Insurance Certificate 713705-10A and Assistance Program

Certificate of Insurance Summary of Insurance Coverage

are also covered.)

Departing Flight delay	Up to \$500 per person (minimum 4-hour delay)
Delayed (minimum 6-hour delay), lost, damaged or stolen baggage	Up to \$1,000 per person (up to \$500 for baggage delay)
Vehicle Rental	Coverage of damages resulting from an <i>accident</i> , fire, theft or vandalism for rentals of 48 days or less, up to \$65,000

Summary of Assistance Services

Medical and general assistance	Included
Legal assistance	Included

In case of emergency, in order to file a claim or for any information request, contact the assistance provider:

- > From Canada and the US: 1-888-235-2645
- > From elsewhere in the world (call collect): 514-286-8345

Purchase protection, extended warranty, travel insurance and assistance services provided with your Solutions Banking™ World Elite® Mastercard® credit card

Certificate of Insurance

Group insurance policy no. 713705

Assistance
provider contact
information
(mandated by
the insurer to
assist with claims,
provide assistance
services and
provide consulting
services)

CanAssistance Inc.

Suite 400 Montreal, Quebec H3A 2W9 Canada and the US: 1-888-235-2645

1981 McGill College Avenue

Elsewhere in the world: **514-286-8345** (call collect)

National Bank

Insurer contact information (except residents of Alberta)

Life Insurance Company 1100 Robert-Bourassa Blvd. 5th Floor

Montreal, Quebec H3B 2G7

Montreal: 514-871-7500 Toll-free: 1-877-871-7500 Fax: 514-394-6992

nbc-insurance.ca insurance@nbc.ca

Insurer contact information (residents of Alberta)	Canassurance, Insurance Company 1981 McGill College Avenue Suite 400 Montreal, Quebec H3A 2W9 Montreal: 514-286-7686 Toll-free: 1-877-986-7681 Fax: 1-866-286-8358 qc.croixbleue.ca
Policyholder and distributor contact information	National Bank of Canada 600 De La Gauchetière Street West Montreal, Quebec H3B 4L2 Montreal: 514-394-5555 Toll-free: 1-888-483-5628

The summary can be found on National Bank of Canada's website: nbc.ca

IMPORTANT CAREFULLY READ THE FOLLOWING

The purpose of *Purchase Protection and Travel Insurance* is to cover the damages resulting from sudden unforeseeable events. It is important that you read and understand this certificate before you travel, because your coverage may include restrictions and exclusions.

This insurance may not cover *illnesses* or symptoms that were present before departure. Check to see if this exclusion applies to you and how your departure date or the length of your *trip* affects it.

Your medical history may be examined if you file a claim following an *accident*, injury or *illness*.

If your insurance includes the services of an assistance provider, you may need to contact the provider's service centre before receiving medical treatment. Your coverage may include restrictions on benefits if the assistance provider was not contacted within a specified time limit.

This certificate contains clauses which may limit the claimable amount when a claim is filed.

Furthermore, the *Purchase Protection and Travel Insurance* and any associated coverage is valid until the earliest of the following dates:

- the date the account is cancelled or closed by the Bank
- the date the account is closed at the request of the primary cardholder or
- > the date the Purchase Protection and Travel Insurance is cancelled or suspended by the Bank following a prior written notice of at least 90 days to the primary cardholder advising the primary cardholder to pay the minimum balance on the card

CAREFULLY READ THIS CERTIFICATE OF INSURANCE UPON RECEPTION

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Purchase Protection and Travel Insurance

Definitions and Introduction

Rules of Interpretation:

- 1. Provinces: Provinces include territories.
- Gender and number: Unless the context requires otherwise, words in one gender include all genders and words in singular include the plural and vice versa.

a) Definitions

Words in *italics* in the present document have the following meanings.

Accident: A sudden, unintentional and unforeseen event that directly and independently of all other causes results in damage, loss or injury.

Accidental damage: Damage of a mobile device caused by a sudden, external and involuntary event, such as a fall, splash or shock.

Account: The account associated with the *card* issued to the *cardholder* by the *Bank*.

Act of terrorism: Action or threat intended to intimidate or terrorize a population, group or government based on politics, ethnicity, ideology or religion. Terrorism may include the following acts (or threat thereof): destruction of property, kidnapping, actions causing injury or death and hijacking. Wars (declared or undeclared), invasions, hostilities between nations, civil wars, rebellions, insurrections and coups are not considered acts of terrorism.

Assistance provider: Any company mandated by the insurer to receive requests for assistance and assist with claims.

Authorized user: A natural person to whom a card associated with the card account of a primary cardholder has been issued, at the request of the primary cardholder.

Bank or Distributor: National Bank of Canada is both the policyholder for group insurance policy no. 713705 issued effective September 1st, 2017, for the *Purchase Protection and Travel Insurance* product and the Distributor of the product. *Breakage*: Refers to *accidental damage* or mechanical failure that prevents a *mobile device* from working correctly.

Card: The Solutions Banking World Elite Mastercard credit card provided to the *cardholder* by the *Bank*.

Cardholder: The natural person residing in Canada who is the *primary cardholder* or an *authorized user* on the *account* associated with a *card* issued by the *Bank*.

Common carrier: Any land, air or water conveyance operated by an entity legally authorized to transport passengers for pay, which accepts all members of the public who wish to travel as long as there is space on board and to which access cannot legally be refused.

Dependent child: Child of the cardholder or the cardholder's spouse that is at least 30 days old. The child must also meet one of the following conditions:

- > be under 21 years of age
- be under 25 years of age and enrolled in full-time studies at an educational institution
- require support for basic needs due to a mental or physical disability

Eligible vehicle (definition used for vehicle rental coverage): A rented vehicle meeting all of the following conditions:

- the vehicle must be rented from a commercial rental agency (traditional rental agency or commercial carsharing service)
- > the vehicle must be rented by the *cardholder*
- the entire cost of the rental must be charged to the account or paid for with rewards points earned with the card
- > the rental period cannot exceed 48 consecutive days (even if the rental consists of multiple successive contracts). Rental periods must be separated by at least one full day to be considered non-consecutive
- > the rental vehicle must be a four-wheel passenger vehicle (not licensed for commercial transportation) and must not be included in the list of excluded vehicles in section 4 b) (iii) below

EMC insured (definition used for emergency medical care): The primary cardholder, a spouse travelling with the primary cardholder on a trip and any accompanying dependent child or child born during a trip in the first 32 weeks of pregnancy.

The *spouse* who travels without the *primary cardholder* is covered only if he is also a *cardholder*; in which case any accompanying *dependent children* are also covered. A child born during the first 32 weeks of pregnancy over the course of the *trip* is also covered.

Authorized users of the account who do not meet the above criteria are **not** EMC insureds and are not eligible for emergency medical care insurance coverage.

Hospital: A registered facility licensed to provide medical care in the country where it is located. To be considered a hospital, the facility must meet the following criteria:

- provide care and treatment to injured or sick individuals, both as inpatients and outpatients
- have at least one physician or registered nurse present at all times
- have an operating room, laboratory and diagnostic equipment

The following facilities are not considered hospitals:

- > facilities licensed or used principally as a clinic
- extended care facilities, continuing care centres or the continuing care unit of a hospital
- > rest homes or convalescent homes
- > health resorts or nursing homes
- > drug or alcohol treatment centres

Hospitalization: Admission to a hospital as an inpatient to receive preventative, diagnostic or medical care. Day surgery is also considered a hospitalization. A hospital stay for convalescent or rehabilitation care is not considered a hospitalization.

Illness: Sudden and unforeseen physical ailment requiring immediate medical care. To be recognized as an illness, an illness must be certified by a *physician*. Pregnancy is not considered an illness unless there are complications within the first 32 weeks.

Insured (definition used for trip cancellation or interruption coverage): The cardholder and spouse or any dependent child travelling with the cardholder on a trip or child born during a trip in the first 32 weeks of pregnancy.

Insurer: For Alberta residents, the insurer is Canassurance, Insurance Company. For residents of all other provinces and territories, the insurer is National Bank Life Insurance Company.

Mobile device: Refers to a cellular phone or tablet (meaning a portable computer composed of a touchscreen and without a permanent keyboard). Mobile devices must be new and capable of wireless communications and must not have been purchased by a company or for business purposes.

Mysterious disappearance: Loss of an object without reasonable evidence of theft.

Physician: Person who is not the insured (or an EMC insured), is not a family member of the insured (or an EMC insured) and is licensed to practice medicine in the country where medical care is administered.

Plan: Signed contract for wireless mobile phone services with a provider for a specific duration.

Primary cardholder: The natural person residing in Canada who is the *account* holder and whose name appears on the *account* statements issued by the *Bank*.

Proof of purchase: Receipt (or bill) from a vendor along with the *cardholder* copy of the Mastercard sales slip.

