

## Cruise Comprehensive Coverage

This Cruise Comprehensive Coverage provides a package of *our* most popular product features and benefits to meet the needs of *your* travel plans, *your* healthcare and *your* personal belongings.

Benefits per Insured	Benefit Maximums
Trip Cancellation	Up to \$20,000 Canadian
Trip Interruption	Up to \$20,000 Canadian
Trip Delay	\$150 Canadian/Day – Maximum 2 Days
Missed Cruise Connection	Included
Baggage Coverage	\$1000 Canadian
Baggage Delay/Missed Baggage Connection	\$500 Canadian
Emergency Medical and Dental Coverage	Up to \$5,000,000 Canadian (Overall policy maximum)
Emergency Medical Transportation	Included in overall policy maximum
24-Hour Emergency Travel Assistance	Included

**Your Cruise Comprehensive Coverage provides insurance for travellers who are age 74 or younger at the time the coverage is purchased.**

This plan will provide *you* with coverage for the length of *your trip* to a maximum period of up to:

- 183 days for insureds age 59 or under;
- 30 days for insureds age 60 up to and including 64; or
- 17 days for insureds age 65 up to and including 74.

*Your departure date* and *your return date* are both counted and included as separate days when determining the duration of coverage.

For complete information, please read the *Policy* of insurance below.

## Policy of Insurance

This product is underwritten by CUMIS General Insurance Company (herein called “we”, “us”, “our”), a member of the Co-operators group of companies, and administered by Allianz Global Assistance. Allianz Global Assistance is a registered business name of AZGA Service Canada Inc. and AZGA Insurance Agency Canada Ltd.

### IMPORTANT NOTICE- PLEASE READ CAREFULLY

We have issued this *Policy* of insurance to the person(s) named on the Declaration Page (herein called “*you*” or “*your*”). If *you* believe that the Declaration Page we sent *you* is incorrect, please contact *Allianz Global Assistance* immediately at the phone number(s) listed on *your* Declaration Page.

This *Policy* and *your* Declaration Page describe *your* insurance and its terms and conditions, which may limit benefits and amounts payable to *you*. Please read the *Policy* carefully to understand the conditions of all coverage for which *you* have paid a premium. Be sure to take this document, *your* Declaration Page and *your* receipt with *you* on *your trip*.

**This *Policy* contains a provision removing or restricting the right of the insured to designate persons to whom or for whose benefit insurance money is to be payable.**

This *Policy* contains a number of exclusions and limitations including a Pre-Existing Condition Exclusion, which may apply to a *medical condition* and/or symptoms that existed prior to *your coverage period*, please take time to read it before leaving on *your trip*.

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

**IF YOU ARE IN NEED OF EMERGENCY MEDICAL OR DENTAL CARE WHILE TRAVELLING, YOU MUST CALL ALLIANZ GLOBAL ASSISTANCE AT ONE OF THE NUMBERS LISTED ON YOUR DECLARATION PAGE BEFORE SEEKING TREATMENT IF POSSIBLE.**

*Allianz Global Assistance* is here to help you 24 hours a day, 365 days a year.

**Please have the following information ready for the *Allianz Global Assistance* representative when you call:**

- *your* name and *Policy* number (per *your* Declaration Page), and
- *your* location and local phone number.

Please note that Emergency Medical insurance provides for a reduction of benefits if *you* do not call before seeking *treatment*. If *your medical condition* prevents *you* from calling before seeking *emergency treatment* or ship to shore communication is not available, *you* must call *Allianz Global Assistance* as soon as possible. As an alternative, someone else may call on *your* behalf.

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### **Right to Examine this Insurance**

If *you* notify us that *you* are not completely satisfied with *your* purchased plan within 10 days of the date of issue of this *Policy* of insurance as indicated on *your* Declaration Page, we will provide a full refund if *you* have not already departed on *your trip* or filed a claim.

Refunds are only available when *Allianz Global Assistance* receives *your* request for a refund before *your departure date*.

### **Insured benefits under this *Policy* of Insurance include:**

- Trip Cancellation, Trip Interruption, Trip Delay, Missed Cruise Connection
- Baggage Coverage, Baggage Delay/Missed Baggage Connection
- Emergency Medical and Dental Expenses
- Emergency Medical Transportation
- 24-Hour Travel Assistance

### **What risks are insured?**

This insurance covers the *reasonable and customary medically necessary* expenses for medical care or surgery that is required as part of the *emergency treatment* arising from a *medical condition* that occurs while *you* are travelling outside of *your* province or territory of residence and protects *you* against situations or losses that result from sudden and unexpected conditions or events. We reserve the right, in our sole discretion, to reject applications for coverage.

These insurance benefits do not cover conditions or events that, on the date of purchase, are either known to *you* or are likely to occur.

The Emergency Medical and Dental insurance covers only the *medically necessary* expenses *you* incur once *you* have left *your* province or territory of residence. In addition, the Emergency Medical and Dental insurance covers only the expenses in excess of those covered under *your government health insurance plan* and by any other insurance or benefit plan under which *you* are covered.

### **What must you do in a medical emergency?**

*You* must contact *Allianz Global Assistance* before seeking *emergency treatment* if possible. Failure to call *Allianz Global Assistance* may result in a reduction to the amount reimbursed, or no reimbursement, for the expenses *you* have incurred. In addition, the medical advisors of *Allianz Global Assistance* must approve all medical procedures (including cardiac procedures and cardiac catheterisation) in advance.

Allianz Global Assistance may also make a request for the medical service provider to bill the medical expenses covered under this insurance directly to *us* instead of to *you*. We will guarantee payments up to the amounts provided under this *Policy* of insurance, if needed, to secure *your medically necessary* admission to a *hospital*.

In this *Policy*, certain terms have defined meanings. Those defined terms are as indicated on *your Declaration Page*, or as below in the section titled “Definitions”, and appear throughout this *Policy* in italics.

## Definitions

**Accident/Accidental** - a sudden, unexpected, unintended, unforeseeable external event, arising wholly from *accidental* means, which independently of any other cause, causes *injury*.

**Accidental Bodily Injury** - a 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.

**Allianz Global Assistance** - Allianz Global Assistance, *our* administrator for assistance and claims services under this *Policy*.

**Baggage** - luggage and personal possessions, whether owned, borrowed or rented and taken by *you* on *your trip*.

**Children** - unmarried persons who are dependent on *you* for support and are:

- under 21 years of age; or
- under 26 years of age if a full-time student attending a recognized college or university; or
- 21 years of age or older and permanently mentally or physically challenged and incapable of self-support and became so while eligible as a dependent child.

**Common Carrier** - any land, air or water conveyance for regular passenger service, which is fully licensed to carry passengers for compensation or hire and which undertakes to carry all persons indifferently as to who may apply for passage, so long as there is room and there is no legal excuse for refusal.

