

ACCIDENT POLICY

Name & Address of Policyholder

Avis Budget Group, Inc.
1 Convair Drive East
Etobicoke, Ontario M9W 6Z9

Policy Number:

6404 67 71

Chubb Insurance Company of Canada
199 Bay Street, Suite 2500
P.O. Box 139, Commerce Court Postal Station
Toronto, Ontario M5L 1E2

Policy Period: Inception:

July 1, 2020

Expiration:

Until Cancelled

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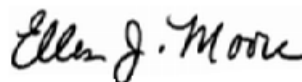
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Endorsements forming part of this Policy on its date of issue: Rehabilitation/Retraining, Medical Repatriation/Return of Mortal Remains, Family Transportation, Funeral Expense

Aon Risk Solutions
5500 North Service Road, Suite 402
Burlington, Ontario L7L 6W6

Commission: 17.5%



Toronto, Ontario July 23, 2020

Issued at

Date

Authorized Representative

IN WITNESS WHEREOF, CHUBB INSURANCE COMPANY OF CANADA has caused this policy to be signed by a duly authorized Representative of the Company.

SECTION I – DEFINITIONS

Certain words and phrases are defined as follows:

1. **"Accidental Bodily Injury"** means: bodily injury which:
 - a. is accidental; and
 - b. is the direct source of a loss; and
 - c. is independent of disease, bodily infirmity or other cause; and
 - d. occurs while this **Policy** is in force.

2. **"Amount of Benefit"** means: the amount stated in Section IV -- Statement of Benefits.

3. **"Company"** means: the insurance company indicated at the beginning of the **Policy**.

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4. **"Hazard"** means: the conditions which create a chance of a loss as described in Section III - Hazards Insured Against.

5. **"Insured"** means: a person so described in Section IV - Statement of Benefits.

6. **"Policy"** means: this contract of insurance.

7. **"Policyholder"** means: the stated entity responsible for payment of premium as required. The **Policyholder** consists of:
 - a. **Participating Rental Company** and their franchisees as they occur from time to time.
 - b. Classes 1 & 2 and any additional rental car companies which may be added from time to time.

8. **"Participating Rental Company"** means: Avis Budget Group, Inc., Aviscar, Inc. o/a Avis, Budgetcar, Inc. o/a Budget and Payless Car Rental Canada Inc.

9. **"Rental Car"** means a four-wheeled private passenger motor vehicle designed for travel on public roads and rented from a **Participating Rental Company**. It does not include campers, trailers, four wheel drive vehicles when being used off normal paved or maintained road surfaces, recreational vehicles or motor vehicles propelling or towing a trailer or any other object, Vans or Mini-Vans that are manufactured to seat more than 16 occupants (including the driver) or when the vehicle is used to carry, haul or transport any type of cargo or property for reward.

10. **"Renter"** means: any person who rents an automobile from the **Participating Rental Company** and who applies for this insurance.

SECTION II – AGREEMENT

1. **Scope of the Insurance:**

In consideration of the payment of premium as required, the **Company** agrees with the **Policyholder** to cover the **Insured** against loss arising from the **Hazards**. This insurance is subject to all of the terms of the **Policy**. This insurance is for the **Amount of Benefit** stated in the **Policy**.

2. **Eligibility Conditions**

To be eligible for coverage under this **Policy**, you must:

1. Have rented a rental vehicle from one of the above-mentioned **Participating Rental Companies**; and
2. Have met all the requirements for renting a motor vehicle from one of the above-mentioned **Participating Rental Companies**.

3. **Policy Term And Renewal:**

This **Policy** begins and ends at 12:01 a.m. Standard Time at the **Policyholder's** address. This **Policy** may be renewed by the **Policyholder** for a consecutive term by the payment of premium as required. This renewal is subject to the consent of the **Company**.

4. **Term of Coverage of Individual Insurance:**

Coverage Begins:

The coverage of the **Insured** begins automatically at the latest of the following:

1. on the date this **Policy** is effective;
2. at the beginning of the **Policy** term for which premium has been paid;
3. on the date the **Insured** falls within the Description of Persons Insured.

