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## Welcome

Thank you for choosing TuGo. Be sure to bring this policy wording, your wallet card and your policy declaration with you when you travel. These materials make up your complete insurance policy and they also contain important contact information if you need to make a claim or extend your policy while you're away.

Safe Travels!

### IMPORTANT NOTICE - PLEASE READ CAREFULLY

CERTAIN CONDITIONS, LIMITATIONS AND EXCLUSIONS MAY APPLY.

- 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.
- Your policy may not provide coverage for medical conditions and/or symptoms that existed before 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 made.
- If your policy provides travel assistance, you may be required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified time period.
- You do not need to call if your health changes after you purchase your policy. You may choose to call to determine how your coverage is impacted.

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

All words in italics have a specific meaning with a corresponding definition. Refer to the Definitions section for details.

## Contact Information

Contact **Claims at TuGo** anytime by phone or online at [www.tugo.com/claims](http://www.tugo.com/claims)

Keep these numbers handy when you travel.

### CLAIMS/HOSPITALIZATION

In the event of hospitalization, call **Claims at TuGo** immediately:

**From Canada & USA**

1-800-663-0399

**From Mexico**

001-800-514-9976 or 01-800-681-8070

**Outside N. America & Mexico (global toll-free)**

\*800-663-00399

**Worldwide (collect)**

\*\*604-278-4108

If you can't reach us using the numbers listed above, call us collect at **1-604-278-4108** and we will reimburse the charges incurred when making this call.

### NOTICE TO INSURED, PHYSICIANS & HOSPITALS

It is a condition of the Insurance that in the event of medical emergency due to sickness or injury which may require or result in hospitalization, the insurer must be notified as soon as possible.

### POLICY EXTENSIONS AND CUSTOMER SERVICE DURING GENERAL BUSINESS HOURS

To extend your period of coverage while travelling or to speak with Customer Service, simply call us:

**From Canada & USA**

1-855-929-8846

**From Mexico**

001-800-514-9976 or 01-800-681-8070

**Outside N. America & Mexico (global toll-free)**

\*800-663-00399

**Worldwide (collect)**

\*\*604-276-9900

### WRITTEN CORRESPONDENCE

For all correspondence other than claims:

TuGo

11th Floor - 6081 No. 3 Road

Richmond, BC

V6Y 2B2

Canada

## INTERNATIONAL ACCESS CODES

Argentina	00	Latvia	00
Australia	0011 or 00111	Luxembourg	00
Austria	00	Macau	00
Belarus	810	Malaysia	00
Belgium	00	Netherlands	00
Bulgaria	00	New Zealand	00
China	00	Norway	00
Colombia	005 or 00	Philippines	00
Costa Rica	00	Poland	00
Cyprus	00	Portugal	00
Czech Republic	00	Russia	810
Denmark	00	Singapore	001
Estonia	00	Slovenia	00
Finland	00 or 990	South Africa	09 or 00
France	00	South Korea	001 or 002 or 008
Germany	00	Spain	00
Hong Kong	001	Sweden	00
Ireland	00	Switzerland	00
Israel	00 or 014	Taiwan	00
Italy	00	Thailand	001
Japan	010 or 0061 010 or 0041 010 or 001 010 or 0033 010	United Kingdom	00
		Uruguay	00

\* To use the global toll-free service when you are travelling outside North America and Mexico, you must first dial the international access code (see list above) to reach Canada, then enter our 11-digit toll-free number. For example, if you are in Australia, dial 0011 + 800-663-00399.

\*\* If you are unable to use the global toll-free service and access codes shown on page 3 (subject to change without notice), please call us collect. You can complete your call by speaking immediately with a Canadian operator using one of the Canada Direct access numbers listed on our website at [www.tugo.com/claims](http://www.tugo.com/claims) or with the assistance of a local operator.

Tell the Canadian or local operator you wish to make a collect call to Canada at 604-276-9900 (for policy extensions) or at 604-278-4108 (for claims/hospitalization).

Some restrictions may apply depending on the country from which the call is originating.

## 10-day Full Refund Provision

**You** have 10 days starting from the **application date** to review this Policy to ensure it meets **your** Insurance needs. A full refund is available provided no travel has taken place.

This does not apply to Policies with Trip Cancellation & Trip Interruption Insurance or Packages.

To cancel **your** Policy, **you** must contact **your** agent or **TuGo** during general business hours. The request must be received no later than 10 days starting from the **application date** of the Policy.

Other refunds may be available, please refer to the Refunds section of the plan **you** have purchased.

## Insuring Agreement

In consideration of having paid the required premium in full for the coverage(s) chosen and having completed in full the **application** which has been provided to **you** either by **TuGo** or one of its **designated representatives**, this policy wording booklet becomes **your** Policy of Insurance. The **company** hereby agrees to provide Insurance in accordance with the terms and conditions of the Policy as set forth herein.

Insurance will be provided for the coverage(s) chosen by **you**, as indicated on **your application**.

All the limits of Insurance under each benefit are **aggregate limits per insured**, per trip, unless otherwise stated.

## Validation of Coverage

At the time the required premium is paid, **your** coverage will be validated when the **company** or the **designated representative** provides **you** with a completed, time dated and numbered **application**.

## Emergency Medical Insurance - multi trip annual & single trip

### ELIGIBILITY

**You** are eligible for coverage if:

1. **You** are a **Canadian resident**.
2. The expenses **you** incur result from an **acute**, sudden and unexpected **emergency**.
3. The **emergency** first occurs and the **medical treatment** is provided outside **your home province**.
4. **You** are not travelling against a **physician's** advice; or
5. **You** have not been diagnosed with a **terminal condition**.

### PERIOD OF COVERAGE

#### Multi Trip Annual

This Policy begins at 12:01 AM on the effective date as shown on the **application** and continues in force for a period of one year from the effective date. **You** may travel as many times as **you** wish during the period of coverage provided that no one trip exceeds the maximum number of days as specified and contracted for at the time of **application**.

Coverage commences at the time and on the date of each departure from **your home province**.

Coverage terminates each time **you** return to **your home province**, or at 11:59 PM on the expiry date of the Policy, whichever occurs first.

For the Worldwide plan, when travel is within Canada but outside of **your home province**, coverage is automatically provided

beyond the maximum number of days selected at the time of purchase but limited to the expiry date of the Policy.

When travel is outside of Canada, coverage is limited to the maximum number of days selected. The trip duration begins on the date **you** leave Canada and terminates when **you** return to Canada.

## Single Trip

Coverage commences on the later of:

1. The date and time **you** depart from **your home province** or Canada; or,
2. The date and time **you** depart from **your home province** when travel is within Canada only but outside of **your home province**; or,
3. The effective date as shown on **your application**.

One temporary visit to **your home province**, is permitted during **your** period of coverage provided the temporary visit is unexpected or beyond **your** control; **your** Policy will not terminate, however **you** will not be covered while in **your home province**. There will be no refund for the number of days **you** spend in **your home province**.

For policies providing Emergency Medical coverage for travel worldwide excluding USA, coverage is limited to travel outside the USA except for transit through or stopovers in the USA of up to five days at any one time.

## Applicable to Multi Trip Annual and Single Trip

Coverage shall be void if purchased after the date of departure from **your home province** or for a trip not originating in Canada unless authorized by **TuGo** in which case it will be subject to the **waiting period** requirements.

When this Policy is purchased to top-up any other insurance plan, coverage commences either:

- a) the day following the expiry date of the insurance plan being topped-up; or,
- b) the day following the expiry date of the annual trip length of the insurance plan being topped-up.

## BENEFITS

### Maximum limit—\$5,000,000

The wording in this section applies to Emergency Medical:

- Multi Trip Annual and Single Trip Worldwide
- Multi Trip Annual and Single Trip for Travel within Canada
- Single Trip Worldwide excluding USA

The **company** will pay the actual, reasonable and customary medical and related expenses up to the coverage limits for **acute**, sudden and unexpected **emergency sickness** or **accidents**, incurred while **you** are travelling outside **your home province**.

Eligible medical and related expenses are described below.

## Emergency Medical Treatment

### • Hospital Services

**Hospitalization** services (limited to a semi-private room). Any coverage related to **hospitalization** terminates upon

release from the **hospital** other than what is specified under the Follow-up Visit Benefit.

Out-patient **medical treatment** provided by a **hospital**.

### • Physician

The services of a **physician**.

### • Ambulance Services

The services of a licensed ground, air or sea ambulance and paramedics from the scene of the **accident** or place of onset of the **sickness** to the nearest **hospital**. Fire rescue expenses are also covered if a fire rescue team is dispatched in response to **your** medical **emergency**. If an ambulance is medically required but is unavailable, the **company** will reimburse **you** for taxi expenses, but the taxi receipt is required.

### • X-ray Examinations

X-ray examinations and diagnostic laboratory procedures when performed at the time of the initial **emergency**.

### • Prescription Drugs

Prescription drugs (excluding over the counter medicine, vitamins, minerals and dietary supplements) that require a **physician's** written prescription (original pharmacy prescription receipts indicating the medication name, quantity, dosage, prescribing **physician** and cost are required). Coverage is available for a maximum supply of 30 days, for prescription drugs that are purchased within the 30-day period following the initial **emergency** consultation. While **you** are confined to **hospital**, the **company** will pay the total cost of all prescription drugs, in addition to the 30-day maximum supply of related prescriptions that are filled within the 30-day period following release from the **hospital**.

### • Essential Medical Appliances

The cost to rent or purchase essential medical appliances, including but not limited to, wheelchairs, crutches and canes. When appliances are purchased, the reimbursement will not exceed the total cost that would have been incurred if the appliance had been rented.

### • Private Duty Nursing

Private duty nursing services, performed by a registered nurse (R.N.) other than a **family member**, when ordered in writing by the attending **physician**.

## Follow-up Visit

One **follow-up** visit within the 14 days after the initial **emergency medical treatment**, provided the **follow-up** visit is required as a direct result of the initial **emergency**.

## Fracture Treatment

Following the initial **emergency** treatment and the one **follow-up** visit, the **company** will pay up to a maximum of \$1,000 for the following treatments related to fractures:

- X-ray examinations following the initial casting until the cast is permanently removed; and,
- Re-examination **physician** visits following a casting until the cast is permanently removed; and,
- Re-casting and new cast, if **medically necessary**; and,
- Cast removal; and
- Physiotherapy treatment

When this benefit is used for physiotherapy treatment, there is no further coverage for physiotherapy treatment under the Other Professional Medical Services Benefit.

Eligible expenses must be incurred during the same trip and prior to *your* return to *your home province*.

### Other Professional Medical Services

Up to a maximum of \$500 for any one *emergency*, per practitioner for the services of the following licensed practitioners to relieve an *acute emergency*:

- Physiotherapist
- Osteopath
- Chiropractor
- Podiatrist
- Chiroprapist
- Optometrist

### Dental Services

The services of a licensed dentist or dental surgeon for *emergency* dental treatment, including the cost of prescription drugs and x-rays, as follows:

- a) Up to a maximum of \$4,000 for dental expenses *you* incur while on *your* trip, for an accidental blow to the face requiring the repair or replacement of sound natural teeth or permanently attached artificial teeth, including crowns, bridges and dental implants. All continuous treatment must be initiated within 48 hours from the time the *emergency* began and completed no later than 90 days after the treatment began and prior to *your* return to *your home province*.

This benefit does not cover dental treatment for veneers, caps or dentures.

- b) Up to a maximum of \$500 for dental expenses *you* incur while on *your* trip for any dental *emergencies* other than pain caused by an accidental blow to the face. All continuous treatment must be initiated within 48 hours from the time the *emergency* began and completed no later than 90 days after the treatment began and prior to *your* return to *your home province*.

### Hospital Allowance

Up to \$75 per day to cover incidental *hospital* charges, which are billed by the *hospital*, such as TV rental and telephone charges.

### Emergency Air Transportation

**This benefit is payable only when pre-approved and arranged by *Claims at TuGo***

- a) At the time of *hospitalization*, medical air evacuation for return to Canada or medical air evacuation between medical facilities when the first medical facility is not equipped to provide the required *medical treatment*; or,
- b) The cost of stretcher fare or one-way economy airfare on a commercial flight via the most direct route to return to *your home province* for immediate *medical treatment* as a result of an *emergency* providing the *medical treatment* is sought within 48 hours of arrival to *your home province* and that the attending *physician* providing treatment outside *your home province* recommends it in writing; and,
- c) The cost of an airline seat upgrade when *medically*

*necessary* if the attending *physician* providing treatment outside *your home province* recommends it in writing.

### Medical Attendant

**This benefit is payable only when pre-approved and arranged by *Claims at TuGo***

If *you* are returned under the Emergency Air Transportation Benefit, the *company* will pay:

- a) The cost of a round trip economy airfare on a commercial flight via the most direct route for a qualified medical attendant (or *travelling companion* in lieu) to accompany *you* if the attending *physician* providing treatment outside *your home province* recommends it in writing and it's *medically necessary*; and,
- b) The cost of an airline seat upgrade for the medical attendant (or *travelling companion* in lieu) if the attending *physician* providing treatment outside *your home province* recommends it in writing and when it's *medically necessary*.

### Airline Seat Upgrade

Following *emergency medical treatment*, the *company* will pay the cost of *your* airline seat upgrade when *you* are flying home on *your* regularly scheduled return flight, if it is *medically necessary* and if the attending *physician* providing treatment outside *your home province* recommends it in writing.

### Return of Excess Baggage

**This benefit is payable only when pre-approved and arranged by *Claims at TuGo***

If *you* are returned to *your home province* under the Emergency Air Transportation Benefit or the Repatriation Benefit, the *company* will pay up to a maximum of \$600 to return *your* excess baggage. If there was room aboard the aircraft for *your* baggage during the emergency air transportation, this benefit is not applicable.

### Return of Travelling Companion

**This benefit is payable only when pre-approved and arranged by *Claims at TuGo***

If *you* are returned under the Emergency Air Transportation Benefit or the Repatriation Benefit, the *company* will reimburse a one-way economy airfare for one *travelling companion* to return back to the original departure point.

If *you* are resuming *your* trip under the Return to Your Destination Benefit, the *company* will also pay for the cost of a one-way economy airfare by the most direct route for the same *travelling companion* to return to the place where the emergency air transportation commenced or to continue the trip with *you* as originally scheduled.

This benefit can only be ordered once during the same trip, and will not apply after *your* original expected return date.

### Return of Children/Grandchildren

**This benefit is payable only when pre-approved and arranged by *Claims at TuGo***

If *you* are returned to *your home province* under the Emergency Air Transportation Benefit or the Repatriation Benefit, the *company* will pay for:

- a) A one-way economy airfare for **dependent children** or **grandchildren** travelling with **you** to return back to the original departure point; and,
- b) The cost of a qualified chaperone when necessary.

### Child Care

Up to \$500 per day to a maximum of \$5,000 for child care costs for **insured** children 18 years and under who are travelling with **you** (excluding child care provided by a **family member**) when:

- a) **You** are confined to **hospital**; or,
- b) **You** are transferred to a different **hospital** in another city for **emergency medical treatment**.

### Repatriation

In the event of **your** death during a trip covered under the Policy benefits, the **company** will pay:

- a) The preparation and return of **your** body, including the cost of a standard shipping container (excluding the cost of a burial casket) to **your home province**; or,
- b) Up to a maximum of \$5,000 for burial at the place of death (excluding the cost of funeral and related expenses or a burial casket), in the event **your** body is not returned to **your home province**; or,
- c) Up to a maximum of \$5,000 for cremation at the place of death (excluding the cost of funeral and related expenses or an urn) and the standard shipping cost to return **your** ashes to **your home province**; and
- d) Transportation costs of one **family member** to go to the place of **your** death to identify **your** body when it is necessary to be identified prior to the release of **your** body and up to a limit of \$300 per day to a maximum of \$1,500 for meals and commercial accommodation. The **family member** identifying **your** body will also be covered as an **insured** under this Policy for the period of time required to identify **your** body. Coverage for the **family member** is limited to the Emergency Medical Insurance plan and is subject to the terms and conditions of the Policy.

