

CERTIFICATES OF INSURANCE

AMERICAN EXPRESS®
AEROPLAN®* CORPORATE
RESERVE CARD

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15-DAY OUT OF PROVINCE/COUNTRY EMERGENCY MEDICAL INSURANCE

Effective Date of this Certificate:
January 1, 2021.

INTRODUCTION

Out of Province/Country *Emergency* Medical insurance for AMEX Cardmembers and insured persons.

Amex Bank of Canada has been issued group insurance policy PSI047257741 by Royal & Sun Alliance Insurance Company of Canada (the “Insurer”) to cover *emergency* medical expenses incurred by *you* while outside *your* Canadian province or territory of residence. This Certificate of Insurance summarizes the provisions of the group insurance policy applicable to *your* AMEX *Card* for Out of Province/Country *Emergency* Medical Insurance coverage.

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* insurance 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.**
- ***Your* insurance provides travel assistance. *You* are required to notify Global Excel Management Inc. prior to *emergency* treatment. *Your* insurance limits benefits should *you* not contact Global Excel Management Inc. immediately.**
- **Coverage is only available if *you* are a resident of Canada.**
- **This Certificate contains clauses which may limit the amounts payable.**
- **The policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.**

All *italicized* terms have the specific meaning explained in the “Definitions” section of this Certificate of Insurance.

WHAT TO DO IN A MEDICAL EMERGENCY?

If *you* have a medical *emergency*, *you* must call Global Excel Management Inc. (Global Excel) **before *you* receive *emergency services***. Of course, if *your* *medical condition* prevents *you* from calling, *we* understand – however, *you* must call as soon as medically possible or, as an alternative, someone else may call on *your* behalf (relative, friend, nurse or doctor).

Global Excel can be contacted 24 hours a day, 7 days a week by calling:

**1-800-243-0198 toll-free from the US & Canada, or
+905-475-4822 collect from anywhere in the world**

If you do not call Global Excel before you seek *emergency services*, or if you choose to seek care from a non-approved medical service provider, you will be responsible for 20% of your medical expenses covered under this insurance and not recovered from your government health insurance plan, to a maximum of \$25,000. If, after reimbursement by your government health insurance plan, your claim exceeds \$25,000, this insurance will pay 100% of any eligible expenses over and above \$25,000.

DEFINITIONS

Throughout this Certificate of Insurance, all *italicized* terms have the specific meaning explained below.

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.

Accommodation - means an establishment providing commercial accommodations or in the business of operating a vacation rental marketplace and hospitality service for the general public.

Card - means an American Express® Aeroplan® Corporate Reserve Card.

Cardmember - means an employee of the *company* to whom a *Card* has been issued in Canada by Amex Bank of Canada for business use at the request of the *company*.

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.

Company - means the firm in whose name the *Card* account has been opened.

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

Departure point - the place from which you depart your Canadian province or territory of permanent residence on the first day, and return to on the last day of your intended trip.

Dependent child(ren) - means an unmarried natural, adopted, step or foster child of the *Cardmember* or his or her *spouse* who is, on the *effective date*, at least 15 days old, dependent on the *Cardmember* or his or her *spouse* for support and:

- is under 21 years of age;
- is a full-time student who is under 25 years of age; or
- has a permanent physical impairment or a permanent mental disability.

Effective date - your date of departure from your Canadian province or territory of residence.

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 Insurer determines that you are medically able to return to your *departure point*.

Emergency services - any treatment, surgery or medication that:

- is required for the immediate relief of an acute symptom; or
- upon the advice of a *physician* cannot be delayed until you return to your *departure point*, and has to be received during your *trip* because your *medical condition* prevents you from returning to your *departure point*.

The *emergency services* must be ordered by or received from a *physician*, or received in a *hospital* during *your trip*, or received from a licensed physiotherapist, chiropractor, chiropodist, podiatrist or osteopath, as a result of an *emergency* that occurs during *your trip*.

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 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.

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.

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.

Period of insurance - the period of time between *your effective date* and *your return date*. The period of insurance cannot exceed the first 15 consecutive days of *your trip*.

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 license) at the location where the treatment is provided. A physician does not include a naturopath, herbalist, chiropractor or homeopath.

Prescription drugs - drugs and medicines that can only be issued upon the prescription of a *physician* or dentist and are dispensed by a licensed pharmacist. Prescription drugs does not mean such drugs 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*.

Ridesharing services - mean transportation network companies in the business of providing peer-to-peer ridesharing transportation services through digital networks or other electronic means for the general public.

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

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).

Top-up - the coverage *you* purchase through the Enrollment Centre to extend travel insurance coverage that is in effect for *your period of insurance* during *your trip* under this Certificate of Insurance. The terms, conditions and exclusions of the *top-up* Certificate of Insurance apply to *you* during the *top-up* period.

Travelling companion - the person other than *your spouse* or *dependent child* who is sharing travel arrangements with *you* to a maximum of three persons.

Trip - means travel for business or personal purposes, with the consent of the *company*, for the period of time between leaving *your departure point*, up to and including *your return date* outside *your* Canadian province or territory of residence.

Vehicle - a private passenger automobile, minivan, mobile home, camper truck or trailer home, which *you* use during *your trip* exclusively for the transportation of passengers other than for hire. It can be either owned by *you* or leased by *you* from a commercial rental agency.

We, us and our - refer to Royal & Sun Alliance Insurance Company of Canada (the Insurer) or Global Excel Management Inc., its authorized claims and assistance provider, as applicable.

You, your and insured person - means any of the following persons who are under 65 years of age on the *effective date* and who have a valid *government health insurance plan*: the *Cardmember*, the *Cardmember's spouse*, or the *Cardmember's dependent child*.

WHEN DOES COVERAGE BEGIN AND END?

This insurance coverage begins whenever *you* leave *your* Canadian province or territory of residence.

You will be covered for the first:

- 15 consecutive days of a *trip*, including the date *you* leave on *your trip* and the date *you* return from *your trip*.

Coverage ends on the earliest of:

1. the date *you* return to *your* Canadian province or territory of residence;
2. the date the *company's Card* account is cancelled;
3. the date *your Card* privileges are terminated;
4. the date the *company's Card* account is no longer in good standing as per the *Cardmember Agreement* issued by Amex Bank of Canada;
5. the date *you* have been absent for more than 15 consecutive days from *your* Canadian province or territory of residence;
6. the date the group insurance policy terminates.

WHAT IF YOU WANT TO TOP-UP YOUR COVERAGE?

You can *top-up your* coverage by calling the Enrollment Centre at 1-866-587-1029. Premium payment will be charged to *your Card* account.

CAN COVERAGE BE EXTENDED?

Coverage automatically extends beyond the 15 day limit as follows:

1. When *you* or *your travelling companion* are hospitalized due to a medical *emergency* on *your* scheduled *return date*, *your* coverage will remain in force during the period of hospitalization and up to 5 days following discharge from *hospital*.

2. Coverage is automatically extended for up to 5 days when *you* must delay *your* scheduled *return date* due to *your* or *your travelling companion's* medical *emergency*.
3. Coverage is automatically extended for up to 72 hours when the delay of a common carrier in which *you* are a passenger causes *your trip* to extend beyond *your* scheduled *return date*.
4. Regardless of the automatic extensions above, coverage will not continue beyond 365 days from *your* latest date of departure from *your departure point*.

WHAT RISKS ARE INSURED?

This insurance offers coverage to a maximum of \$5,000,000 CAD per *insured person*, per *trip* for reasonable and customary expenses incurred by *you*, in excess of any medical expenses payable by *your government health insurance plan* or any other insurance plan, for *emergency services* medically required during *your trip* as a result of a medical *emergency*.

WHAT ARE THE BENEFITS?

1. Hospital & Medical Expenses

Covers the cost of a medical *emergency* including *hospital*, surgical and medical treatment. Eligible expenses include the following when ordered by a *physician* during *your trip*:

- *hospital* room and board, up to semi-private or the equivalent,
- treatment by a *physician* or surgeon,
- out-patient *hospital* charges,
- x-rays and other diagnostic tests,
- use of an operating room, intensive care unit, anesthesia and surgical dressings,
- *prescription drugs* except when *you* need them to continue to stabilize a chronic *medical condition* or a condition which *you* had before *your trip*,
- local ground ambulance service (or local taxi fare or *ridesharing services* in lieu) to a *hospital*, *physician* or medical service provider in a medical *emergency*,
- the lesser of the rental or purchase of a *hospital-type* bed, a wheelchair, brace, crutches and other medical appliances, and
- the cost for the professional services of a registered private nurse while *you* are hospitalized, to a maximum of \$10,000, when these services are recommended by a *physician* and approved in advance through Global Excel.

2. Emergency Dental Expenses

Covers the cost of the following dental expenses when 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 during *your trip*:

- *emergency* dental expenses *you* incur during *your trip*, and
- up to a maximum of \$1,000 to continue necessary treatment after *your* return to Canada so long as this treatment is received within 90 days of *your* injury.

This insurance also covers treatment, during *your trip*, for the *emergency* relief of dental pain, to a maximum of \$250. Proof of the accident will be required in the event of a claim.

3. Physiotherapy and Other Professional Services

Covers the cost for the professional services of a physiotherapist, chiropractor, osteopath, chiropodist or podiatrist to a maximum of \$250 per profession, when ordered by a *physician* during *your trip*.

4. Return to your *Departure Point*

If the *physician* treating *you* recommends to *us* in writing that *you* return to *your departure point* because of *your medical condition* in order to receive *emergency* medical attention, or if the Insurer determines that *you* are able to and recommends that *you* return to *your departure point*, this insurance covers *you* for one or more of the following, when pre-authorized and arranged by Global Excel, when medically essential:

- the extra cost of a one-way economy air fare on a commercial flight via the most cost-effective route to *your departure point* to receive immediate *emergency* medical attention; or
- the cost of a stretcher fare on a commercial flight via the most cost-effective route to *your departure point*, if a stretcher is medically necessary; and
- the cost of a return economy air fare on a commercial flight via the most cost-effective route and the usual fees and expenses for a qualified medical attendant to accompany *you*, when the attendant is medically necessary or required by the airline; or
- the cost of air ambulance transportation if it is medically essential.

5. Return of Deceased

Covers:

- the return of *your* remains in the common carrier's standard transportation container to *your departure point*, and up to \$3,000 for the preparation of *your* remains and the cost of the common carrier's standard transportation container; or
- the return of *your* remains to *your departure point*, and up to \$2,000 for the cremation of *your* remains where *your* death occurred; or
- up to \$3,000 for the preparation of *your* remains and the cost of a standard burial container and up to \$2,000 for the burial of *your* remains where *your* death occurred.

If someone is legally required to identify *your* remains, this insurance covers the cost of round-trip economy class transportation by the most cost-effective route and up to \$300 for meal and *accommodation* expenses for that person. That person is covered under the terms of *your* insurance during the period in which he or she is required to identify *your* remains, but for no longer than 3 business days.

6. Additional Meal & Accommodation Expenses

Covers the cost of up to \$150 per day, to a maximum of \$1,500 per *trip*, for meal and *accommodation* expenses *you* have incurred after the date *you* are scheduled to return to the *departure point*, when *your* return is delayed due to *your* or *your travelling companion's* medical *emergency* or when *you* or *your travelling companion* are relocated to receive medical attention.

7. Bringing Bedside Companion to Bedside

- This benefit is subject to the pre-authorization of Global Excel.
- Covers the cost of round-trip economy class transportation by the most cost-effective route, to have someone visit *you* when *you* are travelling alone and are hospitalized during *your trip* for more than 3 days. However, if *you* are under age 21, or age 21 and over and physically handicapped and dependent on *your* bedside companion for support, this insurance provides this benefit to *you* as soon as *you* are admitted to a *hospital*. That person is entitled to a maximum of \$300 for meal and *accommodation* expenses and is covered under the terms of *your* insurance during the period in which he or she is required at *your* bedside.

