

TIPS TRIP CANCELLATION AND INTERRUPTION TRAVEL INSURANCE POLICY

BEFORE YOU DEPART

Take the time to read **your policy** and know what **you** are covered for. Pay special attention to bold words. They have a specific meaning which is explained in the **definitions** section of this **policy** on page 32. If **you** have any questions, contact **your agent**.

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

Make sure **you** check **your policy confirmation** to confirm **your** benefits, coverage and limits.

This **policy** is secondary to all other sources of coverage. 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.

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.

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 page 3 to see how these apply to **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 **you** are required to notify the **emergency assistance provider** prior to **treatment**. This **policy** limits benefits should **you** not contact the assistance provider within the specified time period.

TABLE OF CONTENTS

| | |
|--|---------|
| Eligibility Requirements | Page 2 |
| Important Information About Pre-Existing Conditions | Page 3 |
| Schedule of Maximum Benefits | Page 5 |
| Period of Coverage | Page 5 |
| Travel Assistance | Page 8 |
| Trip Cancellation and Trip Interruption | Page 12 |
| Trip Delay | Page 24 |
| General Exclusions | Page 26 |
| General Policy Provisions | Page 28 |
| Definitions | Page 32 |
| Claims Information | Page 37 |
| Privacy | Page 40 |

ELIGIBILITY REQUIREMENTS

If **you** do not meet the requirements and conditions listed below **your** insurance is void and the **company's** liability is limited to a refund of the premium paid:

- **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**.
- Anyone over 69 years of age on the **effective date** 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**.

- The **policy** must be purchased prior to **your departure date**.
- The maximum length of the **covered trip** is 365 days.
- Any child born during the **covered trip** is not entitled to coverage under this **policy**.
- For ages 69 and under when the **covered trip** value exceeds \$25,000, **you** must complete a TIPS Insurance Eligibility Questionnaire.
- For ages 70 and over when the **covered trip** value exceeds \$15,000, **you** must complete a TIPS Insurance Eligibility Questionnaire.
- Wherever completion of the TIPS Insurance Eligibility Questionnaire is required, if **you** are not eligible for the plan purchased in accordance with the eligibility requirements of the TIPS Insurance Eligibility Questionnaire, **we** will declare **your** coverage null and void from inception and no benefit will be payable under this **policy**.

IMPORTANT INFORMATION ABOUT PRE-EXISTING CONDITIONS

A **pre-existing condition** is any **medical condition** other than a **minor infection** that exists prior to **your effective date**. Coverage is provided for a **pre-existing condition** if it was **stable and controlled** within the time periods listed below:

- Trip Cancellation coverage:
 1. Ages 59 and under, for the 60 days prior to and including the **effective date** of the **policy**.
 2. Ages 60 and over, for the 90 days prior to and including the **effective date** of the **policy**.
- Trip Interruption coverage:
 1. Ages 59 and under, for the 60 days prior to **your departure date**.
 2. Ages 60 to 74, for the 90 days prior to **your departure date**.
 3. Ages 75 and over, for the 180 days prior to **your departure date**.

Coverage 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 within the time periods listed above;
- b) a lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone) within the time periods listed above.

NOTE: For **covered trips** where **your** trip cost is in excess of \$15,000, this **pre-existing condition** section pertains to anyone's health irregularity that gives rise to a claim under Trip Cancellation or Trip Interruption.

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 and request consideration for the change by providing 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.

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 the applicable section of **your policy**.

SCHEDULE OF MAXIMUM BENEFITS

| BENEFIT SECTIONS | | BENEFIT MAXIMUM |
|------------------|---------------------------------------|-----------------|
| 1 | TRAVEL ASSISTANCE | INCLUDED |
| 2 | TRIP CANCELLATION & TRIP INTERRUPTION | |
| | TRIP CANCELLATION | SUM INSURED |
| | TRIP INTERRUPTION-UNUSED LAND | SUM INSURED |
| | TRIP INTERRUPTION RETURN FLIGHT | SUM INSURED |
| | SUPPLIER BANKRUPTCY/DEFAULT | SEE PAGE 14 |
| | ACT OF TERRORISM | SEE PAGE 19 |
| | ACCOMMODATION & MEALS | \$350 |
| | REPATRIATION OF REMAINS | UNLIMITED |
| | CREMATION/BURIAL AT DESTINATION | \$3,000 |
| 3 | TRIP DELAY | \$1,000 |
| | ACCOMMODATION & MEALS | \$350 |
| | SPECIAL EVENTS | \$1,000 |

Sum insured means the amount of insurance coverage **you** have purchased for the benefit indicated.

