

# INSURANCE CERTIFICATE

## OUT-OF-PROVINCE EMERGENCY TRAVEL MEDICAL INSURANCE

15 DAY COVERAGE IF AGE 64 OR UNDER

3 DAY COVERAGE IF AGE 65 OR OVER

**KEEP THIS CERTIFICATE IN A SAFE PLACE AND TAKE IT WITH YOU WHEN YOU TRAVEL. PLEASE READ THIS CERTIFICATE CAREFULLY BEFORE YOU TRAVEL.**

Royal & Sun Alliance Insurance Company of Canada (referred to in this certificate as the "Company") provides the insurance for this certificate under Group Policy PS1033849248 (referred to in this certificate as the "Policy"). Global Excel Management Inc. is the assistance and claims service provider under this coverage. This certificate is not a contract of insurance and contains only a summary of the principal provisions of the Policy. A **Cardholder** or a claimant under the Policy may, on request to the Company, obtain a copy of the Policy, subject to certain access limitations permitted by applicable law. All benefits are subject in every respect to the Policy which alone constitutes the Agreement under which payments are made. This coverage may be cancelled, changed or modified at the option of **CIBC** at any time without notice. This certificate replaces any and all certificates previously issued to the **Cardholder** with respect to the Policy.

**You, Your Spouse and Your Dependent Children** automatically have emergency medical insurance coverage up to \$5,000,000 CDN, per person, per **Trip**, and access to emergency travel services when **You** travel outside of **Your Province**. Coverage is provided for the first fifteen (15) consecutive days of **Your Trip** if **You** are age 64 or under or for the first three (3) consecutive days of **Your Trip** if **You** are age 65 or older.

### IMPORTANT NOTICE – PLEASE READ CAREFULLY

Out-of-Province Emergency Travel Medical Insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that **You** read this certificate and understand **Your** coverage before **You** travel as **Your** insurance may be subject to certain limitations or exclusions. In particular, please read the section in this Certificate entitled "What's Not Covered."

A pre-existing exclusion applies to medical conditions and/or symptoms that existed prior to **Your Trip**. Check to see how this applies in your certificate of insurance and how it relates to **Your Departure Date** or effective date.

In the event of an accident, injury or sickness, **Your** prior medical history may be reviewed when a claim is made.

**Your** insurance provides travel assistance. **You** are required to notify Global Excel Management Inc. prior to receiving **Treatment**. **Your** insurance limits benefits should **You** not call Global Excel Management Inc. prior to receiving **Treatment**.

### YOU MUST CALL GLOBAL EXCEL AT THE FIRST AVAILABLE OPPORTUNITY WHEN YOU NEED EMERGENCY MEDICAL SERVICE.

Emergency assistance is available 24 hours a day, 7 days a week. If in Canada or Continental U.S.A., including Hawaii, call toll-free at: 1-877-350-6970. From all other locations, including Mexico, call collect to: 905-816-2571.

**If You do not call Global Excel, the medical Treatment You receive may not be covered by this insurance.**

### WHAT'S PROVIDED BY OUT-OF-PROVINCE EMERGENCY TRAVEL MEDICAL INSURANCE

Out-of-Province Emergency Travel Medical Insurance program provides **You** with insurance coverage for eligible **Emergency** travel medical expenses. **You** can also receive **Emergency** medical and travel services in most major languages when travelling outside **Your Province**.

The following emergency assistance services are provided:

#### PART 1 – MEDICAL ASSISTANCE SERVICES

1. We help **You** find a **Doctor, Hospital or Medical Facility**;
2. We verify **Your** coverage with the **Hospital or Medical Facility** and arrange payments;
3. We monitor **Your** medical **Treatment** and keep **Your** family, employer, etc., informed;
4. We arrange **Your** transportation home if it is medically required;
5. We arrange for the transportation of a **Family Member** or friend to **Your** bedside or to identify **Your** remains if **You** die;
6. We arrange for **Your Dependent Children** to be looked after and to be flown home if **You** are hospitalized.

#### PART 2 – TRAVEL SERVICES

1. We supply pre-trip information and assistance;
2. We help if **Your** passport, airline ticket or baggage is lost;
3. We will refer **You** to a lawyer;
4. We arrange for emergency cash;
5. We pass along emergency messages between **You** and **Your** family, friends and business associates.

Full details about these services and **Your** insurance coverage terms can be found in this certificate.

## DEFINITIONS

Throughout this certificate, all bold, capitalized terms have the meanings described below:

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

**"Card"** means a CIBC Aerogold® Visa Infinite® Card.

**"Cardholder"** means the Primary Cardholder, as defined in the **Card's** Cardholder Agreement, whose **Card** is in good standing.

**"CIBC"** means Canadian Imperial Bank of Commerce.

**"Common Carrier"** means any land, air or water conveyance which is licensed to transport passengers for hire, provided it maintains published timetables and fares. Taxis, limousines and rental vehicles however, are not considered Common Carriers.

**"Condition"** means any ailment, illness, injury, medical complication or surgical procedure.

**"Departure Date"** means the date on which **You** leave **Your Province**.

**"Dependent Children"** means any unmarried child of the **Cardholder** or their spouse who is, at the date of purchase, dependent on **You** for support and is:

- a) Under 21 years of age;
- b) A full-time student who is under 25 years of age;
- c) Of any age with a permanent physical impairment or a permanent mental deficiency.

**"Doctor"** means someone who is not **You** or a **Family Member**, and who is licensed to prescribe drugs and administer medical **Treatment** (within the scope of such license) at the location where the **Treatment** is provided.

**"Emergency"** means an unexpected and unforeseeable illness or injury (arising within the first 15 days of **Your Trip** if **You** are age 64 or under or the first 3 days of **Your Trip** if **You** are age 65 or over) for which immediate medical **Treatment** is needed to prevent or alleviate existing danger to life or health and cannot be reasonably delayed until **You** return to **Your Province**.

**"Family Member"** means **You** or **Your Travelling Companion's** spouse, mother, father, step-parent, in-law, daughter, son, step-child, sister, brother, step sibling, grandparent, grandchild, aunt, uncle, niece or nephew.

**"Government Health Insurance Plan"** means the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

**"Hospital or Medical Facility"** means a licensed facility, which provides people with care and medical **Treatment** needed because of an **Emergency**. The facility must be staffed 24 hours a day by qualified and licensed **Doctors** and nurses. A hospital or medical facility does not include a spa or nursing home.

**"Minor Ailment"** means any sickness or injury which does not require: the use of medication for a period of greater than 15 days; more than one follow-up visit to a physician, hospitalization, surgical intervention, or referral to a specialist; and which ends at least 30 consecutive days prior to the **Departure Date** of each **Trip**. However, a chronic **Condition** or any complication of a chronic **Condition** is not considered a **Minor Ailment**.

**"Province"** means **Your** province or territory of permanent residence at the time of the **Emergency**.

**"Reasonable and Customary Charges"** means charges that are, as determined by **Us**, comparable to other charges for the same service and level of expertise in the place where the **Emergency** took place.

**"Spouse"** means the person the **Cardholder** is legally married to or a partner the **Cardholder** has lived with for a minimum of 12 consecutive months.

**"Stable"** means a **Condition** in respect of which there have been no new, or changes in: symptoms, prescribed medication (type or dosage of medication), or **Treatment**. In addition, there are no unreported results of tests, investigations, or consultations unless the results indicate no change in a previously identified **Condition**.

**"Travelling Companion"** means any other person (up to a maximum of two (2) people), other than a **Spouse** or **Dependent Children**, who accompanies **You** throughout the **Trip**. A travelling companion is not covered under this insurance.

**"Treatment"** means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a **Doctor** including, but not limited to, consultation, prescribed medication, investigative testing, hospitalization or surgery.

**"Trip"** means travel outside of **Your Province**.

**"We, Our and Us"** refer to Royal & Sun Alliance Insurance Company of Canada, or its authorized representatives or Global Excel Management Inc. as applicable.

**"You and Your"** refer to the following persons where the **Card** is in good standing at the time of the **Emergency**: the **Cardholder** of a **Card**; the **Cardholder's Spouse** and **Dependent Children**, whether they travel together or not. **You** and **Your** do not include other people who may be entitled to use the **Card**.

## PART 1: WHAT TO DO IN THE EVENT OF AN EMERGENCY

Before obtaining any medical services or advice, **You** must call Global Excel. Some **Treatments** require pre-approval in order to be covered (see section "What's Not Covered" for details). If in Canada or the Continental U.S.A., including Hawaii, call toll free at 1-877-350-6970. From all other locations, including Mexico, call collect: 905-816-2571.

The operator can direct **You** to a **Medical Facility** or **Doctor** in **Your** area of travel. If **You** contact Global Excel at the time of **Your Emergency**, **We** will ensure that **Your** covered expenses are paid directly to the **Hospital or Medical Facility**, where possible. If **You** do not contact Global Excel, the medical **Treatment** **You** receive may not be covered by this insurance.

## WHAT'S COVERED

Unless stated otherwise, **We** will cover the **Reasonable and Customary Charges** for each benefit listed below in the event of an **Emergency**, which occurs while travelling outside **Your Province**.

**Accommodation in a Hospital or Medical Facility:** Costs for **Hospital** accommodation and necessary medical supplies (except for the costs of a private room or suite unless one is medically required) in excess of what is covered by **Your Government Health Insurance Plan**.

**Doctor's bills:** Charges made by a **Doctor** in excess of the amount paid by **Your Government Health Insurance Plan** where permitted by law.

**Private registered nurse:** Charges for a qualified private registered nurse (who is not **You** or a **Family Member**) after a period of hospitalization, if the attending **Doctor** and **We** consider one to be necessary.

**Ground ambulance services:** Charges for ambulance services from the place of the illness or **Accident** to the nearest **Medical Facility** able to provide the necessary **Treatment**.

**Air ambulance services:** Charges for air transport between **Hospitals** and for **Hospital** admission in **Your Province**, if approved by **Us** in advance.

**Paramedical services:** Charges to a maximum of \$300 each for the services of a licensed chiropractor, physiotherapist, chiropodist, podiatrist or osteopath when they are needed due to an **Emergency**. The services that are covered include x-rays. Be sure to keep **Your** receipts as they are required to make a claim.

**Diagnostic services:** Charges for laboratory tests and x-rays ordered by the **Doctor** who is treating **You**.

Note: This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms, ultrasounds and biopsies unless such services are approved in advance by Global Excel.

**Prescriptions:** Charges for up to a 30-day supply of drugs and medicines that require the prescription of the attending **Doctor** and are dispensed by a licensed pharmacist due to an **Emergency**. Be sure to keep **Your** receipts as they are required to make a claim.

**Medical appliances:** Charges for splints, crutches, casts, canes, trusses, walkers and/or temporary wheelchair rentals. The appliances must be obtained outside **Your Province**, ordered by the attending **Doctor**, and must be required due to an **Emergency**.

**Dental treatment:** Charges up to \$2,000 for **Emergency** dental **Treatment** at **Your Trip** destination to repair or replace **Your** sound natural teeth injured as the result of an accidental blow to the face, provided **You** consult a physician or a dentist immediately following the injury and the **Treatment** is received within the first 15 days of **Your Trip** if **You** are age 64 or under or the first 3 days of **Your Trip** if **You** are age 65 or over. Charges up to \$200 per insured person for **Emergency** relief of dental pain at **Trip** destination. An **Accident** report is required from the physician or dentist for claims purposes. This benefit excludes crowns and root canals.

**Coming home:** Charges for one-way economy airfare by the most cost effective route, for **Your** return home if **You** do not hold a valid, open return ticket, when medically necessary and specified in writing by the attending **Doctor**. This includes extra charges if **You** need a stretcher and one-way economy airfare for a **Family Member** or **Travelling Companion** (if he/she is not holding a valid, open return air ticket) who is medically required to fly home with **You**. If the attending **Doctor** or commercial airline specifies in writing that a qualified medical attendant must accompany **You**, charges for his/her round-trip economy airfare, overnight hotel, and meals will be covered. All of the above must be approved in advance by **Us**.

**Care and return of Dependent Children:** If **You** are unable to attend to **Your Dependent Children** as the result of hospitalization due to a medical **Emergency** and they are travelling with **You**, **We** will arrange temporary care for them or provide them with one-way economy airfare (if they do not have a valid open return air ticket) to their **Province**. Also, charges up to \$250 for incidental expenses that result from sending them home will be covered, if **You** submit all the original receipts with **Your** claim.