### Family Transportation

**This benefit is payable only when pre-approved and arranged by Claims at TuGo**

If an attending **physician** considers it necessary, the **company** will pay one round trip economy airfare or ground transportation costs for a **family member** to be with **you** while **you** are **hospitalized** due to a covered **sickness** or **injury** if **you** are travelling alone; or for one additional **family member** other than **your travelling companion** if **you** are not travelling alone, and up to a maximum of \$300 per day to a maximum of \$1,500 for reasonable and necessary commercial accommodation, meals, telephone calls, internet charges, taxi or bus fare.

### Out of Pocket Expenses

Up to \$500 per day to a maximum of \$5,000 for **your** commercial accommodation, meals, telephone calls, internet charges, taxi fare, parking charges, bus fare and/or rental car in lieu, if:

- a) **Your travelling companion** is confined to **hospital** on or after the date **you** are scheduled to return to **your home province**; or,

- b) **Your travelling companion** is transferred to a different **hospital** in another city for **emergency medical treatment**.

### Return of Vehicle

If the attending **physician** determines that as a result of an **emergency**, **you** are incapable of continuing **your** trip by means of the **vehicle** used to travel to and from **your** destination and **your travelling companion** is unable to do so for **you**, the **company** will pay either:

- a) Up to a maximum of \$5,000 for the charges incurred for a commercial agency to return a **vehicle** that **you** own or rent to either **your home province** or the nearest appropriate **vehicle** rental agency; or,
- b) A one-way economy airfare to the destination where the **vehicle** is located; and gas, meals and accommodation for a **family member** or friend to return a **vehicle** that **you** own or rent to **your home province**.

The maximum benefit payable is limited to the amount it would cost the insurer to return **your vehicle**.

### Return to Your Destination

If **you** are returned to **your home province** under the Emergency Air Transportation Benefit, the **company** will pay the cost of a one-way economy airfare by the most direct route to return **you** to the place where the emergency air transportation commenced or to continue **your** trip as originally booked. **Your** Policy will not terminate, however **you** will not be covered for any expenses incurred in **your home province**. There is also no refund for the number of days **you** spend in **your home province**.

Once **you** are returned to **your** trip destination, a **recurrence** of the same medical condition which necessitated the emergency air transportation or the occurrence of a related condition will not be covered under this Policy. This benefit can only be exercised once during the same trip, and will not apply after **your** original expected return date.

### Return of Pets

Up to a maximum of \$300 for the cost of returning **your pets** who are travelling with **you**, to Canada if **you** are returned to **your home province** under the Emergency Air Transportation Benefit or the Repatriation Benefit.

### PRE-EXISTING CONDITION COVERAGE

#### Worldwide and Worldwide Excluding USA Plans

In addition to the Emergency Medical Insurance Exclusions below and to the General Exclusions shown on page 42, the **company** will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of any **pre-existing condition**, except as follows:

#### Applicable to Insureds 59 Years and under (on the application date)

- a) On trips 35 days or less, except for any condition or symptom (other than a **minor ailment**):
  - i. That arose or worsened on the date of departure or at any time within the 7 days before the date of departure; or,
  - ii. For which **medical treatment** was obtained on the date of departure or at any time within the 7 days before the date of departure; or,



iii. That developed before departure and was undiagnosed at the time of departure.

b) On trips over 35 days, any condition which has remained **stable** in the 90 days before the date of departure.

If **you** extend **your** trip and the total trip length (including the extension) exceeds 35 days, paragraph b) applies.

#### **Applicable to Insureds 60 to 74 Years (on the application date)**

On all trip lengths, any **pre-existing condition** which has remained **stable** in the 180 days before the date of departure.

#### **Applicable to Insureds 75 Years and Over (on the application date)**

On all trip lengths, any **pre-existing condition** which has remained **stable** in the 365 days before the date of departure.

If **you** purchased this Policy to top-up any other insurance plan, the **stability** for **pre-existing conditions** is based on **your** total trip length.

**Pre-existing conditions** that do not meet the criteria set out above are not covered.

Refer to the following definitions: **accident** and **injury, alteration, medical treatment, minor ailment, pre-existing condition, sickness** and **stable**.

### **Travel Within Canada Plans**

**Pre-existing conditions** are not excluded; however, the Emergency Medical Insurance Exclusions and the General Exclusions still apply. Refer to those headings for details.

### **EXCLUSIONS**

In addition to the General Exclusions shown on page 42, the **company** will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1. Any **medical treatment, recurrence** or complications related directly or indirectly to a **sickness** or **injury** which was diagnosed or for which symptoms first occurred, or **medical treatment** was received after the date of departure but prior to the effective date of this Insurance, unless this Policy is purchased to top-up any other insurance plan.
2. A medical condition for which symptoms were present or **medical treatment** was received during a temporary visit to **your home province** during the period of coverage or any condition wholly or partly, directly or indirectly, related thereto.
3. Any expenses incurred as a result of **sickness** that originated or was symptomatic during the **waiting period**. This exclusion does not apply when this Policy is purchased to top-up any other insurance plan.
4. A trip that is undertaken against a **physician's** advice.
5. A trip that is undertaken after the diagnosis of a **terminal condition**.
6. Conditions or any related conditions for which, prior to departure, testing or investigation took place, was scheduled to take place or was recommended (not including tests for routine check-up or routine monitoring for a medical condition), and for which results had not yet been received at the time of departure. This includes tests or investigation that

were recommended or scheduled prior to departure, but had not yet taken place at the time of departure.

7. Tests and investigation except when performed at the time of initial **emergency sickness** or **injury**.
8. Any condition(s) for which **you** are registered on a waiting list in Canada for treatment or diagnosis.
9. Any **medical treatment**, other than continuous treatment as specified in the Dental Services Benefit, which is a continuation of or subsequent to an **emergency sickness** or **accident** during the same trip, including its **recurrence** or any complications related directly or indirectly thereto, unless **you** are declared by an attending **physician** medically unfit to return to **your home province** because the **emergency** had not ended.
10. Expenses incurred once the **emergency** ends and in the opinion of the attending **physician** or dentist, **you** are able to travel to **your home province** for any further treatment relating to the **sickness** or **accident** that led to the **emergency** (other than specified under the Follow-up Visit Benefit).
11. Loss, theft or breakage of prescription glasses, contact lenses, prosthetic devices, hearing aids and dentures.
12. Expenses incurred after emergency air transportation, when the emergency air transportation was not arranged by **Claims at TuGo**.
13. Expenses incurred and trips when coverage is purchased after departure, unless authorized in advance by **TuGo**.
14. Any eligible medical and related expenses in excess of \$50,000, if **you** are not covered by a provincial or territorial government health care plan at the time of **your** claim.
15. Emergency **sickness** or **injury** incurred if **you** choose to travel to a destination after a formal written travel advisory and/or travel warning has been issued by Global Affairs Canada or Public Health Agency of Canada (PHAC) recommending that **you** avoid all or non-essential travel to that destination during **your** trip. This exclusion applies if the advisory/warning is issued before the date **you** leave for **your** trip and the expenses are directly or indirectly caused by the reason for the travel advisory/warning.
16. **Your** coaching, teaching, participating, practicing or training for any of the sports listed in the optional Contact Sports Coverage, the optional Adventure Sports Coverage or the optional Extreme Sports Coverage. If **you** have purchased the optional Contact Sports Coverage, the optional Adventure Sports Coverage or the optional Extreme Sports Coverage, refer to those section headings.

### **DEDUCTIBLE**

The **company** will pay eligible expenses for losses incurred in excess of the amount of the **deductible** as shown on the **application**, per **insured** per condition or event. This **deductible** applies to the portion of eligible expenses remaining after payment by **your** provincial or territorial government health care plan or other insurance policies, plans or contracts, including private or provincial automobile insurance.

### **Applicable to Insureds 60 Years and Over**

If **you** qualify for the coverage selected but **you** or a representative purchasing insurance on **your** behalf have



failed to answer truthfully and accurately any question asked in the Medical Health Questionnaire, any claim will be subject to an extra **deductible** of \$15,000 USD in addition to any other applicable **deductible** amount, and no future coverage will be provided under this Policy unless **you** pay the additional premium reflecting true and accurate answers to those questions.

### AUTOMATIC EXTENSIONS TO COVERAGE

At the time the period of coverage ends, coverage for **you**, **your insured travelling companion** and/or **your insured dependent children** or **grandchildren** will be automatically extended at no additional premium:

1. For seven days in the event **your common carrier** is delayed due to circumstances beyond **your** control, preventing **you** from returning to **your home province**.
2. For the remaining period of **your hospital** confinement plus seven days after release for **you** to recover and/or travel home; or,
3. For seven days for **you** to recover and/or travel home if a **physician** advises **you** that **your sickness** or **injury** renders **you** unable to travel on **your** scheduled return date but **you** are not **hospitalized**, if written documentation is provided by the attending **physician** to substantiate **your** inability to travel home as originally scheduled.

### REFUNDS

#### Applicable to Multi Trip Annual and Single Trip

1. Refunds are not available if a claim has been or will be submitted.
2. When the request for refund is received PRIOR to the effective date of the Policy, a full refund is available.
3. When no travel has taken place and the request for refund is received AFTER the effective date of the Policy:
  - a) A full refund is available within 10 days of the **application date**; or,
  - b) A refund less an administration fee is available when the request for refund is received more than 10 days after the **application date** but no later than one year from the expiry date of the Policy.
  - c) Refunds must be requested in writing.

#### Applicable to Single Trip Only

In the case of early return to **your home province**, partial refunds may be available provided:

- a) A satisfactory proof of return to **your home province** is sent to **TuGo**.
- b) The request is received by **TuGo** no later than one year from the expiry date of the Policy. Refunds will be calculated from the date of return. All partial refunds will be subject to an administration fee.
- c) Refunds must be requested in writing.

## Visitor to Canada Emergency Medical Insurance – single trip

### ELIGIBILITY

**You** are eligible for coverage if:

1. **You** know of no reason for which **you** may seek medical attention.
2. **You** are:
  - a) A foreign worker, or a visitor to Canada with valid legal status in Canada; or,
  - b) An immigrant awaiting provincial or territorial government health care coverage; or,
  - c) A returning Canadian not eligible for a provincial or territorial government health care plan due to an extended leave.
3. The expenses **you** incur result from an **acute**, sudden and unexpected **emergency**.
4. **You** are not travelling against a **physician's** advice; or,
5. **You** have not been diagnosed with a **terminal condition**.

### PERIOD OF COVERAGE

Coverage commences on the later of:

1. The effective date as shown on the **application**; or,
2. The date and time **you** arrive in Canada.

Coverage is also subject to the **waiting period** requirements.

Coverage terminates on the earliest of:

1. 11:59 PM on the expiry date as shown on the **application**; or,
2. On the day **you** return permanently to **your** country of permanent residence; or,
3. On the day **you** become insured under a provincial or territorial government health care plan.

This Period of Coverage is also applicable to the 24-hour Accident Insurance Additional Benefit as stated in this section.

Travel outside Canada: Travel worldwide during the period of coverage is valid as long as the majority of the period of coverage is spent in Canada. Visits to **your** country of permanent residence are permitted; **your** Policy will not terminate, however, expenses will not be covered while in **your** country of permanent residence.

### BENEFITS

#### Maximum limit—Up to the sum insured as indicated on the application

The **company** will pay the actual, reasonable and customary medical and related expenses up to the coverage limits for **acute**, sudden and unexpected **emergency sickness** or **accidents**, incurred while **you** are travelling outside of **your** country of permanent residence.

Eligible medical and related expenses are described below.

## Emergency Medical Treatment

### • Hospital Services

*Hospitalization* services (limited to a semi-private room). Any coverage related to *hospitalization* terminates upon release from the *hospital* other than what is specified under the Follow-up Visits Benefit.

Out-patient *medical treatment* provided by a *hospital*.

### • Physician

The services of a *physician*.

### • Ambulance Services

The services of a licensed ground, air or sea ambulance and paramedics from the scene of the *accident* or place of onset of the *sickness* to the nearest *hospital*. Fire rescue expenses are also covered if a fire rescue team is dispatched in response to *your* medical *emergency*. If an ambulance is medically required but is unavailable, the *company* will reimburse *you* for taxi expenses, but the taxi receipt is required.

### • X-ray Examinations

X-ray examinations and diagnostic laboratory procedures when performed at the time of the initial *emergency*.

### • Prescription Drugs

Prescription drugs (excluding over the counter medicine, vitamins, minerals and dietary supplements) that require a *physician*'s written prescription (original pharmacy prescription receipts indicating the medication name, quantity, dosage, prescribing *physician* and cost are required). Coverage is available for a maximum supply of 30 days, for prescription drugs that are purchased within the 30-day period following the initial *emergency* consultation. While *you* are confined to *hospital*, the *company* will pay the total cost of all prescription drugs, in addition to the 30-day maximum supply of related prescriptions that are filled within the 30-day period following release from the *hospital*.

### • Essential Medical Appliances

The cost to rent or purchase essential medical appliances, including but not limited to, wheelchairs, crutches and canes. When appliances are purchased, the reimbursement will not exceed the total cost that would have been incurred if the appliance had been rented.

### • Private Duty Nursing

Private duty nursing services, performed by a registered nurse (R.N.) other than a *family member*, when ordered in writing by the attending *physician*.

## Follow-up Visits

Three *follow-up* visits within the 14 days after the initial *emergency medical treatment*, provided the *follow-up* visits are required as a direct result of the initial *emergency*.

## Fracture Treatment

Following the initial *emergency* treatment and any covered *follow-up* visits, the *company* will pay up to a maximum of \$1,000 for the following treatments related to fractures:

- X-ray examinations following the initial casting until the cast is permanently removed; and,
- Re-examination *physician* visits following a casting until the

cast is permanently removed; and,

- Re-casting and new cast, if *medically necessary*; and,
- Cast removal; and
- Physiotherapy treatment

When this benefit is used for physiotherapy treatment, there is no further coverage for physiotherapy treatment under the Other Professional Medical Services Benefit.

Eligible expenses must be incurred during the same trip and prior to *your* return to *your* country of permanent residence.

## Other Professional Medical Services

Up to a maximum of \$500 for any one *emergency*, per practitioner for the services of the following licensed practitioners to relieve an *acute emergency*:

- Physiotherapist
- Osteopath
- Chiropractor
- Podiatrist
- Chiropodist
- Optometrist

## Dental Services

The services of a licensed dentist or dental surgeon for *emergency* dental treatment, including the cost of prescription drugs and x-rays, as follows:

- a) Up to a maximum of \$4,000 for dental expenses *you* incur while on *your* trip, for an accidental blow to the face requiring the repair or replacement of sound natural teeth or permanently attached artificial teeth, including crowns, bridges and dental implants. All continuous treatment must be initiated within 48 hours from the time the *emergency* began and completed no later than 90 days after the treatment began and prior to *your* return to *your* country of permanent residence.

This benefit does not cover dental treatment for veneers, caps or dentures.

- b) Up to a maximum limit of \$500 for dental expenses *you* incur while on *your* trip for any other dental *emergencies* other than pain caused by an accidental blow to the face. All continuous treatment must be initiated within 48 hours from the time the *emergency* began and completed no later than 90 days after the treatment began and prior to *your* return to *your* country of permanent residence.

## Hospital Allowance

Up to \$75 per day to cover incidental *hospital* charges, which are billed by the *hospital*, such as TV rental and telephone charges.

## Emergency Air Transportation

This benefit is payable only when pre-approved and arranged by *Claims at TuGo*

- a) At the time of *hospitalization*, medical air evacuation for return to *your* country of permanent residence or medical air evacuation between medical facilities when the first facility is not equipped to provide the required *medical treatment*; or,
- b) The cost of stretcher fare or one-way economy airfare on a commercial flight via the most direct route to return to *your* country of permanent residence for immediate *medical*

*treatment* as a result of an *emergency* if the attending *physician* providing treatment outside *your* country of permanent residence recommends it in writing; and,

- c) The cost of an airline seat upgrade when *medically necessary* if the attending *physician* providing treatment outside *your* country of permanent residence recommends it in writing.

This benefit is limited to the maximum *aggregate limit*, which is indicated on the *application* and for which the appropriate premium has been paid.

