



RBC Insurance®

## CANCELLATION & INTERRUPTION

### For Emergency Assistance:

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

- 1-800-387-2487 (toll-free call from USA or Canada)
- 001-800-514-1890 (toll-free call from Mexico)
- 905-816-2561 (collect call from anywhere)
- 1-888-298-6340 (toll-free fax from the USA or Canada)
- 905-813-4719 (fax)

**CANCELLATION & INTERRUPTION SINGLE TRIP**

**What's inside:**

Summary of Insurance Coverage ..... 3  
Definitions ..... 3  
General Insurance Details ..... 4  
    Who is eligible for coverage? ..... 4  
    How do *you* become insured? ..... 4  
    When does *your* insurance start and end? ..... 4  
    When does *your* coverage automatically extend? ..... 4  
    What if *you* decide to extend *your trip*? ..... 5  
    What if *you* want to *top-up* another insurer's travel insurance? ..... 5  
    When can *your* premium be refunded? ..... 5  
Terrorism Coverage ..... 5  
Cancellation & Interruption Insurance ..... 5  
General Conditions ..... 9  
How do *you* submit a claim? ..... 9

**IMPORTANT NOTICE - PLEASE READ CAREFULLY**

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read and understand *your* policy before *you* travel as *your* coverage may be subject to certain limitations or exclusions.
- A pre-existing exclusion applies to *medical conditions* and/or symptoms that existed prior to *your trip*. Check to see how this applies in *your* policy and how it relates to *your departure date*, date of purchase, or *effective date*.
- In the event of an accident, injury or sickness, *your* prior medical history may be reviewed when a claim is reported.

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

## Summary of Insurance Coverage

Cancellation & Interruption Coverage	
Risk	Maximum Sums Available
Before Departure	Up to the sum insured
After Departure	Up to the sum insured: \$800, or \$1,500 or unlimited
Subsistence Allowance (Trip Interruption)	\$350
Subsistence Allowance (Trip Delay)	\$1,750
Repatriation of Remains	Unlimited transportation to <i>departure point</i> \$5,000 for preparation of remains \$5,000 for cremation or burial at location where death occurred

### Definitions

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

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

**Business meeting** - a meeting, trade show, training course, or convention scheduled before *your effective date* between companies with unrelated ownership, pertaining to *your* full-time occupation or profession and that is the sole purpose of *your trip*. Legal proceedings are not considered to be a *business meeting*.

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

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

**Change in medication** - the addition of any new *prescription drug*, the withdrawal of any *prescription drug*, an increase in the dose of any *prescription drug* or a decrease in the dose of a *prescription drug*.

Exceptions:

- an adjustment in the dosage of insulin or Coumadin (Warfarin), if *you* are currently taking these drugs;
- a change from a brand name drug to an equivalent generic drug of the same dosage.

**Children** - unmarried persons:

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

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

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

**Departure point** - the place *you* depart from on the first day of *your* intended travel period, as shown on *your insurance application*.

**Effective date** -

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

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

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

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

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

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

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

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

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

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

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

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

**Mountain climbing** - the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners and lead-rope or top-rope anchoring equipment.

**Passenger plane** - a certified multi-engined transportation aircraft provided by a regularly scheduled airline on any regularly scheduled *trip* operated between licensed airports and holding a valid Canadian Air Transport Board or Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot.

**Period of insurance** - the period of time between *your effective date* and *your return date*.

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

**Prescription drug** - drug or medicine that can only be issued upon the prescription of a licensed *physician* or dentist and is dispensed by a licensed pharmacist. *Prescription drug* does not mean such drug or medicine, when *you* need (or renew) them to continue to stabilize a condition which *you* had before *your trip*, or a chronic condition.

**Professional** - engaged in a specified activity as *your* main paid occupation.

**Return date** - the date on which *you* are scheduled to return to *your departure point*.

This date is shown on *your insurance application*.

If *you* purchase *top-up* coverage for the beginning portion of *your* intended travel period, *your return date* is 11:59 p.m. on the day before the *effective date* of *your* subsequent coverage.

