



Travel Health – Santé Voyage
TRAVEL INSURANCE POLICY

IMPORTANT NOTICE FOR THE CLIENT:

This Policy may be VOID if Your Medical Statement is not 100% correct. A copy of the Medical Statement given by You on Your application is provided to You on Your Insurance Purchase Confirmation. No Medical statement is required if You applied for the Ironman coverage or the Take a Risk coverage.

Read the Medical Statement on Your Insurance Purchase Confirmation carefully before You travel. If the information shown on Your Medical Statement is not correct You must contact Your broker to correct it. You must disclose ALL of Your medical history correctly otherwise You are risking a denied claim. If You do not correct the information contained in the Medical Statement, there is a presumption that You accept the information as correct.

If Your medical condition changes before any departure date You must notify the Company, submit a new medical declaration if necessary and obtain a new Confirmation of coverage.

What to do in an Emergency ? You must call. 0-416-642-2908 or 1-866-222-0079 If You have an Emergency event (a claim) You must call immediately and call often to update and arrange treatment.

This is Emergency coverage only: If there is no Emergency, there is no coverage. Once the Emergency is over there is no ongoing coverage for any related condition unless You are declared "medically unfit" to return to Your province of residence by Our Medical Director. Our Assistance Centre reserves the right to return You to Your province or territory of residence after Your Emergency has ended. If You refuse to return, Your coverage is terminated. An additional deductible of twenty five hundred dollars (**\$2,500.00**) will apply to any subsequent and unrelated claim if You do not return to Canada. **See Limitation and Exclusions #25**

Limitations and Exclusions will apply to medical conditions and/or symptoms that existed on or prior to Your Departure Date, unless You have selected to cover Your pre-existing conditions and paid the corresponding additional premium. (Exclusion #1). No coverage is provided if You have had any test, investigation or surgery recommended but not yet completed or after determination of a Terminal Prognosis.

Stability: No coverage is provided under this policy for losses resulting from a Sickness or injury if Your Period of Stability for that Sickness or injury is less than 3 months.

Records: If You have a claim it is better to be pro-active than to ignore the details. Your co-operation will help produce a positive decision. The assistance centre will obtain a copy of Your Canadian medical records and it will obtain a copy of the medical records from Your treating facility. Your medical records will be compared to the answers that appear on Your insurance purchase confirmation.

Refunds: Contact Your broker: If You are eligible for a refund Your policy will be terminated on the date You request the termination as long as You did not have a claim. There is a \$25 administration fee and a minimum refund amount of \$10 per policy.

*** If You are not completely satisfied with this policy, You may return it by registered mail to the Company within 10 days of purchase and any premium paid will be refunded.**

(I) ELIGIBILITY FOR COVERAGE

You are eligible if You are a Canadian resident insured and eligible for benefits under a Canadian Government Health Insurance Plan, and You are in good health at the time You purchased this policy and You know of no reason why You would require medical services during Your Insured Trip.

Note: You will not be covered if You have received a Terminal Prognosis, You have an unrepaired aneurysm or a pre-existing cancer. If You have been diagnosed with diabetes, losses or expenses incurred for or as the result of treatment for heart or

stroke conditions will not be covered unless You have obtained an underwriting endorsement, which discloses Your medical history and You have paid the required additional premium.

(II) HOW THIS POLICY WORKS - INSURING AGREEMENT

In consideration of Your application for insurance and payment of the appropriate premium and subject to the terms and conditions of this policy, the Company will pay the Reasonable and Customary costs for the benefits of this policy, up a maximum aggregate of two million dollars (\$2,000,000.) per Insured, in excess of any other insurance that is applicable, a Deductible will apply to Your Emergency Travel Insurance claim if You have chosen a Deductible or if a limitation applies but in any event a two hundred and fifty dollar (\$250) Deductible will apply to Baggage and personal Effects Insurance. If You have more than one Emergency Travel Health Insurance claim, a Deductible of twenty five hundred dollars (\$2,500), in addition to any other Deductible amount that You have chosen, will be applied to Your second and any subsequent claim.

CONFIRMATION OF COVERAGE:

The specific details of Your plan are outlined on Your Insurance Purchase Confirmation. An Insurance ID card will be attached together with a copy of the answers You provided to the medical questions on Your application. Your application forms a part of this policy. You will be responsible for expenses that are not payable by the Company.

(III) INSURANCE COVERAGE - OPTIONS AVAILABLE

**EMERGENCY TRAVEL HEALTH INSURANCE FOR CANADIAN TRAVELLERS
SINGLE TRIP COVERAGE**

The Single Trip Plan provides coverage between the Effective Date and Termination Date of Your policy which is displayed on Your Insurance Purchase Confirmation / Income Tax Receipt

MULTI TRIP ANNUAL PLAN COVERAGE

The Multi Trip Annual plan provides coverage between the Effective Date and Termination Date of Your policy for any number of Trips up to the allowable Trip duration that you purchased and is stated on Your Insurance Purchase Confirmation. Coverage for each Trip under the Multi Trip Annual Plan begins on Your Departure Date (the date You leave Canada from any place in Canada) as long as coverage is in effect under the Multi Trip Annual Plan You purchased and ends on Your Return Date if the Return Date is earlier than the Termination Date.

All Multi-Trip annual plans allow You to Depart from any Province in Canada and Return to any Province in Canada.

If Your medical condition changes during the period covered by a Multi Trip annual plan after the policy Effective Date, Your eligibility will not be affected but coverage for the medical condition(s) which changed will be classed as a an unapproved Pre-existing Medical Condition and will be excluded from coverage.

TOP-UP / EXTENDING YOUR STAY

Coverage will be extended at the option of the Company provided no event has occurred which would give rise to or result in a claim. Top-up/Extension coverage is effective on the date immediately following the Termination Date of Your existing Emergency travel health insurance coverage provided You have paid the appropriate premium prior to the Termination Date of Your existing coverage.

TRIP BREAK OPTION

If You have requested and received prior approval from the Company or Your broker/agent, You may return to Your Province for unexpected special events or emergencies without terminating Your policy.

OPTIONS AVAILABLE WITH HEALTH INSURANCE COVERAGE:

- (B) Trip Cancellation and Trip Interruption Insurance, or
- (C) Baggage Insurance, or
- (D) Flight Accident Insurance and
- (E) Accidental Death & Dismemberment Insurance.