### Medical Attendant

**This benefit is payable only when pre-approved and arranged by *Claims at TuGo***

If *you* are returned under the Emergency Air Transportation Benefit, the *company* will pay:

- a) The cost of a round trip economy airfare on a commercial flight via the most direct route for a qualified medical attendant (or *travelling companion* in lieu) to accompany *you* if the attending *physician* providing treatment outside *your* country of permanent residence recommends it in writing and it's *medically necessary*; and,
- b) The cost of an airline seat upgrade for the medical attendant (or *travelling companion* in lieu) if the attending *physician* providing treatment outside *your* country of permanent residence recommends it in writing and it's *medically necessary*.

### Return of Children/Grandchildren

**This benefit is payable only when pre-approved and arranged by *Claims at TuGo***

If *you* are returned to *your* country of permanent residence under the Emergency Air Transportation Benefit or the Repatriation Benefit, the *company* will pay for:

- a) A one-way economy airfare for *dependent children* or *grandchildren* travelling with *you* to return back to the original departure point; and,
- b) The cost of a qualified chaperone when necessary.

### Child Care

Up to \$250 per day to a maximum of \$2,500 for child care costs for *insured* children 18 years and under who are travelling with *you* (excluding child care provided by a *family member*) when:

- a) *You* are confined to *hospital*; or,
- b) *You* are transferred to a different *hospital* in another city for *emergency medical treatment*.

### Repatriation

In the event of *your* death during a trip covered under the Policy benefits, the *company* will pay for:

- a) The preparation and return of *your* body, including the cost of a standard shipping container (excluding the cost of a burial container) to *your* country of permanent residence; or,
- b) Up to a maximum of \$5,000 for burial at the place of death (excluding the cost of funeral and related expenses or a burial container), in the event *your* body is not returned to *your* country of permanent residence; or,
- c) Up to a maximum of \$5,000 for cremation at the place of

death (excluding the cost of funeral and related expenses or an urn) and the standard shipping cost to return *your* ashes to *your* country of permanent residence; and

- d) Transportation costs of one *family member* to go to the place of *your* death to identify *your* body when it is necessary to be identified prior to the release of *your* body and up to a limit of \$300 per day to a maximum of \$1,500 for meals and commercial accommodation. The *family member* identifying *your* body will also be covered as an *insured* under this Policy for the period of time required to identify *your* body. Coverage for the *family member* is limited to the Visitor to Canada Emergency Medical Insurance plan and is subject to the terms and conditions of the Policy.

When no benefit limit is specified, the benefit is limited to the maximum *aggregate limit*, which is indicated on the *application* and for which the appropriate premium has been paid.

### Family Transportation

**This benefit is payable only when pre-approved and arranged by *Claims at TuGo***

If an attending *physician* considers it necessary, the *company* will pay one round trip economy airfare or ground transportation costs for one *family member* to be with *you* while *you* are *hospitalized* due to a covered *sickness* or *injury* if *you* are travelling alone, or for one additional *family member* other than *your travelling companion* if *you* are not travelling alone, and \$300 per day to a maximum of \$1,500 for reasonable and necessary commercial accommodation, meals, telephone calls, internet charges, taxi or bus fare.

### Out of Pocket Expenses

Up to \$250 per day to a maximum of \$2,500 for *your* commercial accommodation, meals, telephone calls, internet charges, taxi fare, parking charges, bus fare and/or rental car in lieu, if:

- a) *Your travelling companion* is confined to *hospital* on or after the date *you* are scheduled to return to *your* country of permanent residence; or,
- b) *Your travelling companion* is transferred to a different *hospital* in another city for *emergency medical treatment*.

### Additional Benefit

#### 24-Hour Accident Insurance:

**Maximum sum insured—\$25,000**

Refer to section Accidental Death and Dismemberment Insurance for details.

This benefit is not applicable for the Visitor to Canada Holiday Package or if *you* have purchased an Accidental Death and Dismemberment Insurance plan for the same trip.

### EXCLUSIONS

In addition to the General Exclusions shown on page 42, the *company* will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1. a) *Pre-existing conditions* that are not *stable* in the 120 days before the effective date or the arrival date in Canada, whichever occurs later, for *insureds* who are 59 years and under on the *application date*.

- b) *Pre-existing conditions* that are not **stable** in the 180 days before the effective date or the arrival date in Canada, whichever occurs later, for **insureds** who are 60 to 69 years on the **application date**.
- c) Any *pre-existing conditions* for **insureds** who are 70 years and over on the **application date**.
2. A trip that is undertaken against a **physician's** advice.
  3. A trip that is undertaken after the diagnosis of a **terminal condition**.
  4. A medical condition for which symptoms were present or **medical treatment** was received during a temporary visit to **your** country of permanent residence during the period of coverage or any condition wholly or partly, directly or indirectly, related thereto.
  5. Any expenses incurred as a result of **sickness** that originated or was symptomatic during the **waiting period**.
  6. Conditions or any related conditions for which, prior to the arrival date in Canada, testing or investigation took place, was scheduled to take place or was recommended (not including tests for routine check-up or routine monitoring for a medical condition), and for which results had not yet been received at the time of arrival in Canada. This includes tests or investigation that were recommended or scheduled prior to the arrival date in Canada but had not yet taken place.
  7. Tests and investigation except when performed at the time of initial **emergency sickness** or **injury**.
  8. Any **medical treatment**, other than continuous treatment as specified in the Dental Services Benefit, which is a continuation of or subsequent to an **emergency sickness** or **accident** during the same trip, including its **recurrence** or any complications related directly or indirectly thereto, unless **you** are declared by an attending **physician** medically unfit to return to **your** country of permanent residence, or the country **you** were travelling or residing in prior to arriving in Canada because the initial **emergency** had not ended. This exclusion applies whether or not **you** intend to return to **your** country of permanent residence or the country **you** were travelling or residing in prior to arriving in Canada.
  9. Loss, theft, breakage of prescription glasses, contact lenses, prosthetic devices, hearing aids and dentures.
  10. **Medical treatment** and expenses incurred while in **your** country of permanent residence. This exclusion does not apply to a returning Canadian.
  11. Emergency **sickness** or **injury** incurred if **you** choose to travel to a destination after a formal written travel warning has been issued by Global Affairs Canada or Public Health Agency of Canada (PHAC) recommending that **you** avoid all or non-essential travel to that destination during **your** trip. This exclusion applies if the advisory is issued before the date **you** leave for **your** trip and the expenses are directly or indirectly caused by the reason for the travel warning.
  12. **Your** coaching, teaching, participating, practicing or training for any of the sports listed in the optional Contact Sports Coverage, the optional Adventure Sports Coverage or the optional Extreme Sports Coverage. If **you** have purchased the optional Contact Sports Coverage, the optional Adventure Sports Coverage or the optional Extreme Sports Coverage, refer to those section headings.

## DEDUCTIBLE

The **company** will pay eligible expenses for **losses** incurred in excess of the amount of the **deductible** as shown on the **application**, per **insured** per condition or event.

## AUTOMATIC EXTENSIONS TO COVERAGE

At the time the period of coverage ends, coverage for **you**, **your insured travelling companion** and/or **your insured dependent children** or **grandchildren** will be automatically extended at no additional premium:

1. For seven days in the event **your common carrier** is delayed due to circumstances beyond **your** control, preventing **you** from returning to **your** country of permanent residence.
2. For the remaining period of **your hospital** confinement plus seven days after release for **you** to recover and/or travel home to **your** country of permanent residence; or,
3. For seven days for **you** to recover and/or travel home if a **physician** advises **you** that **your sickness** or **injury** renders **you** unable to travel on **your** scheduled return date but **you** are not **hospitalized**, if written documentation is provided by the attending **physician** to substantiate **your** inability to travel home as originally scheduled.

## REFUNDS

1. Refunds are not available if a claim has been or will be submitted.
2. When no travel has taken place and the request for refund is received PRIOR to the effective date of the Policy, a full refund is available.
3. When no travel has taken place and the request for refund is received AFTER the effective date of the Policy:
  - a) A full refund is available within 10 days of the **application date**; or,
  - b) A refund less an administration fee is available when the request for refund is received more than 10 days after the **application date** but no later than one year from the expiry date of the Policy.
  - c) Refunds must be requested in writing.
4. A partial refund is available if:
  - a) **You** return to **your** country of permanent residence; or,
  - b) **You** become eligible and/or covered under a provincial or territorial government health care plan during the period of coverage.
  - c) A satisfactory proof of return to **your** country of permanent residence or proof of the date **you** became eligible and/or covered under a provincial or territorial government health care plan, is sent to **TuGo**.
  - d) Refunds must be requested in writing.

All refund requests must be received by **TuGo** no later than one year from the date **you** became eligible and/or covered under a provincial or territorial government health care plan. Refunds will be calculated from the date **you** return to **your** country of permanent residence or the date **you** become eligible and/or covered under a provincial or territorial government health care plan. All partial refunds will be subject to an administration fee.

5. Applicable to 365-day Policies with a sum insured of \$100,000 or more (Super Visa Policies):
  - a) A refund is available, subject to a \$250 cancellation fee, provided no travel has taken place. For cancellation after the effective date of the Policy, the request must be received no later than one year from the expiry date of the Policy; or,
  - b) If a Super Visa application was denied, a full refund is available prior to the effective date of the Policy, or a refund less an administration fee is available after the effective date of the Policy, provided the request is received no later than one year from the expiry date of the Policy. Supporting documentation must be sent to **TuGo**.
  - c) Refunds must be requested in writing.

**Note:** If *your* Super Visa application is delayed, please contact *your designated representative* prior to *your* Policy effective date to change the coverage dates of *your* Policy.

## Trip Cancellation & Trip Interruption Insurance – multi trip annual & single trip Or

### Trip Interruption Insurance Only – multi trip annual & single trip

- Trip cancellation means an event occurring prior to *your departure date*, causing *you* to cancel *your trip*.
- Trip interruption means an event occurring on or after *your departure date* causing *you* to interrupt or disrupt *your trip* as originally scheduled or to return earlier or later than *your return date*.

#### ELIGIBILITY

*You* are eligible for coverage if:

1. *You* are a **Canadian resident**; or,
2. *You* are a visitor to Canada purchasing this single trip Insurance as follows:
  - a) Prior to arriving in Canada, provided *your trip* is booked and Insurance is paid for in Canada; or,
  - b) After arriving in Canada, for subsequent travel anywhere in the world provided Insurance is purchased in Canada and travel originates in Canada.

#### Applicable to Trip Interruption Insurance Only

To be eligible for coverage this Insurance must be purchased prior to leaving for *your trip*.

#### PERIOD OF COVERAGE

##### Multi Trip Annual

###### Trip Cancellation

This Policy begins at 12:01 AM on the effective date as shown on the **application** and continues in force for a period of one year from the effective date and ends at 11:59 PM on the expiry date as shown on the **application**.

Coverage for each *trip* commences at the time the *trip* is booked and terminates on the earlier of:

1. The date of the cause of cancellation prior to *your departure date*; or,

2. At 11:59 PM on the day prior to *your departure date*; or,
3. At 11:59 PM on the expiry date of the Policy, as shown on the **application**.

If a trip has already been booked when *you* purchase this Insurance, the effective date must be the same as the **application date**.

###### Trip Interruption and Trip Interruption Only

This Policy begins at 12:01 AM on the effective date as shown on the **application** and continues in force for a period of one year from the effective date and ends at 11:59 PM on the expiry date as shown on the **application**.

Coverage for each *trip* commences on the **departure date** and terminates on the earlier of:

1. The date *you* return to *your departure point*; or,
2. At 11:59 PM on the expiry date of the Policy, as shown on the **application**.

##### Single Trip

###### Trip Cancellation

Coverage commences on the **application** date as shown on the **application** and terminates on the earlier of:

1. The date of the cause of cancellation prior to *your departure date*; or,
2. At 11:59 PM on the day prior to *your departure date*.

###### Trip Interruption and Trip Interruption Only

Coverage commences on the **departure date** as shown on the **application** and terminates on the earlier of:

1. The date *you* return to *your departure point*; or,
2. At 11:59 PM on the expiry date of the Policy, as shown on the **application**.

#### COVERED RISKS

Benefits will only be payable if the *trip* has been cancelled or interrupted as a result of one of the following covered risks. Refer to pages 26 to 27 for a description of the benefits applicable to the covered risks described below.

##### Health

1. *Your* and/or *your travelling companion's* **sickness, injury, death or quarantine**.  
 Trip Cancellation Benefits: 1, 2  
 Trip Interruption Benefits: 3, 4, 5, 6, 7, 8
2. **Sickness, injury, death or quarantine of your immediate family or your travelling companion's immediate family**.  
 Trip Cancellation Benefits: 1, 2  
 Trip Interruption Benefits: 3, 4, 5, 7, 8
3. Death or **hospitalization of your or your travelling companion's** business partner, or key employer/employee. Death or admission to **hospital** must occur either within 10 days prior to **departure date** or anytime during the **trip**.  
 Trip Cancellation Benefits: 1, 2  
 Trip Interruption Benefits: 3, 4, 5, 7, 8
4. Quarantine, death or **hospitalization** of host at final destination.



Trip Cancellation Benefits: 1,2  
 Trip Interruption Benefits: 3,4,5,7,8

5. **Sickness or injury of your immediate family** who is at your final destination.  
 Trip Cancellation Benefits: 1,2  
 Trip Interruption Benefits: 3,4,5,7,8
6. **Hospitalization** (including home-based palliative care) or death of a **family member** not travelling with **you**, that causes **you** to interrupt **your trip** before **your** scheduled **return date**.  
 Trip Cancellation Benefits: none  
 Trip Interruption Benefits: 9

## Pregnancy and Adoption

7. **You or your travelling companion** being notified, after the **trip** is booked or after the date this Insurance is purchased, whichever occurs later, that the actual date of a legal adoption of a child by **you** or **your travelling companion** is scheduled to take place during **your trip**.  
 Trip Cancellation Benefits: 1,2  
 Trip Interruption Benefits: 3,4,5,7,8
8. **You, your spouse's or your immediate family member's** pregnancy, or **your travelling companion's, your travelling companion's spouse's or your travelling companion's immediate family member's** pregnancy, being diagnosed after the date the **trip** is booked or after the date this Insurance is purchased, whichever occurs later, if **you or your travelling companion's trip** is scheduled to take place in the nine weeks before or after and including the expected date of delivery.  
 Trip Cancellation Benefits: 1,2  
 Trip Interruption Benefits: none
9. Complications of **your, your spouse's or your immediate family member's** pregnancy, or **your travelling companion's, your travelling companion's spouse's or your travelling companion's immediate family member's** pregnancy, occurring within the first 31 weeks of pregnancy.  
 Trip Cancellation Benefits: 1,2  
 Trip Interruption Benefits: none

## Employment

10. A cancellation of a **business meeting** at your final destination beyond **your or your employer's** control. Only the **travel costs** directly related to the **business meeting** will be reimbursed.  
 Trip Cancellation Benefits: 1,2  
 Trip Interruption Benefits: 3,4,5,7,8
11. **You or your travelling companion's** job transfer that results in the relocation of **your or your travelling companion's** principal residence of at least 160 km and within 30 days of departure or return (self-employment not applicable).  
 Trip Cancellation Benefits: 1,2  
 Trip Interruption Benefits: 3,4,5,7,8
12. Involuntary loss of **your, your spouse's, your travelling companion's or your travelling companion's spouse's** permanent employment (excluding contract or self-employment) if **you, your spouse, your travelling companion or your travelling companion's spouse** have been continuously employed by the same employer for at least one year prior to the date the **trip** is booked or prior to the date this Insurance is purchased, whichever occurs later.  
 Trip Cancellation Benefits: 1,2  
 Trip Interruption Benefits: 3,4,5,7,8

