



RBC Insurance

CANCELLATION & INTERRUPTION

For Emergency Assistance:

Please contact Assured Assistance Inc. immediately at one of these numbers:

- 1-800-387-2487 (toll-free call from USA or Canada)
- 905-816-2561 (collect call from anywhere through a local operator)
- 1-888-298-6340 (toll-free fax from the USA or Canada)
- 905-813-4719 (fax)

Claims Assistance

If *you* need a Claim & Authorization form, to submit a new claim, or *you* want status on an existing claim, please contact *our* Claims Department at:

P.O. Box 97

Station A, Mississauga, Ontario, L5A 2Y9

Outside of Quebec 905-816-2572 or 1-800-263-8944

Residents of Quebec 514 748-2244 or 1-800-263-8944

Or *you* can visit *our* website at <http://www.rbcinsurance.com/travel/travel-insurance-claims.html>, to obtain a Cancellation & Interruption claim form.

CANCELLATION & INTERRUPTION SINGLE TRIP

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IMPORTANT NOTICE - PLEASE READ CAREFULLY

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read and understand *your* policy before *you* travel as *your* coverage 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* policy and how it relates to *your departure date*, date of purchase, or *effective date*.
- In the event of an accident, injury or sickness, *your* prior medical history may be reviewed when a claim is reported.

PLEASE READ *YOUR* POLICY CAREFULLY BEFORE *YOU* TRAVEL

Summary of Insurance Coverage

Cancellation & Interruption Coverage	
Risk	Maximum Sums Available
Trip Cancellation - Before Departure	Up to the sum insured
Trip Interruption-After Departure: Transportation-Economy Class Trip Interruption- After Departure: Unused Portion of Pre-paid Travel Arrangements	Option 1: Transportation- Economy class Unused Portion of Pre-paid Travel Arrangements -up to insured pre-paid travel arrangements
Trip Interruption-After Departure: Transportation-Economy Class Trip Interruption- After Departure: Unused Portion of Pre-paid Travel Arrangements	Option 2: Combined maximum based on <i>your</i> sum insured for After Departure of \$1500
Trip Interruption-After Departure: Transportation-Economy Class Trip Interruption- After Departure: Unused Portion of Pre-paid Travel Arrangements	Option 3: Combined maximum based on <i>your</i> sum insured for After Departure of \$800
Subsistence Allowance (<i>Trip Interruption</i>)	\$350
Subsistence Allowance (Delayed Return)	\$1,750
Repatriation of Remains	Unlimited transportation to province or territory of residence \$5,000 for preparation of remains \$5,000 for cremation or burial at location where death occurred

Definitions

The following are *our* definitions and apply when written in *italics* throughout this document.

Accidental bodily injury - bodily injury caused by an accident of external origin occurring during the *period of insurance* and being the direct and independent cause of the loss.

Business meeting - 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*. Legal proceedings are not considered to be a *business meeting*.

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

Catastrophic event - total eligible Cancellation & Interruption Insurance claims arising directly or indirectly from an *act of terrorism*, or series of *acts of terrorism*, occurring within a seventy-two hour period that exceed \$1,000,000.

Change in medication - 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.

Children - unmarried persons:

- under 21 years of age; or
- under 26 years of age if full-time students; or
- mentally or physically handicapped and over 20 years of age; and

who are *your* natural, adopted or step-children and are dependent on *you* for support.

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

Departure point - the place *you* depart from on the first day of *your* intended travel period, as shown on *your trip* itinerary insured by *us* or on *your insurance application/confirmation of coverage*.

Effective date -

a) the date and time the required premium is paid, as shown on *your insurance application/confirmation of coverage*.

b) for **Top-up coverage**:

- 12:01 a.m. on the day following the date of expiry of *your* prior coverage; or
- if *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your effective date* is set out in the point above, based on the coverage *you* purchase as *top-up*.

Emergency - any sudden and unforeseen event that begins during the *period of insurance* and makes it necessary to receive immediate treatment from a licensed *physician* or to be hospitalized. An *emergency* ends when the medical advisors of Assured Assistance Inc. or RBC Insurance Company of Canada determine that *you* are medically able to return to *your* home country.

Expiry date - the date on which *your* coverage ends under this insurance, as shown on *your insurance application/confirmation of coverage*.

Hospital - an establishment that is licensed as an accredited *hospital*, is operated for the care and treatment of in-patients, has a Registered Nurse always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the establishment. *Hospital* does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Immediate family - *spouse*, parent, legal guardian, legal ward, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew.