8. Return of *Vehicle*

- This benefit is subject to the pre-authorization of Global Excel.
- Covers the reasonable costs for a commercial agency, when arranged and approved through Global Excel, to return a *vehicle* to *your* residence or to a commercial rental agency, when *you* are unable to return the *vehicle* due to a medical *emergency*. The *vehicle* can be a private passenger automobile, self-propelled mobile home, camper truck or trailer home that *you* own or rent and which *you* use during *your trip*.

9. Return of *Dependent Children*

- This benefit is subject to the pre-authorization of Global Excel.
- If *dependent children* travel with or join *you* during *your trip*, and *you* are hospitalized for more than 24 hours, or *you* must return to Canada because of *your* medical *emergency* covered under this insurance, this insurance covers, when arranged and approved through Global Excel, the extra cost of one-way economy transportation by the most cost-effective route to their *departure point* and the cost of return economy transportation for an escort, when an escort is deemed necessary by the carrier.

10. Return of *your Excess Baggage*

- This benefit is subject to the pre-authorization of Global Excel.
- If *you* return to *your departure point* by air ambulance (pre-authorized by Global Excel) because of *your* medical *emergency*, this insurance covers the cost to return *your* excess baggage up to a maximum of \$500.

WHAT ASSISTANCE SERVICES ARE AVAILABLE?

Under this Certificate of Insurance, the following assistance services are available to *you*:

1. Medical Assistance & Consultation

When *you* have a medical *emergency* and *you* call Global Excel, whenever possible *you* will be directed to one or more recommended medical service providers near *you*. In addition, whenever possible, Global Excel will:

- provide confirmation of coverage and pay *your* eligible medical expenses directly to the recommended medical service provider,
- consult with *your* attending *physician* to monitor *your* care, and
- monitor the appropriateness, necessity and reasonableness of that care to ensure that *your* resulting eligible expenses will be covered by this insurance.

2. Payment Assistance

Whenever possible, the payment of the medical services *you* receive will be co-ordinated through Global Excel, communicated with *your* medical provider and billing arrangements will be discussed. There are certain countries where, due to local conditions or travel reports from the Canadian government, assistance services are not available and *you* may be required to make payment up-front. If *you* are required to make payment up-front, *you* must obtain detailed and itemized original bills for claims submission and call the Claims Centre on *your* return home.

3. Emergency Message Centre

In case of a medical *emergency*, Global Excel will help exchange important messages with *your immediate family*, business or *physician*.

4. Replacement Co-ordination

Whenever possible, Global Excel will help co-ordinate the replacement of *your* prescription eyeglasses or essential prescription medication in the event these items need to be replaced during *your trip*. This insurance does not cover the actual cost to replace *your* prescription eyeglasses or essential prescription medication.

WHAT IS NOT COVERED?

Pre-Existing Condition Exclusion

In addition to the exclusions outlined below under “General Exclusions,” the following exclusion applies to *you*.

EXCLUSION I

This insurance will not pay for any expenses relating to or in any way associated with:

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

GENERAL EXCLUSIONS

This insurance will not pay for any expenses relating to or in any way associated with:

1. A *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your trip*.
2. The continued treatment, recurrence or complication of a *medical condition* or related condition, following *emergency* treatment of that condition during *your trip*, if the Insurer determines that *you* were medically able to return to *your departure point* and *you* chose not to return.
3. The treatment of any heart or lung condition following *emergency services* for a related or unrelated heart or lung condition during *your trip* if the Insurer determines that *you* were medically able to return to *your departure point* and *you* chose not to return.
4. Any services that are not *emergency services*.
5. Routine care of a chronic condition.
6. Routine pre-natal care.
7. If *you* are pregnant, *your pregnancy* or the birth and delivery of *your child*, or any complications of either, occurring in the nine weeks before or after *your* expected delivery date as determined by *your* primary care *physician* in *your* province. Note that a child born during a *trip*, even if born outside of the nine weeks before or after the expected delivery date, shall not be regarded as an *insured person* and shall not have coverage under this Certificate for the entire duration of the *trip* in which the child is born.
8. Invasive testing or surgery (including cardiac catheterization and MRI) unless approved by Global Excel prior to being performed.
9. Participation:
 - a) as a *professional athlete* in a sporting event including training or practice;

- b) in any motorized race or motorized speed contest;
 - c) in scuba diving (unless *you* hold a basic SCUBA designation from a certified school or other licensing body), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, *mountain climbing*, rodeo, heli-skiing, any downhill skiing or snowboarding outside marked trails or any cycling racing event or ski racing event.
10. *Your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
 11. *Your* intentional self-inflicted injury, suicide or attempt to commit suicide.
 12. 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*.
 13. *Your* abuse of medication, drugs or alcohol, or deliberate non-compliance with prescribed medical therapy or treatment, whether prior to or during *your trip*.
 14. *Your* anxiety or panic attack or state of mental or emotional stress unless such state was sufficiently severe as to require a medical consultation.
 15. War (declared or not), act of foreign enemies or rebellion.
 16. Any portion of the benefits that require prior authorization and arrangement by Global Excel if such benefits were not pre-authorized and arranged by Global Excel.
 17. 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*.
 18. A *medical condition* for which it was reasonable to expect treatment or hospitalization during *your trip*.
 19. Symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before *your trip*.
 20. Treatment or surgery for a specific condition, or a related condition, which had caused *your physician* to advise *you* not to travel.
 21. Any *medical condition* *you* suffer or contract, or any loss *you* incur in a specific country, region or area while a travel advisory of "Avoid non-essential travel" or "Avoid all travel" is in effect for that specific country, region or area and the travel advisory was issued by the Government of Canada before *your effective date*, even if the *trip* is undertaken for essential reasons. This exclusion only applies to *medical conditions* or losses which are related, directly or indirectly, to the reason for which the travel advisory was issued.

If the travel advisory is issued after *your effective date*, *your* coverage under this insurance in that specific country, region or area will be restricted to a period of 10 days from the date the travel advisory was issued, or to a period that is necessary for *you* to safely evacuate the country, region or area, after which coverage will be limited to *medical conditions* or losses which are unrelated to the reason for which the travel advisory was issued, while the travel advisory remains in effect.

22. Any *medical condition* if the medical advisors of Global Excel recommend that *you* return to *your departure point* following *emergency services* *you* have received, and *you* chose not to return.

23. 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.

HOW DO YOU SUBMIT A CLAIM?

1. When *you* call Global Excel 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. This insurance does 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:

73 Queen Street, Sherbrooke, Quebec, J1M 0C9

+905-475-4822 or 1-800-243-0198

Emergency Medical Insurance

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

- Proof of your departure and *return date*.
- Original of all bills, invoices and receipts.
- Proof of payment by *your government health insurance plan* and payment from any other insurer or benefit plan.
- The completed and signed government specific forms if *you* reside in Quebec, British Columbia or Newfoundland.
- A complete diagnosis from the *physician(s)* and/or *hospital(s)* that provided the treatment, including, where applicable, written verification from the *physician* who treated *you* during *your trip* that the expenses were medically necessary.

In addition, for accidental dental expenses, *we* require proof of the accident.

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

OTHER CLAIM INFORMATION

During the processing of a claim, the Insurer may require *you* to undergo a medical examination by one or more *physicians* selected by the Insurer and at the Insurer's expense.

You agree that the Insurer and its agents have:

- a) *your* consent to verify *your* health card number and other information required to process *your* claim, with the relevant government and other authorities;
- b) *your* authorization to *physicians*, *hospitals* and other medical providers to provide to *us*, Global Excel and the Claims Centre, any and all information they have regarding *you*, while under observation or treatment, including *your* medical history, diagnoses and test results; and
- c) *your* agreement to disclose any of the information available under a) and b) above to other sources, as may be required for the processing of *your* claim for benefits obtainable from other sources.

After *we* pay *your* health care provider or reimburse *you* for covered expenses, *we* will seek reimbursement from *your government health insurance plan* and any other medical insurance plan under which *you* may have coverage. *You* may not claim or receive in total more than 100% of *your* total covered expenses or the actual expenses which *you* incurred, and *you* must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when *we* determine that the amount was not payable under the terms of *your* insurance.

In the case of out-of-country/province health care coverage:

- a) if *you* are retired and *your* former employer provides to *you* under an extended health insurance plan, a lifetime maximum coverage of:
 - \$50,000 or less, *we* will not coordinate payment with such coverage;
 - more than \$50,000, *we* will coordinate payment with such coverage only in excess of \$50,000;in accordance with the coordinating coverage guidelines issued by the Canadian Life and Health Insurance Association.
- b) if *you* are actively employed and *your* current employer provides to *you* under a group health insurance plan, a lifetime maximum coverage of:
 - \$50,000 or less, *we* will not coordinate payment with such coverage;
 - more than \$50,000, *we* will coordinate payment with such coverage only in excess of \$50,000.

GENERAL CONDITIONS

1. 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.
2. When *you* contact Global Excel, they will, on the Insurer's behalf, refer *you* or may transfer *you*, when medically appropriate, to one of their recommended medical service providers. They will also request that the approved medical service provider bill the medical expenses covered under this insurance directly to the Insurer instead of to *you*.
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. Any information that has been misrepresented, misstated or is incomplete may result in this Certificate of Insurance and *your* coverage being null and void, in which case no benefits will be paid. *You* must submit any subsequent changes to the information in writing before *you* depart on *your* trip.
5. 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 insurance.
6. 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.
7. 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.
8. Throughout this Certificate of Insurance, any reference to age refers to *your* age on the *effective date*.
9. 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.

10. The Insurer, Global Excel, Amex Bank of Canada and their agents are not responsible for the availability, quality or results of medical treatment or transportation, or *your* failure to obtain medical treatment.
11. This Certificate of Insurance 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.
12. On reasonable notice *you* or a claimant under the contract will be provided with a copy of the group contract (applicable only in those provinces where mandated by legislation and subject to certain access limitations permitted by applicable legislation).
13. 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 British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.
14. The Insurer shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this Certificate of Insurance which would breach economic, financial, or trade sanctions imposed under the laws of Canada, the European Union, the United Kingdom, or any other applicable jurisdiction.

IMPORTANT NOTICE ABOUT YOUR PERSONAL INFORMATION

Royal & Sun Alliance Insurance Company of Canada is committed to protecting your privacy and the confidentiality of your personal information. We will collect, use and disclose personal information for the purposes identified in our Privacy Policy. To obtain more information, you can review our Privacy Policy online at www.rsagroup.ca or request a copy by calling 1-888-877-1710.

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TRIP CANCELLATION & TRIP INTERRUPTION INSURANCE

Effective Date of this Certificate:
January 1, 2021.

INTRODUCTION

Trip Cancellation & Trip Interruption insurance for AMEX Cardmembers and insured persons.

Amex Bank of Canada has been issued group insurance policy PSI047258485 by Royal & Sun Alliance Insurance Company of Canada (the “Insurer”) to protect *your* travel investment prior to departure or cover other expenses incurred by *you* after departure, while outside *your* Canadian province or territory of residence. This Certificate of Insurance summarizes the provisions of the group insurance policy applicable to *your* AMEX Card for Trip Cancellation and Trip Interruption insurance.

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* insurance 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.**
- **Coverage is only available if *you* are a resident of Canada while *you* are travelling outside *your* province or territory of permanent residence.**
- **For trip cancellation coverage, only the *trip* costs charged on the *Cardmember’s Card* will be considered for reimbursement, up to the benefit maximum. Any expenses incurred using other payment sources will not be considered.**
- **For trip interruption/trip delay coverage, benefits are payable to *you* as long as any portion of the *trip* costs are charged to the *Cardmember’s Card*, up to the benefit maximum.**
- **This Certificate contains clauses which may limit the amounts payable.**
- **The Policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.**

All *italicized* terms have the specific meaning explained in the “Definitions” section of this Certificate of Insurance.