Provider: Canadian provider of wireless mobile phone services.

Purchase price: The total cost of an article, including taxes, indicated on the Mastercard sales slip. The cost of service or warranties for the article is not included in the purchase price.

Purchase Protection and Travel Insurance: The Purchase Protection, Extended Warranty and Travel Insurance product offered by the *insurer* and distributed by the *Distributor* with the *card* under policy no. 713705 issued by the *insurer*.

Spouse: The person married to or in a civil union with the cardholder or living in a conjugal relationship with the cardholder for over 1 year. This person can no longer be considered a spouse if the union has been legally dissolved or this person has been living separately from the cardholder for more than 3 months.

Travel companion: Individual who accompanies the *cardholder* for the entire duration of the *trip*.

Travel provider: Tour operator, travel agency, common carrier, airline, hotel or chain of hotels. If multiple travel providers are owned by a single provider or other entity, the group is treated as a single travel provider.

Trip: A one-time period of travel outside of the province of residence for recreational or business purposes.

b) Introduction

This certificate describes the insurance coverage provided with your *card*.

Keep this certificate in a safe place for future reference.

Warning: Exclusions and limitations apply to this coverage. Carefully read this document to ensure you understand the exclusions and limitations and verify if coverage is adequate or if you need to purchase additional coverage.

Terms in this certificate formatted in *italics* have a specific meaning. They are explained in the "Definitions" section above.

Description of Purchase Protection and Travel Insurance Product

a) Type and duration of coverage

The *Purchase Protection and Travel Insurance* provided with your *card* **at no extra requirement or cost** includes the following 6 types of coverage:

✓ Purchase Protection and Extended Warranty	In the event of theft or breakage & extended warranty on new items purchased with your <i>card</i>
✓ Repair or replacement of mobile devices	In case of <i>breakage</i> , loss or theft of a <i>mobile device</i> purchased with your card
✓ Vehicle Rental	In case of damages resulting from an <i>accident</i> , fire, theft or vandalism
✓ Emergency Medical Care (EMC) Outside of the Province of Residence	In the event of a medical emergency during a <i>trip</i>
✓ Trip Cancellation or Interruption	In the event of a <i>trip</i> cancellation or interruption & in the event of delayed departing flight
✓ Delayed, Lost, Damaged or Stolen Baggage	In the event of delayed, lost, damaged or stolen baggage during a <i>trip</i>

Termination of coverage

The *Purchase Protection and Travel Insurance* and any associated coverage is valid until the earliest of the following dates:

- > date the account is cancelled or closed by the Bank
- date that the account is closed at the request of the primary cardholder
- > date that the Purchase Protection and Travel Insurance is cancelled or suspended by the Bank following mailing of not less than 90 days' prior written notice to the primary cardholder

The Purchase Protection and Travel Insurance contains exclusions, including certain activities or *illnesses* for which no benefit is payable. See section b) Exclusions, Limitations and Reductions for each type of coverage.

Carefully read the information about each type of coverage below.

b) General Warning

Claims are only payable if the *Purchase Protection* and *Travel Insurance* is in effect at the time of the event for which a claim is made.

Purchase and mobile device insurance does not replace the original manufacturer's guarantee. If *breakage* is covered by the manufacturer's guarantee, the manufacturer must honour its guarantee. Purchase and mobile device insurance will not be paid for *breakage* covered by the original manufacturer's guarantee.

Multiple Coverage

If the insured has other individual or group insurance providing the same coverage as the Purchase Protection and Travel Insurance (excluding Vehicle Rental coverage), the payment of benefits under the Purchase Protection and Travel Insurance plan will be coordinated with the other insurer such that the total amount of the benefit does not exceed the amount claimed. Regardless of any similar clause that may be

contained in other insurance contracts, the insured will not be entitled to payment of any amounts hereunder until the insured has claimed the maximum benefit available under the other insurance coverage. The insurer may ask the cardholder to provide proof of a claim filed with other insurers.

Benefits payable by the *insurer* under the *Purchase Protection and Travel Insurance* will be reduced by the amount reimbursed, paid or assumed by *travel providers* or another party¹. Credits offered by a *travel provider*, or any other entity, are considered a refund. The *Purchase Protection and Travel Insurance* cannot be used to reduce the liability of any person or party implicated in the event giving rise to a claim.

<u>Failure to Provide Requested Proof</u> or Documentation

The *insurer* can refuse claims under the *Purchase Protection and Travel Insurance* if the *insured* does not submit the insurance claim form or supporting proof within the applicable time limit.

Unapproved Expenses

The insurer can deny any claim under the Purchase Protection and Travel Insurance for expenses that were not approved in advance by the assistance provider. As soon as you are aware of an event which could lead to a claim, you must contact the assistance provider using the following contact information:

CanAssistance Inc. 1981 McGill College Avenue, Suite 400 Montreal, Quebec H3A 2W9

From Canada and the US: 1-888-235-2645 From elsewhere in the world (call collect): 514-286-8345

¹ For example, a carrier or its insurance provider, an accommodation or its insurance provider, a vehicle rental agency or its insurance provider, a compensation fund (such as the OPC) or a public health or hospital insurance plan or any other government program.

3. Purchase Protection and Extended Warranty

a) Special Terms and Conditions

Covered Items and Risks

Eligible movable property purchased by the *cardholder* and paid entirely for with the *card* or rewards points earned with the *card*.

Purchase protection	New items are covered for theft and breakage for 180 days after purchase.
Extended warranty	Triples the warranty period for new items covered by an original manufacturer's warranty valid in Canada. The warranty can be extended for a maximum of 2 years after the end of the original manufacturer's warranty. If the original warranty is longer than 5 years, the <i>cardholder</i> must contact the <i>insurer</i> to register the purchase.

Benefit Amount

Benefits for covered items are limited to the *purchase price* charged to the *account* or the item's portion of the *purchase price* charged to the *account* if it was purchased within a collection or a set. The *insurer* will pay a **maximum** of \$60,000 of the Purchase Protection and Extended Warranty benefits for the entire term that the *account* is active.

Recipient of Benefits

The *insurer* can decide to repair or replace the covered item or refund the *purchase price*. Benefits will be paid to the *cardholder* by the *insurer*. If the *insurer* decides to repair the item, the type of repair and service provider will be chosen by the *insurer*.

Deductibles

None

b) CAUTION - Exclusions, Limitations and Reductions

(i) Items not covered	
Purchases	Extended warranty
> traveller's cheques, gift cards, currency, tickets, ingots and documents of title or other negotiable instruments > animals and living plants or perishable products and consumables > electronic tablets, mobile devices, portable computers and software > heat pumps and other heating or cooling appliances > automotive vehicles, motorboats, aircraft, motorcycles, scooters, snowplows, lawn mowers, golf carts, lawn tractors and all other motorized vehicles (except miniature electric vehicles for children) and their parts and accessories > mail order purchases up to delivery and acceptance of the item by the cardholder > drones and other remote-controlled aerial devices	> previously owned or used items > automotive vehicles, motorboats, aircraft, motorcycles, scooters, snowplows, lawn mowers, golf carts, lawn tractors and all other motorized vehicles (except miniature electric vehicles for children) and their parts and accessories > heat pumps and other heating or cooling appliances > items purchased for a business or commercial use

(ii) Circumstances under which no benefit is payable

Purchases

Extended warranty

- > theft of jewellery stowed in baggage (except in hand luggage supervised by the cardholder)
- > damage to sports equipment due to use
- > fraud or attempted fraud
- > a criminal act, an attempted criminal act or participation in a criminal act
- > misuse of the item. including professional use of an item intended for personal use
- > use of items purchased for an enterprise or for commercial use
- > hostilities of any kind (including war, invasion, insurrection and acts of terrorism)
- > confiscation by authorities, contraband or illegal activities
- > normal wear and tear
- > earthquake, nuclear contamination or flood
- > mysterious disappearance
- > damage caused by corrosion or mould
- > damage caused by insects or animals

The extended warranty applies only to essential parts and labour to repair a mechanical breakdown or defect of the covered item or any other event expressly covered under the original manufacturer's warranty valid in Canada.

(iii) Reasonable precautions and use	
Purchases	Extended warranty

The cardholder, or the owner of the item if it was a gift from the cardholder, must take all reasonable measures to prevent breakage or damage to the item. The cardholder must also take reasonable measures to prevent the item from being stolen.

•	
(iv) Damages caused by a covered item	
Purchases	Extended warranty

Coverage does not include claims for personal injury, property damage, indirect, punitive, exemplary or consequential damages or legal fees, even if directly or indirectly caused by a covered item.

c) Filing a Claim

NOTE: The *cardholder* must immediately notify police of a theft or act of vandalism and obtain a report.