**Transportation to bedside:** Charges for a **Family Member** or friend to:

- visit **You** if **You** are travelling alone and are confined for a minimum of 7 consecutive days in a **Hospital**; or
- identify **Your** remains in the case of **Your** death.

The **Family Member** (other than the **Cardholder**, **Spouse** or **Dependent Children**) or friend would not be covered under this insurance and should consider purchasing his/her own coverage.

**Return of deceased:** If **You** die, charges for preparation and return to a funeral home on a regular public carrier to the **Province** of residence where **You** lived. Cost of coffin is not included. Charges of up to \$3,500 if **You** are buried or cremated in the place where **You** die.

**Meals and accommodation:** Up to \$250 a day, to a maximum of \$1,750 for **Your** reasonable additional expenses if, because of a medical **Emergency**, **You** have to arrange for any unplanned commercial accommodation and/or meals. The daily amount and the maximum refer to total expenditures for all persons covered, not to expenditures for each individual.

**Vehicle services:** Up to \$1,000 for **Your** reasonable expenses for the return of a private or rental vehicle (which has not been used for commercial purposes) when the attending **Doctor** specifies in writing **You** are unable to drive due to an **Emergency** and if no other person travelling with **You** is able to return the vehicle. One-way economy airfare to **Your Province**, if a private vehicle (which has not been used for commercial purposes) is stolen or unable to be driven due to an **Accident**.

**Incidental expenses:** Up to \$300 for charges for reasonable incidental expenses, e.g. television, taxis, car rentals. This also includes contracted expenses at home that must be extended due to hospitalization that had delayed **Your** return home, e.g. house-sitting, childcare, kennels, etc.

**Automatic extension of benefits:** **We** will extend benefits to **You** and those travelling with **You** who are insured under this coverage while **You** are hospitalized for a covered medical **Emergency**. **We** will also extend benefits to **You** and those travelling with **You** who are insured under this coverage for up to 72 hours following:

- Your** discharge from a **Hospital**;
- Expiry of coverage (if **You** are not hospitalized) when return has been delayed by order of the **Doctor** due to an **Emergency**, or
- Expiry of coverage if **Your** return home has been delayed because **Your Common Carrier** has been delayed or if a private vehicle becomes inoperable on the way to **Your** departure point.

## WHAT'S NOT COVERED

**We will not pay for expenses resulting from or related to:**

1. Any **Condition** (other than a **Minor Ailment**) if in the 90 days before **Your Departure Date** if **You** are age 64 or under or 180 days if **You** are age 65 or over, that **Condition** or related **Condition** has not been **Stable**.
2. A heart **Condition** if in the 90 days before **Your Departure Date** if **You** are age 64 or under or 180 days if **You** are age 65 or over, any heart **Condition** has not been **Stable** or **You** have taken nitroglycerin more than once per week specifically for the relief of angina pain.
3. A lung **Condition** if in the 90 days before **Your Departure Date** if **You** are age 64 or under or 180 days if **You** are age 65 or over, any lung **Condition** has not been **Stable** or **You** have been treated with home oxygen or taken oral steroids (for example, prednisone or prednisolone) not including inhalants.

## OTHER EXCLUSIONS

**We will not pay for expenses resulting from or related to:**

4. The continued **Treatment**, investigations, recurrence or complication of a **Condition** following **Treatment** for an **Emergency** for that **Condition** during **Your Trip**, if **Our** medical advisors advised **You**, or would have advised **You** if given the opportunity to do so, to return to **Your Province**.  
The continued **Treatment**, investigations, recurrence or complication of a heart or lung **Condition** following **Treatment** for an **Emergency** for any heart or lung **Condition** during **Your Trip**, if **Our** medical advisors advised **You**, or would have advised **You** if given the opportunity to do so, to return to **Your Province**.
5. Expenses incurred where **You** have chosen not to follow **Our** instructions.
6. Elective **Treatment**, meaning **Treatment** that is not required due to an **Emergency**, as determined by **Us**, even if it is recommended by a **Doctor**.
7. Expenses incurred if **You** travel contrary to medical advice, or if future **Treatment** or investigation for a previously diagnosed **Condition** (even if it has been **Stable** for 90 days prior to **Your Departure Date** if **You** are age 64 or under or 180 days if **You** are age 65 or over) has been recommended or scheduled, except routine monitoring for the **Condition** or related **Condition** causing **You** to seek **Treatment**.
8. Any **Treatment**, investigation or surgery that is not due to an **Emergency**.
9. Any surgery, invasive investigations, including cardiac catheterization unless preapproved by **Us** except in extreme circumstances, on an **Emergency** basis, immediately following admission to a **Hospital**.
10. Expenses for **Treatment** which is experimental.
11. Expenses incurred if **You** have left **Your Province** for the purposes of receiving medical care or **Hospital** services.
12. Any expenses related to childbirth and delivery, or any complications of pregnancy, if **You** travel during the nine weeks before or after **Your** expected delivery date as determined by **Your Doctor** at home.
13. Expenses which arise, directly or indirectly, from **You** committing or attempting to commit a criminal act as defined by local laws.
14. Expenses incurred as a result of **You** participating in professional sports or any motorized speed contest.
15. Expenses incurred due to act of civil disorder or war, whether it is declared or not.
16. Expenses incurred as a result of medication, drugs or toxic substance abuse or overdose (whether or not **You** are sane); alcohol abuse, alcoholism or an **Accident** while being impaired by drugs or alcohol or having an alcohol concentration that exceeds the legal limit as determined in the jurisdiction where the **Accident** occurred.
17. Expenses incurred as a result of intentional self-inflicted injuries, suicide or attempted suicide, whether **You** are sane or insane.
18. Expenses incurred due to a disorder, disease, **Condition** or symptom that is emotional, psychological or mental in nature unless **You** are hospitalized.
19. Magnetic resonance imaging (MRI), computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by Global Excel.

## PART 2: WHAT TO DO IF YOU NEED PRE-TRIP INFORMATION

If **You** need pre-trip information, simply call Global Excel. If in Canada or the Continental U.S.A., including Hawaii, call toll free at 1-877-350-6970. From all other locations, including Mexico, call collect to: 905-816-2571. Assistance will be provided by **Us** for the following services:

**Pre-trip Information and Assistance:** if **You** are visiting a foreign country, **We** will tell **You** what documentation is required, what the currency exchange rate is, what inoculations are needed, where consulates and embassies are, what weather is typical or forecast, where to find a translator if **You** need one, and where **You** can find things like hotels, tourist attractions and campgrounds.

**Emergency Message Services:** **We** will record emergency messages from or for **You**. These messages may be retrieved at any time by **You**, **Your** family or business associates.

**Recovering Lost Items:** if **Your** luggage is lost, stolen or delayed while travelling on a **Common Carrier**, **We** will help **You** to recover it. If **Your Common Carrier** ticket or passport is lost or stolen, we will help **You** to replace it.

**Legal Referrals:** if **You** are arrested or detained during the first 15 days of **Your Trip** if **You** are age 64 or under or the first 3 days of **Your Trip** if **You** are age 65 or over, **We** will help **You** contact a local lawyer or the nearest Canadian embassy. **We** will also keep **Your** family, friends or business associates informed until **You** find legal counsel and **We** will coordinate any bail bond services that **You** may need.

**Emergency Cash Services:** if **You** need emergency money, **We** can help **You** arrange to have cash forwarded to **You** through a friend, family member, business or **Your** credit card up to **Your** available credit limit.

### PART 3: ADDITIONAL INFORMATION ABOUT YOUR COVERAGE

1. This insurance provides coverage whenever **You** leave **Your Province**. **You** will be covered for the first 15 consecutive days of a **Trip** if **You** are age 64 or under or the first 3 days of **Your Trip** if **You** are age 65 or over, including the date **You** leave on **Your Trip**. **You** may purchase additional coverage for the excess portion of **Your Trip** by calling CIBC Travel Medical Insurance at 1-800-281-9109.
2. This certificate contains only the principal provisions of the Policy; in the event of any conflict, the Policy shall govern, subject to any applicable law to the contrary.
3. Coverage is only available if **You** are a resident of Canada, while **You** are covered by a **Government Health Insurance Plan** and while **You** are travelling outside **Your Province**.
4. For the purposes of this program, **Your Trip** begins when **You** leave **Your Province**. If **You** are flying, **Your Trip** begins when **You** take off from **Your Province**. Proof of **Your Departure Date** and return date are required.
5. For the purposes of this program, coverage ends at the earliest of:
  - a) The date **You** have been absent from **Your Province** for more than 15 consecutive days if **You** are age 64 or under or 3 consecutive days if **You** are age 65 or older,
  - b) The date **You** return to **Your Province**;
  - c) The date **Your Card** is cancelled;
  - d) The date **Your Card** is no longer in good standing; or
  - e) The date the Policy is terminated.
6. All payments to **You** are made in Canadian dollars. **We** will use the exchange rate that **We** determine to be in effect on the date of **Your** claim or date the expense was incurred. Payments are made by cheque payable to **You**, **Your** beneficiary, or the provider of the service.
7. All amounts are payable in Canadian funds and no amount payable shall carry interest.
8. In a medical **Emergency** **You** must use the closest **Hospital or Medical Facility** or the facility as determined by **Us**. After the Company pays **Your** health care provider or reimburses **You** for covered expenses, it will seek reimbursement from **Your Government Health Insurance Plan** and any other medical insurance plan under which **You** may have coverage. **You** may not claim or receive in total more than 100% of **Your** total covered expenses or the actual expenses which **You** incurred, and **You** must repay to **Us** any amount paid or authorized by the Company on **Your** behalf if and when the Company determines that the amount was not payable under the terms of **Your** Policy.
9. If another insurer insures **You** as well, **We** will co-ordinate with them to make sure the payments do not exceed the expenses **You** have incurred.
10. If **You** are retired and **Your** former employer provides to **You** under an extended health insurance plan, a lifetime maximum coverage of:
  - a) \$50,000 or less, **We** will not co-ordinate payment with the coverage;
  - b) more than \$50,000, **We** will co-ordinate payment with the coverage only in excess of \$50,000.
11. If **You** are actively employed and **Your** current employer provides to **You** under a group health insurance plan, a lifetime maximum coverage of:
  - a) \$50,000 or less, **We** will not co-ordinate payment with the coverage;
  - b) more than \$50,000, **We** will co-ordinate payment with the coverage only in excess of \$50,000.
12. **We** have the right to obtain from **Your Doctor** any pertinent medical records or information required to assess **Your** claim.
13. **We** have the right, in consultation with the **Doctor** who is treating **You**, to transfer **You** to another **Hospital or Medical Facility** or back to **Your Province**. **We** are no longer liable for further expenses relating to **Your Treatment** if **You** refuse this transfer.
14. **We** are not responsible for the quality, availability or results of any medical **Treatment** or transportation.
15. This coverage is void if **You** misrepresent or conceal information that may affect it.
16. The terms of this coverage are governed and interpreted according to the laws of the **Province** of Ontario.
17. No statements or representations made by employees of **CIBC**, **Our** employees, or **Our** agents can vary the terms of this coverage.
18. If **You** incur expenses due to the fault of a third party, **We** may take action against the party at fault in **Your** name. This will require **Your** full cooperation with **Us** and **We** will pay for all of the related expenses.

### PART 4: HOW TO MAKE A CLAIM

To submit a claim, please call Global Excel: if in Canada or Continental U.S.A., including Hawaii, call toll free at: 1-877-350-6970 or from all other locations, including Mexico, call collect to: 905-816-2571 and the representative will tell **You** exactly what to do.

**We** will require proof of **Your Departure Date** and return date. While airline tickets and customs stamps are preferred, **We** will accept a **Card** receipt with proof of **Departure Date** from **Your Province**, provided it is signed by **You** and contains **Your** name and the location and date of **Your** purchase. If **You** pay the costs of any service that may be covered, be sure to obtain original itemized receipts.

**You** must submit **Your** claim to **Us** within 90 days of the date the service was provided. No legal action may be brought to recover on this Policy until 90 days after the Company has been given written proof of loss. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (or other applicable legislation) in the **Cardholder's Province** of residence.