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

**Coverage Period** - the time insurance is in effect, beginning on the *effective date* and ending on the *expiry date*.

**Covered Service** - a service or supply, specified herein, for which we provide benefits under this insurance.

**Departure Date** - the date on which *you* are scheduled to start *your trip* as shown on the Declaration Page (using the local time at *your Canadian address*).

**Departure Point** - the city from which *you* depart on *your trip* on *your departure date*.

**Effective Date** - has the following meaning depending on the coverage and benefit for:

- **Trip Cancellation and Interruption Coverage** - effective date means 00:01 on the day after *your* premium payment is received by us, (using local time at *your Canadian address*).

- **Emergency Medical and Dental Coverage** – effective date means the time and date on which *you* leave *your* province or territory of residence.

- **All other coverage** - effective date means 00:01 on the day *you* are scheduled to leave *your departure point*, (using local time at *your Canadian address*).

**Emergency** - an unforeseen event that occurs during the period of insurance and makes it necessary to receive immediate *treatment* from a licensed *physician* or to be hospitalized.

**Emergency Dental Care/Treatment** - the services or supplies provided by a licensed dentist, *hospital* or other licensed provider that are immediately and *medically necessary*.

**Emergency Medical Care/Treatment** - the services or supplies provided by a licensed *physician*, *hospital* or other licensed provider (licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath) that are *medically necessary* to treat any *illness* or other covered condition that is acute (onset is sudden and unexpected) and which cannot be reasonably delayed until *you* return to *your* home country without endangering health.

**Essential Items** - means necessary clothing and/or toiletries purchased during the time period in which checked *baggage* has been delayed.

**Expiry Date** - the date on which *your* coverage ends under this insurance as shown on *your Declaration Page*.

**Family Member** - includes *your spouse*; parents; *children*, including *children* who are, or are in the process of becoming adopted; siblings; grandparents or grandchildren; step-parent; step-child; or step-sibling; in-laws (parent, son, daughter, brother or sister, grandparents); aunt; uncle; niece; nephew; legal guardian; or ward; whether or not they travel with *you*.

**Government Health Insurance Plan** - the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

**Hospital** - an establishment that is licensed as a hospital and is operated for the care and *treatment of inpatients*, has a registered nurse always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the hospital. 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.

**Illness** - a sickness, infirmity or disease that requires *emergency medical care or treatment*.

**Immediate Family** - means *your spouse*; parent; *children* (including all natural or adopted *children*); *your* sibling; *your* step-parents, step-children, *your* grandparent or grandchild.

**Injury** - bodily injury, resulting directly and independently of all other causes, from an *accident*.

**Inpatient** - a person treated as a registered bed patient in a *hospital* or other facility and for whom a room and board charge is made.

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

**Medically Necessary or Medical Necessity** - the services or supplies provided by a *hospital*, *physician*, dentist, or other licensed provider that are required to identify or treat *your illness* or *injury* and that *we* determine are:

- consistent with the symptoms or diagnosis and *treatment* of *your* condition, *illness*, ailment or *injury*;
- appropriate with regard to standards of good medical practice;
- not solely for the convenience of *you*, a *physician* or other provider;
- the most appropriate supply or level of service that can be safely provided to *you*.

When applied to the care of an *inpatient*, it further means that *your* medical symptoms or condition requires that the services cannot be safely provided to *you* as an *outpatient*.

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

**Outpatient** - someone who receives a *covered service* while not an *inpatient*.

**Physician** - a person (other than an insured) who is not related to the insured by blood or marriage who is licensed to prescribe drugs and administer medical *treatment* (within the scope of such license) at the location where the *treatment* is provided. A physician does not include a naturopath, a herbalist or a homeopath.

**Policy** - the entire Policy of insurance document containing the terms and conditions of this insurance and issued to *you* by *us*.

**Prepaid** - paid prior to *your departure date*.

**Prescription Drug** - a drug or medicine that can only be issued upon the prescription of a *physician* or licensed dentist and is dispensed by a licensed pharmacist.

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

**Reasonable and Customary Charge** - a charge in an amount consistently made by other vendors/providers for a given service in the same geographic area, which reflects the complexity of the service taking into account availability of experienced personnel, availability of services or parts.

**Return Date** - the date on which *you* are scheduled to return to *your departure point* as shown on *your* Declaration Page (using the local time at *your* Canadian address).

**Sanction** - any business or activity that would violate any Canadian or any other applicable national economic or trade sanction law or regulations.

**Spouse** - the person who is:

- legally married or in a legal civil union with *you*; or
- is living with *you* in a conjugal relationship and is publicly represented as *your* spouse or *your* domestic partner in the community in which *you* reside. *You* may only have 1 spouse for the purposes of this insurance.

**Stable** - any *medical condition* or related condition (including any heart condition or lung condition) for which all the following statements for that *medical condition* or related condition (including any heart or any lung condition) are true:

- there has been no new *treatment* or prescribed medication;
- there has been no change in *treatment* or change in prescribed medication (including the amount of medication to be taken, how often it is taken, the type of medication or change in *treatment* frequency or type);
- there has been no new symptom, more frequent symptom or more severe symptom;
- there have been no test results showing deterioration;
- there has been no hospitalization or referral to a specialist (made or recommended) or the result of further investigations has not yet been completed.

**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.

**Travel Advisory** - a formal written notice issued by the Canadian government to advise travellers not to enter a foreign country or a given region in that country. It does not include travel information reports.

**Travelling Companion** - a person with whom *you* are sharing travel arrangements and *prepaid* accommodation.

**Treatment** - the medical advice, care and/or service provided by a *physician*. This includes, but is not limited to, diagnostic measures and *prescription drugs* (including pills and inhaled or injected medications). It does not include check-ups or cases where *you* have no specific symptoms.

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

**We, Us and Our** - refers to CUMIS General Insurance Company.

**You and Your** - refer to all persons listed on the Declaration Page under the plan purchased when the required insurance premium has been paid for that person, before the *effective date*.

**What Do You Need to Know?**

## Are you eligible for coverage?

To be eligible for any insurance coverage you must:

- be a Canadian citizen or be a permanent resident of Canada;
- be 74 years of age or younger;
- be covered under *your government health insurance plan* for the full duration of *your coverage period*;
- have *your* application for coverage accepted and the entire required premium paid within 5 days of booking *your* travel arrangements;
- at the time this insurance is purchased be travelling no longer than:
  - 183 consecutive days if age 59 or younger;
  - 30 consecutive days if age 60 up to and including 64; or
  - 17 days if age 65 up to and including age 74.

PLEASE NOTE: *You* must meet all of the above eligibility requirements to be insured under this *Policy*.

