

BERMUDA^{AIR}

TRIP PROTECTOR **PLUS**

[Click here to consult clauses
relevant to Trip Cancellation and Interruption,
and Baggage Insurance.](#)



Travel Insurance Policy

In case of Medical *Emergency*

Effective: September 15, 2026

Insured by



HUMANIA
TRAVEL INSURANCE^{MOD}

IMPORTANT NOTICE

Read Carefully Before You Travel

You have purchased a travel insurance policy – what's next? We want You to understand (and it is in Your best interests to know) what Your policy includes, what it excludes, and what is limited (payable but with limits). Please take time to read through Your policy before You travel. Italicized terms are defined in Your policy.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e.: *Accidents* and *Emergencies*) and typically not follow-up or recurrent care.
- To qualify for this insurance, You must meet all of the eligibility requirements.
- This insurance contains limitations and exclusions (e.g.: *Treatment* that is not an *Emergency*, pregnancy, excessive use of alcohol, high risk activities).
- This insurance may NOT cover claims related to *Pre-Existing Medical Conditions*, whether disclosed or not at time of policy purchase.
- **Contact Emergency Assistance at 1 833-268-0550 (or collect at 514-657-8653) before seeking *Treatment* or Your benefits may be limited or denied.**
- In the event of a claim, Your prior medical history may be reviewed.

**It is your responsibility to understand your coverage.
If you have questions, call 1-833-268-0550.**

TABLE OF CONTENTS

Schedule of Benefits	4
10-Day Free Look to Review this Policy	4
Emergency Medical Assistance	5
I. Insurance Agreement	5
II. Single-Trip Plan	6
III. Eligibility	6
IV. Definitions	6
V. Benefits Description in Case of Medical Emergency	10
1. <i>Hospital / Medical expenses</i>	10
2. <i>Incidental Hospital expenses</i>	10
3. <i>Physician's fees</i>	10
4. <i>Medical appliances</i>	11
5. <i>Private duty nursing care and home health care</i>	11
6. <i>Diagnostic services</i>	11
7. <i>Prescribed Medications</i>	11
8. <i>Emergency dental care</i>	11
9. <i>Ambulance services</i>	11
10. <i>Paramedical fees</i>	11
11. <i>Transportation expenses</i>	11
VI. Exclusions and Limitations	12
VII. Extension of Policy Coverage and Delayed Return Expenses	15
VIII. Coordination of Benefits with Other Insurance Plans	16
IX. General Provisions	16
X. How to File a Claim	18
XI. Notice - Personal Information	18

SCHEDULE OF BENEFITS

LIST OF BENEFITS	MAXIMUM SUM PAYABLE (Per Insured Person)
<i>Emergency Medical Expenses, including:</i>	
• <i>Hospital/Medical Expenses</i>	
• <i>Physician Fees</i>	
• <i>Medical Appliances</i>	
• <i>Diagnostic Services</i>	CAD \$1,000,000
• <i>Ambulance Services</i>	
• <i>Emergency Transportation to Insured Person's Bedside</i>	
• <i>Prescription Drugs for Emergency Treatment</i>	
• <i>Return of Deceased</i>	
• <i>Incidental Hospital Expenses</i>	Maximum CAD \$100
• <i>Private Duty Nursing Care</i>	Maximum CAD \$5,000
• <i>Emergency Dental Care</i>	Maximum CAD \$500
• <i>Paramedical Fees</i>	50%, up to CAD \$300
• <i>Delayed Return Expenses</i>	CAD \$300
<i>Emergency Medical Evacuation & Repatriation</i>	CAD \$100,000
<i>Emergency Medical Expenses relating to a pandemic or epidemic</i>	Included

10-DAY FREE LOOK TO REVIEW THIS POLICY

You have 10 days from *Your* insurance purchase date to review this policy. If it does not meet *Your* needs, *You* may terminate this insurance coverage and receive a premium refund if:

- (i) *You* have not departed on *Your Trip*; and
- (ii) There is no claim in progress.

To request a premium refund, simply contact *Your Travel Supplier* from whom *You* purchased the insurance, as identified on *Your Confirmation of Coverage*.

NOTE: If *Your Medical Condition* changes prior to *Your Departure Date*. *You* must notify the *Insurer* and are not eligible for benefits under this policy if *You* submit a claim for that condition. The *Insurer* reserves the right to re-evaluate *Your* insurability before *Your Departure Date*.

PLEASE NOTE: The meaning of words printed in *italics* throughout this document are explained in the "Definitions" Section (IV).

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

EMERGENCY MEDICAL ASSISTANCE:

- Coordinates *Your* medical *Treatment* and keeps *Your* family informed;
- Helps *You* locate a *Physician*, clinic or *Hospital*;
- Confirms *Your* insurance coverage to the *Hospital* and/or *Physician*;
- Guarantees or arranges payment to the *Hospital* or *Physician*, whenever possible;
- Arranges transportation of a family member to *Your* bedside, when indicated by circumstances;
- Arranges for *Your* repatriation to *Your* province of residence;
- Assists *You* in contacting *Your* family, business partners or family *Physician*;
- Facilitates the delivery of urgent messages to family members;
- Helps *You* find legal counsel in the event of a serious *Accident*.

In all cases, *You* must call the *Emergency Assistance* at **1-833-268-0550** or **collect at 514-657-8653** prior to any *Treatment*. Failure to do so will result in *Your* benefits being denied or limited to 70% of eligible charges up to an overall maximum of CAD \$25,000. Please refer to section General Provisions for more details. Coordination of care with the *Emergency Assistance* must be from the onset and for the full duration of the *Treatment*.

*Conditions in *Your* host country (e.g., political unrest, technological capabilities, etc.) may limit accessibility to, or the quality of, the Assistance Services described herein. Therefore, neither the *Insurer* nor the *Emergency Assistance* nor any other insurer is responsible for the availability, scope, quality or outcome of any medical *Treatment*, for any transportation *You* received or for *Your* inability to obtain medical *Treatment*.

I. INSURANCE AGREEMENT

After consideration and acceptance of the application for insurance *You* have completed, and upon receipt of the required premium, subject to the eligibility and insurability terms and conditions of the policy, the *Insurer* will reimburse, up to the maximum amount presented in the *Schedule of Benefits* for the *Policy Period*, all eligible covered expenses that relate directly to an *Emergency* occurring during an insured *Trip* and that are an excess to the amounts covered under *Your* government health insurance plan, or any other plan covering *You*, including but not limited to credit card, group, individual, or third party insurance. This coverage is last payer and all other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payment will be made under this policy.

Benefits payable for any necessary and reasonable medical, *Emergency* evacuation and repatriation costs that *You* incur as a result of *Your* suffering during *Your Trip* from a communicable disease, the outbreak of which is declared an epidemic or pandemic by the World Health Organization or by any official governmental body or health authority, are limited to the maximum amount presented in the *Schedule of Benefits*.

By completing the application and paying the required premium, *You* mandate and authorize the *Insurer* to submit to *Your* provincial government health insurance plan, claims for covered medical and *Hospital* services that *You* have received.



Nicolas Moskiou
President and CEO
of Humania Travel Insurance



Dimitri Georgoulas
Senior Vice-President, Finance
of Humania Travel Insurance

II. SINGLE-TRIP PLAN

The Single-Trip Plan is valid for the length of one single *Trip*, which cannot exceed 30 consecutive days, including *Your Departure Date* and *Expiration Date*.