# INSURANCE CERTIFICATE

## TRIP CANCELLATION/TRIP INTERRUPTION INSURANCE

**KEEP THIS CERTIFICATE IN A SAFE PLACE AND TAKE IT WITH YOU WHEN YOU TRAVEL.  
PLEASE READ THIS CERTIFICATE CAREFULLY BEFORE YOU TRAVEL.**

Royal & Sun Alliance Insurance Company of Canada (referred to in this certificate as the "Company") provides the insurance for this certificate under Group Policy PSI037171999 (referred to in this certificate as the "Policy"). This certificate is not a contract of insurance and contains only a summary of the principal provisions of the Policy. A **Cardholder** or a claimant under the Policy may, on request to the Company, obtain a copy of the Policy, subject to certain access limitations permitted by applicable law. All benefits are subject in every respect to the Policy which alone constitutes the Agreement under which payments are made. This coverage may be cancelled, changed or modified at the option of **CIBC** at any time without notice. This certificate replaces any and all certificates previously issued to the **Cardholder** with respect to the Policy.

### **IMPORTANT NOTICE – PLEASE READ CAREFULLY**

Trip Cancellation/Trip Interruption insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that **You** read this certificate and understand **Your** coverage before **You** travel as **Your** insurance may be subject to certain limitations or exclusions.

A pre-existing exclusion applies to **Medical Conditions** and/or symptoms that existed prior to **Your Trip**. Check to see how this applies in your certificate of insurance and how it relates to **Your** departure date or **Effective Date**.

In the event of an accident, injury or sickness, **Your** prior medical history may be reviewed when a claim is made.

This certificate outlines what Trip Cancellation/Trip Interruption Insurance is and what is covered along with the conditions under which a payment will be made. It also provides instructions on how to make a claim. Confirmation of coverage or any questions concerning the details contained herein, if in Canada or Continental U.S.A., including Hawaii, please call toll free at: **1-866-363-3338**. From all other locations, including Mexico, call collect to: **905-403-3338**.

### **DEFINITIONS**

Throughout this certificate, all bold, capitalized terms have the meanings described below:

**"Accidental Bodily Injury"** means bodily injury which is sustained by an **Insured Person** as a direct result of an unintended, unanticipated event, provided such event is external to the body and occurs while the **Insured Person's** insurance under the Policy is in force.

**"Business Meeting"** means a meeting, trade show, training course, or convention scheduled before **Your Effective Date** between companies with unrelated ownership, pertaining to **Your** full-time occupation or profession and that is the sole purpose of **Your Trip**.

**"Card"** means a CIBC Aerogold® Visa Infinite® Card.

**"Cardholder"** means the Primary Cardholder, as defined in the **Card's** Cardholder Agreement, whose **Card** is in good standing.

**"Caregiver"** means the permanent, full-time person entrusted with the well-being of **Your Dependent Children** and whose absence cannot reasonably be replaced.

**"Change in Medication"** means the addition of any new **Prescription Drug**, the withdrawal of any **Prescription Drug**, an increase in the dose of any **Prescription Drug** or a decrease in the dose of a **Prescription Drug**. Exceptions:

- an adjustment in the dosage of insulin or Coumadin (Warfarin), if **You** are currently taking these drugs;
- a change from a brand name drug to an equivalent generic drug of the same dosage.

**"CIBC"** means Canadian Imperial Bank of Commerce.

**"Common Carrier"** means any land, water, or air conveyance operated under a license for the transportation of passengers for hire and for which a ticket has been obtained. Common carrier does not include any conveyance that is hired or used for a sport, gamesmanship, contest, cruise and/or recreational activity, regardless of whether such conveyance is licensed. Taxis, limousines and rental vehicles are not considered common carriers.

**"Contamination"** means the poisoning of people by nuclear, chemical and/or biological substances which causes illness and/or death.

**"Departure Point"** means the place **You** depart from on the first day, and return to on the last day, of **Your Trip**.

**"Dependent Children"** means any unmarried child of the **Cardholder** or their **Spouse** who is, at the date of purchase, dependent on **You** for support and is:

- a) under 21 years of age;
- b) a full-time student who is under 25 years of age;
- c) of any age with a permanent physical impairment or a permanent mental deficiency.

**"Doctor"** means someone who is not **You** or a **Family Member**, and who is licensed to prescribe drugs and administer medical **Treatment** (within the scope of such license) at the location where the medical **Treatment** is provided.

**"Effective Date"** means the date and time prepaid travel, accommodations and/or recreation arrangements are purchased and before any cancellation penalties have been incurred, provided at least 75% of the cost of the **Trip** is charged to the **Card**.

**“Emergency”** means any sudden and unforeseen event that begins during the **Period of Insurance** and makes it necessary to receive immediate **Treatment** from a licensed **Doctor** or to be hospitalized. An emergency ends when our medical advisors determine that **You** are medically able to return to **Your Departure Point**.

**“Emergency Services”** means any **Treatment**, surgery or medication that:

- is required for the immediate relief of an acute symptom; or
- upon the advice of a **Doctor** cannot be delayed until **You** return to **Your Departure Point**, and has to be received during **Your Trip** because **Your Medical Condition** prevents **You** from returning to **Your Departure Point**.

The emergency services must be ordered by or received from a **Doctor**, or received in a **Hospital** during **Your Trip**, or received from a licensed physiotherapist, chiropractor, chiropractor, podiatrist or osteopath, as a result of an **Emergency** that occurs during **Your Trip**.

**“Family Member”** means **Your** or **Your Travelling Companion’s Spouse**, mother, father, step-parent, in-law, daughter, son, step-child, sister, brother, step sibling, grandparent, grandchild, aunt, uncle, niece or nephew.

**“Hospital”** means a licensed facility, which provides people with care and medical **Treatment** needed because of an **Emergency**. The facility must be staffed 24 hours a day by qualified and licensed **Doctors** and nurses. A hospital does not include a spa or nursing home.

**“Insured Person”** means the **Cardholder**, the **Cardholder’s Spouse**, **Dependent Children** when travelling with the **Cardholder** or the **Cardholder’s Spouse**. **Dependent Children** aged 16 and over are covered when travelling on their own. **Travelling Companions** (up to a maximum of two (2) people) will also be considered insured persons provided their pre-paid transportation or accommodation for the same **Trip** were charged to the **Cardholder’s Card** at the same time as the **Cardholder** charged the **Card** for the **Cardholder’s Trip**.

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

**“Medical Condition”** means an **Accidental Bodily Injury** or sickness (or a condition related to that **Accidental Bodily Injury** or sickness), including disease and complications of pregnancy occurring within the first 31 weeks of pregnancy.

**“Mental or Emotional Disorders”** means emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with minor tranquilizers or anti-anxiety (anxiolytics) medication, a disorder, disease, condition or symptom that is emotional, psychological, or mental in nature unless you are hospitalized on the date of occurrence for the event that caused a cancellation of **Your Trip**.

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

**“Passenger Plane”** means a certified multi-engined transportation aircraft provided by a regularly scheduled airline on any regularly scheduled trip operated between licensed airports and holding a valid Canadian Air Transport Board or Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot.

**“Period of Insurance”** means the period of time between **Your Effective Date** and **Your Return Date**.

**“Prescription Drugs”** means drugs and medicines that can only be issued upon the prescription of a **Doctor** or dentist and are dispensed by a licensed pharmacist. Prescription drugs does not mean such drugs or medicine, when **You** need (or renew) them to continue to stabilize a condition which **You** had before **Your Trip**, or a chronic condition.

**“Professional”** means that **You** are engaged in a specified activity as **Your** main-paid occupation.

**“Return Date”** means the date on which **You** are scheduled to return to **Your Departure Point**.

**“Spouse”** means the person the **Cardholder** is legally married to or a partner the **Cardholder** has lived with for a minimum of 12 consecutive months and publicly presents as his/her spouse.

**“Stable”** means a condition in respect of which there have been no new, or changes in: symptoms, prescribed medication (type or dosage of medication), or **Treatment**. In addition, there are no unreported results of tests, investigations, or consultations unless the results indicate no change in a previously identified condition.

**“Terrorism or Act of Terrorism”** means an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

**“Travelling Companion”** means any person (up to a maximum of two (2) people), other than a **Spouse** or **Dependent Children**, who is sharing travel arrangements with the **Cardholder**.

**“Treatment”** means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a **Doctor** including, but not limited to, consultation, prescribed medication, investigative testing, hospitalization or surgery.

**“Trip”** means a period of travel for which:

- a) There is a **Departure Point** and a destination; and
- b) There are predetermined and recorded beginning and ending dates; and
- a) No less than 75% of the **Common Carrier** fare, hotel or similar accommodations have been charged to **Your Card** prior to **Your** departure.

This definition is extended to include a **Common Carrier** ticket or accommodations obtained through the redemption of points from the **Card** travel reward program.

**“We, Our and Us”** refer to Royal & Sun Alliance Insurance Company of Canada, or its authorized representatives or Global Excel Management Inc. as applicable.

**“You and Your”** refers to the **Insured Person**.

## WHAT TYPES OF COVERAGE ARE PROVIDED?

This coverage provides benefits for:

- Cancelling **Your Trip** before leaving **Your Departure Point**,
- Transportation to **Your** next destination,
- An early return to **Your Departure Point**, or
- The delay of **Your Trip** beyond the scheduled **Return Date**.

## WHEN DOES THE INSURED RISK OCCUR?

- Trip Cancellation takes effect when the insured risk occurs before **You** depart on **Your Trip**.
- Trip Interruption takes effect when the insured risk occurs during **Your Trip**.
- Trip Delay takes effect when the insured risk occurs during **Your Trip** and results in **You** being delayed, beyond **Your** scheduled **Return Date**, from returning to **Your Departure Point**.

## WHEN DOES COVERAGE BEGIN AND END?

This insurance provides coverage whenever the **Trip** has been charged to **Your Card**. Coverage for Trip Cancellation begins on **Your Effective Date** (and before any cancellation penalties have been incurred). Coverage for Trip Interruption and Trip Delay begins when the **Common Carrier** departs from the scheduled **Departure Point** shown on the ticket, itinerary or other document issued to an **Insured Person** by or for the carrier. If a **Common Carrier** is not used for the **Trip**, the coverage begins on the date **You** leave from the **Departure Point** to start the **Trip**.

Coverage ends on the earliest of:

1. Midnight of **Your Return Date**;
2. The date the **Card** account is cancelled, **Card** privileges are terminated, or the date the **Card** account is no longer in good standing as per the **Cardholder's** Cardholder Agreement governing the **Card** account; or
3. The date the Policy terminates.

## CAN COVERAGE BE EXTENDED?

Coverage automatically extends as follows:

1. When **You** or **Your Travelling Companion** are hospitalized on **Your** scheduled **Return Date** due to a medical **Emergency**, **Your** coverage will remain in force during the period of hospitalization and up to 5 days following discharge from the **Hospital**.
2. Coverage is automatically extended for up to 5 days when **You** must delay **Your** scheduled **Return Date** due to **You** or **Your Travelling Companion's** medical **Emergency**.
3. Coverage is automatically extended for up to 72 hours when the delay of a **Common Carrier** in which **You** are a passenger causes **Your Trip** to extend beyond **Your** scheduled **Return Date**.
4. Regardless of the automatic extensions above, coverage will not continue beyond 365 days from **Your** date of departure from **Your Departure Point**.

## WHAT ARE THE BENEFITS?

### Prepaid Travel Arrangements

Reimbursement to **You** of the expenses **You** actually incur as a result of one of the insured risks up to the maximum sum insured for:

- A. The non-refundable portion of **Your** prepaid travel arrangements; or
- B. The non-refundable unused portion of **Your** prepaid travel arrangements, excluding the cost of prepaid unused transportation back to **Your Departure Point**.

### Transportation

Reimbursement to **You** of the expenses **You** actually incur as a result of one of the insured risks up to the maximum sum insured for the extra cost of:

- C. **Your** economy class transportation via the most cost-effective route to rejoin a tour or group on **Your Trip**; or
- D. **Your** economy class transportation via the most cost-effective route to **Your Departure Point**; or
- E. **Your** economy class one-way air fare via the most cost-effective route to **Your** next destination (inbound and outbound) on **Your Trip**.

**Trips** booked with points earned under the **Card** travel reward program will not be reinstated. The cash value, as determined by **Us**, will be provided.

### Out-of-Pocket Expenses

- F. Reimbursement of up to \$100 per day per **Insured Person** for commercial accommodation, meals, telephone and taxi expenses incurred if **Your Trip** is interrupted or, if **Your** return home is delayed beyond the scheduled **Return Date**. This benefit is subject to a maximum of \$1,000 for all **Insured Person(s)** per **Trip**. The risks insured as well as the associated benefits from the above list are described in a table in the section Trip Cancellation/Trip Interruption/Trip Delay.