PERIOD OF COVERAGE

Effective Date – When Coverage Begins

| Coverage | Effective Date |
|----------------------------------|--|
| Trip Cancellation | The date and time the required premium is paid. |
| Trip Interruption and Trip Delay | Begin on the departure date of your covered trip. |

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**.

Your coverage will not end if **you** temporarily return to **your** province/territory of residence to attend a funeral or go to the bedside of a **hospitalized family member**. In such a case, **your policy** will remain in effect up to **your expiry date** except **we** will apply the **pre-existing condition** exclusion based on **your new departure date** upon continuing **your covered trip**.

Automatic Extension of Coverage

Your insurance will automatically be extended beyond **your** scheduled **expiry date** as shown on **your policy confirmation** if:

1. **Your** scheduled **common carrier** is delayed or **you** are delayed due to circumstances beyond **your** control, coverage will be extended for up to 72 hours; or
2. **You, your travelling companion** or a **family member** travelling with **you** are hospitalized on or prior to **your expiry date**. Coverage will be extended for the duration of the **hospital** stay and for up to 5 days after discharge from the **hospital** while outside **your** province or territory of residence; or
3. **You, your travelling companion** or a **family member** travelling with **you** are unable to travel due to a medical reason that does not require hospitalization. Coverage will be extended for up to 3 days and must be documented by a **physician** at **your** destination.

Extending Coverage After Departure

If **you** decide to extend **your covered trip** after departure, call **your agent**.

We will extend **your** coverage under this **policy** beyond **your expiry date**, as long as:

1. **You** have not incurred a claim under this **policy**;
2. **You** have not experienced an **injury** or **sickness**, or have not had medical **treatment** during **your covered trip**;
3. Coverage under this **policy** is in force at the time **you** request an extension;
4. **You** pay any additional required premium for such extension; and
5. The total Period of Coverage for any single **covered trip** including the extension requested, will not exceed the period for which **your** government health insurance plan covers **you** nor the maximum number of days of the plan purchased.

In all other circumstances, coverage may be extended beyond the above time frames, but only at the **company's** discretion. In no event shall coverage be extended for a period exceeding 12 months from **your original departure date**.

Failure to make medical information known will render this coverage extension null and void.

How Do You Become Insured

You become insured and this document becomes an insurance **policy**:

- When **you** are named on a completed insurance application; and
- When **you** pay the required premium on or before **your** coverage **effective date**; and
- If applicable, upon completion and acceptance by the **company** of the TIPS Insurance Eligibility Questionnaire.

Any child born during the **covered trip** is not entitled to coverage under this **policy**.

TRAVEL ASSISTANCE

When It Applies

If **you** require any assistance while travelling on **your covered trip**.

What We Provide – 24/7

A. MEDICAL ASSISTANCE

1. Worldwide multi-lingual medical and dental referrals. If **you** need care from a **physician**, dentist or medical facility while **you** are travelling, **we** can help **you** find one.
2. Monitoring of **treatment**. If **you** are hospitalized, **our** medical staff can stay in contact with **you** and the **physician** caring for **you**. **We** can also notify **your** family and **your physician** back home of **your sickness** or **injury** and update them on **your** status.
3. Prescription assistance. If **you** have lost, misplaced or forgotten **your** prescription medication, **we** can assist **you** in contacting **your physician** and obtaining a replacement supply.
4. Replacement of corrective eyeglasses and medical devices. If **you** have lost, misplaced or forgotten **your** corrective eyeglasses or medical devices, **we** can assist **you** in obtaining a replacement.
5. Hotel arrangements for convalescence. If **you** are hospitalized, **we** can make necessary hotel and related accommodation arrangements for **you** and/or anyone travelling with **you** on **your covered trip** before, during and after **your** hospitalization.

You are responsible for any related charges.

B. MEDICAL EVACUATION AND REPATRIATION SERVICES

All repatriation services must be pre-approved and arranged by us.

1. Transportation of someone to join **you** if **you** are hospitalized. If **you** are hospitalized **we** can

arrange for the economy class round-trip ticket to bring anyone to **you**.