## When does your insurance start?

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

- when *you* are named on the completed insurance application and named on the Declaration Page; and
- upon payment of the required premium on or before *your effective date*.

For Trip Cancellation and Interruption Coverage to be in effect *we* must have received all premium due prior to the trip cancellation.

## When does your insurance end?

*Your* insurance ends on the earliest of:

- the date *your trip* is cancelled when cancelled prior to *your departure date*;
- 23:59 on *your return date*; or
- upon *your* return to *your* province or territory of residence, except in the circumstances outlined under "When will *your* coverage be automatically extended?"

## When will your coverage be automatically extended?

Regardless of *your expiry date*, coverage will be extended provided:

- *your* entire *trip* falls within the *coverage period*; and
- *your* return is delayed by unforeseeable circumstances beyond *your* control, including the hospitalization as an *inpatient* or *medical condition* of *you*, (*your spouse* or *your children* if they are travelling with *you*) or *your travelling companion*.

If coverage is extended for these reasons, coverage will end on the earliest of either:

- *your* arrival at *your* province or territory of residence or return destination based on *your* travel itinerary; or

- 5 days after *your* scheduled *return date*; however, if *you* are hospitalized as an *inpatient*, if *medically necessary*, *we* will extend insurance for 72 hours from the time *you* are discharged but under no circumstances for more than 3 months from *your* scheduled *return date*.

## Can you obtain a refund?

If *you* notify us that *you* are not completely satisfied with *your* purchased plan within 10 days of the date of issue of this *Policy* of insurance as indicated on *your* Declaration Page, *we* will provide a full refund if *you* have not already departed on *your trip* or filed a claim.

Refunds are only available when *Allianz Global Assistance* receives *your* request for a refund before *your* scheduled *departure date*.

## Description of Coverage

The following insurance benefits protect *you* against situations or losses that result from sudden and unexpected conditions or events. The benefits do not cover conditions or events that, on the date of purchase, are either known to *you* or likely to occur.

## Trip Cancellation and Interruption Coverage

**Trip Cancellation Coverage** provides reimbursement for the covered losses *you* incur for a *trip* that is cancelled before *your departure date*. The total amount paid for *your* trip cancellation will not exceed the coverage maximum of \$20,000.

**Trip Interruption Coverage** reimburses *you* for covered losses *you* incur for *trips* that are interrupted or delayed after *your departure date*. The total amount paid for *your* trip interruption will not exceed the coverage maximum of \$20,000.

## COVERED REASONS

A maximum benefit up to \$20,000, is provided to cover the losses (identified under 'Covered Benefits') which result from the cancellation or interruption of *your trip* due to one of the following covered reasons:

## Cancellation by the Supplier

Any covered losses *you* incur when the cruise that *you* booked to travel on is cancelled by the supplier due to one of the following covered reasons:

- mechanical failure;
- grounding;
- quarantine; or
- repositioning of the cruise ship due to weather conditions.

## Medical Conditions

Any serious *injury* or any unforeseen serious *illness* occurring to:

- *you*, or *your travelling companion*, which is so disabling as to cause a reasonable person to delay, cancel, or interrupt their *trip*;

- a *family member* that is life threatening or requiring hospitalization as an *inpatient*; or
- a *family member* who is dependent upon *your* care.

For Trip Cancellation benefits, a physical examination by a *physician* must take place within 72 hours of when the cancellation is made, and the *physician* must recommend in writing that *your trip* be cancelled.

For Trip Interruption benefits, this examination must take place during *your trip* and the *physician* must recommend in writing that *your trip* be interrupted or delayed from *your original return date*.

## Death

The death of *you*, a *family member* or a *travelling companion*, if the death occurs:

- within 30 days of *your* scheduled *departure date* (for Trip Cancellation benefits);
- during *your trip* (for Trip Interruption benefits).

## Pregnancy and Adoption

The pregnancy of *you*, *your spouse*, an *immediate family member* or *your travelling companion* if such a pregnancy:

- has been diagnosed after *your trip* has been booked, and *your* departure is scheduled within 9 weeks before or after the expected date of delivery; or
- the legal adoption of a child by *you* or *your travelling companion*, when the actual date the child is to be placed in *your* care is scheduled to take place during *your trip* and this date was not known until after the *trip* was booked.

## Government Advisories and Visas

A *travel advisory* issued after *your trip* has been booked with respect to travel to *your* destination during all or part of *your trip*.

The non-issuance of a travel visa to *you* or *your travelling companion* for reasons beyond *your* or *your travelling companion's* control. The non-issuance of a travel visa due to late application is not covered. Non-issuance of an immigration or employment visa is not covered.

## Terrorism

An *act of terrorism* committed by an organized terrorist group (recognized as such by the Canadian Government), occurring at *your* destination during all or part of *your trip*:

- within 30 days of *your* scheduled *departure date* (for Trip Cancellation benefits);
- during *your trip* (for Trip Interruption benefits).

## Employment and Occupation

*You* or *your travelling companion*:

- after having been with the same employer for at least 3 continuous years, are terminated or laid off, through no fault of *your own*, after *your effective date* of coverage;

- being required to serve on a jury or served with a court order or subpoena, excluding law enforcement officers who are required to appear in court; or
- being summoned to service in the case of reservists, active military, police or fire personnel.

## Delays

If *your trip* has been delayed due to one of the covered reasons listed under the 'Trip Delay' coverage of this *Policy* and that delay results in a loss of more than 50% of the duration of *your* scheduled *trip*.

*Your* cruise ship is delayed or the cruise itinerary is interrupted due to the *emergency* medical condition of another passenger on the ship causing *you* to miss a connection or resulting in the interruption of *your* travel arrangements.

## OTHER COVERED REASONS

*You* or a *travelling companion*:

- *You* or a *travelling companion* being directly involved in a traffic *accident* while en route to a departure point for a *trip*; or
- being hijacked or quarantined; or
- having *your* home made uninhabitable by flood, burglary, vandalism or natural disaster; or
- being the victim of an indictable criminal assault within 10 days prior to *your departure date*. An indictable criminal assault inflicted by *you*, a *family member*, *travelling companion* or *travelling companion's family member* is not a covered reason under this insurance.

## COVERED BENEFITS

### Trip Cancellation Benefits (prior to departure)

We will reimburse *you* for the following covered losses providing *you* cancel *your trip* prior to *your departure date*:

- the forfeited, published, non-refundable *trip* payments or deposits incurred as a result of cancellation penalties and for which no credits or refunds were issued by the supplier; or
- the additional reasonable cost resulting from a change in the per-person occupancy rate for *prepaid* travel arrangements if a *travelling companion's trip* is cancelled for a covered reason and *yours* is not.