WHAT TO DO IN AN EMERGENCY?

If *you* have an *emergency*, *you* can call Global Excel Management Inc. (Global Excel). Global Excel can be contacted 24 hours a day, 7 days a week by calling:

**1-800-243-0198 toll-free from the US & Canada, or
+905-475-4822 collect from anywhere in the world**

DEFINITIONS

Throughout this Certificate of Insurance, all *italicized* terms have the specific meaning explained below.

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.

Accommodation - means an establishment providing commercial accommodations or in the business of operating a vacation rental marketplace and hospitality service for the general public.

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.

Card - means an American Express® Aeroplan® Corporate Reserve Card.

Cardmember - means an employee of the *company* to whom a *Card* has been issued in Canada by Amex Bank of Canada for business use at the request of the *company*.

Caregiver - the permanent, full-time person entrusted with the well-being of your dependent(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 72-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.

Common carrier - means any land, water, or air conveyance operated under a license for the transportation of passengers for hire and for which a ticket has been obtained. Common carrier does not include any conveyance that is hired or used for a sport, gamesmanship, contest, cruise and/or recreational activity, regardless of whether such conveyance is licensed. Rental vehicles are not considered common carriers.

Company - means the firm in whose name the *Card* account has been opened.

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

Departure point - the place from which you depart your Canadian province or territory of permanent residence on the first day, and return to on the last day of your intended *trip*.

Dependent child(ren) - means an unmarried natural, adopted, step or foster child of the *Cardmember* or his or her *spouse* who is, on the *effective date*, at least 15 days old, dependent on the *Cardmember* or his or her *spouse* for support and:

- is under 21 years of age;
- is a full-time student who is under 25 years of age; or
- has a permanent physical impairment or a permanent mental disability.

Effective date - means the date and time any portion of the *trip* costs (before any cancellation penalties have been incurred) are first charged to the *Card* by the *Cardmember*, or paid by redeeming points earned under the *Card* reward program provided any applicable taxes are charged to the *Card*. Note: *Trips* will not be covered for Trip Cancellation or Trip Interruption, if purchased with points from a reward program other than the *Card* reward program.

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 Insurer determines that *you* are medically able to return to *your departure point*.

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.

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.

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 license) at the location where the treatment is provided. A physician does not include a naturopath, herbalist, chiropractor or homeopath.

Prescription drugs - drugs and medicines that can only be issued upon the prescription of a *physician* or dentist and are dispensed by a licensed pharmacist. Prescription drugs does not mean such drugs 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*.

Ridesharing services - mean transportation network companies in the business of providing peer-to-peer ridesharing transportation services through digital networks or other electronic means for the general public.

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

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 through the Enrollment Centre to extend travel insurance coverage that is in effect for *your trip* under this Certificate of Insurance. The terms, conditions and exclusions of the *top-up* Certificate of Insurance apply to *you*.

Travelling companion - the person other than *your spouse* or *dependent child* who is sharing travel arrangements with *you* to a maximum of three persons.

Trip - means travel for business or personal purposes, with the consent of the *company*, for a period of travel outside *your* Canadian province or territory of residence for which:

- a) There is a *departure point* and a destination; and
- b) There are predetermined and recorded beginning and ending dates; and
- c) Any portion of the prepaid travel arrangements was charged to the *Cardmember's Card* prior to *your* departure.

Note: For trip cancellation coverage, only the prepaid travel arrangements charged to the *Cardmember's Card* will be considered for reimbursement, up to the benefit maximum. Any expenses incurred using other payment sources will not be considered. For trip interruption/trip delay coverage, benefits are payable to *you* as long as any portion of the prepaid travel arrangements are charged to the *Cardmember's Card*, up to the benefit maximum. This definition is extended to include a *common carrier* ticket or *accommodations* obtained through the redemption of points earned under the *Card* reward program.

We, us and **our** - refer to Royal & Sun Alliance Insurance Company of Canada (the Insurer) or Global Excel Management Inc., its authorized claims and assistance provider, as applicable.

You, your and **insured person** - mean any of the following persons: the *Cardmember*, the *Cardmember's spouse*, or the *Cardmember's dependent child*.

WHEN DOES COVERAGE BEGIN AND END?

This insurance provides coverage whenever any portion of the *trip* costs (before any cancellation penalties have been incurred) is paid with *your Card* or paid using points earned under the *Card* reward program, provided any applicable taxes are charged to the *Card*. Note: *Trips* will not be covered for Trip Cancellation or Trip Interruption, if purchased with points from a reward program other than the *Card* reward program.

Coverage begins on *your effective date*.

Coverage ends on the earliest of:

1. midnight of *your return date*;
2. the date the *company's Card* account is cancelled;
3. the date *your Card* privileges are terminated;
4. the date the *company's Card* account is no longer in good standing as per the Cardmember Agreement issued by Amex Bank of Canada;
5. the date the group insurance policy terminates.

WHAT IF YOU WANT TO TOP-UP YOUR COVERAGE?

You can *top-up your* coverage by calling the Enrollment Centre at 1-866-587-1029. Premium payment will be charged to *your Card* account.

CAN COVERAGE BE EXTENDED?

Coverage automatically extends as follows:

1. When *you* or *your travelling companion* are hospitalized due to a medical *emergency* on *your* scheduled *return date*, *your* coverage will remain in force during the period of hospitalization and up to 5 days following discharge from *hospital*.
2. Coverage is automatically extended for up to 5 days when *you* must delay *your* scheduled *return date* due to *your* or *your travelling companion's* medical *emergency*.
3. Coverage is automatically extended for up to 72 hours when the delay of a *common carrier* in which *you* are a passenger causes *your trip* to extend beyond *your* scheduled *return date*.
4. Regardless of the automatic extensions above, coverage will not continue beyond 365 days from *your* latest date of departure from *your departure point*.

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 insurance, this Certificate of 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 d), reimburse *you* up to a maximum of 50% of *your* eligible loss.
- c) The benefits payable in accordance with paragraphs a), and b) 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, cruiselines 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.
- d) 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 under all insurance plans underwritten by *us* 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 under all insurance plans underwritten by *us* 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 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.

TRIP CANCELLATION/TRIP INTERRUPTION INSURANCE:

This coverage provides benefits for:

This coverage provides benefits for:

- cancelling *your trip* before leaving *your departure point*,
- transportation to *your* next destination,
- an early return to *your departure point*, or
- the delay of *your trip* beyond the scheduled *return date*.

When does the risk occur?

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

TRIP CANCELLATION / TRIP INTERRUPTION COVERAGE

Risk	Maximum Sums for each <i>Trip</i>
Trip Cancellation/Prior to Departure	\$1,500 per <i>insured person</i> to a maximum of \$3,000 for all <i>insured persons</i> combined
Trip Interruption/After Departure	\$1,500 per <i>insured person</i> to a maximum of \$6,000 for all <i>insured persons</i> combined
Out-of-Pocket Expenses (Trip Interruption/After Departure)	\$100 per day per <i>insured person</i> to \$1,000 maximum for all <i>insured persons</i> combined

What are the risks insured?

WHAT ARE <i>YOU</i> COVERED FOR?		WHAT ARE <i>YOU</i> ELIGIBLE FOR?		
		Trip Cancellation	Trip Interruption	Trip Delay
MEDICAL CONDITION		BENEFIT(S)		
1	<i>Your emergency medical condition.</i>	A	B, D & G, or B, E & G, or B, F & G	E & G
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</i> destination), <i>your</i> business partner, <i>key employee</i> or <i>caregiver</i> .	A	B, E & G	N/A
3	The <i>emergency medical condition</i> of a member of <i>your immediate family</i> (who is not at <i>your</i> destination), <i>your</i> business partner, <i>key employee</i> or <i>caregiver</i> .	A	B, E & G	N/A
4	The admission to a <i>hospital</i> of <i>your</i> host at destination, following an <i>emergency medical condition</i> .	A	B, E & G	N/A

N/A: Not Applicable

WHAT ARE <i>YOU</i> COVERED FOR?		WHAT ARE <i>YOU</i> ELIGIBLE FOR?		
		Trip Cancellation	Trip Interruption	Trip Delay
MEDICAL CONDITION		BENEFIT(S)		
5	The <i>emergency medical condition</i> of <i>your travelling companion</i> .	A	B, D & G, or B, E & G, or B, F & G	E & G
6	The <i>emergency medical condition</i> of <i>your immediate family member</i> who is at <i>your destination</i> .	A	B, E & G	E & G
DEATH				
7	<i>Your death</i> .	A	B	N/A
8	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	B, E & G	N/A
9	The death of <i>your travelling companion</i> .	A	B, E & G	E & G
10	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	B, E & G	N/A
11	The death of <i>your host</i> at destination, following an <i>emergency medical condition</i> .	A	B, E & G	N/A
12	The death of <i>your immediate family member</i> or friend, who is at <i>your destination</i> .	A	B, E & G	E & G
GOVERNMENT ADVISORIES				
13	A travel advisory issued by the Government of Canada, after the purchase of <i>your trip</i> , of "Avoid non-essential travel" or "Avoid all travel" to a specific country, region or area originally ticketed for a period that includes <i>your trip</i> .	A	B, E & G, or B, F & G	N/A
EMPLOYMENT AND OCCUPATION				
14	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 principal residence</i> .	A	B, E & G	N/A
15	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	B, E & G	N/A
16	Cancellation of <i>your business meeting</i> beyond <i>your</i> or <i>your employer's</i> control.	A	B, E & G	N/A
17	<i>Your</i> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	A	B, E & G	N/A

N/A: Not Applicable

WHAT ARE <i>YOU</i> COVERED FOR?		WHAT ARE <i>YOU</i> ELIGIBLE FOR?		
		Trip Cancellation	Trip Interruption	Trip Delay
DELAYS		BENEFIT(S)		
18	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.	N/A	B, F & G	E & G
19	Delay of <i>your common carrier</i> , 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.	N/A	B, F & G	E & G
20	Delay of <i>your</i> departure, resulting from the mechanical failure of <i>your common carrier</i> , a traffic accident, an emergency police-directed road closure, weather conditions, or grounding of <i>your</i> air transportation, causing <i>you</i> to miss <i>your</i> scheduled cruise or tour, and no alternative travel arrangements can be made for <i>you</i> to join the cruise or tour.	N/A	C & G	N/A
OTHER RISKS				
21	An event completely independent of any intentional or negligent act that renders <i>your</i> principal residence uninhabitable or place of business inoperative.	A	B, E & G	N/A
22	The quarantine or hijacking of <i>you</i> , <i>your spouse</i> or <i>your dependent child</i> .	A	B, E & G	E & G
23	<i>You</i> , <i>your spouse</i> or <i>your dependent 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	B, E & G	N/A

N/A: Not Applicable

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 portion of *your* travel arrangements purchased before *your* departure date, that are non-refundable and non-transferable to another date (not applicable if *trip* purchased with points from a reward program other than the *Card* reward program).

- B. The unused portion of *your* travel arrangements purchased before *your* departure date, that are non-refundable and non-transferable to another travel date (not applicable if *trip* purchased with points from a reward program other than the *Card* reward program). This does not include reimbursement for prepaid unused transportation back to *your departure point*.
- C. The unused portion of *your* travel arrangements purchased before *your* departure date, that are non-refundable and non-transferable to another travel date (not applicable if *trip* purchased with points from a reward program other than the *Card* reward program).

Any credits provided by the airline or travel supplier for travel on another date, are considered transferable amounts and shall not be payable under this insurance.

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

Out-of-Pocket Expenses -

- G. Reimbursement of up to \$100 per day per *insured person* for expenses incurred for *accommodation*, meals, telephone, taxi and *ridesharing services* if *your trip* is interrupted or, if return home is delayed beyond the scheduled *return date*. This benefit is subject to a maximum of \$1,000 for all *insured person(s)*.