III. ELIGIBILITY

You are eligible for coverage if You meet all of the following conditions:

- You are a *Canadian Resident*; **and**
- You are eligible for benefits under *Your Provincial Government Health Insurance Plan*; **and**
- You understand and can speak either one of Canada's official languages (English or French); **and**
- You are aged 85 years or younger on the *Departure Date*.

IV. DEFINITIONS

"Accident/Accidental" – Means unintentional and unexpected bodily harm occurring as a result of a sudden external action involving an impact.

"Canadian Resident/Resident" – Means an *Insured Person* who has a provincial or territorial government health care plan in place and:

- a) Is a Canadian citizen with a primary permanent residence in Canada; or,
- b) Has landed immigrant status in Canada and a primary permanent residence in Canada; or,
- c) Has a permit to study or work in Canada.

"Change in the prescribed Medication" – means the dosage or frequency of a *Medication* has been reduced, increased, stopped and/or new *Medications* have been prescribed due to the worsening of an underlying condition that is being treated with the *Medication*, unless the change is:

- a) Between a brand name and a generic *Medication* with comparable dosage; or
- b) An adjustment to insulin or anticoagulant dosage.

"Children" – Means *Your* sons and daughters who are aged 17 years or younger on the *Departure Date*, are unmarried and are dependent of *You* for support.

"Civil Unrest, Riot or Commotion" – Means a gathering of persons (organised or unorganised) in disturbance of the public peace with the presence of violence, threats of violence, or the action of any lawfully constituted authority to suppress or attempt to suppress any such gathering.

"Confirmation of Coverage" – Means all the documents sent to *You* by the *Insurer* or *Your Travel Supplier* and confirming *Your* insurance policy details based on the information *You* have provided in *Your* policy application.

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

"Country of Residence" – Means any country in which *You* have been granted rights of citizenship or are a resident with unrestricted right of re-entry by the respective Government Authority.

"Departure Date" – Means the date *You* leave *Your* province of residence, and indicated as such in *Your Confirmation of Coverage*

"Emergency" – Means a sudden and unforeseen *Medical Condition* that requires immediate *Treatment*. An *Emergency* no longer exists when the evidence based on the opinion of the Emergency Assistance indicates that no further *Treatment* is required at destination or *You* are able to return to *Your* province of residence for further *Treatment*.

“Expedition” – Means any journey to high risk, remote, inaccessible and/or inhospitable locations including but not limited to, privately organised kayaking trips around the coast of a country, or trips to generally inaccessible interiors of a country or areas previously unexplored or uncharted including trips undertaken for scientific, research or political purposes to such locations. It does not mean *Trekking* and travel outside of such locations if

- (a) Such *Trekking* or travel is part of a tour that is accessible to the general public without restrictions (other than general health or fitness warnings) and is run by a recognised tour operator; and
- (b) You are always acting under the guidance and supervision of qualified guides and/or instructors of the tour operator.

“Expiration/Expiry Date” – Means the earliest between, either, 11:59 pm on the day indicated as *Expiration Date* on the *Confirmation of Coverage*, or the date the *Insured Person* returns to their province of residence.

“Extreme Sports and Sporting Activities” – Means any sport or sporting activities that present a high level of inherent danger (i.e. involve a high level of expertise, exceptional physical exertion, highly specialised gear or stunts) including but not limited to big wave surfing; *Winter Sports* (except as noted in (b) below); bicycle, motor, air or sea craft speed trials or stunts, canoeing down rapids, cliff jumping, horse jumping, horse polo and stunts, boxing and martial arts. *Extreme Sports and Sporting Activities* does not include:

- a) Tourist activities that are accessible to the general public without restrictions (other than general health/fitness warnings) and are run by a recognised resort or tour operator, provided that *You* comply with all relevant requirements/instructions of such resort/tour operator and with all safety guidelines for the activity concerned, including the use of any appropriate and recommended safety equipment.
- b) Skiing, snowboarding, cross country skiing, ice curling, ice skating, ice hockey, langlauf and sledging/sleighing/ tobogganing, but only if *You* engage in such *Winter Sports*
 - (i) As tourist activities (subject to the conditions in (a) above), and
 - (ii) On prepared ice rinks, recognised and prepared paths or marked trails of the resort.

“Home” – Means an *Insured Person’s* usual place of residence within his/her *Country of Residence*.

“Hospital” – Means an institution that is licensed as an accredited hospital that is staffed and operated for the care and *Treatment* of in-patients and out-patients. *Treatment* must be supervised by *Physicians* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment. A *Hospital* is not an 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.

“Hospitalization, Hospitalized” – Means *Your* admission in a *Hospital* for a period of at least 24 hours on recommendation of a *Physician*.

“Immediate Family” – Means *Your Partner*, parents, parents-in-law, grandparents, *Children*, sons-in-law, daughters-in-law, grandchildren, brothers, sisters, brothers-in-law, and sisters-in-law.

“Injury” – Means a physical bodily injury sustained by *You* as a result of an *Accident* during the *Trip* which occurs solely, directly and independently of any other cause or causes including *Sickness*, disease or any pre-existing physical or congenital condition, except *Sickness* directly resulting from medical or surgical *Treatment* rendered necessary by such *Injury*.

“Insured Person” – Means each person mentioned on the *Confirmation of Coverage* and insured under this policy.

“Insurer” – Means Humania Travel Insurance, a 100% owned Humania Assurance Inc. subsidiary.

“Manual Labour” – Means *Your* active personal participation in work which involves physical labour or manual operation, including but not limited to:

- (a) Underground work, mining work, military duties, offshore work, manual agricultural labour, construction work, or outside building or installation work exceeding three (3) metres in height;
- (b) Work that involves heavy machinery, explosives or hazardous materials;
- (c) Work as a diver, life guard, taxi driver, bus driver, or other commercial vehicle or heavy vehicle driver, dispatch rider or delivery person;
- (d) Work of a manual nature that involves specialist equipment and training, or work that presents risk of serious injury including but not limited to oil riggers, fishermen, crane operators or welders.

“Medical Condition” – Means any disease, *Sickness* or *Injury* (including *Symptoms* of undiagnosed conditions).

“Medically Necessary” – means a medical service provided by a *Physician* which is:

- 1. Consistent with the diagnosis and is a customary medical *Treatment* for the covered illness or *Injury*;
- 2. In accordance with standards of good medical practice, consistent with current standards of professional medical care and of proven medical benefits;
- 3. Not for the convenience of the *Insured Person* or the *Physician*;
- 4. Unable to be rendered out of a *Hospital* (if admitted as an inpatient);
- 5. Not experimental, investigational, research, preventive or screening in nature; and
- 6. For which charges are *Reasonable and Customary* and do not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable *Treatment*, services or supplies to individuals of the same sex and of comparable age for a similar illness or *Injury* in accordance with accepted medical standards and practice that could not have been omitted without adversely affecting *Your* illness or *Injury*.

“Medication” – Means a curative or preventive chemical or biological substance that changes or corrects the organic functions or course of a *Medical Condition*. The *Medication* must be prescribed by a licensed *Physician* and listed in *Your* medical records.

“Mental, Nervous or Psychological Condition or Disorder” – Means a mental or nervous health condition including, but not limited to: anxiety, depression, and neurosis, panic attack, phobia (such as fear of flying, fear of terrorism, fear of disease, etc.), psychosis; or any related physical manifestation. *Mental, Nervous or Psychological Condition or Disorder* does not include drug addiction, marijuana addiction, or alcohol addiction.)