### Trip Interruption Benefits (after date and time of departure)

If *your trip* is interrupted for a covered reason we will reimburse *you* for the following:

- the unused portion of forfeited, published, non-refundable *trip* payments or deposits incurred as a result of cancellation penalties and for which no credit was issued by the supplier;
- the additional reasonable cost resulting from a change in the per-person occupancy rate for *prepaid* travel

arrangements if a *travelling companion's trip* is interrupted for one of the above covered reasons and *yours* is not;

- the reasonable, additional accommodation, meal and transportation expenses of up to \$150 per day per person (up to a total of 10 days), if a covered travelling *family member or travelling companion* must remain hospitalized as an *inpatient* at a port of call;
- reasonable\*, additional transportation expenses needed to return to *your departure point* or to travel from the place *your trip* was interrupted to the place where *you* can rejoin *your trip* and the unused portion of any non-refundable land, sea and air arrangements that were paid as part of *your trip*; and
- reasonable\*, additional travel costs for *you* to reach *your* scheduled destination if *you* must depart after *your* scheduled *departure date*.

\* *The reasonable amount of benefit paid to you will not exceed the cost of economy airfare by the most cost-effective route on the next available carrier, less any refunds paid to you.*

## CONDITIONS AND LIMITATIONS

*You* must notify the appropriate travel supplier(s) of *your* cancellation or interruption within 24 hours of the cause of cancellation or interruption, unless *your* condition or situation prevents it, then as soon as reasonably possible. If *you* do not do so, *your* claim will not be payable.

Please Note: *You* are not covered for conditions that *you* are aware of when *you* book *your trip*, which might reasonably be expected to prevent *you* from travelling as booked.

Trip Cancellation and Interruption Coverage are also subject to the General Limitations, Conditions and Exclusions as well as the Pre-Existing Conditions Exclusion.

## Trip Delay Coverage

### COVERED REASONS AND BENEFITS

If *your trip* is delayed from its scheduled departure time for more than 6 hours, we will pay *you* on a one-time per *trip* basis, up to a per person maximum of \$150 per day up to a total of 2 days, for reasonable, additional accommodation, meal and travelling expenses.

Covered reasons for which we provide a Trip Delay benefit are:

- *common carrier* caused delay (including bad weather);
- lost or stolen passports, money, or travel documents;
- quarantine;
- unannounced strikes;
- natural disaster;
- civil disorder or unrest; or
- if *you* are hijacked (whether or not committed by an organized terrorist group recognized as such by the Canadian Government).

## CONDITIONS, LIMITATIONS AND EXCLUSIONS

1. *Prepaid* expenses are not covered, unless as otherwise specified under Trip Cancellation and Trip Interruption Coverage.
2. The additional expenses must be incurred by *you*.
3. The total amount paid for these additional expenses for all persons will not exceed the benefit maximum listed on the Declaration Page.

Trip Delay Coverage is also subject to the General Limitations, Conditions and Exclusions.

## Missed Cruise Connection Coverage

If there is a delay of *your* connecting *common carrier*, due to mechanical failure of that carrier, weather conditions, a traffic *accident* or *emergency* road closure by police which causes *you* to miss *your* cruise connection, *you* will be reimbursed:

- the non-refundable unused portion of *your prepaid* travel arrangement costs, excluding the cost of *prepaid* unused transportation back to *your departure point*;
- the cost of a one-way economy airfare via the most direct route to *your* next destination or port of call; or
- the cost of a one-way economy airfare via commercial airline by the most direct route back to *your departure point*;
- expenses necessarily incurred as a result of the delay for commercial accommodation and meals, essential telephone calls and taxi fares up to \$150 per day, to a maximum of \$600. Original receipts must be submitted when claiming this benefit.

If a schedule change by the airline carrier on which *you* are booked to travel for any portion of *your trip* causes *you* to miss *your* cruise connection, *you* will be reimbursed:

- the cost of a one-way economy airfare on a commercial airline via the most direct route to rejoin *your* cruise at the next scheduled port of call; or
- the change fee charged by the airline carrier, or up to \$1,000 for the extra cost of a one-way economy class airfare on a commercial airline via the most direct route to *your* next destination, either in or outbound; and
- expenses necessarily incurred as a result of the delay for commercial accommodation and meals, essential telephone calls and taxi fares up to \$150 per day, to a maximum of \$600. Original receipts must be submitted when claiming this benefit.

## Baggage Coverage

### COVERED REASONS AND BENEFITS

This insurance covers loss, damage or theft of *baggage* occurring on a covered *trip*.

We will reimburse *you* an amount up to the maximum of \$1,000 for the loss, damage or theft of one or more items of *baggage* during *your covered trip*.

## CONDITIONS AND LIMITATIONS

1. *You* must notify the appropriate local authorities at the place the loss occurred and inform them of the value and description of *your baggage* within 24 hours after the loss. *You* must file written proof of loss with *us* within 90 days from the date of *your* loss. If applicable law provides for a longer period, *you* must submit *your* claim within the longer period provided for by law.

*You* must attach copies of airline, cruise line or *common carrier* claims forms, original police reports, an itemization and description of lost items and their estimated value and all receipts, credit card statements, cancelled cheques, photos, or other appropriate documentation as may be required.

2. All benefits payable to *you* under this coverage are in excess of any payments provided by a *common carrier* or any other insurance *you* have.
3. The insurance will pay the lesser of:
  - the actual purchase price of a similar item;
  - the actual cash value of the item at the time of loss, which includes deduction for depreciation (for items without receipts, the program will pay up to 75% of the determined depreciated value); or
  - the cost to repair or replace the item.
4. *You* must have taken all reasonable measures to protect, save and/or recover *your baggage*.
5. *Baggage* items valued at \$500 or more, *we* will only provide *you* with reimbursement if *you* submit receipts.
6. If an item is damaged and *we* pay a benefit hereunder to replace the item, the damaged item becomes *ours*.

## EXCLUSIONS

The following *baggage*, property or losses are not covered:

1. Animals;
2. Automobiles and equipment, motorcycles, scooters, mopeds and motors;
3. Bicycles, skis, snowboards (except when checked with a *common carrier*);
4. Aircraft, boats or any other vehicles or conveyances;
5. Eyeglasses, sunglasses, contact lenses, hearing aids, artificial teeth and limbs;
6. Tickets, keys, money, securities, bullion, stamps, credit cards, documents (travel or otherwise) and deeds;
7. Property shipped as freight or shipped prior to *your departure date*;
8. Rugs or carpets of any type;
9. Perishables, medicines, perfumes, cosmetics and consumables;

10. *Baggage* or personal effects that are unaccompanied or left unattended in a public place;
11. Property used in trade, business or for the production of income;
12. Antiques or collector items;
13. Accidental loss, theft or damage to *baggage* or personal effects left unattended, unsecured and unlocked in the motor vehicle in which *you* are travelling; or
14. Damage to the property resulting from defective materials or workmanship, ordinary wear and tear, and normal deterioration.