## Legal

13. **You or your travelling companion** being summoned to police, fire or military service (active or reserve).  
 Trip Cancellation Benefits: 1,2  
 Trip Interruption Benefits: 3,4,5,7,8
14. A formal written travel advisory and/or travel warning issued by Global Affairs Canada or Public Health Agency of Canada (PHAC), advising **you** to "avoid all travel" or "avoid non-essential travel" to **your** travel destinations, provided such travel advisory/warning was issued after the date **your trip** is booked or after the date this Insurance is purchased, whichever occurs later, and is still in effect on **your** scheduled **departure date**.  
 Trip Cancellation Benefits: 1,2  
 Trip Interruption Benefits: none
15. A formal written travel advisory and/or travel warning issued after **your** departure by Global Affairs Canada or Public Health Agency of Canada (PHAC) advising **you** to "avoid all travel" or "avoid non-essential travel" to **your** travel destinations, provided such travel advisory/warning was issued for **your** scheduled travel dates and this Insurance was purchased prior to the travel advisory/warning being issued.  
 Trip Cancellation Benefits: none  
 Trip Interruption Benefits: 3,4,5,7,8
16. **You or your travelling companion** being subpoenaed, after the **trip** is booked or after the date this Insurance is purchased, whichever occurs later, for jury duty, as a witness, or required to appear at a court proceeding during the period of travel (excluding law enforcement officers).  
 Trip Cancellation Benefits: 1,2  
 Trip Interruption Benefits: 3,4,5,7,8
17. The non-issuance of **your or your travelling companion's** travel or student visa (not including an immigration or employment visa) for reasons beyond **your or your travelling companion's** control, provided **you or your travelling companion** were eligible to make such an application.  
 Trip Cancellation Benefits: 1,2  
 Trip Interruption Benefits: none

## Delays and Schedule Changes

18. Delay of a connecting **common carrier** due to weather conditions, earthquakes, volcanic eruptions, mechanical failure of the **common carrier**, a traffic accident, or an emergency police-directed road closure.  
 Trip Cancellation Benefits: 1,2  
 Trip Interruption Benefits: 3,4,5,7,8
19. Delay of a private **vehicle** resulting from mechanical failure of that **vehicle**, weather conditions, earthquakes, volcanic eruptions, a traffic accident, or an emergency police-directed road closure.  
 Trip Cancellation Benefits: 1,2  
 Trip Interruption Benefits: 3,4,5,7,8
20. An accident on the way to the **departure point** involving a private passenger **vehicle** in which **you** are a passenger or driver; or **common carrier** in which **you** are a passenger (a police report or written confirmation from the **common carrier** is required).  
 Trip Cancellation Benefits: 1,2  
 Trip Interruption Benefits: 3,4,5,7,8

21. A **schedule change** of the airline carrier that is providing transportation for a portion of **your trip**, causing **you** to miss a connection.  
 Trip Cancellation Benefits: 1, 2  
 Trip Interruption Benefits: 3, 4, 5, 7, 8
22. The cancellation or delay of **your** or **your travelling companion's common carrier**, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the total duration of the **trip**, when **you** choose not to continue with the **trip**.  
 Trip Cancellation Benefits: 1, 2  
 Trip Interruption Benefits: 3, 4, 5, 7, 8
23. The cancellation or delay of **your travelling companion's common carrier** due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the total duration of the **trip**, when **you** choose to continue with the **trip** as originally planned without **your travelling companion**.  
 Trip Cancellation Benefits: 1, 2  
 Trip Interruption Benefits: 3, 4, 5, 7, 8

## Other

24. A natural disaster, which renders **your** or **your travelling companion's** principal residence uninhabitable or place of business inoperative.  
 Trip Cancellation Benefits: 1, 2  
 Trip Interruption Benefits: 3, 4, 5, 7, 8
25. A natural disaster, which renders **your** principal residence uninhabitable and that causes **you** to interrupt **your trip** before **your** scheduled **return date**.  
 Trip Cancellation Benefits: none  
 Trip Interruption Benefits: 9
26. An unforeseeable event completely independent of any intentional or negligent act that renders **your** or **your travelling companion's** principal residence uninhabitable or place of business inoperative.  
 Trip Cancellation Benefits: 1, 2  
 Trip Interruption Benefits: 3, 4, 5, 7, 8

## BENEFITS

### Maximum limit— Up to the sum insured as indicated on the application

Sum insured amounts are **aggregate limits** per **insured**, per Policy and are payable up to the maximum limit as shown on the **application**, except for benefits 6, 8 and 9 which are payable up to the amount listed in the Policy per **trip**.

### Trip Cancellation Before Departure

Benefits outlined below are payable if cancellation of **your trip** results in unexpected **travel costs**.

1. Reimbursement of non-refundable prepaid airfare and/or other prepaid **travel costs** that cannot be recovered from another source.

Note: If **you** choose not to cancel **your trip**, reimbursement of the change fees charged by the transportation supplier when such an option is available to **you**.

2. Reimbursement of the additional single supplement commercial accommodation expense in the event **your travelling companion** cancels their **trip**.

### Trip Interruption After Departure

Benefits outlined below are payable if interruption of **your trip** results in unexpected **travel costs**.

3. Reimbursement of either:
  - a) **Your** non-refundable, unused prepaid airfare costs; or,
  - b) The change fees; or,
  - c) The cost of a one-way economy airfare to the original **departure point** to return earlier or later than the **return date**; or,
  - d) An airline seat upgrade when **medically necessary** to the original **departure point** to return earlier or later than the **return date**. This benefit is payable only when pre-approved and arranged by **Claims at TuGo**.
4. Reimbursement of **your** other non-refundable unused prepaid **travel costs**, excluding the cost of unused prepaid transportation back to the original **departure point** from a destination where a one-way ticket has already been paid for under Benefit no.3.c) to return **you** to **your** original **departure point**.
5. Reimbursement of a one-way economy airfare or transportation costs to catch-up to a tour as originally booked or a one-way economy airfare or transportation costs to **your** next travel destination if a portion was missed.
6. Repatriation—In the event of **your** death during a **trip**, as result of an **accident** or an unexpected **sickness**, the **company** will pay:
  - a) The preparation and return of **your** body, including the cost of a standard shipping container (excluding the cost of a burial container) to **your home province** or **your** country of permanent residence; or,
  - b) Up to a maximum of \$5,000 for burial at the place of death (excluding the cost of funeral and related expenses or a burial container), in the event **your** body is not returned to **your home province** or **your** country of permanent residence; or,
  - c) Up to a maximum of \$5,000 for cremation at the place of death (excluding the cost of funeral and related expenses or an urn) and the standard shipping cost to return **your** ashes to **your home province** or **your** country of permanent residence.
7. Reimbursement of the additional single supplement commercial accommodation expense in the event **your travelling companion** cancels or interrupts their **trip**.
8. Up to the limit of \$350 per day to a maximum of \$1,500 for **your** reasonable out-of-pocket expenses for commercial accommodation, meals, internet, telephone and facsimile charges and taxi expenses.
9. Trip link—reimbursement of the cost of a round trip economy airfare to return **you** to **your home province** and back to **your** original travel destination point provided the return takes place within the period of coverage.

If **you** return to **your home province** under this benefit, **your** Policy will not terminate, however **you** will not be covered for any expenses incurred in **your home province**. There is also no refund for the number of days **you** spend in **your home province**.

This benefit is not applicable to Visitors to Canada purchasing this Insurance.



## CONDITIONS

In addition to the General Conditions shown on page 44, the following conditions apply:

1. **Duplication of Coverage**— If *you* are insured under more than one Policy, Plan or Optional Coverage administered by *TuGo* and they are in effect at the time of loss, the total amount paid to *you* cannot exceed *your* total expenses. Expenses are paid under each Policy, Plan or Optional Coverage to a maximum of \$100,000.
2. When the reason for cancellation occurs prior to departure, *you* must:
  - a) Contact the travel agent or airline on the day the reason for cancellation occurs or on the next business day; and,
  - b) Advise **Claims at TuGo** within the same period. Claim payment will be limited to the cancellation penalties specified in the *trip* contracts which are in effect at the time the cause of cancellation occurs.
3. No claims will be considered unless the original unused transportation ticket(s) or electronic ticket(s) are provided to **Claims at TuGo**. If applicable, **Claims at TuGo** will also require copies of substitute transportation tickets and travel agent or tour operator invoices.
4. If *your trip* is cancelled because of *sickness* or *injury*, the patient must consult a *physician* on or before *your departure date* and time, and prior to the date and time of cancellation. If *your trip* is interrupted or delayed for *sickness* or *injury*, the patient must consult a *physician* on or before the date and time of interruption or delay. In either case, a *physician* must have advised against travel prior to the date and time of cancellation, interruption or delay, and *you* must provide a medical certificate completed by the *physician* that includes: a complete diagnosis, the date of onset of the condition, the dates and type of treatment, and the medical necessity of cancelling, delaying or interrupting *your trip*. **If a physician was not consulted as required or if you cannot provide the complete written certificate, your claim will be denied.**
5. If *you* purchased a single trip policy and *your* travel dates change, *you* must notify the *company* of *your* new travel dates. Failure to do so will result in denial of *your* claim.
6. The benefits are only applicable if:
  - a) *You* had le enough travel time to comply with the travel provider's recommended check-in time prior to departure;
  - b) *Your trip*, whether booked online or through a travel agent, meets the minimum connection times approved by the applicable travel provider.
7. If *you* purchased a Multi Trip Annual Trip Cancellation & Trip Interruption Policy or a Multi Trip Annual Trip Interruption Insurance Only Policy, *your trip* must start and end within the Period of Coverage of this Policy, unless authorized by *TuGo*.
8. The *company* does not insure the cash value of any *travel costs* that have been booked and paid for with points, air miles or any other type of travel reward program.

## EXCLUSIONS

In addition to the General Exclusions shown on page 42, this Insurance does not cover loss caused by or arising from:

1. A *trip* booked or for which Insurance is purchased after the diagnosis of a **terminal condition**.
2. A *trip* booked or for which Insurance is purchased after *you* or *your travelling companion* have been advised by a *physician* not to travel.
3. Cancellation or interruption caused by or related to a circumstance known to *you* or any person purchasing insurance on *your* behalf prior to the date the *trip* is booked or prior to the date this Insurance is purchased, whichever occurs later, and which eventually prevents or interrupts travel as booked.
4. A *sickness* or death (other than a death caused by a sudden, unexpected **accident**) occurring within 72 hours after the date this Insurance is purchased if the Policy was purchased more than 72 hours after the transportation and/or commercial accommodations are booked.
5. Travel to visit an ailing *family member* where the medical condition or death of that *family member* is the cause of the cancellation or interruption of the *trip*.
6. An early or late return due to *sickness* or *injury*, unless ordered in writing by the attending *physician* that *you* return to *your home province* or country of permanent residence.
7. Any **pre-existing condition** affecting *you* or *your travelling companion* or the **immediate family member**, business partner, business associate, host at destination, employer or key employee of *you* or *your travelling companion*, unless the **pre-existing condition** was **stable**:

### Applicable to Multi Trip Annual

- a) During the 60 days prior to the date *your trip* is booked when the Insurance is purchased prior to the booking date; or,
- b) During the 60 days prior to the date this Insurance is purchased when the Insurance is purchased after the date *your trip* is booked.

### Applicable to Single Trip

- During the 60 days prior to the date this Insurance is purchased.
8. The non-issuance of a travel or student visa due to late visa application.
  9. Tickets that are refundable, when an airline refunds the amount *you* paid and does not charge *you* any cancellation penalties.
  10. Travel arrangements for which no premium was paid before departure.
  11. Cancellation or interruption due to *sickness* or *injury* when a *physician* has not been consulted, or has not advised against travel on or before *your departure date* and time or date and time of interruption or delay.

## REFUNDS

### Multi Trip Annual

1. A full refund is available if **you** have not travelled, no cancellation penalties are applicable and the request for refund is received prior to the effective date of the Policy.
2. A refund less an administration fee is available, if **you** have not travelled, no cancellation penalties are applicable and the request for refund is received no later than one year from the expiry date of the Policy.

### Single Trip

A refund less an administration fee is available only if:

1. The tour operator (airline etc.) cancels the **trip** and all penalties are waived; or,
2. **You** cancel the **trip** prior to the effective date of any cancellation penalties; or,
3. The tour operator changes the travel date and if **you** are unable to travel on the new dates, the tour operator waives all cancellation penalties.

### Applicable to Trip Interruption Insurance Only

#### Multi Trip Annual

1. When no travel has taken place and the request for refund is received PRIOR to the effective date of the Policy, a full refund is available.
2. When no travel has taken place and the request for refund is received AFTER the effective date of the Policy:
  - a) A full refund is available within 10 days of the **application date**; or,
  - b) A refund less an administration fee is available when the request for refund is received more than 10 days after the **application date** but no later than one year from the expiry date of the Policy.

### Single Trip

A full refund is available only if the coverage is cancelled prior to **your departure date**.

### Applicable to All Plans

3. Refunds must be requested in writing.
4. Refunds are not available if a claim has been or will be submitted.

## Accidental Death and Dismemberment Insurance – multi trip annual & single trip

### Air Flight/Common Carrier Accident:

Maximum limit—\$100,000

### 24-hour Accident:

Maximum limit—\$25,000

## ELIGIBILITY

**You** are eligible for coverage if:

1. **You** are a **Canadian resident**; or,
2. **You** are a visitor to Canada purchasing this single trip Insurance.

3. **You** are not travelling against a **physician's** advice; or
4. **You** have not been diagnosed with a **terminal condition**.

## PERIOD OF COVERAGE

### Multi Trip Annual

This Policy begins at 12:01 AM on the effective date as shown on the **application** and continues in force for a period of one year from the effective date. Coverage commences on the date and time **you** leave for **your** trip.

Coverage terminates on the date and time **you** return to **your** ordinary place of residence or at 11:59 PM on the expiry date, whichever occurs first.

### Single Trip

Coverage commences on the date and time **you** leave for **your** trip. Coverage terminates on the earliest of the following:

1. At 11:59 PM on the expiry date;
2. On the date and time **you** return to **your** ordinary place of residence, except as outlined below:
  - a) If **you** are also covered under the Trip Cancellation & Trip Interruption Insurance or Trip Interruption Insurance Only and **your** trip is interrupted before the scheduled return date as a result of an event as mentioned in the Trip Link Benefit: **your** Policy will not terminate, however **you** will not be covered while in **your home province**. There will be no refund for the number of days **you** spend in **your home province**.
  - b) If **you** are also covered under the Emergency Medical Insurance and **you** are returned to **your home province** under the Emergency Air Transportation Benefit during the period of coverage, and **you** resume **your** trip by returning to **your** trip destination under the Return to Your Destination Benefit, **your** Policy will not terminate, however **you** will not be covered while in **your home province**. There will be no refund for the number of days **you** spend in **your home province**.

## COVERED RISKS

### Air Flight/Common Carrier Accident

Death or dismemberment as a result of an **accident** sustained during the period of coverage while riding as a fare-paying passenger, or while entering or leaving a lawfully operated licensed **common carrier**.

Coverage is also applicable to **insured** children under two years of age accompanied by a fare-paying passenger.

### 24-hour Accident

Death or dismemberment as a result of an **accident** sustained during the period of coverage in any other situation not specifically mentioned under Air Flight/Common Carrier above.

## BENEFITS

In the case of **your** accidental death or certain **losses** resulting from an **accident**, the **company** will pay to or on behalf of **you**, **your** estate or other **beneficiary**, the benefits as outlined below, but in no event shall payment exceed the maximum sum insured under this section:

1. 100% of the sum insured for loss of life, double dismemberment or **loss** of sight in both eyes.
2. 50% of the sum insured for single dismemberment or **loss** of sight in one eye.

Benefits for loss of life, limb or sight are payable for **loss** which occurs within 90 days of the date of the **accident**.

Any claim for indemnity for loss of life, dismemberment or **loss** of sight must be substantiated by a certificate from the attending medical **physician** at the place of the **accident** attesting to the actual **injuries** sustained.