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

“Partner” – Means a person who is an *Insured Person’s* spouse, civil or domestic partner, fiancé or fiancée who permanently lives at the same address as the *Insured Person*.

“Physician” – Means a person (who is not *You* or a member of *Your Immediate Family* or *Your* traveling companion), licensed to prescribe and administer medical *Treatment* in the jurisdiction where the services are provided. A *Physician* does not include a naturopath, homeopath or acupuncturist.

“Policy Period” - Means the period between the *Departure Date* and the *Expiration Date* of the policy.

“Pre-existing Medical Condition” - Means:

- a) Any illness, disease or *Injury* You suffer from, which in the one (1) year period before You purchased this insurance:
 - i) First manifested itself, worsened, became acute or exhibited *Symptoms* that would have caused an ordinarily prudent person to seek diagnosis, care or *Treatment*;
 - ii) Required prescribed *Medication* or medicine, tests, or further investigation had been recommended by a *Physician*; or
 - iii) Was treated by a *Physician*, or *Treatment* had been recommended by a *Physician*.
- b) Any congenital, hereditary, chronic or ongoing condition of *Yours* which You are aware of, or could reasonably be expected to be aware of, before You purchased this insurance.

This definition does not apply to a *Medical Condition* which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or *Change in the prescribed Medication* throughout the 365-day period before coverage is effective under this policy.

“Quarantine” - Means You or Your travelling companion are forced into strict medical isolation by a recognized government authority, their authorized deputies, medical examiners or *Physician*, to prevent the spread of the disease due to You or Your travelling companion either having, or being suspected of having a contagious disease, infection or contamination.

“Recurrence” - Means the reappearance of *Symptoms* caused by or related to a *Medical Condition* which was previously diagnosed by a *Physician* or for which *Treatment* was previously received.

“Reasonable and Customary” - Means charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

“Sickness” - Means an illness or disease of the body, that commences while Your coverage is in effect and requires examination, diagnosis or *Treatment* by a *Physician*. An illness or disease of the body that first manifests itself and then worsens or becomes acute prior to the *Departure Date* of Your coverage is not a *Sickness* as defined herein and is not covered by the policy. *Sickness* does not include any *Mental, Nervous or Psychological Condition or Disorder*, including but not limited to anxiety, depression, neurosis, phobia, psychosis; or any related physical manifestation. *Sickness* does not include drug addiction, marijuana addiction, or alcohol addiction.

“Symptom” - Means pain, feeling, weakness, sensitivity felt by the *Insured Person*.

“Terrorist Act” - Means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or committing of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) are not considered terrorist acts. A *Terrorist Act* also includes any act which is verified or recognised by the (relevant) government as an act of terrorism.

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

“Travel Supplier” - Means any legal entity, person or organization authorized by the Insurer to issue this insurance policy and accept premium payments, as identified on Your *Confirmation of Coverage*.

“Treatment” – Means a procedure prescribed, performed or recommended by a *Physician* for a *Medical Condition*, including but not limited to prescribed *Medication* (including *Medication* prescribed “as needed”), investigative testing and surgery.

“Trekking” – Means an overnight hike, tramp, trek or similar activity through mountainous terrain, national parks or reserve lands normally undertaken on foot but which also can be by other means, including but not limited to, by animal or off-road vehicle, and which involves an overnight stay in the wilderness including in campsites, huts and lodges. For the purpose of clarity, it does not mean *Mountain Climbing*.

“Trip” – Means a scheduled *Trip* booked through *Your Travel Supplier*, of 183 days or less in length (depending on *Your age*), and has a scheduled *Departure Date* and return date, for which coverage is elected and the premium paid and all travel arrangements are made prior to the scheduled *Departure Date*.

“Vehicle” – Means an automobile, motorcycle, recreational vehicle (RV), van or trailer owned or leased by the *Insured Person*.

“War” – Means military action, either between nations or resulting from civil war or revolution.

“We” – Means Humania Travel Insurance, a 100% owned Humania Assurance Inc. subsidiary.

“Winter Sports” – Means bigfoot skiing, cat skiing or boarding, cross country skiing, glacier skiing, glacier walking, heli-skiing, ice climbing, ice curling, ice diving, ice hockey, ice skating, kite skiing, kite snowboarding, langlauf, mono skiing, off piste skiing or snowboarding, skiing, ski or snow board jumping or stunts, ski/snow biking, ski/snow blading, ski randonee, ski touring, sledging/sleighting, snowboarding, snowmobiling, speed skating and tobogganing, bobsleighting, luge or skeleton, or tobogganing on an ice track.

“You” and “Your” – Means each person named on the *Confirmation of Coverage* and who is covered under the policy.

V. BENEFITS DESCRIPTION IN CASE OF MEDICAL EMERGENCY

Subject to the eligibility and insurability terms and conditions of the policy, the *Insurer* will reimburse, up to the maximum amount presented in the *Schedule of Benefits* for the *Policy Period*, all eligible covered expenses that relate directly to an *Emergency* occurring during an insured *Trip* and that are an excess to the amounts covered under *Your* government health insurance plan or any other plan covering *You*, including but not limited to credit card, group, individual, or third party insurance. This coverage is last payer and all other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payment will be made under this policy.

For the following benefits, the *Insurer* will refund *Reasonable and Customary* expenses incurred during *Your Trip*, related to sudden and unexpected *Events* (i.e.: *Accidents* or *Emergencies*) that occurred during *Your Trip*; this insurance does not cover follow-up or recurrent care:

1. HOSPITAL / MEDICAL EXPENSES

The costs of *Hospitalization* in a semi-private room, up to the limit deemed *Reasonable and Customary* for the area where *You* are *Hospitalized*.

2. INCIDENTAL HOSPITAL EXPENSES

Reimbursement of expenses associated with a covered *Hospitalization* (telephone, television, parking etc.), subject to presentation of original receipts, up to a maximum of CAD \$100 per *Hospitalization*.

3. PHYSICIANS' FEES

Fees charged by *Physicians*, up to the limit of deemed *Reasonable and Customary* for the area where the *Treatment* is provided.

4. MEDICAL APPLIANCES

Costs for the purchase of splints, casts, crutches, canes, slings, trusses, orthopaedic corsets or for the rental of a walker or wheelchair, when prescribed by the attending *Physician*.

5. PRIVATE DUTY NURSING CARE AND HOME HEALTH CARE

Fees for a registered nurse (other than a relative of the *Insured Person*) for private care or for an agency providing home health care while convalescing at *Your* destination, immediately following a covered *Emergency Hospitalization*, and when prescribed by the attending *Physician* and deemed *Medically Necessary*, up to a maximum of CAD \$5,000 per *Insured Person*, subject to the Emergency Assistance's approval.

6. DIAGNOSTIC SERVICES

Costs for laboratory tests and X-rays required for the *Treatment* of an *Emergency* and when prescribed by the attending *Physician*.

7. PRESCRIBED MEDICATION

Cost of *Medication(s)* prescribed by a *Physician* following a covered medical *Emergency*. Payment of the prescription will only be valid for the initial thirty (30) days after the onset of the *Emergency*. The cost of prescription beyond this period is not covered.