Limitations of coverage

Any transportation and out-of-pocket expenses benefits under this insurance must be undertaken on the earliest of:

- the date when *your* travel is medically possible; and
- within 10 days following *your* originally scheduled *return date* if *your* delay is not the result of hospitalization; or
- 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.

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

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

The Insurer's 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.

What assistance services are available?

Under this Certificate of Insurance, the following assistance services are available to *you*:

Emergency Message Centre

In case of a medical *emergency*, Global Excel will help exchange important messages with *your immediate family*, business or *physician*.

PRE-EXISTING CONDITION EXCLUSION

In addition to the exclusions outlined below under “General Exclusions,” the following exclusion applies to *you*.

This insurance will not pay any expenses relating to or in any way associated with:

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

GENERAL EXCLUSIONS

This insurance will not pay any expenses relating to or in any way associated with:

1. Cancellation or interruption when *you* are aware, on the *effective date*, of any reason that might reasonably prevent *you* from travelling as booked;
2. Any *trips* purchased with points from a reward program other than the *Card* reward program.
3. 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.
4. The schedule change of a medical test or surgery that was originally scheduled before *your period of insurance*.
5. Routine pre-natal care.
6. If *you* are pregnant, *your* pregnancy or the birth and delivery of *your* child, or any complications of either, occurring in the nine weeks before or after *your* expected delivery date as determined by *your* primary care *physician* in *your* province. Note that a child born during a *trip*, even if born outside of the nine weeks before or after the expected delivery date, shall not be regarded as an *insured person* and shall not have coverage under this Certificate for the entire duration of the *trip* in which the child is born.
7. Participation:
 - a) as a *professional* athlete in a sporting event including training or practice;
 - b) in any motorized race or motorized speed contest;
 - c) in scuba diving (unless *you* hold a basic SCUBA designation from a certified school or other licensing body), hang-gliding, rock climbing, paragliding, skydiving, parachuting, bungee jumping, *mountain climbing*, rodeo, heli-skiing, any downhill skiing or snowboarding outside marked trails or any cycling racing event or ski racing event.

8. *Your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
9. *Your* intentional self-inflicted injury, *your* suicide or *your* attempt to commit suicide.
10. 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*.
11. *Your* abuse of medication, drugs or alcohol, or deliberate non-compliance with prescribed medical therapy or treatment, whether prior to or during *your trip*.
12. *Your* anxiety or panic attack or state of mental or emotional stress unless such state was sufficiently severe as to require a medical consultation.
13. 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*.
14. War (declared or not), act of foreign enemies or rebellion.
15. Any *medical condition* you suffer or contract, or any loss *you* incur in a specific country, region or area while a travel advisory of “Avoid non-essential travel” or “Avoid all travel” is in effect for that specific country, region or area and the travel advisory was issued by the Government of Canada before *your* departure date, even if the *trip* is undertaken for essential reasons. This exclusion only applies to *medical conditions* or losses which are related, directly or indirectly, to the reason for which the travel advisory was issued.

If the travel advisory is issued after *your* departure date, *your* coverage under this insurance in that specific country, region or area will be restricted to a period of 10 days from the date the travel advisory was issued, or to a period that is necessary for *you* to safely evacuate the country, region or area, after which coverage will be limited to *medical conditions* or losses which are unrelated to the reason for which the travel advisory was issued, while the travel advisory remains in effect.

16. 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.
17. A trip cancellation, trip interruption or trip delay which is related, directly or indirectly, to Coronavirus disease 2019 (COVID-19).

HOW DO YOU SUBMIT A CLAIM?

1. When *you* call Global Excel 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. This insurance does 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:

73 Queen Street, Sherbrooke, Quebec, J1M 0C9
+905-475-4822 or 1-800-243-0198

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

- 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 impossible, the diagnosis and all dates of treatment.

- Written evidence of the risk insured which was the cause of the cancellation, interruption or delay.
- Tour operator terms and conditions.
- Copy of AMEX statement or invoice showing payment of *your trip*.
- 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.

OTHER CLAIM INFORMATION

During the processing of a claim, the Insurer may require *you* to undergo a medical examination by one or more *physicians* selected by the Insurer and at the Insurer's expense.

You agree that the Insurer and its agents have:

- a) *your* consent to verify *your* health card number and other information required to process *your* claim, with the relevant government and other authorities;
- b) *your* authorization to *physicians*, *hospitals* and other medical providers to provide to *us*, Global Excel and the Claims Centre, any and all information they have regarding *you*, while under observation or treatment, including *your* medical history, diagnoses and test results; and
- c) *your* agreement to disclose any of the information available under a) and b) above to other sources, as may be required for the processing of *your* claim for benefits obtainable from other sources.

You may not claim or receive in total more than 100% of *your* total covered expenses or the actual expenses which *you* incurred, and *you* must repay to *us* any amount paid or authorized by *us* on *your* behalf if and when *we* determine that the amount was not payable under the terms of *your* insurance.

GENERAL CONDITIONS

1. 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.
2. 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.
3. 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 insurance.
4. Any information that has been misrepresented, mis-stated or is incomplete

may result in this Certificate of Insurance and *your* coverage being null and void, in which case no benefits will be paid. *You* must submit any subsequent changes to the information in writing before *you* depart on *your trip*.

5. 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.
6. 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.
7. Throughout this Certificate of Insurance, any reference to age refers to *your* age on *your effective date*.
8. 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.
9. The Insurer, Global Excel, Amex Bank of Canada and their agents are not responsible for the availability, quality or results of medical treatment or transportation, or *your* failure to obtain medical treatment.
10. This Certificate of Insurance is the entire contract between *you* and the Insurer. Despite any other provision of this contract, this contract is subject to any applicable federal and provincial statutes concerning contracts of insurance.
11. On reasonable notice *you* or a claimant under the contract will be provided with a copy of the group contract (applicable only in those provinces where mandated by legislation and subject to certain access limitations permitted by applicable legislation).
12. 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 British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.
13. The Insurer shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this Certificate of Insurance which would breach economic, financial, or trade sanctions imposed under the laws of Canada, the European Union, the United Kingdom, or any other applicable jurisdiction.

IMPORTANT NOTICE ABOUT YOUR PERSONAL INFORMATION

Royal & Sun Alliance Insurance Company of Canada is committed to protecting your privacy and the confidentiality of your personal information. We will collect, use and disclose personal information for the purposes identified in our Privacy Policy. To obtain more information, you can review our Privacy Policy online at www.rsagroup.ca or request a copy by calling 1-888-877-1710.

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LOST OR STOLEN BAGGAGE INSURANCE

Effective Date of this Certificate:
November 6, 2020.

INTRODUCTION

Lost or Stolen Baggage Insurance for AMEX Cardmembers and insured persons.

Amex Bank of Canada has been issued group insurance policy PSI047258521 for Lost or Stolen Baggage Insurance coverage by Royal & Sun Alliance Insurance Company of Canada (the “Insurer”). This Certificate of Insurance summarizes the provisions of the group insurance policy applicable to *your* AMEX *card* for Lost or Stolen Baggage Insurance.

All *italicized* terms have the specific meaning explained in the “Definitions” section of this Certificate of Insurance.

This Certificate contains clauses which may limit the amounts payable.

WHAT TO DO IN AN EMERGENCY?

If *you* have an emergency, *you* can call Global Excel Management Inc. (Global Excel). Global Excel can be contacted 24 hours a day, 7 days a week by calling:

**1-800-243-0198 toll-free from the US & Canada, or
+905-475-4822 collect from anywhere in the world**

DEFINITIONS

Throughout this Certificate of Insurance, all *italicized* terms have the specific meaning explained below.

Card - means an American Express® Aeroplan® Corporate Reserve Card.

Cardmember - means a holder of a valid Basic or Supplementary *card* issued in Canada by Amex Bank of Canada who pays for the *full fare* using the valid Amex Bank of Canada *card*.

Dependent children - means any natural child, any legally adopted child, any step-child of or any child dependent upon the *cardmember* in a “parent-child” relationship for maintenance and support who is:

- Under the age of 21 years and unmarried;
- Under the age of 25 years and unmarried and in full time attendance at a college or university; or
- By reason of mental or physical infirmity, incapable of self-sustaining employment and totally dependent upon the *cardmember* for support within the terms of the Income Tax Act (Canada).

Full fare - means 100% of the airline ticket price, including taxes, was charged to the *card*. Full fare is extended to include airline tickets obtained through the redemption of points from the *card* reward program when applicable taxes have been charged to the *card*.

Insured person - means a *cardmember*, a *cardmember's spouse*, and a *cardmember's dependent children*, whether travelling together or not.

Occurrence - a loss or losses arising from a single event or incident which is neither expected nor intended by an *insured person*.

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

We, us and **our** - refer to Royal & Sun Alliance Insurance Company of Canada (the Insurer) or Global Excel Management Inc., its authorized claims and assistance provider, as applicable.

You and **your** - refer to the *insured person*.

WHEN DOES COVERAGE BEGIN AND END?

Coverage begins when the baggage has been checked-in and is in the care, custody and control of a scheduled airline or charter airline, and for carry on baggage when the *insured person* boards the aircraft, provided that the *full fare* of the airline ticket is charged in advance to the *cardmember's card*.

Coverage ends on the earliest of:

1. when such checked-in baggage has been unloaded and placed in the airport terminal's baggage pick-up area for retrieval by the *insured person* and for carry on baggage when the *insured person* leaves the aircraft;
2. the date the *cardmember's card* account is cancelled;
3. the date the *cardmember's card* privileges are terminated;
4. the date the *cardmember's card* account is no longer in good standing as per the *cardmember's Cardmember Agreement* issued by Amex Bank of Canada;
5. the date the group insurance policy terminates.

WHAT IS COVERED AND WHAT ARE THE BENEFITS?

We will pay the *insured person* for loss or damage to owned or borrowed baggage and personal effects used for the personal use of the *insured person* while in transit as checked-in baggage or carried on board a chartered flight supplied by a scheduled airline, or by a charter airline if such flight operates on a regular published schedule, when the *full fare* is paid with the *card*.

The maximum payable for any one *occurrence* is up to \$1,000 for all *insured persons* combined.

Of the \$1,000 limit of coverage, jewellery is limited to no more than \$300 per *occurrence* and no more than \$250 per *occurrence* will apply to golf clubs, including golf bags.

GENERAL EXCLUSIONS

This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

1. Loss or damage to contact lenses, eyeglasses, sunglasses, artificial teeth and limbs, any device used to record images and/or sound and its equipment and accessories, including but not limited to cameras and camera equipment and accessories, any electronics including but not limited to laptops, ipods, MP3 players and cell phones, sports equipment (except golf clubs and golf bags; skis, ski poles and ski boots; and racquets), statuary, paintings, china or glass objects, objects of art or antiques, household effects and items pertaining to business, perishable items, animals and furs;
2. Cash, securities, bullion, negotiable property, tickets and valuable papers and documents;
3. Any illegal activity, fraud, or criminal activity, committed by or attempted by an *insured person*;
4. Loss or damage as a result of any act of war, whether declared or undeclared, hostile or war like action, insurrection, rebellion, revolution, civil war, usurped power, or action taken by government or public authority in hindering, combating or defending against such action;

5. Loss or damage as a result of terrorism, meaning any ideologically motivated unlawful act or acts, including but not limited to the use of violence or force or threat of violence or force, committed by or on behalf of any group(s), organization(s) or government(s) for the purpose of influencing any government and/or instilling fear in the public or a section of the public;
6. Loss or damage as a result of nuclear reaction, nuclear radiation, or radioactive contamination, any weapon of war employing atomic fission or a radioactive force.

HOW DO YOU SUBMIT A CLAIM?