Prerequisites	Save the original <i>proof of purchase</i> and manufacturer's warranty.
Step 1	Call CanAssistance Inc. at 1-888-235-2645 to report the event as soon as it happens or as soon as reasonably possible.
Step 2	Fill out the claim form that you will receive from the assistance provider and forward it to the insurer as soon as possible, ideally within 90 days of the event, failing which the insurer may deny your claim if the insurer was not informed of the loss and is thereby prejudiced.

Step 3

Provide the *insurer* with the following support documents as soon as possible, ideally within 90 days of the event, failing which the *insurer* may deny your claim if the *insurer* did not receive the necessary proof and information and is thereby prejudiced:

- > proof of purchase
- > original manufacturer's warranty
- police, fire or claims adjuster report
- > any documentation required by the insurer concerning the purchase of the item, the event, the circumstances surrounding the breakage or theft, the cost of repairs or replacement
- any information deemed necessary by the insurer

If the *insurer* accepts the claim, it will pay, replace or reimburse the item's *purchase price* within 60 days of receiving all the documents required by the *insurer* in support of the claim.

If the *insurer* so wishes, it may ask the *cardholder* to send the broken item. The *cardholder* will be responsible for shipping fees.

If the *insurer* rejects the claim, it will notify the *cardholder* within 60 days of receiving all documents required by the insurer in support of the claim.

IF A CARDHOLDER KNOWINGLY MAKES A CLAIM WHICH IS FALSE OR FRAUDULENT IN ANY WAY, SUCH CARDHOLDER SHALL NOT BE ELIGIBLE FOR THE BENEFITS OF SUCH COVERAGE AND FOR THE PAYMENT OF THE CLAIM SUBMITTED UNDER THIS COVERAGE.

4. Repair or replacement of mobile devices

a) Special Terms and Conditions

Devices and risks covered

This coverage protects *mobile devices* from risks of *breakage*, theft or loss.

For a *mobile device* to be covered, the entire *purchase price*:

- > must be charged to your account; or
- > be financed by a *plan* of which all the monthly payments are charged to your *account*.

If the device has cellular transmission capabilities, in order to be covered, it must also have been activated by a *service provider*.

Mobile devices which you purchase to offer as a gift are also covered. If a claim must be made, you must be the person to submit it, and not the person who received the gift.

Duration of coverage

Your coverage starts on the later of the following dates:

- the 60th day following the date of purchase of your mobile device;
- > the date on which the second **consecutive** monthly payment under your *plan* is charged to your Mastercard *account* (where a part or the full amount of the *purchase price* is financed by the *plan*).

Your coverage comes to an end on the earlier of the following dates:

- > 2 years after the purchase date of the *mobile device*;
- > when a monthly payment under your *plan* is not charged to your *account* (where a part or the full amount of the *purchase price* is financed by the *plan*).

Amount of coverage (maximum \$1,000)

Amount Covered

In the event of a *breakage* to, or the loss or theft of your covered *mobile device*, the Amount Covered will be equal to the lesser of the following amounts:

- > the Replacement Cost of the mobile device; or
- the Repair Cost charged to the account for the mobile device; or
- > the Depreciated Value.

Meaning of terms:

- > Replacement Cost is the cost for the purchase, including taxes, of a device of the same brand and model as the covered mobile device. If this covered mobile device is no longer available, the replacement device must have the same functions and features and be of similar quality.
- > The Repair Cost is the amount charged, including taxes, by a repair service authorized by the manufacturer of the covered *mobile device* to restore it to good working order. The type of repair and the repair service are chosen by the *insurer*.
- > The Depreciated Value of the *mobile device* is calculated by deducting an amount from the *purchase price* equal to a rate of depreciation of 3% of the *purchase price* per month for the number of months ended between the date of purchase until the date of the *breakage*, loss or theft.

For example:

- You buy a *mobile device* on July 1 for the *purchase* price of \$575 (\$500 + taxes).
- > The following March 15, you submit a claim for payment.
- > The Depreciated Value is calculated as follows:

Purchase price \$575

Less the depreciation -\$138 (8 months x $$575 \times 3\%$)

Depreciated Value \$437

If the Replacement Cost and the Repair Cost are both greater than \$437, the Amount Covered will be that Depreciated Value.

Amount of benefit payable

The amount of the benefit payable is equal to the Amount Covered less the Deductible, **subjet to a maximum of \$1,000**.

The amount of the Deductible is based on the value of the *mobile device*, excluding the applicable taxes:

Value of device	Deductible
Between \$0 and \$200	\$25
Between \$201 and \$400	\$50
Between \$401 and \$600	\$75
More than \$601	\$100

In our example, since the value before taxes is \$500, the Deductible is \$75 and the amount of the benefit payable is \$362 (\$437 - \$75).

Maximum number of payable claims

The maximum number of claims that will be accepted under the repair or replacement warranty for *mobile devices* is one claim per year and two claims every four years.

Recipient of Benefits

The *insurer* may decide, at its option, to indemnify you for the repair or the replacement of the covered *mobile device*. If benefits are payable by the *insurer*, they will be paid to the *cardholder*.

b) CAUTION - Exclusions, Limitations and Reductions

(i) Articles not covered

The repair or replacement warranty for *mobile* devices does not cover:

- accessories (whether they are included in the manufacturer's package or purchased separately);
- > the batteries;
- > devices purchased for professional or commercial use, or for resale:
- > used, second-hand or reconditioned devices;
- > modified devices:
- > devices shipped to you in new condition, during the shipping.

(ii) Circumstances in which no benefit is payable

The insurance provides for no indemnity for breakage, loss or theft resulting directly or indirectly from the following causes:

- > power surges or other electrical irregularities;
- > any aesthetic damage with no effect on the functioning of the device;
- > problems due to the software, the service providers or the network;
- > theft or any other intentional or criminal acts by the cardholder, his spouse or children;
- > hostilities of any kind (including war, invasion, rebellion, insurrection, acts of terrorism, etc.);
- confiscation by the authorities, contraband or illegal activities;
- > normal wear and tear:
- > earthquakes, radioactive contamination or floods.

(iii) Reasonable precautions and use

The cardholder, or user of the device, must take all reasonable measures to prevent breakage of the mobile device. The cardholder must also take reasonably necessary measures to prevent the theft of the device. The insurer may refuse to accept the claim if such measures have not been taken.

(iv) Damages caused by a covered article

Coverage does not include any form of indemnity for personal injury, property damage, indirect, punitive or exemplary damages or legal fees, even if directly or indirectly caused by a covered *mobile device*.

(v) Loss of enjoyment

The coverage provides no form of indemnity for loss of enjoyment of the *mobile device*.

(vi) Maximum number of claims

No benefit shall be payable if you have already received indemnification once (1) in the past 12 months, under the repair or replacement warranty for *mobile devices*, or twice (2) in the past four (4) years.

c) Filing a Claim

NOTE: The *cardholder* must immediately notify the police of a theft or act of vandalism and obtain a report.

Prerequisites	Save the original <i>proof of purchase</i> and manufacturer's warranty.
Step 1	Call the assistance provider at 1-888-235-2645 to report the event that gave rise to the claim when it occurs or as soon as reasonably possible.
Step 2	Fill out the claim form that you receive from the assistance provider and return it as soon as possible, ideally within 90 days of the event. If the form is not returned within 90 days and this causes prejudice to the <i>insurer</i> , it may refuse to accept your claim.
Step 3	Submit the supporting documents listed below to the assistance provider as soon as possible, ideally within 90 days of the event. If the supporting documents are not received by the insurer within the said 90 days and this causes prejudice to the insurer, it may refuse to accept your claim. Supporting documents: > the proof of purchase; > the date and time you reported the loss or theft to your service provider, where applicable; > a copy of the original manufacturer's warranty; > a copy of the written estimate of the cost of repair, where applicable; > the monthly statement of your account showing the transaction, where the entire cost for the purchase of your mobile device was charged to your account; (Continued on next page)

(Continued from page 25) > proof that the monthly payments under your plan were charged to your account without interruption, where the purchase of your *mobile device* is financed by a *plan*; > any police, fire or claims adjuster's report, as applicable; > any other documentation which the insurer may consider necessary regarding the purchase of the mobile device, the event and the circumstances surrounding the breakage, loss or theft, as well as the cost of repairs or replacement. In some cases, we may ask you to send us the damaged mobile device at your expense. The cardholder is responsible for paying the shipping fees. Step 4 If the *insurer* accepts the claim, it will inform the cardholder, no later than 60 days following its receipt of all the documents requested by it in support of the claim, of its intention to indemnify for the repair or replacement of the mohile device. If the *insurer* rejects the claim, it will notify the *cardholder* no later than 60 days following its receipt of all the documents requested by it in support of the claim. Step 5 If the *insurer* accepts the claim, you may replace or repair the mobile device. The benefits will be paid as soon as we receive proof that the cost of the

IF A CARDHOLDER KNOWINGLY SUBMITS A FALSE OR FRAUDULENT CLAIM, THIS CARDHOLDER WILL NOT BE ELIGIBLE TO THE BENEFITS OF THIS COVERAGE, NOR TO THE PAYMENT OF ANY CLAIM SUBMITTED IN RELATION TO THIS COVERAGE.

to the account.

replacement or repair has been charged

5. Vehicle Rental

a) Special Terms and Conditions

Covered Items and Risks

Eligible vehicle rental by the cardholder, paid for entirely with the card or rewards points earned with the card. Coverage applies anywhere in the world except locations where this coverage is prohibited under local law or rental agency policy.