Coverage Ends:

The coverage of the **Insured** ends automatically at the earliest of any of the following:

1. on the date the **Policy** is terminated;
2. on the expiration of the **Policy** term for which premium has been paid;
3. on the date the **Insured** no longer falls within the Description of Persons Insured.

SECTION III – HAZARDS INSURED AGAINST

This **Hazard** applies to Class(es): 1 & 2

Class I Insured Persons:

This insurance covers all those **Hazards** to which the **Insured Person** may be exposed (24 hours a day) during the period of the **Participating Rental Company** lease.

Class 2 Insured Persons:

This insurance covers all those **Hazards** to which the passengers of the **Insured Person** may be exposed while in or on, boarding or alighting from the **Participating Rental Company Rental Car**.

This insurance as afforded by this **Policy** shall apply in respect to any claim or action brought against any one **Insured** by any other **Insured**. Any breach of a condition of this **Policy** by any **Insured** shall not affect the protection given by this **Policy** to any other **Insured**.

EXPOSURE AND DISAPPEARANCE

Loss suffered by the **Insured** and resulting from unavoidable exposure to the elements following a forced landing, stranding, sinking or wrecking of any covered conveyance in which the **Insured** is riding as a passenger shall be covered to the extent of the benefits granted by the **Policy**.

If the body of the **Insured** has not been found within one year after the disappearance, forced landing, stranding, sinking or wrecking of any covered conveyance in which the **Insured** was a passenger, then it shall be presumed that the **Insured** has suffered loss of life as provided in Section IV.

SECTION IV – STATEMENT OF BENEFITS

1. Description of Persons Insured:

The **Company** agrees to insure the persons described in the classes below. These persons are each called the **Insured**.

DESCRIPTION

Class 1 Any person who rents an automobile from the **Participating Rental Company** and who applies for this insurance.

Note: **Renter** with whom contract has been executed who is known as the Primary Driver regardless of whether he/she is a passenger at the time of the loss.

Class 2 Any person who is not intended as the Primary Driver of the vehicle even if he/she is the Driver in operation of the vehicle at the time of the loss.

Note: Secondary drivers shall not be deemed as the **Renter** or Class 1 and only as Class 2, regardless of whether they are in operation of the vehicle at the time of the loss.

2. **Amount of Benefit:**

The insurance applies to each Class only with respect to those coverages for which an **Amount of Benefit** is shown.

COVERAGE	AMOUNT OF BENEFIT	
	CLASS 1	CLASS 2
Accidental loss of life	\$ 100,000.	\$ 10,000.
Loss of both hands, both feet or both eyes	\$ 100,000.	\$ 10,000.
Loss of one hand and one foot	\$ 100,000.	\$ 10,000.
Loss of one hand and one eye or one foot and one eye	\$ 100,000.	\$ 10,000.
Loss of speech and hearing	\$ 100,000.	\$ 10,000.
Loss of one arm or one leg	\$ 75,000.	\$ 7,500.
Loss of one hand, one foot or one eye	\$ 66,667.	\$ 6,667.
Loss of speech or hearing	\$ 50,000.	\$ 5,000.
Loss of thumb and index finger of one hand	\$ 33,333.	\$ 3,333.
Loss of hearing in one ear	\$ 16,667.	\$ 1,667.
Loss of use of both arms or both legs	\$ 100,000.	\$ 10,000.
Loss of use of both hands or both feet	\$ 100,000.	\$ 10,000.
Loss of use of one hand and one foot	\$ 100,000.	\$ 10,000.
Loss of use of one arm or one leg	\$ 75,000.	\$ 7,500.
Loss of use of one hand or one foot	\$ 66,667.	\$ 6,667.
Quadriplegia	\$ 100,000.	\$ 10,000.
Paraplegia	\$ 100,000.	\$ 10,000.
Hemiplegia	\$ 100,000.	\$ 10,000.