(IV) WHAT IS COVERED UNDER EMERGENCY TRAVEL HEALTH INSURANCE**EMERGENCY MAJOR MEDICAL BENEFITS - OUTSIDE OF CANADA****1. EMERGENCY HOSPITAL / MEDICAL TREATMENT**

If You have paid the required premium, and You have received a written Insurance Purchase Confirmation from the Company You are covered for up to two million dollars (\$2,000,000) per policy period for expenses that are Medically Necessary to provide Emergency Hospitalization or Treatment resulting from

- (a) an injury or accident, and
- (b) a new sickness if you applied for the Ironman or Take a Risk plans, or
- (c) a new sickness, and Your Pre-existing medical conditions if You applied under the "Cover My Conditions" plan; if Your medical statement in the application is correct; You have paid the required premium for the underwriting surcharge, and You have received a written Insurance Purchase Confirmation from the Company.

SUPPLEMENTARY BENEFITS**TRAVELING OUTSIDE PROVINCE OR TERRITORY OF RESIDENCE****2. PROFESSIONAL SERVICES**

50% of the costs for the services of a chiropractor, chiropodist, osteopath and physiotherapist are covered up to five hundred dollars (\$500) when referred by a doctor following a covered injury.

3. DENTAL ACCIDENT

The Company will pay for expenses up to two thousand dollars (\$2,000) when Your sound natural teeth are damaged as the result of a direct accidental blow to the mouth.

4. OUT-OF-POCKET EXPENSES

Additional out-of-pocket expenses (i.e., telephone, television rental) are covered up to a maximum of one hundred dollars (\$100) when You are hospitalized for a covered Emergency. Expenses must be supported by an original receipt.

5. TRANSPORTATION OF RELATIVE

The Company will pay up to a maximum of two thousand dollars (\$2,000) for the cost of transporting a relative to Your bedside if You are hospitalized for a covered critical injury or Sickness while outside Canada. Your relative must arrange their own insurance coverage.

6. EMERGENCY RETURN HOME BY REGULAR FLIGHT OR AIR AMBULANCE

If the Company requires that You return to Your province or territory of residence for Treatment or to be transferred to an alternate medical facility for immediate Treatment the Company will pay the costs up to three hundred thousand dollars (\$300,000) to transport You to the nearest appropriate medical facility or to a Canadian hospital by Air Ambulance, or the Company will arrange and pay for Your ticket to return to Canada by a one-way economy air fare on a commercial flight via the most cost effective route to Your province or territory of residence.. The Company will require You to return,

- (a) if the *physician* treating You recommends to the Company in writing that You return to Your province or territory of residence because of *Your medical condition* in order to receive *Emergency* medical attention, or
- (b) if the medical advisors of the Company determine that You are able to and recommend that You return to Your Province or territory of residence following *Your Emergency treatment*,

In addition the Company will arrange and pay for the cost of the ticket for a return economy air fare on a commercial flight via the most cost effective route and the usual fees and expenses for a qualified medical attendant to accompany You, when the attendant is medically necessary or required by the airline.

If You decline to return to Your Province or territory of residence when declared medically fit to travel by the Medical Director, any continuing expenses for such Sickness or injury shall not be covered.

7. REPATRIATION

In the event of Your death from a covered injury or Sickness, the Company will pay up to five thousand dollars (\$5,000) to return Your body to Canada or for the cost of burial or cremation at the place of death. The cost of the coffin or urn is excluded.

8. RETURN OF TRAVELLING COMPANION / DEPENDENT CHILDREN

If You return home under the terms of Benefits 5 or 6, the Company will pay up to two thousand dollars (\$2,000) for the cost of returning Your travelling companion and

Dependent children who are travelling with You at the time of the Emergency if the return home is not covered under the terms of any other policy. In addition, the Company will pay up to one thousand dollars (\$1,000) per insured Trip to reimburse You for the cost of the services of a care giver (other than a travelling companion or relative) to escort Your children (under the age of 16) to their home in the event You are Hospitalized or repatriated under the terms of this policy and when such services are approved in advance by the company.

9. MEALS & COMMERCIAL ACCOMMODATION

The Company will pay two hundred dollars (\$200) a day up to a maximum of fifteen hundred dollars (\$1,500) when the return portion of an Insured Trip is delayed beyond the scheduled date due to a Emergency or death of Your Family Member or a travelling companion.

10. VEHICLE RETURN

The Company will pay up to two thousand dollars (\$2,000), when approved in advance by the Company, to reimburse You for reasonable commercial expenses to return Your private or rental Vehicle in the event that You or Your Travel Companion are unable to return the Vehicle due to Your medical incapacitation or Hospitalization; or to return You to Your province or residence if Your private Vehicle is stolen or inoperable due to an accident.

12. RETURN TO YOUR ORIGINAL TRIP DESTINATION

The Company will pay up to two thousand dollars (\$2,000) for a one-way economy airfare for You to be returned to Your scheduled Trip destination after You have returned to Your province or territory of residence if one of the following events occurs.

- a) You return to Canada for immediate Treatment and Your attending Physician determines that You require no further Treatment for Your Emergency. Note: Once You return to Your Trip destination, a Recurrence of the Sickness or injury which caused the initial Emergency, or any problems or complications related thereto, will not be covered under this policy.
- b) Your immediate return home to Canada is required because of the Hospitalization of a Family Member for a minimum period of 5 consecutive days;
- c) Your immediate return home to Canada is required because of the Death of a Family Member;
- d) Your immediate return home to Canada is required because of a disaster which renders Your principal residence in Canada uninhabitable.
- e) Limitations and Exclusions numbers 26, 27 and 28 apply to this benefit.

NOTE: Any change in Your health before Departure Date will void Your coverage. You must notify the Company prior to exiting Your province or territory of residence of all changes to Your health and You must obtain a new Insurance Purchase Confirmation.