Insurance application/confirmation of coverage - the printed form, computer printout, invoice or document provided by *your* Canadian representative or through *your* online application, which confirms the insurance coverage *you* have purchased. The *insurance application/confirmation of coverage* forms part of the insurance contract.

Key employee - an employee whose continued presence is critical to the ongoing affairs of the business during *your* absence.

Medical condition - *accidental bodily injury* or sickness (or a condition related to that *accidental bodily injury* or sickness), including disease, acute psychoses and complications of pregnancy occurring within the first 31 weeks of pregnancy.

Medical questionnaire - the form that contains questions that must be answered correctly at the time of *insurance application/confirmation of coverage*, and that, once completed and signed, forms part of the insurance contract. *Your medical condition* at the time of completion of the *medical questionnaire* determines the terms of coverage and/or the premium that apply to *you*. *You* must complete the *medical questionnaire* if the non-refundable portion of *your* prepaid travel arrangements exceeds \$15,000.

Mental or emotional disorders - emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with minor tranquilizers or anti anxiety (anxiolytics) medication.

Mountain climbing - 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 - 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 - the period of time between *your effective date* and *your return date*.

Physician - someone who is not *you* or a member of *your immediate family* who is licensed to prescribe drugs and administer medical treatment (within the scope of such licence) at the location where the treatment is provided. A *physician* does not include a naturopath, herbalist, chiropractor or homeopath.

Prescription drug - drug or medicine that can only be issued upon the prescription of a licensed *physician* or dentist and is dispensed by a licensed pharmacist. *Prescription drug* does not mean such drug 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 - engaged in a specified activity as *your* main paid occupation.

Return date - the date on which *you* are scheduled to return to *your departure point*. This date is shown on *your insurance application/confirmation of coverage*. If *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your return date* is 11:59 p.m. on the day before the *effective date* of *your* subsequent coverage.

Spouse - the person who is legally married to *you*, or has been living in a conjugal relationship with *you* for a continuous period of at least one year and who resides in the same household as *you*.

Stable - any *medical condition* or related condition including any heart condition or any lung condition (whether or not the diagnosis has been determined) for which there have been:

- no new treatment, new medical management, or new prescribed medication; and
- no change in treatment, change in medical management, or *change in medication*; and
- no new symptom or finding, more frequent symptom or finding, or more severe symptom or finding experienced; and
- no new test results or test results showing a deterioration; and
- no investigations or future investigations initiated, or recommended for *your* symptoms; and
- no hospitalization or referral to a specialist (made or recommended).

Terrorism or act of terrorism - 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.

Top-up - the coverage *you* purchase from us:

- a) to add to *your* insurance beyond the duration covered under *your* Multi-Trip Annual Coverage; or
- b) before *your* date of departure from *your departure point*, to complement travel insurance coverage that is in effect through another program or policy of insurance for a portion of *your trip* duration or value.

Travelling companion - the person who is sharing travel arrangements with *you*, to a maximum of three persons.

Trip - the period of time between leaving *your departure point* up to and including *your return date*.

Unannounced Strike - means any sudden or spontaneous work stoppage (whether or not organized or sanctioned by a labour union) which:

- a) is not announced in any media, and
- b) causes the delay of *your* departure and/or arrival of a common carrier (such as a passenger plane, ferry, cruise ship, bus, limousine, taxi or train).

We, us and **our** refer to RBC Insurance Company of Canada.

You, yourself and **your** refer to the person named as the insured on the *insurance application/confirmation of coverage* when the required insurance premium has been paid before the *effective date*.

General Insurance Details

Your insurance coverage is subject to the terms set out in this document.

Who is eligible for coverage?

To be eligible for insurance coverage *you* must:

- purchase coverage through a Canadian representative appointed by RBC Insurance Company of Canada;
- be living in Canada, travelling through Canada or visiting Canada during *your trip*;
- purchase coverage for the full duration of *your trip*;
- purchase coverage for a maximum of 365 days;
- have correctly completed the *medical questionnaire* if the non-refundable portion exceeds \$15,000.

How do you become insured?

You become insured and this policy becomes an insurance contract:

- when *you* are named on *your* completed *insurance application/confirmation of coverage*;
- upon payment of the required premium on or before *your effective date*; and
- upon completion of the *medical questionnaire*, where applicable.

When does *your* insurance start and end?

Insurance starts on *your effective date*.