1. You must file *your* claim with *us* within 30 days after the *occurrence*.
2. If *you* need a Claim & Authorization form, please contact *our* Claims Department at:
73 Queen Street, Sherbrooke, Quebec, J1M 0C9
+905-475-4822 or 1-800-243-0198

When submitting a claim, the following documentation is required (as applicable):

- A copy of the invoice/itinerary, and copy of the account statement in which the *full fare* expense appears, showing the *card* as the method of payment or showing it as a free ticket obtained through the redemption of points from the *card* reward program.
- A copy of the lost or damaged baggage report filed with the airline which includes the completed claim form itemizing the baggage's contents.
- Proof of settlement from the *insured person's* personal insurance company.
- Proof of settlement from the airline company.
- Estimate of repair (for damaged baggage/contents). If not repairable, a note from the repair facility stating same.
- Itemized original receipts for replacement items (if not repairable).

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

WHAT OTHER TERMS SHOULD YOU KNOW ABOUT?

This Certificate of Insurance evidences the agreement between *you* and *us*. Despite any other provision of this agreement, this agreement is subject to any applicable federal and provincial statutes concerning contracts of insurance. This coverage may be cancelled, changed or modified at *our* option or at the option of Amex Bank of Canada at any time without notice. This Certificate of Insurance replaces any and all certificates previously issued to the *cardmember* with respect to group insurance policy PSI047258521.

1. This coverage is excess insurance and *we* are the last payors. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under this coverage.
2. 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.
3. 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 insurance.

4. Any information that has been misrepresented, or misstated to *us* by *you* or is incomplete may result in this Certificate of Insurance and *your* coverage being null and void, in which case no benefits will be paid.
5. Any claim for loss or damage covered under this Certificate of Insurance will be adjusted and paid when satisfactory proof of the loss or damage is provided to *us*. *You* must give proof of loss and values of the items lost or damaged to *us*. All benefits will be paid to the *insured person*.
6. *We* will not pay more than the lesser of the following amounts:
 - a. The actual replacement cost of the property at the time of loss or damage;
 - b. The amount for which the property could be replaced with property of like kind and quality if an identical replacement cannot reasonably be obtained;
 - c. The actual cash value of the item at the time of loss should it not be replaced;
 - d. The amount for which the property could be repaired to its condition prior to the damage;
 - e. The maximum benefit applicable under this Certificate of Insurance.
7. All payments shall be payable in the lawful currency of Canada. All benefit limits indicated are in Canadian currency. This insurance will not pay for any interest or any fluctuations in the exchange rate.
8. On reasonable notice *you* or a claimant under the contract will be provided with a copy of the group contract (applicable only in those provinces where mandated by legislation **and** subject to certain access limitations permitted by applicable legislation).
9. 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 British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.
10. The Insurer shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this Certificate of Insurance which would breach economic, financial, or trade sanctions imposed under the laws of Canada, the European Union, the United Kingdom, or any other applicable jurisdiction.

IMPORTANT NOTICE ABOUT YOUR PERSONAL INFORMATION

Royal & Sun Alliance Insurance Company of Canada is committed to protecting your privacy and the confidentiality of your personal information. We will collect, use and disclose personal information for the purposes identified in our Privacy Policy. To obtain more information, you can review our Privacy Policy online at www.rsagroup.ca or request a copy by calling 1-888-877-1710.

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\$500,000 TRAVEL ACCIDENT INSURANCE

Underwritten by Chubb Insurance Group of Canada,
Head Office in Canada: Toronto, Ontario
(Herein called the Company)

Effective Date of this Certificate:
November 6, 2020.

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

INSURED PERSONS

An individual shall qualify as an Insured Person under the Master Group Policy #6477-4608 (“the Policy”) only if he or she is a member of Category A, B or C below:

An individual who is a member of category A, B or C below:

- A. A Corporate Cardmember who has an American Express® Aeroplan® Corporate Reserve Card issued by Amex Bank of Canada (“American Express”), in his or her name;
- B. The Spouse or Dependent Child of such Person in A above if travelling with the Corporate Cardmember on a Covered Bona Fide Business Trip and at the request and expense of the Sponsoring Organization;
- C. In addition, officers, partners, proprietors, consultants, employees or employment candidates authorized by a Sponsoring Organization, whereas the Sponsoring Organization has an American Express® Aeroplan® Corporate Reserve Card issued by American Express to have his/her Transportation Costs charged to that Account.

IMPORTANT DEFINITIONS

“**Accident**” or Accidental means a sudden, unforeseen and unexpected event happening by chance.

“**Accidental Bodily Injury(ies)**” means bodily injury which is Accidental, is the direct source of a Loss, is independent of disease, illness or other causes and occurs while this policy is in force. “American Express Card,” for the purposes of the Policy, unless otherwise specified, means any of the Cards or Accounts listed in Category A, B or C above.

“**Bona Fide Business Trip**” means while on assignment by or at the direction of the Sponsoring Organization for the purpose of furthering the business of the Sponsoring Organization. It shall not include everyday travel to and from work, bona fide leaves of absence, personal side trips, vacations or incidental work done for the Sponsoring Organization during these times.

“**Common Carrier**” means any licensed land, water or air conveyance operated by those whose occupation or business is transportation of persons or things without discrimination and for hire. Common Carrier excludes taxis, rental cars and hired cars.

“Dependent Child or Children” means those children, including adopted children and those children placed for adoption, who are primarily dependent upon the Insured Person for maintenance and support, and who are: 1) under the age of twenty-three (23) and reside with the Insured Person; or 2) beyond the age of twenty-three (23), permanently mentally or physically challenged, and incapable of self-support.

“Sponsoring Organization” means the corporation, partnership, association, proprietorship or any parent, subsidiary or affiliate thereof, which employs the Cardmember and participates in the American Express Card program offered by American Express.

“Spouse” means a person who is legally married to the Insured Person (“Married Spouse”) or a person who is at least eighteen (18) years of age and who has been living in a conjugal relationship with the Insured Person for the last 12 months, has been publicly represented as the Insured Person’s partner and who resides in the same household as the Insured Person (“Cohabiting Spouse”).

“Transportation Costs” means costs of travel as a fare paying passenger in any Common Carrier conveyance; provided that a portion of the Transportation Costs are charged to the American Express Account.

A Loss is covered by the Policy provided an Accidental Bodily Injury is sustained by the Insured Person, as defined:

1. while the Policy is in force with respect to the Insured Person, and
2. under the circumstances and in the manner described in the Description of Benefits below.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

The Company shall pay a benefit amount determined from the Table of Losses if an Insured Person sustains a Loss stated herein resulting from an Accident, provided that:

1. such Loss occurs within 365 days after the date of Accident causing such Loss, and
2. if more than one Loss stated in said Table of Losses is sustained as the result of one Accident, only one of the amounts so stated in the said Table of Losses, the largest, shall be payable.

TABLE OF LOSSES

LOSS OF LIFE	\$500,000
DISMEMBERMENT	
Loss of both hands or both feet or sight of both eyes	\$500,000
Loss of one hand and one foot	\$500,000
Loss of the entire sight of one eye and one hand or one foot	\$500,000
Loss of speech and hearing	\$500,000
Loss of one hand or one foot	\$250,000
Loss of the entire sight of one eye	\$250,000
Loss of speech or hearing	\$250,000
Loss of thumb and index finger of the same hand	\$125,000

“Loss of Life” means death, including clinical death determined by the local governing medical authorities. **“Loss of Foot”** means the complete severance through or above the ankle joint. We will consider it a Loss of Foot even if the foot is later reattached. **“Loss of Hand”** means complete severance through or above the knuckle joints of at least 4 fingers on the same hand or at least 3 fingers and the thumb on the same hand. We will consider it a Loss of Hand even if the fingers and/or thumb are later reattached. **“Loss of Hearing”** means

the permanent and irrecoverable total loss of hearing in both ears, as determined by a Physician. "Loss of Sight of an Eye" means the permanent and irrevocable loss of the entire sight in one eye, meaning that the remaining vision must be no better than 20/200 using a corrective aid or device as determined by a Physician. "Loss of Speech" means the permanent and irrecoverable total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician. "Loss of Thumb and Index Finger" means complete severance through or above the knuckle joints of the thumb and index finger of the same hand. We will consider it a Loss of Thumb and Index Finger even if one or both are later reattached.

MAXIMUM PAYMENT FOR MULTIPLE LOSSES

If an Insured Person has multiple Losses as the result of one Accident, we will only pay the single largest Benefit Amount applicable to the Losses suffered.

EXPOSURE AND DISAPPEARANCE

Accident includes unavoidable exposure to the elements arising from a covered Accident. If the Insured Person has not been found within one (1) year of the disappearance, as a result of forced landing, stranding, sinking, wrecking of a Common Carrier in which the Insured Person was covered as an occupant, it will be deemed, subject to all other terms of the policy, that the Insured Person has suffered Loss of Life covered under this policy.

DESCRIPTION OF BENEFITS

24 Hour Accident Protection While on a Business Trip

The applicable benefit amount is payable if an Insured Person sustains an Accidental Bodily Injury, anywhere in the world while on a Bona Fide Business Trip. If the Common Carrier passenger fare has been charged to the Account prior to departure for the airport, terminal or station, coverage begins upon departure from the Insured Person's residence or place of regular employment, whichever occurs last, directly to the airport, terminal or station.

If the Common Carrier passenger fare has not been charged prior to arrival at the airport, terminal or station, coverage begins at the time the travel passenger fare is charged to the Account. Coverage lasts for a maximum period of 30 days and ends upon return to the Insured Person's residence or place of regular employment whichever occurs first. For Bona Fide Business Trips more than thirty (30) days in length, coverage: a) remains in effects until 12:01am on the 31st day of the Bona Fide Business Trip; and b) will be reactivated when the Insured Person begins the Return Trip. Return Trip means the return from a Bona Fide Business Trip after 30 consecutive days to the Insured Person's residence or place of regular employment, whichever occurs first.

EXCLUSIONS

The Policy does not cover any Loss caused or contributed to by 1) an Accident occurring while an Insured Person is in, entering, or exiting any aircraft owned or leased by the Sponsoring Organization as defined for the Class of the Insured Person. 2) an Accident occurring while an Insured Person is in, entering, or exiting any aircraft while serving as an operator or crew member of any Common Carrier. This exclusion does not apply to passengers who temporarily perform operator or crew functions in a life threatening emergency. 3) Loss caused or contributed by the commission or aiding and abetting in the commission of an offence under the Criminal Code of Canada or the criminal laws of another country, or any attempt thereat by or on behalf of the Insured Person. 4) Loss caused or contributed by an Insured Person's mental or physical illness, emotional trauma, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, or bodily malfunctions. This exclusion does not apply to Loss resulting from an Insured Person's bacterial

infection caused by an Accident or from Accidental consumption of a substance contaminated by bacteria. 5) Loss caused by or contributed by the Insured Person's intoxication, as defined by laws of the jurisdiction where the Loss occurred, or under the influence of any narcotic unless taken on the advice of a Physician and used in accordance with the prescription. 6) Loss caused or contributed by suicide or intentionally self-inflicted Injury by the Insured Person, or any attempt thereat, while sane or insane. 7) Loss caused or contributed by War or any act of War, whether declared or undeclared. Declared or undeclared War does not include acts of terrorism.

EFFECTIVE DATE

This insurance is effective November 6, 2020 and will cease on the date the Blanket Master Group Policy 6477-46-08 is terminated.

BENEFICIARY

The Loss of Life benefit will be paid to the beneficiary designated by the Insured Person. This choice must be in writing and filed with the Policyholder. All other Benefit Amounts are paid to the Insured Person, unless otherwise directed by the Insured Person or the Insured Person's designee. If more than one beneficiary is designated and the beneficiaries' respective interests are not specified, the designated beneficiaries shall share equally. If the Insured Person has not chosen a beneficiary, or if the designated beneficiary does not survive the Insured Person, we will pay the Benefit Amount as follows:

to the first surviving person or equally to the surviving persons in the first of the following classes of beneficiaries in which there is a living member:

- a) the Insured Person's Spouse. If there is more than one Spouse, "Spouse" means the Cohabiting Spouse at the time of Insured Person's Loss;
- b) the Insured Person's children including legally adopted children provided that if an Insured Person has any surviving grandchildren by an Insured Person's child that has not survived the Covered Person, such grandchildren will share equally the share that would have been paid to their parent had he/she survived the Insured Person;
- c) to the Insured Person's estate.