3. Description of Coverage:

Accidental Loss of Life:

If within one year from the date of accident **Accidental Bodily Injury** causes the death, including clinical death determined by the local governing medical authorities, of an **Insured**, the **Company** will pay the **Amount of Benefit** shown.

Accidental Loss of Both Hands, Both Feet or Both Eyes:

If within one year from the date of accident **Accidental Bodily Injury** causes the loss of both hands, both feet or both eyes of an **Insured** but not the **Insured's** death, the **Company** will pay the **Amount of Benefit** shown. Loss means the actual severance through or above the knuckle joints of at least four fingers or three fingers and the thumb of both hands; or, with respect to both feet, the actual severance at or above the ankle joint of both feet; or, with respect to both eyes, the entire and irrecoverable loss of sight of both eyes.

Accidental Loss of One Hand or One Foot:

If within one year from the date of accident **Accidental Bodily Injury** causes the loss of one hand and one foot of an **Insured** but not the **Insured's** death, the **Company** will pay the **Amount of Benefit** shown. Loss means the actual severance through or above the knuckle joints of at least four fingers or three fingers and the thumb of the same hand; or with respect to foot, the actual severance at or above the ankle joint.

Accidental Loss of One Hand and One Eye or One Foot and One Eye:

If within one year from the date of accident **Accidental Bodily Injury** causes the loss of one hand and one eye or one foot and one eye of an **Insured** but not the **Insured's** death, the **Company** will pay the **Amount of Benefit** shown. Loss means the actual severance through or above the knuckle joints of at least four fingers or three fingers and the thumb of the same hand; or, with respect to eye, the entire and irrecoverable loss of sight of one eye; or, with respect to foot, the actual severance at or above the ankle joint of a foot.

Accidental Loss of Speech and Hearing:

If within one year from the date of accident **Accidental Bodily Injury** causes the entire and irrecoverable loss of speech and hearing of an **Insured** but not the **Insured's** death, the **Company** will pay the **Amount of Benefit** shown.

Accidental Loss of One Arm or One Leg:

If within one year from the date of accident **Accidental Bodily Injury** causes the loss of one arm or one leg of an **Insured** but not the **Insured's** death, the **Company** will pay the **Amount of Benefit** shown. Loss means the actual severance of the entire arm above the elbow joint; or with respect to leg, the actual severance of the entire leg above the knee joint.

Accidental Loss of One Hand, One Foot or One Eye:

If within one year from date of accident **Accidental Bodily Injury** causes the loss of one hand, one foot, or one eye of an **Insured** but not the **Insured's** death, the **Company** will pay the **Amount of Benefit**. Loss means the actual severance through or above the knuckle joints of at least four fingers or three fingers and the thumb of the same hand; or, with respect to foot, the actual severance at or above the ankle joint of a foot; or with respect to eye, the entire and irrecoverable loss of sight of one eye.

Accidental Loss of Speech and Hearing:

If within one year from the date of accident **Accidental Bodily Injury** causes the entire and irrecoverable loss of speech or hearing of an **Insured** but not the **Insured's** death, the **Company** will pay the **Amount of Benefit** shown.

Accidental Loss of Thumb and Index Finger of One Hand:

If within one year from the date of accident **Accidental Bodily Injury** causes the loss of an **Insured's** thumb and its opposing index finger, but not the **Insured's** death, the **Company** will pay the **Amount of Benefit**.

Accidental Loss of Hearing in One Ear:

If within one year from the date of accident **Accidental Bodily Injury** causes the entire and irrecoverable loss of hearing in one ear of an **Insured** but not the **Insured's** death, the **Company** will pay the **Amount of Benefit** shown.

Accidental Loss of Use of Both Arms or Both Legs:

If within one year from the date of accident **Accidental Bodily Injury** causes the loss of use of both arms or both legs of an **Insured** but not the **Insured's** death, the **Company** will pay the **Amount of Benefit** shown. Loss of use means the entire and irrecoverable loss of use at or above the elbow joint of both arms; or, with respect to both legs, the entire and irrecoverable loss of use at or above the knee joint.