## EXCLUSIONS

In addition to the General Exclusions shown on page 42, the **company** will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1. A trip that is undertaken against a **physician's** advice.
2. A trip that is undertaken after the diagnosis of a **terminal condition**.
3. Expenses incurred if **you** choose to travel to a destination after a formal written travel advisory and/or travel warning has been issued by Global Affairs Canada or Public Health Agency of Canada (PHAC) recommending that **you** avoid all or non-essential travel to that destination during **your** trip. This exclusion applies if the advisory is issued before the date **you** leave for **your** trip.
4. **Your** coaching, teaching, participating, practicing or training for any of the following sports:

Australian football, **backcountry** skiing/snowboarding/snowshoeing, base jumping, bobsledding, boxing, bull riding/bull fighting, canyoning/canyoneering, **downhill freestyle skiing/snowboarding in organized contests**, downhill longboarding, **downhill mountain biking**, downhill skating, endurance activities over 6 hours, flying as a pilot or passenger in a glider or ultralight, football, free diving over 30 metres, hang gliding, **high risk snowmobiling**, ice climbing, ice hockey, lacrosse, luge/skeleton, **motorized speed contests**, motorized X Game sports (or those sports in similar type events), **mountaineering over 6,000 metres**, **mountaineering up to 6,000 metres**, non-motorized X Game sports (or those sports in similar type events), parachuting/skydiving/tandem skydiving (more than one jump per trip), paragliding/parapenting, paramotoring, parasailing/parascending over land, **rodeo**, rugby, running with the bulls, scuba diving (if not certified by an internationally recognized and accepted program), scuba diving over 30 metres, snow kiting, stunt/aerobatic flying, ultimate fighting & mixed martial arts and wingsuit jumping/wingsuit flying.

## LIMITATION

The total aggregate limit is \$10 million for any one **accident** or event under this Policy and all policies administered by **TuGo** and issued by the **company**, which will be shared proportionately among all policyholders.

## REFUNDS

### Applicable to Multi Trip Annual and Single Trip

1. Refunds are not available if a claim has been or will be submitted.
2. When no travel has taken place and the request for refund is received PRIOR to the effective date of the Policy, a full refund is available.
3. When no travel has taken place and the request for refund is received AFTER the effective date of the Policy:
  - a) A full refund is available within 10 days of the **application date**; or,
  - b) A refund less an administration fee is available when the request for refund is received more than 10 days after the **application date** but no later than one year from the expiry date of the Policy.
  - c) Refunds must be requested in writing.

### Applicable to Single Trip Only

1. In the case of early return to **your** ordinary place of residence, partial refunds may be available provided:
  - a) A satisfactory proof of return to **your** ordinary place of residence is sent to **TuGo**.
  - b) The request is received by **TuGo** no later than one year from the expiry date of the Policy. Refunds will be calculated from the date of return. All partial refunds will be subject to an administration fee.
  - c) Refunds must be requested in writing.

## Non-Medical Package – single trip

This Insurance is subject to the General Conditions, General Exclusions and Definitions as well as the benefits, terms, conditions, limitations and exclusions as specified for each of the Insurance coverages listed below.

Coverage commences on the **application date** for Trip Cancellation & Trip Interruption Insurance. For all other plans, coverage commences on the effective date.

### Trip Cancellation & Trip Interruption Insurance

Maximum limit for sum insured prior to departure—Up to the sum insured as indicated on the **application**

Maximum limit for sum insured after departure—\$25,000

### Accidental Death and Dismemberment Insurance

Maximum limit for Air Flight/Common Carrier Accident—\$100,000

Maximum limit for 24-hour Accident—\$25,000

### Baggage Insurance

Maximum limit—\$500

## REFUNDS

A refund less an administration fee is available only if:

1. The tour operator (airline etc.) cancels the trip and all penalties are waived; or,
2. **You** cancel the trip prior to the effective date of any cancellation penalties; or,

- The tour operator changes the travel date and if **you** are unable to travel on the new dates, the tour operator waives all cancellation penalties.
- Refunds must be requested in writing.
- Refunds are not available if a claim has been or will be submitted.

## All Inclusive Holiday Package – single trip

### Available for Insureds 59 Years and Under

This Insurance is subject to the General Conditions, General Exclusions and Definitions as well as the benefits, terms, conditions, limitations and exclusions as specified for each of the Insurance coverages listed below.

Coverage commences on the **application date** for Trip Cancellation & Trip Interruption Insurance. For all other plans, coverage commences on the effective date.

### Emergency Medical Insurance

Maximum limit—\$5,000,000

### Trip Cancellation & Trip Interruption Insurance

Maximum limit for sum insured prior to departure—Up to the sum insured as indicated on the **application**

Maximum limit for sum insured after departure—\$25,000

### Accidental Death and Dismemberment Insurance

Maximum limit for Air Flight/Common Carrier Accident—\$100,000

Maximum limit for 24-hour Accident—\$25,000

### Baggage Insurance

Maximum limit—\$500

#### REFUNDS

A refund less an administration fee is available only if:

- The tour operator (airline etc.) cancels the trip and all penalties are waived; or,
- You** cancel the trip prior to the effective date of any cancellation penalties; or,
- The tour operator changes the travel date and if **you** are unable to travel on the new dates, the tour operator waives all cancellation penalties.
- Refunds must be requested in writing.
- Refunds are not available if a claim has been or will be submitted.

## Visitor to Canada Holiday Package - single trip

This Insurance is subject to the General Conditions, General Exclusions and Definitions as well as the benefits, terms, conditions, limitations and exclusions as specified for each of the Insurance coverages listed below.

Coverage commences on the **application date** for Trip

Cancellation & Trip Interruption Insurance. For all other plans, coverage commences on the effective date.

### Visitor to Canada Emergency Medical Insurance

Maximum limit—Up to the sum insured as indicated on the **application**

### Trip Cancellation & Trip Interruption Insurance

Maximum limit for sum insured prior to departure—Up to the sum insured as indicated on the **application**

Maximum limit for sum insured after departure—\$25,000

### Accidental Death and Dismemberment Insurance

Maximum limit for Air Flight/Common Carrier Accident—\$100,000

Maximum limit for 24-hour Accident—\$25,000

### Baggage Insurance

Maximum limit—\$500

#### REFUNDS

A refund less an administration fee is available only if:

- The tour operator (airline etc.) cancels the trip and all penalties are waived; or,
- You** cancel the trip prior to the effective date of any cancellation penalties; or,
- The tour operator changes the travel date and if **you** are unable to travel on the new dates, the tour operator waives all cancellation penalties.
- Refunds must be requested in writing.
- Refunds are not available if a claim has been or will be submitted.

## Optional Coverages

The optional coverages listed in this section may only be purchased as an endorsement to an insurance plan or package described in this Policy. The Optional Coverages are also subject to the General Exclusions, General Conditions and Definitions of this Policy.

### Baggage Insurance

**Maximum limit—\$1,500 per insured to a maximum of \$3,000 for the family**

#### PERIOD OF COVERAGE

Coverage commences on the date and time **you** leave for **your** trip. Coverage terminates on the earliest of the following:

- At 11:59 PM on the expiry date;
- On the date and time **you** return to **your** ordinary place of residence, except as outlined below:
  - If **you** are also covered under the Trip Cancellation & Trip Interruption Insurance or Trip Interruption Insurance Only and **your** trip is interrupted before the scheduled return date as a result of an event as mentioned in the Trip Link Benefit; **your** Policy will not terminate, however **you** will not be covered while in **your home province**. There will

be no refund for the number of days *you* spend in *your home province*.

- b) If *you* are also covered under the Emergency Medical Insurance and *you* resume *your* trip by returning to *your* trip destination under the Return to Your Destination Benefit, *your* Policy will not terminate, however *you* will not be covered while in *your home province*. There will be no refund for the number of days *you* spend in *your home province*.

## BENEFITS

### Baggage and Personal Effects

The *company* agrees to pay for the loss, damage, destruction or theft of personal effects owned by the *insured* while in transit, or while in any hotel or other building, en route anywhere in the world, on land or water or in the air.

### Currency

The *company* agrees to pay for loss of currency through theft or robbery of personal currency (excluding unexplained disappearance; police report required), up to a limit of \$100.

### Baggage Delay

If *your* baggage is delayed beyond 12 hours while *you* are en route and before *you* return to *your* original departure point, the *company* will pay for personal necessities up to a maximum of \$200, until *your* baggage has been returned to *you*.

### LIMITATION

Coverage for risk of loss of or damage to *your* property for any single item is limited to not more than 25% of the sum insured per *insured* per claim.

## CONDITIONS

In addition to the General Conditions shown on page 44, the following conditions apply:

- Notice of Loss**—If the insured property is lost or damaged through perils insured against, *you* must promptly notify police, hotel proprietors, steamship lines, railroad or station authorities, airlines or any other carrier or bailee in whose custody the property was at the time of loss, damage or theft. This coverage is conditional upon *your* compliance with this clause. *You* must also notify **Claims at TuGo** within 30 days of return from journey and take all reasonable measures to protect, save and/or recover the property.
- Payment of Loss**—Any claim hereunder for damage and/or destruction shall be paid immediately after presentation to **Claims at TuGo** of evidence substantiating such damage and/or destruction.
- Valuation**—The *company* shall reimburse the repair or replacement with a like kind and quality or the actual cash value of the property at the time any loss or damage occurs, whichever is less.
- Duplication of Coverage**—If *you* are insured under more than one Policy, Plan or Optional Coverage administered by **TuGo** and they are in effect at the time of loss, the total amount paid to *you* cannot exceed *your* total expenses. Expenses are paid under each Policy, Plan or Optional Coverage to a

maximum of \$5,000 per *insured*. The maximum limit for a *family* is \$7,500.

- This optional coverage can be purchased as an endorsement to the following plans and will be subject to the terms and conditions of the plan it is purchased with:
  - A Single Trip Emergency Medical Insurance
  - A Single Trip Trip Cancellation & Trip Interruption Insurance
  - A Single Trip Trip Interruption Insurance Only
  - A Single Trip Accidental Death & Dismemberment Insurance
  - A Visitor to Canada Emergency Medical Insurance
  - An All Inclusive Holiday Package
  - A Non-Medical Package
  - A Visitor to Canada Holiday Package

## EXCLUSIONS

In addition to the General Exclusions shown on page 42, the *company* will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

- Loss, damage or theft of animals; self-propelled conveyances of any kind or their equipment; trailers, boats, motors, aircraft or other conveyances or their appurtenances; bicycles except while checked as baggage with a *common carrier*; household effects and furnishings; artificial teeth and limbs; hearing aids; eye glasses, contact lenses; money (except as specified under the Currency Benefit), securities, tickets and documents; personal entertainment devices including but not limited to portable DVD players, mp3 players including but not limited to iPods, personal computers, software, pagers or cellular phones; professional or occupational equipment or property; antiques and collectors items; property illegally acquired, kept or stored, or transported; works of art, jewellery, furs, cameras or camera equipment.
- Loss or damage caused by wear and tear, deterioration, moths or vermin.
- Expenses incurred if other insurance policies, plans or contracts cover the loss. If, however, the loss exceeds the limits of the other policies, plans or contracts and if this Insurance covers losses and periods not covered by those other policies, plans or contracts, this Insurance shall then apply in excess of all other valid insurance.
- Loss caused by theft from an unattended vehicle unless the vehicle was securely locked and displayed visible signs of forced entry.
- Any loss caused by or related to a circumstance known to *you* or to any person purchasing this Policy on *your* behalf prior to the date this Insurance is purchased.

## Rental Car Protection

### PERIOD OF COVERAGE

Coverage commences either when *you* take control of the rented or leased *automobile* or on the effective date of the Policy, whichever is later.

Coverage terminates at the earliest of:

1. The time the rental or leasing agency or company assumes control of the **automobile**; or,
2. The time the rental or lease agreement expires or is terminated; or,
3. The expiry date of the Policy.

The effective and expiry dates are determined by the dates **you** established with:

- a) Travel agent at the time of purchase or rental; or,
- b) Leasing agency or company at the time of purchase, whichever applies.

## BENEFITS

### Maximum limit—\$50,000

The sum insured is an **aggregate limit** per vehicle, per trip.

The **company** agrees to pay **you** up to a maximum of \$50,000 per trip for **loss** due to **physical damage** or **loss** of a rented or leased **automobile** anywhere in the world while the **automobile** is in **your** care, custody or control or of those persons permitted to operate the **automobile** under the terms of the rental or lease agreement.

This includes the reasonable general average costs of towing, salvage, fire department charges, custom duties and the reasonable loss of use of the rented or leased **automobile** for which **you** are responsible.

Coverage will be limited to the amount of **loss** which would have been waived had **you** purchased collision damage waiver from the **automobile** rental or leasing agency or company.

## CONDITIONS

In addition to the General Conditions shown on page 44, the following conditions apply:

1. **You** must hold a valid driver's license.
2. No coverage is provided for any form of third party automobile liability or personal accident insurance benefits.
3. No coverage is provided if collision damage waiver is purchased from the rental or leasing agency or company.
4. No coverage is provided unless all terms and conditions of the rental or lease agreement or contract have been met and no restrictions are violated.
5. **Losses** in excess of \$700 must be documented by a police report.
6. Such **automobile** is leased or rented from a duly authorized rental or leasing agency or company.
7. The **automobile** is not used for carrying passengers for compensation or hire or for commercial **vehicle**.
8. This Insurance is only available for the original leased or rented **automobile**. There shall be no coverage if a **loss** is incurred to any replacement **automobile**.
9. Such **automobile** is not operated in contravention of any law or regulation related to motor vehicles in the jurisdiction governing the rental or lease agreement.

10. **Duplication of Coverage**—If **you** are insured under more than one Policy, Plan or Optional Coverage administered by **TuGo** and they are in effect at the time of loss, the total amount paid to **you** cannot exceed **your** total expenses. Expenses are paid under each Policy, Plan or Optional Coverage to a maximum of \$100,000.

11. This optional coverage can be purchased as an endorsement to the following plans and will be subject to the terms and conditions of the plan it is purchased with:

- A Single Trip Emergency Medical Insurance
- A Single Trip Trip Cancellation & Trip Interruption Insurance
- A Single Trip Trip Interruption Insurance Only
- A Single Trip Accidental Death & Dismemberment Insurance
- A Visitor to Canada Emergency Medical Insurance
- An All Inclusive Holiday Package
- A Non-Medical Package
- A Visitor to Canada Holiday Package

## EXCLUSIONS

In addition to the General Exclusions shown on page 42, the **company** will not be liable to provide coverage or services, or to pay claims for expenses incurred directly or indirectly as a result of:

1. Operation of the **automobile** contrary to the terms of the rental or leasing contract that results in damage or damage-related expenses.
2. **Injury** to or for the death of any **insured** under this Insurance.
3. Damage to the property of third persons other than damage to the rental **automobile** of the licensed **automobile** rental or leasing agency.
4. Expenses resulting from any kind of race or speed contest.
5. Any amount payable under any automobile insurance policy.
6. Any amount assumed, waived or paid by the rental or leasing agency or company or its insurer.
7. Contents of the rental or leased **automobile**.
8. The mechanical failure or breakdown of any part of the rented or leased **automobile**, rust, corrosion, wear and tear, gradual deterioration, inherent defect or freezing.
9. **Loss** or damage arising from the neglect or abuse of the leased or rented **automobile** by **you** or any persons listed in the rental or lease agreement.
10. The rental or lease of an **exotic car**.
11. **Loss** caused by the theft from an unattended **automobile** unless the **automobile** was securely locked and displayed visible signs of forced entry.



## Contact Sports Coverage

### BENEFITS

#### Emergency Medical Insurance

Maximum limit—Up to the Policy limit

#### Visitor to Canada Emergency Medical Insurance

Maximum limit—Up to the sum insured as indicated on the *application*

When this Optional Coverage is purchased, the *company* will reimburse *you* for eligible *hospital* and medical related expenses for *sickness* or *accidents* while participating in, coaching, teaching, training or practicing for any of the following contact sports on behalf of a registered team, league, association or club or while competing in a registered tournament, competition or sporting event:

- Australian Football
- Boxing
- Football
- Ice Hockey
- Lacrosse
- Rugby

### CONDITIONS

1. This Optional Coverage can be purchased as an endorsement to an Emergency Medical Insurance or a Visitor to Canada Emergency Medical Insurance.
2. Coverage is available for persons 18 years and over. If *you* are under 18 years, *you* do not need to purchase this Optional Coverage.
3. Coverage is subject to:
  - a) The maximum benefit limits as specified in the section entitled Emergency Medical Insurance or Visitor to Canada Emergency Medical Insurance, whichever applies to *you*.
  - b) The terms and conditions as specified in the section entitled Emergency Medical Insurance or Visitor to Canada Emergency Medical Insurance, whichever applies to *you*.
  - c) The *deductible* as specified in the section entitled Emergency Medical Insurance or Visitor to Canada Emergency Medical Insurance, whichever applies to *you*.