Insurance ends on the earliest of:

- a) the date of the cause of cancellation if *your trip* is cancelled before *your* date of departure from *your departure point*;
- b) the date *you* return to *your* province, territory or country of residence;
- c) midnight of *your return date*;
- d) midnight of *your expiry date*;
- e) 365 days after *your* date of departure from *your departure point*.

When does *your* coverage automatically extend?

- 1 If *you* cannot complete *your trip* by *your return date* because of the delay of a common carrier in which *you* are scheduled to travel, *your* coverage will automatically extend for the delay period to a maximum of 72 hours.
- 2 Regardless of the automatic extension above, coverage will not continue beyond 365 days from *your* latest date of departure from *your departure point*.

What if *you* decide to extend *your trip*?

If *you* decide to extend *your trip*, any extension of *your* coverage is subject to the following conditions:

- 1 a) If *you* have not had a *medical condition* under *your* existing coverage under any of *our* insurances, *you* must request the extension by contacting *your* Canadian representative before *your return date*.
- b) If *you* have had a *medical condition* under *your* existing coverage under any of *our* insurances, *you* must request the extension by contacting Assured Assistance Inc. before *your return date*, and the extension is subject to the approval of Assured Assistance Inc.
- 2 *You* must pay the required additional premium before *your* original *return date*.
- 3 If the insurance for which *you* require the extension is not available for the duration that includes the total number of days of *your trip* and any optional extension(s), *your* coverage cannot be extended. Instead, *you* may be able to purchase a new policy under the coverage:
 - a) for which *you* are eligible; and
 - b) that is available for the duration that includes the period beginning with *your effective date* and ending at *your new return date*.

The terms, conditions and exclusions of the extension policy apply to *you* during the extension period.

What if *you* want to *top-up* another insurer's travel insurance?

If *you* are covered under another insurer's travel insurance, *you* may purchase *top-up* coverage from *your* Canadian representative only before *your* date of departure from *your departure point*, and:

- a) *you* must pay the required *top-up* premium before *your* date of departure from *your departure point*.
- b) the terms, conditions and exclusions of *our* policy issued as *top-up* apply to *you*.
- c) *you* cannot purchase an annual coverage to *top-up* a single *trip*.

When can *your* premium be refunded?

- 1 All requests for premium refunds must be submitted to the Canadian representative from whom *you* purchased the insurance.
- 2 No refund of premium will be made in the event that a claim has been paid, incurred or reported or if *you* have already departed on *your trip*.
- 3 The premium *you* paid can be refunded only if *your trip* is cancelled before *you* depart on *your trip* and:
 - the supplier (tour operator, airline, etc.) cancels *your trip* and all penalties are waived; or
 - the supplier (tour operator, airline, etc.) changes the travel dates and *you* are unable to travel on these dates and all penalties are waived; or
 - *you* cancel *your trip* before any cancellation penalties are in effect.

Terrorism Coverage

Where an *act of terrorism* directly or indirectly causes a loss that would otherwise be payable under one of the covered risks in accordance with the terms and conditions of the policy, this insurance will provide coverage as follows:

- a) *We* will, for Cancellation & Interruption claims, except in the case of *catastrophic event*, reimburse *you* up to a maximum of 100% of *your* eligible loss.
- b) *We* will, for Cancellation & Interruption claims resulting in a *catastrophic event*, and subject to the limits described in paragraph e), reimburse *you* up to a maximum of 50% of *your* eligible loss.
- c) For all other classes of insurance, *we* will reimburse *you* up to a maximum of 100% of *your* eligible loss.
- d) The benefits payable in accordance with paragraphs a), b) and c) are in excess to all other potential sources of recovery, including but not limited to, alternative or replacement travel options offered by airlines, tour operators, cruise-lines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and will only respond after *you* have exhausted all such other sources.
- e) The benefits payable in accordance with paragraph b) shall be paid out of a fund and, where total claims exceed fund limits, eligible claims shall be reduced on a pro rata basis so that the maximum payment out of the fund for all policyholders shall be CDN\$5,000,000 per *act of terrorism* or series of *acts of terrorism* occurring within a 72-hour period. The total maximum payment out of the fund for all policyholders shall be CDN\$10,000,000 per calendar year regardless of the number of *acts of terrorism*. If, in *our* judgment, the total of all payable claims for all policyholders under one or more *acts of terrorism* may exceed the applicable fund maximum limits, *your* prorated claim will be paid after the end of the calendar year.

Cancellation & Interruption Insurance

What coverage limitations apply?

When a cause of cancellation (the event that triggers one of the 40 risks insured) occurs before the date of departure from *your departure point*, *you* must:

- a) cancel *your trip* with the travel agent airline, tour company or the carrier immediately, but no later than the business day following the cause of cancellation; and
- b) advise *us* at the same time.