## TRIP CANCELLATION/TRIP INTERRUPTION INSURANCE:

### Risk Maximum Sums for each Trip

The maximum sum insured for each **Trip** is as follows:

- For Trip Cancellation the maximum sum insured is up to \$1,000 per **Insured Person** (maximum of \$5,000 per **Trip**).
- For Trip Interruption and Trip Delay the maximum sum insured is up to \$2,000 per **Insured Person**.



## WHAT ARE THE RISKS INSURED?

WHAT ARE YOU COVERED FOR?		WHAT ARE YOU ELIGIBLE FOR?		
		TRIP CANCELLATION	TRIP INTERRUPTION	TRIP DELAY
1	Your <b>Emergency Medical Condition</b> or admission to a <b>Hospital</b> following an <b>Emergency</b> .	A	B, C & F, or B, D & F, or B, E & F	D & F
2	The admission to a <b>Hospital</b> following an <b>Emergency</b> of <b>Your Family Member</b> (who is not at <b>Your</b> destination), <b>Your</b> business partner, <b>Key Employee</b> or <b>Caregiver</b> .	A	B, D & F	N/A
3	The <b>Emergency Medical Condition</b> of <b>Your Family Member</b> (who is not at <b>Your</b> destination), <b>Your</b> business partner, <b>Key Employee</b> or <b>Caregiver</b> .	A	B, D & F	N/A
4	The admission to a <b>Hospital</b> of <b>Your</b> host at destination, following an <b>Emergency Medical Condition</b> .	A	B, D & F	N/A
5	The <b>Emergency Medical Condition</b> of <b>Your Travelling Companion</b> or their admission to a <b>Hospital</b> following an <b>Emergency</b> .	A	B, C & F, or B, D & F, or B, E & F	D & F
6	The <b>Emergency Medical Condition</b> of <b>Your Family Member</b> who is at <b>Your</b> destination or their admission to a <b>Hospital</b> following an <b>Emergency</b> .	A	B, D & F	D & F
7	The <b>Emergency Medical Condition</b> of <b>Your Travel Companion's Family Member</b> or their admission to a <b>Hospital</b> following an <b>Emergency</b> .	A	B, D & F	D & F
8	<b>Your</b> death.	A	B	N/A
9	The death of <b>Your Family Member</b> or close friend (who is not at <b>Your</b> destination), <b>Your</b> business partner, <b>Key Employee</b> or <b>Caregiver</b> .	A	B, D & F	N/A
10	The death of <b>Your Travelling Companion</b> .	A	B, D & F	D & F
11	The death of <b>Your Travelling Companion's Family Member</b> , business partner, <b>Key Employee</b> or <b>Caregiver</b> .	A	B, D & F	N/A
12	The death of <b>Your</b> host at destination, following an <b>Emergency Medical Condition</b> .	A	B, D & F	N/A
13	The death of <b>Your Family Member</b> or friend, who is at <b>Your</b> destination.	A	B, D & F	D & F
14	A formal travel warning issued by the Department of Foreign Affairs and International Trade of the Canadian government after the purchase of <b>Your Trip</b> , advising Canadians not to travel to a country, region or city that is part of <b>Your Trip</b> .	A	B, D & F, or B, E & F	N/A
15	A transfer by the employer with whom <b>You</b> or <b>Your Travelling Companion</b> is employed during the <b>Period of Insurance</b> , which requires the relocation of <b>Your</b> principal residence.	A	B, D & F	N/A
16	The involuntary loss of <b>You</b> or <b>Your Travelling Companion's</b> permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A	B, D & F	N/A
17	Cancellation of <b>Your</b> or <b>Your Travelling Companion's Business Meeting</b> beyond <b>Your</b> or <b>Your</b> employer's control.	A	B, D & F	N/A

WHAT ARE YOU COVERED FOR?		WHAT ARE YOU ELIGIBLE FOR?		
		TRIP CANCELLATION	TRIP INTERRUPTION	TRIP DELAY
18	<b>Your</b> or <b>Your Travelling Companion</b> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	A	B, D & F	N/A
19	Delay of a private automobile resulting from the mechanical failure of that automobile, weather conditions, earthquakes, volcanic eruptions, a traffic accident, or an emergency police-directed road closure, causing <b>You</b> or <b>Your Travelling Companion</b> to miss a connection or resulting in the interruption of <b>Your</b> travel arrangements, provided the automobile was scheduled to arrive at the point of departure at least 2 hours before the scheduled time of departure.	N/A	B, E & F	D & F
20	Delay of <b>Your</b> or <b>Your Travelling Companion's</b> connecting <b>Common Carrier</b> , resulting from the mechanical failure of that <b>Common Carrier</b> , a traffic accident, an emergency police-directed road closure, weather conditions, causing <b>You</b> to miss a connection or resulting in the interruption of <b>Your</b> travel arrangements.	N/A	B, E & F	D & F
21	An event completely independent of any intentional or negligent act that renders <b>Your</b> or <b>Your Travelling Companion's</b> principal residence uninhabitable or place of business inoperative.	A	B, D & F	N/A
22	The quarantine or hijacking of an <b>Insured Person</b> or their <b>Travelling Companion</b> .	A	B, D & F	D & F
23	<b>You</b> or <b>Your Travelling Companion</b> being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, scheduled during <b>Your Trip</b> .	A	B, D & F	N/A

N/A: Not Applicable

### LIMITATIONS OF COVERAGE

- Any transportation and out-of-pocket expenses benefits under this insurance must be undertaken on the earliest of:
  - The date when **You** travel is medically possible; and
  - Within 10 days following **Your** originally scheduled **Return Date** if **Your** delay is not the result of hospitalization; or
  - Within 30 days following **Your** originally scheduled **Return Date** if **Your** delay is the result of hospitalization, when the benefit is payable because of a **Medical Condition** covered under one of the insured risks.
- When a cause of cancellation occurs (the event or series of events that triggers one of the insured risks) before **Your Departure Date**, **You** must:
  - Cancel **Your Trip** with the travel agent, airline, tour company, carrier or travel authority etc. as soon as reasonably possible, following the cause of cancellation; and
  - Advise **Us** at the same time. The Company's maximum liability is the amounts or portions indicated in **Your Trip** contract that are non-refundable at the time of the cause of cancellation.

### What assistance services are available?

Under this certificate, the following assistance service is available to **You**:

**Emergency Message Centre** – In case of a medical **Emergency**, **We** will help exchange important messages with **Your Family Member**, business or **Doctor**.

### PRE-EXISTING CONDITION EXCLUSION

In addition to the exclusions outlined below under "General Exclusions," the following exclusions apply to **You**. This insurance does not pay for any expenses incurred directly or indirectly as a result of:

- Your Medical Condition** or related condition (whether or not the diagnosis has been determined), if at any time in the 90 days before **Your Effective Date**, **Your Medical Condition** or related condition has not been **Stable**.
- Your** heart condition (whether or not the diagnosis has been determined), if at any time in the 90 days before **Your Effective Date**:
  - Any heart condition has not been **Stable**; or
  - You** have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- Your** lung condition (whether or not the diagnosis has been determined), if at any time in the 90 days before **Your**

**Effective Date:**

- Any lung condition has not been **Stable**; or
- **You** have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

**GENERAL EXCLUSIONS**

This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

1. Trip cancellation, trip interruption or trip delay when **You** are aware, on the **Effective Date**, of any reason that might reasonably prevent **You** from travelling as booked;
2. A **Trip** undertaken to visit or attend an ailing person, when the **Medical Condition** or death of that person is the cause of the claim.
3. The schedule change of a medical test or surgery that was originally scheduled before **Your Period of Insurance**.
4. The following:
  - a) Routine pre-natal care;
  - b) A child born during **Your Trip**; or
  - c) Pregnancy, childbirth or complications of either, occurring in the 9 weeks before or after the expected date of delivery.
5. **Your** participation as a **Professional** in sports, participation as a **Professional** in underwater activities, scuba diving as an amateur unless **You** hold a basic scuba designation from a certified school or other licensing body, participation in a motorized race or motorized speed contest, bungee jumping, parachuting, rock climbing, **Mountain Climbing**, hang-gliding or skydiving.
6. **Your** commission of a criminal act or **Your** direct or indirect attempt to commit a criminal act.
7. **Your** intentional self-inflicted injury, **Your** suicide or **Your** attempt to commit suicide (whether sane or insane).
8. Any **Medical Condition** arising from, or in any way related to, **Your** chronic use of alcohol or drugs whether prior to or during **Your Trip**.
9. Medication, drugs or toxic substance abuse or overdose (whether or not **You** are sane); alcohol abuse, alcoholism or an accident while being impaired by drugs or alcohol or having an alcohol concentration that exceeds 80 milligrams in 100 milliliters of blood.
10. Hospitalization or services rendered in connection with general health examinations for "check-up" purposes, **Treatment** of an ongoing condition, regular care of a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or **Treatment** in connection with drugs, alcohol or any other substance abuse.
11. Noncompliance with any prescribed medical therapy or medical **Treatment** (as determined by the Company) or failure to carry out a **Doctor's** instructions.
12. **Your Mental or Emotional Disorders**.
13. Any injury, sickness or medical condition which, prior to the **Effective Date** of coverage was such as to render expected medical consultation or hospitalization, which has been shown, by prior medical history, as probably or certain to occur.
14. War (declared or not), act of foreign enemies or rebellion, where a formal travel warning has been issued by the Department of Foreign Affairs and International Trade of the Canadian government prior to the purchase of **Your Trip**, advising Canadians not to travel to a country, region or city that is part of **Your Trip**.
15. Ionising radiation or radioactive **Contamination** from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.

**HOW TO MAKE A CLAIM**

For general inquiries or to report a claim, please call:

If in Canada or Continental U.S.A., including Hawaii, please call toll free at: **1-866-363-3338**.

From all other locations, including Mexico, call collect to: **905-403-3338**.

**You** will be given all the information required to file a claim.

An **Insured Person** must contact **Us** on the day the insured risk occurs or as soon as reasonably possible to advise **Us** of the cancellation, interruption or delay.

**We** require that a Claim & Authorization form be fully completed, and where applicable, that the following claim documentation be provided:

- A medical document, fully completed by the legally qualified **Doctor** in active personal attendance and in the locality where the **Medical Condition** occurred stating the reason why travel was impossible, the diagnosis and all dates of treatment.
- Written evidence of the risk insured which was the cause of cancellation, interruption or delay.
- Tour operator terms and conditions.
- Copy of **Your CIBC Card** statement or invoice showing payment of **Your Trip**.
- Complete original unused transportation tickets and vouchers.
- All receipts for the prepaid land arrangements and/or subsistence allowance expenses.
- Original passenger receipts for new tickets.
- Reports from the police or local authorities documenting the cause of the missed connection.
- Detailed invoices and/or receipts from the service provider(s).

This insurance does not cover fees charged for completing a medical certificate.

**FAILURE TO COMPLETE THE REQUIRED CLAIM & AUTHORIZATION FORM IN FULL WILL DELAY THE ASSESSMENT OF YOUR CLAIM.**

## OTHER CLAIM INFORMATION

During the processing of a claim, **We** may require **You** to undergo a medical examination by one or more **Doctors** selected by **Us** and at **Our** expense. **You** agree that the Company and its agents have:

- a) **Your** consent to verify **Your** health card number and other information required to process **Your** claim, with the relevant government and other authorities;
- b) **Your** authorization to **Doctors, Hospitals** and other medical providers to provide to **Us**, any and all information they have regarding **You**, while under observation or **Treatment**, including **Your** medical history, diagnoses and test results; and
- c) **Your** agreement to disclose any of the information available under a) and b) above to other sources, as may be required for the processing of **Your** claim for benefits obtainable from other sources.

**You** may not claim or receive in total more than 100% of **Your** total covered expenses or the actual expenses which **You** incurred, and **You** must repay to **Us** any amount paid or authorized by **Us** on **Your** behalf if and when **We** determine that the amount was not payable under the terms of **Your** insurance. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (or other applicable legislation) in the **Cardholder's** Province of residence. In addition, the venue of any action or arbitration proceeding shall only be in the province or territory of **Your** principal residence. **You, Your** heirs and assigns consent to the transfer of any action or arbitration proceeding to the province or territory where the insurance was issued and at a venue chosen by **Us**.