Accidental Loss of Use of Both Hands or Both Feet:

If within one year from date of accident **Accidental Bodily Injury** causes the loss of use of both hands or both feet of an **Insured** but not the **Insured's** death, the **Company** will pay the **Amount of Benefit** shown. Loss of use means the entire and irrecoverable loss of use at or above the wrist joint of both hands; or, with respect to both feet, the entire and irrecoverable loss of use at or above the ankle joint.

Accidental Loss of Use of One Hand and One Foot:

If within one year from date of accident **Accidental Bodily Injury** causes the loss of use of one hand and one foot of an **Insured** but not the **Insured's** death, the **Company** will pay the **Amount of Benefit** shown. Loss of use means the entire and irrecoverable loss of use at or above the wrist joint of one hand; or, with respect to one foot, the entire and irrecoverable loss of use at or above the ankle joint.

Accidental Loss of Use of One Arm or One Leg:

If within one year from date of accident **Accidental Bodily Injury** causes the loss of use of one arm or one leg of an **Insured** but not the **Insured's** death, the **Company** will pay the **Amount of Benefit** shown. Loss of use means the entire and irrecoverable loss of use at or above the elbow joint of one arm; or, with respect to one leg, the entire and irrecoverable loss of use at or above the knee joint.

Accidental Loss of Use of One Hand or One Foot:

If within one year from date of accident **Accidental Bodily Injury** causes the loss of use of one hand or one foot of an **Insured** but not the **Insured's** death, the **Company** will pay the **Amount of Benefit** shown. Loss of use means the entire and irrecoverable loss of use at or above the wrist joint of one hand; or, with respect to one foot, the entire and irrecoverable loss of use at or above the ankle joint.

Paraplegia

If within one year from date of accident **Accidental Bodily Injury** causes the paraplegia of an **Insured** but not the **Insured's** death, the **Company** will pay the **Amount of Benefit** shown. Paraplegia means the complete and irreversible paralysis of both lower limbs and must be continuous for twelve (12) months from the date of accident causing the loss after which the benefit is payable.

Quadriplegia

If within one year from date of accident **Accidental Bodily Injury** causes the quadriplegia of an **Insured** but not the **Insured's** death, the **Company** will pay the **Amount of Benefit** shown. Quadriplegia means the complete and irreversible paralysis of both upper and lower limbs and must be continuous for twelve (12) months from the date of accident causing loss after which the benefit is payable.

Hemiplegia

If within one year from date of accident **Accidental Bodily Injury** causes the hemiplegia of an **Insured** but not the **Insured's** death, the **Company** will pay the **Amount of Benefit** shown. Hemiplegia means the complete and irreversible paralysis of upper and lower limbs on one side of the body and must be continuous for twelve (12) months from the date of accident causing the loss after which the benefit is payable.

4. **Limitation of Payment:**

The **Company** will not pay more than one **Amount of Benefit** shown, the greater, for all the **Accidental Bodily Injuries** resulting from one accident.

5. **Beneficiary:**

Benefit for loss of life is payable to the beneficiary designated by the **Insured**; if there has been no such designation, then the estate of the **Insured**. All other benefits payable under this **Policy** are payable to the **Insured**.

SECTION V – PREMIUM

1. Time of Payment of Premium:

Premium is payable at inception and thereafter as indicated:

- _____ Annually: on each anniversary of the inception of the **Policy**.
- _____ Quarterly: on each three (3) month anniversary of the inception of the **Policy**.
- X Monthly: thirty (30) days following the end of the previous month.
- _____ Other:

2. Computation of Premium:

The premium shall be computed as indicated:

- _____ The annual premium is \$ _____
- _____ The annual premium is \$ _____ per \$1,000. of the **Amount of Benefit** per Class.
- X The monthly premium is subject to adjustment based on:
1. Rate of **\$0.20** per Rental Day Per Vehicle.
 2. Reporting Period: Monthly .