## Adventure Sports Coverage

### BENEFITS

#### Emergency Medical Insurance

Maximum limit—Up to the Policy limit

#### Visitor to Canada Emergency Medical Insurance

Maximum limit—Up to the sum insured as indicated on the *application*

When this Optional Coverage is purchased, the *company* will reimburse *you* for eligible *hospital* and medical related expenses for *sickness* or *accidents* while participating in, coaching, teaching, training or practicing for any of the following adventure sports:

- Flying as a Pilot or Passenger in a Glider or Ultralight
- *Backcountry* Skiing/ Snowboarding/ Snowshoeing
- Bobsledding
- Canyoning/Canyoneering
- *Downhill Freestyle Skiing/ Snowboarding in Organized Contests*
- Downhill Longboarding
- *Downhill Mountain Biking*
- Downhill Skating
- Endurance Activities over 6 Hours
- Hang Gliding
- *High Risk Snowmobiling*
- Ice Climbing
- Luge/Skeleton
- *Mountaineering up to 6,000 Metres*
- Non-motorized X Game Sports (or those sports in similar type events)
- Parachuting/Skydiving/ Tandem Skydiving (more than one jump per trip)
- Paragliding/Parapenting
- Paramotoring
- Parasailing/Parascending over Land
- Snow Kiting
- Stunt/Aerobatic Flying

### CONDITIONS

1. This Optional Coverage can be purchased as an endorsement to an Emergency Medical Insurance or a Visitor to Canada Emergency Medical Insurance.
2. Coverage is subject to:
  - a) The maximum benefit limits as specified in the section entitled Emergency Medical Insurance or Visitor to Canada Emergency Medical Insurance, whichever applies to *you*.
  - b) The terms and conditions as specified in the section entitled Emergency Medical Insurance or Visitor to Canada Emergency Medical Insurance, whichever applies to *you*.
  - c) The *deductible* as specified in the section entitled Emergency Medical Insurance or Visitor to Canada Emergency Medical Insurance, whichever applies to *you*.

## Extreme Sports Coverage

### BENEFITS

#### Emergency Medical Insurance

Maximum limit—\$500,000

#### Visitor to Canada Emergency Medical Insurance

Maximum limit—Up to the sum insured as indicated on the *application*

When this Optional Coverage is purchased, the *company* will reimburse *you* for eligible *hospital* and medical related expenses for *sickness* or *accidents* while participating in, coaching, teaching, training or practicing for any of the following extreme sports:

- Base Jumping
- Bull Riding/Bull Fighting
- Free Diving over 30 Metres
- *Motorized Speed Contests*
- Motorized X Game Sports (or those sports in similar type events)
- *Mountaineering over 6,000 Metres*
- Rodeo



- Running with the Bulls
- Scuba Diving (if not certified by an internationally recognized and accepted program)
- Scuba Diving over 30 Metres
- Ultimate Fighting & Mixed Martial Arts
- Wingsuit Jumping/ Wingsuit Flying

## CONDITIONS

1. This Optional Coverage can be purchased as an endorsement to an Emergency Medical Insurance or a Visitor to Canada Emergency Medical Insurance.
2. Coverage is subject to:
  - a) The maximum benefit limits as specified in the section entitled Emergency Medical Insurance or Visitor to Canada Emergency Medical Insurance, whichever applies to **you**, but in no event shall exceed \$500,000.
  - b) The terms and conditions as specified in the section entitled Emergency Medical Insurance or Visitor to Canada Emergency Medical Insurance whichever applies to **you**.
  - c) The **deductible** as specified in the section entitled Emergency Medical Insurance or Visitor to Canada Emergency Medical Insurance, whichever applies to **you**.

## General Exclusions

In addition to the exclusions specified in each Insurance coverage, this Insurance does not provide payment or indemnity for expenses incurred directly or indirectly as a result of:

1. a) **Applicable to Policies with Trip Cancellation & Trip Interruption and Trip Interruption Only**  
Losses arising out of **acts of war** or **acts of terrorism** unless a formal travel advisory and/or travel warning has been issued by the Canadian government after the date the trip is booked or the date the insurance was purchased, whichever occurs later.
- b) **Applicable to all other plans**  
**Your** participation in and/or voluntary exposure to **acts of war** or **acts of terrorism**.
2. Death, disablement or **injury** in any way caused by or contributed by radioactive contamination or by the utilization of nuclear, chemical or biological weapons (whether or not caused by **acts of war** or **acts of terrorism**).
3. **Your** suicide or attempt thereof, self-inflicted **injury**.
4. **Your** commission or attempted commission of any crime or offence, based on the law where the cause of the claim occurred.
5. a) Routine pre-natal care;  
b) Voluntary termination of pregnancy or resulting complications;  
c) Complications related to pregnancy within the nine weeks immediately before the expected delivery date (including the expected delivery date) or the nine weeks after the actual delivery date (including the actual delivery date);  
d) Complication related to childbirth within the nine weeks immediately before the expected delivery date (including the expected delivery date) or the nine weeks after the actual delivery date (including the actual delivery date);
6. Any medical condition or recognized complication of a condition, where the purpose of **your** trip is to seek **medical treatment**, advice or services, and where the medical evidence indicates the **medical treatment**, advice or services received are related to that condition.
7. **Your** coaching, teaching, participating, practicing or training for **out-of-bounds** skiing, snowboarding, snowshoeing, or non-motorized snow-biking.
8. Psychological disorders, **emotional** or **mental disorders**. Acute psychosis is not excluded unless drug, alcohol or medication induced.
9. Ongoing care, rehabilitation or check-ups.
10. **Medical treatment**, services or supplies provided in a chronic care facility of a **hospital** or convalescent or nursing home, health spa, or rehabilitation centre.
11. **Elective** (non-emergency) **treatment** or **surgery**.
12. Emergency Air Transportation unless pre-approved and arranged by **Claims at TuGo**.
13. Any **sickness**, **injury** or death that could reasonably be contributed to or caused by **your**:
  - a) Intoxication from alcohol consumption (alcohol intoxication is determined either when records indicate that **you** have reached or exceeded a blood alcohol level of 80 milligrams of alcohol per 100 millilitres of blood or when records indicate that **you** were intoxicated and no blood alcohol level is specified); or,
  - b) Abuse of alcohol or misuse of prescription drugs, over the counter medication or other intoxicants, either before or during **your** trip; or,
  - c) Consumption or use of illegal or controlled drugs (based on the law where the cause of the claim occurred).
14. Expenses incurred as a result of **your** failure to accept or follow the **physician's** advice, treatment or recommended treatment.
15. Unless otherwise stated in this Policy (see General Condition, number 2), expenses incurred if other insurance policies, plans or contracts, including any private or provincial automobile insurance, cover the loss. If, however, the loss exceeds the limits of the other policies, plans or contracts and if this Insurance covers losses and periods not covered by those other policies, plans or contracts, this Insurance shall then apply in excess of all other valid insurance. This exclusion does not apply to Accidental Death and Dismemberment Insurance.
16. Any cancer (other than basal cell or squamous cell skin cancer) for which **you** received or were recommended to receive **cancer treatment** in the 3 months prior to the date **you** leave for **your** trip. This includes **cancer treatment** that **you** were recommended to receive but chose to decline.

## General Conditions

### PROVISIONS & CONDITIONS

#### 1. Qualification, Misrepresentation and Fraud

- a) The coverage under this Policy shall be void if **you** do not meet the eligibility requirements for the plan selected as set out in the **application**. The eligibility requirements are material to the risk for which Insurance is sought. In addition, the coverage under this Policy shall be void if, before or after any loss or claim, **you** or **your** representative conceal, misrepresent or fail to disclose any material fact or commit any fraud or false swearing pertaining to **you** or any claim.
- b) Medical Health Questionnaire—applicable to **insureds** 60 years and over. If **you** qualify for the coverage selected but **you** or a representative purchasing insurance on **your** behalf have failed to answer truthfully and accurately any question asked in the Medical Health Questionnaire, any claim will be subject to an extra **deductible** of \$15,000 USD in addition to any other applicable **deductible** amount, and no future coverage will be provided under this Policy unless **you** pay the additional premium reflecting true and accurate answers to those questions.

2. **Subrogation**—The **company** will not subrogate against any extended benefit plans if the lifetime maximum limit for all in-country and out-of-country benefits under that plan is currently \$100,000 or less. If the lifetime maximum limit under that plan is greater than \$100,000, the **company** may exercise its right to subrogate, but, if applicable, the **company** will limit its subrogated claim to the extent required to preserve \$50,000 of the lifetime limit available under that plan.

If compensation is available from a third party for any payments made by the **company** under this Policy, the **company** has the right to subrogate to recover those payments. The **company**, at its own expense, can file a suit in **your** name for that purpose and **you** authorize the **company** to do so. This right of subrogation is in addition to and does not limit any other right of subrogation existing under common law, equity or statute. Further, if **you** make any claim against a third party related to payments made by the **company** under this Policy, **you** will include the amount of those payments in **your** claim against the third party. If **you** obtain compensation for a portion or all of the included payments made by the **company**, **you** must immediately remit that compensation to the **company**. **You** understand that **you** shall do nothing to prejudice the **company's** rights of subrogation, which includes not releasing third parties from liability without the express written agreement of the **company**.

3. **Coordination of Benefits**—Unless otherwise stated in this Policy, this Insurance is excess to all other valid insurance. If any other valid insurance is also an excess insurance, **Claims at TuGo** will coordinate benefits of all eligible claims with that insurer. All coordination follows the guidelines set by the Canadian Life and Health Insurance Association.
4. **Misstatement of Age**—If **your** age has been misstated to the **company**, the coverage and/or premium may be adjusted in accordance with the correct age as of the date **you** became covered. Any premium adjustment is payable upon receipt of a premium notice.

5. **Due Diligence**—**You** must act at all times so as to minimize the costs to the **company**.
6. **Currency**—Any dollar amount expressed as a limit of coverage or benefit payable under this Policy is deemed by the **company** to be in Canadian currency, unless otherwise stated.
7. **Duplication of Coverage**—If **you** are insured under more than one Policy, Plan or Optional Coverage administered by **TuGo** and they are in effect at the time of loss, the total amount paid to **you** cannot exceed **your** total expenses. Benefits are paid under the one Policy, Plan or Optional Coverage with the greatest benefit limit, except for Baggage, Rental Car Protection, Trip Cancellation & Trip Interruption and Trip Interruption Only.
8. In the case of duplicate benefits in this Policy, claims are payable under the one benefit with the greatest benefit limit.
9. The date and time of commencement and termination of coverage is based on the time zone of the province or territory the Policy was purchased in.
10. Coverage is based on the age of the **insured** at the time of **application**.
11. The availability, quality, results or effects of any **medical treatment**, assistance, **hospitalization**, transportation or **your** failure to obtain any of the above, is not the responsibility of either the **company**, **Claims at TuGo** or **TuGo** or any company or agency providing services on their behalf.
12. The **company** reserves the right to accept or to decline any person as an **insured**.
13. **Claims at TuGo** has been appointed by the **company** to be the sole provider of all assistance and claims processing services.
14. In the event of **your medical treatment** or other circumstances that have led or may lead to a claim under this Policy, **you** authorize any **hospital**, **physician** or other person or organization that has records or knowledge of **you** or **your** health, medical history or other information relevant to the claim to provide that information to the **company**, **Claims at TuGo** or **TuGo** and authorize the **company**, **Claims at TuGo** and **TuGo** to use and disclose that information for the purpose of determining whether any claim that may be made is covered by this Policy or by another plan or Policy.
15. If requested by the **company**, **Claims at TuGo** or **TuGo**, **you** must furnish or consent to the release of **your** medical records for the relevant period prior to the effective date and/or during the term of the insurance required in order to determine if the claim is payable. Failure to produce these records will invalidate **your** claim.
16. In the event of a claim, upon request, **you** will establish the date and time of departure and initially planned date of return of the trip.
17. **You** shall be responsible for the verification of any **hospital** and medical expenses incurred and shall obtain itemized accounts of all **hospital** and medical services which have been provided.
18. The **company** shall not reimburse any expense incurred after a period of 365 days has elapsed following the date on which the loss first occurred or the relevant **emergency** first occurred.

19. The **company**, **TuGo** and **Claims at TuGo** shall comply with all applicable privacy legislation and regulations.
20. If any of the terms or conditions of this Policy are in conflict with the statutes of the province or territory in which this Policy is issued, the terms and conditions are hereby amended to conform to such statutes.
21. In the event of unresolved disputes respecting any claim or portion thereof, the following should be contacted: **TuGo**, 11th Floor, 6081 No. 3 Road, Richmond, BC, V6Y 2B2, Canada.
22. The law of the province or territory of Canada in which **you** ordinarily reside, or in which **you** are staying while a visitor to Canada, will govern this Policy, including all issues of its interpretation and performance. Any legal action or other proceeding related to or connected with this Policy that is commenced by **you** or anyone claiming on **your** behalf or by an assignee of benefits under this Policy must take place in the courts of the province or territory of Canada in which **you** ordinarily resided or in which **you** purchased this Policy, and no other court has jurisdiction to hear or determine any such action or proceeding.
23. This Insurance provides no coverage and no **insurer** shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such coverage, payment of such claim or provision of such benefit would expose that **insurer** to any sanctions, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.
24. The **company** shall not reimburse any interest charges accrued by **you**.

## Authorized Extensions to Period of Coverage

**You** can extend **your** period of coverage before **your** Policy expires by calling **your** agent or **TuGo** during general business hours.

Please refer to Contact Information on page 3.

An administration fee may be charged in addition to the premium for the additional number of days required.

**You** must meet the following conditions:

### Applicable to All Coverages

1. **You** have not submitted a claim and have no intent to submit a claim.
2. **Your** period of coverage has not already expired.
3. Extensions are not available if total trip length exceeds two years from the effective date of the original Policy.

### Applicable to Emergency Medical Insurance and Visitor to Canada Emergency Medical Insurance

1. **You** have not seen a **physician** or other registered medical practitioner since **your** departure date or the effective date of the Policy.
2. **You** are in good health and **you** do not know of any reason to seek medical attention.

If these conditions haven't been met, an extension may be

authorized at the discretion of **TuGo**. If an extension has been authorized, there would be no coverage for subsequent claims related directly or indirectly to the condition(s) or symptom(s) for which a claim has been or will be submitted or for which **medical treatment** was received or required prior to the effective date of the extension.

## Automatic Annual Renewal Option

**This option is only available for insureds 58 years and under.**

When the automatic annual renewal option is selected as indicated on the **application** of the Policy, **your** Policy will automatically renew on **your** Multi Trip Annual Policy's **renewal date** provided valid credit card or banking information is on file and the premium is received and accepted. A Policy will be issued to **you** for one year. Before the **renewal date** of the Policy, **you** will be notified of the details pertaining to **your** new Multi Trip Annual Policy. If **you** do not wish to have a new Multi Trip Annual plan automatically issued, please notify **TuGo** by calling 1-855-929-8846.

## Definitions

**Accident and injury** means physical injury to **you** caused by violent external and accidental means which occurred after coverage commenced, requiring **emergency medical treatment**.

**Act of terrorism** means an act, or acts, of any person, or group(s), committed for political, religious, ideological, ethnic or similar purposes with the intention to influence any government and/or, but not be limited to, the use of force or violence and/or the threat thereof. Furthermore, the perpetrators of acts of terrorism can either be acting alone, or on behalf of, or in connection with any organization(s) or government(s).

**Act of war** means war, civil war, riot, rebellion, insurrection, revolution, invasion, hostilities or warlike operations (whether war be declared or undeclared), civil commotion, overthrow of the legally constituted government, military or usurped power, explosions of war weapons.

**Acute** means initial or **emergency** short course (not chronic) treatment phase of a **sickness** or **injury**.

**Aggregate limit** means the maximum amount of coverage available, regardless of the number of separate claims.

**Alteration** means the medication usage, dosage or type has been increased, decreased or stopped and/or a new medication has been prescribed.

Alteration does not include:

- a) Changes in brand due solely to the availability of **your** usual brand or due to a change from a brand name medication to an equivalent generic brand medication of the same usage or dosage; and
- b) The routine adjustment of the dosage within prescribed parameters to ensure correct blood levels are maintained when **you** are taking insulin or oral diabetes medication or blood thinner medication such as Coumadin/Warfarin and **your** blood levels must be checked regularly and **your** condition remains unchanged; and
- c) The usage changes due to the combination of several medications into one and **your** condition remains unchanged.