## GENERAL CONDITIONS

1. Subject to applicable law, any of **Our** policies are excess insurance and are the last payors. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under any of **Our** policies.
2. If **You** are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to **You** by all insurers cannot exceed the actual expense that **You** have incurred. **We** will coordinate the payment of benefits with all insurers from whom **You** are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer.
3. Unless otherwise prohibited by law, if **You** incur expenses covered under this insurance due to the fault of a third party, **We** may take action against the party at fault. **You** agree to cooperate fully with **Us** and to allow **Us**, at **Our** own expense, to bring a law suit in **Your** name against the third party. If **You** recover against a third party, **You** agree to hold in trust sufficient funds to reimburse **Us** for the amounts paid under the insurance.
4. Payment, reimbursement and amounts shown throughout this certificate are in Canadian dollars, unless otherwise stated. If currency conversion is necessary, **We** will use the exchange rate on the date the last service was rendered to **You**. This insurance will not pay for any interest.
5. This contract is void in the case of fraud or attempted fraud by **You**, or if **You** conceal or misrepresent any material fact or circumstance concerning this insurance.
6. Throughout this document, any reference to age refers to **Your** age on **Your Effective Date**.
7. When making a claim under this insurance, **You** must provide the applicable documents **We** may reasonably require. Failure to provide the applicable documentation will invalidate **Your** claim.
8. **We** are not responsible for the availability, quality or results of medical treatment or transportation, or **Your** failure to obtain medical treatment.

# INSURANCE CERTIFICATE

## AUTO RENTAL COLLISION/LOSS DAMAGE INSURANCE

Royal & Sun Alliance Insurance Company of Canada (referred to in this certificate as the "Company") provides the insurance for this certificate under Master Policy PSI018005873 (referred to in this certificate as the "Policy"). This certificate is not a contract of insurance and contains only a summary of the principal provisions of the Policy. A **Cardholder** or a claimant under the Policy may, on request to the Company, obtain a copy of the Policy, subject to certain access limitations permitted by applicable law. All benefits are subject in every respect to the Policy which alone constitutes the Agreement under which payments are made. This coverage may be cancelled, changed or modified at the option of **CIBC** at any time without notice. This certificate replaces any and all certificates previously issued to the **Cardholder** with respect to the Policy.

This certificate outlines what Auto Rental Collision/Loss Damage Insurance is and what is covered along with the conditions under which a payment will be made when **You** rent and operate a rental vehicle but do not accept the Collision Damage Waiver (CDW), Loss Damage Waiver (LDW in the U.S.), or their equivalent offered by a **Rental Agency**. It also provides instructions on how to make a claim. This certificate should be kept in a safe place and carried with **You** when **You** travel. Confirmation of coverage or any questions concerning the details contained herein, if in Canada or Continental U.S.A., including Hawaii, please call toll free at: 1-866-363-3338. From all other locations, including Mexico, call collect to: 905-403-3338.

**Check with Your personal automobile insurer and the Rental Agency to ensure that You and all other drivers have adequate third party liability, personal injury and damage to property coverage. This Policy only covers theft, loss or damage to the rental vehicle as stipulated herein.**

## **IMPORTANT – PLEASE READ THE ENTIRE CERTIFICATE CAREFULLY:**

Check the rental vehicle carefully for scratches or dents before and after **You** rent the vehicle. Be sure to point out where the scratches or dents are located to a **Rental Agency** representative and have him or her note these on the appropriate form and retain a copy for **Your** records.

A **Rental Agency** has no obligation to explain **Your** Auto Rental Collision/Loss Damage Insurance coverage to **You**. It is important to note that a **Rental Agency** may not classify vehicles, especially **Mini-Vans**, in the same manner as the Company. Please confirm with the Company that **Your** rental vehicle has coverage under this Policy.

When the value of the rental vehicle, in its model year, is over the Manufacturer's Suggested Retail Price (MSRP) of sixty-five thousand dollars (\$65,000) Canadian excluding all taxes, at the place the rental agreement is signed or where the rental vehicle is picked up, no coverage will be provided under this Policy.

### **PART I: DEFINITIONS**

Throughout this certificate, all bold, capitalized terms have the meanings described below:

**"Actual Cash Value"** means what the vehicle is worth on the date of the theft, loss and damage, and takes into account such things as depreciation and obsolescence. In determining depreciation, the Company will consider the condition of the vehicle immediately before the damage occurred, the standard market resale value and normal life expectancy.

**"Car Sharing Program"** means a car rental club which gives its members 24 hour access to a fleet of cars parked in a convenient location.

**"Card"** means a CIBC Aerogold® Visa Infinite® Card.

**"Cardholder"** means the person whose name is embossed on the **Card** or who is authorized to use the **Card** in accordance with the Cardholder Agreement.

**"CIBC"** means Canadian Imperial Bank of Commerce.

**"Gross Vehicle Weight"** means the weight of the complete **Mini-Van** plus the maximum load that it has been designed to carry.

**"Insured Person"** means:

1. **You** the **Cardholder**, who presents himself (herself) in person at the **Rental Agency**, signs the rental contract, declines the **Rental Agency's CDW, LDW** (in the U.S.) or its equivalent and takes possession of the rental vehicle and who complies with the terms of this Policy.
2. Any other person who drives the same rental vehicle with **Your** permission whether or not such person has been listed on the rental vehicle contract or has been identified to the **Rental Agency** at the time of making the rental, however, **You** and all drivers must otherwise qualify under and follow the terms of the rental contract and must be legally licensed and permitted to drive the rental vehicle under the laws of the jurisdiction in which the rental vehicle shall be used.

**"Loss of Use"** means the amount paid to a **Rental Agency** to compensate it when a rental vehicle is unavailable for rental while undergoing repairs for damage incurred during the rental period.

**"Mini-Van"** means a vehicle which is designed and made by an automobile manufacturer as a mini-van, which has a manufacturer's list **Gross Vehicle Weight** of not more than 5,955 pounds or 2,680 kilograms. It is exclusively made to transport a maximum of eight (8) people including the driver. It is used exclusively for transportation of passengers and their luggage and will not be used by the **Cardholder** for transportation of passengers for hire. It includes but is not limited to the following models: Ford Freestar, Chevrolet Astro, GMC Safari, Dodge Caravan, Honda Odyssey, Toyota Sienna, Nissan Quest.

**"Off-Road Vehicle"** means any vehicle while it is being operated on a road not maintained by a federal, provincial, state, or local agency, not including entrance or departure ways to private property, or any vehicle which cannot be licensed to drive on a public road and is designed and manufactured primarily for off-road usage.

**"Rental Agency"** means an auto rental agency licensed to rent vehicles and which provides a rental agreement. For greater certainty, throughout this certificate of insurance the term "rental agency" refers to both traditional auto rental agencies and **Car Sharing Programs**.

**"Rental Agency's CDW"** means an optional Collision Damage Waiver, Loss Damage Waiver (LDW in the U.S.) or similar coverage offered by car rental companies that relieves renters of financial responsibility if the car is damaged or stolen while under rental contract.

**"Tax-Free Car"** means a tax-free car package that provides tourists with a short-term (17 days to 6 months), tax-free vehicle lease agreement with a guaranteed buyback. The Auto Rental Collision/Loss Damage Insurance program **will not** provide coverage for tax-free cars.

**"You"/"Your"** means an **Insured Person**.

### **PART II: TERMS OF COVERAGE**

#### **A. WHEN COVERAGE BEGINS**

All coverage for eligible **Cardholders** will take effect at the time the **Cardholder** legally takes control of the rental vehicle.

#### **B. WHEN COVERAGE ENDS**

A **Cardholder's** coverage will end at the earliest of the following:

1. The **Rental Agency** reassumes control of the rental vehicle;
2. The length of time **You** rent the same vehicle or vehicles exceeds 48 consecutive days, which includes instances where **You** are renting one vehicle immediately after the other. Coverage may not be extended for more than 48 days by renewing or taking out a new rental agreement with the same or another **Rental Agency** for the same vehicle or another vehicle. A full calendar day between rentals must exist in order to break the 48 day consecutive day cycle. If the rental period exceeds

48 consecutive days, coverage will not be provided from the first day of rental onwards, i.e. coverage will not be provided for either the first 48 consecutive days or any subsequent days;

3. **Your Card** is cancelled or card privileges are terminated;
4. This Policy is cancelled.

**WARNING:** Please note that **Your** responsibility for the Rental Agreement does not terminate by simply dropping off the keys at the **Rental Agency** or other drop box. Any damage between that time and the time the **Rental Agency** staff complete their Inspection Report will be held to be **Your** responsibility, so whenever possible please arrange to be present when the **Rental Agency** conducts their final inspection of the vehicle.

### PART III: DESCRIPTION OF COVERAGE

Deductible: No deductible applies to this coverage.

Auto Rental Collision/Loss Damage Insurance is primary insurance, except for losses that may be waived or assumed by the **Rental Agency** or its insurer, and in such circumstances where local government insurance legislation states otherwise. This coverage is available on a 24-hour basis unless precluded by law or the coverage is in violation of the terms of the rental contract in the jurisdiction in which it was formed (other than under Exclusions, Part 7 (a) (b) or (c)).

This coverage applies only to the **Insured Person's** personal and business use of the rental vehicle. There is no additional charge for the Auto Rental Collision/Loss Damage Insurance and the coverage compensates **You** or a **Rental Agency** for theft, loss and damage, up to the **Actual Cash Value** of the rental vehicle and valid **Rental Agency Loss of Use** charges when the conditions described below are met. The following conditions apply for coverage to be in effect:

1. **You** must initiate and complete the entire rental transaction with the same **Card(s)**. The full cost, including taxes, of the rental must be charged to **Your Card(s)**. Rental vehicles which are part of prepaid travel packages are also covered if all costs associated with the rental including incidentals and outstanding charges, are paid for using **Your Card**;
2. **You** are covered if **You** receive a "free rental" as a result of a promotion, where **You** have had to make previous vehicle rentals if each such previous rental was entirely paid for with **Your Card**;
3. **You** are covered if **You** receive a "free rental" day(s) as a result of a **CIBC** travel reward program (or other similar **CIBC** program) for the number of days of free rental. If the free rental day(s) are combined with rental days for which **You** must pay, the entire additional payment must be paid for using **Your Card**;
4. **You** are covered if points earned under **Your Card** (member points program) are used to pay for the rental. However, if only a partial payment is paid using the member points program, the entire additional payment of that rental must be paid for using **Your Card** in order to be covered;
5. Only **You** can rent the vehicle and decline the **Rental Agency's CDW, LDW** (in the U.S.) or an equivalent coverage offering. Anyone other than the **Cardholder** doing so, would void coverage;
6. **You** are covered under Auto Rental Collision/Loss Damage Insurance program for any car, sport utility vehicle, and **Mini-Van**, in its model year, with a Manufacturer's Suggested Retail Price (MSRP) under sixty-five thousand dollars (\$65,000) Canadian, excluding all taxes, at the place the rental agreement is signed or where the rental vehicle is picked up, is covered with the exception of those listed and described in the exclusion section titled "**The following vehicles are excluded from coverage under this Policy;**"
7. **You** are covered when only one rental vehicle is rented at a time, i.e. if during the same period there is more than one vehicle rented by the **Cardholder**, only the first rental will be eligible for these benefits;
8. **You** must decline the **Rental Agency's CDW, LDW** (in the U.S.) or similar coverage offered by the **Rental Agency** on the rental contract. If there is no space on the vehicle rental contract for **You** to indicate that **You** have declined the coverage, then indicate in writing on the contract "I decline the CDW provided by the **Rental Agency;**"
9. The length of time **You** rent the same vehicle or vehicles must not exceed 48 consecutive days, which includes instances where **You** are renting one vehicle immediately after the other. If the rental period exceeds 48 consecutive days, coverage will not be provided from the first day of rental onwards;

When a **Cardholder** does not have the option available to decline the **Rental Agency's CDW, LDW** (in the U.S.) or similar provision, the Company will pay for covered theft, loss and damage up to the limit of the deductible stipulated in the **Rental Agency's CDW, LDW** (in the U.S.) or similar provision, purchased by the **Cardholder**. This shall not be construed to provide coverage where the **Rental Agency** is responsible by legislation or law for any damage to the vehicle.