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

**Stable** - any *medical condition* or related condition (including any heart condition or any lung condition) for which there have been:

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

**Terrorism or act of terrorism** - an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

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

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

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

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

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

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

### **General Insurance Details**

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

#### **Who is eligible for coverage?**

To be eligible for insurance coverage *you* must:

- purchase coverage through a Canadian Travel Agency appointed by RBC Insurance Company of Canada;
- purchase coverage for the full duration of *your trip*;
- purchase coverage for the full value of the non-refundable portion of *your* prepaid travel arrangements;
- purchase coverage for a maximum of 365 days;
- have correctly completed the *medical questionnaire* if the non-refundable portion exceeds \$15,000.

#### **How do you become insured?**

*You* become insured and this policy becomes an insurance contract:

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

#### **When does your insurance start and end?**

Insurance starts on *your effective date*.

Insurance ends on the earliest of:

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

#### **When does your coverage automatically extend?**

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

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

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

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

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

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

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

- a) you must pay the required top-up premium before your date of departure from your departure point.
- b) the terms, conditions and exclusions of our policy issued as top-up apply to you.
- c) you cannot purchase an annual coverage to top-up a single trip (if you have travel insurance included with your credit card coverage, you can purchase an annual coverage as top-up).

### When can your premium be refunded?

- 1 All requests for premium refunds must be submitted to the Travel Agent from whom you purchased the insurance.
- 2 The premium you paid can be refunded only if your trip is cancelled before you depart on your trip and:
  - the supplier (tour operator, airline, etc.) cancels your trip and all penalties are waived; or
  - the supplier (tour operator, airline, etc.) changes the travel dates and you are unable to travel on these dates and all penalties are waived; or
  - you cancel your trip before any cancellation penalties are in effect.

### Terrorism Coverage

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

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

### Cancellation & Interruption Insurance

#### What coverage limitations apply?

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

- a) cancel your trip with the Travel Agent or the carrier immediately, but no later than the business day following the cause of cancellation; and
- b) advise us at the same time.

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

#### When does the risk occur?

- Trip Cancellation - when the risk occurs BEFORE your trip.
- Trip Interruption - when the risk occurs DURING your trip.
- Trip Delay - when the risk occurs during your trip, and results in your being delayed, beyond your scheduled return date, from returning to your departure point.

To determine the benefit(s) available to you:

- a) identify the risk you have incurred under "What are you covered for?" in the following chart;
- b) determine when the risk occurs under "What are you eligible for?" in the following chart;
- c) find the letter corresponding to the benefit in the right-hand column of the following chart; and
- d) match your benefit under "What are the benefits?".