(V) WHAT IS NOT COVERED - LIMITATIONS & EXCLUSIONS

No coverage shall be provided under this contract and no payment shall be made for any loss or expense resulting in whole or in part from, or contributed to, by, or as a natural and probable consequence of, any of the following excluded risks:

- Any Sickness or Injury under a policy chosen to cover Your Conditions if Your medical statement on Your Insurance Purchase Confirmation is not correct; and

1. Any Pre-existing Condition:

a. unless You have correctly disclosed all of Your Pre-existing Conditions on Your application for insurance paid, the necessary premium and received a written Insurance Purchase Confirmation from the Company;

b. that has NOT been Stable and Controlled for the number of months that You disclosed in Your medical statement - a copy of which is included in Your Insurance Purchase Confirmation. The minimum Stability Period is three (3) months;

c. if You have used nitroglycerine spray or tablets for the relief of angina pain in the 6 months prior to departure.

d. if there is a change in Your Pre-existing Conditions after Your policy is issued but prior to the Departure Date (with the exception of Multi Trip annual plan coverage). Note: Your single trip and top up / extension policy will be void if there is a change in Your Pre-existing Conditions after Your policy is issued but prior to the Effective Date of coverage unless You obtain a new Insurance Purchase Confirmation from the Company. Your Multi Trip annual plan will exclude the losses relating Your condition which changed between Your application date and Your Departure Date (see exclusion #2 below).

2. ANNUAL PLAN EXCLUSION: If Your medical condition changes during the period covered by a Multi Trip annual plan or if Your medical condition does not remain Stable and Controlled after the policy Effective Date, Your eligibility will not be affected but coverage for the unstable medical condition(s) will become a Pre-existing Medical Condition and excluded from coverage;

3. Diabetes: if You have been previously diagnosed with diabetes, Treatment for cardiovascular or cerebrovascular conditions unless You have disclosed Your complete medical history, submitted it for Endorsement and Guarantee of Coverage and obtained an Insurance Purchase Confirmation issued by the Company to cover a cardiovascular or cerebrovascular conditions;

4. A Sickness or injury occurring while this policy is not in effect, renal insufficiency, asymptomatic or symptomatic HIV infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS related conditions (ARC). Expenses related to treatment for cancer and aneurysms are not covered if there has been any previous symptom, investigation, consultation, treatment, medication or any diagnostic testing relating to cancer or aneurysms. Coverage for cancer and aneurysms is limited to twenty five thousand dollars (\$25,000) if there has never been any previous symptom, investigation, consultation, treatment, medication or any associated diagnostic tests relating to cancer or aneurysms;

5. Expenses incurred as a result of noncompliance with prescribed medical therapy or Treatment;

6. Expenses for Elective Treatment or Non-Emergency Treatment or investigation, check-ups, cosmetic medical care or surgery, general health examinations, chronic care, rehabilitation, or any complications directly or indirectly related thereto, or treatment which can be reasonably delayed until You can return to Your province of residence by the next available means of transportation. The delay to receive treatment in Your province or territory of residence has no bearing on the application of this exclusion;

7. Expenses for eye examinations, replacement of lost or damaged eyeglasses, contact lenses, hearing aids, prosthetic teeth or limbs or prescriptions for the above or cataract surgery or services provided by a naturopath or an optometrist or in a convalescent home, nursing home, rehabilitation centre or health spa;

8. The replacement of an existing prescription, whether by reason of loss, renewal or inadequate supply, or the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada;

9. Any Treatment for a Sickness, injury, symptom or related condition during a Trip

- if travel is booked or commenced contrary to medical advice or the covered Trip is commenced with prior knowledge of an Unstable Condition, or
- if You have had any test, investigation or surgery recommended but not yet complete, for which You are awaiting results, or for which future consultation, investigation or Treatment was planned before You left home.
- when you knew or for which it was reasonable to expect before the Effective Date that You would need or be require or seek Treatment for that a Sickness, injury, symptom or related condition, or
- if You suffered from symptoms in the three (3) months before leaving home that would have caused an ordinarily prudent person to seek Treatment or to recognize that they would have to seek treatment during their Trip, or
- if You have contracted a specific condition, or a related condition, in a country when, before Your Effective Date, a written formal notice was issued by Foreign Affairs and International Trade Canada, advising Canadians to avoid all or non-essential travel to that country, region or city, or
- if You are not covered by the government health insurance plan (GHIP) in Your province or territory of residence;

10. Major medical or surgical procedures which are not approved in advance by our Medical Director, including but not limited to:

- cardiac catheterization, angioplasty and/or cardiovascular surgery including any associated diagnostic test(s) or charges, except in extreme circumstances where such surgery is performed as a Emergency immediately upon admission to Hospital;
- magnetic resonance imaging (MRIs), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies;

11. Expenses incurred as the result of an injury if other insurance exists to cover such an event. For example expenses incurred as the result of a motor vehicle accident are not covered if the motor vehicle insurance covers the loss;

12. Routine prenatal care, Your pregnancy or childbirth, miscarriage, deliberate termination of pregnancy or any complications incident to pregnancy occurring in the eight weeks before or after the expected delivery date; Your child born during Your Insured Trip;

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13. For children under two (2) years of Age: Any Sickness or medical condition related to a birth defect;

14. Mental, nervous or emotional disorders; misuse, abuse, overdose, or chemical dependence on medication, drugs, alcohol, or other intoxicants, any related Sickness or accident (when blood-alcohol level is in excess of eighty (80) milligrams per one hundred (100) milliliters of blood), or treatment therefore;

15. Suicide or attempt thereof; or self-inflicted injury, whether sane or insane; or committing or attempting to commit any criminal or illegal activity,

16. Sickness or injury arising from an Act of War;. Limited coverage applies to an Act of Terrorism. See Terrorism Coverage.

17. Participation in sanctioned competitive sports, professional sports or in any contest of motorized speed, hang-gliding, rock-climbing, mountaineering (requiring the use of specified equipment including crampons, pick axes, anchors, bolts, carabineers and lead-rope or top-rope anchoring equipment), parachuting or skydiving;

18. Air travel other than as a passenger in a commercial aircraft with a seating capacity of six people or more, licensed to carry passengers for hire;

19. Air ambulance services unless approved in advance and arranged by the Company;

20. Expenses for which no charge would normally be made in the absence of insurance or expenses which exceed the reasonable and customary charges for the region where the services were provided;

21. This policy is not valid if purchased with an Effective Date more than 6 months after the date of purchase.

22. During Treatment for Your Emergency, the Company reserves the right to transfer You to another appropriate Hospital provided You are medically fit to be transferred. If You refuse to be transferred or You refuse to return to Canada when declared medically fit to travel by our Medical Director Your coverage will be terminated. In such cases, the insured is no longer covered and the Company is relieved of any further liability.