Our maximum liability is the amounts or portions indicated in *your trip* contract that are non-refundable at the time of the cause of cancellation or on the next business day.

When does Coverage apply?

Trip Cancellation - Before Departure:

- when an insured risk causes *you* to cancel *your trip* before leaving *your departure point*.

Trip Interruption - After Departure:

- when an insured risk occurs during *your trip* which causes the delay of *your departure* from *your departure point*; or when an insured risk occurs during *your trip* which causes an early return back to *your departure point*.

Delayed Return - After Departure

- when an insured risk occurs during *your trip*, and results in *you* being delayed, beyond *your scheduled return date*, from returning to *your departure point*.

To determine the benefit(s) available to *you*:

- identify the risk *you* have incurred under “What are *you* covered for?” in the following chart;
- determine when the risk occurs under “What are *you* eligible for?” in the following chart;
- find the letter corresponding to the benefit in the right-hand column of the following chart; and
- match *your* benefit under “What are the benefits?”.

What are <i>you</i> covered for?		What are <i>you</i> eligible for?		
		Trip Cancellation +	Trip Interruption	Delayed Return
Medical Condition		BENEFIT(S)		
1	Your emergency medical condition.	A	C, D & G*, or C, E & G*, or C, F & G*	E & I*
2	The admission to a <i>hospital</i> following an <i>emergency</i> of a member of <i>your immediate family</i> (who is not at <i>your destination</i>), <i>your business partner</i> , <i>key employee</i> or <i>caregiver</i> .	A	C, E & G*	not applicable
3	The <i>emergency medical condition</i> of a member of <i>your immediate family</i> (who is not at <i>your destination</i>), <i>your business partner</i> , <i>key employee</i> or <i>caregiver</i> .	A	C, E & G*	not applicable
4	The admission to a <i>hospital</i> of <i>your host</i> at destination, following an <i>emergency medical condition</i> .	A	C, E & G*	not applicable
5	The <i>emergency medical condition</i> of <i>your travelling companion</i> .	A or B	C, D & G*, or C, E & G*, or C, F & G*	E & I*
6	The <i>emergency medical condition</i> of <i>your travelling companion's immediate family member</i> , <i>business partner</i> , <i>key employee</i> or <i>caregiver</i> .	A or B	C, E & G*	not applicable
7	The <i>emergency medical condition</i> of <i>your immediate family member</i> who is at <i>your destination</i> .	A	C, E & G*	E & I*
Pregnancy and adoption				
8	Complications of a pregnancy arising in the first 31 weeks of pregnancy involving <i>you</i> , or a member of <i>your immediate family</i> . Note: the confirmation of a multiple pregnancy/or the confirmation of a pregnancy as a result of fertility treatment are not considered complications of pregnancy	A	C, E & G*	E & I*
9	Complications of a pregnancy arising in the first 31 weeks of pregnancy involving <i>your travelling companion</i> , or a member of <i>immediate family of your travelling companion</i> or <i>travelling companion's spouse</i> . Note: the confirmation of a multiple pregnancy/or the confirmation of a pregnancy as a result of fertility treatment are not considered complications of pregnancy	A or B	C, E & G*	E & I*
10	<i>Your</i> or <i>your spouse's</i> pregnancy being confirmed after <i>your effective date</i> if <i>your departure from your departure point</i> is scheduled to take place in the 9 weeks before or after the expected date of delivery.	A	not applicable	not applicable
11	<i>Your travelling companion's</i> or <i>your travelling companion's spouse's</i> pregnancy being confirmed after <i>your effective date</i> if <i>your departure from your departure point</i> is scheduled to take place in the 9 weeks before or after the expected date of delivery.	A or B	not applicable	not applicable
12	The legal adoption of a child by <i>you</i> , when the actual date of that adoption is scheduled to take place after <i>your effective date</i> and prior to, or during <i>your trip</i> .	A	C, E & G*	not applicable
13	The legal adoption of a child by <i>your travelling companion</i> , when the actual date of that adoption is scheduled to take place after <i>your effective date</i> and prior to, or during <i>your trip</i> .	A or B	C, E & G*	not applicable
Death				
14	<i>Your</i> death.	A	C & J, or C & K, or C & L	J, or K, or L
15	The death of <i>your immediate family member</i> or friend (who is not at <i>your destination</i>), <i>your business partner</i> , <i>key employee</i> or <i>caregiver</i> .	A	C, E & G*	not applicable
16	The death of <i>your travelling companion</i> .	A or B	C, E & G*	E & G*
17	The death of <i>your travelling companion's immediate family member</i> , <i>business partner</i> , <i>key employee</i> or <i>caregiver</i> .	A or B	C, E & G*	not applicable
18	The death of <i>your host</i> at destination, following an <i>emergency medical condition</i> .	A	C, E & G*	not applicable
19	The death of <i>your immediate family member</i> or friend, who is at <i>your destination</i> .	A	C, E & G*	E & G*