What are <i>you</i> covered for?		What are <i>you</i> eligible for?		
		Trip Cancellation +	Trip Interruption	Trip Delay
<b>Medical Condition</b>		<b>BENEFIT(S)</b>		
1	Your emergency medical condition.	A	C, D & G*, or C, E & G*, or C, F & G*	E & H*
2	The admission to a <i>hospital</i> following an <i>emergency</i> of a member of <i>your immediate family</i> (who is not at <i>your destination</i> ), <i>your business partner</i> , <i>key employee</i> or <i>caregiver</i> .	A	C, E & G*	not applicable
3	The <i>emergency medical condition</i> of a member of <i>your immediate family</i> (who is not at <i>your destination</i> ), <i>your business partner</i> , <i>key employee</i> or <i>caregiver</i> .	A	C, E & G*	not applicable
4	The admission to a <i>hospital</i> of <i>your host</i> at destination, following an <i>emergency medical condition</i> .	A	C, E & G*	not applicable
5	The <i>emergency medical condition</i> of <i>your travelling companion</i> .	A or B	C, D & G*, or C, E & G*, or C, F & G*	E & H*
6	The <i>emergency medical condition</i> of <i>your travelling companion's immediate family member</i> , <i>business partner</i> , <i>key employee</i> or <i>caregiver</i> .	A or B	C, E & G*	not applicable
7	The <i>emergency medical condition</i> of <i>your immediate family member</i> who is at <i>your destination</i> .	A	C, E & G*	E & H*
<b>Pregnancy and adoption</b>				
8	Complications of a pregnancy arising in the first 31 weeks of pregnancy involving <i>you</i> , or a member of <i>your immediate family</i> . Note: the confirmation of a multiple pregnancy/or the confirmation of a pregnancy as a result of fertility treatment are not considered complications of pregnancy	A	C, E & G*	E & H*
9	Complications of a pregnancy arising in the first 31 weeks of pregnancy involving <i>your travelling companion</i> , or a member of <i>immediate family of your travelling companion</i> or <i>travelling companion's spouse</i> . Note: the confirmation of a multiple pregnancy/or the confirmation of a pregnancy as a result of fertility treatment are not considered complications of pregnancy	A or B	C, E & G*	E & H*
10	<i>Your</i> or <i>your spouse's</i> pregnancy being confirmed after <i>your effective date</i> if <i>your departure from your departure point</i> is scheduled to take place in the 9 weeks before or after the expected date of delivery.	A	not applicable	not applicable
11	<i>Your travelling companion's</i> or <i>your travelling companion's spouse's</i> pregnancy being confirmed after <i>your effective date</i> if <i>your departure from your departure point</i> is scheduled to take place in the 9 weeks before or after the expected date of delivery.	A or B	not applicable	not applicable
12	The legal adoption of a child by <i>you</i> , when the actual date of that adoption is scheduled to take place after <i>your effective date</i> and prior to, or during <i>your trip</i> .	A	C, E & G*	not applicable
13	The legal adoption of a child by <i>your travelling companion</i> , when the actual date of that adoption is scheduled to take place after <i>your effective date</i> and prior to, or during <i>your trip</i> .	A or B	C, E & G*	not applicable
<b>Death</b>				
14	<i>Your</i> death.	A	C & I, or C & J, or C & K	I or J or K
15	The death of <i>your immediate family member</i> or friend (who is not at <i>your destination</i> ), <i>your business partner</i> , <i>key employee</i> or <i>caregiver</i> .	A	C, E & G*	not applicable
16	The death of <i>your travelling companion</i> .	A or B	C, E & G*	E & G*
17	The death of <i>your travelling companion's immediate family member</i> , <i>business partner</i> , <i>key employee</i> or <i>caregiver</i> .	A or B	C, E & G*	not applicable
18	The death of <i>your host</i> at destination, following an <i>emergency medical condition</i> .	A	C, E & G*	not applicable
19	The death of <i>your immediate family member</i> or friend, who is at <i>your destination</i> .	A	C, E & G*	E & G*
<b>Government advisories and visas</b>				
20	A written formal travel warning issued by the Department of Foreign Affairs and International Trade of the Canadian government after the purchase of <i>your</i> insurance, advising Canadians not to travel to a country, region or city originally ticketed for a period that includes <i>your trip</i> .	A	C, E & G* or C, F & G*	not applicable
21	The non-issuance of <i>your</i> travel visa (not an immigration or employment visa) or the rejection of <i>your</i> travel visa application (not an immigration or employment visa) for reasons beyond <i>your</i> control.	A	not applicable	not applicable
22	The non-issuance of <i>your travelling companion's</i> travel visa (not an immigration or employment visa) or the rejection of <i>your travelling companion's</i> travel visa application (not an immigration or employment visa) for reasons beyond <i>your travelling companion's</i> control.	A or B	not applicable	not applicable
<b>Employment and occupation</b>				
23	A transfer by the employer with whom <i>you</i> or <i>your spouse</i> is employed on <i>your effective date</i> , which requires the relocation of <i>your</i> principal residence.	A	C, E & G*	not applicable
24	A transfer by the employer with whom <i>your travelling companion</i> is employed on <i>your effective date</i> , which requires the relocation of his/her principal residence.	A or B	C, E & G*	not applicable
25	The involuntary loss of <i>your</i> or <i>your spouse's</i> permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A	C, E & G*	not applicable
26	The involuntary loss of <i>your travelling companion's</i> permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A or B	C, E & G*	not applicable

