



guard.me GLOBAL TRAVEL INSURANCE POLICY

Underwritten By

Old Republic Insurance Company of Canada

TRAVEL INSURANCE PLAN

The guard.me Global Travel Insurance Plan consists of two components:

1) guard.me Global Travel Insurance Policy Underwritten by Old Republic Insurance Company of Canada

Please see attached **guard.me Global Travel Insurance Policy** commencing on **page 2** of this document for complete descriptions of the benefits (including benefit limits), terms, conditions, limitations and exclusions for the plan purchased.

2) guard.me International Student Third Party Liability Rider Underwritten by Unica Insurance Inc.

BENEFIT	BENEFIT MAXIMUM
Third Party Liability	\$1,000,000

Please see guard.me International Student Third Party Liability Rider attached to the **guard.me Global Travel Insurance Policy** on **page 37** for complete descriptions of the benefits, terms, conditions, limitations and exclusions.

BEFORE YOU DEPART

When reading through this **Policy**, bold capitalized words are defined terms whose definition appears in the definitions section of the **Policy**.

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

10 DAY RIGHT TO EXAMINE

Please take the time to read **Your Policy** and review all of **Your** coverage. If **You** have any questions **You** may contact **guard.me**. **You** may cancel this **Policy** within **10 days** of purchase 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 apply to **Medical Conditions** and/or symptoms that existed prior to **Your Covered Trip**. Check to see how these apply in **Your Policy** and how they relate to **Your** departure date, date of purchase or **Effective Date**.
- In the event of an Injury or Sickness, prior medical history will 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 4
Schedule of Maximum Benefits By Plan	Page 5
What Does This Policy Cover?	Page 6
Coverage Periods	Page 7
Travel Assistance	Page 8
When It Applies	Page 8
What We Provide - 24/7	Page 8
What Happens When You Call For Assistance	Page 10
What To Do When You Need Assistance	Page 10
Limitation on Emergency Assistance Provider Services	Page 10
USA InRoomMD Assistance	Page 11
When It Applies	Page 11
What We Provide - 24/7	Page 11
What To Do When You Need Assistance	Page 11
Limitation on Services	Page 11
Trip Cancellation and Trip Interruption	Page 12
When It Applies	Page 12
Covered Events	Page 12
What We Exclude	Page 14
What We Pay – Trip Cancellation	Page 14
What We Pay – Trip Interruption	Page 15
Limitation of Payment For An Act of Terrorism	Page 15
What To Do If You Have A Claim	Page 15
Trip Delay	Page 16
When It Applies	Page 16
What We Cover	Page 16
What We Exclude	Page 16
What We Pay	Page 16
What To Do If You Have A Claim	Page 17
Emergency Medical	Page 17
When It Applies	Page 17
What We Cover	Page 17
What We Exclude	Page 20
What We Pay	Page 21
What To Do If You Have A Claim	Page 22
Baggage & Personal Effects	Page 22
When It Applies	Page 22
What We Cover & What We Pay	Page 22
What We Exclude	Page 23
What To Do If You Have A Claim	Page 24
Passport/Travel Visa	Page 24
When It Applies	Page 24
What We Cover & What We Pay	Page 24
What We Exclude	Page 24
What To Do If You Have A Claim	Page 24
Travel Tickets	Page 25
When It Applies	Page 25
What We Cover & What We Pay	Page 25
What We Exclude	Page 25
What To Do If You Have A Claim	Page 25

Accidental Death and Dismemberment	Page 25
When It Applies	Page 25
What We Cover	Page 25
What We Exclude	Page 26
What We Pay	Page 26
What To Do If You Have A Claim	Page 26
Security Evacuation	Page 27
When It Applies	Page 27
What We Cover	Page 27
What We Exclude	Page 28
What To Do	Page 28
General Exclusions	Page 28
General Policy Provisions	Page 29
Definitions	Page 30
Claims Information	Page 34
Privacy	Page 35

ELIGIBILITY REQUIREMENTS

Who is Eligible for Coverage?

guard.me Global Travel Insurance is available to persons under **65 years** of age on the **Departure Date**, travelling outside their **Home Country** as a student, faculty, teacher, chaperone, participant in educational/business/cultural exchanges, along with their Spouse, parents and dependents over the age of 15 days and under 19 years, subject to the following restrictions:

- **You** must be insured for the full duration of the **Covered Trip**.
- Coverage is effective throughout the world except in **Your Home Country**.
- The **Policy** must be purchased prior to **Your** departure from **Your Home Country**.
- **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**.
- The **Covered Trip** must not exceed **365 days**.

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

SCHEDULE OF MAXIMUM BENEFITS BY PLAN

BENEFIT SECTIONS		PLAN A	PLAN B
1	TRAVEL ASSISTANCE	INCLUDED	INCLUDED
2	USA InRoomMD ASSISTANCE	INCLUDED	INCLUDED
3	TRIP CANCELLATION & TRIP INTERRUPTION		
	TRIP CANCELLATION	TRIP COST UP TO \$5,000	-
	TRIP INTERRUPTION	TRIP COST UP TO \$5,000	-
	TRIP INTERRUPTION EARLY RETURN	TRIP COST UP TO \$5,000	-
	ACT OF TERRORISM	SEE PAGE 14	-
	ACCOMMODATION & MEALS	\$300	-
4	TRIP DELAY	\$1,500	-
	ACCOMMODATION & MEALS	\$200	-
5	EMERGENCY MEDICAL		
	HOSPITAL & MEDICAL	\$2,000,000	\$2,000,000
	ACCIDENTAL DENTAL	\$1,500	\$1,500
	EMERGENCY MEDICAL EVACUATION/ RETURN HOME	\$2,000,000	\$2,000,000
	ACCOMMODATION & MEALS	\$450	\$450
	HOSPITAL STAY ALLOWANCE	\$500	\$500
	REPATRIATION OF REMAINS	\$2,000,000	\$2,000,000
	CREMATION/BURIAL AT DESTINATION	\$5,000	\$5,000
6	BAGGAGE & PERSONAL EFFECTS	\$800	\$800
	BAGGAGE DELAY	\$100	\$100
	MAXIMUM PER ITEM	\$300	\$300
	PERSONAL MONEY	\$100	\$100
7	PASSPORT/TRAVEL VISA	\$500	\$500
8	TRAVEL TICKETS	\$250	\$250
9	ACCIDENTAL DEATH AND DISMEMBERMENT	\$25,000	\$25,000
10	SECURITY EVACUATION	\$100,000	\$100,000

Please see page 30 for **Our** policy on “Refund of Premium”

WHAT DOES THIS POLICY COVER?

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

The Plan **You** purchased may not include all the coverage described in this document. The **Schedule of Maximum Benefits By Plan** is outlined on page 5. Make sure **You** check **Your Policy Confirmation** to confirm **Your** benefits, coverage and limits.

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

Pre-Existing Condition A Special Note

If **You** or **Your Travelling Companion** have a health irregularity, there will only be coverage for claims arising from that condition if it is not worsening, and there has been no alteration in any medication for that condition, and no medical services other than routine monitoring have been required or recommended by a **Physician** for that condition 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 and Emergency Medical 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**.

***Effective Date for Trip Cancellation: please see page 7.**

For anyone **30 years of age or over**, coverage under Trip Cancellation, Trip Interruption and Emergency Medical is not provided for any claims arising from:

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

COVERAGE PERIODS

Effective Date – When Coverage Begins

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

When Coverage Ends

Your Coverage ends on the earliest of the following events:

1. When **You** cancel **Your** insurance prior to departure;
2. When **You** cancel **Your Covered Trip**;
3. On **Your Return Date**;
4. On the date **You** return to **Your Home Country**;
5. The date **Your Policy** expires as shown on **Your Policy** confirmation document or **Application** for this insurance; or
6. The date **You** cease to be eligible for coverage under this **Policy**.

Your coverage will not end if **You** temporarily return to **Your Home Country**. In such a case, **Your Policy** will remain in effect up to **Your** original **Return 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 **Return Date** as shown on **Your Policy** confirmation document or **Application** for this insurance 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** scheduled **Return 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 Home Country**; 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 **guard.me**.

We will extend **Your Coverage** under this **Policy** beyond **Your** scheduled **Return Date**, as long as:

1. **You** have not experienced an **Injury** or **Sickness**, or have not had medical **Treatment** during **Your Covered Trip**;
2. Coverage under this **Policy** is in force at the time **You** request an extension; and
3. **You** pay any additional required premium for such extension.