2. Return of **children** or companions. If **you** are **hospitalized** **we** can arrange for the one way fare to return home anyone who may have accompanied **you** on **your covered trip**.
3. Repatriation of mortal remains. **We** can arrange for the reasonable and necessary services to transport **your** remains to **your** place of residence. **We** can coordinate between sending and receiving funeral homes.

You are responsible for any charges relating to items 1 and 2 above.

C. LEGAL ASSISTANCE

1. 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.
2. Legal and bail referrals. **We** can help **you** find local legal advice or a bail bondsman while travelling.

You are responsible for any related charges.

D. TRAVEL & DOCUMENT ASSISTANCE

1. Replacement of lost or stolen passport or other travel documents. 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.
2. Replacement of 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.
3. Assistance with lost or delayed baggage. If **your** baggage is lost, stolen or delayed, **we** can contact the airline or other carriers and assist **you** with recovering **your** baggage.

You are responsible for any related charges.

E. OTHER ASSISTANCE SERVICES

1. **Emergency** travel arrangements to return home. If **you** must interrupt **your covered trip** and return home for an **emergency** reason, **we** can contact the airline or other carriers and help **you** with **your** travel arrangements.
2. Translation services. **We** can assist **you** in arranging for translation services or referral of the same.
3. Urgent message transmittals. **We** can help **you** get an urgent message to someone back home to **your** family, employer or personal **physician** and confirm that **we** were able to reach the person **you** asked us to contact.
4. Vehicle return. If **you** are not physically able to do so **we** can arrange for the return of **your** vehicle to the rental agency or to **your** permanent residence.

You are responsible for any related charges.

F. CONCIERGE SERVICES

This coverage provides the benefit of after departure personal and convenience services. One call from any destination and **our** dedicated specialized staff will provide:

1. location information about news, weather, shopping, museums, seasonal activities and event planning;
2. sightseeing tours and tour guide information and reservation;
3. hotel, airline, car rental and rail information and reservations;
4. dining information and reservations;
5. flower and gift delivery;
6. golf course information and reservations;
7. personal trainers and spa and fitness centre information and reservations;
8. yacht and fishing charters information and reservations;
9. ordering theatre, concert, movie and sporting event tickets;
10. nightlife recommendations;
11. world news and share prices.

Through their extensive online resources and expertise, the **emergency assistance provider** can make exceptional recommendations to fulfill **your** needs. Access is available 24 hours a day, 365 days per year. **You** are responsible for any related charges.

What Happens When You Call For Assistance

- **We** will confirm that a **policy** has been issued.
- **You** will be referred to the most appropriate service provider for **your** situation.
- **You** will be reminded that any services rendered are subject to the terms and conditions of this **policy**. If it is later determined that a **policy** exclusion applies to **your** claim, **you** will be required to reimburse **us** for any payments **We** have made on **your** behalf.

What To Do When You Need Assistance

Have **your policy** number or **policy confirmation** with **you** at all times. **You** can contact **our** assistance provider at the telephone numbers listed below. Access is available 24 hours per day, 365 days per year. If **you** cannot successfully place a collect call to the **emergency assistance provider** as instructed please dial direct and submit the charges incurred to make the call along with **your** claim documents.

USA & Canada 1-800-334-7787
Direct Dial Collect 1-905-667-0587
Email: assistance@oldrepublicgroup.com

When contacting **our** assistance provider, please provide **your** name, **your policy** number, **your** location and the nature of the **emergency**.

Limitation on Emergency Assistance Provider Services

The **company** and/or the **emergency 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 **emergency assistance provider** will use its best efforts to provide the required services during any such occurrence.

The **emergency 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 **emergency assistance provider** to provide services according to the benefits and terms of this **policy** are not employees of the **company** or the **emergency assistance provider**. Therefore, neither the **company** nor the **emergency 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 medical **treatment** or service **you** may receive or **your** failure to obtain or receive any medical **treatment** or 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** or, **your travelling companion**;
 - b) **Your** or **your travelling companion's family member**;

- c) **You or your travelling companion's 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 **your** 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 26 weeks of pregnancy resulting in the attending **physician** advising 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 14 weeks prior to or after the expected delivery date.
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 penalties commence.
 - Payment is limited to the conditions described in "Limitation of payment for trip cancellation and trip interruption – bankruptcy" on page 30.
 - 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 uninhabitable for the transaction of business by fire, vandalism or **natural disaster**.
10. **Your or your travelling companion's** principal residence is made uninhabitable by fire, vandalism, 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 **your** connecting **common carrier** or private automobile 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 resulting in **you** losing 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 24.