**Application** means the printed form, printed or electronic receipt, Policy declaration, group manifest or document provided by *TuGo* or one of its **designated representatives**. The application forms part of the Insurance contract.

**Application date** means the date when premium for this Insurance is paid.

**Automobile** means a vehicle of the private passenger or station wagon type, but excluding: trucks (except pick-up trucks with no attachments); o -road vehicles; motorcycles, motorbikes or motor scooters; recreational vehicles; vans (except passenger vans); campers or trailers; antique cars which are cars over 20 years old or have not been manufactured for 10 years or more.

**Backcountry** means a mountain area that is not marked, not patrolled and/or not cleared for avalanche dangers, but where public access is permitted.

**Beneficiary** means estate unless otherwise requested in writing.

**Business meeting** means a meeting that was pre-arranged prior to the date the trip is booked or the date this Insurance was purchased, whichever occurs later, between companies with unrelated ownership that pertains to **your** full-time occupation or profession, and was the primary purpose of **your** trip. Conferences, seminars, courses and legal proceedings are not considered to be a business meeting.

**Canadian resident** means an **insured** who has a provincial or territorial government health care plan in place and:

- Is a Canadian citizen with a primary permanent residence in Canada; or,
- Has landed immigrant status in Canada and a primary permanent residence in Canada; or,
- Has a permit to study or work in Canada.

**Cancer treatment** means treatment that is not limited to but includes chemotherapy, radiation therapy or surgery.

**Claims at TuGo** means OneWorld Assist Inc.

**Common carrier** means a boat, airplane, bus, taxi, train or other similar vehicle that is licensed, intended and used primarily to transport passengers for hire.

**Company** means:

- For all insurance plans except Baggage: Industrial Alliance Insurance and Financial Services Inc. and certain *Lloyd's Underwriters*, severally and not jointly.
- For Baggage Insurance: Industrial Alliance Pacific General Insurance Corporation.
- For all insurance plans except Baggage and if you are a Quebec resident or purchasing insurance in the province of Quebec: Industrial Alliance Insurance and Financial Services Inc.

**Deductible** means the portion of eligible expenses **you** must pay from **your** own pocket when an eligible claim occurs. For all medical insurance plans (except for the Visitor to Canada plan), the deductible applies to the expenses remaining after payment by **your** provincial or territorial government health care plan. The deductible applies per **insured**, per condition or event.

**Departure date** means the date **you** leave **your departure point** to begin **your** trip.

**Departure point** means the place **you** depart from on the first day of **your** trip.

**Dependent children** means all unmarried dependent children up to and including 21 years of age, residing in **your** household, or up to 25 years if the child is a full-time student attending an educational institution, or of any age if the child is mentally challenged or physically handicapped. Children named in the **application** need not be travelling with **you** for coverage to apply to them.

**Designated representative** means *TuGo* or its appointed agent.

**Downhill freestyle skiing/snowboarding in organized contests** means any competition with the following activities: aerials, kite-skiing, mogul or cross competitions, half-pipes and/or slopestyle activities, rails, jumps and other terrain park features.

**Downhill mountain biking** means biking down mountain trails or rough mountain terrain (whether as part of a race or not) and often features jumps, drops, rock gardens or other obstacles. It often requires the use of mechanical lifts.

**Elective (non-emergency) treatment or surgery** means any treatment, investigations or surgery either: a) not required for the immediate relief of **acute** pain and suffering; or, b) which reasonably could be delayed until **you** return to Canada (for visitors to Canada - country of permanent residence); or, c) which **you** elect to have provided during an insured trip following **emergency medical treatment** of a medical condition or the diagnosis of a medical condition, which on medical evidence would not prevent **you** from returning to Canada (for visitors to Canada - country of permanent residence) prior to such treatment or surgery.

**Emergency** means an unforeseen **sickness** or **injury**, which requires immediate **medical treatment** to alleviate existing danger to life or health. An emergency no longer exists, when the medical evidence indicates that **you** are able to continue the trip or return to **your** province or territory of ordinary residence, (for visitors to Canada - country of permanent residence). Once such emergency ends, no further benefits are payable in respect of the condition which caused the emergency.

**Emotional or mental disorder** means an emotional upset or condition, state of anxiety, situational crisis, anxiety or panic attack, or other mental health disorders.

**Exotic car** means any luxury **automobile** with a market value equal to or greater than \$50,000.

**Family** means individuals 59 years and under consisting of **you**, all **dependent children**, **grandchildren**, and/or **your spouse**. Children travelling without an adult are eligible for a family plan.

**Follow-up** means re-examination of **you** to monitor the effects of earlier **medical treatment** related to the initial **emergency**, except while **hospitalized**. Follow-up does not include continuous or ongoing treatment or further diagnostic or investigative testing related to the initial **emergency**.

**Grandchildren** means all unmarried grandchildren who are dependent on their parents or grandparents up to and including 21 years of age, residing in their parents' or grandparents' household, or up to 25 years if the child is a full-time student

attending an educational institution, or of any age if the child is mentally challenged or physically handicapped. Grandchildren must be travelling with **you** for coverage to apply to them.

**High risk snowmobiling** means racing competitions, endurance events, high-marking and/or snowmobiling in unguided **backcountry** terrain.

**Home province** means **your** province or territory of ordinary residence in Canada.

**Hospital** means a legally constituted medical facility under the medical supervision of a **physician**, with either permanent facilities on the premises for surgery or a formal arrangement with another institution making such facilities available, and providing 24-hour nursing services. The term "hospital" does not include convalescent, nursing, rest or skilled nursing facilities, whether separate or a part of a regular general hospital, operated exclusively for the treatment of the aged or persons who are drug or alcohol abusers.

**Hospitalization** or **hospitalized** means **medical treatment** in a **hospital** when admitted as an in-patient.

**Immediate family** or **family member** means (whether by birth, adoption or marriage) **your** legal or common-law **spouse**, parents, step-parents, brothers, sisters, father-in-laws, mother-in-laws, brother-in-laws, sister-in-laws, son-in-laws, daughter-in-laws, natural or adopted children, stepchildren, stepbrother or stepsister, grandparents, grandchildren, aunts, uncles, nieces, nephews, or any individual of whom **you** are a legal guardian.

**Insured** or **insured persons** means the person named in the **application** and all **family members** named in the application for whom the applicable premiums have been paid.

**Insurer** means the same as **company**.

**Lloyd's Underwriters** means certain Lloyd's Underwriters as identified in the Agreement Number specified in the Policy Declaration.

## Loss

**For Accidental Death and Dismemberment Insurance:** in respect of limbs means actual severance through or above wrist or ankle joints and, in respect of loss of sight, means entire and irrecoverable loss of sight.

**For Visitor to Canada Emergency Medical Insurance:** means an actual expense, medical or other, including **hospital** confinement, as specified in this Policy, incurred by **you** as a result of an **accident** or **sickness** which occurred outside **your** country of permanent residence during the period of coverage.

**Medical treatment** means any reasonable medical, therapeutic or diagnostic measure prescribed by a medical **physician** or other registered medical practitioner in any form including prescribed medication, reasonable investigative testing, **hospitalization**, surgery or other prescribed or recommended treatment directly referable to the condition, symptom or problem including referral to a specialist. Medical treatment does not include either:

- The unchanged use of prescribed drugs or medication for a **stable** condition, symptom or problem; or,
- A check-up where the **physician** observes no change in a previously noted condition, symptom or problem.

**Medically necessary** means the medical service or product

in question is necessary to preserve, protect or improve **your** medical condition and well being.

**Minor ailment** means a condition which does not require:

- Treatment for a period of greater than 30 consecutive days; or,
- More than one **follow-up** visit or referral visit to a **physician** or other registered medical practitioner; or,
- Hospitalization** or surgical intervention.

**Motorized speed contest** means any motorized vehicle race or timed event by land, air or water.

## Mountaineering

**Up to 6,000 metres** means the act of climbing or descending a mountain from a height of 6,000 metres or less using specialized equipment including but not limited to pickaxes, ice axes, anchors, bolts, crampons, carabineers and lead or top rope anchoring equipment.

**Over 6,000 metres** means the act of climbing or descending a mountain from a height of over 6,000 metres using specialized equipment including but not limited to pickaxes, ice axes, anchors, bolts, crampons, carabineers and lead or top rope anchoring equipment.

**Out-of-bounds** means any mountain area that:

- Has been closed to public access; or,
- Has been identified as "out-of-bounds" and/or can typically only be accessed by crossing a fenced, gated or roped-off area that has been marked as limits according to recommendations of safety authorities in the area.

**Pet** means dog, cat, bird, small reptile or small mammal.

**Physical damage** or **loss** means loss or damage to the **automobile** (including glass but excluding tires unless coincidental with other loss or damage covered herein) caused by fire, the explosion, earthquake, windstorm, hail, rising water, malicious mischief or collision with another object or by upset.

**Physician** means a medical practitioner who is registered and licensed to practice their medical profession in accordance with the regulations applying in the jurisdiction where the person practices. A physician must be a person other than **you** or a **family member**.

## Pre-existing Condition

**For Emergency Medical Insurance** means:

- A dental or medical condition, illness or **injury** that has been diagnosed, and for which **you** have consulted, or received dental or **medical treatment** before the date **you** leave for **your** trip; or,
- A dental or medical condition, illness or **injury** that has not yet been diagnosed, and for which **you** were experiencing symptoms before the date **you** leave for **your** trip; or,
- A medically recognized complication or **recurrence** of a medical or dental condition, illness or **injury**, whether or not the condition was diagnosed before the date **you** leave for **your** trip.

**For Trip Cancellation & Trip Interruption Insurance and Trip Interruption Insurance Only** means:

- A dental or medical condition, illness or **injury** that has been diagnosed, and for which consultation, dental or **medical treatment** was received; or,



- b) A dental or medical condition, illness or *injury* that has not yet been diagnosed but for which symptoms were present; or,
- c) A medically recognized complication or *recurrence* of a medical or dental condition, illness or *injury*, whether or not the condition was diagnosed.

**For Visitor to Canada Emergency Medical Insurance** means:

- a) A dental or medical condition, illness or *injury* that has been diagnosed, and for which *you* have consulted, or received dental or *medical treatment* before the effective date or the arrival date in Canada, whichever occurs later; or,
- b) A dental or medical condition, illness or *injury* that has not yet been diagnosed, and for which *you* were experiencing symptoms before the effective date or the arrival date in Canada, whichever occurs later; or,
- c) A medically recognized complication or *recurrence* of a medical or dental condition, illness or *injury*, whether or not the condition was diagnosed before the effective date or the arrival date in Canada, whichever occurs later.

**Recurrence** means the appearance of symptoms caused by or related to a medical condition that was previously diagnosed by a *physician* or for which *medical treatment* was previously received.

**Renewal date** means the date one year from the effective date as indicated in the *application*.

**Return date** means the date on which *you* are scheduled to return from *your trip* as shown on the application or the date of *your* actual return to *your departure point*.

**Rodeo** means an exhibition or contest in which participants showcase their skills in the following activities or events including but not limited to: bronc riding, bareback riding, roping/tying, barrel racing, steer wrestling, chuck wagon racing and/or chariot racing.

**Schedule change** means the later departure of an airline carrier causing *you* to miss *your* next connecting flight (or connecting cruise ship, ferry, train or bus), or the earlier departure of an airline carrier rendering unusable the ticket *you* have purchased for *your* prior connector flight via another airline carrier. Schedule change does not include a change resulting from a strike or labour disruption.

### Sickness

**For Emergency Medical Insurance and Visitor to Canada Emergency Medical Insurance** means an *acute* illness requiring immediate *emergency medical treatment* or dental treatment as a result of a sudden onset of symptoms which first manifested after coverage commenced. For Emergency Medical Insurance coverage authorized after departure and for Visitor to Canada coverage, refer to the *waiting period* requirements.

**For Trip Cancellation & Trip Interruption Insurance and Trip Interruption Insurance Only** means an *acute* illness requiring immediate *emergency medical treatment* or dental treatment as a result of a sudden onset of symptoms.

**Spouse** means the person *you* are legally married to, or a person *you* have been living with for a minimum period of one year and who is publicly presented as *your* spouse, regardless of sex.

### Stable

**For Emergency Medical Insurance and Visitor to Canada Emergency Medical Insurance** means that within the period specified in this Policy:

- a) There has been no deterioration of *your* condition as determined by *your physician*, and
- b) There have been no new symptoms or findings or more frequent or severe symptoms or findings, and
- c) There have been no symptoms experienced by *you* related to the condition that remains undiagnosed, and
- d) There has been no change in *medical treatment*, and,
- e) There has been no *alteration* in any medication for the condition, and
- f) There has been no new *medical treatment* prescribed or recommended by a *physician* or received.

**For Trip Cancellation & Trip Interruption Insurance and Trip Interruption Insurance Only** means that within the period specified in this Policy:

- a) There has been no deterioration of the condition as determined by a *physician*, and
- b) There have been no new symptoms or findings or more frequent or severe symptoms or findings, and
- c) There have been no symptoms related to the condition that remain undiagnosed, and
- d) There has been no change in *medical treatment* and,
- e) There has been no *alteration* in any medication for the condition, and
- f) There has been no new *medical treatment* prescribed or recommended by a *physician* or received.

**Terminal condition** means a medical condition for which, before the date of departure (or for visitors to Canada, before the effective date or the arrival date in Canada, whichever occurs later), a *physician* has given *you* a terminal prognosis with a life expectancy of 12 months or less; or when *you* are receiving palliative care.

**Travel costs** means non-refundable unused prepaid travel arrangements for: hotel, hostel, time share, condo/villa and campground fees; airfare, car rental, boat rental, RV rental, bus, train, ferry and cruise tickets; conference, seminar and training fees; amusement park passes, theatre and concert tickets; tours, excursions and ski passes.

**Travelling companion** means a person who has prepaid shared commercial accommodation or transportation with *you* for the same period of travel.

### Trip

**For Trip Cancellation & Trip Interruption Insurance and Trip Interruption Insurance Only** means the period of time *you* are travelling and for which coverage under this Policy has been purchased.

**TuGo** means North American Air Travel Insurance Agents Ltd.

**Vehicle** means car, recreational vehicle, motorcycle, boat or other land or water conveyance used for the trip.

**Waiting period**

**For Emergency Medical Insurance** means:

- a) If this Policy was purchased in the seven days after departing from **your home province**, there is no coverage for any **sickness** arising in, occurring in or symptomatic during the first 48 hours of the effective date of the Policy, including any related expenses incurred after the first 48 hours from the effective date of the Policy; or,
- b) If this Policy was purchased more than seven days after departing from **your home province**, there is no coverage for any **sickness** arising in, occurring in or symptomatic during the first seven days from the effective date of the Policy, including any related expenses incurred after the first seven days from the effective date of the Policy.

**For Visitor to Canada Emergency Medical Insurance** means:

- a) For Insurance purchased within 60 days after arrival in Canada:  
There is no coverage for any **sickness** arising in, occurring in or symptomatic during the first 48 hours of the effective date of the Policy.  
This includes any related expenses incurred after the first 48 hours from the effective date of the Policy.
- b) For Insurance purchased 61 days or more after arrival in Canada:  
There is no coverage for any **sickness** arising in, occurring in or symptomatic during the first seven days of the effective date of the Policy.  
This includes any related expenses incurred after the first seven days from the effective date of the Policy.

The waiting period is not applicable when insurance is purchased prior to arrival in Canada.

**You** or **your** means the same as **insured** or **insured persons**.

**In witness whereof** this Policy has been signed as authorized by the **insurers** listed in the definition of **company**.



K. Starko, Executive Director

## Statutory Conditions

**The Contract**

The application, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract and no agent has authority to change the contract or waive any of its provisions.

**Waiver**

The insurer is deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.

**Copy of Application**

The insurer must, upon request, furnish to insured or to a claimant under the contract a copy of the application.