Baggage Coverage is also subject to the General Limitations, Conditions and Exclusions.

## Missed Baggage Connection Coverage

If *your personal baggage* is delayed or misdirected by *your* connecting *common carrier* and does not arrive at *your* cruise ship prior to its departure, *we* will reimburse *you* up to \$500 for the reasonable cost to purchase *essential items*.

## CONDITIONS, LIMITATION AND EXCLUSIONS

1. Verification of the delay by the connecting *common carrier* or cruise ship and receipts for the *essential items* purchased must accompany any claim.
2. The cost of *essential items* purchased under this benefit will reduce the maximum amount payable under the Baggage Coverage benefit, if it is later determined that *your personal baggage* has been lost, stolen or damaged.
3. This benefit does not apply for *baggage* that is delayed after *you* have returned to *your original departure point*.

## Emergency Medical and Dental Coverage

### COVERED BENEFITS

Emergency Medical and Dental Coverage reimburses *you* for eligible expenses if *you* require *emergency medical and/or dental care* during *your trip*. This coverage will also cover expenses for *emergency* medical transportation back to *your* province or territory of normal residence. In the event of *injury* or *illness* while on a *trip*, during the *coverage period*, *we* reimburse *you* for *reasonable and customary charges* for the following *medically necessary* expenses required by *you*.

### EMERGENCY MEDICAL EXPENSES

*We* provide coverage up to the policy maximum of \$5,000,000 in total, for the following:

#### **Emergency Medical Treatment (including X-rays and lab)**

This insurance covers *emergency medical care* or *treatment* of any *medical condition* that is acute (onset is sudden and

unexpected) and considered life threatening or, if left unattended, could deteriorate resulting in serious and irreparable harm.

### **Emergency Dental Treatment (including x-rays and lab)**

This insurance covers the following dental expenses when required as *emergency dental treatment* and ordered by or received from a licensed dentist:

- if *you* need dental treatment to repair or replace *your* natural or permanently attached artificial teeth because of an *accidental* blow to *your* face, *you* are covered for the *emergency* dental expenses *you* incur during *your* trip. *You* are also covered up to a maximum of \$1,000 to continue necessary treatment after *your* return to Canada. However, this treatment must be completed within 90 days after the *accident*.
- if *you* need *emergency treatment* to relieve dental pain, *you* are covered for the *emergency* dental expenses *you* incur during *your* trip, up to a maximum of \$250, and the complete cost of *prescription drugs*.

### **Professional Fees**

This insurance covers expenses for *emergency treatment* by a licensed physiotherapist, chiropractor, chiroprapist, podiatrist or osteopath, to a maximum of \$250 per profession.

### **Licensed Private Duty Nurse**

This insurance covers the cost of licensed private duty nursing services to a maximum of \$5,000 while *you* are an *inpatient*; when pre-approved by *Allianz Global Assistance*.

### **Prescription Drugs**

This insurance covers the cost of *prescription drugs*, limited to a supply of 30 days, if prescribed because of an *emergency* condition.

### **Medical Appliances**

This insurance covers the cost of medical appliances including wheelchair, braces, crutches, walker, or hospital-type beds, if ordered by a licensed *physician*. *We* will pay the lesser of the rental or the purchase price.

### **Ambulance/Ground Transport**

This insurance covers the cost of local ground transport to a medical service provider in an *emergency*.

## **MEDICAL ASSISTANCE SERVICES**

### **Medical Assistance**

If *you* have a medical problem or *emergency* while en-route to/from your cruise ship or while disembarked from the ship at a port of call, please contact *Allianz Global Assistance* by calling the 24-Hour Emergency Assistance number. *Allianz Global Assistance* coordinators will do their best to refer *you* to a local *physician*, dentist, *hospital*, medical facility, or other

appropriate resource. *Allianz Global Assistance* is not responsible for the quality or results of any medical or legal services provided by our referral to these independent practitioners.

### **Medical Consultation and Monitoring**

If *you* are hospitalized while travelling, *Allianz Global Assistance* emergency medical staff will keep in frequent contact with *you* and *your* treating *physician* to obtain information on the care *you* are receiving and to determine the need for further assistance. *Allianz Global Assistance* will also contact *your* personal *physician* and family at home, if necessary.

## **EMERGENCY MEDICAL TRANSPORTATION**

*We* will arrange and pay for medical transportation services as specified below, which are required by *you* as a result of an *injury* or *illness* that occurs during the *coverage period* that requires transportation to an appropriate medical facility or return to *your* province or territory of residence.

All *emergency* medical transportation services must be authorized in advance and organized by *Allianz Global Assistance*. Such services that *Allianz Global Assistance* does not pre-authorize shall not be covered.

### **Transportation to an Appropriate Medical Facility**

If *our* consulting *physician* and the local attending *physician* determine that adequate *treatment* is not available aboard ship or at the current port of call and that *treatment* is *medically necessary*, *you* will be transported to the nearest appropriate medical facility.

### **Return to your Province or Territory of Residence**

Once *you* have received *emergency medical care* and *our* consulting *physician* determines *you* are able to and recommends that *you* return home, *we* will arrange for *you* to return to *your* province or territory of residence.

*We* will arrange and pay, up to the amount included in the overall policy maximum, for the following services and expenses to evacuate *you* to *your* province or territory of residence:

- the cost of an economy class one-way ticket on a commercial flight via the most cost-effective route, less any refunds from any unused return-trip tickets. If *medically necessary* or required by the airline, *we* will also pay the expenses for a qualified medical attendant to accompany *you*.
- the cost of a stretcher fare on a commercial flight via the most cost-effective route to *your* province or territory of residence, if a stretcher is *medically necessary*.
- the cost of air ambulance transportation to the most appropriate facility in *your* province or territory of residence, if the use of an air ambulance is required and *medically necessary*.

### **Accommodation & Meals**

A maximum benefit of up to \$150 per day (up to a total of 10 days) is provided to cover hotel expenses, meals and taxi

fares, if *you* or *your travelling companion*, because of receiving a covered *emergency treatment*:

- are delayed beyond the initial *return date*; or
- have to relocate to receive the medical attention.

### Bedside Visits

If *you* are travelling alone and will be hospitalized as an *inpatient* for more than 7 consecutive days at a port of call, we will pay for the cost of a round-trip economy fare on a commercial flight via the most cost-effective route, to bring a *family member* or a close personal friend to *your* bedside. We will also pay up to \$150 per day (up to a total of 10 days) for that person's reasonable accommodation, taxi fares and meals.