### EXCLUSIONS

This coverage does NOT include theft, loss and damage arising directly or indirectly from:

1. Third party liability;
2. Personal injury or damage to property, except the rental vehicle itself or its equipment;
3. Replacement vehicle for which an automobile insurance is covering all or part of the cost of the rental;
4. The operation of the rental vehicle at any time during the rental period where an **Insured Person** is driving while intoxicated or under the influence of any illegal or prescribed (if advised not to operate a vehicle) narcotic;
5. Any dishonest, fraudulent or criminal act committed by any **Insured Person** or at their direction;
6. Normal wear and tear, gradual deterioration, or mechanical or electrical breakdown or failure, inherent vice or damage, insects or vermin;
7. The operation of the rental vehicle in violation of the terms of the rental agreement except:
  - a) **Insured Persons** as defined may operate the rental vehicle;
  - b) The rental vehicle may be driven on publicly maintained gravel roads;

- c) The rental vehicle may be driven across provincial and state boundaries in Canada and the U.S. and between Canada and the U.S.  
**N.B. It must be noted that theft, loss and damage arising while the vehicle is being operated under (a), (b) or (c) above is covered by this insurance, subject however to all other terms, conditions and exclusions contained in this certificate. However, the Rental Agency's third party liability insurance will not be in force and, as such, You must ensure that You are adequately insured privately for third party liability.**
- Seizure or destruction under a quarantine or customs regulations or confiscation by order of any government or public authority; the damage between the time of seizure, confiscation or quarantine and the time the **Rental Agency** staff complete their Inspection Report will be held to be **Your** responsibility, so whenever possible please arrange to be present when the **Rental Agency** conducts their final inspection of the vehicle;
  - The transportation of contraband or illegal trade;
  - War, hostile or warlike action, insurrection, rebellion, revolution, civil war, usurped power, or action taken by government or public authority in hindering, combating or defending against such action;
  - The transportation of property or passengers for hire;
  - Nuclear reaction, nuclear radiation, or radioactive contamination;
  - Intentional damage to the rental vehicle by an **Insured Person** or at their direction;
  - The loss, damage or misplacement of vehicle entry devices including keys and remote control devices or any related consequential loss, damage or expense.

**The following vehicles are excluded from coverage under this Policy:**

- Any vehicle, in its model year, with a Manufacturer's Suggested Retail Price (MSRP) over sixty-five thousand dollars (\$65,000) Canadian, excluding all taxes, at the place the rental agreement is signed or where the rental vehicle is picked up;
- Vans, cargo vans or mini cargo vans (other than **Mini-Vans**);
- Trucks, pick-up trucks or any vehicle that can be spontaneously reconfigured into a pick-up truck;
- Limousines;
- Off-Road Vehicles**;
- Motorcycles, mopeds or motor bikes;
- Trailers, campers, recreational vehicles or vehicles not licensed for road use;
- Vehicles towing or propelling trailers or any other object;
- Mini-buses or buses;
- Exotic vehicles, meaning vehicles such as but not limited to, Aston Martin, Bentley, Excalibur, Ferrari, Lamborghini, Lotus, Maserati, Porsche, Rolls Royce, Hummer, Lincoln Navigator, Ford SportTrac;
- Any vehicle which is either wholly or in part hand made, hand finished or has a limited production of under 2,500 vehicles per year;
- Antique vehicles, meaning a vehicle over twenty (20) years old or which has not been manufactured for ten (10) years or more;
- Tax-Free Cars.**

**PART IV: IN THE EVENT OF AN ACCIDENT/THEFT**

If the vehicle has sustained damage of any kind during **Your** rental, immediately phone: if in Canada or Continental U.S.A., including Hawaii, please call toll free at: **1-866-363-3338**. From all other locations, including Mexico, call collect to: **905-403-3338**.

Do not sign a blank sales draft to cover the damage and **Loss of Use** charges or a sales draft with an estimated cost of repair and **Loss of Use** charges. It is important to note that **You** will remain responsible for the theft, loss and damage and that **You** may be contacted in the future to answer inquiries during the claim process.

If **You** are making a claim, **Your** claim must be submitted with as much documentation as possible, as requested below, within 45 days of discovering the theft, loss and damage. **You** will need to provide all documentation within 90 days of the date of theft, loss and damage to the claims administrator at the address provided below.

Required documentation may be faxed to, if in Canada or Continental U.S.A., including Hawaii, please fax toll free at: **1-866-228-8308**. From all other locations, including Mexico, fax collect to: **905-403-2290**. Original documentation may also be required in some instances.

The following claim documentation is required:

- Your CIBC** statement(s) if requested;
- Your CIBC** sales draft showing that the rental was paid in full with the **Card**, or the **CIBC** sales draft showing the balance of charges for the rental if a points program was used to pay for part of the rental;
- A copy of both sides of the vehicle rental agreement;
- The accident or damage report, if available;
- The itemized repair bill;
- The receipt for paid repairs;
- The police report, when available;
- A copy of **Your** billing or pre-billing statement if any repair charges were billed to **Your** account.

Forward this documentation to:

**Royal & Sun Alliance Insurance Company of Canada**  
**Auto Rental Collision/Loss Damage**  
**Claims Management Services**  
2225 Erin Mills Parkway, Suite 1000  
Mississauga, Ontario L5K 2S9

Once **You** report theft, loss or damage, a claim file will be opened and will remain open for six (6) months from the date of the theft, loss or damage.

Under normal circumstances, the claim will be paid within 15 business days after all necessary documentation has been received by the claims administrator.

If the claim cannot be assessed on the basis of the information that has been provided, it will be closed. Payment will only be made on a claim or any part of a claim that is completely substantiated as required by the claims administrator within six (6) months of the date of theft, loss and damage.

After the Company has paid **Your** claim, **Your** rights and recoveries will be transferred to the Company to the extent of the Company's payment for the theft, loss and damage incurred when the rental vehicle was **Your** responsibility. This means the Company will then be entitled, at its own expense, to sue in **Your** name. If the Company chooses to sue another party in **Your** name, **You** must give the Company all the assistance the Company may reasonably require to secure its rights and remedies. This may include providing **Your** signature on all necessary documents that enable the Company to sue in **Your** name.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (or other applicable legislation) in the **Cardholder's** Province of residence.

**You** should use due diligence and do all things necessary to avoid or reduce any theft, loss and damage to property protected by this Auto Rental Collision/Loss Damage Insurance.

If **You** make a claim knowing it to be false or fraudulent in any respect, **You** will not be entitled to the benefits of this protection, nor to the payment of any claim made under this Policy.

## **INSURANCE CERTIFICATE**

### **\$500,000 COMMON CARRIER ACCIDENT INSURANCE**

Royal & Sun Alliance Insurance Company of Canada (herein called the "Company") certifies that the persons described below (herein individually called the "**Insured Person**") are insured against a **Loss** specified in the Schedule of Accidental Losses, resulting directly and independently of all other causes from **Accidental Bodily Injury** which arises within the Scope of Coverage, and is suffered by an **Insured Person** while Master Policy PSI 033769023 (herein called the "Policy") is in force, to the extent set forth in the Policy, subject to all of its privileges and provisions. A **Cardholder** or a claimant under the Policy may, on request to the Company, obtain a copy of the Policy, subject to certain access limitations permitted by applicable law. This is not a contract of insurance. This coverage may be cancelled, changed or modified at the option of **CIBC** at any time without notice. This certificate replaces any and all certificates previously issued to the **Cardholder** with respect to the Policy.

This certificate outlines what Common Carrier Accident Insurance is and what is covered along with the conditions under which a payment will be made. It also provides instructions on how to make a claim. Confirmation of coverage or any questions concerning the details contained herein, if in Canada or Continental U.S.A., including Hawaii, please call toll free at: 1-866-363-3338. From all other locations, including Mexico, call collect to: 905-403-3338.

#### **DEFINITIONS**

Throughout this certificate, all bold, capitalized terms have the meanings described below:

"**Accidental Bodily Injury**" means bodily injury which is sustained by an **Insured Person** as a direct result of an unintended, unanticipated event, provided such event is external to the body and occurs while the **Insured Person's** insurance under the Policy is in force.

"**Card**" means a CIBC Aerogold® Visa Infinite® Card.

"**Cardholder**" means the person in whose name **CIBC** opens a **Card** account and who is the primary cardholder, as defined in the Cardholder Agreement.

"**CIBC**" means Canadian Imperial Bank of Commerce.

"**Common Carrier**" means any land, water, or air conveyance operated under a license for the transportation of **Passengers** for hire and for which a **Ticket** has been obtained. Common carrier does not include any conveyance that is hired or used for a sport, gamesmanship, contest, cruise and/or recreational activity, regardless of whether such conveyance is licensed.

"**Dependent Children**" means any unmarried child of the **Cardholder** or their **Spouse** who is, at the date of purchase of **Your Ticket**, dependent on **You** for support and is:

- a) Under 21 years of age;
- b) A full-time student who is under 25 years of age;



c) Of any age with a permanent physical impairment or a permanent mental deficiency.

**"Insured Person"** means **Cardholder, Spouse and Dependent Children** whether travelling together or not, when the **Full Fare** is charged to the **Cardholder's Card** account. An Authorized User, as defined in the **Cardholder Agreement**, who is not the **Cardholder's Spouse or Dependent Children** is not covered.

**"Full Fare"** means at least seventy-five percent (75%) of the **Common Carrier Ticket** price on offer, which was charged to **Your Card**. Full fare is extended to include a **Common Carrier Ticket** obtained through the redemption of points from the **Card** travel reward program.

**"Loss"** and **"Losses"** means a loss:

1. Of hand or foot, means complete severance through or above the wrist or ankle joint;
2. Of arm or leg, means complete severance through or above the elbow or the knee joint;
3. Of thumb and index finger, means complete severance through or above the first (1<sup>st</sup>) phalange;
4. Of sight of one eye, means the total and irrecoverable loss of sight of an eye, such that corrected visual acuity must be 20/200 or less;
5. Of speech, means the complete and irrecoverable loss of the ability to utter intelligible sounds;
6. Of hearing, means permanent loss of hearing in both ears, with an auditory threshold of more than ninety (90) decibels in each ear;
7. Related to quadriplegia, paraplegia and hemiplegia, means the complete and irreversible paralysis of such described limbs; or
8. Of use, means the total and irrevocable loss of use provided it is continuous and is determined to be permanent by a physician approved by the Company.

**"Passenger"** means an **Insured Person** riding onboard a **Common Carrier**. The definition of passenger does not include a person acting as a pilot, operator or crew member.

**"Spouse"** means the person the **Cardholder** is legally married to or a partner the **Cardholder** has lived with for a minimum of twelve (12) consecutive months and who is publicly presented as his/her spouse.

**"Ticket"** means a form of documentation in which the **Full Fare** is pre-paid and charged to the **Cardholder's Card** and allows for the admission of an **Insured Person** onto a **Common Carrier**. Ticket is extended to include a **Common Carrier** ticket included in a travel itinerary package provided the **Full Fare** has been pre-paid with the **Card** and clearly identified as an inherent part of such travel itinerary package **Full Fare**.

## SCOPE OF COVERAGE

Subject to the terms of the Policy, a covered accident is all those to which the **Insured Person** may be exposed while:

1. Riding as a **Passenger** in, on, boarding or alighting from a **Common Carrier** for which the **Full Fare** was charged to the **Cardholder's Card**;
2. Travelling as a **Passenger** in, on, boarding or alighting from a **Common Carrier** directly to or from a terminal, station, pier or airport, either:
  - a) Immediately preceding a scheduled departure onboard a **Common Carrier**; or
  - b) Immediately following a scheduled arrival of a **Common Carrier**;
3. In the terminal, station, pier or airport prior to or after boarding or alighting from a **Common Carrier**.

## DESCRIPTION OF BENEFITS

If **Accidental Bodily Injury**, directly and independently of all other causes, results in any of the following **Losses** within three hundred and sixty-five (365) days after the date of a covered accident, as described in the Scope of Coverage, the Company will pay a benefit for the **Loss** based on the applicable amount from the table below:

## SCHEDULE OF ACCIDENTAL LOSSES

### Amount

Loss of life	\$500,000
Quadriplegia (both upper and lower limbs)	\$500,000
Paraplegia (both lower limbs)	\$500,000
Hemiplegia (upper and lower limbs of one side of body)	\$500,000
Loss of speech	\$500,000
Loss of hearing	\$500,000
Loss or loss of use of one arm or one leg	\$375,000
Loss or loss of use of one hand or one foot	\$250,000
Loss of sight of one eye	\$250,000
Loss or loss of use of thumb and index finger of the same hand	\$125,000

The maximum indemnity payable to an **Insured Person** resulting from one (1) accident, regardless of the number of **Losses**, is limited to five hundred thousand dollars (\$500,000).