27	Cancellation of <i>your</i> or <i>your travelling companion's business meeting</i> beyond <i>your</i> or <i>your employer's control</i> or <i>your travelling companion's</i> or <i>your travelling companion's employer's control</i> .	A	C, E & G*	not applicable
28	<i>Your</i> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	A	C, E & G*	not applicable
29	<i>Your travelling companion</i> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	A or B	C, E & G*	not applicable
<b>Delays</b>				
30	Delay of <i>your</i> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the <i>trip</i> , when <i>you</i> choose not to continue with <i>your</i> travel arrangements.	A	C, E & G*	not applicable
31	Delay of <i>your travelling companion's</i> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the <i>trip</i> , when <i>you</i> choose not to continue with <i>your</i> travel arrangements.	A	C, E & G*	not applicable
32	Delay of <i>your travelling companion's</i> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the <i>trip</i> , when <i>you</i> choose to continue with <i>your</i> travel arrangements.	B	B	not applicable
33	Delay of a private automobile resulting from the mechanical failure of that automobile, weather conditions, earthquakes, volcanic eruptions, a traffic accident, or an emergency police-directed road closure, causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements, provided the automobile was scheduled to arrive at the point of departure at least 2 hours before the scheduled time of departure.	not applicable	C, F & G*	E & G*
34	Delay of <i>your</i> connecting carrier ( <i>passenger plane</i> , ferry, cruise ship, bus, limousine, taxi or train), resulting from the mechanical failure of that carrier, a traffic accident, an emergency police-directed road closure, weather conditions, earthquakes or volcanic eruptions, causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements.	not applicable	C, F & G*	E & G*
<b>Other risks</b>				
35	An event completely independent of any intentional or negligent act that renders <i>your</i> principal residence uninhabitable or place of business inoperative.	A	C, E & G*	not applicable
36	An event completely independent of any intentional or negligent act that renders <i>your travelling companion's</i> principal residence uninhabitable or his/her place of business inoperative.	A or B	C, E & G*	not applicable
37	The quarantine or hijacking of <i>you</i> , <i>your spouse</i> or <i>your child</i> .	A	C, E & G*	E & G*
38	The quarantine or hijacking of <i>your travelling companion</i> or <i>your travelling companion's spouse</i> or <i>child</i> .	A or B	C, E & G*	E & G*
39	<i>Your</i> , <i>your spouse</i> or <i>your child</i> being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, during <i>your trip</i> .	A	C, E & G*	not applicable
40	<i>Your travelling companion</i> or <i>your travelling companion's spouse</i> or <i>child</i> being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, during <i>your trip</i> .	A or B	C, E & G*	not applicable

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

## What are the benefits?

**Prepaid travel arrangements** - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks up to the sum insured for:

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

**Transportation** - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks up to the sum insured for the extra cost of:

- D *Your* economy class transportation via the most cost effective route to rejoin a tour or group.
- E *Your* economy class transportation via the most cost effective route to *your departure point*.

Fly to Bedside or Funeral-- Note: If *you* are required to interrupt *your trip* to attend a funeral, or travel to the bedside of a hospitalized *immediate family* member, business partner, *key employee* or *caregiver*, *you* have the option to purchase a ticket to the destination where the death or hospitalization has occurred. *You* will be reimbursed the cost of the ticket, up to the maximum amount of what it would have cost for one-way economy class transportation via the most cost effective route back to *your departure point*. (applicable to risk insured #2, #15, and #17)

- **This option is subject to the pre-authorization of Assured Assistance Inc.**
- This option can only be used once during *your period of insurance*.
- If *you* choose this option, it will replace benefit E.
- The Subsistence Allowance benefit is not applicable if *you* choose this option.

- F *Your* one-way economy air fare via the most cost effective route to *your* next destination (inbound and outbound).

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

- G *Your* commercial accommodations and meals, essential telephone calls, internet usage fees, and taxi fares (or rental car in lieu of taxi fares) up to a daily maximum of:
  - \$175, to a maximum total of \$350.
- H *Your* commercial accommodations and meals, essential telephone calls, internet usage fees, and taxi fares (or rental car in lieu of taxi fares) up to a daily maximum of:
  - \$175, to a maximum total of \$1,750.

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

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

**What is not covered?**

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

If the non-refundable portion of *your* pre-paid travel arrangements exceeds \$15,000, *you* must complete the *medical questionnaire*, and Exclusions 1, 2, 3 & 4 apply.