This benefit is subject to pre-authorization and must be arranged by *Allianz Global Assistance*.

### Repatriation of Remains

In the event of *your* death during *your trip* from a *medical condition* covered under this insurance, the insurance covers a maximum benefit of up to \$5,000 for:

- the cost for reasonable and necessary services needed for the transport of *your* remains from the place of death to *your* city of residence; or
- the burial or the cremation of *your* remains where *your* death occurred. The cost of a burial coffin or urn is not a covered expense.
- if someone is legally required to identify *your* remains, this *Policy* covers the cost of a round-trip economy fare on a commercial flight via the most cost-effective route for that person. Meals and accommodations for that person are covered up to a maximum of \$150 per day (up to a maximum of 3 days).

### Return of Travelling Companion

If *you* are travelling with a *travelling companion*, this insurance covers him or her for the extra cost (i.e. transfer fees) of a one-way economy air fare on a commercial flight via the most cost-effective route to their *departure point*, if *you* must return to Canada because of a *medical condition* covered under this insurance.

This benefit is subject to pre-authorization and must be arranged by *Allianz Global Assistance*.

### Return of Children and Escort for Children to their Departure Point

If *children* insured under one of *our* *emergency* medical insurances travel with *you* and *you* are hospitalized at a port of call for more than 24 hours or *you* must return to Canada because of *your* *emergency* *medical condition* covered under this insurance, this insurance covers:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost-effective route for the return of those *children* to their *departure point*; and
- the cost of a round-trip economy air fare via the most cost-effective route on a commercial flight for an escort, if the airline requires that the *children* be escorted.

### Vehicle Return

If, as a result of a covered *medical emergency*, *you* are unable to return *your* vehicle or *your* rented vehicle to its point of origin, this insurance covers the reasonable costs up to a maximum benefit amount of \$2,000 to return the vehicle to *your* residence or to the rental agency, when pre-authorized by *Allianz Global Assistance*.

### CONDITIONS AND LIMITATIONS

1. *You* must contact *Allianz Global Assistance* before seeking care whenever possible. If *you* do not notify *Allianz Global Assistance* or if *you* choose to receive *treatment* from a service provider other than that suggested by *Allianz Global Assistance*, *you* may be responsible for 30% of *your* medical expenses under this insurance. If *your* *medical condition* prevents *you* from calling *Allianz Global Assistance* before seeking *emergency treatment* or ship to shore communication is not available, *you* must call as soon as possible. As an alternative, someone else (*family member*, friend, *hospital* or *physician's* office staff, etc.) may call on *your* behalf.
2. The medical staff of *Allianz Global Assistance* must approve all cardiac procedures, including cardiac catheterization, angioplasty and cardiovascular surgery in advance.
3. If *your* employer (or former employer if *you* are retired) provides an extended health insurance plan and:
  - if *your* lifetime maximum coverage is less than \$50,000, we will not co-ordinate payment;
  - if *your* lifetime maximum coverage is more than \$50,000, we will co-ordinate payment only in excess of \$50,000 in accordance with the coordinating coverage guidelines issued by the Canadian Life and Health Insurance Association.

### EXCLUSIONS

Coverage is not provided for:

1. Any *treatments*, services, supplies, or charges we determine are non-emergent or can be reasonably delayed until *your* return to *your* province or territory of residence;
2. Any *treatment* received in unlicensed facilities or given by unlicensed health care providers, or given by a *family member* or a *travelling companion*, whether or not a licensed provider;
3. Regular care of a chronic condition;
4. Any *treatment* received if the purpose of the travel is to receive medical care, medication or *treatment*;
5. Any *medical condition* for which it was reasonable to expect *treatment* or hospitalization during *your trip*;
6. Any condition for which *you* had symptoms before *your* *effective date* that would have caused a prudent person to seek diagnosis or *treatment* (including *emergency treatment*);
7. Any recurrence or complication of any *medical condition* following medical *treatment* during *your trip* where *Allianz*

*Global Assistance* determined and recommended *you* should return home and *you* chose not to do so;

8. Any cardiac catheterization, angioplasty, or cardiovascular surgery unless approved in advance by *Allianz Global Assistance*;
9. *Treatment* for any *medical condition* for which future investigation or *treatment* was planned before the *effective date* (other than routine monitoring);
10. *Treatment* or surgery for a specific condition, or a related condition, which:
  - had caused *your physician* to advise *you* not to travel; or
  - *you* contracted in a country during *your trip* when, before *your effective date*, a *travel advisory* was issued advising Canadians not to travel to that country, region, or city.

Emergency Medical and Dental coverage is also subject to the General Limitations, Conditions and Exclusions, as well as the Pre-Existing Condition Exclusion

## Emergency Travel Assistance Services

### TRAVEL DOCUMENT AND TICKET REPLACEMENT ASSISTANCE

If *your* passport or other travel documents are lost or stolen, *Allianz Global Assistance* will provide *you* with information and assistance to obtain replacing documents. *Allianz Global Assistance* will also help *you* to replace lost airline and other travel tickets and assist *you* in obtaining money for this purpose. These funds will come from *you*, *your* family or friends. *Allianz Global Assistance* will make all necessary arrangements for *you* and assist *you* to return home if *your trip* is interrupted.

### LEGAL ASSISTANCE

If *you* have legal issues while travelling, *Allianz Global Assistance* coordinators will help *you* find a local legal advisor. If *you* require the posting of bail or immediate payment of legal fees, *Allianz Global Assistance* will help arrange a cash transfer from *your* family or friends.

### EMERGENCY CASH TRANSFER

If *your* cash or traveller's cheques are lost or stolen, or if *you* need funds for the immediate payment of unexpected expenses, *Allianz Global Assistance* will help arrange for emergency cash (in currency, traveller's cheques or any other form acceptable to *us*) to be transmitted to *you* in a timely fashion. These funds will come from *you*, *your* family or friends. *Allianz Global Assistance* coordinators will make all the necessary arrangements for *you*.

### EMERGENCY MESSAGE CENTER

In an *emergency*, call *Allianz Global Assistance*, identify *yourself* by name and *your Policy* number, and give the assistance coordinator *your* message. *Allianz Global Assistance* will make at least 3 attempts in 24 hours to reach *your* requested party and will provide *you* with an update on the results of *our* efforts to deliver the message. *Allianz Global Assistance* is not responsible for delivery of a message if the recipient cannot be reached. This service can be used for trips anywhere in the world.