Damages

Coverage of damage to the rental vehicle resulting from an *accident*, fire, theft or act of vandalism.

Coverage of reasonable and customary charges for towing and fees charged by the rental agency for loss of use of the vehicle.

ATTENTION: This protection does not include public liability insurance and does not protect against damage to other vehicles, other property damage or injuries to the *cardholder* or other people.

The *cardholder* must contact the rental agency or auto insurer to ensure they benefit from adequate protection against these risks.

Benefit Amount

> Damages: The amount payable by the *insurer* is limited to the manufacturer's suggested retail price (MSRP) of the *eligible vehicle*, **up to \$65,000**.

The vehicle rental protection is first payer. This means the *purchase and travel insurance* will pay the compensation outlined in this document without regard for other individual or collective insurance contracts held by the insured.

Recipient of Benefits

Benefits payable by the *insurer* will be paid to the *cardholder*. However, the *insurer* reserves the right to directly compensate any other person or party that suffers an insured loss.

Deductibles

None

Coverage Period

Coverage is effective as soon as the *cardholder* or any other person authorized to drive the rental *eligible vehicle* takes possession of the vehicle. Coverage ends when the rental agency resumes possession of the vehicle, at the agency where it was rented or elsewhere. Coverage is also terminated if the *cardholder* renews the rental contract or enters into a new contract in order to prolong the rental period beyond the maximum of 48 consecutive days.

b) CAUTION - Exclusions, Limitations and Reductions

(i) Exclusions: Vehicles in the following categories are not covered

- > trucks
- > campers or trailers
- > off-road vehicles
- > limousines (extended factory models)
- > modified vehicles
- > cars with a manufacturer's suggested retail price (MSRP) over \$65,000
- > recreational vehicles (including vehicles designed and manufactured for off-road use or camping)
- > antique cars (more than 20 years old or no longer manufactured for more than 10 years)
- > motorcycles, mopeds or motorbikes
- > vans are not covered in the following cases:
 - vans used for commercial transportation of passengers or with more than 8 seats including the driver seat
 - vans that exceed a ¾ ton rating
 - vans used for hire by others

(ii) Circumstances under which no benefit is payable

- > one or more conditions of the rental contract is not fulfilled
- > operation of the vehicle by a person not authorized under the rental contract
- > transportation of passengers or goods for remuneration
- > driving under the influence of alcohol, drugs or medication
- > off-road use
- > normal wear and tear, mechanical breakdown, gradual deterioration, inherent defect, or damage from insects or animals
- > intentional act, regardless of the mental state of the driver
- > war or act of war (declared or not), hostilities, insurrection, riot, rebellion, revolution, civil war or act of terrorism
- > seizure, confiscation, quarantine or destruction of the vehicle by public authorities, customs officials or a government body
- > transport of contraband, use of vehicle for illegal trade
- > criminal act or attempted criminal act or participation in a criminal act
- > street racing or dangerous driving

c) Filing a Claim

NOTE: The *cardholder* must immediately notify police of a theft or act of vandalism and obtain a report.

Step 1	Call CanAssistance Inc. at 1-888-235-2645 to report the covered event within 48 hours, or as soon as reasonably possible.
Step 2	Fill out the claim form that you will receive from the assistance provider and forward it to the insurer as soon as possible, ideally within 90 days of the event, failing which the insurer may deny your claim if the insurer was not informed of the loss and is thereby prejudiced.
Step 3	Provide the <i>insurer</i> as soon as possible, ideally within 90 days of the event, with all documents requested by the <i>insurer</i> concerning the nature, circumstances, and extent of the damages associated with the covered event, failing which the <i>insurer</i> may deny your claim if the <i>insurer</i> did not receive such necessary documents and is thereby prejudiced.
	If the <i>insurer</i> accepts the claim, it will pay within 60 days of receiving all the documents requested by the <i>insurer</i> in support of the claim. If the <i>insurer</i> rejects the claim, it will notify the <i>cardholder</i> within 60 days of receiving all documents required by the <i>insurer</i> in support of the claim.

IF A CARDHOLDER KNOWINGLY MAKES A CLAIM WHICH IS FALSE OR FRAUDULENT IN ANY WAY, SUCH CARDHOLDER SHALL NOT BE ELIGIBLE FOR THE BENEFITS OF SUCH COVERAGE AND FOR THE PAYMENT OF THE CLAIM SUBMITTED UNDER THIS COVERAGE.

6. Emergency Medical Care (EMC) Outside of the Province of Residence

a) Special Terms and Conditions

Insured persons

EMC insureds are people under age 76 (on the departure date) who are: the *primary cardholder*, a *spouse* travelling with the *primary cardholder* on a *trip* and any accompanying *dependent child* or child born during a *trip* in the first 32 weeks of a pregnancy.

The *spouse* under age 76 (on the departure date) who travels without the *primary cardholder* is covered only if he is also a *cardholder*; in which case any accompanying *dependent children* are also covered. A child born during the first 32 weeks of pregnancy over the course of the *trip* is also covered.

Authorized users of the account who do not meet the above criteria are **not** EMC insureds and are not eligible for emergency medical care insurance coverage.

To be eligible for emergency medical care insurance coverage outside of the province of residence, the *EMC insured* must reside in Canada and be covered by the province of residence's public health and hospitalization insurance at the time the *trip* was booked and for its entire duration.

Beneficiary for insurance

Benefits will be paid by the *insurer* to the *cardholder*. However, the *insurer* reserves the right to directly compensate any other person or party that suffers an insured loss.

Amount of benefits

The **aggregate maximum** benefits payable by the *insurer* for emergency medical care outside of the province of residence **is \$5,000,000** per *EMC insured* per *trip*.

Covered expenses:

(i) Medical, paramedical and hospitalization expenses: The insurer will cover customary, reasonable and essential expenses for treatment of an illness or accident occurring during a trip, meaning:

Hospitalization expenses	Hospital expenses for a private or semi-private room and any medical treatment received during a hospitalization.
Incidental expenses	Incidental expenses charged by a hospital during a hospitalization, including telephone, television and parking fees (up to \$100 per hospitalization).
Healthcare professional fees	Fees charged by a physician or by a licensed nurse, if care is prescribed by a physician. The professional services of a licensed physiotherapist, chiropractor, osteopath or podiatrist are covered up to \$300 per discipline if prescribed by a physician. Services from health professionals who are related to the EMC insured are not covered.
Dental care	Emergency dental fees (excluding root canals), up to \$500 per <i>trip</i> . In the event of an accidental blow to the mouth ² , coverage is up to \$2,000 per <i>accident</i> . Fees for the ongoing treatment, following return, of injuries sustained from an accidental blow to the mouth will be covered for up to 6 months after the date of the <i>accident</i> .

² Accidental blow to the mouth resulting in a fracture or dislocation of the jaw or damage to one or more natural teeth. Coverage for an accidental blow to the mouth does not include voluntary introduction of objects into the mouth, chewing accidents or damage to artificial, unhealthy or previously treated teeth. X-rays taken before and after the accident must be submitted to the insurer.

Medical equipment	Expenses for the purchase or rental of crutches, canes or splints or the rental of any other type of medical equipment or device (such as a wheelchair or orthotic) prescribed by a <i>physician</i> .
Diagnostic fees	Fees for laboratory and x-ray services ordered by a <i>physician</i> .
Prescription medication	Medication prescribed by a <i>physician</i> to treat an <i>illness</i> or injury resulting from an <i>accident</i> that is not included in the list of excluded products in section b) Exclusions, Limitations and Reductions of this certificate.

(ii) Transportation expenses: The *insurer* will cover transportation expenses during a *trip* if **planned and approved by the** *assistance provider*, meaning:

Medical transportation expenses	Expenses to transport the <i>EMC insured</i> (by land or air) to the closest suitable medical facility. The transfer from one medical facility to another is also covered if deemed necessary by the <i>physician</i> and <i>assistance provider</i> .
Repatriation expenses	Expenses for emergency transportation of the <i>EMC</i> insured back to the province of residence to receive medical care. If the <i>EMC</i> insured's illness or accident prevents accompanying members of his immediate family ³ from returning from the <i>trip</i> as (Continued on next page)

³ Immediate family members include a person's spouse, father, mother and children (not limited to dependent children) and the spouse's mother, father and children.