8. EMERGENCY DENTAL CARE

Fees for the services of a dental surgeon for the *Treatment* of an *Injury* causing damage to a natural and healthy tooth (that still has its root) resulting from an *Accidental* blow to the mouth, a fracture or a dislocation of the jaw. *Treatment* must begin and end during the *Policy Period*. The maximum benefit payable is CAD \$500 per *Accident*.

However, the following are not covered: the loss of a filling, root canals, the fitting, repair or replacement of a tooth crown, dental bridge or artificial teeth (resulting from an *Accident* or not) as well as any dental care required as a result of a deliberate introduction of food or an object into the mouth.

9. AMBULANCE SERVICES

The cost of local ambulance services to the nearest qualified medical facility in the case of an *Emergency* and for inter-*Hospital* transfers.

10. PARAMEDICAL FEES

Fifty percent (50%) of the cost of the services provided by a chiropractor, podiatrist or physiotherapist (including X-rays prescribed by these professionals), up to CAD \$300. Original invoices and proof of payment are required.

11. TRANSPORTATION EXPENSES

The following services must be pre-approved and pre-arranged by the Emergency Assistance:

A. EMERGENCY TRANSPORTATION TO THE INSURED PERSON'S BEDSIDE

Round-trip economy airfare will be reimbursed for one (1) *Immediate Family* member via the most direct route from Canada to the *Hospital* where the *Insured Person* has been a patient for no less than seven (7) consecutive days, provided the attending *Physician* gives written confirmation that the *Insured Person* condition is sufficiently serious to warrant the visit or, when necessary in the event of death, to identify the deceased prior to the release of the body.

B. EMERGENCY AIR TRANSPORTATION

In consultation with the attending *Physician*, the Emergency Assistance reserves the right to allow that *You* continue to receive *Treatment* where *You* are *Hospitalized*, to transfer *You* to another *Hospital*, or that *You* be repatriated to *Your* province of residence in Canada for continued *Treatment*. This decision, the choice of the *Hospital*, the time of the transfer, and its conditions, are to the discretion of the Emergency Assistance. In all cases, the *Insurer* will reimburse the cost of transporting *You* to another *Hospital* or to *Your* province of residence in Canada by the most appropriate transport option as required under the circumstances (including but not limited to: air or land ambulance, stretcher, or one-way airfare on a commercial airline, with or without supportive care, etc.) to be determined by the Emergency Assistance, and up to the maximum presented in the Schedule of Benefits.

Should *You* refuse to be transferred or repatriated at the time and under the conditions specified by the Emergency Assistance, benefits will cease, the contract will be terminated, and the *Insurer* will be relieved of any further liability. (Please refer to exclusion #3.)

If *Your* travel companion (also insured under a policy issued by the *Insurer*) was repatriated to his/her province of residence, the *Insurer* will reimburse *You* the cost of one (1) one-way economy airfare on a commercial airline to *Your* province of residence in Canada.

C. RETURN OF DECEASED

The *Insurer* will reimburse the *Reasonable and Customary Costs* incurred for the preparation and transportation of the remains of the deceased *Insured Person* to his/her residence in Canada or the *Reasonable and Customary Costs* of cremation or burial at the place of death. The cost of the coffin or urn and other funeral costs are not covered.

VI. EXCLUSIONS AND LIMITATIONS

We will not be liable under any section of the policy for any claim arising out of, based upon, relating to, or attributable to:

1. Any *Pre-existing Medical Condition* or any complication arising from it.
2. Any *Treatment* not authorized by the Emergency Assistance, or not considered to be an *Emergency* as defined in this policy. This includes but is not limited to:
 - Blood tests (i.e., Coumadin), observation, exploratory and/or investigative tests or exams (i.e. MRI), check-ups, preventive or experimental *Treatments*, vaccines, elective *Treatments*, cosmetic surgeries, glaucoma or cataract treatment, dermatologist care, cardiac catheterization, angioplasty, colonoscopy, endoscopy, biopsy, cystoscopy, surgery and insertion, removal or adjustment of implants, or care or services provided for the sole convenience of the *Insured Person*;
 - Also, any *Treatment* that could reasonably be delayed until the *Insured Person* returns to his/her province of residence (whether he/she plans to return or not) by the next available means of transportation, even if the perception is that the care may be of less accessibility and quality in the province of residence.
3. If the Medical Assistance decides that *You* should transfer to another facility or the Emergency Assistance Medical Director determines that *You* can return to *Your Home* or to *Your Country of Residence* for *Treatment* (by the most appropriate transport option), and *You* choose (or a member of *Your* family chooses) not to, benefits will not be paid for this *Treatment* and any further medical *Treatment*. The contract will be terminated and the *Insurer* will be relieved of any further liability.

4. Any refusal or inability, on the part of the *Insured Person*, to initiate, continue, or complete a *Treatment*, transportation, or a repatriation, where such refusal or inability results from a personal choice, a voluntary decision, or an non-medical constraint, regardless of the reason.
5. Any continued *Treatment*, *Recurrence* or complication of a *Medical Condition* or any direct or indirect complication that may occur, if the Emergency Assistance determines that *Your Emergency* has ended. Coverage is only offered whilst on *Your Trip*. *Treatment* after *You* return to *Your* province of residence is not covered.
6. Any *Recurrence* of any *Medical Condition* that has received *Treatment* during the insured *Trip*.
7. Any *Recurrence* or direct or indirect complication of a *Medical Condition* for which *You* have chosen to be investigated or to receive a *Treatment*, a surgery, palliative care, or any other form of therapy during *Your Trip* and that was not related to an *Emergency*, no matter if the *Trip* was undertaken under the recommendation of a *Physician* or not.
8. Any *Medical Condition* or *Symptoms* for which it is reasonable to believe or expect that *Treatments* will be received during *Your Trip*.
9. Any *Medical Condition* or *Symptom* that *You* have ignored or that is the result of *You* not following *Treatment* as prescribe or recommended to *You*, including prescribed or over-the-counter *Medication*. This also includes instructions issued by the Emergency Assistance or the *Insurer*.
10. Any purchase or renewal of any *Medication* prescribed before the *Departure Date*, as well as any over-the-counter *Medication*.
11. Any *Mental*, *Nervous* or *Psychological Condition* or *Disorder*, including depression, anxiety and insomnia, unless *You* are *Hospitalized* for that condition.
12. Any costs related to replacing, repairing or adjusting any prosthesis, other than a knee or hip prosthesis.
13. Any *Medical Condition*, including *Symptoms* of withdrawal, arising from *Your* chronic use of alcohol, drugs, or other intoxicating substances. Any *Medical Condition* arising during *Your Trip*, resulting from or in any way related to the abuse or misuse of drugs or other intoxicating substances, or to the use or abuse of alcohol leading to a blood alcohol level in excess of the most restrictive between the legally-accepted limit in *Your* province of residence or in the region or country where *You* are when the *Emergency* occurs, or when records indicate that *You* were intoxicated and no blood alcohol level is specified.
14. *Your* being affected by any sexually transmitted disease or condition, unless *Hospitalized* for that specific reason.
15. Suicide, attempted suicide or self-inflicted *Injury*, regardless of the cause or circumstances.
16. *Your* failure to get the inoculations and vaccinations that *You* need in relation to *Your Trip*.
17. Any costs relating to pregnancy if *You* are more than 26 weeks pregnant at the start of or during *Your Trip* (including routine pre-natal care, childbirth), infertility or fertility treatment, deliberate termination of *Your* pregnancy, contraception or operations related to sterilisation or any complication arising therefrom.
18. Any costs related to an infant born during *Your Trip*.
19. *Your* use of a two-wheeled motor vehicle unless:
 - a) As a passenger, *You* wear a crash helmet and it is reasonable for *You* to believe that the driver holds a licence to drive the two-wheeled motor vehicle under the laws of the country in which the *Accident* occurs (if such a licence is required under the laws of the country in which the *Accident* occurs); or