- 1 This insurance does not pay for any expenses incurred directly or indirectly as a result of:
  - i) *Your, your spouse's, or your children's medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*, *your, your spouse's, or your children's medical condition* or related condition has not been *stable*.
  - ii) *Your, your spouse's, or your children's heart condition* (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*:
    - a) any heart condition has not been *stable*; or
    - b) *you, your spouse, or your children* have taken nitroglycerin more than once per week specifically for the relief of angina pain.
  - iii) *Your, your spouse's, or your children's lung condition* (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*:
    - a) any lung condition has not been *stable*; or
    - b) *you, your spouse, or your children* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.
- 2 This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:
  - a) Any anticipated event, occurrence, circumstance, or *medical condition*, which *you* were aware of on or before *your effective date*, and which *you* knew might be cause for cancellation, interruption or delay of *your trip*.
  - b) A *trip* undertaken to visit or attend an ailing person, when the *medical condition* or death of that person is the cause of the claim.
  - c) Pre-paid travel arrangements for which an insurance premium was not paid.
  - d) *Your* intentional self-inflicted injury, *your* suicide or *your* attempt to commit suicide (whether sane or insane).
  - e) *Your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
  - f) *Your mental or emotional disorders*.
  - g) Any *medical condition* arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your trip*.
  - h) *Your* abuse of medication, drug or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*.
  - i) Routine pre-natal care, a child born during *your period of insurance*.
  - j) In the 9 weeks before or after the expected date of delivery, complications of pregnancy and/or childbirth.
  - k) Any *medical condition* if *you* undertake *your trip* with the prior knowledge that *you* will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind, regardless of whether the treatment, surgery, investigations, palliative care or alternative therapy is related in any way to the *medical condition*.
  - l) War (declared or not), act of foreign enemies or rebellion.
  - m) The non-issuance of a travel visa due to late visa application.
  - n) The schedule change of a medical test or surgery that was originally scheduled before *your period of insurance*.
  - o) *Your medical condition* if any answer provided in the *medical questionnaire*, when applicable, is incorrect, in which case the policy is void and the premium paid is refundable at *our* option.
  - p) *Your* participation in rock climbing or *mountain climbing*.
  - q) Ionising radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.
- 3 If *you* have correctly answered the questions in the *medical questionnaire*, and as a result of *your* answers to the *medical questionnaire* it is determined that this additional exclusion applies to *you*:  
Regardless of whether a *medical condition* has been *stable* or has not been *stable*, this insurance does not cover expenses or benefits arising from or related to:
  - a) A *medical condition* (whether or not the diagnosis has been determined), if at any time in the 180 days before the *effective date*:
    - *you* have taken or been prescribed medication, or received treatment for that *medical condition*; or
    - *you* have experienced a deterioration of that *medical condition*, or sought treatment for that *medical condition*.
  - b) A heart condition (whether or not the diagnosis has been determined), if at any time in the 180 days before the *effective date*:
    - *you* have taken or been prescribed medication, or received treatment for, any heart condition; or
    - *you* have experienced a deterioration of, or sought treatment for, any heart condition.
  - c) A lung condition (whether or not the diagnosis has been determined), if at any time in the 180 days before the *effective date*:
    - *you* have taken or been prescribed medication, or received treatment for any lung condition; or
    - *you* have experienced a deterioration of, or sought treatment for, any lung condition.
- 4 This insurance does not pay for any expenses incurred directly or indirectly as a result of:
  - i) *Your immediate family member or your travelling companion's medical condition* or related condition (whether or not the diagnosis has been determined), if at any time in the 90 days before *your effective date*, *your immediate family member or your travelling companion's medical condition* or related condition has not been *stable*.

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

#### **What conditions apply?**

- 1 It is a condition of any transportation and subsistence allowance benefit under this policy that travel must be undertaken on the earliest of:
  - a) the date when *your* travel is medically possible; and
  - b) within 10 days following *your* originally scheduled *return date* if *your* delay is not the result of hospitalization; or
  - c) within 30 days following *your* originally scheduled *return date* if *your* delay is the result of hospitalization, when the benefit is payable because of a medical condition covered under one of the insured risks.
- 2 This insurance is subject to the “*Terrorism Coverage*”, “*General Conditions*” and “*How Do You Submit a Claim?*” sections outlined in this policy.

