance. An administration fee of \$25 for partial refunds (cancellations) and \$10 for flat cancellations will be deducted from the returned premium. Refund of premium will only be returned upon the completion of a claims waiver form under the following circumstances:

Trip Cancellation & Interruption and Packages are prorated according to the period of time on risk from the Date of Application when:

- (a) The Trip is cancelled by the Travel Supplier and the Insured does not travel as booked.
- (b) The Travel Supplier changes the travel dates and the Insured is unable to travel on those dates and all penal-

ties are waived.

- (c) The Insured cancels the Trip before any penalties come into effect.

Visitors to Canada Medical and Hospital Coverage:

- (a) The entire Trip is cancelled prior to the Effective Date.
- (b) The Insured under Visitors to Canada Insurance returns to his/her Country of Origin 30 days prior to the expiry date of the policy.
- (c) The Insured is covered under a provincial or territorial hospital/medical plan.

Baggage, Accidental Death & Disablement, Air Flight Accident, and Trip Interruption:

- (a) The entire Trip is cancelled prior to the Effective Date.

Definitions

“Act of Terrorism” means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

“Act of War” means war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

“Acute” means the initial Emergency, short course (not chronic) treatment phase of an Injury or Sickness.

“Aggregate Limit” means the total number or value of insured losses resulting from any one accident or event causing loss.

“Antique Automobile” means an Automobile that is more than 20 years old or has not been manufactured for 10 years or more.

“Application Date” (applicable to Trip Cancellation & Interruption and All-Inclusive Package Plans only) is deemed as the date the Insured purchases this insurance in conjunction with the initial non-refundable costs associated with booking their Trip.

“Automobile” means a vehicle rented by the Insured from a Commercial Rental Agency for his/her personal use under a written rental agreement specifically excluding a truck, van (other than a mini-van), bus, off-road vehicle (while used as such), motorcycle, moped, motorbike, recreational vehicle, all-terrain vehicle, camper or trailer, Antique Automobile, limousine or Exotic Car.

“Business Meeting” means a meeting scheduled before the Application Date of this insurance between companies with unrelated ownership, pertaining directly to the Insured’s full-time employment or professional association and is required by the Insured’s employer.

“Canadian Resident” means a Landed Immigrant or Canadian citizen who maintains a permanent residence in Canada to which they will return after their Trip.

“Commercial Rental Agency” means a car rental agency or company licensed under the law of its jurisdiction.

“Country of Origin” means the country in which the Insured maintained a permanent residence prior to entry into Canada.

“Declaration Form” means the form titled “Declaration Form” specifying the Insured’s names, Period of Coverage, Application Date, Effective and expiry Dates, coverages selected and premium paid.

“Default” means a complete cessation of operations as a result of a bankruptcy of a contracted Travel Supplier.

“Effective Date” means the date coverage commences as indicated on the Declaration Form, or in the case of Annual Plan the date of departure for each separate trip from the province or territory of residence on or after the stated Effective Date. Effective Date for Trip Cancellation & Interruption Plans is the Application Date.

“Emergency” is an unforeseen Sickness or Injury affecting the Insured in such a way that the Insured requires immediate intervention by a legally licensed medical physician or dentist. Such Emergency no longer exists, when in the opinion of the attending physician, the Insured is able to return to their place of ordinary residence.

“Exotic Car” includes any Automobile manufactured by Aston Martin, Bentley, Bricklin, Daimler, De Lorean, Excalibur, Ferrari, Jensen, Lamborghini, Lotus, Jaguar, Maserati, Porsche, Rolls Royce or any similar automobile.

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

“Family Member” means the Insured’s legal or common-law spouse, parent, brother, sister, legal guardian, step-parent, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, grandparent, grandchild, in-law, ward, natural or adopted child.

“**Hospital**” means an incorporated or licensed hospital having accommodation for resident in-patients, a laboratory, a registered graduate nurse and physician always on duty and an operating room where surgical operations are performed by a legally licensed medical physician or physicians. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or nervous disorders.

“**Injury**” means accidental bodily injuries received while this insurance is in force resulting in loss, independent of Sickness and all other causes.

“**Insured**” means an eligible person over the age of 14 days whose name appears on the Declaration Form and who has paid the required premium and meets all the conditions of the plan selected.

“**Key Employee**” means a business partner or an employee whose continued presence is critical to the ongoing affairs of the business during the Insured’s absence.