- b)** As a driver, *You* wear a crash helmet and *You* hold a licence which permits *You* to drive the two-wheeled motor vehicle under the laws of the country in which the *Accident* occurs (if such a licence is required under the laws of the country in which the *Accident* occurs).
- 20.** *Your* participation in the following high-risk activities:
- a)** *Extreme Sports and Sporting Activities*;
 - b)** Competition sports;
 - c)** any professional sports or any sport in which *You* would or could earn or receive remuneration, donation, sponsorship or financial rewards of any kind;
 - d)** Motor racing, rallying or vehicle racing of any kind. This exclusion does not apply to racing on foot (i.e. human);
 - e)** *Expeditions*;
 - f)** Hunting trips and safaris that are not provided by a licensed commercial operator;
 - g)** White water rafting grade four (4) or above;
 - h)** Sailing outside of territorial waters;
 - i)** Parachuting, BASE jumping, sky diving or travel in any other air supported device other than as a passenger in a licensed passenger aircraft operated by an airline or charter company. This exclusion does not apply to hot air ballooning or parasailing.
 - j)** Scuba diving unless:
 - i)** *You* are diving for recreational purposes (for the purpose of clarity recreational diving does not include technical diving or diving as a professional diver); and
 - ii)** *You* are diving with a qualified dive instructor or dive master, or *You* hold a PADI certification or similar recognised certification and are diving within the level of *Your* certification (including maximum dive depths and bottom time) and to the standards and procedures set up by *Your* certifying agency; and
 - iii)** Subject to (ii) above *Your* planned dive depth does not exceed ten (10) metres; and
 - iv)** *You* are not diving alone.
- 21.** *Your* participation in:
- a)** *Mountain Climbing*;
 - b)** Adventure climbing including outdoor rock climbing or abseiling; or
 - c)** High altitude activity or any activity above 5,500 metres or *Trekking* above 3,000 metres.
- Exclusions (b) and (c) above will not apply to organised harnessed outdoor rock climbing, harnessed abseiling and *Trekking* that are:
- i)** Available to the general public without restriction, other than general health and fitness warnings; and
 - ii)** Provided by a recognised commercial local tour operator or activity provider; and
 - iii)** Provided under the guidance and supervision of qualified guides and/or instructors of the tour operator or activity provider and always subject to *You* following their advice and/or instruction.
- 22.** *Your* performing *Manual Labour* during *Your Trip*.

23. Any search and rescue costs charged to *You* by a government, regulated authority or private organization connected with finding and rescuing *You*. This does not include medical evacuation costs by the most appropriate transport if Emergency Assistance determines that *You* must be repatriated to *Your Country of Residence* after a medical *Emergency*.

24. Any event or claim pertaining to:

- a) *Civil Unrest, Riot or Commotion*;
- b) *War or acts of war* (declared or undeclared) or political instability;
- c) Intentional exposure to a peril;
- d) *Your* participation in or intent to commit any criminal or illegal activity, including but not limited to: being on a government watch list as a supporter of terrorism, narcotics or human trafficking, piracy, proliferation of weapons of mass destruction, organized crime, malicious cyber activity, or human rights abuses;
- e) A *Terrorist Act*;
- f) The reason for which the Government of Canada (www.travel.gc.ca) issues a *Travel Advisory* to avoid all non-essential travel (Level 3) or to avoid all travel (Level 4) to a country, region or city, if the *Travel Advisory* is in effect on *Your Departure Date*. If the *Travel Advisory* is issued after *Your Departure Date*, We will grant *You* a 10-day period following issuance of the *Travel Advisory* to come back to *Your* province of residence, before the present exclusion becomes effective. It is *Your* responsibility to verify the status of *Your* destinations.
- g) *Quarantine* or travel restrictions due to government orders, warnings, *Travel Advisories*, regulations, directives, prohibitions, or border closures, relating to an epidemic or pandemic as currently or at any previous time declared by the World Health Organization or by any official governmental body of health authority.

25. Any *Contamination* resulting from a nuclear reaction, radiation, radioactivity, biological or chemical *Contamination*, or seepage or pollution.

26. Any *Medical Condition* occurring during a *Trip* for volunteer activity.

27. Any organ retrieval, donation, or transplant, and blood donation.

28. Any *Treatment* related to an event that occurred in *Your* province of residence.

29. Any losses recovered or which are recoverable from any other source, including but not limited to, any government compensation fund, any private insurance, or any insurance from any other third party, in which cases this insurance acts as last payer.

30. Any kind of consequential loss, including loss of enjoyment and financial loss not otherwise specifically covered under this policy.

31. Any fraud or attempted fraud, concealment or misrepresentation of any material fact affecting this insurance or in connection with the making of any claim.

VII. EXTENSION OF POLICY COVERAGE AND DELAYED RETURN EXPENSES

If *Your Trip* cannot be completed within the *Policy Period* outlined in *Your Confirmation of Coverage* due to unexpected circumstances arising from or relating to a medical *Emergency*, coverage will be extended for *You* at no extra cost for up to seven (7) days.

If such situation occurs, the *Insurer* will reimburse a maximum of CAN \$150 per day per *Insured Person*, for a maximum of seven (7) days, for costs deemed necessary and reasonable for meals and accommodations.

It is a condition of this extension cover that *You* must make every endeavour to return to *Your Home* at the first available opportunity.

VIII. COORDINATION OF BENEFITS WITH OTHER INSURANCE PLANS

1. This policy is designed to reimburse *Emergency* medical expenses in excess of any and all other available sources of repayment, and will not substitute for any other sources of repayment or insurance that would have been in effect and would have reimbursed expenses incurred if this travel insurance was not in effect. This coverage is last payer and all other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payment will be made under this policy. Examples of such insurance plans are *Your* government health insurance plan, multi-risk insurance, general liability insurance, automobile insurance (including government automobile insurance plans), any employee or retiree group insurance plan, or protection from a credit card. The *Insurer* will not exercise its right to subrogate/coordinate with policies that have a maximum lifetime benefit in/out-of-country of CAD \$50,000 or less.
2. In the event of payment of benefits under this policy, the *Insured Person* gives the *Insurer* the right to exercise, by subrogation, all of his/her rights of recovery against any third party. The *Insurer* will be entitled to a full recovery for all payments made in respect of the insured *Event*. In accepting this policy, the *Insured Person* agrees to produce all documents required and to do what is necessary within his/her power to secure such rights to the *Insurer*. Lack of compliance and cooperation from the *Insured Person* may result in denial of claim.
3. There will be no benefit or payment under this policy if the *Insured Person* receives compensation from a third party for claims made under this policy. The *Insured Person* may not claim or receive, from all the parties involved, more than 100% of the loss arising from an insured event.