23. After an Emergency - No coverage shall be provided under this contract and no payment shall be made for any loss or expense resulting in whole or in part from, or contributed to, by, or as a natural and probable consequence of any Treatment which is a continuation of, or subsequent to, the Emergency for which You were treated will be excluded from further coverage unless You are declared "medically unfit" to return to Your province of residence by our Medical Director;

24. After an Emergency - The Company reserves the right to transfer You to Canada by one way economy airfare following an Emergency. If You refuse to be transferred or You refuse to return to Canada when declared medically fit to travel by our Medical Director Your coverage is terminated. In such cases, the insured is no longer covered and the Company is relieved of any further liability.

25. After Your first emergency claim under this policy an additional Deductible of \$2,500 will apply to a Your second Emergency or subsequent claim. This \$2,500 Deductible is in addition to any Deductible that You have chosen on Your application.

In addition to the above exclusions, the following also apply to the 'Return to Destination' benefit (#13)

26. Any Family Member Hospitalized or in a long-term care facility or diagnosed with a terminal illness during the 180 days prior to Your Effective Date.

27. Any event that occurred prior to Your Departure Date, for which it is reasonable to expect You would have to return home early from Your Trip.

28. A Pre-existing Condition of Family Member for which Treatment was received in the three (3) months before Your Effective Date, resulting in Hospitalization or death of the Family Member while You are on Your Trip.

(VI) DEFINITIONS:

"Company" means CHARTIS Insurance Company of Canada.

"Deductible" means the amount in Canadian dollars, which the Insured Person must pay before any remaining covered expenses, are reimbursed under this policy for each Emergency claim.

"Departure Date" means the earlier of the date You (a) board Your ticketed transportation or (b) leave Canada on an Insured Trip, unless You requested Your coverage to begin when You leave Your Province or territory of residence.

"Dependent(s)" means any unmarried children residing at home, who are at least 15 days of age but under age 19 and who are living with and dependent upon You for their sole means of support.

"Effective Date" means the date that coverage starts provided the Company or its Representative has received the appropriate premium.

- For Trip Cancellation - coverage starts at the date and time You pay the premium for that coverage, indicated as purchase date on Your Insurance Purchase Confirmation.
- For all other plans including Trip Interruption, coverage starts on the later of: the date You leave Your province or territory of residence; or the effective date as shown on Your Insurance Purchase Confirmation. The Multi-Trip Annual plan covers unlimited travel within Canada.
- If coverage is purchased after Your Departure Date, Emergency Sickness-related benefits shall become effective 48 hours after the date and time the required premium is received by the Company.

"Entire Sight of One (1) Eye" means the total and irrecoverable Loss of Sight such that corrected visual acuity must be 20/200 or less in such eye.

"Entire Sight of Both Eyes" means the total and irrecoverable Loss of Sight in Both Eyes such that corrected visual acuity must be 20/200 or less and the field of vision must be less than twenty (20) degrees in both eyes.

"Elective Treatment" means Treatment, surgery or any other procedure scheduled by Your Physician to occur at a later date.

"Emergency" means an unexpected or unforeseeable Sickness or Injury which requires immediate non-discretionary medical attention, treatment or care for the immediate relief of acute symptom, which upon the advice of a physician cannot be delayed until You return to Your province or territory of residence.

"Family Member" means spouse, parent, legal guardian, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece or nephew.

"GHIP" means the health insurance coverage that Canadian provincial or territorial governments provide for their residents.

"Hand" or **"Foot"** means the complete severance through or above the wrist or ankle joint, but below the elbow or knee joint.

"Hospital" means a facility equipped to perform surgery, on a Emergency in-patient and out-patient basis, but in no event shall this include a nursing home, rest home, convalescent home, rehabilitation centre, or home for the aged, a place for the treatment of alcohol or drug addiction.

"Hospitalization" means admitted to a hospital as an in-patient.

"Insured" or Insured Person means person(s) named on the application form for which insurance coverage is in effect under this policy.

"Insured Trip" means the time You spend outside Your province or territory of residence and for which coverage is in effect. Coverage on a trip begins on Your Effective Date and ends on Your Termination Date.

"Medical Director" means the medical doctor acting for the Company.

"Medically Necessary" in reference to a given service or supply, means such service or supply:

- a. is appropriate and consistent with the diagnosis according to accepted community standards of medical practice;
- b. is not experimental or investigative in nature;
- c. cannot be omitted without adversely affecting Your condition or quality of medical care;
- d. cannot be delayed until Your return to Your province or territory of residence; and
- e. is delivered in the most cost effective manner possible, at the most appropriate level of care and not primarily by reason of convenience.

"Minor Ailment" means any Sickness or injury which does not require the use of medication for a period greater than 15 days, more than one follow up visit to a Physician, Hospitalization, surgical intervention, or referral to a specialist, which ends at least thirty (30) days prior to Your Departure Date. Please note that a chronic condition or any complication thereof is not considered a Minor Ailment it is a Pre-existing Condition.

"Period of Stability" means the length of time a Sickness, injury or medical condition must remain Stable and Controlled. It is that time You have stated on Your application for which there has been no new symptoms, investigation, consultation, diagnosis, Treatment or change in medication.

"Physician" means a person, other than a relative, who is legally qualified and licensed to practice medicine or perform surgery. The following are not considered to be Physicians: naturopath, herbalist and homeopath.

"Pre-existing Condition" means a medical or physical condition, symptom, illness or disease, whether diagnosed or not, for which Treatment has been received or taken, or which exhibited symptoms, at any time preceding Your Effective Date and includes

a medically recognized complication or Recurrence of a medical condition but does not include a Minor Ailment.