Government advisories and visas				
20	A formal travel advisory issued by the Department of Foreign Affairs and International Trade of the Canadian government after the purchase of <i>your</i> insurance, advising Canadians not to travel to a country, region or city originally ticketed for a period that includes <i>your trip</i> .	A	C, E & G* or C, F & G*	not applicable
21	The non-issuance of <i>your</i> travel visa (not an immigration or employment visa) or the rejection of <i>your</i> travel visa application (not an immigration or employment visa) for reasons beyond <i>your</i> control.	A	not applicable	not applicable
22	The non-issuance of <i>your travelling companion's</i> travel visa (not an immigration or employment visa) or the rejection of <i>your travelling companion's</i> travel visa application (not an immigration or employment visa) for reasons beyond <i>your travelling companion's</i> control.	A or B	not applicable	not applicable
Employment and occupation				
23	A transfer by the employer with whom <i>you</i> or <i>your spouse</i> is employed on <i>your effective date</i> , which requires the relocation of <i>your</i> principal residence.	A	C, E & G*	not applicable
24	A transfer by the employer with whom <i>your travelling companion</i> is employed on <i>your effective date</i> , which requires the relocation of his/her principal residence.	A or B	C, E & G*	not applicable
25	The involuntary loss of <i>your</i> or <i>your spouse's</i> permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A	C, E & G*	not applicable
26	The involuntary loss of <i>your travelling companion's</i> permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A or B	C, E & G*	not applicable
27	Cancellation of <i>your</i> or <i>your travelling companion's business meeting</i> beyond <i>your</i> or <i>your employer's</i> control or <i>your travelling companion's</i> or <i>your travelling companion's employer's</i> control.	A	C, E & G*	not applicable
28	<i>Your</i> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	A	C, E & G*	not applicable
29	<i>Your travelling companion</i> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	A or B	C, E & G*	not applicable
Delays				
30	Delay of <i>your</i> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the <i>trip</i> , when <i>you</i> choose not to continue with <i>your</i> travel arrangements.	A	C, E & G*	not applicable
31	Delay of <i>your travelling companion's</i> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the <i>trip</i> , when <i>you</i> choose not to continue with <i>your</i> travel arrangements.	A	C, E & G*	not applicable
32	Delay of <i>your travelling companion's</i> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the <i>trip</i> , when <i>you</i> choose to continue with <i>your</i> travel arrangements.	B	B	not applicable
33	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 <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements, provided the automobile was scheduled to arrive at the point of departure at least 2 hours before the scheduled time of departure.	not applicable	C, F & G*	E & G*
34	Delay of <i>your</i> connecting carrier (<i>passenger plane</i> , ferry, cruise ship, bus, limousine, taxi or train), resulting from the mechanical failure of that carrier, a traffic accident, an emergency police-directed road closure, weather conditions, earthquakes, volcanic eruptions, <i>unannounced strike</i> , loss or theft of <i>your</i> passports, travel documents, or money; causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements.	not applicable	C, F & H	E & G*
Other risks				
35	An event completely independent of any intentional or negligent act that renders <i>your</i> principal residence uninhabitable or the business that <i>you</i> own inoperative.	A	C, E & G*	not applicable
36	An event completely independent of any intentional or negligent act that renders <i>your travelling companion's</i> principal residence uninhabitable or the business that he/she owns inoperative.	A or B	C, E & G*	not applicable
37	The quarantine or hijacking of <i>you</i> , <i>your spouse</i> or <i>your child</i> .	A	C, E & G*	E & G*
38	The quarantine or hijacking of <i>your travelling companion</i> or <i>your travelling companion's spouse</i> or child.	A or B	C, E & G*	E & G*
39	<i>Your</i> , <i>your spouse</i> or <i>your child</i> being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, during <i>your trip</i> .	A	C, E & G*	not applicable
40	<i>Your travelling companion</i> or <i>your travelling companion's spouse</i> or child being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, during <i>your trip</i> .	A or B	C, E & G*	not applicable

* When Benefits G and I are payable to *you*, the maximum payable in total may not exceed the amount specified for Benefit I. Benefit G is available only in conjunction with Benefits D, E or F when no cost-effective and/or direct alternate transportation is available.