## General Conditions, Limitations and Exclusions

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

### General Conditions and Limitations

1. All premiums, benefit maximums and benefit payments are stated in Canadian dollars unless otherwise specified. At *our* option, we may pay a claim for benefits in the currency where the loss occurred or in Canadian currency.
2. 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 actions or proceedings governed by the laws of Alberta and British Columbia), The *Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the *Quebec Civil Code*.
3. No agent or other person has authority to accept or make representations of information or alter, modify or waive any of the provisions of this *Policy*.
4. *You* must submit claims to *Allianz Global Assistance* within 90 days from date of loss. If applicable law provides for a longer period, *you* must submit *your* claim within the longer period provided for by law. For *your* claim to be valid, *you* must provide all of the documents we require to support *your* claim.
5. Failure to give notice of claim or furnish proof of loss within the time prescribed does not invalidate the claim if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed and if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 1 year from the date of the event for which benefits are being claimed.
6. If *you* are covered under another *Policy* issued by *us* that provides the same or similar coverage, we will adjust *your* claim by applying the terms and conditions of the coverage that pays the most. The amount we pay will not exceed *your* total monetary loss.
7. We may void this *Policy* in the case of fraud or attempted fraud by *you* or if *you* conceal or misrepresent any circumstance or fact that is material. The application for insurance must be completed fully and correctly, failing which we may, at *our* option, void all *your* coverage.
8. *You* must repay to *us* amounts paid or authorized for payment on *your* behalf, if we determine the amount is not payable under this insurance.
9. We may require a *physician(s)* of *our* choice to physically examine *you* as often as reasonably needed while a claim is pending. We may also require an autopsy in the case of death, where law does not forbid it. We will bear all necessary costs.

10. References to *your* age refer to *your* age on the date *you* applied for insurance.
11. If *you* incur losses covered by this insurance because of a third party, *we* may take legal action against that party at *our* expense. *We* have full rights of subrogation. *You* agree to allow *us* to fully assert *our* right to subrogation and to cooperate fully with *us* by delivering such documents. *You* agree to do nothing that would prejudice *our* rights to recover funds from any source.
12. *We*, Allianz Global Assistance and *our* agents are not responsible for the availability, quality or outcome of any medical *treatment* or of any medical transportation, or *your* failure to obtain medical *treatment*.
13. All benefit payments under this *Policy* are in excess of similar insurance benefits payable by another insurer. If *you* are eligible from more than one insurer for benefits, which are similar to those for which *you* are insured hereunder, the total benefits paid to *you* by all insurers cannot exceed *your* actual covered losses.
14. Notice of Statutory Conditions - Notwithstanding any other provision herein contained, this contract is subject to the statutory conditions in the Insurance Act respecting contracts of *accident* insurance. This condition does not apply to the province of Quebec.
15. If a covered loss incurred is either directly or indirectly as the result of an "Act of Terrorism", payment for a covered loss will be subject to the following terms and conditions:
  - Trip Cancellation and Trip Interruption benefits will be paid to a maximum of 100% of the sum insured. Benefits payable for Trip Cancellation and Interruption losses will be directly reduced by the value of any alternate or replacement benefits or travel options given or offered by the airlines, tour or travel operators, cruise or travel suppliers as replacement, even if the alternative or replacement arrangements are declined by *you* and not used.
  - All other benefits insured under this *Policy* will be paid at 100% of the Sum Insured.
  - If the total amount claimed under this and all policies issued by *us* for Trip Cancellation and Trip Interruption coverage (in respect of the same terrorist incident, or series of terrorist incidents occurring within a 72 hour period), exceeds \$20,000,000, the amount payable will be prorated among all eligible claimants. The amount paid will not exceed \$20,000,000 in the aggregate.

#### PRE-EXISTING CONDITIONS EXCLUSION

**If you are age 64 or under when you purchase this insurance, the following pre-existing condition exclusion applies to you.**

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

1. *Your medical condition* or related condition, if at any time in the 90 days before *your effective date*, *your medical condition* or related condition has not been *stable*.
2. *Your heart condition*, if at any time in the 90 days before *your effective date*:

- any heart condition has not been *stable*; or
  - *you* have taken nitro-glycerine more than once per week specifically for the relief of angina pain.
3. *Your lung condition*, if at any time in the 90 days before *your effective date*:
    - any lung condition has not been *stable*; or
    - *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.
  4. Any *medical condition* for which future investigation or *treatment* was planned before the *effective date* (other than routine monitoring).

**If you are between age 65 up to and including age 74 when you purchase this insurance, the following pre-existing condition exclusion applies to you.**

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

1. *Your medical condition* or related condition, if at any time in the 180 days before *your effective date*, *your medical condition* or related condition has not been *stable*.
2. *Your heart condition*, if at any time in the 180 days before *your effective date*:
  - any heart condition has not been *stable*; or
  - *you* have taken nitro-glycerine more than once per week specifically for the relief of angina pain.
3. *Your lung condition*, if at any time in the 180 days before *your effective date*:
  - any lung condition has not been *stable*; or
  - *you* have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.
4. Any *medical condition* for which future investigation or *treatment* was planned before the *effective date* (other than routine monitoring).

#### GENERAL EXCLUSIONS

These exclusions apply to all benefits and services. This insurance provides no payment for any loss arising directly or indirectly out of or as a result of the following:

1. Intentionally self-inflicted harm, suicide or attempted suicide (whether sane or insane);
2. Except as specifically provided for in the Trip Cancellation and Interruption benefit under Pregnancy and Adoption, routine pre-natal care, fertility treatments, elective abortion, a child born during *your trip*, complications of *your* pregnancy when they occur in the 9 weeks before or after the expected date of delivery;
3. Mental, nervous or emotional disorders that do not require immediate hospitalization;

4. Abuse of any medication or non-compliance with prescribed medical treatment or therapy;
5. *Any injury or accident* occurring while *you* are under the influence of illicit drugs or alcohol (where the concentration of alcohol in *your* blood exceeds 80 milligrams of alcohol in 100 millilitres of blood) or when *you* illustrate a visible impairment due to alcohol or illicit drugs and any chronic *illness* or hospitalization related to, or exacerbated by, the habitual use of alcohol or illicit drugs;
6. War (whether declared or undeclared), acts of war, military duty, civil disorder or unrest; *terrorism* or *act of terrorism* (unless specifically covered);
7. Amateur or *professional* sports, or other athletic activities, which are organized and/or sanctioned. Full-contact bodily sports, skydiving, hang gliding, bungee jumping, parachuting, *mountain climbing* (where ropes or guides are normally used), caving, heli-skiing, any skiing or snowboarding outside marked trails, any motorized race or motorized speed contest. This exclusion does not include: amateur athletic activities, which are non-contact and engaged in by an insured person solely for leisure, recreational, entertainment or fitness purposes;
8. Scuba diving, unless *you* hold a basic SCUBA designation from a certified school or other licensing body or *you* are accompanied by a dive master or are diving in water not deeper than 10 metres;
9. Nuclear reaction, radiation or radioactive *contamination*;
10. Biological or chemical *contamination*;
11. Any unlawful acts committed by *you*, *family members*, or *travelling companions*, whether they are insured or not;
12. Seepage, pollution or *contamination*;
13. Epidemic or pandemic;
14. Financial collapse or default of any transport, tour or accommodation provider and/or any other service providers;
15. Prohibition or regulation by any government which interferes with *your trip*;
16. Cosmetic or any other elective surgery;
17. Organ harvesting surgery;
18. Air travel except while *you* are riding, boarding or alighting as a ticketed passenger on a certified passenger aircraft provided by a regularly scheduled airline on a regularly scheduled trip or charter;
19. *Any medical condition* or related condition when *you* knew prior to *your trip* that *you* would require or seek *treatment* or surgery for that condition;
20. *Your* travel to a country, region or city for which the Canadian government has issued a *travel advisory* in writing prior to *your departure date*; or
21. *Your* travel to a sanctioned country for any business or activity to the extent that such cover would violate any applicable national economic or trade sanction law or regulations.