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planned, their return travel
expenses will be covered.
Repatriation must be
approved by the physician
and assistance provider.
Medical attendant
expenses are included
if previously approved by
the assistance provider.

Transportation to the bedside of the *EMC insured*

If the EMC insured remains hospitalized for at least 7 days and a friend or family member travels to his bedside, the following travel expenses will be covered as long as the physician confirms the visit is necessary in writing:

- round trip travel expenses (economy class)
- accommodation, childcare and meals up to \$300 per day
- travel insurance fees

The above expenses are also covered in the event that a family member or friend must travel to identify the body of the *EMC insured* before it is repatriated.

Return of vehicle

Expenses to return the *EMC insured*'s personal vehicle to his residence (or to return a rental vehicle to the nearest rental agency) if the *accident* or *illness* renders the person unfit to operate a vehicle. A written attestation from a *physician* must be submitted to confirm that the *EMC insured* is unfit. **(Maximum of \$5,000)**

Return of baggage	Expenses to return the <i>EMC insured</i> 's baggage to his residence in the event of an emergency repatriation to receive medical care (approved by the <i>assistance provider</i>). (Maximum of \$300)
Return of an animal	Expenses to return the <i>EMC insured</i> 's pet to his residence in the event of an emergency repatriation to receive medical care (approved by the <i>assistance provider</i>). (Maximum of \$500)
Return of deceased	In the event of the death of the <i>EMC insured</i> , the <i>insurer</i> will cover expenses for one of the following, according to the family's wishes: > preparation and transportation of the <i>EMC insured</i> 's body to his province of residence > cremation or burial in the place of death The cost of a casket or urn is not covered. (Maximum of \$10,000)

- (iii) Subsistence allowance: The *insurer* will cover expenses for accommodation and meals when an *EMC insured* must delay the return from a *trip* due to an *accident* or *illness* suffered by the *EMC insured* or his *travel companion*. The maximum allowance is \$300 per day and \$3,000 in total, per person.
- (iv) Follow-up expenses: The *insurer* will cover follow-up expenses for 15 days after the *EMC insured* is returned to their province of residence in the event of an emergency repatriation due to an *illness* or *accident* that was previously approved by the *assistance provider*, meaning:

Accommodation	Expenses for a private or semi-private room at a hospital, convalescent home or rehabilitation centre, up to \$1,000 .
Home Nursing Care	Fees for a nurse, nursing assistant or personal care attendant when these services are deemed medically necessary and prescribed by a <i>physician</i> , up to \$50 per day for a total of 10 days .
Medical equipment rental	Rental fees for medical equipment or accessories prescribed by a <i>physician</i> , up to \$150 .
Travel Expenses	Expenses for transportation (ambulance or taxi) to receive care, up to \$250 .

CAUTION

Exclusion for maximum length of trip

The length of the *trip* cannot exceed the following maximum number of days:

Age of <i>EMC insured</i> on the date of departure	Maximum length of <i>trip</i> covered
Age 54 and under	60 days
Ages 55 to 64	31 days
Ages 65 to 75	15 days
76 and over	No coverage

If the length of the *trip* exceeds the maximum number of days, the *EMC insured* is not covered for emergency medical care outside of the province of residence during that *trip*.

Coverage Period

Emergency medical coverage outside of the province of residence begins when the *EMC insured* leaves the province of residence for a covered *trip*. Unless automatically extended under the provisions below, the period of coverage for the *EMC insured* will end on the earliest of the following dates:

- > the planned date of return from the trip
- > the date of return to the province of residence

Insurer's right to request repatriation

If the *physician* deems it medically safe, the *insurer* can request that the *EMC insured* be repatriated to the province of residence or transferred to another suitable healthcare facility. If the *EMC insured* refuses the repatriation or transfer, coverage for emergency medical care outside of the province of residence will be immediately terminated.

Automatic extension of coverage

The *EMC insured*'s coverage for emergency medical care outside of the province of residence is automatically extended free of charge in the following cases for the specified period:

- up to 48 hours if the return portion of the *trip* is delayed by the carrier, or if a road *accident* or mechanical failure delays travel by private vehicle back to the province of residence
- (ii) for the duration of a *hospitalization* and the following 48 hours
- (iii) up to 72 hours when the return portion of a *trip* is delayed by an *accident* that occurred or *illness* that first appeared in the 24 hours preceding the date of return

Any automatic extension of coverage will be valid only if the *insurer* is presented with all requested proof of the event.

b) CAUTION - Exclusions, Limitations and Reductions

(i) **Pre-existing conditions:** Benefits will not be paid if the *accident* or *illness* is directly or indirectly related to:

For EMC insureds under the age of 61 on the date of departure:

For EMC insureds age 61 and over on the date of departure:

- 1) Illness or injury of any kind (excluding minor ailments⁴) for which the EMC insured, during a period of 3 months before the date of departure for the trip:
- Illness or injury of any kind (excluding minor ailments⁴) for which the EMC insured, during a period of 6 months before the date of departure for the trip:
- > consulted a physician or had a medical examination (excluding routine follow-up)
- > was hospitalized
- > was prescribed a new medication or treatment
- > took a new medication or received a new treatment
- > changed the dose of a medication or a treatment regimen

The following are not considered changes to a medication, dosage or treatment and will not invalidate a claim:

- routine adjustments to a medication
- replacing a medication with a generic equivalent (same dose)
- reducing the dosage of a cholesterol medication
- starting or making adjustments to a hormone replacement therapy
- taking a vitamin, mineral or other over-the-counter medication
- applying a cream or ointment prescribed for skin irritations

A chronic medical condition or complication of a chronic medical condition is not a minor ailment.

⁴ Minor ailment: an illness, injury or medical condition that was no longer present at least 30 days before the date of departure for the trip and which did not require a) prescription medication to be taken for a period of more than 15 days; b) treatment at a hospital as an inpatient or outpatient; c) surgical intervention; d) consultation with a specialist physician.

- 2) Any cardiac condition where the EMC insured took nitroglycerin for chest pain more than once during a period of 7 days in the 3 months preceding the date of departure for the trip
- 3) Any pulmonary condition for which the EMC insured received oxygen or corticosteroid therapy in the 3 months preceding the departure date for the trip

- Any illness, injury or condition included in the following list:
- cardiovascular conditions: infarction, angina, arrhythmia, pacemaker, defibrillator, cardiac failure, bypass, angioplasty, valvulopathy or valve replacement, aortic aneurysm, heart transplant, peripheral vascular disease
- > chronic obstructive pulmonary condition: asthma, emphysema, chronic bronchitis, lung transplant
- > neurological conditions: stroke/ cerebrovascular accident (CVA), transient ischemic attack (TIA)
- Insulin-dependent (type-1) diabetes: diabetes treated with insulin injections
- > kidney failure, kidney transplant
- > gastrointestinal conditions: cirrhosis, hepatitis, ulcer, internal bleeding, liver transplant, intestinal obstruction
- > cancer or malignant tumour

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and for which the *EMC insured*, during the **6 months** preceding the date of departure for the *trip*:

- > consulted a physician or had a medical examination (excluding routine follow-up)
- > was hospitalized
- > was prescribed or received treatment
- > was prescribed or took medication
- (ii) Circumstances under which no benefit is payable: Benefits will not be paid if the accident or illness is directly or indirectly related to one of the following causes:
 - Symptom or condition for which it would be reasonable to consult a physician but which was ignored by the EMC insured or for which diagnostic exams were ordered by a physician and not completed or for which the recommended treatment or medication was not taken.
 - 2) Pregnancy, including complications, in the 8 weeks before the expected date of birth.
 - 3) Participation in one of the following activities:
 - activity where participants receive money or can win prizes or any other form of compensation
 - motor vehicle competition
 - speeding event (except non-contact amateur athletic activities for recreational purposes)
 - a dangerous or non-habitual activity or activity practiced in a non-habitual way that involves a high risk of injury, <u>such as</u> hang gliding, parachuting, skydiving, parasailing, bungee jumping, off-track (backcountry) snow sports, combat sports, flight in a glider or ultralight aircraft, horse jumping, scuba diving below 30 metres, rock climbing or mountain climbing (grade 4 or 5 on the Yosemite Decimal Scale), canyoning or any activity requiring you to sign a waiver

- Abuse of prescription or over-the-counter medication or alcohol.
- Use of drugs or non-prescribed medication or addiction to any other substance, including the effects of withdrawal.
- Driving while impaired by alcohol (blood alcohol concentration above 80 milligrams per 100 millilitres of blood) or drugs.
- The primary or secondary purpose of the trip is for a medical consultation or to receive medical treatment, even if recommended by a physician.
- 8) Suicide, attempted suicide or self-inflicted injury, regardless of the mental state of the *EMC insured*.
- War (declared or undeclared), invasion, hostilities between nations, civil war, rebellion, insurrection, coup or act of terrorism.
- A criminal act, an attempted criminal act or participation in a criminal act
- Mental, psychological, psychiatric or nervous problems, except if the EMC insured is hospitalized for the condition.
- (iii) Care not covered: No benefit is payable for the following types of care or any expenses directly or indirectly related to these types of care or associated complications:
 - Care or medication other than those required for illness or injury caused by an accident during a trip
 - 2) Care provided for the convenience of the patient
 - 3) Care or treatment for cosmetic purposes
 - 4) Non-urgent care or treatment that could have been provided in the province of residence after returning from the trip (either on the scheduled date of return or following emergency repatriation). This includes cases where the care available in the province of residence is of lesser quality or subject to a wait
 - 5) Care or treatment not covered by the *EMC insured*'s public health insurance

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- 6) Care or treatment in the category of alternative medicine, including the services of an acupuncturist, homeopath or naturopath
- (iv) Medications or products not covered:

 No benefit is payable for medications or products available over the counter, even if prescribed.

c) Filing a Claim

Note: Certain expenses are only covered if previously approved by the assistance provider.