In all other circumstances, coverage may be extended beyond the above time frames, but only at **guard.me'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 brochure 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**.

TRAVEL ASSISTANCE

When It Applies

If **You** require **Emergency** medical assistance or other help 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. Advance payment to **Hospital**. We will provide advance payment to a **Hospital** if it is required to secure **Your** admission for a covered **Sickness** or **Injury**.
3. Monitoring of **Treatment**. If **You** are hospitalized, **Our** medical staff will 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.
4. Transfer of insurance information to medical providers. If **You** require medical **Treatment** for an **Injury** or **Sickness**, **We** will provide the emergency medical providers with any coverage information that they require.
5. Vaccine and blood transfers. If required, **We** will coordinate the transfer of required blood or vaccine to **You**.
6. Dispatch of **Physicians** and specialists. If **You** need the care of a **Physician** or specialist, **We** will coordinate the appropriate dispatch.
7. Prescription assistance. If **You** have lost, misplaced or forgotten **Your** prescription medication, **We** will assist **You** in contacting **Your Physician** and obtaining a replacement supply.
8. Replacement corrective eyeglasses and medical devices. If **You** have lost, misplaced or forgotten **Your** corrective eyeglasses or medical devices, **We** will assist **You** in obtaining a replacement.
9. Transfer of medical records. If and when required for **Emergency** medical **Treatment**, **We** will coordinate the transfer of medical records and related information to the treating **Physician**.
10. Continuous updates to family, employer and home **Physician**. If **You** are hospitalized, **We** will provide appropriate medical condition updates to **Your** family, employer and/or personal **Physician**.
11. Hotel arrangements for convalescence. If **You** are hospitalized, **We** will make necessary hotel and related accommodation arrangements for **You** and/or **Your** family travelling with **You** or **Your Travelling Companion** before, during and after **Your** hospitalization.

B. MEDICAL EVACUATION AND REPATRIATION SERVICES

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

1. **Emergency** medical evacuations. If **Our** medical team and the local **Physician** caring for **You** agree that the local care facility cannot treat **Your Sickness** or **Injury**, **We** will provide transport and any necessary accompaniment to transfer **You** to the nearest appropriate facility.
2. Transportation of someone to join **You** if **You** are hospitalized. If **You** are hospitalized for an **Emergency Sickness** or **Injury**, **We** will arrange for the economy class round-trip ticket to bring a friend or **Family Member** to **You** if **You** are alone and a **Physician** recommends that someone travel to join **You**.
3. Return of dependent **Children**. If **You** are confined to **Hospital** for more than **24 hours**, **We** will arrange for the one way **Fare** to return home **Your Children** who have accompanied **You** on **Your Covered Trip**. **We** will also provide an escort if these **Children** are under **15 years of age**.
4. Return of **Travelling Companion**. If, due to a medical **Emergency** covered by this **Policy**, **You** must return to **Your Home Country**, **We** will arrange for the one way **Fare** to return **Your Travelling Companion** to **Your Home Country**.
5. Transportation after stabilization. Once **You** are medically stable to return home, **We** will arrange for the cost of a one way **Fare** to get **You** home (less any refunds from **Your** unused return trip tickets).
6. Repatriation of mortal remains. **We** will pay the cost of reasonable and necessary services to transport **Your** remains to **Your** place of residence. **We** can coordinate between sending and receiving funeral homes.

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.

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.

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** will 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 due to an **Injury** or **Sickness**, **We** will arrange for the return of **Your** vehicle to the rental agency or to **Your** permanent residence.

What Happens When You Call For Assistance

- **You** will be referred to the most appropriate service provider for **Your** situation.
- **We** will confirm that a **Policy** has been issued.
- Prior to receiving all relevant medical information, **We** will handle **Your Emergency** assuming **You** are eligible for benefits under 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
- **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.
- Where a claim is payable **We** will arrange, to the extent possible, to have any medical expenses billed directly to the **Company**.

What To Do When You Need Assistance

Have **Your Policy** number or **Policy** confirmation with **You** at all times. When on the cruise ship, seek the cruise ship's **Physician** and provide the assistance information. When on land, contact **Our** assistance provider at the telephone numbers listed below. Access is available **24 hours per day, 365 days per year** at the following numbers from:

USA & Canada	1-800-334-7787
Dominican Republic	1-888-751-4866
Mexico	001-800-514-0409
Europe	00-800-758-75875
Australia	0011-800-758-75875
Elsewhere Operator Assisted Collect	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 **Claims Administrator** 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**, **Claims Administrator** or the **Emergency Assistance Provider** to provide services according to the benefits and terms of this **Policy** are not employees of the **Company**, the **Claims Administrator** or the **Emergency Assistance Provider**. Therefore, the **Company**, the **Claims Administrator** and the **Emergency Assistance Provider** shall not 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.

When It Applies

If **You** require **Emergency** medical assistance while travelling in the United States on **Your Covered Trip**, **Our Emergency Assistance Provider** may refer **You** to **InRoomMD**. An initial phone consultation is free of charge. If there is a fee associated with the service **You** require, **You** will be asked for a credit card number. When it is determined that the service provided is covered by this **Policy**, **We** will accept direct billing. If it is determined that the service is not covered by this **Policy**, **Your** credit card will be billed.

What We Provide – 24/7

A. NATIONWIDE TELEPHONE CONSULTATIONS

Access to 24 hour per day **Physician** conducted telephone consultations, available throughout the United States.

B. HOUSE CALL PHYSICIAN VISITS

Access to 24 hour per day in-room **Physician** house calls (generally within one hour) in most US major centres by an American trained, board certified **Physician**.

C. PRESCRIPTION MEDICATIONS

InRoomMD Physicians carry the most commonly prescribed acute care medications. Any medications prescribed, but not readily available, will be called into a local pharmacy and delivered to **You** at **Your** destination.

D. DENTAL & CHIROPRACTIC CARE

Access to same day dental or chiropractic treatment.

E. EXPRESS EMERGENCY ROOM TRIAGE AND HOSPITAL ADMITTANCE

Express emergency triage to contracted area **Hospitals** for emergency evaluation and **Treatment**.

F. DURABLE MEDICAL EQUIPMENT

Access to durable medical equipment rentals for **3, 7, 10 and 14 day** durations. Equipment will be dropped off at **Your** place of lodging the day **You** arrive, and picked up at the time of **Your** departure.

What To Do When You Need Assistance

Have **Your Policy** number or Confirmation of Coverage with **You** at all times. Contact **Our Emergency Assistance Provider** at the telephone numbers provided on page 10 of this **Policy**.

Limitation on Services

The **Company** and/or **InRoomMD** reserve the right to suspend, curtail or limit services 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.

InRoomMD will use its best efforts to provide the required services during any such occurrence.

InRoomMD services are available where permissible by law and may be limited in some areas. **InRoomMD** is an American service only available in English.

InRoomMD'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 **InRoomMD** to provide services according to the benefits and terms of this **Policy** are not employees of the **Company** or **InRoomMD**. Therefore, neither the **Company** nor **InRoomMD** 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.

When It Applies

If **You** purchased **Plan A** and if **You** must cancel **Your Covered Trip** before the **Departure Date** or interrupt **Your Covered Trip** while **You** are travelling.

Covered Events

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

Health

1. Any **Injury** or **Sickness** occurring to:
 - a) **You**, **Your Travelling Companion**, or a **Family Member** of either, travelling with **You** on **Your Covered Trip**;
 - b) **Your** or **Your Travelling Companion's Family Member** not travelling with **You** on **Your Covered Trip**;
2. **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**.
3. Quarantine of **You** or **Your Travelling Companion**.

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

4. **Your** or **Your Travelling Companion's** death, the death of **You** or **Your Travelling Companion's Family Member** or **Your** friend 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 and Adoption

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

7. **You or Your Travelling Companion's** principal residence is made uninhabitable during **Your Covered Trip** by fire, vandalism, burglary or **Natural Disaster**
8. Burglary of **You or Your Travelling Companion's** principal residence or place of business within **7 days of Your Departure Date** or during **Your Covered Trip**.
9. Death, hospitalization or quarantine of **Your Host at Destination**.
10. **You or Your Travelling Companion's** destination accommodations made uninhabitable for the period of **Your Covered Trip** due to fire, vandalism, burglary or **Natural Disaster**.
11. 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 the lower of a change fee or one way **Fare** to return to **Your Departure Point**.