## EXPOSURE AND DISAPPEARANCE

Unavoidable exposure to the elements will be covered as any other **Loss**, provided such exposure is sustained within the Scope of Coverage. The **Insured Person** will be presumed to have suffered accidental **Loss** of life if the **Insured Person's** body is not found within one (1) year after the disappearance, stranding, sinking or wrecking of any **Common Carrier** onboard which the **Insured Person** was riding at the time of the accident, subject to all other terms of the Policy.

## EXCLUSIONS

The Policy does not cover **Loss** caused by or resulting from any of the following:

1. Intentional self-inflicted injuries;
2. Suicide or attempted suicide while sane or insane;
3. Sickness, disease, medical conditions and bacterial infection of any kind;
4. Any act of declared or undeclared war;
5. Commission or attempted commission of a criminal offence by the **Insured Person**;
6. Riding onboard a **Common Carrier** with a status other than **Passenger**;
7. Use of drug and/or alcohol if such use caused or contributed to the accident.

## INDIVIDUAL TERMINATION OF INSURANCE

The insurance coverage of any **Insured Person** shall terminate on the earliest of the following:

- a) When the **Insured Person** has alighted from a **Common Carrier** and has departed from the terminal, station, pier or airport;
- b) The date the Policy is terminated;
- c) The date such **Insured Person's Card** is cancelled or his/her **Card** privileges are terminated.

## GENERAL PROVISIONS

### CURRENCY

All sums payable under this certificate shall be in the legal currency of Canada.

### NOTICE OF LOSS/PROOF OF LOSS/PAYMENT OF CLAIMS

#### TO SUBMIT A CLAIM, PLEASE CALL:

If in Canada or Continental U.S.A., including Hawaii, please call toll free at: **1-866-363-3338**. From all other locations, including Mexico, call collect to: **905-403-3338**.

When the Company is told of a claim, they will provide the claimant forms for filing proof of **Loss**.

Notice of claim must be given to the Company as soon as reasonably possible. Where possible, written notice should be given to the Company within ninety (90) days after the occurrence of any **Loss**. Such notice given by or on behalf of the **Insured Person** must provide particulars sufficient to identify the **Cardholder**.

Benefits payable under the Policy for any **Loss** will be paid upon receipt of due proof of **Loss**.

### BENEFICIARY

This policy contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable. Benefit payable in the event of the loss of life of a **Cardholder** will be payable to the estate of the **Cardholder**. All other benefits will be payable to the **Cardholder**.

### PHYSICAL EXAMINATION AND AUTOPSY

The Company, at its expense, has the right to have the **Insured Person** examined as often as reasonably necessary while a claim is pending. It may also conduct an autopsy unless prohibited by law.

### LEGAL ACTION

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (or other applicable legislation) in the **Cardholder's** Province of residence.

# INSURANCE CERTIFICATE FLIGHT DELAY AND BAGGAGE INSURANCE

Royal & Sun Alliance Insurance Company of Canada (referred to in this certificate as the "Company") provides the insurance for this certificate under Master Policy PSI033759743 (referred to in this certificate as the "Policy"). This certificate is not a contract of insurance and contains only a summary of the principal provisions of the Policy. A **Cardholder** or a claimant under the Policy may, on request to the Company, obtain a copy of the Policy, subject to certain access limitations permitted by applicable law. All benefits are subject in every respect to the Policy which alone constitutes the Agreement under which payments are made. This coverage may be cancelled, changed or modified at the option of **CIBC** at any time without notice. This certificate replaces any and all certificates previously issued to the **Cardholder** with respect to the Policy.

This certificate outlines what Flight Delay and Baggage Insurance is and what is covered along with the conditions under which a payment will be made. It also provides instructions on how to make a claim. This certificate should be kept in a safe place and carried with **You** when **You** travel. Confirmation of coverage or any questions concerning the details contained herein, if in Canada or Continental U.S.A., including Hawaii, please call toll free at: **1-866-363-3338**. From all other locations, including Mexico, call collect to: **905-403-3338**.

## DEFINITIONS

Throughout this certificate, all bold, capitalized terms have the meanings described below:

**"Aggregate Limit"** means the maximum amount which will be paid as the result of any covered occurrence regardless of the number of fares charged to the **Card**. If the total amount claimed by all **Insured Persons** as a result of any one covered occurrence is more than the aggregate limit, the amount to be paid for each **Insured Person** will be prorated in amount for all **Insured Persons**.

**"Card"** means a CIBC Aerogold® Visa Infinite® Card.

**"Cardholder"** means the person whose name is embossed on the **Card** or who is authorized to use the **Card** in accordance with the Cardholder Agreement.

**"CIBC"** means Canadian Imperial Bank of Commerce.

**"Common Carrier"** means any land, water, or air conveyance operated under a license for the transportation of passengers for hire and for which a **Full Fare** ticket has been obtained. Common carrier does not include any conveyance that is hired or used for a sport, gamesmanship, contest, cruise and/or recreational activity, regardless of whether such conveyance is licensed.

**"Commuting"** means the regular or frequent travel between residence and place of employment usual to the **Insured Person**.

**"Dependent Children"** means any unmarried child of the **Cardholder** or their **Spouse** who is, at the date of purchase of **Your** flight, dependent on **You** for support and is:

- a) Under 21 years of age;
- b) A full-time student who is under 25 years of age;
- c) Of any age with a permanent physical impairment or a permanent mental deficiency.

**"Emergency Needs"** means the costs incurred by an **Insured Person** for the purchase of necessary clothing and personal hygiene articles as determined by the Company.

**"Full Fare"** means at least seventy-five percent (75%) of the **Common Carrier** ticket price, which was charged to **Your Card**. Full fare is extended to include a **Common Carrier** ticket obtained through the redemption of points from the **Card** travel reward program.

**"Insured Person"** means the **Cardholder**, **Spouse** and **Dependent Children**, whether travelling together or not, when the **Full Fare** is charged to the **Cardholder's Card**.

**"Reasonable Living Expenses"** means an **Insured Person's** expenses for meals and accommodation as determined by the Company.

**"Spouse"** means the person the **Cardholder** is legally married to or a partner the **Cardholder** has lived with for a minimum of 12 consecutive months and publicly presents as his/her spouse.

**"We," "Us" and "Our"** refer to Royal & Sun Alliance Insurance Company of Canada.

**"You"/"Your"** mean an **Insured Person**.

## DESCRIPTION OF BENEFITS

### PART 1 – FLIGHT DELAY, TRANSPORTATION EXPENSE & ENTERTAINMENT EXPENSES

#### FLIGHT DELAY/MISSED CONNECTION

The Company will reimburse the **Cardholder** for **Reasonable Living Expenses** incurred during the period of flight delay/misled connection subject to an **Aggregate Limit** of \$500 provided that:

- a) The **Full Fare** for the delayed flight was charged to the **Card** or was obtained through the redemption of points from the **Card** travel reward program;
- b) The delay lasted in excess of four (4) hours from the time of scheduled departure causing **You** to:
  - delay **Your** travel arrangements; and/or
  - miss a connecting flight;
- c) The delayed flight was a scheduled service by an airline;
- d) The delay of the flight was the result of strike by airline personnel, quarantine, civil commotion, hijack, natural disaster, inclement weather, mechanical breakdown or air traffic delays caused by congestion in the skies; and
- e) The **Insured Person** provides receipts for **Reasonable Living Expenses**.

#### TRANSPORTATION EXPENSE

The Company will reimburse the **Cardholder** up to an **Aggregate Limit** of \$100 for ground transportation expenses if:

- a) As a result of a covered outbound flight delay/misled connection, the **Insured Person** returns directly to either the **Insured Person's** principal residence or a place of overnight accommodation; and
- b) As a result of a covered return flight delay/misled connection, the **Insured Person** travels to a place of overnight accommodation.

#### ENTERTAINMENT EXPENSES

The Company will reimburse the **Cardholder** up to an **Aggregate Limit** of \$100 for entertainment expenses incurred if, as the result of a covered flight delay/misled connection, the **Insured Person** attends a ticketed event such as, but not limited to, a movie theatre, theatre, concert hall, opera or sports event.

TO CLAIM FOR BENEFITS, as described in Part 1, the following must be submitted to the Company:

- a) Verification by the airline of the delay, including the reason for and duration of the delay; and any compensation issued;
- b) Original itemized expense receipts;

- c) A copy of the travel agent's invoice/itinerary, or a copy of the account statement on which the **Full Fare** expense appears, showing **Your Card** as the method of payment or showing it as a free ticket obtained through the redemption of points from the **Card** travel reward program; and
- d) A copy of the airline ticket.

## **PART 2 – DELAY OF CHECKED BAGGAGE**

The Company will reimburse the **Cardholder** for the cost incurred to meet the **Emergency Needs** of an **Insured Person** made during baggage delay period, but within four (4) days of the occurrence, subject to an **Aggregate Limit** of \$1,000 (maximum \$500 per **Insured Person**), provided that:

- a) The **Full Fare** for the flight on which the baggage was checked was charged to the **Card**, or was obtained through the redemption of points from the **Card** travel reward program;
- b) Such baggage was unavoidably delayed by an airline for more than six (6) hours; and
- c) Such baggage was in the custody of an airline.

**This coverage shall be excess to all other insurance or indemnity available to the Insured Person.**

TO CLAIM FOR BENEFITS, as described in Part 2, the following must be submitted to the Company:

- a) Itemized original receipts for actual expenses incurred;
- b) A copy of the baggage claim ticket;
- c) Verification from the airline of the delay including reason, duration of delay, and any compensation issued;
- d) A copy of the travel agent's invoice/itinerary, or a copy of the account statement on which the **Full Fare** expense appears, showing **Your Card** as method of payment or showing it as a free ticket obtained through the redemption of points from the **Card** travel reward program; and
- e) A copy of the airline ticket.

## **PART 3 – LOST OR STOLEN CHECKED BAGGAGE**

The Company will reimburse the **Cardholder** up to an **Aggregate Limit** of \$1,000 (maximum \$500 per **Insured Person**) for direct physical loss or damage of an **Insured Person's** baggage and the personal property contained therein when the baggage is checked with a **Common Carrier** or carried by the **Insured Person** on a **Common Carrier**.

Also, the **Full Fare** for travel in or on the **Common Carrier** must be charged to the **Card** or obtained through the redemption of points from the **Card** travel reward program.

**This coverage shall be excess to all other insurance or indemnity available to the Insured Person.**

Payment is based on the actual replacement cost of any lost or stolen article provided the article is actually replaced – otherwise, payment is based on the actual cash value of the article at the time of loss.

TO CLAIM FOR BENEFITS, as described in Part 3, the following must be submitted to the Company:

- a) A copy of the travel agent's invoice/itinerary, or a copy of the account statement on which the **Full Fare** expense appears, showing **Your Card** as method of payment or showing it as a free ticket obtained through the redemption of points from the **Card** travel reward program;
- b) A copy of the airline ticket;
- c) A copy of the initial claim report submitted to the **Common Carrier**;
- d) Proof of submission of the loss to and the results of any settlement by the **Common Carrier**; and
- e) Original receipt confirming that the property has actually been replaced or the original receipt for the lost or stolen item.

## **EXCLUSIONS**

The Policy does not cover loss caused by or resulting from:

1. Any act of declared or undeclared war;
2. Any accident occurring while the **Insured Person** is operating or learning to operate or serving as a member of the crew of any aircraft;
3. Any criminal act by the **Insured Person**;
4. Failure of any device to correctly read or interpret date/time data;
5. Purchases related to the delayed baggage made more than four (4) days after the date **Your** baggage was scheduled to arrive by the **Common Carrier** or made after the baggage is returned by the **Common Carrier**; (applies to Part 2 only).

Property excluded: In addition to the exclusions outlined above, the following exclusions apply to "Part 3: Lost or Stolen Checked Baggage" only. The Policy will not pay for any expenses incurred directly or indirectly relating to:

6. Animals, sporting equipment (except golf clubs and golf bags; skis, ski poles and ski boots; and racquets), cameras and accessory equipment, eye glasses, sunglasses, contact lenses, prosthetic devices including dentures, furs, tickets, valuable papers and documents, securities and money;
7. Confiscation, expropriation or detention by any government, public authority, customs or other officials;
8. Nuclear fuel or waste, or the combustion of nuclear fuels;
9. Baggage or personal property lost, stolen or damaged during **Commuting**.