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 **your 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 **your 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 **your 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 **your or your travelling companion's** Canadian passport if required for **your covered trip** provided:
 - i) **You and your travelling companion** are eligible for a Canadian passport; and
 - ii) 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 **your 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** or **children** 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**.

Terrorism, Hijacking, & Travel Warnings

29. Hijacking of **you, your travelling companion** or the **spouse** or **children** of either.
30. An event including, **act of terrorism**, war, impending war or health issue which causes Global Affairs Canada to issue an “Avoid Non-Essential Travel” or an “Avoid All Travel” warning advising Canadians not to travel to a country, region or city originally ticketed for a period that includes **your covered trip**. The travel warning must be issued after the **effective date** of this insurance.
- Payment is limited to the conditions described in “Limitation of payment for trip cancellation and trip interruption – act of terrorism” on page 30.
 - This benefit is not payable if the **act of terrorism** is caused by the use of nuclear, chemical, or bio-chemical material.
 - This benefit is not payable if the cruise company changes its itinerary due to a travel warning.

Family Pets

31. a) For Trip Cancellation: **injury, sickness** or death of **your family pet** that first occurs within 72 hours of the originally scheduled departure date of **your covered trip**.
- b) For Trip Interruption: **injury or sickness** or death of **your family pet** that is travelling with **you** on **your covered trip**.

For both “a)” and “b)” above:

- The **sickness** must be a first time ever occurrence and must not be as a result of a **pre-existing condition**;
- The **injury** or **sickness** must be emergent resulting in the **family pet** requiring **your** care;
- The death of the **family pet** must be sudden and not related to a **pre-existing condition**;
- **You** must provide the completed claim form along with complete medical documentation

signed by a licensed veterinarian. Failure to do so will result in non-payment of the claim.

- **Your family pet** travelling with **you** must have received all necessary Bordetella shots at least 2 weeks prior to **your departure date**. **Your family pet** travelling with **you** must have a health certificate from a licensed veterinarian enabling the **family pet** to enter **your covered trip** destination country/countries.

What We Exclude

In addition to the General Exclusions (page 26) which apply to all sections of this **policy** there is also no coverage and no benefits will be payable for claims:

1. Claims caused by **your** or **your travelling companion’s pre-existing condition** that was not **stable and controlled** as follows:

a) Trip Cancellation:

- i) Ages 59 and under, for the 60 days prior to and including the **effective date** of this **policy**;
- ii) Ages 60 and over, for the 90 days prior to and including the **effective date** of this **policy**.

b) Trip Interruption:

- i) Ages 59 and under, for the 60 days prior to **your departure date**;
- ii) Ages 60 to 74, for the 90 days prior to **your departure date**;
- iii) Ages 75 and over, for the 180 days prior to **your departure date**.

Coverage 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 within the time periods listed above;
- b) a lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone) within the time periods listed above.

For **covered trips** where **your** trip cost is in excess of \$15,000, this **pre-existing condition** section pertains to anyone's health irregularity that gives rise to a claim under Trip Cancellation or Trip Interruption.

NOTE: 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 and request consideration for the change by providing 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.

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. Caused by **your** failure to disclose a **material fact** regarding either **your** or **your spouse's medical condition** on the TIPS Insurance Eligibility Questionnaire, if applicable. This exclusion applies to the total **sum insured**.
3. A return delayed more than 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 24 consecutive hours within this 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 13 to 20 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 13 to 20 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.

NOTE: 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.

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 13 to 20 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 as follows up to \$175 per day to a maximum of \$350.
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. In the event of **your** death from a covered **injury** or **sickness** while on **your covered trip**, reimbursement will be made, up to the maximum amount specified in the Schedule of Maximum Benefits, for the reasonable expenses:
 - a. incurred for preparing and transporting **your** remains or ashes back to **your departure point**; or
 - b. incurred for the cremation or burial of **your** remains at the location where death occurs.No benefit is payable for the cost of a headstone, casket and/or funeral service expenses.
7. 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**.

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 reportproviding 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**.
 - 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.
6. The arrival of **your** cruise ship at its final destination port is delayed by at least 3 hours causing **you** to miss **your** scheduled flight to **your** next destination.

What We Exclude

The exclusions that apply to this coverage are listed in the General Exclusions section of this **policy** on page 26.