In determining such person or persons, the Company may rely upon an affidavit by a member of any of the classes of beneficiaries described above. Payment based upon any such affidavit shall fully discharge the Company from all obligations under the Policy unless, before such payment is made, the Company has received at the address specified above written notice of a valid claim by some other person(s). Any amount payable to a minor may be paid to the minor's legal guardian. Beneficiary Changes - The Insured Person, and no one else, has the right to change the beneficiary. The Insured Person does not need the consent of anyone to do so. Changes must be in writing and filed with the Policyholder. We do not assume any responsibility for the validity of these changes. With respect to Insured Persons living in Quebec, the beneficiary designation of a spouse is irrevocable, unless otherwise stipulated. Any other beneficiary is revocable. Benefit Assignment - Benefits may be assigned by giving us prior written notice.

PAYMENT OF CLAIMS

Written notice of claim must be given to Crawford & Company (Canada) Inc., National Claims Management Centre, 400-90 Matheson Boulevard West, Mississauga, Ontario L5R 2R3, within thirty (30) days after the occurrence or commencement of any Loss covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the Insured Person and Policyholder. Failure to give Notice of Claim within thirty (30) days will not invalidate or reduce any claim if notice is given as soon as reasonably possible.

Claim Forms: When we receive notice of a claim we will send the Insured Person or the Insured Person's designee, within fifteen (15) days, forms for giving us Proof of Loss. If the Insured Person or the Insured Person's designee does not receive the forms, the Insured Person or the Insured Person's designee should send us a written description of the Loss. This written description should include information covering the occurrence, character and extent of the Loss for which claim is made.

Claim Proof of Loss: For all claims written Proof of Loss must be given to us within ninety (90) days after the date of Loss, or as soon as reasonably possible. Failure to give written Proof of Loss within this time frame will not invalidate or reduce any claim if notice is given as soon as reasonably possible, and in no event, except in cases where the claimant lacks legal capacity, later than one (1) year after the deadline to submit written Proof of Loss.

Claim Payment: For all benefits payable under this policy we will pay the Insured Person or beneficiary the applicable Benefit Amount within sixty (60) days after we receive a complete Proof of Loss, if the Insured Person and Policyholder have complied with all the terms of this policy.

LIMITATION OF ACTIONS

The Insured Person, and any claimant under the insurance, may request a copy of the Policy, subject to certain access restrictions.

Limitation of Actions: Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (or other applicable legislation) in the Cardmember's province or territory of residence.

The benefits described herein are subject to all of the terms and conditions of the Blanket Master Group Policy 6477-46-08. This Certificate of Insurance replaces any prior Certificate of Insurance that may have been furnished in connection with Business Travel Accident Insurance.

For questions about coverage, change in beneficiary or other inquiries, please contact American Express at 1-800-716-6661. For claims, contact Crawford & Company (Canada) Inc., at 1-866-356-5658 x2213.

As a handy reference guide, please read this and keep it in a safe place with other insurance documents. This description of coverage is not a contract of insurance but is simply an informative statement of the principal provisions pertaining to this plan of insurance while in effect. Complete provisions pertaining to this plan of Insurance as contained in the Master Policy on file with the Policyholder: AMEX Bank of Canada. Any terms of this policy which are in conflict with the applicable statutes, law or regulations of the province or territory in which this Policy is issued are amended to conform to such statutes. If a statement in this description of coverage and any provision in the policy differ, the policy will govern.

Chubb Insurance Group of Canada

DOT 44-0445 Cdn

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CAR RENTAL THEFT AND DAMAGE INSURANCE

Effective Date of this Certificate:
November 6, 2020.

INTRODUCTION

Royal & Sun Alliance Insurance Company of Canada (referred to in this Certificate as the “Company”) provides the insurance for this Certificate under Master Policy **PSI018515861** (referred to in this Certificate as the “Policy”) issued to Amex Bank of Canada (referred to in this Certificate as the “Policyholder”). This Certificate is not a contract of insurance and contains only a summary of the principal provisions of the Policy. A **Cardmember** or a claimant under the Policy or Group Policy may, on request to the Company, obtain a copy of the Policy or Group Policy, subject to certain access limitations permitted by applicable law. All benefits are subject in every respect to the Policy which alone constitutes the Agreement under which payments are made. This coverage may be cancelled, changed or modified at the option of the Company or the Policyholder at any time without notice. This Certificate replaces any and all certificates previously issued to the **Cardmember** with respect to the Policy.

This Certificate of insurance outlines what Car Rental Theft and Damage Insurance is and what is covered along with the conditions under which a payment will be made when a **Cardmember** rents and operates a **Rental Auto** but does not accept the Collision Damage Waiver (CDW), Loss Damage Waiver (LDW), or their equivalent offered by a **Rental Agency**. It also provides instructions on how to make a claim. This Certificate should be kept in a safe place and carried with the **Cardmember** when they travel.

The Cardmember should check with their personal automobile insurer and the Rental Agency to ensure that they and all other drivers have adequate third party liability, personal injury and damage to property coverage. This Certificate only covers theft, loss or damage to the Rental Auto as stipulated herein.

IMPORTANT - PLEASE READ THE ENTIRE CERTIFICATE CAREFULLY:

This Certificate contains clauses which may limit the amounts payable.

A **Rental Agency** has no obligation to explain the Car Rental Theft and Damage Insurance coverage to the **Cardmember**. It is important to note that a **Rental Agency** may not classify vehicles, especially **Mini-Vans**, in the same manner as the Company. The **Cardmember** should confirm with Royal & Sun Alliance Insurance Company that their **Rental Auto** has coverage under this Certificate. Confirmation of coverage under the Policy or any questions concerning the details included herein, should be directed to the Company at **1-800-243-0198** (in Canada or the United States) or call collect **+905-475-4822** (elsewhere in the world).

When the value of the **Rental Auto**, in its model year, is over the Manufacturer’s Suggested Retail Price (MSRP) of eighty-five thousand dollars (\$85,000) Canadian excluding all taxes, at the place the **Rental Agreement** is signed or where the **Rental Auto** is picked up, no coverage will be provided under this Certificate.

PART I DEFINITIONS

The terms set out below, wherever they appear in this Certificate, shall be interpreted as follows:

“**Actual Cash Value**” means what the vehicle is worth on the date of the theft, loss and damage and takes into account such things as depreciation and obsolescence. In determining depreciation, the Company will consider the condition of the **Rental Auto** immediately before the theft, loss and damage occurred, the standard market resale value and normal life expectancy.

“**Antique**” means a vehicle over 20 years old or which has not been manufactured for 10 years or more.

“**Card**” means an American Express® Aeroplan® Corporate Reserve Card.

“**Cardmember**” means a holder of a valid Basic or Supplementary **Card** issued in Canada by Amex Bank of Canada who pays for the rental(s) with the valid Amex Bank of Canada **Card**.

“**Coverage Period**” means the period of time not to exceed more than forty-eight (48) consecutive days, commencing at the time the **Cardmember** legally takes control of the **Rental Auto** and ends at the time the **Rental Agency** resumes control of the **Rental Auto**. If the **Cardmember** rents a vehicle for longer than forty-eight (48) consecutive days, there will be no coverage under this insurance, including the first forty-eight (48) days. Coverage cannot be extended for more than forty-eight (48) days by renewing or taking out a new **Rental Agreement** with the same or another **Rental Agency** for the same or another vehicle. A full calendar day between rentals must exist in order to break the 48 consecutive day cycle.

“**Eligible Person**” means a **Cardmember** and **Secondary Drivers**, while covered under this Certificate.

“**Exotic**” means any automobile which is not a standard **Rental Auto** offered by most of the **Rental Agencies** in the province or state, or in a country without provinces or states, where the vehicle was rented or is a vehicle totally or partially custom made, hand made, hand finished or is a vehicle of limited production (under 2,000 vehicles per year by the manufacturer). Exotic automobiles include, but are not limited to the following models: Aston Martin, Bentley, Bricklin, Daimler, De Lorean, Excalibur, Ferrari, Jaguar, Jensen, Lamborghini, Lotus, Maserati, Porsche, Rolls Royce and limousines.

“**Expensive**” means any vehicle with, in its model year, a Manufacturer’s Suggested Retail Price (MSRP) excluding all taxes, over eighty-five thousand dollars (\$85,000) Canadian, at the place the **Rental Agreement** is signed or the **Rental Auto** is picked up.

“**Loss of Use**” means the amount paid to a **Rental Agency** to compensate it when a **Rental Auto** is unavailable for rental while undergoing repairs for damage incurred during the **Coverage Period**.

“**Mini-Van**” means a vehicle which is designed and made by an automobile manufacturer as a mini-van, which has a manufacturer’s list **Gross Vehicle Weight** of not more than 5955 pounds or 2680 kilograms. It is exclusively made to transport a maximum of eight (8) people including the driver. It is used exclusively for transportation of passengers and their luggage and will not be used by the **Cardmember** for transportation of passengers for hire. It includes but is not limited to the following models: Ford Freestar, Chevrolet Astro, GMC Safari, Dodge Caravan, Honda Odyssey, Toyota Sienna and Nissan Quest.

“**Gross Vehicle Weight**” means the weight of the complete **Mini-Van** plus the maximum load that it has been designed to carry.

“**Off-Road Vehicle**” means any vehicle while it is being operated on a road not maintained by a federal, provincial, state, or local agency, not including an ingress or egress to private property, or any vehicle which cannot be licensed to drive on a public road and is designed and manufactured primarily for off-road usage.

“**Principal Driver**” means the person (the principal driver must also be the **Cardmember**) who drives the **Rental Auto** the majority of the time during the **Coverage Period**.

“**Secondary Drivers**” means any drivers who are not the **Principal Driver** of the **Rental Auto** who are permitted to operate the **Rental Auto** by the **Cardmember** (the **Principal Driver**) and provided they are permitted to operate the **Rental Auto** in accordance with the **Rental Agreement**, while covered under this Certificate.

“**Rental Agency**” means an auto rental agency licensed under the law of the applicable jurisdiction which provides a **Rental Agreement**.

“**Rental Agreement**” means the written contract between the **Cardmember** and the **Rental Agency** for the **Rental Auto**.

“**Rental Auto**” means an automobile not rented in excess of the **Coverage Period** from a **Rental Agency**, that is not an **Antique, Expensive, or Exotic** automobile, nor a truck, **Off-Road Vehicle**, motorcycle, moped, recreational vehicle, camper, trailer, nor a van, but certain **Mini-Vans** are covered.

“**Tax-Free Car**” means a tax-free car package that provides tourists with a short-term (17 days to 6 months), tax-free vehicle lease agreement with a guaranteed buyback.

PART II TERMS OF COVERAGE

A. WHEN COVERAGE BEGINS:

All coverage for eligible **Cardmembers** will take effect at the time the **Cardmember** legally takes control of the **Rental Auto**.

B. WHEN COVERAGE ENDS:

A **Cardmember's** coverage will end at the earliest of the following:

1. **Rental Agency** resumes control of the **Rental Auto**;
2. When a **Cardmember** is no longer defined as a **Cardmember** or **Principal Driver** as stated in this Certificate;
3. The date on which the Policy is cancelled except that coverage in effect at the time of such cancellation will be continued on outstanding rentals until the **Cardmember** returns the **Rental Auto** to the **Rental Agency**, provided the total rental period does not exceed the **Coverage Period**;

Please note that the **Cardmember's** responsibility for the **Rental Agreement** does not terminate by simply dropping off the keys at the **Rental Agency** or other drop box. Any damages between that time and the time the **Rental Agency** staff complete their Inspection Report will be held to the **Cardmember's** responsibility, so whenever possible the **Cardmember** should arrange to be present when the **Rental Agency** conducts their final inspection of the **Rental Auto**.