The **Policyholder** agrees to keep records of the information the **Company** needs for premium computation, and to submit such information as the **Company** requests.

SECTION VI – EXCLUSIONS

This **Policy** does not cover loss caused by or resulting from any of the following:

1. intentionally self-inflicted injuries;
2. suicide or attempted suicide, whether sane or insane;
3. illness; disease; normal pregnancy or resulting childbirth or miscarriage; and bacterial infection except bacterial infection of an **Accidental Bodily Injury**, or if death results, from the accidental ingestion of a substance contaminated by bacteria;
4. any act of declared or undeclared war;
5. accident occurring while a passenger on, or operating, or learning to operate, or serving as a member of the crew of any aircraft;
6. the use, the operation or the driving of the vehicle; (a) while the vehicle operator is under the influence of intoxicating liquor or drugs; (b) for the transporting of persons or property for hire or for any illegal purpose; (c) by any person in violation of law as to age, or by any person who has given to the Lessor a fictitious name or false age or address; (d) in any race, speed test or contest.

SECTION VII – PROVISIONS

1. Entire Contract; Changes:

This **Policy** with the attached papers, if any, is the entire contract of insurance. All statements made by the **Policyholder** or by the **Insured** shall be deemed representations and not warranties. No statement made by any **Insured** shall void the insurance or reduce benefits payable unless:

- a. made in writing; and
- b. signed by the **Insured**.

No Change in this **Policy** will be effective until approved by an Officer of the **Company**. This approval must be noted on or attached to this **Policy**. No agent may change this **Policy** or waive any of its provisions.

2. Grace Period:

Each premium is payable when due. Premium is due as stated in Section V - Premiums may be paid to the **Company** or to any authorized agent of the **Company**. Failure to pay a premium by the premium due date or within the grace period is a default in payment of premium. A default of premium will terminate this **Policy** and all coverage of this **Policy**.

A grace period of thirty-one (31) days will be granted for the payment of each premium falling due after the first premium. During this grace period this **Policy** shall continue in force. If the **Company** has told the **Policyholder** that this **Policy** will not be renewed at least thirty-one (31) days before the renewal date, this grace period will not be given.

3. Addition of New Insureds:

All persons added to the groups or classes described as **Insureds** shall be automatically insured under this **Policy**.

4. Notice of Claim:

Written notice of claim must be given to the **Company** as soon as possible within thirty (30) days or, if you are a Quebec resident, within the year of the loss or the occurrence if you prove your impossibility to act within the thirty (30) day delay. Written notice to the **Company** means that the **Insured** or the beneficiary or someone acting on behalf of either, must tell the **Company** or tell any authorized agent of the **Company** of the claim with enough information to identify the **Insured**.

5. Claim Forms:

When the **Company** is told of a claim, it will give the claimant forms for filing proof of loss. The claim form and the required documents must be completed as requested and returned to us as soon as possible within thirty (30) days after the loss or, if you are a Quebec resident, within the year of the loss if you prove your impossibility to act within thirty (30) days after the loss.

6. Proof of Loss:

Written proof of loss must be given to the **Company** within the abovementioned delay.

7. Time of Payment of Claims:

If your claim is approved, we will pay the benefit within sixty (60) days of receiving the proof required. If your claim is denied or we pay only a portion of the benefit, you will receive a letter explaining the reasons for our decision. We will send the letter within sixty (60) days of receiving the documents required to process the claim.

8. Payment of Claims:

Benefit for accidental loss of life will be paid to the beneficiary indicated in the **Policy**. All other benefits will be paid to the **Insured**.

9. Appeal of an Insurer's Decision and Recourses:

You may appeal the Insurer's decision if you disagree with the outcome. You have six (6) months from the date of the Insurer's decline of your claim to appeal the decision. Your appeal must be in writing to the Insurer. The Insurer will send you a written response within thirty (30) days following receipt of your request to review. You may also contact the Autorité des Marchés financiers or consult your own lawyer.