What We Pay

1. **You** are covered up to the maximum amount shown on the Schedule of Maximum Benefits for Trip Delay for the following applicable expenses incurred by **you**:

- a) The change fee or the additional **fare** incurred by **you** while **you** are travelling to:
 - i) continue on **your covered trip**; or
 - ii) return to **your departure point**;
 - b) 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;
 - c) Up to \$100 for additional pet care expenses **you** incur as long as the delay in **your** return is 24 hours or more;
2. In addition, **you** are covered for the cost of meals, commercial accommodation, essential telephone calls and taxi fares resulting from a delay up to \$175 per day to a maximum of \$350.

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**.

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 or emotional disorders including, but not limited to stress, anxiety and depression unless hospitalized. This exclusion is not applicable to major psychiatric illness such as psychosis, schizophrenia and major affective mood disorders;
4. Any elective medical **treatment**;
5. **Your** use of drugs, alcohol, or any medication that results directly or indirectly in the condition causing a claim;

6. Any **sickness** or **injury** resulting from long term excessive consumption of alcohol or drugs;
7. **Your** suicide, attempted suicide or any intentionally self-inflicted **injury**;
8. **Your** participation in **adventurous 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 motorized 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. Participation in a riot or insurrection;
16. Except as provided under Trip Cancellation (#30 **act of terrorism** page 19), war or act of war (whether declared or undeclared), invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection or military uprising or usurped power;
17. **Act of terrorism** by nuclear means and terrorism by dissemination of biological, chemical and or bio-chemical agents and substances;
18. Participation in the armed forces except as provided under Trip Cancellation and Trip Interruption Covered Events page 17 item #20;
19. Events related to "Avoid Non-Essential Travel" and "Avoid All Travel" warnings issued by Global Affairs 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;
20. Orbital and suborbital flights;
21. 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 2 years prior to the date it gives rise to a claim under this **policy**;
22. **Contamination** resulting from radioactive material or nuclear fuel or waste; or
23. 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 Canadian provincial or territorial government health insurance plan, 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 benefits in this **policy** are secondary to those available under any other coverage **you** may have including but not limited to government health insurance, group or personal accident and sickness insurance, extended health or medical care coverage, any automobile insurance or benefits plan, homeowner tenant or other multi-peril insurance, credit card benefit insurance, other travel insurance and replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers.

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 any chartered bank in 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**.

Limitation of payment for trip cancellation and trip interruption - act of terrorism In the event of an **act of terrorism**, Trip Cancellation and Trip Interruption benefits will be paid out of a fund limited to \$1,000,000 per **act of terrorism** or a series of **acts of terrorism** occurring within a 72 hour period and applying to all policies issued by the **company**.

Regardless of the number of **acts of terrorism** the maximum liability of the fund under this **policy** and all other policies issued by the **company** is limited to \$2,000,000 per calendar year.

If in **our** opinion the total number of Trip Cancellation and Trip Interruption claims payable due to one or more **acts of terrorism** may exceed the available fund limit, **your** pro-rated claim will be paid after the end of the calendar year.

Limitation of payment for trip cancellation and trip interruption - 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.

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 1, premium refunds are not available.

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**.

Act of terrorism or terrorism means the unsanctioned and illegal use of violence (excluding general civil disturbance, rioting and act of war (declared or undeclared) or the intentional release of a biological material), which caused destruction of property, **injury** or death for the express or implied purpose of achieving a political, ethnic or religious goal or result.

Adventurous activities means participating in any of the following: all-terrain vehicles (ATV), bungee jumping, hang-gliding, heli-skiing, hot air ballooning, **mountain climbing**, parachuting, paragliding, rock climbing (not mountaineering), scuba diving (unless qualified and not diving deeper than 130 feet), skydiving.

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 person with whom arrangements were made to care for **your** dependent(s) during the period of **your covered trip** and who cannot reasonably be replaced.

Children means **your** child or grandchild who is unmarried and is travelling with **you** or who joins **you** during **your covered trip** and is either: i) under 21 years of age; ii) under 26 years of age if a full-time student; or iii) of any age who is mentally or physically handicapped.

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, us means Old Republic Insurance Company of Canada.

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. (See page 5)

Emergency means a sudden and unforeseen **medical condition** that requires immediate **treatment**. An **emergency** no longer exists when medical evidence indicates that no further **treatment** is required at **your** destination or **you** are able to return to **your** province/territory of residence for further **treatment**.