Weather

12. Weather conditions causing the scheduled carrier, on which **You or Your Travelling Companion** are booked to travel, to be delayed for a period of at least **30%** of **Your Covered Trip** duration. If **You** experience a delay which results in **You** losing less than **30%** of **Your Covered Trip**, there may be coverage under **Trip Delay** See page 16.

Employment or Educational Obligations

13. The requirement that **You or Your Travelling Companion** attend a 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**.
14. The rescheduling of university or college classes of **You or Your Travelling Companion** to a date that occurs during **Your Covered Trip** due to unusual circumstances beyond **You or Your Travelling Companion's** control and the control of the university or college provided that both the unusual circumstances and the resulting rescheduling occurred after **Your Effective Date**.
15. **Your** parent's involuntary termination or layoff of permanent employment not including contract or self-employment, when actively employed with the same employer for at least **6 months** prior to the **Effective Date** of this insurance.

Legal & Government

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

Terrorism, Hijacking, & Travel Warnings

18. Hijacking of **You or Your Travelling Companion**.
19. An event including, **Act of Terrorism**, war, impending war, or health issue which causes the government of **Your Home Country** to issue a travel warning advising its residents 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. This benefit is limited to the amount described in "**Limitation of Payment for An Act of Terrorism**" on page 15.
 - 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.

What We Exclude

In addition to the **General Exclusions** on page 28 of this **Policy** there is also no coverage and no benefits will be payable for 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**.

For anyone **30 years of age or over**, coverage is not provided for any claims arising from **You or Your Travelling Companion's**:

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

What We Pay – Trip Cancellation

You are covered up to the lesser of the maximum amount shown on the **Schedule of Maximum Benefits By Plan** or the amount as otherwise specified in the benefit, when a Covered Event listed on pages 12 and 14 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 12 and 14 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 **You** originally booked travel supplier of **Your** prepaid **Covered Trip** when such an option is made available;
4. The cost to catch up to **Your** trip if **You** qualify to cancel but choose instead to continue on **Your Covered Trip**, providing the cost to catch up is less than the cost to cancel **Your Covered Trip**;
5. Published cancellation penalties imposed by hotels for unused accommodation.

What We Pay – Trip Interruption

You are covered up to the lesser of the maximum amount shown on the **Schedule of Maximum Benefits By Plan** or the amount as otherwise specified in the benefit, when a Covered Event listed on pages 12 and 14 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 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 **\$150 per day** to a maximum of **\$300**.
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.

Limitation of Payment for An Act of Terrorism

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

- In the event of an **Act of Terrorism**, 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 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.
- This coverage is in excess of all other potential sources of recovery, even if other potential sources of recovery are described as excess coverage. **We** will not apply this coverage until after **You** have exhausted all other potential sources.

What To Do If You Have A Claim

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

If **You** experience an interruption while travelling **You** should call **Our 24 hour** assistance line as directed on page 10 of this **Policy**.

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

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

TRIP DELAY

When It Applies

If **You** purchased **Plan A** and 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** 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** 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** 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** mistaken identity.

For items 1 to 3 above, 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 connections;
- c) **6 hours** between mixed connections such as an airline connecting to a land tour or cruise.

What We Exclude

The exclusions that apply to this coverage are listed in the **General Exclusions** section of this **Policy** on page 28.

What We Pay

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

- In addition, **You** are covered for the cost of meals, commercial accommodation, essential telephone calls and taxi fares resulting from a delay for up to a maximum of **\$200**.

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

What To Do If You Have A Claim

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

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

If **You** require assistance to make alternative travel arrangements **You** may call **Our 24 hour** assistance line at the number shown on page 10 of this **Policy**.

EMERGENCY MEDICAL

When It Applies

If **You** experience a medical **Emergency** while on **Your Covered Trip**.

What We Cover

- Emergency Medical Expenses:** as listed below and ordered or prescribed by a **Physician** as **Medically Necessary** for diagnosis or **Treatment** of **Your Emergency Sickness** or **Injury**:
 - the services of a **Physician**, surgeon or in-**Hospital** duty nurse;
 - Hospital** accommodation (this will include expenses for a cruise ship cabin or hotel room, not already included in the cost of **Your Covered Trip**, if recommended as a substitute for a **Hospital** room for recovery of an **Injury** or **Sickness**);
 - transportation furnished by a professional ambulance company to and from a **Hospital**;
 - up to **\$50** each way if a local taxi service is required to get **You** to and from the nearest medical service provider for a minor **Emergency**;
 - Your Emergency** evacuation from a remote location to the nearest appropriate **Hospital** that can provide the necessary **Emergency** medical **Treatment** as determined and arranged by **Our Emergency Assistance Provider**;
 - diagnostic procedures, laboratory procedures and **Treatment**, subject to prior approval by **Us**;
 - medical equipment purchased or rented for therapeutic purposes subject to prior approval by **Us**;
 - prescription medications required to **Treat** any **Emergency Medical Condition** or **Injury**, which are prescribed by a **Physician** and dispensed by a licensed pharmacist.
 - With respect to all **Emergency** medical expenses, **You** or someone acting on **Your** behalf are required to immediately contact **Our 24 hour** assistance line at the telephone numbers provided on page 10 of this **Policy** before admission to **Hospital** or within **24 hours** after a life or organ-threatening **Emergency**.

Failure to do so will result in **You** being responsible for **30%** of any eligible expenses incurred.

- The **Company** reserves the right to return **You** to **Your Home Country** before any **Treatment** or following **Emergency Treatment** for **Sickness** or **Injury**, if the medical evidence obtained from **Our** medical advisor and **Your** local attending **Physician** confirms **You** are able to return to **Your Home Country** without endangering **Your** life or health.
 - If **You** elect not to return to **Your Home Country** following the **Company's** recommendation to do so, any further expenses related to the **Emergency** will not be covered by this **Policy** and all benefits will end.
- Prescription Drugs:** up to **\$50** for prescription drugs lost, stolen or damaged during **Your Covered Trip**. Up to **\$75** will be allowed if the services of a local **Physician** are required to secure the replacement prescription. **You** must contact our **Emergency Assistance Provider**.
 - Emergency Dental:** treatment ordered by a licensed **Dentist** or dental surgeon as follows:
 - Treatment** or repair of natural or permanently attached artificial teeth which are damaged by an **Accidental Injury** to the head or mouth. Up to **\$1,500** will be paid for continuing dental **Treatment** completed within **90 days** after **You** return to **Your Home Country**, provided the **Treatment** is related to the **Accidental Injury**;
 - up to **\$300** to relieve acute pain and suffering not related to an **Accidental Injury**.
 - Emergency Paramedical Services:** performed by a chiropractor, chiropodist, physiotherapist, osteopath or podiatrist for **Emergency Treatment** up to **\$300** per category of practitioner. Services performed by a **Family Member** are not covered.
 - Accommodation and Meals:** commercial accommodation, meals, essential telephone calls, taxi fares or rental vehicle charges incurred by **You**, **Your Travelling Companion**, or a **Family Member** travelling with **You** if one of you is relocated to receive **Emergency** medical **Treatment** or one of you is delayed beyond **Your Return Date** due to **Sickness** or **Injury**.
 - This benefit is limited to **\$150 per day** to a maximum of **\$450**. Original receipts and the local attending **Physician's** written diagnosis of the **Sickness** or **Injury** must be submitted for this benefit to qualify for payment.
 - Medical Evacuation or Return Home:** in response to an **Emergency Sickness** or **Injury** as follows:
 - the extra cost of a one way **Fare** on a commercial airline via the most direct route to return **You** to **Your** place of residence in **Your Home Country**; or
 - the cost to accommodate a stretcher on a commercial airline via the most direct route to return **You** to **Your** place of residence in **Your Home Country** or to the most appropriate medical facility closest to **Your** home in **Your Home Country**, plus the reasonable cost of meals, accommodations and airfare expenses for a qualified medical attendant to accompany **You** if it is deemed **Medically Necessary**; or
 - air ambulance transportation when it is **Medically Necessary**.
 - Benefits must be pre-approved and arranged by **Us** in consultation with **Our** medical advisors, the local treating **Physician** and **Our Emergency Assistance Provider** for coverage to apply. If **Your** unused return travel ticket is refundable, **We** will deduct the value of the refund from the return transportation cost **We** arranged or **You** may choose to turn **Your** unused return ticket over to **Us**.