**Material Facts**

No statement made by the insured or a person insured at the time of application for the contract may be used in defence of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

**Notice and Proof of Claim**

Notice of a claim shall be given in accordance with the claims procedures clause included in this policy as soon as practical but in no case later than 30 days from the date a claim arises under this policy. You must also within 90 days from the date the claim arises under this policy furnish such proof and additional information as is reasonably possible and if required by the company, furnish a certificate from a physician detailing the cause or nature of the sickness or injury for which the claim has been instituted.

**Failure to Give Notice or Proof**

Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if (a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date of the accident or the date a claim arises under the contract on account of sickness or disability, and if it is shown that it was not reasonably possible to give notice or furnish the proof in the time required by this condition, or (b) in the case of death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year from the date a court makes the declaration.

**Insurer to Furnish Forms for Proof of Claim**

The insurer must furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

**Rights of Examination**

As a condition precedent to recovery of insurance moneys under the contract,

- a) the claimant must give the insurer an opportunity to examine the person of the person insured when and as often as it reasonably requires while a claim is pending, and
- b) in the case of death of the person insured, the insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

**When Moneys Payable**

All money payable under this contract shall be paid by the insurer within sixty days after it has received proof of claim.

**Limitation of Actions**

An action or proceeding against the **company** for the recovery of insurance money under this **policy** must be commenced not later than one year\* after the date of the occurrence giving rise to the claim for insurance.

\*Two years in Ontario, Saskatchewan, Alberta, British Columbia, Nunavut and the Northwest and Yukon Territories, three years in Quebec.



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*.

### Effective July 1, 2016 for the Province of Ontario

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 *Limitations Act, 2002*.

### Applicable to Quebec Residents

Notwithstanding any other provisions herein contained, this contract is subject to the mandatory provisions of the Civil Code of Quebec respecting contracts of Accident and Sickness Insurance.

### The following sections do not apply to Baggage Insurance or to Quebec residents or individuals purchasing insurance in the province of Quebec:

- Subscription policy
- Several liability clause
- Identification of insurer/action against insurer
- Notice
- Notice concerning personal information
- Code of consumer rights and responsibilities
- Lloyd's Underwriters definition

The following sections apply only to Baggage Insurance and to Quebec residents or individuals purchasing insurance in the province of Quebec:

### ACTION AGAINST COMPANY

Service of legal proceedings to enforce the obligations under this Policy of the insurers listed in the definition of company may be validly made by serving the offices of North American Air Travel Insurance Agents Ltd. d.b.a. TuGo, 11th Floor, 6081 No. 3 Road, Richmond, BC, V6Y 2B2, Canada.

### NOTICE TO COMPANY

Notice under this Policy to the insurers listed in the definition of company may be validly given to North American Air Travel Insurance Agents Ltd. d.b.a. TuGo, 11th Floor, 6081 No. 3 Road, Richmond, BC, V6Y 2B2, Canada. Complaints or unresolved disputes should be referred to Industrial Alliance at 2165 West Broadway, P.O. Box 5900, Vancouver BC, V6B 5H6, Canada.

## Subscription Policy

### Applicable to All Sections of This Policy Excluding Baggage

IN CONSIDERATION OF THE INSURED having paid or agreed to pay each of the INSURERS the required premium, hereinafter called "THE INSURERS":

THE INSURERS SEVERALLY AND NOT JOINTLY agree, each for the Sum(s) Insured or Percentage(s) and for the Coverage(s) Insured set against its name, and subject always to the terms and conditions of the Policy, that if a loss occurs for which insurance is provided by this Policy at any time while it is in force, they will indemnify the INSURED against the loss so caused; the

liability of each insurer individually for such loss being limited to that proportion of the loss payable according to the terms and conditions of this Policy which the Sum Insured or the amount corresponding to the Percentage set against it bears to the total of the sums insured or of the amounts corresponding to the percentages of the sums insured respectively set out against the coverage concerned on the Policy Declaration.

Wherever in this Policy, or in any endorsement attached hereto, reference is made to "The Company", "The Insurer", "This Company", "we", "us", or "our", reference shall be deemed to be made to each of the Insurers severally.

This Policy is made and accepted subject to the foregoing provisions, and to the other provisions, stipulations and conditions contained herein, which are hereby specially referred to and made part of this Policy, as well as such other provisions, agreements or conditions as may be endorsed hereon or added hereto.

## Several Liability Clause

### PLEASE NOTE –

**This notice contains important information.**

### PLEASE READ CAREFULLY

The liability of an insurer under this contract is several and not joint with other insurers party to this contract. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is an insurer otherwise responsible for any liability of any other insurer that may underwrite this contract.

The proportion of liability under this contract underwritten by an insurer (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown in this contract.

In the case of a Lloyd's syndicate, each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with other members. A member is liable only for that member's proportion. A member is not jointly liable for any other member's proportion. Nor is any member otherwise responsible for any liability of any other insurer that may underwrite this contract. The business address of each member is Lloyd's, One Lime Street, London EC3M 7HA. The identity of each member of a Lloyd's syndicate and their respective proportion may be obtained by writing to Market Services, Lloyd's, at the above address.

Although reference is made at various points in this clause to "this contract" in the singular, where the circumstances so require this should be read as a reference to contracts in the plural.

Where LLOYD'S UNDERWRITERS are subscribing insurers to the Policy, the following applies to them:

## Identification of Insurer/Action Against Insurer

This insurance has been entered into accordance with the authorization granted to North American Air Travel Insurance Agents Ltd. (The Coverholder) by the Underwriting Members

of the Syndicates whose definite numbers and proportions are detailed herein and referred to as “the Underwriters”. The Underwriters shall be liable hereunder each for his own part and not one for another in proportion to the several sums that each of them has subscribed to the said Agreement.

In any action to enforce the obligations of the Underwriters they can be designated or named as “Lloyd’s Underwriters” and such designation shall be binding on the Underwriters as if they had each been individually named as defendant. Service of such proceedings may validly be made upon the Attorney In Fact in Canada for Lloyd’s Underwriters, whose address for such service is 1155, rue Metcalfe, Suite 2220, Montreal, Quebec H3B 2V6.

## ○ Notice

Any notice to the Underwriters may be validly given to North American Air Travel Insurance Agents Ltd. d.b.a. TuGo (The Coverholder).

THE INSURERS	Coverage(s) Insured	Percentage(s)
Industrial Alliance Insurance and Financial Services Inc.	All Sections of this Wording Excluding Baggage	90%
Lloyd’s Underwriters per Agreement Number specified in the Policy Declaration	All sections of this Wording Excluding Baggage	10%
Industrial Alliance Pacific General Insurance Corporation	Baggage	100%

Complaints or unresolved disputes under all Sections other than Baggage should be referred to the lead insurer Industrial Alliance at 2165 West Broadway, P.O. Box 5900, Vancouver B.C. V6B 5H6

For the purpose of the Insurance Companies Act (Canada), this Canadian Policy was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.

## ○ Notice Concerning Personal Information

By purchasing insurance from certain Underwriters at Lloyd’s, London (“Lloyd’s”), a customer provides Lloyd’s with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:



- the communication with Lloyd’s policyholders
- the underwriting of policies
- the evaluation of claims
- the detection and prevention of fraud
- the analysis of business results
- purposes required or authorised by law

For the purposes identified, personal information may be disclosed to Lloyd’s related or a liated organisations or companies, their agents/mandataires, and to certain non-related or una liated organisations or companies,

including service providers. These entities may be located outside Canada therefore a customer’s information may be processed in a foreign jurisdiction (the United Kingdom and the European Union) and their information may be accessible to law enforcement and national security authorities of that jurisdiction.

To obtain written information about Lloyd’s policies and practices in respect of service providers located outside Canada, please contact the Ombudsman at lineage@lloyds.ca who will also answer customer’s questions about the collection, use, disclosure or storage of their personal information by such Lloyd’s service providers.

Further information about Lloyd’s personal information protection policy may be obtained from the customer’s broker or by contacting Lloyd’s on: 514 861 8361, 1 877 455 6937, or through info@lloyds.ca

## ○ Code of Consumer Rights & Responsibilities

**Insurance companies selling home, auto and business insurance are committed to protecting your rights. These include the right to be informed fully, to be treated with respect, to timely claims handling and complaint resolution, and to privacy.**

**Insurance is a two-way contract, and you have a role to play. You are responsible for understanding your needs, asking questions and providing accurate, up-to-date information to your insurer. For more information about your role, speak to your insurance representative and read your policy.**

### Right to Be Informed

You have the right to an easy-to-understand explanation of how insurance works and how insurers calculate price based on relevant facts. You can expect to access clear information about your policy, your coverage and the claims settlement process. Under normal circumstances, insurers will advise an insurance customer of changes to, or the cancellation of, a policy at least 30 days prior to the expiration of the policy. Your insurer is required to provide you with the renewal terms of your policy at least 30 days prior to the expiration of the policy.

You have the right to know how your broker or agent is compensated, and if they have any conflicts of interest.

### Right to Timely and Transparent Claims Handling

You can expect qualified sta to respond to your claim in a timely manner. You have the right to be informed of procedures and timelines for settling your claim, as well as the status of your claim. If your claim is denied, you have the right to be informed why.

### Right to Complaint Resolution

You can access your company’s complaint resolution process. Your insurer, agent or broker can provide you with information about how you can ensure that your complaint is heard and promptly handled. You may also contact your provincial insurance regulator or the independent General Insurance OmbudService (www.giocanada.org).

## Right to Privacy

You have the right to understand how your personal information will be used. All insurers have privacy statements and are subject to Canada's privacy laws. Ask your insurer to provide you with a copy of its privacy statement.

## Responsibility to understand your needs

You are responsible for asking questions and educating yourself about your policy. Visit [www.abc.ca](http://www.abc.ca) for information about questions you should ask your insurance provider. Make sure you ask all relevant questions and give your insurance provider a detailed explanation of your circumstances to help him or her make informed recommendations on what your policy should include. This will ensure that you have the right insurance coverage.

You are responsible for making premium payments as required by your insurer. Failure to do so could result in a lapse of coverage or cancellation of your policy.

## Responsibility to Provide Accurate Information

You are required to provide all relevant information in your application for insurance and you must ensure that the information is accurate. If you have questions about the application or policy, contact your insurance representative and have him or her explain it to you to ensure that you understand your and the insurer's obligations.

## Responsibility to Update Your Information

To maintain your protection against loss, you must promptly inform your insurance company, broker or agent of any change in your circumstances, such as renovations to your home, the purchase of a big-ticket item that may require additional insurance coverage or having a home-based business.

## Responsibility to Report the Facts

You must report an accident or claim, providing complete and accurate details, as soon as possible following the accident or incident giving rise to the claim.

## How to Claim

### CLAIMS PROCEDURES & PAYMENT OF BENEFITS

For information on how to contact us, please refer to **Contact Information at the beginning of this policy wording booklet.**

### Applicable to All Claims

- Any notices of claim or correspondence concerning a claim should be promptly sent to:

**Claims at TuGo**

**10th Floor, 6081 No. 3 Road  
Richmond, BC V6Y 2B2 Canada**

- Claims for medical, dental and trip cancellation & trip interruption can be opened online at [www.tugo.com/claims](http://www.tugo.com/claims), although some restrictions apply.
- Any cost incurred to obtain documentation required to confirm eligibility of your claim is the responsibility of the claimant.

- Claim Forms will be provided to the claimant for completion and return to **Claims at TuGo**. It is the responsibility of the claimant to complete and/or produce any documentation required by **Claims at TuGo** to enable them to process and confirm the eligibility of the claim.
- All required documentation must be received within one year from the date of loss. Failure to do so will result in the denial of the claim.
- To qualify for reimbursement, original itemized receipts must be provided as support for all eligible expenses. If original, itemized receipts are not provided, the expense will not be reimbursed.
- To receive benefits, any requested supporting documentation must be submitted along with your notice of claim.
- If the claim is the result of a death, the following documents are required:
  - A copy of the death certificate
  - A copy of the Will or Power of Attorney
  - A police report, if applicable

The claim forms must be signed by the Executor of Estate or the person who holds Power of Attorney.

### Applicable to Emergency Medical Insurance

- Claims at TuGo** will submit a claim for medical expenses to your provincial or territorial government health care plan offices PROVIDED THAT the Claim Form, as well as the appropriate Provincial Assignment Form are completed in full and forwarded together with original, itemized receipts from physicians or hospitals along with medical certificate(s) from attending physician(s) within the 90 days from the date of service. The claim must be submitted to your provincial or territorial government health care plan offices within their submission deadline. If you fail to meet their deadline, you will be responsible for the provincial or territorial government health care plan portion.
- Claims will not be considered unless the Claim Form is completed in full and signed by the claimant (or legally authorized representative). If requested by **Claims at TuGo** a Certificate of Canadian Physician must also be completed. Failure to provide fully completed, original forms will invalidate your claim.

### Applicable to Emergency Medical Insurance and Visitor to Canada Emergency Medical Insurance

- Only bills from physicians, hospitals and other medical care provider(s) that are original itemized and which state insured's name, diagnosis, date(s) of service and type of treatment or service will be considered. Only original official pharmacy prescription receipts will be considered. For all other benefits, original itemized receipts are required.

### Applicable to Trip Cancellation & Trip Interruption Insurance and Trip Interruption Insurance Only

- To receive benefits, the following documents must be submitted along with your notice of claim:
  - The original unused airline ticket and/or all additional travel tickets purchased to return home or to rejoin the tour.

- b) Itemized travel agency dated invoices showing full payment, taxes and premiums paid for your trip.
  - c) A statement from the travel agency/airline/tour operator documenting refunds provided for cancelled or unused tickets and/or cancelled or unused land and sea services.
  - d) If the claim occurred prior to departure, a medical certificate completed by the attending physician at the place where the sickness or injury occurred, stating the diagnosis, the date of onset of the condition, the dates and type of treatment, and the reason why travel was not possible.
  - e) If the claim occurred after departure, a medical certificate completed by the attending physician at the place where the sickness or injury occurred, stating the diagnosis, the date of onset of the condition, the dates and type of treatment, and the reason why it was necessary to interrupt the trip.
8. Special assistance respecting claims.
  9. Management, arrangement and authorization of emergency medical evacuation.
  10. Arrangement and coordination of repatriation of remains.
  11. Interpretation of policy wordings.
  12. Assistance in locating the nearest and most appropriate medical care.
  13. Payment to hospitals and other medical providers for emergency medical expenses will be guaranteed where possible relieving claimant of credit responsibilities.
  14. Travel arrangements assistance for family members.
  15. Provision of medical assistant to travel with claimant when necessary.
  16. In addition to physicians, hospitals/administrators and ambulance, arrangements and communications are concluded on your behalf with:
    - Consulates
    - Travel Agents
    - Embassies
    - Tour Guides
    - Airlines
    - Police
    - Foreign Affairs Department
  17. Legal referral services in order to meet the legal needs of travellers.

### Applicable to Baggage Insurance

1. Lost, stolen or damaged baggage must be promptly reported (and claimed for where applicable) to the most appropriate local authority or party responsible for the care of the baggage. Local authorities or responsible parties include but are not limited to: airline or any other carrier, hotel proprietors, steamship lines, railroad or station authorities, the police or any bailee in whose custody the property was at the time of loss, damage or theft.
2. If baggage is lost or stolen, proof of loss (copy of notice and/or police report) is necessary to substantiate claim.
3. If baggage is damaged, a written estimate to repair damaged luggage from a repair shop of your choice (if under \$25, please have repairs completed and forward the invoice to us) is necessary to substantiate claim.
4. If baggage is delayed, proof of delay is required and original itemized and dated receipts for personal necessities are necessary to substantiate claim.

### Applicable to Rental Car Protection

1. To receive benefits, the following documents must be submitted along with your notice of claim:
  - a) A copy of the police accident report.
  - b) A copy of the lease or rental contract.

## International Assistance Services

The following services will be provided to all Policyholders:

1. Toll-free help line 24 hours a day, every day (for medical emergencies only).
2. Vital communications link between claimant/hospital regarding insurance coverage and procedures.
3. Medical (physician and surgeon) consultative and advisory services including review of appropriateness and analysis of medical care.
4. Monitoring of progress during treatment and recovery.
5. Establishing contact with family, personal physician and/or employer as appropriate.
6. Multilingual capabilities.
7. Coordination of payments.



**To access this service, please refer to the Contact Information at the beginning of this policy wording booklet**