What are the benefits?

Trip Cancellation-Before Departure:

Prepaid travel arrangements/Trip Cancellation - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks up to the sum insured purchased for *Trip Cancellation-Before Departure* to cover *your trip* :

- A The non-refundable portion of *your* prepaid travel arrangements.
- B The extra cost of the next occupancy charge, if *you* choose to travel as originally planned.

Note: Benefit A and B are not applicable if the sum insured for *Trip Cancellation-Before Departure* is \$0.

Trip Interruption- After Departure:

Unused Portion of Pre-paid travel arrangements/Trip Interruption - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks:

- C 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 sum insured (*Trip Interruption-After Departure*), for the extra cost of:

- D *Your* economy class transportation via the most cost effective route to rejoin a tour or group.
- E *Your* economy class transportation via the most cost effective route to *your* departure point.
Fly to Bedside or Funeral-- Note: If *you* are required to interrupt *your* trip to attend a funeral, or travel to the bedside of a hospitalized immediate family member, business partner, key employee or caregiver, *you* have the option to purchase a ticket to the destination where the death or hospitalization has occurred. *You* will be reimbursed the cost of the ticket, up to the maximum amount of what it would have cost for one-way economy class transportation via the most cost effective route back to *your* departure point. (applicable to risk insured #2, #15, and #17)
 - **This option is subject to the pre-authorization of Assured Assistance Inc.**
 - This option can only be used once during *your* period of insurance.
 - If *you* choose this option, it will replace benefit E.
 - The Subsistence Allowance benefit is not applicable if *you* choose this option.
- F *Your* one-way economy air fare via the most cost effective route to *your* next destination (inbound and outbound).

Subsistence allowance - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks:

- G *Your* commercial accommodations and meals, essential telephone calls, internet usage fees, and taxi fares (or rental car in lieu of taxi fares) up to a daily maximum of:
 - \$175, to a maximum total of \$350.
 - H *Your* overnight commercial accommodations (if delayed for 6 hours or more and delay occurs overnight) and meals, essential telephone calls, internet usage fees, taxi fares (or rental car in lieu of taxi fares), up to a daily maximum of:
 - \$175, to a maximum total of \$350
- Note: This benefit can only be claimed if no other compensation was provided or offered by the delayed connecting carrier.
- I *Your* commercial accommodations and meals, essential telephone calls, internet usage fees, and taxi fares (or rental car in lieu of taxi fares) up to a daily maximum of:
 - \$175, to a maximum total of \$1,750.

Repatriation of your remains - Reimbursement of *your* expenses actually incurred as a result of one of the insured risks:

- J The transportation of *your* remains in the common carrier's standard transportation container to *your* province or territory of residence, and up to \$5,000 for the preparation of *your* remains and for the cost of the common carrier's standard transportation container.
- K The transportation of *your* remains to *your* province or territory of residence and up to \$5,000 for the cremation of *your* remains at the location where *your* death occurred.
- L Up to \$5,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$5,000 for the burial of *your* remains at the location where *your* death occurred.

What is not covered?

If the non-refundable portion of *your* pre-paid travel arrangements does not exceed \$15,000, Exclusions 1 and 2 apply.

If the non-refundable portion of *your* pre-paid travel arrangements exceeds \$15,000, *you* must complete the *medical questionnaire*, and Exclusions 1, 3, & 4 apply.

- 1 This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly by:
 - a) Any anticipated event, occurrence, circumstance, or *medical condition*, which *you* were aware of on or before *your* effective date, and which *you* knew might be cause for cancellation, interruption or delay of *your* trip.
 - b) 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.
 - c) Pre-paid travel arrangements for which an insurance premium was not paid.
 - d) *Your* intentional self-inflicted injury, *your* suicide or *your* attempt to commit suicide (whether sane or insane).
 - e) *Your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
 - f) *Your* mental or emotional disorders.
 - g) 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.
 - h) Any *medical condition* arising from, or in any way related to, the abuse of alcohol during *your* trip.
 - i) Any *medical condition* arising from, or in any way related to, the voluntary use, during *your* trip, of illegal drugs or prescription drugs not prescribed to *you*.
 - j) *Your* abuse of medication or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your* trip.
 - k) Routine pre-natal care, or a child born during *your* period of insurance, or in the 9 weeks before or after the expected date of delivery, complications of pregnancy and/or childbirth.
 - l) Any expense incurred if the purpose of *your* trip is to obtain or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind.
 - m) War (declared or not), act of foreign enemies or rebellion.
 - n) The non-issuance of a travel visa due to late visa application.
 - o) *Your* refused entry at customs, border crossing, or security checkpoint for any reason.
 - p) The schedule change of a medical test or surgery that was originally scheduled before *your* period of insurance.
 - q) *Your* *medical condition* if any answer provided in the *medical questionnaire*, when applicable, is incorrect, in which case the policy is void and the premium paid is refundable at *our* option.
 - r) *Your* participation in rock climbing or mountain climbing.