7. **Bedside Visit:** If **You** are hospitalized for an **Emergency Sickness** or **Injury** and the local attending **Physician** recommends that a relative or close friend should visit at **Your** bedside, remain with **You**, or accompany **You** home, **We** will reimburse the cost of a round-trip **Fare** by the most direct route and up to **\$500** for commercial accommodation and meals. **We** will automatically insure the accompanying **Family Member** or friend for **Emergency Medical** coverage under this **Policy** until **You** are medically stable to return to **Your Home Country**, subject to the eligibility, limitations, conditions, & exclusions of this **Policy**.
 - These benefits are subject to prior approval by **Us**.
8. **Return and Escort of Children:** This benefit is payable if **You** are confined to a **Hospital** for more than **24 hours** or **You** must return to **Your** home because **You** have a medical **Emergency** which is covered by this **Policy** or in case of **Your** death. **We** will pay for the transportation expenses incurred, up to the cost of a one way **Fare** for the return home of any dependent **Children** who are accompanying **You**. If **Your** child is too young to travel alone, **We** will also pay the extra cost of a round trip air **Fare** via the most direct route, overnight commercial accommodation, and reasonable meal expenses for an escort to accompany **Your** child home. If the unused return travel ticket is refundable, **We** will deduct the value of the refund from the return transportation cost **We** arranged or **You** may choose to turn **Your** unused return ticket over to **Us**.
9. **Child Care Cost:** If **You** are hospitalized for an **Emergency Sickness** or **Injury** during **Your Covered Trip** and need to be relocated to receive **Emergency** medical **Treatment** or are delayed beyond **Your** scheduled **Return Date**, **We** will reimburse **You** up to **\$50 per day** to a maximum of **\$500** for the professional child care cost incurred during **Your Covered Trip** to care for children travelling with **You**.
 - Original receipts from the professional child care provider are required.
10. **Return of Travelling Companion:** If **You** must return to **Your Home Country** because of a medical **Emergency** covered by this **Policy**, **We** will reimburse **You** for the extra cost of a one way **Fare** on a commercial flight via the most direct route to return **Your Travelling Companion** back to **Your Home Country**. If the unused return travel ticket is refundable, **We** will deduct the value of the refund from the return transportation cost **We** arranged.
11. **Repatriation of Remains:** If **You** die during **Your Covered Trip**, **We** will reimburse the reasonable expenses incurred up to the maximum amount specified in the **Schedule of Maximum Benefits By Plan** for:
 - a) preparing and transporting **Your** remains or ashes back to **Your Home Country** ; or
 - b) 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.
12. **Identification of Remains:** If someone is legally required to identify **Your** remains before **Your** body is released, **We** will reimburse the cost of one person to travel to the place where **Your** remains are located via a round-trip **Fare** by the most direct route and up to **\$500** for commercial accommodation and meals. **We** will automatically insure this person for **Emergency Medical** coverage under this **Policy** for not more than **3 days** until they return to **Your Home Country**, subject to the eligibility, limitations, conditions, and exclusions of this **Policy**,
 - This benefit must be pre-arranged and approved by **Us**.
13. **Vehicle Return:** **We** will pay the expenses associated with returning **Your** vehicle to **Your** home or **Your** rental vehicle to the appropriate rental agency if **You** are unable to do so because of a medical **Emergency**. Return of commercial vehicles is not covered.
14. **Return of Baggage and Personal Effects:** In the event of **Your** medical evacuation or repatriation of remains arranged by the **Company**, if there is insufficient space to accommodate **Your Baggage and Personal Effects** aboard the transport provided, **We** will reimburse **You** up to **\$200** to cover the cost of shipping these items to **Your Home Country**.
15. **Incidental Hospital Allowance:** If **You** are required to stay in a **Hospital** for **Treatment** of an **Emergency Sickness** or **Injury** as an in-patient while on **Your Covered Trip**, **We** will pay **You** **\$50** for each **24 hours** of continuous stay up to a limit of **\$500**. This benefit begins after the initial **48 hours** of continuous stay has concluded.
16. **Return to Destination:** If, following **Your Emergency** medical evacuation arranged by the **Company** to **Your Home Country**, **You** wish to return to **Your** destination, **We** will reimburse **You** for the cost of a one way **Fare** to the city from where the medical evacuation occurred.
 - This benefit is available only if :
 - a) **Your** attending **Physician** at **Your** place of residence determines that **You** require no further **Treatment**,
 - b) **You** receive prior approval by **Us**,
 - c) **You** choose this benefit instead of benefit #13, **Vehicle Return**, and
 - d) **Your** return must be prior to **Your** original scheduled **Return Date**.
 - Once **You** return to **Your** destination, a **Recurrence** of the **Medical Condition** which necessitated **Your Emergency** medical evacuation or related **Medical Condition** will not be covered under this **Policy**.
 - This benefit can only be used once during **Your Covered Trip**. Upon return to **Your** destination, the **Effective Date** of coverage is the day **You** leave **Your Home Country** to return to **Your** destination.

What We Exclude

In addition to the **General Exclusions** on page 28 of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section resulting from:

1. **Pre-Existing Conditions** or related **Medical Conditions** as follows:
 - a) For ages **59 and under** on the **Departure Date**, any **Pre-Existing Condition** or **Medical Condition** that was not **Stable and Controlled** during the **60 day** period immediately prior to **Your Departure Date** or which, in the opinion of **Your Physician**, would be expected to require **Treatment** in the foreseeable future.
 - b) For ages **60 to 74** on the **Departure Date**, any **Pre-Existing Condition** or **Medical Condition** that was not **Stable and Controlled** during the **90 day** period immediately prior to **Your Departure Date** or which, in the opinion of **Your Physician**, would be expected to require **Treatment** in the foreseeable future.
 - c) For ages **75 and over** on the **Departure Date**, any **Pre-Existing Condition** or **Medical Condition** that was not **Stable and Controlled** during the **180 day period** immediately prior to **Your Departure Date** or which, in the opinion of **Your Physician**, would be expected to require **Treatment** in the foreseeable future.

NOTE: For anyone **30 years of age or over**, coverage under **Emergency Medical** is not provided for any claims arising from:

- a) a heart condition involving the taking of nitroglycerine more than once per week for the relief of angina;
 - b) a lung condition treated with home oxygen or the taking of oral steroids (prednisone or prednisolone).
2. Expenses incurred for medical care or services where **Your Covered Trip** was undertaken contrary to medical advice or after receiving a prognosis of a **Terminal Sickness**.
 3. **Any Treatment:**
 - a) not required for the immediate relief of acute pain and suffering;
 - b) which can reasonably be delayed until **You** return to **Your Home Country**;
 - c) for follow-up **Treatment, Recurrence** of a **Medical Condition** or subsequent **Emergency Treatment** or **Hospital** stay for a **Medical Condition** or related **Medical Conditions** for which **You** had received **Emergency Treatment** during **Your Covered Trip**.
 4. Transplants of any kind.
 5. Unless prior approval is obtained from **Us**, any **Emergency** air transportation, MRI, CAT Scan, surgery, cardiac procedures, including but not limited to cardiac catheterization, angioplasty or surgery.
 6. Expenses incurred for all medical care or services including those related to an **Accident** when this **Policy** was purchased specifically to obtain **Hospital** or medical **Treatment** outside **Your Home Country**, whether or not recommended by a **Physician**.
 7. Any expenses related to an HIV infection or related condition or AIDS (Acquired Immune Deficiency Syndrome).
 8. Any expenses related to sexually transmitted diseases.
 9. Expenses incurred for ongoing or recurring **Medical Conditions**. Once **Emergency Treatment** and care is completed, no further benefits for the same or related **Medical Conditions** will be covered.

What We Pay

You will be reimbursed for the **Reasonable and Customary** charges in excess of any other insurance **coverage** **You** have for the eligible **Emergency** medical expenses listed above up to the maximum benefit amount described on the **Schedule of Maximum Benefits By Plan**.

If **You** have other insurance that may provide the same benefits **You** must notify **Us** of that insurance, cooperate with **Our** efforts to co-ordinate benefits payable by another insurer, and reimburse **Us** for any payment that **We** have made that **You** receive from another insurer.