IX. GENERAL PROVISIONS

1. This policy is issued on the basis of the information provided in *Your Confirmation of Coverage*. When completing the application, *Your* answers must be complete and accurate. In the event of a claim, the *Insurer* will review *Your* medical history. If any of *Your* answers are found to be incomplete or inaccurate, *Your* coverage will be void which means *Your* claim will not be paid.
2. The *Insurer* must be notified of any change in the *Insured Person's* health before the *Departure Date* of the insurance policy. The *Insurer* reserves the right to re-evaluate *Your* insurability before *Your Departure Date*.
3. The policy must be purchased and paid in full before *Your Departure Date* from *Your* province of residence. Premiums are subject to change without notice.
4. The *Insured Person* authorizes the *Insurer* to obtain *Your* medical records and any other information the *Insurer* may deem necessary from any entity including *Physicians*, dentists and health organizations, and commits to signing an authorization allowing the *Insurer* to obtain those information in the event of a claim. Without this authorization, the *Insurer* reserves the right to deny a claim.
5. **YOU MUST CALL THE EMERGENCY ASSISTANCE BEFORE OBTAINING ANY TREATMENT.**
Call toll free 1 833-268-0550 or collect 514-657-8653.

If *You* do not call the Emergency Assistance before receiving any *Treatment*, *Your* claim could be denied. If exceptional circumstances prevent *You* from calling the Emergency Assistance before obtaining any *Treatment*, *You* or the person accompanying *You* must call as soon as possible and provide proof of those exceptional circumstances.

You must accept the referral provided by the Emergency Assistance. If *You* refuse the medical provider or *Hospital* referral, *Your* claim could be denied.

If *You* do not call Emergency Assistance before receiving any *Treatment* or if *You* refuse the medical provider or *Hospital* referral, the *Insurer* reserves the right to limit the reimbursement of eligible medical expenses to the lesser of:

- a) Charges that would have been incurred within its network of medical providers; and
- b) 70% of the eligible expenses incurred by the *Insured Person*, with an overall limit of CAD \$25,000 (this means that *Your* original coverage amount of CAD \$1,000,000 is reduced to CAD \$25,000).

The above limitations will also apply unless care is coordinated from the onset and involves the patient and/or family, the treating *Physician* and the Emergency Assistance for the full duration of the *Treatment*.

You may be required to pay providers directly. Coordination of care through the Emergency Assistance will expedite reimbursement.

If necessary to manage a claim or recover costs, the Emergency Assistance and the *Insurer* reserve the right to disclose medical information to a third party.

6. The *Insurer* may, from time to time, make payments to service providers, or give guarantees of payment to service providers for the benefit of the *Insured Person*, including but not limited to in the case of an *Emergency*. Should it be determined that the *Insured Person* was not eligible for coverage under this *Policy*, the *Insurer* is entitled to indemnify from the *Insured Person*. The *Insured Person* is liable to indemnify the *Insurer* for the following:
- a) All amounts paid by the *Insured* to third parties for the benefit of the *Insured Person*, and any administrative fees associated with such payments;
 - b) Legal fees and disbursements calculated on a solicitor-and-own-client basis and administrative expenses, all of which are reasonably incurred by the *Insurer* to recover sums owed by the *Insured Person*; and
 - c) Any other amounts paid by the *Insurer*, related to payments by the *Insurer*, or necessary to obtain indemnity from the *Insured Person*.
7. All benefits are payable in Canadian currency to the *Insured Person* or estate, if the insured is deceased. The *Insurer* may elect to pay benefits in the currency of the country where the charges were incurred. In all cases, the exchange rate used for conversion is the exchange rate in effect at the date the expenses were incurred.
8. Unpaid benefits under this policy shall not bear interest.
9. Notwithstanding any other provision herein contained, this contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident insurance.
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. All legal actions must take place in the *Insured Person's* province of residence.
11. All policy provisions stated herein are per individual for the *Policy Period*.
12. The benefits of this policy cannot be assigned to a third party without the *Insurer's* written authorization.

13. *You* must take all reasonable steps to avoid or reduce any loss that may mean *You* have to make a claim under this insurance.
14. In the event of a dispute over the reimbursement of a claim, the *Insured Person* must request in writing that the revision committee reassess the claim before taking any legal action. The request must be sent in writing thirty (30) days of the receipt of the written position from the *Insurer*. The committee will take into consideration all pertinent information provided by the *Insured Person* and a decision, based on the insurance policy provisions and conditions, will be rendered in writing within thirty (30) days of the receipt of the revision request.

Send requests for claim revision to: **CLAIMS REVIEW COMMITTEE**
Humania Travel Insurance
247 Thibeau Blvd
Trois-Rivières, Quebec, Canada, G8T 6X9

X. HOW TO FILE A CLAIM

Required documentation must be received no later than 90 days after *You* return to *Your* province of residence from *Your Trip*.

- a) All original itemized bills.
- b) A duly completed and signed reimbursement claim form (under *Your* Provincial Government Health Insurance Plan).
- c) A properly completed and signed claim form provided by the *Insurer*.

Cash register coupons (stubs) will not be accepted for reimbursement.

Any fees for the completion of medical certificates or claims forms are not covered by the *Insurer*.

Failure to complete the required claim & authorization form in full might invalidate *Your* claim.

All claim forms are available online at www.humaniatravelinsurance.ca or by calling 1-833-268-0550.

XI. NOTICE - PERSONAL INFORMATION

Humania Travel Insurance (the "*Insurer*") places an increased emphasis on protecting the personal information it collects in the course of its activities. The *Insurer* uses and discloses personal information collected only for the purposes for which it was collected, except when the individual consents, or as required or permitted by law.

By requesting an insurance product or service, *You* authorize the *Insurer*, its agents, service providers and other partners (hereinafter "Business Partners") to collect, by any electronic means, email, fax or mail, to use and disclose *Your* personal information primarily for the following purposes: identification and identity verification, reviewing eligibility for insurance products, considering a claim and the administrative processing of products and services.

You further authorize the *Insurer* to exchange the personal information collected about *You* with its Business Partners, whether located in or outside Quebec, where the exchange of such information is necessary to carry out their mandate.

This authorization applies to *Your* personal information held by any natural or legal person, including but not limited to any physician or other healthcare professional, any public or private health institution, any rehabilitation company, any pharmacist, any health insurance plan, any insurer, any employer or any person or institution in possession of medical or financial information about *You*. This authorization also applies to any other personal information contained on social media or on any Internet platform accessible to the public.

You declare that *You* are aware of the rights granted by the Act respecting the protection of personal information in the private sector, including but not limited to the right to access *Your* information, the right to have that information corrected, if need be, and the right to withdraw, at any time, this authorization to share and use *Your* personal information.

To ensure the confidentiality of *Your* personal information, the *Insurer* will establish a file with the information related to *Your Confirmation of Coverage* and any insurance claim. Access to this file will be restricted to the *Insurer's* employees, reinsurers or mandataries who will be responsible for underwriting, administrating, investigating, and processing *Your* application or claim, or any other person designated or authorized by *You*. *Your* file will be kept at the *Insurer's* head office. *You* are entitled to examine the personal information contained in this file and, if required, to have the information corrected by submitting a written request to: Information Access Officer, Humania Travel Insurance, 247 Thibreau, Trois-Rivieres (Quebec) G8T 6X9. *You* have the right to withdraw, at all times, the authorization to share and use *Your* personal information. Please be informed that in the regular process of examining *Your* claim, the *Insurer* may, as any other insurance company, request a copy of *Your* medical history in order to determine *Your* eligibility to benefits.