10. False Claim:

Any misrepresentation, inaccurate representation or failure to disclose could lead to the Policy being cancelled, coverage being denied, or benefits being refused or reduced. Should you have any questions, please contact the Insurer.

11. Physical Examinations and Autopsy:

The **Company**, at its expense, has the right to have the **Insured** examined as often as reasonably necessary while a claim is pending. It may also have an autopsy made unless prohibited by law.

12. Legal Actions:

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

13. Change of Beneficiary:

The **Insured**, and no one else, has the right to change the beneficiary. The **Insured** does not need the consent of anyone to surrender or assign this **Policy** or change beneficiary or to make any other change in this **Policy**. The **Company** is not bound by a change in beneficiary or assignment of interest unless the **Company** receives the original instructions from the **Insured**, or a sworn duplicate of the original. The **Company** does not assume any responsibility for the validity of such instructions.

14. Cancellation by the Policyholder or the Company:

After this **Policy** has been in force for at least one (1) year, the **Policyholder** may cancel it at any time. To cancel the **Policy**, the **Policyholder** must give written notice to the **Company** or to any authorized agent of the **Company**. The **Company** will cancel the **Policy** on receipt of notice or at a specified later date. If the **Policyholder** cancels the **Policy**, the **Company** will return promptly the unearned portion of any premium actually paid. The unearned premium will be computed on a short rate basis.

This **Policy** may be cancelled by the **Company** at any anniversary date. To cancel the **Policy**, the **Company** must give the **Policyholder** written notice, at the last address shown on the records of the **Company**, stating when, not less than one hundred and eighty (180) days thereafter, such cancellation shall be effective.

This **Policy** may be cancelled by the **Company** other than on an anniversary date for non-payment of premium. If premium due is not received within the grace period provided by the **Policy**, the **Company** may cancel the **Policy**. The **Company** must give the **Policyholder** written notice of this cancellation at the last address shown on the records of the **Company**. Such written notice shall state when, not earlier than the expiration of the grace period, such cancellation shall be effective.

Any claim for loss occurring before the effective date of cancellation shall not be prejudiced by the cancellation.

15. Change in Premium Rates at Policy Anniversary Date:

The **Company** may, as of any **Policy** anniversary date, change the premium rates for this **Policy**. The **Company** must give the **Policyholder** at least ninety (90) days prior written notice of such change in premium rates.

16. Records Maintained:

The **Policyholder** shall maintain records showing the essential particulars of this insurance applying to each **Insured**.

17. Certificate for Insured:

In any Province in which it is required that certificates be issued on this **Policy**, the **Company** will issue to the **Policyholder** for delivery to each **Insured** a Certificate of Insurance. The Certificate of Insurance will contain the Benefits, Limitations, and Provisions of the **Policy** and state to whom benefits are payable.

18. Examination and Audit:

The **Company** shall be permitted to examine the **Policyholder's** records relating to this **Policy**. The **Company** may do this at any time during the **Policy** term and within three (3) years after expiration of this **Policy**, or until final adjustment and settlement of all claims under this **Policy** have been made, whichever is later.

19. Advertising Approval:

The **Policyholder** and their representatives shall gain the prior written approval of the **Company** for all advertising material, including but not limited to, direct mail, printed materials, electronic media and telemarketing scripts relating to this **Policy**.

ENDORSEMENT NO. 1

REHABILITATION/RETRAINING
MEDICAL REPATRIATION/RETURN OF MORTAL REMAINS

COVERAGE	AMOUNT OF BENEFIT	
	CLASS 1	CLASS 2
1) Rehabilitation/Retraining	\$10,000.	\$10,000.
2) Medical Repatriation/Return of Mortal Remains	\$10,000.	\$10,000.

Description of Additional Coverages:

1) Rehabilitation/Retraining:

If within one year from the date of accident, **Accidental Bodily Injury:**

- 1) causes a **Loss** as defined below; and
- 2) prevents the **Insured** from performing the duties of the **Insured's** regular occupation; and
- 3) causes the **Insured** to require treatment for **Rehabilitation/Retraining**,

the **Company** will pay the reasonable cost of such **Rehabilitation/Retraining** up to a maximum of \$10,000.