## Claim Filing Procedures

Please contact **Allianz Global Assistance** at the phone number listed on *your* Declaration Page or visit [www.allianzassistanceclaims.ca](http://www.allianzassistanceclaims.ca) to obtain a claim form.

If *you* have any questions about *your* claim, please contact [Claims@allianz-assistance.ca](mailto:Claims@allianz-assistance.ca)

All benefits will be paid 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.

### Information to Submit When Filing a Claim

As a condition to the payment of benefits under this insurance, *we* will require certain information from *you* if *you* need to file a claim. This documentation will include, at a minimum and is not limited to, the following:

### General Documentation Requirements

1. Original receipts, invoices and itemized bills for all expenses.
2. The fully completed claim form supplied to *you* by *Allianz Global Assistance*.
3. Proof of departure from *your* province or territory of residence.

***You must submit all claims to Allianz Global Assistance within 90 days from date of loss. Failure to complete the required claim and authorization forms in full will delay the assessment of your claim.***

### Trip Cancellation / Interruption and Missed Cruise Connection Claims

General documentation requirements and the following:

1. Any appropriate documentation that officially explains the cause of *your* trip cancellation or interruption or proof of *your* missed cruise connection. The report of *your* physical examination (if applicable), and any explanation of diagnosis along with original itemized bills, receipts, and proof of other insurance payments.
2. Original unused tickets, copies of invoices, proof of payments, and other documents that substantiate the cost or occurrence of the trip cancellation or interruption or missed cruise connection.
3. Documentation of refunds received from the travel supplier(s) and/or *common carrier*(s).
4. Copy of the supplier's literature that describes penalties.
5. A letter from the tour operator or an itemized bill from the travel agent stating the non-refundable amounts of the trip costs.

## Trip Delay Claims

General documentation requirements and the following:

1. Written proof from the *common carrier* that *your trip* was delayed from its scheduled departure time for more than 6 hours.

## Baggage Insurance Claims

General documentation requirements and the following:

1. Original claim determination from the *common carrier*, if applicable.
2. Original police report or other report from local authorities.
3. Original receipts and list of stolen, lost or damaged items.
4. Statement of loss providing amount of loss, date, time and cause of loss.

## Missed Baggage Connection Claims

General documentation requirements and the following:

1. Proof of delay of checked *baggage* from the *common carrier* along with receipts of purchases must accompany *your* claim.
2. Documentation of refunds received from the travel supplier(s) and/or *common carrier(s)*.

## Emergency Medical and Dental Claims

General documentation requirements and the following:

1. Any explanation of diagnosis along with *your* original itemized bills, receipts, and proof of other insurance payment(s).
2. For *accidental* dental expenses, we require proof of the *accident*.

## Privacy Information Notice

CUMIS General Insurance Company (the “insurer”) and the insurer’s insurance administrator, *Allianz Global Assistance*, and the insurer’s agents, representatives and reinsurers (for the purpose of this Personal Information Notice collectively “we” “us” and “our”) require personal information including:

- details about you including your name, date of birth, address, telephone numbers, e-mail address, employer, and other identification
- medical records and information about you
- records that reflect your business dealings with and through us

This personal information is collected for the following insurance purposes when offering and providing insurance and related services:

- To identify and communicate with you
- To consider any application for insurance
- If approved, to issue a Certificate or *Policy* of insurance
- To administer insurance and related benefits

- To evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses;
- To investigate claims and to determine eligibility for insurance benefits
- To provide assistance services
- For fraud prevention and debt collection purposes
- As required or permitted by law.

We only collect personal information necessary for insurance purposes from individuals who apply for insurance, from Certificate or Policy holders, insureds and claimants. In some cases we also collect personal information from members of a Certificate or Policy holder’s, insured’s or claimant’s family or their friends when they are unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of the insured, Certificate or Policy holder or claimant. We may also use and disclose information from our existing files for the insurance purposes. Our employees who require this information for the purposes of their duties will have access to this file.

Upon your request and authorization, we may also disclose this information to other persons.

From time to time, and if permitted by applicable law, we may also collect, use or disclose personal information in order to offer additional or upgraded products and services (the “optional purposes”).

When an individual applies for, purchases, or is covered by one of our insurance policies or submits a claim for insurance benefits, he or she is presumed to consent to the personal information practices described in this notice. If an individual does not wish to have their personal information used for the optional purposes they need only notify *Allianz Global Assistance*. A person may decline to have their information collected, used or disclosed for the insurance purposes but in that instance we will likely be unable to provide insurance and related services.

Personal information is maintained in the Certificate or Policy holder’s, insured’s or claimant’s file that we establish and maintain in the offices of *Allianz Global Assistance*. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada. As a result, personal information may be accessible to regulatory authorities in accordance with the law of these other jurisdictions. For information about how to obtain access to written information about our policies and procedures with respect to service providers outside of Canada, please contact the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca).

We will retain the personal information we collect for a specified period of time and in a storage method appropriate with legal and our internal corporate requirements. Personal information will be securely destroyed following the expiration of the appropriate retention period.

Individuals have a right to request to access or correct personal information we have on file by contacting the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca) or by writing to:

Privacy Officer  
Allianz Global Assistance

700 Jamieson Parkway  
Cambridge, ON N3C 4N6  
Canada

For a complete copy of our Privacy Policy please visit  
[www.allianz-assistance.ca](http://www.allianz-assistance.ca).

### **Questions?**

If *you* have any questions or concerns about *our* products, services, *your* Policy, or claim please feel free to contact *Allianz Global Assistance* anytime:

Toll Free: 1-866-520-8823  
Collect: 1-519-742-9013  
Email: [questions@allianz-assistance.ca](mailto:questions@allianz-assistance.ca)