PART III DESCRIPTION OF COVERAGE

The Car Rental Theft and Damage Insurance compensates the **Cardmember** or a **Rental Agency** for theft, loss and damage, up to the **Actual Cash Value** of the **Rental Auto** and valid **Rental Agency Loss of Use** charges when the conditions described below are met. The following conditions must be satisfied for coverage to be in effect:

1. A **Cardmember** must initiate and complete the entire rental transaction with the same valid **Card**. The full cost, including applicable taxes, of the rental, must be charged to their **Card**. **Rental Autos** which are part of prepaid travel packages are also covered if the total package was paid for using the **Cardmember's Card**;
2. A **Cardmember** is covered if they receive a "free rental" as a result of a promotion, where they have had to make previous vehicle rentals if each such previous rental was entirely paid for with the **Cardmember's Card** and the applicable taxes for the "free rental" have been charged to the **Cardmember's Card**;
3. A **Cardmember** is covered if they receive a "free rental" day(s) as a result of the **Card** reward program for the number of days of free rental and the applicable taxes have been charged to their **Card**. If the free rental day(s) are combined with rental days for which the **Cardmember** must pay, the entire additional payment including taxes must be paid for using their **Card**;
4. A **Cardmember** is covered if points earned under their **Card** reward program are used to pay for the rentals and the applicable taxes have been charged to their **Card**. However, if only a partial payment is paid using the **Card** rewards program, the entire additional payment of that rental, including any applicable taxes, must be paid for using their **Card** in order to be covered;
5. Only a **Cardmember** can rent the vehicle and decline the **Rental Agency's** CDW, LDW or an equivalent coverage offering. Anyone other than the **Cardmember** doing so would void coverage;
6. A **Cardmember** is covered for any car, sport utility vehicle, and **Mini-Van**, in its model year, with a Manufacturer's Suggested Retail Price (MSRP) under eighty-five thousand dollars (\$85,000) Canadian, excluding all taxes, at the place the **Rental Agreement** is signed or where the **Rental Auto** is picked up, with the exception of those listed and described in the exclusion section titled "**The following vehicles are excluded from coverage under this Certificate**";
7. A **Cardmember** is covered when only one **Rental Auto** is rented at a time, i.e. if during the same period there is more than one vehicle rented by the **Cardmember**, only the first rental will be eligible for these benefits;
8. The **Cardmember** must decline the **Rental Agency's** CDW, LDW or similar coverage offered by the **Rental Agency** on the rental contract. If there is no space on the vehicle rental contract for the **Cardmember** to indicate that they have declined the coverage, then they should indicate in writing on the contract "I decline the CDW provided by the **Rental Agency**";
9. The length of time the **Cardmember** rents the same vehicle must not exceed 48 consecutive days, which includes instances where the **Cardmember** is renting one vehicle immediately after the other. A full calendar day between rentals must exist in order to break the 48 consecutive day cycle. If the rental period exceeds 48 consecutive days, coverage will not be provided from the first day of rental onwards;
10. The **Cardmember** and/or **Eligible Person** has not been indemnified for damages or expenses covered under the Policy by or through personal insurance.

When a **Cardmember** does not have the option available to decline the **Rental Agency's** CDW, LDW or similar provision, the Company will pay for covered theft, loss and damage up to the limit of the deductible stipulated in the **Rental Agency's** CDW, LDW or similar provision, purchased by the **Cardmember**. This shall not be construed to provide coverage where the **Rental Agency** is responsible by legislation or law for any damage to the **Rental Auto**.

PART IV EXCLUSIONS

This Certificate does not cover losses to automobiles or other vehicles which are not **Rental Autos**, or losses arising from, caused by, or which contributed to:

1. Third party liability;
2. Damages or expenses assumed, waived, or that may be paid by the **Rental Agency**, or by its insurer pursuant to any direct compensation agreement or other applicable sections of provincial insurance acts;
3. Personal injury or damage to property, except the **Rental Auto** itself or its equipment;
4. Replacement vehicle for which an automobile insurance is covering all or part of the cost of the rental;
5. The operation of the **Rental Auto** at any time during the **Coverage Period** where an **Eligible Person** is driving while intoxicated or under the influence of any illegal or prescribed (if advised not to operate a vehicle) narcotic;
6. Any dishonest, fraudulent or criminal act committed by any **Eligible Person** or at their direction;
7. Participation in any race or speed test.
8. The use of a fuel type or octane level that differs from the manufacturer's recommended fuel for that **Rental Auto**;
9. Normal wear and tear, gradual deterioration, or mechanical or electrical breakdown or failure, inherent vice or damage, insects or vermin;
10. The operation of the **Rental Auto** in violation of the terms of the **Rental Agreement** except:
 - (a) **Eligible Person** as defined may operate the **Rental Auto**;
 - (b) The **Rental Auto** may be driven on publicly maintained gravel roads;
 - (c) The **Rental Auto** may be driven across provincial and state boundaries in Canada and the U.S. and between Canada and the U.S.

N.B. It must be noted that theft, loss and damage arising while the Rental Auto is being operated under (a), (b) or (c) above is covered by this insurance, subject however to all other terms, conditions and exclusions contained in this Certificate. However, the Rental Agency's third party liability insurance may not be in force and, as such, a Cardmember must ensure that they are adequately insured privately for third party liability.

11. Seizure or destruction under a quarantine or customs regulations or confiscation by order of any government or public authority; the damage between the time of seizure, confiscation or quarantine and the time the **Rental Agency** staff complete their Inspection Report will be held to be the **Cardmember's** responsibility, so whenever possible they should arrange to be present when the **Rental Agency** conducts their final inspection of the vehicle;

12. The transportation of contraband or illegal trade;
13. War, hostile or warlike action, insurrection, rebellion, revolution, civil war, usurped power, or action taken by government or public authority in hindering, combating or defending against such action;
14. The transportation of property or passengers for hire;
15. Nuclear reaction, nuclear radiation, or radioactive contamination, any weapon of war employing atomic fission or a radioactive force;
16. Intentional damage to the **Rental Auto** by an **Eligible Person** or at their direction;
17. The loss, damage or misplacement of vehicle entry devices including keys and remote control devices or any related consequential loss, damage or expense.

The following vehicles are excluded from coverage under this Certificate:

1. Any vehicle, in its model year, with a Manufacturer's Suggested Retail Price (MSRP) over eighty-five thousand dollars (\$85,000) Canadian, excluding all taxes, at the place the **Rental Agreement** is signed or where the **Rental Auto** is picked up;
2. Vans, cargo vans or mini cargo vans (other than **Mini-Vans**);
3. Trucks, pick-up trucks or any vehicle that can be spontaneously reconfigured into a pick-up truck;
4. Limousines;
5. **Off-Road Vehicles**;
6. Motorcycles, mopeds or motor bikes;
7. Trailers, campers, recreational vehicles or vehicles not licensed for road use;
8. Vehicles towing or propelling trailers or any other object;
9. Mini-buses or buses;
10. **Exotic** vehicles, meaning vehicles such as but not limited to, Aston Martin, Bentley, Bricklin, Daimler, De Lorean, Excalibur, Ferrari, Jaguar, Jensen, Lamborghini, Lotus, Maserati, Porsche, Rolls Royce and limousines;
11. Any vehicle which is either wholly or in part hand made, hand finished or has a limited production of under 2,000 vehicles per year;
12. **Antique** vehicles, meaning a vehicle over twenty (20) years old or which has not been manufactured for ten (10) years or more;
13. **Tax-Free Cars**.

PART V IN THE EVENT OF AN ACCIDENT/THEFT

All claims must be reported within 48 hours of the theft, loss and damage occurring by calling **1-800-243-0198** (in Canada or the United States) or by calling collect **+905-475-4822** (elsewhere in the world).

The **Rental Auto** must be carefully checked for scratches or dents before and after the **Cardmember** rents the vehicle. They should be sure to point out where the scratches or dents are located to a **Rental Agency** representative and have him or her note these on the appropriate form and retain a copy for their records.

If the **Rental Auto** has sustained damage of any kind during the **Coverage Period**, the **Cardmember** must immediately phone one of the numbers provided and must not sign a blank sales draft to cover the damage and **Loss of Use** charges or a sales draft with an estimated cost of repair and **Loss of Use** charges.

It is important to note that the **Cardmember** will remain responsible for the theft, loss and damage and that they may be contacted in the future to answer inquiries during the claim process.

If a **Cardmember** is making a claim, their claim must be submitted with as much documentation as possible, as requested below, within 45 days of discovering the theft, loss and damage.

The following claim documentation is required:

- Statement(s) if requested;
- Sales draft showing that the **Rental Auto** was paid in full with the **Card**, or the sales draft showing the balance of charges for the rental if points earned under the **Card** reward program were used to pay for part of the rental;
- A copy of both sides of the vehicle **Rental Agreement**;
- The accident or damage report, if available;
- The itemized repair bill;
- The receipt for paid repairs;
- The police report, when available, and if a police report is not legally required in the jurisdiction in which the accident occurred, then the name, badge number and division address of the police officer contacted;
- A copy of the billing or pre-billing statement if any repair charges were billed to the account.

Forward this documentation to:

Royal & Sun Alliance Insurance Company of Canada
Claims Management Services
2 Prologis Blvd., Suite 100
Mississauga, Ontario L5W 0G8

For all written and verbal correspondence, please include the **Cardmember's** name, the Policyholder's name, and the Policy number PSI018515861.

LIMITATION PERIODS: 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 British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.

CANADIAN CURRENCY: All payments shall be payable in the lawful currency of Canada. All benefit limits indicated are in Canadian currency.

DISAGREEMENT OVER SIZE OF LOSS: If there is a disagreement about the amount of the loss, either the **Cardmember** or the Company can make a written demand for an appraisal. After the demand, the **Cardmember** selects a competent appraiser and the Company selects a competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator. Any figure agreed to by two of the three (the appraisers and the arbitrator) will be binding. The **Cardmember** must pay the appraiser he or she chooses. The Company will pay the appraiser they chose. The **Cardmember** will share with the Company the cost of the arbitrator and the appraisal process.

SUBROGATION: To the extent the Company pays for a loss suffered by a **Cardmember**, the Company will take over the rights and remedies the **Cardmember** had relating to the loss. This is known as subrogation. The **Cardmember** must help the Company preserve their rights against those responsible for the Company's loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over a **Cardmember's** rights, the **Cardmember** must sign an appropriate subrogation form supplied by the Company.

SANCTIONS: The Company shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this Certificate of Insurance which would breach economic, financial, or trade sanctions imposed under the laws of Canada, the European Union, the United Kingdom, or any other applicable jurisdiction.

IMPORTANT NOTICE ABOUT YOUR PERSONAL INFORMATION

Royal & Sun Alliance Insurance Company of Canada is committed to protecting your privacy and the confidentiality of your personal information. We will collect, use and disclose personal information for the purposes identified in our Privacy Policy. To obtain more information, you can review our Privacy Policy online at www.rsagroup.ca or request a copy by calling 1-888-877-1710.

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FLIGHT AND BAGGAGE DELAY AND HOTEL/MOTEL BURGLARY INSURANCE

Effective Date of this Certificate:
November 6, 2020.

INTRODUCTION

Flight and Baggage Delay and Hotel/Motel Burglary Insurance for AMEX Cardmembers and insured persons.

Amex Bank of Canada has been issued group insurance policy PSI047258505 for Flight and Baggage Delay and Hotel/Motel *Burglary* Insurance coverage by Royal & Sun Alliance Insurance Company of Canada (the “Insurer”). This Certificate of Insurance summarizes the provisions of the group insurance policy applicable to *your* AMEX *card* for Flight and Baggage Delay and Hotel/Motel *Burglary* Insurance.