Prerequisites	Receive approval from the assistance provider where applicable
Step 1	Call CanAssistance Inc. at 1-888-235-2645 to report the accident or illness before incurring any expenses, unless it is not reasonably possible to do so.
Step 2	Fill out the claim form that you will receive from the assistance provider and return it within 30 days of the event.
Step 3	Provide the required documents within 90 days of the event: > any proof or information requested by the <i>insurer</i> concerning the nature, circumstances, and extent of the expenses associated with the <i>accident</i> or <i>illness</i> > certificate from the attending <i>physician</i> confirming the <i>accident</i> or <i>illness</i> and care and services received > proof of the scheduled length of the <i>trip</i> > receipts for expenses claimed The <i>insurer</i> may, at its expense, require the <i>EMC insured</i> to undergo medical examinations (or request an autopsy in the case of a death) before approving a claim.

If the *insurer* accepts the claim, it will pay within 60 days of receiving all the documents requested by the *insurer* in support of the claim.

If the *insurer* rejects the claim, it will notify the *cardholder* within 60 days of receiving all the documents requested by the *insurer* in support of the claim.

IF THE EMC INSURED KNOWINGLY MAKES A CLAIM WHICH IS FALSE OR FRAUDULENT IN ANY WAY, SUCH EMC INSURED SHALL NOT BE ELIGIBLE FOR THE BENEFITS OF SUCH COVERAGE AND FOR THE PAYMENT OF THE CLAIM SUBMITTED UNDER THIS COVERAGE.

7. Trip Cancellation or Interruption

a) Special Terms and Conditions

Insured Persons

The *insureds* include the *cardholder* and *spouse* or any *dependent child* travelling with the *cardholder* on a *trip* or child born during a *trip* in the first 32 weeks of pregnancy.

Covered Causes of Trip Cancellation or Interruption

Expenses incurred when the *insured* or a *travel companion* experience flight delays or must cancel, postpone, interrupt or extend a *trip* as a result of one or more of the following covered events:

- his illness or injury, as established by a physician, who also recommends cancelling or interrupting a trip
- > his hospitalization, quarantine or death
- > illness, hospitalization, injury or death of a family member, caregiver to a dependent child, business associate of the insured or key employee of his company
- his summons for jury duty or to act as a witness or defendant in legal proceedings scheduled during the trip
- > disaster that renders his principal residence uninhabitable or main place of business inoperative, if he is the owner or primary shareholder of the company

- his transfer or promotion by an employer requiring relocation
- his summons to service, in the case of reservists, police, firefighters or members of the armed forces or peacekeeping services
- involuntary loss of his employment, if he was a permanent employee with the same employer for over a year
- death or hospitalization of his host at the trip destination
- > travel advisory, in effect at the time of the *trip*, issued by the government of Canada recommending against a *trip* to the destination once reservations have already been made
- his rejected visa application (unless the application was late or a similar application was previously rejected)
- premature birth of his child before the beginning of a *trip* scheduled to take place within the first 32 weeks of a pregnancy
- her pregnancy confirmed after a trip is booked, if the trip is scheduled to take place within 8 weeks before or after the expected date of birth
- > legal adoption of his child if the adoption is confirmed after the *trip* is booked and the adoption is scheduled to take place during the *trip*
- > a departing, connecting or return flight for the *trip* that he missed as a result of a mechanical failure of the means of transportation, weather conditions, a road *accident*, police-directed road closure or change of schedule by the *common carrier* (bus, train, etc.), provided that the original travel arrangements would have allowed him to arrive at least 2 hours before the flight
- > cancellation by the carrier of a cruise planned during the *trip*
- > theft of his passport

Amount of Benefits

> *Trip* cancellation or delay (up to \$2,500 per *insured*): In the event of a *trip* cancellation or delay <u>before</u> <u>departure</u>, the following expenses will be reimbursed, provided that a portion or the entire cost of the *trip* was charged to the *account*:

The non- refundable portion of prepaid travel arrangements for a cancelled trip	The unused and non-refundable portion of prepaid travel arrangements for the <i>insured</i> 's <i>trip</i> charged to the <i>account</i> , if a covered cause of cancellation or interruption occurs or if the departure of the <i>trip</i> is cancelled or delayed by the carrier for a period of more than 30% of the total length of the <i>trip</i> or if a covered event occurs.
Additional transportation expenses	Cost for changes to travel arrangements (or the alternative lowest-cost option in economy class) initiated by the carrier and charged to the <i>account</i> to allow the <i>insured</i> to reach the <i>trip</i> destination or to resume his original itinerary following a covered cause of cancellation or interruption.
Accommodation expenses	Additional cost of accommodation for the <i>insured</i> , charged to the <i>account</i> if a <i>travel companion</i> is unable to depart for the <i>trip</i> because of a covered cause of cancellation or interruption.

Subsistence expenses incurred due to a departing flight delay (up to \$250 per day and \$500 total per insured).

Expenses **charged to the** *account* for accommodation and meals for the *insured* (and associated transportation expenses), essential telephone calls and transportation back to his residence for the night if:

- i) The departing flight is delayed more than 4 hours
- ii) The insured is prevented from boarding the departing flight because it has been overbooked by the carrier and another flight cannot be provided within 4 hours of the original departure time Coverage is only valid if the insured checks in with the carrier at least 2 hours before the flight departure time.
- > *Trip* interruption (up to \$5,000 per *insured*): If the *insured*'s *trip* is interrupted <u>after he departs</u>, the *insurer* will reimburse a maximum of \$5,000 for the total of the following expenses per *insured*, provided that a portion or the entire cost of the *trip* was charged to the *account* prior to departure:

Non-refundable portion of prepaid travel arrangements for a *trip* Unused and non-refundable portion of prepaid travel arrangements for the *insured*'s *trip* **charged to the** *account*, in the case of a covered cause of cancellation or interruption or if, after departure, a portion of the *trip* is cancelled or delayed by the carrier for a period of more than 30% of the total length of the *trip*.

Additional travel expenses for delays during the *trip* or on the return journey

Cost for changes to travel arrangements (or the alternative lowest-cost option in economy class) initiated by the carrier and **charged to the** *account* to allow the *insured* to reach the *trip* destination, resume his original itinerary or to return to the starting point of the *trip* following a covered cause of cancellation or interruption.

Subsistence expenses (up to \$250 per day and \$3,000 total per insured).

Expenses **charged to the** *account* for essential telephone calls, meals and accommodation for the *insured* (along with associated transportation expenses) if the *trip* is interrupted or return is delayed due to a covered cause of cancellation or interruption or if a *common carrier* delay of over 6 hours occurs, unless these expenses are covered by the emergency medical care outside of the province of residence provided with the *card*.

Return of deceased

In the event of the death of the *insured* during a *trip*, the *trip* cancellation and interruption insurance will reimburse one of the following, according to instructions from the family, if the *card* does not provide coverage to the *insured* for emergency medical care outside of the province of residence:

- preparation and transportation of the body to the province of residence
- > cremation or burial in the place of death.

The cost of a casket or urn for the *insured* is not covered.

> Bankruptcy of *travel provider* (up to \$2,500 per *insured*): If a *trip* or a portion of a *trip* cannot be completed by the *insured* due to bankruptcy, receivership or insolvency of a *travel provider*, the *trip* cancellation and interruption insurance will reimburse the unused and non-refundable portion of the cost charged to the *account*.

The total benefits payable by the *insurer* to all *insureds* if a *travel provider* ceases operations **cannot exceed \$2,000,000**. If more than one *travel provider* ceases operations during a given calendar year, the total benefits payable by the *insurer* **cannot exceed \$5,000,000**.