What To Do If You Have A Claim

If **You** are hospitalized:

Contact the **Emergency Assistance Provider** at the telephone numbers provided on page 10 of this **Policy**. **You** must do this before admission to **Hospital** or within **24 hours** after a life or organ-threatening **Emergency**.

You or someone acting on **Your** behalf, must authorize **Us** to access all medical documentation from the treating facility at **Your** location and **Your** attending **Physician(s)** at home for the applicable pre-existing time period. (See the pre-existing exclusion in this section.)

Prior to receiving all relevant medical information, **We** will handle **Your Emergency** assuming **You** are eligible for benefits under 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.

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

1. The completed Medical Claim Form;
2. Original receipts or other proofs of payment;
3. Detailed medical documentation; and
4. Any other information **We** deem necessary to properly adjudicate **Your** claim.

BAGGAGE & PERSONAL EFFECTS

When It Applies

If **Your Baggage and/or Personal Effects** are lost, stolen, damaged or delayed during **Your Covered Trip**. Coverage is available up to the maximum amount of **\$800** in the aggregate.

What We Cover & What We Pay – Baggage & Personal Effects – Lost, Stolen or Damaged

When **Baggage and/or Personal Effects** are lost, stolen, or damaged during **Your Covered Trip**, **We** will reimburse **You** up to the Maximum Benefit Amount as shown on the **Schedule of Maximum Benefits By Plan** for the plan **You** purchased.

We will pay the lesser of:

1. The replacement or repair cost, after an allowance is made for wear and tear or depreciation; or
2. The original purchase price.

A maximum of **\$300** is payable for any single item.

A combined maximum limit of **\$300** will be paid for: jewellery; watches; cameras, including related equipment; binoculars; articles consisting in whole or in part of silver, gold or platinum; furs and fur-trimmed items; cell phones; computers and other digital or electronic items provided that original receipts accompany the claim.

The liability of the **Company** with respect to any one claim under this benefit shall not exceed the lesser of this **Policy** benefit limit at the time of **Application** or **\$2,000** in the aggregate under all **guard.me** insurance policies purchased for any one **Covered Trip** with respect to a single insured person.

For this benefit to apply **You** must:

- provide a police report if applicable
- take all reasonable steps to protect, save or recover **Your Baggage and/or Personal Effects**;
- promptly notify, in writing, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour

operators or group leaders, or any **Common Carrier** or third party who had custody of **Your Baggage and/or Personal Effects** at the time of loss and supply **Us** with a copy of the written report.

What We Cover & What We Pay – Baggage Delay

If **Your** checked baggage is misdirected or delayed more than **12 hours** by the **Common Carrier** while on **Your Covered Trip**, **We** will pay up to an aggregate total of **\$100** for:

1. The purchase or rental of essential items of personal clothing and necessary toiletries while on **Your Covered Trip**; and
2. The rental of sporting equipment if the purpose of **Your Covered Trip** was to participate in a sporting event and **Your** sporting equipment was included in the delayed checked baggage.
3. The rental of a wheelchair for use during **Your Covered Trip**.

This benefit does not apply to baggage delayed after **You** have returned to **Your Home Country**.

What We Cover & What We Pay – Personal Money

If **Your** personal money is lost or stolen while on **Your Covered Trip**, the **Company** will reimburse **You** up to **\$100**.

What We Exclude

In addition to the **General Exclusions** on page 28 of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section when reimbursed:

- By the **Common Carrier**, hotel or **Travel Supplier**, including any services rendered by such **Common Carrier**, hotel or **Travel Supplier**; or
- As specified under any other insurance coverage **You** may have for the loss of or damage to property.

No coverage is provided under this section for any loss or damage to:

1. Any animals;
2. Automobile and automobile equipment; aircraft; bicycles, except when checked as baggage with a **Common Carrier**; boats or other vehicles or conveyances; trailers; motors;
3. The following personal items:
 - a) sunglasses (prescription or non-prescription), contact lenses;
 - b) artificial teeth, dental bridges, dental retainers, hearing aids, prosthetic limbs, prescribed medications;
 - c) keys, money, credit cards, tickets and documents (except as coverage is otherwise specifically provided herein), stamps, securities;
 - d) sporting equipment if the loss results from the use thereof;
 - e) travel tickets for **Your Covered Trip**, except for administrative fees required to reissue such tickets;
4. Household effects and furnishings, antiques and collector's items;
5. Perishable or consumable items, including any tobacco products;
6. Property used in trade, business or for the production of income;
7. Computer software, including any expenses incurred for the restoration of any lost or corrupted data;
8. Property shipped as freight or property shipped prior to **Your Departure Date**;
9. Property stolen from an unattended vehicle that was not locked in the trunk or property left in view where a secure trunk is not available;
10. Property caused by defective materials or craftsmanship, normal wear and tear, gradual deterioration, inherent vice or mechanical breakdown;
11. Property caused by electrical current, including electric arcing, that damages or destroys electrical devices or appliances;
12. Property caused by the confiscation, detention, requisition or destruction of **Your Baggage and Personal Effects** by customs or other authorities;

13. Articles purchased during **Your Covered Trip** without original receipts attached to the claim;
14. Jewellery, precious stones, watches; cameras, including related equipment; articles consisting in whole or in part of silver, gold or platinum; furs and fur-trimmed items; cell phones, computers and other digital or electronic items that are placed in the possession of a **Common Carrier**;
15. Property caused by breaking or scratching of fragile articles other than cameras or binoculars, unless caused by fire or **Accident** to the vehicle in which they are being carried;
16. Property insured under any homeowner's or tenant's package policy;
17. Any baggage or property left unattended;
18. Shortages due to error, omission or depreciation in value;
19. Mysterious disappearance.

What To Do If You Have A Claim

In order to qualify for reimbursement under this provision, for loss, theft, damage or delay to **Your Baggage and Personal Effects**, **You** must submit to **Us**:

1. proof of ownership and original receipts for each item being claimed;
2. reports or other documentation from the **Common Carrier** or any other parties responsible for such loss, damage or delay;
3. a detailed signed and sworn statement as to proof of such loss;
4. the original receipts for the necessary purchases, or reimbursements;
5. any police or any other reports documenting any loss covered under this provision; and
6. any other information **We** deem necessary to properly adjudicate **Your Claim**.

PASSPORT/TRAVEL VISA

When It Applies

If **Your** passport and/or travel visa is lost or stolen while travelling outside of **Your Home Country** during **Your Covered Trip**.

What We Cover and What We Pay

We will reimburse **You** up to a maximum of **\$500** for:

1. Costs incurred for the replacement passport and/or travel visa; and
2. Additional travel accommodations and meals associated with the waiting for these replacement documents.

What We Exclude

In addition to the **General Exclusions** on page 28 of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section for:

1. Theft from:
 - a. An unattended locked vehicle and the documents are not secured out of sight;
 - b. A vehicle left unattended from 9:00 PM to 9:00 AM local time.
2. Loss, destruction or damage from confiscation or detention by customs or other officials or authorities.

What To Do If You Have A Claim

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

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

TRAVEL TICKETS

When It Applies

If **Your** non-refundable pre-paid airline, coach, or rail tickets or passes for **Your Covered Trip** are lost or stolen during **Your Covered Trip**.

What We Cover and What We Pay

We will reimburse **You** up to a maximum of **\$250** for the replacement costs of such tickets allowing the continuance of **Your Covered Trip**.

What We Exclude

In addition to the **General Exclusions** on page 28 of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section for:

1. The first **\$50** of each claim;
2. Theft from:
 - An unattended locked vehicle and the documents are not secured out of sight;
 - A vehicle left unattended from 9:00 PM to 9:00 AM local time.

What To Do If You Have A Claim

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

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

ACCIDENTAL DEATH AND DISMEMBERMENT

When It Applies

If **You** sustain an **Injury** while **You** are travelling on **Your Covered Trip**.

What We Cover

You are covered for a sudden bodily **Injury** caused by a happening due to external, violent, sudden or unexpected events beyond **Your** control which occurs during **Your Covered Trip**

EXPOSURE AND DISAPPEARANCE

Loss from exposure to the elements by reason of a covered **Accident** will be covered if such loss is otherwise payable under this **Policy**.