Emergency assistance provider provides the **emergency** service 24 hours a day, 7 days a week, during **your period of coverage**. (See page 11)

Expiry date means the date coverage under this **policy** ends as shown on **your policy confirmation**.

Family member means **spouse**, parent, legal guardian, step-parent, grandparent, grandchild, in-laws, natural or adopted child, stepchild, brother, sister, stepbrother, stepsister, foster child, aunt, uncle, niece or nephew.

Family pet means a domestic dog or domestic cat kept for companionship and enjoyment on a full-time basis at **your** permanent residence. **Family pet** includes certified a) guide dogs and b) service dogs (i.e. seizure, diabetic, anxiety, depression etc)

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 an institution that is licensed, staffed and operated for the care and **treatment** of in-patients and out-patients. **Treatment** must be supervised by **physicians** and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A **hospital** is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction **treatment** centre, convalescent, rest or nursing home, home for the aged or health spa.

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** causing **you** to seek medical **treatment**.

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 condition means any disease, illness or **injury** including symptoms of undiagnosed conditions.

Minor illness means an infection that ends 30 days prior to the **effective date** of coverage and does not require: use of medication for a period greater than 15 days; more than one follow-up visit to a **physician**; hospitalization; surgical intervention; or, consultation with a medical specialist. A chronic illness or the complication of a chronic illness is not a **minor illness**.

Mountain climbing means the ascent or descent of a mountain requiring the use of specialized equipment including crampons, pick-axes, anchors, bolts, carabiners and lead-rope or top-rope anchoring equipment.

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

Physician means a person who is not **you** or **your family member** or **your traveling companion** who is legally licensed in the jurisdiction where the services are provided, to prescribe and administer medical **treatment**.

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 condition** other than a **minor illness** that exists prior to **your effective date**.

Scheduled airline means any airline licensed for the transportation of passengers for hire, and which maintains regular published schedules (including any chartered flights by such airlines or licensed tour companies).

Sickness means an acute illness, acute pain and suffering or disease that requires **emergency** 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 a **medical condition** where:

1. there has not been any new **treatment** prescribed or recommended, or change(s) to existing **treatment** (including a stoppage in **treatment**); and
2. there has not been any change to any existing prescribed drug (including an increase, decrease, or stoppage to prescribed dosage), or any recommendation or starting of a new prescription drug. If **you** require a routine adjustment to the dosage of **your** prescription for Coumadin, Warfarin or Insulin (unless it is newly prescribed or stopped) to ensure correct blood levels are maintained, such a change is not considered an alteration in medication provided the condition remains unchanged; and
3. the **medical condition** has not become worse; and
4. there has not been any new, more frequent or more severe symptoms; and
5. there has been no hospitalization or referral to a specialist; and
6. there have not been any tests, investigation or **treatment** recommended, but not yet complete, nor any outstanding test results; and
7. there is no planned or pending **treatment**.

All of the above conditions must be met for a **medical condition** to be considered **stable and controlled**.

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 someone who shares travel arrangements and accommodations with **you** on **your covered trip** up to a maximum of five persons, including **you**.

Treat, treated or **treatment** means a procedure prescribed, performed or recommended by a **physician** for a **medical condition**. This includes but is 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.

CLAIMS INFORMATION

Contact Us

Travel Claims Department

P.O. Box 557, Hamilton, Ontario L8N 3K9

Fax: 905-528-8338

Toll Free Fax: 1-866-551-1704

Telephone: 905-523-4731

Toll Free in Canada & USA: 1-888-831-2222

If **you** experience an emergency or require assistance while **you** are travelling at any time call the numbers listed below. If **you** cannot successfully place a collect call to the **emergency assistance**

provider as instructed below, please dial direct and submit the charges incurred to make the call along with **your** claim documents.

USA & Canada 1-800-334-7787

Direct Dial Collect 1-905-667-0587

Email: assistance@oldrepublicgroup.com

How To Submit A Claim

You can download a claim form directly from **our** website:

www.oldrepublicgroup.com/TIPS

or **you** can contact **us** toll free at:

English: 1-888-831-2222

French: 1-800-245-1662

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.

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, 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 1-800-530-5446 or by email at: privacy@oldrepubliccanada.com.

Underwritten by:

Old Republic Insurance Company of Canada



Paul M. Field, CPA, CA
President and Chief Executive Officer
November 2018
TCIE1118