Recipient of Benefits

Benefits payable by the *insurer* will be paid to the *cardholder*. However, the *insurer* reserves the right to directly compensate any other person or party that suffers an insured loss.

Deductibles

None

b) CAUTION - Exclusions, Limitations and Reductions

- (i) Circumstances under which no benefit is payable: No benefit is payable if the event that leads to a claim is directly or indirectly related to one of the following causes:
- Any illness, injury or condition suffered by the insured that, within 3 months prior to the trip purchase (for trip cancellation coverage) or the trip (for trip interruption coverage), involved:
 - consultation with a physician or medical examination (excluding routine follow-up)
 - hospitalization
 - prescription of a new medication or treatment
 - prescription of, or undergoing, surgery
 - taking a new medication or receiving a new treatment
 - change in dose of a medication
- 2) Pregnancy, including complications, in the last 8 weeks before the expected date of birth

- 3) Participation in one of the following activities:
 - activity where participants receive money or can win cash prizes or any other form of compensation
 - motor vehicle competition
 - speeding event (except non-contact amateur athletic activities for recreational purposes)
 - a dangerous or non-habitual activity or an activity practiced in a non-habitual way, that involves a high risk of injury, including for example hang gliding, parachuting, skydiving, parasailing, bungee jumping, off-track (backcountry) snow sports, a flight in a glider or ultralight aircraft, horse jumping, scuba diving below 30 metres, rock climbing or mountain climbing (grade 4 or 5 routes on the Yosemite Decimal Scale), canyoning or any other activity requiring you to sign a waiver
- 4) Abuse of prescription or over-the-counter medication or alcohol
- Use of drugs or non-prescribed medication or addiction to any other substance
- Driving while impaired by alcohol (blood alcohol concentration above 80 milligrams per 100 millilitres of blood) or drugs
- 7) Suicide, attempted suicide or self-inflicted injury, regardless of the mental state of the *insured*
- Wars (declared or undeclared), invasions, hostilities between nations, civil wars, rebellions, insurrections and coups
- Mental, psychological, psychiatric or nervous problems, except if the *insured* is hospitalized for this condition
- 10) Symptom or condition that was ignored by the insured or for which diagnostic exams were ordered by a physician and not completed or where the recommended treatment or medication was not taken
- 11) Inability to obtain desired accommodation on the part of the *insured*

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- 12) Financial difficulties on the part of the insured
- 13) Aversion to travel or air transportation on the part of the *insured*
- A criminal act, an attempted criminal act or participation in a criminal act
- (ii) Other circumstances under which no benefit is payable: No benefit is payable if:
 - The primary or secondary purpose of the trip is a medical consultation or treatment, even if recommended by a physician.
 - 2) The primary or secondary purpose of the trip is to visit someone who is sick or injured and the trip cancellation, interruption or extension is due to a change in the condition of this person.
 - 3) The insured did not notify the insurer, travel agency or travel provider or submit the claim form and required proof to the insurer within the specified timeframe.
 - 4) The insured took out the insurance or paid for the trip when it was reasonably possible to foresee an event preventing the trip from being completed as planned.

(iii) Acts of terrorism limitation

Benefits payable by the *insurer* are halved (50%) if the event that leads to an approved claim was the direct or indirect result of an *act of terrorism*. The total compensation paid by the *insurer* related to an *act of terrorism* or series of *acts of terrorism* occurring within a period of 72 hours **cannot exceed** \$5,000,000.

The total benefits payable by the *insurer* during a given calendar year as a direct or indirect result of *acts of terrorism* cannot exceed \$10,000,000.

c) Filing a Claim

Step 1	Call CanAssistance Inc. at
	1-888-235-2645 to report the event covered by the insurance as soon as you become aware of said event. In the event of cancellation before departure:
	unless it is not reasonably possible, you must also notify the travel agency or <i>travel provider</i> within 48 hours of the event.
Step 2	Fill out the claim form that you will receive from the assistance provider and forward it to the insurer as soon as possible, ideally within 90 days of the event, failing which the insurer may deny your claim if the insurer was not informed of the loss and is thereby prejudiced.
Step 3	Provide the <i>insurer</i> with the following required and support documents as soon as possible, ideally within 90 days of the event, failing which the <i>insurer</i> may deny your claim if the <i>insurer</i> did not receive such support documents and is thereby prejudiced: > physician's certificate confirming an event that leads to a claim for a medical issue > tickets, documentation of amounts claimed, account statements, receipts for expenses incurred > police report confirming a traffic accident, road closure, passport theft or act of terrorism > any documentary evidence to prove the event is eligible for cancellation or interruption coverage > any information deemed necessary by the <i>insurer</i>

If the *insurer* accepts the claim, it will pay within 60 days of receiving all the documents requested by the *insurer* in support of the claim.

If the *insurer* rejects the claim, it will notify the *cardholder* within 60 days of receiving all documents requested by the *insurer* in support of the claim.

IF THE INSURED KNOWINGLY MAKES A CLAIM WHICH IS FALSE OR FRAUDULENT IN ANY WAY, SUCH INSURED SHALL NOT BE ELIGIBLE FOR THE BENEFITS OF SUCH COVERAGE AND FOR THE PAYMENT OF THE CLAIM SUBMITTED UNDER THIS COVERAGE.

8. Delayed, Lost, Damaged or Stolen Baggage

a) Special Terms and Conditions

Covered Persons

The cardholder and his travel companions.

Covered Items and Risks

The *cardholder* and *travel companions* are covered for delayed, lost, damaged or stolen baggage provided that a portion or the entire cost of the *trip* was **charged to the** *account* prior to departure.

Amount of Benefits

The **maximum benefit** payable for delayed, lost or stolen baggage is **\$1,000 per person per** *trip*.

> Delayed baggage: If the total cost of a common carrier journey during a trip was charged to the account and baggage checked with the carrier is delayed 6 hours or more before the scheduled date of return, the insurer will reimburse any essential purchases (including clothing and toiletries) up to a maximum of \$500 per person.

> Lost, damaged or stolen baggage: The benefit payable is limited to the cost of the item, up to a maximum of \$250 per item. If the lost, damaged or stolen item is part of a collection or a set, only the value of the individual item is covered. Replacement fees for lost, damaged or stolen travel documents required for the *trip* (e.g., passport, driving permit, birth certificate or travel visa) are covered in aggregate up to a total of \$50.

Recipient of Benefits

Benefits will be paid to the *cardholder* by the *insurer*. However, the *insurer* reserves the right to directly compensate any *travel companion* that suffers a loss covered under the insurance.

Deductibles

None

Coverage Period

Coverage is valid from departure until the return from the *trip*.

If the delivery of checked baggage is delayed until after the date of return from the *trip*, damage coverage is valid until the baggage is delivered or declared lost or stolen.

b) CAUTION - Exclusions, Limitations and Reductions

(i) Items not covered:

- > automotive vehicles, motorboats or other vehicles, their parts and accessories and bicycles (unless checked as baggage with the carrier)
- > furniture and accessories
- > glasses, contact lenses, dental prosthetics or devices, orthotics and artificial limbs
- > traveller's cheques, gift cards, currency, tickets, precious stones, ingots and documents of title or other negotiable instruments
- > professional or commercial property or equipment
- > antiques or collectibles
- > perfumes or cosmetics
- > animals and living plants or perishable products and consumables

(Continued on next page)

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- > electronic tablets, mobile devices, portable computers and software
- > photography equipment: cameras or photo, video or audio accessories
- > articles not customarily stored in baggage Damage to fragile items is not covered except in the case of fire or vandalism.

(ii) Circumstances under which no benefit is payable:

- > fraud, confiscation by authorities, contraband or illegal activities
- > hostilities of any kind: wars (declared or not), invasions, rebellions or insurrections
- > normal wear and tear
- > damage caused by insects or animals
- > mysterious disappearance, except in cases where baggage was checked with a carrier
- > earthquake, nuclear contamination or flood
- > any event resulting from negligence on the part of the cardholder or his travel companions (e.g., theft of baggage left in an unlocked vehicle or residence) or if reasonable measures to reclaim the baggage after noticing it was lost were not taken
- > a criminal act, an attempted criminal act or participation in a criminal act

(iii) Limitation:

Any number of items made of silver, gold or platinum and watches are collectively considered as one item, covered up to \$250.

c) Filing a Claim

Step 1	Call CanAssistance Inc. at 1-888-235-2645 to report the event covered by the insurance.
Step 2	Fill out the claim form that you will receive from the assistance provider and forward it to the insurer as soon as possible, ideally within 90 days of the event, failing which the insurer may deny your claim if the insurer was not informed of the loss and is thereby prejudiced.
Step 3	Provide the <i>insurer</i> with the following required and support documents as soon as possible, ideally within 90 days of the event, failing which the <i>insurer</i> may deny your claim if the <i>insurer</i> did not receive such required and support documents and is thereby prejudiced: > police report, if required > written confirmation of the event by the carrier, accommodation or tour guide > proof of the value of the lost, damaged or stolen items > receipts for essential purchases > any other proof required by the <i>insurer</i>

Damaged items can be repaired, reimbursed or replaced at the *insurer*'s discretion within 60 days of receiving all the documents required by the *insurer* in support of the claim.