If **You** are not found within one year after:

- a) the disappearance, sinking or wrecking of a conveyance in which **You** are riding during **Your Covered Trip**; or
- b) the destruction of a building which **You** are in during **Your Covered Trip**;

You will be presumed to have suffered loss of life resulting from **Injury** caused by an **Accident**.

What We Exclude

In addition to the **General Exclusions** on page 28 of this **Policy** there is also no coverage and no benefits will be payable for claims presented under this section resulting from:

1. Disease or any physical defect, infirmity or **Sickness** which existed prior to the commencement of **Your Covered Trip**;
2. Travel on any **Common Carrier** as a pilot, operator or crew member; or
3. Any **Act of Terrorism**.

What We Pay

You are covered up to the maximum amount shown on the **Schedule of Maximum Benefits By Plan** or as otherwise specified in the benefit when a covered loss occurs.

Loss of	Maximum Benefit Payable
Life	\$25,000
Both Hands or Both Feet	\$25,000
Entire Sight of Both Eyes	\$25,000
One Hand & One Foot	\$25,000
One Hand & Entire Sight of One Eye	\$25,000
One Foot & Entire Sight of One Eye	\$25,000
Complete & Irrecoverable Loss of Speech or Hearing	\$25,000
One Hand or One Foot	\$12,500
Entire Sight of One Eye	\$12,500

For a benefit to be payable under this coverage, the **Accident** must happen on **Your Covered Trip** and the resulting **Injury** or death must occur within **365 days** of the **Accident**.

In the event **Your** death is a result of an **Injury** caused while riding:

- a) as a fare-paying passenger on any form of public transportation; or
- b) as a passenger (not as a pilot, operator or crew member) on, boarding or alighting from any:
 - i) aircraft maintained by a **Scheduled Airline**;
 - ii) land conveyance licensed for the transportation of passengers for hire which takes **You** directly to or immediately from airports used by a **Scheduled Airline**; or
 - iii) land or water conveyance provided at the expense of the air carrier as a substitute for an aircraft covered by this **Policy**,

the benefit for loss of life is increased to **\$50,000**

Loss as used above with reference to:

1. Hand or foot: means that the hand or foot is completely and permanently severed at or above the wrist or ankle joint;
2. Sight: means the total and irrecoverable loss of entire sight.

If more than one loss results from any one **Accident**, **We** will only pay the one largest benefit as listed above. No benefit is payable for a loss which is not shown above.

Regardless of how many valid policies **You** have purchased with **Our Company**, the maximum amount for which **You** can be covered under all policies issued for **Travel Accident/Airflight Accident/Accidental Death and Dismemberment** by **Our Company** as a result of any one incident is limited to an aggregate amount of **\$500,000**. Any amount purchased in excess of **\$500,000** shall be refunded upon request.

The **Company's** maximum liability under this **Policy** and all other **Travel Accident/Airflight Accident/Accidental Death and Dismemberment** Insurance policies issued by the **Company** with respect to any one incident is limited to **\$12,000,000** in the aggregate, which will be shared proportionately among all claimants entitled to claim. In addition, the **Company's** maximum liability under this **Policy** and all other **Travel Accident/Airflight Accident Insurance/Accidental Death and Dismemberment** policies issued by the **Company** under this benefit with respect to more than one incident occurring during a calendar year is limited to **\$24,000,000** in the aggregate.

What To Do If You Have A Claim

In order to qualify for coverage under this provision, **You** or someone on **Your** behalf must submit to **Us**:

1. The completed Medical Claim Form;
2. Detailed medical documentation;
3. A detailed signed and sworn statement as to proof for such loss; and
4. Any other information **We** deem necessary to properly adjudicate **Your** claim.

SECURITY EVACUATION

When It Applies

Coverage applies to situations described below that occur outside **Your Home Country** during the **Coverage Period** of this **Policy**.

What We Cover

This **Policy** provides emergency evacuation coverage from or within **Your Host Country** to the nearest place of safety in the event that:

1. You are expelled from a **Host Country** if you are declared persona non-grata on the written authority of the recognized government of the **Host Country**;
2. Political or military events involving **Your Host Country** if the authorities issue a notice advising that citizens of **Your Home Country** or of **Your Host Country** should leave the **Host Country**;
3. A natural disaster, within **7 days** of the event, in **Your Host Country** and the government of the **Host Country** declares **Your** location a disaster area that is uninhabitable or dangerous. Natural disaster, as used herein, means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or similar event;
4. Verified physical attack or verified threat of physical attack to **You** from a third party;
5. **You** are kidnapped or have a missing person report for **You** filed with the local/international authorities.

Benefits will be paid for:

1. **Your** transportation to the nearest safe and acceptable location as determined by **Us**. The safe location is where:
 - a) **You** are safe;
 - b) **You** have access to transportation to **Your Home Country**; and,
 - c) **You** have access to food and temporary accommodations;
2. **Your** transportation back to the **Host Country** if it is safe or to **Your Home Country** within **14 days** of the initial security evacuation as determined by **Us**;
3. Consulting services of a safety consultant selected by **Us** in the event that **You** are kidnapped or have a missing person report for **You** filed with local and international authorities.

All travel expenses must be authorized and arranged by **Us**. At **Our** discretion, **We** will utilize whatever resources that are available including economy public transportation, private aircraft, ground and/or sea transportation. Return to **Home Country** will involve the lower of:

1. the change fees on existing tickets where possible; or,
2. the purchase of new replacement tickets.

Fourteen (**14**) **days** after the security evacuation, if it is determined by **Us** to return **You** to **Your Home Country** or, if it is safe, to return **You** to **Your Host Country**, and **You** choose to remain where **You** are located, no further benefits under **Security Evacuation** are applicable. All other benefits of the **Policy** will remain in force up to the earlier of:

1. **When Coverage Ends** as specified on page 7 of this **Policy**; or,
2. the date **You** cease to be an eligible person.

We or **Our Emergency Assistance Provider** are not responsible for the availability of transportation services. Where security evacuation becomes difficult due to dangerous or hostile conditions, **We** will try to maintain contact with **You** until security evacuation is possible or until the dangerous situation has subsided.

What We Exclude

This **Policy** does not cover any loss caused by or resulting from:

1. **You** being a participant in the event that gave rise to a claim;
2. **Your** fraudulent, dishonest or illegal act;
3. **Your** violation of the laws in **Your Host Country** or of **Your Home Country**;
4. **Your** failure to maintain and possess required travel documents and visas;
5. Any common, endemic or epidemic diseases or global pandemic; or,
6. Risks or incidents present in **Your Host Country** prior to the start date of this coverage.

We will not pay **Security Evacuation** expenses and fees:

1. Recoverable from any other source;
2. Associated with repatriation of remains;
3. Associated with monies payable in the form of a ransom;
4. Where **You** contact **Us** for a **Security Evacuation** more than **30 days** after authorities in **Your Host Country** issue a notice advising that citizens of **Your Home Country** or of **Your Host Country** to leave the **Host Country**; or,
5. Incurred in a **Host Country** against which the United States of America has economic embargos or trade sanctions.

What To Do

To qualify for benefits under this section, **You** must contact the **Emergency Assistance Provider** at the time **You** have an event listed in this section of the **Policy**. **You** can contact the **Emergency Assistance Provider** at the telephone numbers located on page 10 of this **Policy**

GENERAL EXCLUSIONS

(Not Applicable to Security Evacuation)

These exclusions apply to all sections of this **Policy** except **Security Evacuation**. 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; major psychiatric illness such as psychosis, schizophrenia and major affective mood disorders;
4. Any elective medical **Treatment**;
5. Except as described in Trip Cancellation/Trip Interruption: pregnancy or childbirth in the normal course; complications of pregnancy or childbirth within 9 weeks of the expected delivery date; voluntarily induced abortion; or, a child born during **Your Covered Trip**;
6. **Your** use of drugs, alcohol, or any medication that results directly or indirectly in the condition causing a claim;
7. **Your** suicide, attempted suicide or any intentionally self-inflicted **Injury**;
8. **Your** participation in **Extreme Activities**;
9. **Your** participation in organized professional sporting activities;

10. Driving a motorcycle, moped, or scooter, whether or not **You** are driving on publicly maintained roads, driving off-road or on private property (unless **You** hold an applicable valid driver's license);
11. **Your** riding, driving or participating in races of speed or endurance;
12. Piloting an aircraft or air travel on any air supported device other than as a fare-paying passenger on a flight operated by a **Common Carrier**;
13. Fraud, concealment or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder;
14. **Your** participation in a crime or malicious act;
15. Participation in a riot or insurrection;
16. Except as provided under Trip Cancellation (#19 **Act of Terrorism** page 14), 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;
19. Events related to travel warnings issued by **Your Home Country** 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; or
20. **Contamination** resulting from radioactive material or nuclear fuel or waste.