All *italicized* terms have the specific meaning explained in the “Definitions” section of this Certificate of Insurance.

This Certificate contains clauses which may limit the amounts payable.

WHAT TO DO IN AN EMERGENCY?

If *you* have an emergency, *you* can call Global Excel Management Inc. (Global Excel). Global Excel can be contacted 24 hours a day, 7 days a week by calling:

**1-800-243-0198 toll-free from the US & Canada, or
+905-475-4822 collect from anywhere in the world**

DEFINITIONS

Throughout this Certificate of Insurance, all *italicized* terms have the specific meaning explained below.

Aggregate limit - the maximum amount which will be paid as the result of any covered *occurrence* regardless of the number of fares charged to the *card*. If the total amount claimed by the *insured persons* as a result of any one covered *occurrence* is more than the aggregate limit, the amount to be paid will be prorated for all *insured persons*.

Burglary - the taking of or damage to personal property as a result of illegal entry into *your* hotel/motel premises for which there are visible signs of force made by tools, explosives, electricity or chemicals.

Card - means an American Express® Aeroplan®* Corporate Reserve Card.

Cardmember - means a holder of a valid Basic or Supplementary *card* issued in Canada by Amex Bank of Canada who pays for the *full fare* (Coverages A, B and C) or who reserves and pays for the hotel/motel room (Coverage D) using the valid Amex Bank of Canada *card*.

Daily basis - means the remainder of time left in any day of the week, ending at 12:00 A.M. (midnight) of the same day.

Dependent children - means any natural child, any legally adopted child, any step-child of or any child dependent upon the *cardmember* in a “parent-child” relationship for maintenance and support who is:

- Under the age of 21 years and unmarried;
- Under the age of 25 years and unmarried and in full time attendance at a college or university; or

- By reason of mental or physical infirmity, incapable of self-sustaining employment and totally dependent upon the *cardmember* for support within the terms of the Income Tax Act (Canada).

Deplaning - means exiting from the aircraft once it has arrived at the scheduled destination point.

Essential clothing - means the minimum basic clothing that is absolutely necessary and indispensable due to the delay of baggage as determined by *us*.

Full fare - means 100% of the airline ticket price, including taxes, was charged to the *card*. *Full fare* is extended to include airline tickets obtained through the redemption of points from the *card* reward program when applicable taxes have been charged to the *card*. *Full fare* is also extended to include free hotel/motel stays obtained through the redemption of points from the *card* reward program.

Insured person - means a *cardmember*, a *cardmember's spouse*, and a *cardmember's dependent children*, whether travelling together or not.

Occurrence - a loss or losses arising from a single event or incident which is neither expected nor intended by an *insured person*.

Outbound - any flight that is away from an *insured person's* place of residence or any flight that is not a return flight that will be landing at the *insured person's* place of residence.

Reasonable living expenses - an *insured person's* reasonable expenses for meals and accommodation as determined by *us*.

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

Sundry items- means items such as toiletries, a magazine, a paperback book and other reasonable small item purchases as determined by *us*.

We, us and our - refer to Royal & Sun Alliance Insurance Company of Canada (the Insurer) or Global Excel Management Inc., its authorized claims and assistance provider, as applicable.

You and your - refer to the *insured person*.

WHEN DOES COVERAGE BEGIN AND END?

Coverage begins for an *insured person*:

For Coverage A, B, and C - when the *full fare* of the *insured person's* airline ticket is charged in advance to the *cardmember's card*.

For Coverage D - when the cost of the *insured person's* hotel/motel room is reserved, booked and charged to the *cardmember's card*.

Coverage ends on the earliest of:

1. when *you* return to *your* place of residence;
2. the date the *cardmember's card* account is cancelled;
3. the date the *cardmember's card* privileges are terminated;
4. the date the *cardmember's card* account is no longer in good standing as per the *cardmember's* Cardmember Agreement issued by Amex Bank of Canada;
5. the date the group insurance policy terminates.

WHAT IS COVERED AND WHAT ARE THE BENEFITS?

Coverage A - Missed Connection

If due to the delay of the *insured person's* incoming flight, the *insured person* misses a confirmed onward connecting flight and no alternative onward transportation is made available within four (4) hours of *deplaning*, we will pay the *insured person's* necessary and *reasonable living expenses* incurred within forty-eight (48) hours of *deplaning* and other *sundry items*.

Coverage B - Delayed Flight Departure or Denied Boarding

If the *insured person's* confirmed scheduled departure from any airport is delayed for four (4) hours or more, or the *insured person* is denied boarding of the aircraft due to overbooking and no alternative transportation is made available to the *insured person* within four (4) hours of the scheduled departure time of the original flight, we will pay the *insured person's* necessary and *reasonable living expenses* incurred within forty-eight (48) hours of the delay or denied boarding and other *sundry items*.

Coverage C - Emergency Baggage Delay

If the *insured person's* accompanying checked-in baggage is not delivered to them within six (6) hours of the *insured person's* arrival at the *outbound* scheduled flight destination point, we will pay for the *insured person's* immediate reasonable and necessary expenses incurred on a *daily basis* with respect to emergency purchases of *essential clothing* and other *sundry items*, provided such expenses are incurred within four (4) days of the *insured person's* arrival at the *outbound* scheduled destination point and prior to the return of such baggage.

The maximum aggregate limit payable under Coverage A, B, or C in respect of any one occurrence is \$1,000.00.

Coverage D - Hotel/Motel Burglary

If the *insured person* suffers a loss due to *burglary* into their hotel/motel room while registered as a guest of a hotel/motel, we will reimburse the *insured person* for the loss of personal items (excluding cash) upon receipt of due proof of loss.

The maximum payable under Coverage D is \$1,000.00 per burglary occurrence.

GENERAL EXCLUSIONS

This insurance does not cover any loss, claim or expense of any kind caused directly or indirectly from:

1. Alternate travel arrangements made by the *insured person* such as a taxi, limo, bus or the purchase of an airline ticket;
2. Emergency Baggage Delay as a result of a flight that is returning to an *insured person's* place of residence;
3. Failure of any device to correctly read or interpret date/time data;
4. Any illegal activity, fraud, criminal activity, committed by or attempted by an *insured person*;
5. Any act of war, whether declared or undeclared, hostile or warlike action, insurrection, rebellion, revolution, civil war, usurped power, or action taken by government or public authority in hindering, combating or defending against such action;
6. Terrorism, meaning any ideologically motivated unlawful act or acts, including but not limited to the use of violence or force or threat of violence or force, committed by or on behalf of any group(s), organization(s) or government(s) for the purpose of influencing any government and/or instilling fear in the public or a section of the public;

7. Nuclear reaction, nuclear radiation, or radioactive contamination, any weapon of war employing atomic fission or a radioactive force.

HOW DO YOU SUBMIT A CLAIM?

1. *You* must file *your* claim with *us* within 30 days after the *occurrence*.
2. If *you* need a Claim & Authorization form, please contact *our* Claims Department at:
73 Queen Street, Sherbrooke, Quebec, J1M 0C9
+905-475-4822 or 1-800-243-0198
3. When submitting a claim, the following documentation is required:

For Coverages A & B:

- Itemized original receipts for actual expenses incurred.
- A copy of the travel agent's invoice/itinerary, and a copy of the account statement in which the *full fare* expense appears, showing the *card* as the method of payment or showing it as a free ticket obtained through the redemption of points from the *card* reward program.
- Alternate boarding pass or flight delay report from airline.

For Coverage C:

- Itemized original receipts for actual expenses incurred.
- A copy of the travel agent's invoice/itinerary, and a copy of the account statement in which the *full fare* expense appears, showing the *card* as the method of payment or showing it as a free ticket obtained through the redemption of points from the *card* reward program.
- Verification from the airline of the delay including reason, duration of delay, and any compensation issued.
- Proof of delivery confirming date/time baggage was delivered.

For Coverage D:

- Invoice issued by hotel/motel.
- A copy of the account statement in which the full cost of the hotel/motel appears, showing the *card* as the method of payment.
- Police report confirming forced entry and a hotel/motel *burglary* report.
- Receipts for repaired or replaced items.

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

WHAT OTHER TERMS SHOULD YOU KNOW ABOUT?

This Certificate of Insurance evidences the agreement between *you* and *us*. Despite any other provision of this agreement, this agreement is subject to any applicable federal and provincial statutes concerning contracts of insurance. This coverage may be cancelled, changed or modified at *our* option or at the option of Amex Bank of Canada at any time without notice. This Certificate of Insurance replaces any and all certificates previously issued to the *cardmember* with respect to group insurance policy PSI047258505.

1. In case of an *occurrence* or loss covered by this Certificate of Insurance the *insured person* must comply with the following requirements. Failure by the *insured person* to comply with these conditions shall invalidate any claims under this Certificate of Insurance.
 - a. Notify *us* as provided above;
 - b. In the case of Coverage D take all reasonable steps to protect, save or recover the property;

- c. In the case of Coverage D, promptly notify either the police or other proper authority. Police report and official letter from hotel/motel must be received in writing (copy of such is necessary to validate the claims);
 - d. Provide, within ninety (90) days from the date of loss or damage, the documents specified under “How do *you* submit a claim?”
2. This coverage is excess insurance and *we* are the last payors. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under this coverage.
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* 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 insurance.
5. Any information that has been misrepresented, or misstated to *us* by *you* or is incomplete may result in this Certificate of Insurance and *your* coverage being null and void, in which case no benefits will be paid.
6. Any claim for a loss covered under this Certificate of Insurance will be adjusted and paid when satisfactory proof of the loss is provided. Any claim for lost property covered under this Certificate of Insurance will be adjusted and paid if the property is not found within fourteen (14) days. The *insured person* must give proof of loss and values of the items lost to *us*. All benefits will be paid to the *insured person*.
7. *We* will not pay more than the lesser of the following amounts:
 - a. The actual replacement value of the property, at the time of loss or damage;
 - b. The amount for which the property could be replaced with property of like kind and quality if an identical replacement cannot reasonably be obtained;
 - c. The amount for which the property could be repaired to its condition prior to the damage;
 - d. The maximum benefit applicable for each coverage under this Certificate of Insurance.
8. All payments shall be payable in the lawful currency of Canada. All benefit limits indicated are in Canadian currency. This insurance will not pay for any interest or any fluctuations in the exchange rate.
9. On reasonable notice *you* or a claimant under the contract will be provided with a copy of the group contract (applicable only in those provinces where mandated by legislation **and** subject to certain access limitations permitted by applicable legislation).

10. 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 British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.
11. The Insurer shall not provide any coverage or be liable to provide any indemnity or payment or other benefit under this Certificate of Insurance which would breach economic, financial, or trade sanctions imposed under the laws of Canada, the European Union, the United Kingdom, or any other applicable jurisdiction.

IMPORTANT NOTICE ABOUT YOUR PERSONAL INFORMATION

Royal & Sun Alliance Insurance Company of Canada is committed to protecting your privacy and the confidentiality of your personal information. We will collect, use and disclose personal information for the purposes identified in our Privacy Policy. To obtain more information, you can review our Privacy Policy online at www.rsagroup.ca or request a copy by calling 1-888-877-1710.

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CUSTOMER SERVICE NUMBERS

Chubb Insurance Group of Canada:

Travel Accident Insurance

General Inquiries: 1-800-716-6661

Claims Information: 1-800-532-4822

Royal & Sun Alliance Insurance Co. of Canada: 1-800-243-0198

Out of Province/Country Emergency Medical Insurance

Trip Cancellation & Interruption Insurance

Flight and Baggage Delay and Hotel/Motel Burglary Insurance

Lost or Stolen Baggage Insurance

Car Rental Theft and Damage Insurance