- s) 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.
- t) Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.

2

Pre-Existing Medical Condition Exclusions:

(Applicable if the non-refundable portion of *your* pre-paid travel arrangements does not exceed \$15,000.)

When reading the Pre-existing Medical Condition exclusions, please review the definition of *stable*.

This exclusion applies to *you, your spouse, your children* whether or not they are travelling with *you*. It also applies to *your* parents and *your* siblings who live in the same home, whether or not they are travelling with *you*.

We will not pay for any expenses incurred directly or indirectly as a result of:

1. *Your/their 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*, the *medical condition* or related condition has not been *stable*.
2. Any heart condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*:
 - a) *Your/their* heart condition has not been *stable*; or
 - b) *You/they* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
3. Any lung condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*:
 - a) *Your/their* lung condition has not been *stable*; or
 - b) *You/they* have been treated with or prescribed home oxygen (on a regular or on an as needed basis) or treated with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

3

Pre-Existing Medical Condition Exclusions:

(Applicable if the non-refundable portion of *your* pre-paid travel arrangements exceeds \$15,000.)

If the non-refundable portion of *your* pre-paid travel arrangements exceeds \$15,000, *you* must complete the *medical questionnaire*. The pre-existing medical condition exclusion is based on the category *you* qualify for (Gold, Silver or Bronze). Exclusion # 4 also applies to all categories.

Gold

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

1. *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*.
2. *Your* heart condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*:
 - a) any heart condition has not been *stable*; or
 - b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
3. *Your* lung condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*:
 - a) any lung condition has not been *stable*; or
 - b) *you* have been treated with or prescribed home oxygen (on a regular basis or on an as needed basis) or treated with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

Silver

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

1. *Your medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 180 days before *your effective date*, *your medical condition* or related condition has not been *stable*.
2. *Your* heart condition (whether or not the diagnosis has been determined), if at any time in the 180 days before *your effective date*:
 - a) any heart condition has not been *stable*; or
 - b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
3. *Your* lung condition (whether or not the diagnosis has been determined), if at any time in the 180 days before *your effective date*:
 - a) any lung condition has not been *stable*; or
 - b) *you* have been treated with or prescribed home oxygen (on a regular basis or on an as needed basis) or treated with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

Bronze

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

1. *Your medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 365 days before *your effective date*, *your medical condition* or related condition has not been *stable*.
2. *Your* heart condition (whether or not the diagnosis has been determined), if at any time in the 365 days before *your effective date*:
 - a) any heart condition has not been *stable*; or
 - b) *you* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
3. *Your* lung condition (whether or not the diagnosis has been determined), if at any time in the 365 days before *your effective date*:
 - a) any lung condition has not been *stable*; or
 - b) *you* have been treated with or prescribed home oxygen (on a regular basis or on an as needed basis) or treated with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

4

Pre-Existing Medical Condition Exclusion :

(Applicable if the non-refundable portion of *your* pre-paid travel arrangements exceeds \$15,000.)

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

1. *Your immediate family* member or *your travelling companion's 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 immediate family* member or *your travelling companion's medical condition* or related condition has not been *stable*.
2. *Your immediate family* member or *your travelling companion's* heart condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*:

- a) any heart condition has not been *stable*; or
 - b) *your immediate family* member or *your travelling companion* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
3. *Your immediate family* member or *your travelling companion's* lung condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*:
- a) any lung condition has not been *stable*; or
 - b) *your immediate family* member or *your travelling companion* have been treated with or prescribed home oxygen (on a regular or on an as needed basis) or treated with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

What conditions apply?