#### **General Conditions**

- 1 If *you* fail to meet the eligibility conditions as outlined under “*Who is eligible for coverage?*” *your* insurance is void and *our* liability is limited to a refund of the premium paid.
- 2 When making a claim under this insurance, *you* must provide the applicable documents *we* require. Failure to provide the applicable documentation will invalidate *your* claim.
- 3 If *you* are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to *you* by all insurers cannot exceed the actual expense that *you* have incurred. *We* will coordinate the payment of benefits with all insurers from whom *you* are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer.
- 4 If *you* are insured under more than one of *our* policies, the total amount paid to *you* cannot exceed the actual expense which *you* have incurred and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy.
- 5 Any of *our* policies are excess insurance and are the last payors. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under any of *our* policies.
- 6 *You* must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when *we* determine that the amount is not payable under the terms of *your* policy.
- 7 If *you* incur expenses covered under this insurance due to the fault of a third party, *we* may take action against the party at fault. *You* agree to cooperate fully with *us* and to allow *us*, at *our* own expense, to bring a law suit in *your* name against the third party. If *you* recover against a third party, *you* agree to hold in trust sufficient funds to reimburse *us* for the amounts paid under the policy.
- 8 *We* will pay the expenses covered under this insurance to *you* or to the provider of the service(s).
- 9 Payment, reimbursement and amounts shown throughout this contract are in Canadian dollars, unless otherwise stated. If currency conversion is necessary, *we* will use the exchange rate on the date the last service was rendered to *you*. This insurance will not pay for any interest.
- 10 During the processing of a claim under this insurance, *we* may require *you* to undergo a medical examination by one or more *physicians* selected by *us* and at *our* expense.
- 11 *You* and *we* agree that all disputes, controversies or claims arising under this policy or otherwise in connection with this policy, whether of law or fact and of any nature whatsoever including, but not limited to, all disputes or controversies related to determinations made under the policy shall be decided by arbitration before a single arbitrator in the Canadian province or territory in which this policy was issued under the rules embodied in the arbitration legislation of the Canadian province or territory in which this policy was issued or, in the absence of such legislation, in the Commercial Arbitration Act, R.S.C. 1985, C.17 (second supp.), as amended. In any event, any action or arbitration proceeding against *us* for the recovery of a claim under this policy shall not be commenced more than 1 year after the occurrence which gives rise to the claim. If, however, this limitation is invalid according to the laws of the province or territory where this policy was issued, *you* must commence *your* action or arbitration proceeding within the shortest time limit permitted by the laws of that province or territory. In addition, the venue of any action or arbitration proceeding shall only be in the province or territory where the policy was issued. *You, your* heirs and assigns consent to the transfer of any action or arbitration proceeding to the province or territory where the policy was issued and at a venue chosen by *us* and/or Assured Assistance Inc.
- 12 This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance.
- 13 Throughout this document, any reference to age refers to *your* age on the date of *insurance application*.
- 14 *We* and *our* agents, Assured Assistance Inc. and their agents are not responsible for the availability, quality or results of any medical treatment or of any transportation or of *your* failure to obtain medical treatment.
- 15 This document, including the *insurance application* and, when applicable, the *medical questionnaire*, is the entire contract between *you* and *us*. Despite any other provision of this contract, this contract is subject to any applicable federal and provincial statutes concerning contracts of insurance.

#### **How do you submit a claim?**

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

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

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

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

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

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

- *our medical questionnaire* (if the full value of the non-refundable portion of *your* prepaid travel arrangements exceeds \$15,000).
- a medical document, fully completed by the legally qualified *physician* in active personal attendance and in the locality where the *medical condition* occurred stating the reason why travel was not recommended, the diagnosis and all dates of treatment.
- written evidence of the risk insured which was the cause of cancellation, interruption or delay.
- tour operator terms and conditions.
- complete original unused transportation tickets and vouchers.
- all receipts for the prepaid land arrangements and/or subsistence allowance expenses.
- original passenger receipts for new tickets.
- reports from the police or local authorities documenting the cause of the missed connection.
- detailed invoices and/or receipts from the service provider(s).

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



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

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