The Pre-existing Condition exclusions will apply to a loss or expenses resulting from a medical condition(s) and/or symptom(s) that existed on or prior to Your Effective Date of coverage, unless You have selected underwriting to cover Your Pre-existing Conditions and paid the corresponding additional premium. Check to see how this applies in Your policy and how it relates to Your Departure Date, date of purchase and Effective Date. Your prior medical history will be reviewed when a claim is reported. You must notify the Assistance centre prior to any Treatment. Your policy may limit benefits should You not contact the Assistance centre within a specific time period. If You have been diagnosed with diabetes, losses or expenses incurred for or as the result of treatment for heart or stroke conditions will not be covered unless You have obtained an underwriting endorsement, guarantee of coverage which discloses Your medical history and You have paid the additional premium.

"Reasonable and Customary" means the costs customarily charged for covered benefits, which are not in excess of the standard fee in the geographical area where the charges are incurred for comparable Treatment, services or supplies for a similar Sickness or injury.

"Recurrence" means the appearance of symptoms caused by or related to a medical condition which was previously diagnosed by a Physician or for which Treatment was previously received.

"Representative" means the broker or agent or other location where the Company has made acceptance of payment arrangements.

"Return Date" means the date on which You return to Canada.

"Sickness" means illness, disease, or symptom, thereof.

"Stable and Controlled" means in the Period of Stability disclosed by you on Your immediately preceding Your Effective Date Your condition is not worsening and there has been:

- a. NO increase in symptoms or development of new symptoms;
- b. NO reduction, increase or stoppage in medication dosage or its frequency;
- c. NO new medications prescribed;
- d. You have NOT been hospitalized or required medical consultation (other than a routine examination); AND
- e. NO medical, therapeutic or diagnostic procedure has been prescribed, received or performed, or recommended by a Physician, including but not limited to investigative testing and surgery.

"Terminal Prognosis" means a clinical assessment performed by a Physician who determines that an existing medical condition, Sickness or injury is expected to result in the Insured's premature death within the twelve (12) month period following any Departure Date.

"Termination Date" means the date any coverage ends, being the earlier of the date (i) You request a termination of coverage or (ii) the number of days of coverage You purchased expires.

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

"Unstable Condition" means a Sickness or injury which would cause an ordinarily prudent person to expect the need for investigation, consultation or Treatment following departure.

"Vehicle" under the Return of Vehicle benefit, means any one of a private or rental automobile or mobile home that you were driving but does not include any trailers, motorcycles or towed Vehicle.

"You" or **"Your"** means each Insured Person.

(VII) GENERAL TERMS AND CONDITIONS:

1. Co-ordination of benefits with other insurance plans: This policy is designed to pay in excess of the Government Health Insurance Plan of Your Province and/or any existing coverage held by You. Benefits payable under all policies or plans shall not exceed 100% of the eligible expenses incurred. The Company will not subrogate against retiree benefit plans that have fixed lifetime benefits of \$50,000 or less.
2. The required premium is due and payable at the time of application (Application Date). Premium will be calculated according to the schedule of premium rates in effect on the Application Date based on Your age on the Effective Date.
3. Policy Terms and Conditions are subject to change with each new policy purchase, without prior notice, to reflect actual experience.
4. This policy is void if You make any false or fraudulent statements in the application for insurance, the medical declaration, a claim for insurance benefits or if You are

covered under insurance benefits from any other insurer for an accident or Sickness claim being made under this policy.

5. Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid or if no proof of Your payment exists.

6. The policy is void if You did not answer the qualifying medical questions truthfully, accurately or completely. The Company reserves the right to decline an application, or to decline any request for extensions of coverage.

7. Benefit limits and premium payments made under this policy shall be in Canadian currency, the Deductible is in Canadian currency and no sum payable shall carry interest.

8. AUTOMATIC EXTENSION OF COVERAGE AFTER TERMINATION

(a) Notwithstanding the Termination provisions of the policy, if an Insured Person is confined to Hospital as a result of injury or Sickness, at the time that this contract would normally terminate for them, as determined under the Termination provisions, and is prevented from returning to his or her province or territory or residence, this contract will remain in force for such Insured Person for the period of his or her confinement to Hospital but in no event for more than twelve (12) consecutive months after such Insured Person's Departure Date.

(b) Notwithstanding the Termination provisions of the policy, if an Insured Person's return from a Insured Trip to their home province or territory of residence is delayed due to the delay of a common carrier in which such Insured Person is scheduled to travel, this contract shall remain in force for such Insured person for the delay period to a maximum of seventy-two (72) hours.

9. This policy shall be governed by the laws of Canada in all respects including matters of construction, validity and performance. All legal actions or proceedings must be brought in the Canadian Province in which You permanently reside.

10. Notwithstanding any other provision contained herein, this contract is subject to Statutory Conditions in the Insurance Act.

11. QUALIFICATION, MISREPRESENTATION AND FRAUD

THE COVERAGE under this Policy shall be void if You do not meet the eligibility requirements as determined by Your Medical records at the time of claim. Your Medical Statement set out on Your Insurance Purchase Confirmation is a copy of the answers You made on the application for Insurance. The eligibility requirements are material to the risk for which Insurance is sought.

If You qualify for the coverage selected but fail to answer truthfully and accurately any question asked in or at the time of *application*, the coverage under this Policy shall be void. The premium charged for the insurance is material to the risk for which the insurance is sought.

If, before or after a loss, You or Your representative misrepresent, conceal or fail to disclose any material fact or matter, or if there is any fraud or false swearing by You or Your representative, pertaining to Your application or any claim under this Policy then this policy shall be void.

(XIII) EMERGENCY PROCEDURE

Call Emergency Assistance immediately at 1-866-222-0079 toll free in Canada and United States or ask the operator to place a collect call to Canada at 0-416-642-2908.

If You require medical services or within 24 hours of hospitalization, You must call Emergency Assistance. Failure to notify Emergency Assistance as directed will delay the processing and payment of Your claim and may limit the Company's liability. See What is Not Covered - Limitations and Exclusions.

(IX) CLAIM PROCEDURE

Small Claims under \$1,000.00

You must pay the provider directly and the company will reimburse You within 30 days of receiving Your signed claim form. The Company will pay the provider if possible. Please address these claims to SMALL CLAIMS at World Travel Protection Canada Inc., 400 University Avenue, 15th Floor, Toronto, ON, M5G 1S7

Large Claims over \$1,000.00

Wherever possible, the Company will arrange with the provider to direct bill the Company. You must call Telephone 0-416-642-2908 or 1-866-222-0079. Mail or Deliver Claims to LARGE CLAIMS at travel health claims department, World Travel Protection Canada Inc., 400 University Avenue, 15th Floor, Toronto, ON, M5G 1S7.