“**Medical Consultation**” means the obtaining of any medical services from a licensed medical practitioner for an ailment, illness or disease, which includes any or all of: history taking, medical examination, investigative testing, advice or treatment, and for which a diagnosis of the condition need not have been definitively made. Does not include regular medical check-ups where there is no medical clinical sign, or patient portrayed symptoms.

“**Period of Coverage**” means the number of days coverage for which premium has been paid and for the dates indicated on the policy.

“**Physical Damage or Loss**” means loss or damage to the Automobile for which the Insured might be liable (excluding tires unless coincident with other loss or damage covered herein) caused by fire, theft, explosion, earthquake, windstorm, hail, rising water, malicious mischief, riot, civil commotion or collision with another object or by upset.

“**Professional**” means any person who earns the majority of their income from a particular sporting activity.

“**Sickness**” means illness or disease causing loss commencing while this insurance is in force.

“**Spouse**” means a person who is legally married to the Insured, or has been living in a common-law relationship (either opposite sex or same sex) with the Insured for a continuous period of at least one year and who resides in the same household as the Insured.

“**Travelling Companion**” means a person who has pre-paid shared accommodation or transportation with the Insured. (Maximum of five persons including the Insured.)

“**Travel Supplier**” means a licensed tour operator, licensed travel wholesaler, licensed ground transporter, airline or accommodation facility which has contracted to supply services to the Insured and whose services were arranged by a Canadian travel agent. U.S. airlines are not covered unless part of a package tour.

“**Trip**” means the entire trip contracted by the Insured and for which the premium was paid.

Statutory Conditions

Notwithstanding any other provisions herein contained, this contract is subject to the Statutory Conditions in The Insurance Act respecting contracts of Accident Insurance. In Witness Whereof, CO-OPERATORS LIFE INSURANCE COMPANY has caused this policy to be signed by its COO and Senior Vice President.



Identification of Insurer / Action Against Insurer

Air Flight Accident Insurance has been effected in accordance with the authorization granted to the undersigned by certain Lloyd’s Underwriters, whose names and the proportions underwritten by them, can be ascertained by reference to Contract No. HD 451 which bears the seal of Lloyd’s Policy Signing Office and has been certified by the Attorney In Fact in Canada for Lloyd’s Underwriters and may be seen at the office of the undersigned. The Lloyd’s Underwriters identified in the said contract shall be liable hereunder each for his own part and not one for another in proportion to the several sums by each of them subscribed to the said contract.

In any action to enforce the obligations of the Lloyd’s Underwriters liable hereunder they can be designated or named as “Lloyd’s Underwriters” and such designation shall be binding on the Underwriters liable hereunder as if they had each been individually named as defendant. Service of such proceedings may validly be made upon the Attorney in Fact in Canada for Lloyd’s Underwriters, whose address for such service is 1155, rue Metcalfe, Suite 1540, Montreal, Quebec H3B 2V6.

LLOYD’S

NOTICE

Any notice to the Insurer may be validly given to the undersigned. In witness whereof this policy has been signed, as authorized by the Insurer, by T.I.C. Agencies Ltd.



President & CEO

July 2003

Claims Information

We want to make your claim go as quickly and easily as possible. Please check that you have attached all the necessary documentation. Submitting incomplete information will delay your claim. On occasion it may be necessary for T.I.C. to request additional information.

You will find claims procedures at the end of each plan description.

You can also start your claim on our website by going to <http://www.travelinsurance.ca/customers/claims/>

Write to:

T.I.C. Claims Department
125 - 4400 Dominion Street
Burnaby, BC, Canada V5G 4G3
Fax: 604-986-4295

If you have a question on submitting a claim, please call during regular office hours, Monday to Saturday.
Tel: 604-639-8849 Toll Free: 1-800-882-5246

IMPORTANT

- Failure to provide substantiating documents shall invalidate all claims under this Insurance.
- Assistance for a medical Emergency arising anywhere in the world is provided on a best effort basis. T.I.C. Agencies Ltd., Co-operators Life Insurance Company or their agents will not be responsible for the availability, quantity, quality, or results of any medical treatment received or for failure to obtain medical service.
- The Authorization and Certification (section 5 of the claim form) may be signed by a spouse, parent or legal guardian for a minor, or a legally-authorized representative.

T.I.C. Agencies Ltd. must be notified prior to, or within 48 hours of, admission to Hospital and prior to any surgery or invasive investigations being performed.

Failure to do so, without reasonable cause, will reduce eligible expenses by 20%.

Service is available 24 hours/day, 7 days/week.

FOR EMERGENCIES CALL:

Toll Free 1-800-88CLAIM (882-5246) Canada & U.S.A.

Collect Worldwide + 604-639-8849