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

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

Currency: All premiums and benefits under this **Policy** are payable in United States of America 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. The **Company** upon making payment under this **Policy** does not assume any responsibility for the availability, quality, results or outcome of any **Treatment** or service, or **Your** failure to obtain any **Treatment** or service covered under the terms of this **Policy**.

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

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

Refund of Premium: For other than the "**10 Day Right to Examine**" on page 2, no refunds are allowed. This **Policy** is non-transferable.

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.

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 government or private 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 law in the province of Ontario, Canada 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.

DEFINITIONS

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.

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

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.

Application means the printed form, computer printout, invoice or document that is used to apply for this insurance as provided by **guard.me** or the multi-stepped process that must be completed by the applicant when purchasing this insurance electronically through **guard.me**. The **Application** confirms the insurance coverage **You** have purchased sets forth the **Departure Date**, the **Departure Point** and the **Return Date** of **Your Covered Trip** and forms an integral part of the **Policy** contract.

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

Bankruptcy or **Default** means the travel supplier is insolvent, is bankrupt, is in receivership, has made a proposal to its creditors or filed a notice of intention to make a proposal to creditors. Bankruptcy or default also includes 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.

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

Children (for the purpose of the "Return & Escort of Children" benefit) means any insured unmarried person who is dependent upon **You** for support, is travelling with **You** or who joins **You** during **Your Covered Trip** and is under **19 years** of age..

Claim Administrator means Travel Healthcare Insurance Solutions Inc. (T.H.I.S.) and/or the **Company**.

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 Reliable Life Insurance Company and/or Old Republic Insurance Company of Canada, Hamilton, Ontario.

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

Covered Trip means travel arrangements insured by this **Policy** commencing on the **Effective Date** and ending on the **Return Date**, both as shown on the insurance confirmation.

Dentist means a qualified doctor of dentistry lawfully licensed to practice dentistry in the place where dental services are performed, but does not include the **Insured**, a **Travelling Companion** or a **Family Member**.

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

Departure Point means the 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 7)

Emergency means an unforeseen **Sickness** or **Injury** that requires immediate **Treatment** to prevent or alleviate existing danger to life or health. An **Emergency** no longer exists when medical evidence indicates that **You** able to return **Your Home Country**, or continue with **Your Covered Trip**.

Emergency Assistance Provider means the service that is provided to **You** during the **Coverage Period**, **24 hours** a day, **365 days** a year, by calling the **Emergency** numbers provided in this **Policy**.

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

Family Member means **Spouse**, parent, legal guardian, step-parent, grandparent, grandchild, in-laws, natural or adopted child, stepchild, brother, sister, stepbrother, stepsister, aunt, uncle, niece, nephew or an employed **Caregiver** for unmarried dependent children under **19 years** of age.

Fare means the lowest single seat fare from any International Air Transportation Association carrier.

Home Country means the country where the **Insured** permanently resides.

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

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

Host Country means the **Insured's** destination country.

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

Insured, You or Your means a person who is eligible for coverage under this **Policy** and who is named on the **Application** for this insurance and for whom the required premium has been paid to and accepted by **guard.me**.

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

Medically Necessary means **Treatment** or services that are appropriate for the relief of **Sickness** or **Injury** in an **Emergency**, based on generally accepted professional medical standards.

Minor Infection 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 infection or the complication of a chronic infection is not a minor infection.

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

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

Plan Administrator means Travel Healthcare Insurance Solutions Inc.

Policy means this document and **Your Application** for insurance hereunder, which is issued in consideration of payment of the required premium.

Pre-Existing Condition means a **Medical Condition** other than a **Minor Infection**, for which **Treatment** has been received or taken or which exhibited symptoms, prior to **Your Effective Date** and within the period specified for the plan **You** have chosen, and includes a medically recognized complication or **Recurrence** of a **Medical Condition**.

Reasonable and Customary means charges that are usually made by other providers of similar standing for residents in the locality where the charges are incurred, for comparable **Treatment**, services or supplies for a similar medical **Emergency**.

Recurrence means the appearance of symptoms caused by or related to a **Medical Condition** which was previously diagnosed by a **Physician** or for which **Treatment** was previously received.

Return Date means the date on which **You** are scheduled to return to **Your Departure Point/Home Country**, as shown on **Your Application**.

Scheduled Airline means any aircraft operated by an 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 the **Coverage Period**.

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 the **Medical Condition** is not worsening and there has been no alteration in any medication for the condition or its usage or dosage, nor any **Treatment**, prescribed or recommended by a Physician or received within the time period specified in this **Policy**, prior to **Your Effective Date**.

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

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

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

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

Contact Us

guard.me Claims

guard.me Global Travel Insurance

Old Republic Insurance Company of Canada
P.O. Box 557, Hamilton, Ontario L8N 3K9

Fax:	905-528-8338
Toll Free Fax:	1-866-551-1704
English: Telephone:	905-523-4731
Toll Free in Canada & USA:	1-888-831-2222
French: Telephone:	905-667-5020
Toll Free in Canada & USA:	1-800-245-1662

If **You** experience an emergency or require assistance while **You** are travelling at any time call from:

USA & Canada	1-800-334-7787
Dominican Republic	1-888-751-4866
Mexico	001-800-514-0409
Europe	00-800-758-75875
Australia	0011-800-758-75875
Elsewhere Operator Assisted Collect	905-667-0587
Email:	assistance@oldrepublicgroup.com

How To Submit A Claim

You can download a claim form directly from: www.guard.me
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/Plan Administrator**;
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, a 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 the beneficiary noted by the **You**. If a beneficiary is not otherwise designated by the **Insured**, benefits will be paid to the first of the following surviving preference beneficiaries:

1. the **Insured's Spouse**;
2. the **Insured's** child or children jointly;
3. the **Insured's** parents jointly if both are living, or the surviving parent if only one survives;
4. the **Insured's** brothers and sisters jointly; or
5. the **Insured's** estate.

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 Ontario, Canada 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. All legal actions or proceedings must be brought in the province of Ontario, Canada where the head office of the **Company** is located.

PRIVACY

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

Our privacy policy sets high standards for collecting, using, disclosing and storing personal information. If **You** have any questions about the **Company's** privacy policy, please contact **Our** Privacy Officer at 905-523-5587 or by email at: privacy@oldrepublicgroup.com.

Underwritten by:

Old Republic Insurance Company of Canada
Hamilton, Ontario



Paul M. Field, CPA, CA
President and Chief Executive Officer
April 2015
GMGTIE0415

EMERGENCY MEDICAL INFORMATION REQUIRED

When contacting the Emergency Assistance Provider concerning a medical emergency, the following information will be required:

1. Information concerning the Insured:

Name: _____

Policy Number: _____

Date of Birth: _____

Permanent Address: _____

Telephone Number in Canada: _____

Other Travel Insurance Info: _____

2. Where can the Insured be reached?

Location of Insured: _____

Telephone Number: _____

If in Hospital, Room #: _____

Hospital Telephone Number: _____

3. Summarize the circumstances (What happened? When?)

4. Attending Physician at destination

Name: _____

Telephone Number: _____

Fax: _____

5. Insured's medical history and current medications.

6. Family physician

Name: _____

Telephone Number: _____

Fax: _____

7. Information about the caller:

Name: _____

Relationship to Insured: _____

Telephone Number where you can be reached: _____

guard.me
International Student
Third Party Liability Rider

Underwritten By
Unica Insurance Inc.

Benefit Maximum: \$1,000,000 US FUNDS

Certain capitalized terms used in this Rider have specific meanings and are defined below and/or in the **guard.me Global Travel Insurance Policy** to which this **Rider** is appended. Where a term is defined below as well as in the **guard.me Global Travel Insurance Policy**, the definition below shall prevail for purposes of this **Rider**.

COVERAGE

The coverage provided in this Rider is included for the **Period of Coverage** of the **guard.me Global Travel Insurance Policy** to which this **Rider** is appended upon full payment of the appropriate additional premium.