In the event of a claim under Your Multi Trip Annual Plan, You will be required to provide proof of Your departure date and Your return date. Proof can include Your plane ticket, train ticket, or a stamped passport.

For general inquires, please call Your Representative. When submitting a claim, please include a brief explanation of the medical situation. For Example describe how, where and when the loss, Sickness or injury took place. Claims must be reported within 30 days of occurrence and written proof of claim is required within 90 days of occurrence. Claims cannot be considered unless the claim form is fully completed and signed by the claimant and submitted along with all required documentation including original receipts. All documentation must be supplied free of expense to the Company.

To make a claim due to sickness or Injury during Your Insured Trip, Your proof of claim must be sent to us within ninety (90) days of Your loss.

If You are making an Emergency Medical Insurance claim, the Company will need:

- original itemized receipts for all bills and invoices;
- proof of payment by You and by any other benefit plan;
- medical records including complete diagnosis by the attending Physician or documentation by the Hospital, which must support that the Treatment was Medically Necessary;
- proof of the accident if You are submitting a claim for dental expenses resulting from an accident;
- proof of travel (including departure and return dates); and
- Your historical medical records (if we determine applicable).

If You are making a Trip Cancellation & Trip Interruption Insurance claim, we will need proof of the cause of the claim, including:

- a medical certificate completed by the attending Physician and stating why travel was not possible as booked, if the claim is for medical reasons.

We will also need, as applicable:

- complete original unused transportation tickets and vouchers;
- original passenger receipts for the new tickets You had to purchase;
- original receipts for the travel arrangements You had paid in advance and for the extra hotel, meal, telephone and taxi expenses You may have had;
- the entire medical file of any person whose health or medical condition is the reason for Your claim; and
- any other invoice or receipt supporting Your claim.

If You are making a Baggage Loss, Damage & Delay Insurance claim, the following conditions apply:

1. In the event of theft, burglary, robbery, malicious mischief, disappearance or loss of an item covered under this insurance, You must obtain written documented evidence from the police immediately or, if the police are unavailable, the hotel manager, tour guide or transportation authorities.

You must also take all precautions to protect, save or recover the property immediately, and advise us as soon as You return home. Your claim will not be valid under this insurance if You do not comply with these conditions.

2. If the property You have checked with a common carrier is delayed, we will continue to provide coverage until the property is delivered by the common carrier.

3. This policy covers the current actual cash value of Your property when it is lost or damaged. We also reserve the option to repair or replace Your property with other of similar kind, quality and value. You may be required to submit damaged items for an appraisal of the damage. If a lost or damaged article is part of a set, this policy will cover a reasonable and fair proportion of the total value of the set, but not the total value of the set.

4. If You need to make a claim under this insurance, we will need:

- copies of reports from the authorities as proof of loss, damage or delay; and
- proof that You owned the articles, and receipts for their replacement.

To whom will we pay Your benefits, if You have a claim?

Except in the case of Your death, we will pay the covered expenses under this insurance to You or the provider of the service. Any sum payable for loss of life will be payable to Your estate. You must repay us any amount paid or authorized by us on Your behalf if we determine that the amount is not payable under Your policy. All amounts shown throughout this contract are in Canadian dollars. If currency conversion is necessary, we will use our exchange rate on the date You received the service outlined in Your claim. We will not pay for any interest under this insurance.

Is there anything else You should know if you have a claim?

If you disagree with our claim decision, the matter may be submitted to arbitration under the arbitration law in the Canadian province or territory where You reside at the time of application for this policy. Legal action to recover a claim must start within the twelve (12) months of the date the insurance monies would have been payable if it were a valid claim and be undertaken before courts of the province where You resided at the time this policy was issued.

For the purposes of determining the validity of a claim under this policy, we may obtain and review the medical records of Your attending Physician(s), including the records of Your regular Physician(s) at home. These records may be used to determine the validity of a claim whether or not the contents of the medical records were made known to You before You incurred a claim under this policy. In addition, we have the right, and You shall afford us the opportunity, to have You medically examined when and as often as may reasonably be required while benefits are being claimed under this policy. If You die, we have the right to request an autopsy, if not prohibited by law.

Is there anything else You should know if You have a claim?

If You disagree with the Company's claim decision, You agree that the matter will be submitted to arbitration under the arbitration law in the Canadian province or territory where You reside at the time of application for this policy prior to taking any legal action under this policy. Legal action to recover a claim must start within the twelve (12) months of the date the insurance monies would have been payable if it were a valid claim.

Notice on privacy

Your privacy matters. We are committed to protecting the privacy of the information we receive about You in the course of providing the insurance You have chosen. While our employees need to have access to that information, we have taken measures to protect Your privacy. We ensure that other professionals, with whom we work in giving you the services You need under Your insurance, have done so as well. To find out more about how we protect Your privacy, please read our Notice on Privacy and Confidentiality.

Notice on Privacy and Confidentiality. The specific and detailed information requested on Your application and medical questionnaire is required to process the application. To protect the confidentiality of this information, the Company will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Financial employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person You authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions.

Your file is secured in our offices. You may request to review the personal information it contains and make corrections by writing to the Company.

Mail or Deliver Claims to:

TRAVEL HEALTH CLAIMS DEPARTMENT, World Travel Protection Canada Inc.

400 University Avenue, 15th Floor, Toronto, ON, M5G 1S7

Claim Inquiries: 0-416-642-2908 or 1-866-222-0079

(X) REFUNDS

Requests for a pro-rata premium refund will be considered, in the case of non-departure or in the case of early return if the policy is signed by You and returned to the Company and if no claim has been paid or is pending on Your behalf and for which you have not been provided any assistance services by the Assistance Center. A refund will be calculated from the date of receipt of written notification, subject to an administration fee of twenty five dollars (\$25) per application and a minimum refund amount of ten dollars (\$10) per policy. Termination shall not be dated before the date Your request is received. No refund will be paid for Multi Trip Annual Plans, Trip Cancellation and Interruption, Baggage, Flight Accident or Accidental Death & Disability Insurance after the commencement of coverage.