- 1 It is a condition of any transportation and subsistence allowance benefit under this policy that travel must be undertaken on the earliest of:
 - a) the date when *your* travel is medically possible; and
 - b) within 10 days following *your* originally scheduled *return date* if *your* delay is not the result of hospitalization; or
 - c) 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.
- 2 It is a condition of risk insured #34 that any amount payable under Benefit F will be reduced by any amount recoverable from another source (including but not limited to alternatives or replacement travel options offered by airlines, tour operators, cruise lines and other carriers) for the same cause.
- 3 In the event that *you* are found to be ineligible for coverage, or that a claim is found to be invalid, or benefits are reduced in accordance with any policy exclusion or term or condition, *we* have the right to collect from *you* any amount which *we* have paid on *your* behalf to medical providers or other parties.
- 4 This insurance is subject to the "Terrorism Coverage", "General Conditions" and "How Do You Submit a Claim?" sections outlined in this policy.

General Conditions

- 1 If *you* fail to meet the eligibility conditions as outlined under "Who is eligible for coverage?" *your* insurance is void and *our* liability is limited to a refund of the premium paid.
- 2 When making a claim under this insurance, *you* must provide the applicable documents *we* require. Failure to provide the applicable documentation will invalidate *your* claim.
- 3 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.
- 4 If *you* are insured under more than one of *our* policies, the total amount paid to *you* cannot exceed the actual expense which *you* have incurred and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy.
- 5 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.
- 6 In the event that *you* are found to be ineligible for coverage, or that a claim is found to be invalid, or benefits are reduced in accordance with any policy exclusion or term or condition, *we* have the right to collect from *you* any amount which *we* have paid on *your* behalf to medical providers or other parties.
- 7 If *you* have any claim or right of action against any person, firm or organization for expenses for which *we* have made payment under this policy, *you* shall, if requested by *us*, assign and transfer such claim or right of action to *us*. *You* agree that *you* will do nothing to prejudice such rights. *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 policy.
- 8 *We* will pay the expenses covered under this insurance to *you* or to the provider of the service(s).
- 9 Payment, reimbursement and amounts shown throughout this contract 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.
- 10 During the processing of a claim under this insurance, *we* may require *you* to undergo a medical examination by one or more *physicians* selected by *us* and at *our* expense.
- 11 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.
- 12 Throughout this document, any reference to age refers to *your* age on the date of *insurance application/confirmation of coverage*.
- 13 *We* and *our* agents, Assured Assistance Inc. and their agents are not responsible for the availability, quality or results of any medical treatment or of any transportation or of *your* failure to obtain medical treatment.
- 14 This document, including the *insurance application/confirmation of coverage* and, when applicable, the *medical questionnaire*, is the entire contract between *you* and *us*. Despite any other provision of this contract, this contract is subject to any applicable federal and provincial statutes concerning contracts of insurance.
- 15 *You* may only commence a legal action in the province or territory where the Policy was issued. *You*, or *your* heirs assign consent to the transfer of any legal action to the province or territory where the Policy of Insurance was issued.
- 16 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.
- 17 **Despite any other provision in the contract, the contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance.**
- 18 This contract is void if *you* undertake *your trip* with the prior knowledge that *you* will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind.

How do you submit a claim?

- 1 When *you* call Assured Assistance Inc. at the time of an *emergency*, *you* are given all the information required to file a claim. Otherwise, please refer to the instructions below.
- 2 *We* do not cover fees charged for completing a medical certificate.
- 3 *You* must file *your* claim with *us* within 90 days of *your* return to *your departure point*.

4 If you need a Claim & Authorization form, please contact *our* Claims Department at:

P.O. Box 97, Station A, Mississauga, Ontario, L5A 2Y9

Outside of Quebec 905-816-2572 or 1-800-263-8944

Residents of Quebec 514 748-2244 or 1-800-263-8944

Or you can visit *our* website at <http://www.rbcinsurance.com/travel/travel-insurance-claims.html>.

We require the fully completed Claim & Authorization form, and where applicable:

- *our medical questionnaire* (if the full value of the non-refundable portion of *your* prepaid travel arrangements exceeds \$15,000).
- a medical document, fully completed by the legally qualified *physician* in active personal attendance and in the locality where the *medical condition* occurred stating the reason why travel was not recommended, 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.
- 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).

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



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**RBC Insurance Company of Canada and
Assured Assistance Inc.
P.O. Box 97, Station A,
Mississauga, Ontario L5A 2Y9**

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A handwritten signature in black ink, appearing to read "Anita Mukherjee", written over a horizontal line.

Anita Mukherjee
Director, Life & Travel Insurance

A handwritten signature in black ink, appearing to read "Rino D'Onofrio", written over a horizontal line.

Rino D'Onofrio
Head, Canadian Insurance Business