BERMUDA^{AIR}

TRIP PROTECTOR **PLUS**

[Click here to consult clauses relevant to the protection in case of medical emergency.](#)



Travel Insurance Policy

**Trip Cancellation & Interruption Plan
+ Baggage Coverage**

Effective: September 15, 2026

Insured by



IMPORTANT NOTICE

For this coverage to be in-force, *You* must be a *Canadian Resident* aged 85 years or younger on the *Effective Date*, and have purchased this policy within five (5) days of the first non-refundable deposit of *Your Trip*. This insurance covers the non-refundable, non-transferable portion of *Your Travel Arrangements* in the event of a trip cancellation or trip interruption, up to the sum insured chosen and indicated on *Your Confirmation of Coverage*. Note that the maximum coverage is CAN \$20,000. Maximum trip length is thirty (30) days, including the *Departure Date* and *Expiration Date*.

For Trip Cancellation (pre-departure): If it is necessary and unavoidable that *You* have to cancel *Your Trip* as a result of one (1) or more of the Insured Risks (see Section B), *We* will pay up to the sum insured, as per *Your Confirmation of Coverage* for:

- Travel and accommodation expenses for *Your Trip* purchased through *Your Travel Supplier's* website and for which *You* opted to purchase insurance, which *You* have paid and are non-refundable;
- The cost of excursions, tours and activities purchased through *Your Travel Supplier's* website which *You* have paid for and which are non-refundable; and
- The cost of entry visas required for *Your Trip* which *You* have paid for and which are non-refundable.

For Trip Interruption (after departure): If it is necessary and unavoidable that *You* have to alter *Your Trip* as a result of one (1) or more of the Insured Risks (see Section B), *We* will reimburse up to the sum insured, as per *Your Confirmation of Coverage* for:

- The unused, forfeited, *Prepaid* non-refundable amounts paid for the *Travel Arrangements* *You* purchased for *Your Trip* plus the *Additional Transportation Costs* needed to reach *Your Departure Point* or to travel from the place *Your Trip* was interrupted to the place where *You* can rejoin *Your Trip*.

This insurance contract contains limitations and exclusions. Please read it carefully or contact *Your Travel Supplier* if *You* have any questions. In the event of a claim, *Your* previous medical history may be reviewed to verify and confirm *Your* eligibility for benefits.

PLEASE NOTE: The meaning of words printed in *italics* throughout this document are explained in the "Definitions" Section.

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

For more information: 1-833-268-0550

SCHEDULE OF BENEFITS

LIST OF BENEFITS	MAXIMUM SUM PAYABLE
Trip Cancellation - Before Departure	Up to the Sum Insured, Maximum CAD \$20,000
Cancel For Any Reason	75%, max CAD \$5,000
Trip Interruption - After Departure	Up to the Sum Insured, Maximum CAD \$20,000
Additional Accommodation and Meals	CAD \$150 per day, Maximum 2 days
Baggage and Personal Effects Loss, Theft or Damage	Maximum CAD \$1,000 Max CAD \$300 per item, <i>Pair or Set of Items</i>
Baggage and Personal Effects Delay	Maximum CAD \$300

TABLE OF CONTENTS

I. Insurance Agreement	24
II. General Provisions	24
III. Extension of Policy Coverage	25
IV. 10-Day Free Look to Review This Policy	25
V. General Information	26
VI. Trip Cancellation and Interruption Coverage	27
A. Definitions	27
B. Insured Risks	32
C. Covered Benefits	34
D. Conditions and Limitations	34
E. Cancel For Any Reason	35
F. Exclusions	35
G. How to File a Claim	38
VII. Baggage Coverage	38
A. Definitions	38
B. Insured Risks and Benefits	38
C. Conditions and Limitations	39
D. Exclusions	39
E. How to File a Claim	40
VIII. Notice - Personal Information	41

I. INSURANCE AGREEMENT

After consideration and acceptance of the application for insurance *You* have completed and after receipt of the required premium, subject to the eligibility and insurability terms and conditions of the policy, the *Insurer* will reimburse the eligible covered expenses and loss resulting from an insured risk occurring during the *Policy Period* which exceed any other benefit *You* would be entitled to under any government program, compensation fund, all other insurance plan, including but not limited to credit card, group, individual or third party insurance. This coverage is last payer and all other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payment will be made under this policy.



Nicolas Moskiou
President and CEO
of Humania Travel Insurance



Dimitri Georgoulas
Senior Vice-President, Finance
of Humania Travel Insurance

II. GENERAL PROVISIONS

1. This policy is issued on the basis of information in *Your Confirmation of Coverage*. When completing the application, *Your* answers must be complete and accurate. In the event of a claim, the *Insurer* may review *Your* medical history.
2. Coverage will be null and void if credit card transactions are not accepted. Premiums are subject to change without notice.
3. Coverage will be null and void if issued for a *Trip* with a destination in a country listed as a restricted destination on the *Insurer's* website (www.humaniatravelinsurance.ca).
4. *You* authorize the *Insurer* to obtain *Your* medical records and any other information the *Insurer* may deem necessary from any entity including *Physicians*, health organizations, insurance companies and government authorities, and commits to signing an authorization allowing the *Insurer* to obtain those information in the event of a claim. Without this authorization, the *Insurer* reserves the right to deny a claim.
5. Should it be determined that *You* were not eligible for coverage, the *Insurer* retains the right of recovery for all and any amount paid for in good faith for *Your* benefit. Administrative expenses incurred by the *Insurer* to recover such sums are also payable by *You*.
6. In the event of payment of benefits under this policy, *You* give the *Insurer* the right to exercise, by subrogation, all of his/her rights of recovery against any third party. The *Insurer* will be entitled to a full recovery for all payments made in respect of the insured event. In accepting this policy, *You* agree to produce all documents required and to do what is necessary within *Your* power to secure such rights to the *Insurer*. Lack of compliance and cooperation from *Your* part may result in denial of claim. This policy will not substitute for any other coverage that would have been in effect and would have reimbursed expenses incurred if this travel insurance was not in effect. This coverage is last payer and all other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payment will be made under this policy.
7. We will consider the covered expenses as refunded if such refund, provided by the relevant airline, transport company or service provider, is in the form of a cash refund or a voucher/ credit note in lieu of a cash refund (whether *You* accepted it or not).
8. In the event of a claim, required documentation must be received no later than 90 days after *Your Expiry Date* of *Your Trip*. Any fees for the completion of medical certificates or claim forms are not covered by the *Insurer*.
9. All benefits are payable in Canadian currency to *You* or *Your* estate, if *You* are deceased. The

Insurer may elect to pay benefits in the currency of the country where the charges were incurred. In all cases, the exchange rate used for conversion is the exchange rate in effect at the date the expenses were incurred.

10. Unpaid benefits under this policy shall not bear interest.
11. There will be no coverage or payment of benefits under this policy if *You* receive compensation from a third party for claims made under this policy. *You* may not claim or receive, from all the parties involved, more than 100% of the loss arising from an insured event. The *Insurer* could, at its discretion, coordinate the benefit payments from all available sources, to a maximum of the largest amount payable by each source.
12. Notwithstanding any other provision herein contained, this contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident insurance.
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. All legal actions must take place in *Your* province of residence.
14. All policy provisions stated herein are per individual for the *Policy Period*.
15. The benefits of this policy cannot be assigned to a third party without the *Insurer's* written authorization.
16. In the event of a dispute over the reimbursement of a claim, *You* must request in writing that the revision committee reassess the claim before taking any legal action. The request must be sent in writing 30 days of the receipt of the written position from the *Insurer*. The committee will take into consideration all pertinent information provided and a decision, based on the insurance policy provisions and conditions, will be rendered in writing within thirty (30) days of the receipt of the revision request.