(XI) THIS POLICY IS ADMINISTERED BY MRM SPECIAL RISKS INC.

04/18/2011 Rev.

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Neither the Representative nor the Company is responsible for the availability, quantity, quality or results of any Treatment received by You or Your failure to obtain medical assistance. By my purchase, I authorize any medical facility, insurance company, organization or person that has any records or knowledge of My health and/or that of My family members, to give to the Company, MRM Special Risks Inc. or their authorized representatives, any information regarding My health, medical history treatment and claim. I specifically authorize coordination of benefits with all other insurance programs that provide health insurance benefits for me. I further authorize the Company to subrogate and claim over against any party that may be liable for benefits or expenses that the Company has paid on my behalf. A copy or facsimile of this authorization shall be deemed as valid as the original.

IN WITNESS WHEREOF, the Company has issued this policy.
Underwritten by the "Company"
CHARTIS INSURANCE COMPANY of CANADA



Secretary



Chief Executive Officer



Countersigned by Authorized Representative

POLICY RIDER NO. 1**TRIP CANCELLATION AND INTERRUPTION INSURANCE****WHAT IS COVERED UNDER TRIP CANCELLATION AND INTERRUPTION INSURANCE**

If You purchase this coverage, the following benefits are payable up to a total maximum of five thousand dollars (\$5,000) per Insured Person per policy insofar as such expenses are for a Trip Cancellation / Interruption covered risk and are unexpected and unforeseen. All maximums under this coverage are per Insured Person, unless otherwise stated.

- If Your Trip is cancelled due to a Trip Cancellation covered risk, the Company will pay the non-refundable and unusable Trip arrangements for which the Insured Person has already paid.
- If Your Trip is interrupted due to the occurrence of a Trip Interruption covered risk, the Company will pay the following benefits:

1. The non-refundable and unusable Trip arrangements for which the Insured Person has already paid (less the prepaid unused return transportation); and

(a) additional travel transportation expenses the Insured Person incurs via the most cost effective itinerary to return to his or her province or territory of residence, or
(b) the economy class transportation (or applicable change fee) via the most cost effective itinerary to the Insured Person's next destination.

2. One hundred and fifty dollars (\$150) subsistence allowance per Day per Insured Person, subject to limits of fifteen hundred dollars (\$1,500) per Insured Person and three thousand dollars (\$3,000) per Family, for commercial accommodation and meals, essential taxis and telephone calls. To file a claim, the Insured Person must supply original receipts from commercial organizations.

- **Trip Cancellation / Interruption Covered Risks:**

1. Medical Conditions and Death: An Emergency occurring as a result of the Insured's Medical Condition or Death, or a if relative of the Insured Person's is hospitalized overnight or dies as a result of an Emergency.

2. Travel Advisory: If a travel advisory is issued by the Department of Foreign Affairs and International Trade of the Canadian Government or Health Canada after the Effective Date, advising Canadians avoid all or non-essential to travel to a country, region or city.

3. Employment Change: The Insured Person loses a permanent job because of layoff or dismissal without just cause (not applicable to self-employed persons or contract work); or the employer initiates a job transfer which necessitates relocation of the Insured Person's principal residence.

4. Natural Disaster at Home or at Destination: the Insured Person is unable to occupy his or her principal residence or the vacation lodging because of a natural disaster.

5. Legal Commitment: The Insured Person is called to jury duty, is subpoenaed as a witness, or is required to be a defendant in a lawsuit.

6. Quarantine: The Insured Person is quarantined during his or her Trip.

7. Missed Connection: The Insured Person misses a connection because of the delay of a common carrier when the delay is caused by mechanical failure, weather, a traffic accident, an Emergency, a schedule change or a volcanic eruption. The common carrier must be scheduled to arrive at least two hours prior to the next departure.

8. Named Hurricane: The Insured Person are travelling to or is at his or her destination and a Hurricane, as named and forecast by the World Meteorological Organization, is expected to cross directly in his or her path in the next 24 hours.

9. Pregnancy or Adoption: The Insured Person becomes pregnant after booking the Trip and the Departure Date falls in the 9 weeks before or after the expected delivery date; or the Insured Person legally adopts a child and the Notice of Custody is received after the Effective Date and the date of adoption is scheduled to be held during Your Trip.

WHAT IS NOT COVERED UNDER TRIP CANCELLATION / INTERRUPTION INSURANCE

This insurance does not cover any loss or expense related in whole or in part, directly or indirectly, to any of the following:

1. Any Pre-Existing Condition if it has NOT been Stable and Controlled in the 180 Days preceding any of the Trip's Effective Date. The Pre-existing Condition exclusion applies to Trip Cancellation / Interruption coverage.

04/18/2011 Rev.

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2. Symptoms which would have caused an ordinary person to seek treatment or medication in the 180 Days before the departure date.

3. Alcohol related Sickness or the abuse of medication, drugs, alcohol or any other toxic substance prior to or during the Trip. Alcohol abuse is defined as having a blood alcohol level in excess of eighty (80) milligrams of alcohol per one hundred (100) millilitres of blood.

4. Any Trip Cancellation / Interruption expenses if the Insured Person has knowledge at the time of departure of any reason why the Trip might be cancelled, interrupted or delayed.

5. Travel for the purpose of visiting a person suffering from a medical condition and the medical condition (or ensuing death) of that person is the cause of cancellation, interruption or delay of the Trip.

6. The financial default or bankruptcy of a travel supplier.

7. The Insured Person's choice not to continue his or her Trip, if possible, after a Trip Cancellation / Interruption.

8. This benefit must be purchased within seventy two (72) hours of booking travel arrangements.

This rider takes effect on **THE DATE COVERAGE IS PURCHASED** and it expires concurrently with the policy and is subject to all of the provisions, definitions, limitations and conditions of the policy not inconsistent herewith.

Attached to and made a part of Policy No. **SRG 9124484** issued by the Company, but the same shall not be binding on the Company unless countersigned by its duly authorized representative.