This **Rider** provides insurance for Your Legal Liability for Bodily Injury or Property Damage arising from Your personal actions as described below. Where a law suit is brought against You, the Insurer will pay all sums which You become legally liable to pay as compensatory damages because of unintentional Bodily Injury or Property Damage arising out of Your personal actions anywhere in the world other than Your Home Country or any country in respect of which Your Home Country's Government has issued a travel advisory. Coverage is up to the Benefit Maximum of **\$1,000,000** (one million dollars) per **365 day** period.

The Insurer's maximum liability for any negotiated settlement or court ordered award is the lower of:

1. the negotiated settlement or court ordered award plus all associated legal costs and disbursements; or,
2. the Benefit Maximum.

The Insurer will also reimburse legal defense costs up to a maximum of **\$50,000** (fifty thousand dollars) incurred in defending charges brought against You under the criminal code or similar legislation alleging physical or sexual abuse or harassment which is alleged to have occurred during the period of coverage under this **Rider**.

The Insurer will only indemnify You if:

1. All charges are withdrawn by the authorities responsible for laying the charges, or
2. You are found not guilty of the charges following final judgment or adjudication.

Host Family Homeowner/Other Applicable Insurance Coverage: This coverage applies while You are residing in Your Host Country. If an Accident results in an eligible claim under a valid and collectible homeowner's insurance policy of Your host family or similar insurance policy covering property damage to Your temporary residence, the Insurer will pay the loss incurred up to the amount of the deductible under the Your host family's homeowner's policy (or similar insurance policy), not to exceed **\$1,000** per **365 day** period. The Insurer will pay the benefit pursuant to this provision only after You have submitted to the Insurer due proof of the property damage amount which was incurred.

You are covered up to the Benefit Maximum for:

1. compensation You must pay, as approved by the Insurer, for any settlement or legal verdict; and
2. associated legal fees pre-approved by the Insurer, for Your representation in any legal proceedings. Legal representation must be by a person or persons other than an Immediate Family Member and pre-approved by the Insurer.

The Insurer's maximum liability for any negotiated settlement or court ordered award is the lower of:

1. the negotiated settlement or court ordered award plus all associated legal costs and disbursements; or,
2. the Benefit Maximum.

CONDITIONS AND LIMITATIONS

1. No admission, offer, promise or indemnity shall be made without the Insurer's consent. The Insurer shall be entitled to take over and conduct the defense of any legal action brought against You and to settle such action in Your name.
2. You are obligated to take all possible steps to prevent and minimize the loss including notifying the Insurer or Plan Administrator as soon as possible and supplying all information in respect of the circumstances surrounding a potential claim.
3. You shall provide all the information and assistance that is required by the Insurer. You shall provide the Insurer with copies of all letters, pleadings and other relevant documents and materials received by You.
4. The Insurer may, at the Insurer's sole discretion, in respect of any occurrence(s) covered by this **Rider**, pay to You the Benefit Maximum applicable to such occurrence(s), less any amounts already paid, or any lesser amount for which the claim(s) arising from such occurrences(s) can be settled. The Insurer shall thereafter be under no further liability in respect of such occurrence(s) except that where the Benefit Maximum has not been paid, the Insurer will pay for legal costs and disbursements, which have been pre-approved by the Insurer up to the remaining limits of the Benefit Maximum.
5. Benefits payable are in excess of any homeowner, tenant, or other insurance, and all other sources of recovery. If any other insurance is available to You, Your Host Family, or any third party for a covered loss under this **Rider**, the Insurer's obligations under this **Rider** are excess of such insurance. In no event shall this insurance apply until all other insurance has paid its applicable limit of insurance.
6. To qualify for coverage under this **Rider**, You must notify the Plan Administrator at the time You are first advised of a legal action/claim against You. You can contact the Plan Administrator at:
Travel Healthcare Solutions Inc. d.b.a. Guard.me Claims
300 John Street, Suite 405
Thornhill, Ontario Canada L3T 5W4
7. Governing law: This **Rider** is governed by the laws of the province of Ontario and is subject to the provisions of the Insurance Act respecting contracts of insurance entered into in Ontario

EXCLUSIONS

- A. There is no coverage for any claims/actions presented that result or arise from:
1. war, invasion, act of a foreign enemy, hostilities, civil war, rebellion, revolution, insurrection or military power;
 2. any claim that arises directly or indirectly, in whole or in part, out of Terrorism or by any activity or decision of a government agency or other entity to prevent, respond to or terminate Terrorism regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage;
 3. Your participation in riot or insurrection;
 4. the use of any weapons;
 5. bodily injury or property damage which is required to be insured under a nuclear energy liability policy issued by the Nuclear Insurance Association of Canada, or any other group or pool of insurers;
 6. a) sexual, physical, psychological or emotional abuse, molestation or harassment, including corporal punishment by, or at Your direction, or with Your knowledge; or
b) Your failure to take steps to prevent sexual, physical, psychological or emotional abuse, molestation or harassment or corporal punishment;
 7. Your transmission of an illness/disease;
 8. damage caused by Your commission of or attempt to commit a willful, illegal or malicious act;
 9. business pursuits;
 10. the rendering or failure to render any professional service;
 11. property that You sell, rent, lease or lend for use by third parties;
 12. damage that is due to wear or tear;
 13. damage caused by animals owned by or being cared for by you;
 14. a) the erasure, destruction, corruption, misappropriation, misinterpretation of data;
b) erroneously creating, amending, entering, deleting or using data, including any loss of use arising from any of these actions or events; or
c) the distribution or display of data by means of an internet website, the internet, an intranet, extranet, or similar device or system designed or intended for electronic communication of data;
 15. the ownership, use (including loading/unloading) or operation of any automobile, watercraft, aircraft, motorized vehicle or trailer attached to any of the foregoing;
 16. the occupation or ownership of any land or building except any building You temporarily occupy during the Policy Period of Coverage;
 17. the use of drugs, alcohol or any medication which results directly or indirectly in the condition causing a claim.
 18. expenses which are recoverable or which could have been recovered from any other source including but not limited to any individual, group or prepaid employee or private health insurance plan, credit card coverage or government health insurance plan or third party liability plan/policy;
 19. fraud, concealment, or deliberate misstatement in relation to any matter affecting this insurance or in connection with the making of any claim hereunder; and
 20. Your travel to or within a country, city or region listed in any level of a travel warning that has been issued by Your Home Country or Your Host Country to warn its residents against travel.

- B. Nor will any coverage be provided in relation to claims and/or actions brought:
1. by Your Immediate Family;
 2. by any person who is employed by You;
 3. for any punitive or exemplary damages;

CLAIMS

To make a claim contact:

Unica Insurance Inc.
7150 Derrycrest Drive
Mississauga, Ontario, L5W 0E5
Tel: 1-866-864-1113

Definitions Applicable Only to This Rider:

Bodily Injury means bodily injury, sickness or disease or resulting death.

Host Country means the country in which You are temporarily residing as a student while away from Your Home Country.

Host Family means the individual(s) or family with whom You are residing as a student while away from Your Home Country.

Immediate Family means Your Spouse, parent, legal guardian, step-parent, grandparent, grandchild, in-laws, natural or adopted child, stepchild, brother, sister, stepbrother, stepsister, aunt, uncle, niece, nephew or an employed Caregiver for unmarried dependent children under 19 years of age.

Insurer means Unica Insurance Inc.

Legal Liability means responsibility which courts recognize and enforce between persons who sue one another.

Plan Administrator means Travel Healthcare Insurance Solutions Inc. doing business as guard.me.

Property Damage means:

1. physical damage to, or destruction of, tangible property;
2. loss of use of tangible property.

Spouse means Your legally married spouse, or a person with whom You have been residing and who is publicly represented as Your spouse.

All other definitions conditions, limitations, exclusions and provisions of the guard.me Global Travel Insurance Policy to which this Rider is appended are applicable.

Travel Healthcare Insurance Solutions
300 John Street, Suite 405,
Thornhill, Ontario CANADA L3T 5W4
Tel: (905) 731-8140 Toll-free: 1-877-873-8447
Fax: (905) 731-6676 Toll-free: 1-866-329-8447
Email: admin@guard.me
Website: www.guard.me

ISO9001:2008 Registered

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