INSURANCE CERTIFICATE
$100,000 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 PS1 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 Dividend® Visa* Card.

“Cardholder Agreement” 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 kind, 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 Card, 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 (1st) 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**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of life</td>
<td>$100,000</td>
</tr>
<tr>
<td>Quadriplegia (both upper and lower limbs)</td>
<td>$100,000</td>
</tr>
<tr>
<td>Paraplegia (both lower limbs)</td>
<td>$100,000</td>
</tr>
<tr>
<td>Hemiplegia (upper and lower limbs of one side of body)</td>
<td>$100,000</td>
</tr>
<tr>
<td>Loss of speech</td>
<td>$100,000</td>
</tr>
<tr>
<td>Loss of hearing</td>
<td>$100,000</td>
</tr>
<tr>
<td>Loss or loss of use of one arm or one leg</td>
<td>$75,000</td>
</tr>
<tr>
<td>Loss or loss of use of one hand or one foot</td>
<td>$50,000</td>
</tr>
<tr>
<td>Loss of sight of one eye</td>
<td>$50,000</td>
</tr>
<tr>
<td>Loss or loss of use of thumb and index finger of the same hand</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

The maximum indemnity payable to an Insured Person resulting from one (1) accident, regardless of the number of Losses, is limited to one hundred thousand dollars ($100,000).

**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. All other benefits will be payable to the estate of the Cardholder. All other benefits will be payable to the Cardholder.

**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) When the date the Policy is terminated;

c) The date such Insured Person’s Card is cancelled or his/her Card privileges are terminated.

**LEGAL ACTION**
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.

**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.

**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.

**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.
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 the 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 issue 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 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 due diligence and do all things reasonable to avoid or diminish any loss of, theft or damage to property protected by Purchase Security & Extended Protection Insurance. If the item is not covered by Other Insurance, the Cardholder shall give immediate notice to the police or other authorities having jurisdiction. The Company will prove due notice of such evidence with the Loss Report prior to settlement to a claim.

9. FALSE CLAIMS

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 such protection 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 if commenced within the time set out in the Insurance Act (or any 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 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 or request a copy by calling 1 888 877-1710.

© Registered trademark of CIBC.
* Trademark of Visa International Service Association and used under license.
“Banking That Fits Your Life” is a trademark of CIBC.