IN WITNESS WHEREOF, the Company has issued this policy.
Underwritten by the "Company"
CHARTIS INSURANCE COMPANY of CANADA



Countersigned by Authorized Representative

POLICY RIDER NO. 2

BAGGAGE AND PERSONAL EFFECTS INSURANCE

WHAT IS COVERED UNDER BAGGAGE AND PERSONAL EFFECTS INSURANCE:

If You purchase this coverage, the Company will pay up to two thousand dollars (\$2,000) per Insured Person, after a Deductible of two hundred and fifty dollars (\$250), for the Reasonable and Customary Costs for the covered risks described below that are incurred by You due to the direct physical loss of, or damage to, the baggage and personal effect the Insured Person owns and use during his or her Trip outside the province or territory of residence. Such expenses must be in excess of those reimbursable by any other insurance contract or health plan (group or individual) under which the Insured Person is entitled to benefits.

• **Baggage and Personal Effects Insurance covered risk**

The following benefits are payable up to a maximum of two thousand dollars (\$2,000) per insured person after a Deductible of two hundred and fifty dollar (\$250) Deductible.

1. Loss of or Damage to Baggage and Personal Effects:

Reimbursement of losses up to maximum of five hundred dollars (\$500) for any one item or set of items (items which are purchased for use together and commonly used together). Reimbursements are made based on the depreciated value of the lost or damaged articles. Reimbursements for an entire set are only made if the entire set is lost or damaged; otherwise reimbursement is made specific to the affected article within the set.

2. Delay of Baggage and Personal Effects:

The Company covers up to four hundred dollars (\$400) towards the replacement of the necessary toiletries and clothing when the Insured Person's checked baggage is delayed by the common carrier for more than 12 hours while on route and before returning to the home province or territory of residence.

3. Replacement of Travel Documents:

The Company covers up to two hundred dollars (\$200) towards the replacement of one or more of the Insured Person driver's license, passport, birth certificate or travel visa in the event any of these is lost or stolen during a Trip.

WHAT IS NOT COVERED UNDER: BAGGAGE AND PERSONAL EFFECTS INSURANCE

This insurance does not cover any loss or expense related in whole or in part, directly or indirectly, to any of the following:

1. Animals, perishable items, bicycles, household items and furniture, artificial teeth or limbs, hearing aids, eyeglasses of any type, contact lenses, prescription medication, tobacco products, money, credit cards, event tickets, securities, documents, items related to the Insured Person's occupation, mobile phones, computers, electronics devices and accessories, antiques or collectors' items, fragile articles, cameras, musical instruments, stereos and similar properties, items that are obtained illegally, or articles that are insured on a valued basis or are insured by another insurer.

2. Damage or loss resulting from wear and tear, deterioration, defects, mechanical breakdown, the Insured Person's imprudence or omission.

3. Unaccompanied baggage or personal property, baggage or personal property left in an unattended vehicle and which was not locked in the trunk, or baggage or personal property shipped under a freight contract.

4. Theft, loss or damage of baggage or personal effects where a written report has not been obtained from the police or local or conveyance authorities to substantiate the loss.

5. The first \$250.00 loss on a baggage claim. All baggage claims are subject to a \$250.00 Deductible.

This rider takes effect on **THE DATE COVERAGE IS PURCHASED** and it expires concurrently with the policy and is subject to all of the provisions, definitions, limitations and conditions of the policy not inconsistent herewith.

Attached to and made a part of Policy No. **SRG 9124484** issued by the Company, but the same shall not be binding on the Company unless countersigned by its duly authorized representative.

IN WITNESS WHEREOF, the Company has issued this policy.
Underwritten by the "Company"
CHARTIS INSURANCE COMPANY of CANADA



Countersigned by Authorized Representative

POLICY RIDER NO. 3

FLIGHT ACCIDENT INSURANCE

WHAT IS COVERED UNDER FLIGHT ACCIDENT INSURANCE

If You purchase this coverage, the Company will pay up to three hundred thousand dollars (\$300,000) for a loss which occurs as the result of a flight accident when You are a passenger in a multi-engine, regularly scheduled flight, ticketed and arranged prior to departure according to the following schedule:

- 1. Three hundred thousand dollars (\$300,000) for:**
 - a. Loss of life, or Entire Sight of Both Eyes, or both Hands, or both Feet;
 - b. Disappearance if Your body has not been found for 52 weeks;
 - c. Loss of one Foot and Entire Sight of One Eye.
- 2. One hundred and fifty thousand dollars (\$150,000) for:**
 - a. Entire Sight of One Eye, or one Hand, or one Foot.

A Physician certified in Ophthalmology must clinically confirm the diagnosis in writing for the loss of the entire sight of an eye;

This rider takes effect on **THE DATE COVERAGE IS PURCHASED** and it expires concurrently with the policy and is subject to all of the provisions, definitions, limitations and conditions of the policy not inconsistent herewith.

Attached to and made a part of Policy No. **SRG 9124484** issued by the Company, but the same shall not be binding on the Company unless countersigned by its duly authorized representative.

IN WITNESS WHEREOF, the Company has issued this policy.
Underwritten by the "Company"
CHARTIS INSURANCE COMPANY of CANADA



Countersigned by Authorized Representative

POLICY RIDER NO. 4

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

WHAT IS COVERED UNDER ACCIDENTAL DEATH & DISEMBERMENT INSURANCE

If You purchase this coverage, the Company will pay up to one hundred thousand dollars (\$100,000) in the event of Your death or disability resulting from an accident (other than a Flight Accident) which occurs during Your covered Trip according to the following schedule:

1. **One hundred thousand dollars (\$100,000) for:**
 - a. Loss of life, or Entire Sight of Both Eyes, or both Hands, or both Feet;
 - b. Loss of one Foot and Entire Sight of One Eye.
2. **Fifty thousand dollars (\$50,000) for:**
 - a. Entire Sight of One Eye, or one Hand, or one Foot.

A Physician certified in Ophthalmology must clinically confirm the diagnosis in writing for the loss of the entire sight of an eye;

This rider takes effect on **THE DATE COVERAGE IS PURCHASED** and it expires concurrently with the policy and is subject to all of the provisions, definitions, limitations and conditions of the policy not inconsistent herewith.

Attached to and made a part of Policy No. **SRG 9124484** issued by the Company, but the same shall not be binding on the Company unless countersigned by its duly authorized representative.

IN WITNESS WHEREOF, the Company has issued this policy.
Underwritten by the "Company"
CHARTIS INSURANCE COMPANY of CANADA



Countersigned by Authorized Representative