

# \$500,000 BUSINESS TRAVEL ACCIDENT INSURANCE

Underwritten by Chubb Life Insurance Company of Canada,  
Head Office in Canada: 199 Bay Street, Suite 2500,  
P.O. Box 139, Commerce Court Postal Station,  
Toronto, Ontario M5L 1E2  
(Herein called the Company)

Effective Date of this Certificate:  
July 1, 2025

**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 TMH600135 ("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. Employee or member of a Sponsoring Organization with Business Travel Accounts, who is eligible to have his/her Transportation Costs charged to that American Express Business Travel Account;
- B. The Spouse or Dependent Child of such Persons in A above if travelling with the employee or member of a Sponsoring Organization 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 a Business Travel Account 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. The Company 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. The Company 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. The Company 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, the Company 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 thereof 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. This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

## **EFFECTIVE DATE**

This insurance is effective July 1, 2025 and will cease on the date the Blanket Master Group Policy TMH600135 is terminated.

## **BENEFICIARY**

The Loss of Life benefit will be paid to the beneficiary designated by the Insured Person. This designation 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 the benefit amount. If the Insured Person has not designated a beneficiary, or if the designated beneficiary does not survive the Insured Person, the Company 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 Insured Person, such grandchildren will share equally the share of the benefit 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. The Company does 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 the Company prior written notice.

## **PAYMENT OF CLAIMS**

Written notice of claim must be given to the Company, 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 the Company receives 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 the Company 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 the Company 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 the Company 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**

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.

## **ACCESS TO DOCUMENTS**

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

The benefits described herein are subject to all of the terms and conditions of the Blanket Master Group Policy TMH600135. This Certificate of Insurance replaces any prior Certificate of Insurance that may have been furnished in connection with Business Travel Accident Insurance.

Please read this Certificate of Insurance and keep it in a safe place with other insurance documents. This Certificate of Insurance is not a contract of insurance but is a summary of the principal provisions pertaining to this plan of insurance while in effect.

Complete provisions pertaining to this plan of insurance are 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 Certificate of Insurance and any provision in the Policy differ, the Policy will govern.

## **CONTACT INFORMATION**

For questions about coverage, change in beneficiary or other inquiries, please contact American Express at 1-800-716-6661. For claims, contact the Company, at 1-416-594-2627 or 1-877-772-7797 or by emailing [claims.A\\_H@chubb.com](mailto:claims.A_H@chubb.com).

## **PRIVACY**

At Chubb, we are committed to protecting our customers' privacy. Chubb's policy is to limit access to customer information to those who need it to serve customers' insurance needs and to maintain and improve customer service. The information provided by customers is required by us, our reinsurers and authorized administrators to assess customers' entitlement to benefits, including but not limited to determining if coverage is in effect, investigating the applicability of exclusions and coordinating coverage with other insurers. For these purposes, We, Our reinsurers and authorized administrators consult existing insurance files about customers, collect additional information about and from customers, and where required, collect

information from and exchange information with, third parties. We do not disclose customer information to third parties other than our agents and brokers, except as necessary to conduct business, e.g., processing claims or as required by law. We advise customers that, in some instances, employees, service providers, agents, reinsurers, and any of their providers, of Chubb may be located in jurisdictions outside Canada and that customers' personal information may thus be subject to the laws of those foreign jurisdictions.

The Privacy Officer; Chubb Insurance Company of Canada, 199 Bay Street, 25th Floor, Toronto, Ontario, M5L 1E2. For more information on privacy at Chubb, visit [Chubb.com/ca](http://Chubb.com/ca)

## **COMPLAINT PROCEDURES**

If an Insured Person has a complaint or inquiry about any aspect of this insurance coverage, please call 1-877-534-3655 between 8:00 a.m. and 8:00 p.m. (ET), Monday to Friday.

If for some reason the Insured Person is not satisfied with the resolution to their complaint or inquiry, the Insured may communicate their complaint or inquiry in writing to our complaints officer:

Chubb Insurance Company of Canada  
199 Bay Street, Suite 2500  
P.O. Box 139 Commerce Court Postal Station  
Toronto, ON M5L 1E2  
Email: [complaintscanada@chubb.com](mailto:complaintscanada@chubb.com)

If the Insured Person is still not satisfied with the resolution to their complaint or inquiry, the Insured may communicate their complaint or inquiry in writing to:

OmbudService for Life & Health Insurance  
20 Adelaide Street East, Suite 802, P.O. Box 29  
Toronto, Ontario M5C 2T6

DOT 44-0445 Cdn  
[www.chubb.com/ca](http://www.chubb.com/ca)

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