If the *insurer* so wishes, it may ask the *cardholder* to send the damaged article to the *insurer*. The *cardholder* is responsible for paying any shipping costs.

If the *insurer* rejects the claim, it will notify the *cardholder* within 60 days of receiving all the documents required by the *insurer* in support of the claim.

IF A CARDHOLDER KNOWINGLY MAKES A CLAIM WHICH IS FALSE OR FRAUDULENT IN ANY WAY, SUCH CARDHOLDER SHALL NOT BE ELIGIBLE FOR THE BENEFITS OF SUCH COVERAGE AND FOR THE PAYMENT OF THE CLAIM SUBMITTED UNDER THIS COVERAGE.

9. General Terms and Conditions

I Currency

Amounts payable under the terms of the group *Purchase Protection and Travel Insurance* policy by the *insurer* or to the *insurer* will be in Canadian dollars.

II Interest

Benefits paid under the terms of the group *Purchase Protection and Travel Insurance* policy do not earn interest.

III Fraud or attempted fraud

If the *cardholder* or the *insured* knowingly makes a claim which is false or fraudulent in any way, such *cardholder* or *insured* shall not be eligible for the benefits and for the payment of the claim under the coverage in respect of which a claim is submitted. Fraud or attempted fraud includes, but is not limited to, the deliberate misrepresentation of facts or circumstances surrounding a claim.

IV Subrogation

The *insurer* reserves the right of action against any third party responsible for damages that lead to a claim. The *insurer* will be responsible for legal fees and will receive any compensation payable by the third party, up to the maximum amount of the claim. The *insured* must submit any documents required by the *insurer* to take action for damages. The *insured* retains the right to take action against the third party for compensation in addition to benefits paid by the *insurer*.

V Changes to the certificate

Changes to the present certificate are only valid and applicable if confirmed in writing by the *insurer* to the *Bank*. The *cardholder* cannot make changes to the *Purchase Protection and Travel Insurance* policy. The coverage was negotiated and concluded between the *insurer* and the *Bank* to be included with the *card* without any other requirement or charge.

VI Quality and availability of care

The *insurer* and *assistance provider* are not responsible if care is difficult or impossible to obtain or for the quality of care received.

VII Complaints and appeals

The *insured* can file a complaint against the *insurer* or appeal a decision by the *insurer* concerning a claim by contacting the *insurer*. The maximum time limit to appeal from a decision is set out in section VIII.

Residents of provinces and territories except Alberta:

National Bank Life Insurance Company

1100 Robert-Bourassa Blvd., 5th Floor Montreal, Quebec H3B 2G7

Tel.: **1-877-871-7500**

Residents of Alberta:

Canassurance, Insurance Company

1981 McGill College Avenue, Suite 400 Montreal, Quebec H3A 2W9

Tel.: 1-877-986-7681

If the insurer is not able to process your complaint within 14 days, the complaint will automatically be handled by the Client Complaint Appeal Office. If you received a response within the time specified, but you are still dissatisfied, you can contact the Client Complaint Appeal Office:

Telephone: 514-394-8655 or 1-888-300-9004

Website: nbc.ca

Email: complaintappeal@nbc.ca

If you are not satisfied and would like to take your case further, you can, at your discretion and concurrently:

- (i) ask your insurer to review your file
- (ii) contact your legal counsel
- (iii) contact one of the following organizations:

Residents of Quebec:

Contact the Autorité des Marchés Financiers (AMF). The contact information for the AMF is found in the Autorité des marchés financiers contact information section below.

Residents of all provinces and territories except Quebec:

Contact:

The OmbudService for Life & Health Insurance (OLHI)

401 Bay Street, Suite 1507, P.O. Box 7 Toronto, Ontario M5H 2Y4

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Toll-free within Canada: 1-888-295-8112

In Toronto: **416-777-9002**

Website: olhi.ca

VIII Limitation of action (clauses only applicable to residents of certain provinces)

For residents of Alberta, British Columbia and Manitoba:

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*.

For residents 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.

For residents of Quebec:

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within 3 years.

For residents of other provinces:

For the applicable time limitation period, please refer to the regulatory agency of your province or consult with your legal counsel.

IX Copy of the Purchase protection and Travel Insurance policy

Upon request to the *assistance provider* or the *insurer*, the *cardholder* may obtain a copy of the *Purchase Protection* and *Travel Insurance* policy.

X Access to personal information

The *insurer* will establish an insurance file to preserve any information about claims. Your file will be kept in the *insurer*'s offices. The *insured* will be entitled to have access to the personal information contained in his file and, if applicable, have it corrected. For more information, consult the privacy policy of the *insurer* and *assistance provider*, which are available online at **nbc-insurance.ca**.

Insurer's deadline for replying after receiving a claim

Usually, the *insurer* will communicate to the *cardholder* or the *insured* its decision on whether benefits are payable or not within 60 days after it receives all requested documents. Once the *insurer* decides to approve a claim, it must be paid within the same 60 days following the receipt of all the requested documents.

Autorité des marchés financiers contact information

For more information about the *insurer*'s and *distributor*'s obligations within the Province of Quebec, contact the Autorité des marches financiers:

Autorité des marchés financiers

Place de la Cité, Cominar Tower 2640 Laurier Blvd., 4th Floor Quebec City, Quebec G1V 5C1

Quebec City: **418-525-0337** Montreal: **514-395-0337**

Elsewhere in Quebec: **1-877-525-0337**

Fax: **418-525-9512**

Website: lautorite.qc.ca

Assistance

Words in *italics* in the present document have the meanings described in section 1 of the Certificate.

Persons eligible for assistance:

Covered persons are: the cardholder, a spouse travelling with the cardholder and any accompanying dependent child or child born during a trip in the first 32 weeks of a pregnancy.

The assistance services do not include insurance benefits. Emergency money transfers are limited to the available credit on the *account*, **up to a maximum of \$5,000**. Amounts paid or transferred by the *assistance provider* will be charged to the *cardholder*'s *account*. If emergency funds cannot be charged to the *account*, the *assistance provider* will endeavour to make necessary arrangements with friends and family.

The assistance provider is not responsible if assistance is difficult or impossible to obtain or for the quality of assistance received.

Assistance services are not available in countries considered at high risk by the *assistance provider*. The *assistance provider* will share its list of high risk countries upon request.

The assistance provider may request any information required to properly identify the cardholder.

Call the *assistance provider* for 24-hour service, 7 days a week, free of charge:

CanAssistance Inc.

1-888-235-2645 (in the United States and Canada) **514-286-8345** (elsewhere in the world, collect)

1. General and Medical Assistance

Assistance services:

If the *covered person* suffers an *accident* or sudden *illness* during a *trip* that requires medical attention from a *physician* or *hospitalization*, the *assistance provider* will provide him with the following assistance services:

- referral to a clinic or hospital and transfer of funds to the hospital (at the cardholder's expense) if adequate credit is available on the account
- ensure follow-up of the medical file and contact with his family doctor
- > arrangements for dependent children to return to the place of residence following the hospitalization of a parent (at the cardholder's expense) if adequate credit is available on the account
- > delivery of urgent messages
- > interpretation services for emergency telephone calls
- > handling of formalities following a death
- assistance for lost or stolen identity documents (limited to contacting appropriate authorities)
- > information on embassies and consulates
- > pre-trip information (visas and vaccines)
- > assistance with the claims process for the public health insurance of the province of residence

Emergency Transfer Service:

In the event of a loss or theft during a *trip*, the *covered person* can call the *assistance provider* to have funds transferred to the *account* (up to the available credit on the *account* or a maximum of \$5,000).

Replacement of lost documents or tickets

The assistance provider will help the covered person replace tickets or other essential travel documents that are lost or stolen during a *trip*. Replacement fees will be charged to the account.

Lost baggage

The assistance provider will help the covered person locate or replace baggage or personal effects that are lost or stolen during a trip. Fees to locate or replace these items will be charged to the account (up to the available credit on the account or a maximum of \$5,000).

2. Legal Assistance

The *covered person* has access to legal assistance if required during a *trip*. The *assistance provider* will provide the following types of legal assistance:

- referral to a lawyer or legal advisor to provide local legal counsel or representation
- if the covered person is arrested, support with the bail process or payment of legal fees, or both. All amounts will be charged to the account

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•• Should you have any questions, do not hesitate to contact us.

1-888-969-2273



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