Rehabilitation/Retraining means:

- 1) the expense of treatment by a therapist licensed, registered or certified to provide such treatment; or
- 2) the expense of treatment by a special education teacher; or
- 3) the expense of institutional confinement for such treatment, intended to rehabilitate or retrain the **Insured** for work in any gainful occupation including the **Insured's** regular occupation.

Loss means: accidental loss or loss of use of:

- 1) a hand or foot; or
- 2) more than one hand or foot; or
- 3) sight; or
- 4) hearing; or
- 5) speech; or
- 6) thumb and index finger;

as described in Section IV – Statement of Benefits.

2) **Medical Repatriation/Return of Mortal Remains:**

(a) Medical Repatriation

If within one year from the date of accident it is the opinion of the attending **Physician** that due to **Accidental Bodily Injury** or sickness it is medically advisable to **Transfer** the **Insured** to a **Medical Facility** nearest to the **Insured's Location of Permanent Residence**, the **Company** shall reimburse the **Insured** the amount incurred for such **Transfer**.

(b) Return of Mortal Remains:

If an **Insured** dies, the **Company** shall pay for expenses incurred for transporting the mortal remains to the **Insured's Location of Permanent Residence**.

Definitions:

Medical Facility means: a clinic, hospital or similar institution operating primarily for reception, care and treatment of sick, ailing or injured persons as inpatients, providing 24-hour nursing service, having a staff of one or more **Physicians** available at all times, and providing organized facilities for diagnosis and surgical procedures.

Physician means: any person, other than the **Insured** or a member of the **Insured's** immediate family, who is recognized by the laws of jurisdiction in which treatment is received as qualified to treat a covered injury or sickness.

Location of Permanent Residence means: the city where the **Insured** has established his fixed and permanent residence.

Transfer means: the least expensive means of scheduled common carrier available which is necessary to meet the medical emergency.

ENDORSEMENT NO. 2

FAMILY TRANSPORTATION BENEFIT

If within one year from the date of accident, the **Insured** is confined to a **Medical Facility** nearest to the **Location of Permanent Residence**, and requires the personal attendance of a **Family Member** as recommended by a qualified attending **Physician** or other qualified medical personnel, the **Company** shall pay the reasonable expenses, up to a maximum of \$10,000., incurred by the **Family Member** for **Transportation Costs** to join the **Insured** while confined.

In the event of a loss, the following must accompany any claim for expenses:

- 1) a copy of the Common Carrier ticket; or
- 2) verification by the Common Carrier of such an expense.

Definitions:

Medical Facility means: a clinic, hospital or similar institution operating primarily for reception, care and treatment of sick, ailing or injured persons as inpatients, providing 24-hour nursing service, having a staff of one or more **Physicians** available at all times, and providing organized facilities for diagnosis and surgical procedures.

Physician means: any person, other than the **Insured** or a member of the **Insured's** immediate family, who is recognized by the laws of jurisdiction in which treatment is received as qualified to treat a covered injury or sickness.

Location of Permanent Residence means: the city where the **Insured** has established his fixed and permanent residence.

Family Member means: the spouse (or common-law spouse), a parent, grandparent, child over the age of eighteen (18), brother or sister of the **Insured**.

Transportation Costs means: the cost of common carrier transportation by the most direct route.

Attached To And Forming Part of Policy No.: 6404 67 71

ENDORSEMENT NO. 3

FUNERAL EXPENSE RIDER

In the event the **Insured** suffers accidental loss of life covered under this **Policy**, the **Company** will pay a benefit for **Funeral Expense** equal to but not exceeding \$5,000.

This benefit is payable upon receipt of reasonable evidence of **Funeral Expense** actually paid.

Funeral Expense means: the reasonable costs associated with interring the **Insured**.