## TIME OF COVERAGE

### COVERAGE BEGINS:

The insurance begins automatically at the latest of the following:

1. The date the Policy is effective;
2. The date the **Cardholder** falls within the definition of an **Insured Person**.

### COVERAGE ENDS:

The insurance ends automatically at the earliest of any of the following:

1. The date the Policy is terminated;
2. The date the **Cardholder** no longer falls within the definition of an **Insured Person**;
3. The date the **Cardholder's Card** is cancelled, or the **Card** privileges are otherwise terminated.

## NOTICE OF LOSS/PROOF OF LOSS/PAYMENT OF CLAIMS

### TO SUBMIT A CLAIM, PLEASE CALL:

If in Canada or Continental U.S.A., including Hawaii, please call toll free at: **1-866-363-3338**. From all other locations, including Mexico, call collect to: **905-403-3338**.

1. **Notice of Claim:** If possible, written notice of claim should be given to the Company within 90 days after the occurrence of any loss, and written proof of loss as soon as reasonably possible.
2. **Payment of Claims:** All benefits will be paid to the **Cardholder**.
3. **Legal Actions:** Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (or other applicable legislation) in the **Cardholder's** Province of residence.

# INSURANCE CERTIFICATE

## PURCHASE SECURITY & EXTENDED PROTECTION INSURANCE

Royal & Sun Alliance Insurance Company of Canada (referred to in this certificate as the "Company") provides the insurance for this certificate under Master Policy PS1033759392 (referred to in this certificate as the "Policy"). This certificate is not a contract of insurance and contains only a summary of the principal provisions of the Policy. A **Cardholder** or a claimant under the Policy may, on request to the Company, obtain a copy of the Policy, subject to certain access limitations permitted by applicable law. All benefits are subject in every respect to the Policy which alone constitutes the Agreement under which payments are made. This coverage may be cancelled, changed or modified at the option of **CIBC** at any time without notice. This certificate replaces any and all certificates previously issued to the **Cardholder** with respect to the Policy.

This certificate outlines what Purchase Security & Extended Protection Insurance is and what is covered along with the conditions under which a payment will be made. It also provides instructions on how to make a claim. Confirmation of coverage or any questions concerning the details contained herein, if in Canada or Continental U.S.A., including Hawaii, please call toll free at: **1-866-363-3338**. From all other locations, including Mexico, call collect to: **905-403-3338**.

## 1. DEFINITIONS

Throughout this certificate, all bold, capitalized terms have the meanings described below:

"**Card**" means a CIBC Aerogold® Visa Infinite® Card.

"**Cardholder**" means the Primary Cardholder or Authorized User, as defined in the **Card's** Cardholder Agreement.

"**CIBC**" means Canadian Imperial Bank of Commerce.

"**Insured Item**" means a new item (a pair or set being one item) of personal property (not purchased by or for use by a business or for commercial purposes), for which the full **Purchase Price** is charged to the **Card**.

"**Manufacturer's Warranty**" means an expressly written warranty issued by the manufacturer of the **Insured Item** at the time of purchase. The manufacturer's warranty must be valid in Canada or the United States. The manufacturer's warranty must be provided free of charge with the purchase of the **Insured Item** and must not be an extended or supplemental warranty that is purchased.

"**Other Insurance**" means any and all policies of insurance or indemnity which provide additional coverage to a **Cardholder** for loss, theft or damage covered under this Policy and as further defined in Section 5 of this certificate.

"**Purchase Price**" means the actual cost of the **Insured Item**, including any applicable sales tax, as shown on the store receipt.

"**You**" and "**Your**" mean the **Cardholder**.

## 2. PURCHASE SECURITY

- a) **Coverage** – The Purchase Security feature automatically, without registration, protects most new items of personal property when the full **Purchase Price** is charged to the **Card** by insuring the item for ninety (90) days from purchase

in the event of loss, theft or damage, anywhere in the world, if the item is not covered by **Other Insurance**. If the item is lost, stolen or damaged, it will be replaced, repaired, or the **Cardholder** will be reimbursed, at the discretion of the Company. Items the **Cardholder** gives as gifts are covered under Purchase Security subject to compliance with the terms and conditions of the Policy.

- b) **Excluded Items** – Purchase Security does not provide coverage for the following items: travellers' cheques, cash, tickets, and any other negotiable instruments, bullion, rare or precious coins, art objects, animals, living plants, services, any item purchased by and/or used for a business or commercial purpose, used and pre-owned items including antiques and demos, perishables such as food and liquor, ancillary costs incurred in respect of an **Insured Item** and not forming part of the **Purchase Price**; automobiles, motorboats, airplanes, and any other motorized vehicles, parts, accessories and labour thereof. Jewellery in baggage is covered only if hand carried by the **Cardholder** or by a person travelling with the **Cardholder** previously known to the **Cardholder**. Jewellery stolen from baggage not hand carried is not covered unless the **Cardholder's** baggage is stolen in its entirety; in which case, the loss is subject to a limitation of \$2,500 per incident.

### 3. EXTENDED PROTECTION INSURANCE

- a) **Coverage** – The Extended Protection Insurance feature automatically, without registration, provides **Cardholders** with double the term of the **Manufacturer's Warranty** up to a maximum of one additional full year commencing immediately following the expiry of the applicable **Manufacturer's Warranty** on most items purchased in Canada, the United States or worldwide when the full **Purchase Price** is charged to the **Card** and the original **Manufacturer's Warranty** is honoured in Canada or the United States. Valid warranties over five years can be covered if registered with the Company within the first year after purchase of the item. Items the **Cardholder** gives as gifts are covered under Extended Protection Insurance subject to compliance with the terms and conditions of the Policy.
- b) **Excluded Items** – Extended Protection Insurance does not cover the following items and services: automobiles, motorboats, airplanes and other motorized vehicles, and parts and accessories thereof; services; dealer and assembler warranties, normal wear and tear, used and pre-owned items, including demos, normal course of play, negligence, misuse and abuse, inherent product defects, willful acts or omission and improper installation or alteration, ancillary costs, any product purchased by and/or used for a business or commercial purpose, and any repair or replacement that would not have been covered under the **Manufacturer's Warranty**.

### 4. ADDITIONAL TERMS, CONDITIONS AND RESTRICTIONS APPLICABLE TO PURCHASE SECURITY & EXTENDED PROTECTION INSURANCE

- a) **Limits of Liability** – There is a maximum total limit of liability per **Cardholder** of \$60,000 for claims under Purchase Security & Extended Protection Insurance in respect of all **CIBC** cards held by a **Cardholder**. The **Cardholder** is entitled to receive the lesser of: the cost of repairs; the actual cash value immediately prior to the loss; the **Purchase Price** of the **Insured Item**; or the **Cardholder's** credit limit as authorized by the Insured. Claims for **Insured Items** belonging to and purchased as a pair or set will be paid for at the full **Purchase Price** of the pair or set providing that the parts of the pair or set are unusable individually and cannot be replaced individually. Where parts of a pair or set are usable individually, liability will be limited to payment equal to a proportionate part of the **Purchase Price** that the number of lost, stolen or damaged parts bear to the number of parts in the complete pair or set. The Company, at its sole option, may elect to (a) repair, rebuild, or replace the item lost, stolen or damaged (whether in whole or in part) or (b) pay cash for said item, not exceeding the **Purchase Price** thereof and subject to the exclusions, terms and limits of liability as stated in the Policy.
- b) **Exclusions** – Losses resulting from fraud, abuse, hostilities of any kind (including war, invasion, rebellion, or insurrection), confiscation by authorities, risks of contraband, illegal activities, willful acts or omissions, normal wear and tear, normal course of play, flood, earthquake, radioactive contamination, inherent product defect, items consumed in use, or mysterious disappearance (used herein to mean disappearance in an unexplained manner marked by an absence of evidence of the wrongful act of another) are not covered under Purchase Security & Extended Protection Insurance nor are incidental and indirect damages including bodily injury, punitive or exemplary damages and legal expenses.

### 5. OTHER INSURANCE

The insurance extended by the Company is issued strictly as excess coverage and does not apply as contributing insurance. This Policy is not a substitute for **Other Insurance** and covers **Cardholders** only to the extent a permitted claim for an **Insured Item** exceeds the coverage of **Other Insurance**. This Policy also provides coverage for the amount of the deductible of **Other Insurance**. The coverage afforded by the Company takes effect only when the limits of the **Other Insurance** have been reached and paid to the **Cardholder** regardless of whether the **Other Insurance** contains provisions purporting to make the coverage of such **Other Insurance** non-contributory or excess.

### 6. SUBROGATION

As a condition to the payment of any claim to a **Cardholder** under the Policy, the **Cardholder** shall, upon request, transfer the damaged item to the Company and assign to the Company all legal rights which the covered person has against all other parties for the loss. The **Cardholder** shall give the Company all such assistance as the Company may reasonably require to secure its rights and remedies, including the execution of all documents necessary to enable the Company to bring suit in the name of the **Cardholder**.

### 7. BENEFITS TO CARDHOLDER ONLY

This protection shall insure only to the benefit of the **Cardholder**. No other person or entity shall have any right, remedy or claim, legal or equitable, to the benefits. The **Cardholder** shall not assign these benefits without prior written approval of the Company. Permission is granted for the **Cardholder** to transfer benefits on gifts as provided in the program description and the Policy.

### 8. DUE DILIGENCE

The **Cardholder** shall use diligence and do all things reasonable to avoid or diminish any loss of, theft of or damage to property protected by Purchase Security & Extended Protection Insurance. The Company will not unreasonably apply this provision to avoid

claims under the Policy. Where damage or loss is due to a malicious act, burglary, robbery, theft or attempt thereof, or is suspected to be so due, the **Cardholder** shall give immediate notice to the police or other authorities having jurisdiction. The Company will require evidence of such notice with the Loss Report prior to settlement to a claim.

## 9. FALSE CLAIM

If a **Cardholder** makes any claim knowing it to be false or fraudulent in any respect, such **Cardholder** shall no longer be entitled to the benefits of these protections nor to the payment of any claim made under the Policy.

## 10. LEGAL ACTION

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (or other applicable legislation) in the **Cardholder's** Province of residence.

## 11. NOTICE OF LOSS/PROOF OF LOSS/PAYMENT OF CLAIMS

### TO SUBMIT A CLAIM, PLEASE CALL:

If in Canada or Continental U.S.A., including Hawaii, please call toll free at: **1-866-363-3338**. From all other locations, including Mexico, call collect to: **905-403-3338**.

Notice of any such occurrence of loss, theft or damage of an **Insured Item** must be given within forty-five (45) days thereafter. A **Cardholder's** failure to give such notice within forty-five (45) days after the loss, theft or damage to the **Insured Item** may result in denial of the related claim. In the event that the **Cardholder** has homeowner's or tenant's insurance (primary insurance), the **Cardholder** must file with the insurer of that coverage in addition to filing with the Company. If the loss, theft or damage is not covered under the primary insurance, the **Cardholder** may be required to provide a letter from the primary insurer indicating so, and/or a copy of their policy. In addition, the **Cardholder** must, within ninety (90) days from the date of the loss, theft or damage, complete, sign and return the Company's Loss Report to the Company.

The **Cardholder** must provide details to substantiate the loss, theft or damage, together with original copies, not photocopies, of the **Cardholder's** receipt and/or the statement, store receipt, **Manufacturer's Warranty** where applicable, police report, if obtainable, fire insurance claim or loss report, primary insurance documentation and payment, if the **Cardholder** has **Other Insurance**, and any other information reasonably necessary to determine the **Cardholder's** eligibility for benefits hereunder.

If the item is lost, stolen or damaged the **Cardholder** may be required to replace the item and provide original copies of both receipts. Prior to proceeding with any repair services the **Cardholder** must obtain approval for the repair services and of the repair facility from the Company. At the Company's sole discretion, the **Cardholder** may be required to send at the **Cardholder's** expense and risk, the damaged item on which a claim is based to the address designated by the Company. The Company's payment made in good faith will discharge the Company to the extent of this claim.

## YOUR PRIVACY ON THIS INSURANCE

Royal & Sun Alliance Insurance Company of Canada is committed to protecting **Your** privacy and the confidentiality of **Your** personal information. **We** will collect, use and disclose personal information for the purposes identified in **Our** Privacy Policy. To obtain more information, **You** can review our Privacy Policy online at [www.rsagroup.ca](http://www.rsagroup.ca) or request a copy by calling 1-888-877-1710.

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