Send requests for claim revision to: **CLAIMS REVIEW COMMITTEE**
Humania Travel Insurance
247 Thibeau Blvd
Trois-Rivières, Quebec, G8T 6X9, Canada

III. EXTENSION OF POLICY COVERAGE

If *Your Trip* is interrupted within the *Policy Period* outlined in *Your Confirmation of Coverage* due to unexpected circumstances beyond *Your* control arising from or relating to a *Serious Illness or Injury*, coverage will be extended at no extra cost for *You*, up to seven (7) days past the *Scheduled Return Date* as per *Your Travel Itinerary*.

It is a condition of this extension cover that *You* must make every endeavour to return to *Your Home* at the first available opportunity.

IV. 10-DAY FREE LOOK TO REVIEW THIS POLICY

You have 10 days from *Your* insurance purchase date to review this policy. If it does not meet *Your* needs, *You* may terminate this insurance coverage and receive a premium refund if:

- (i) *You* have not departed on *Your Trip*; and
- (ii) There is no claim in progress.

To request a premium refund, simply contact *Your Travel Supplier* from whom *You* purchased the insurance, as identified on *Your Confirmation of Coverage*.

After the 10-Day Free Look, refund of premium is not available.

V. GENERAL INFORMATION

For this coverage to be in-force, *You* must be a *Canadian Resident* aged 85 years old or younger old on the *Effective Date*, and have purchased this policy within five (5) days of the first non-refundable deposit of *Your Trip*. This insurance covers the non-refundable, non-transferable portion of *Your Travel Arrangements* in the event of a trip cancellation or trip interruption, up to the sum insured chosen and indicated on *Your Confirmation of Coverage*. Note that the maximum coverage is CAN \$20,000. Maximum trip length is thirty (30) days, including the *Departure Date* and *Expiration Date*.

For Trip Cancellation (pre-departure):

If it is necessary and unavoidable that *You* have to cancel *Your Trip* before *Your Departure Date* as a result of one (1) or more of the Insured Risks (see Section B), *We* will pay up to the sum insured, as per *Your Confirmation of Coverage* for:

- Travel and accommodation expenses for *Your Trip* purchased through *Your Travel Supplier's* website and for which *You* opted to purchase insurance, which *You* have paid and are non-refundable;
- The cost of excursions, tours and activities purchased through *Your Travel Supplier's* website which *You* have paid for and which are non-refundable; and
- The cost of entry visas required for *Your Trip* which *You* have paid for and which are non-refundable.

For Trip Interruption (after departure):

If it is necessary and unavoidable that *You* have to alter *Your Trip* after *Your Departure Date* as a result of one (1) or more of the Insured Risk (see Section B), *We* will reimburse up to the sum insured, as per *Your Confirmation of Coverage*.

Following the cancellation or interruption of a *Trip*, *You* are entitled to a reimbursement of losses incurred according to:

- The Insured Risks outlined below; and
- The maximum sum insured indicated on *Your Confirmation of Coverage*.

The Trip Cancellation coverage starts when *You* are named on the *Confirmation of Coverage* and when *Your* full premium has been paid.

The Trip Cancellation coverage ends on the earliest of:

- a) the date *You* cancel *Your Trip*; or
- b) the date *Your Trip* commences.

The Trip Interruption coverage starts when *Your Trip* commences.

The Trip Interruption coverage ends on the earliest of:

- a) the date *You* return to *Your Home* or *Your Country of Residence*; or
- b) *Your Scheduled Return Date*.

VI. TRIP CANCELLATION AND INTERRUPTION

Please refer to *Your Confirmation of Coverage* to determine the chosen sum insured.

A. DEFINITIONS

“Additional Transportation Cost” – Means the actual cost incurred for one-way economy transportation (or for the original class of fare, if the original tickets were for a higher class of fare) by *Covered Transport* by the most direct route, less any refunds paid or payable, for *Your* unused original tickets.

“Accident” – Means unintentional and unexpected bodily harm occurring as a result of a sudden external action involving an impact.

“Accommodation” – Means any commercial establishment used for the purposes of temporary, overnight lodging such as hotel, motel, condominium, or other vacation or timeshare residential unit(s).

“Canadian Resident/Resident” – Means *You* have a provincial or territorial government health care plan in place and:

- a) Are a Canadian citizen with a primary permanent residence in Canada; or,
- b) Have landed immigrant status in Canada and a primary permanent residence in Canada; or,
- c) Have a permit to study or work in Canada.

“Caregiver” – Means a permanent, full-time person entrusted with the care of *Your Children* and who cannot reasonably be replaced in their absence.

“Change in the prescribed medication” – Means the dosage or frequency of a medication has been reduced, increased, stopped and/or new medications have been prescribed due to the worsening of an underlying condition that is being treated with the medication, unless the change is:

- a) Between a brand name and a generic medication with comparable dosage; or
- b) An adjustment to insulin or anticoagulant dosage.

“Children” – Means *Your* sons and daughters who are aged 17 years or younger on the *Departure Date*, are unmarried and are dependent on *You* for support.

“Chronic” – Means any *Medical Condition* that persists, or is expected to persist for longer than a year and after that time is likely to recur. These include but are not limited to: arthritis, cardiovascular disorders, cancer (carcinoma/carcinoma in situ/malignant tumors), epilepsy, haemophilia, lupus, motor neuron disease, multiple sclerosis disease, muscular dystrophy, Parkinson's disease, renal-kidney disease, respiratory disorder.

“Civil Unrest, Riot or Commotion” – Means a gathering of persons (organised or unorganised) in disturbance of the public peace with the presence of violence, threats of violence, or the action of any lawfully constituted authority to suppress or attempt to suppress any such gathering.

“Confirmation of Coverage” – Means all the documents sent to *You* by the *Insurer* or *Your Travel Supplier* and confirming *Your* insurance policy details based on the information *You* have provided in *Your* policy application.

“Contamination” – Means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances, which causes *Illness* and/or death.

“Country of Residence” – Means any country in which *You* have been granted rights of citizenship or are a resident with unrestricted right of re-entry by the respective Government Authority.

“Covered Transport” – Means any land, water or air conveyance operating under a valid license for conveyance of fare paying passengers and which operates to fixed, established and regular schedules and routes.

“Departure Date” – Means the date on which *You* are scheduled to start *Your Trip* as shown in *Your Confirmation of Coverage*.

“Departure Point” – Means the city *You* depart from on the first day of *Your Trip*.

“Effective Date” – Means:

For Trip Cancellation coverage: the date *Your* policy is purchased and premium is paid.

For Trip Interruption coverage: the date *Your Trip* commences.

“Expedition” – Means any journey to high risk, remote, inaccessible and/or inhospitable locations including but not limited to, privately organised kayaking trips around the coast of a country, or trips to generally inaccessible interiors of a country or areas previously unexplored or unchartered including trips undertaken for scientific, research or political purposes to such locations. It does not mean *Trekking* and travel outside of such locations if

- (a) Such *Trekking* or travel is part of a tour that is accessible to the general public without restrictions (other than general health or fitness warnings) and is run by a recognised tour operator; and
- (b) *You* are always acting under the guidance and supervision of qualified guides and/or instructors of the tour operator.

“Expiration/Expiry Date” – Means:

For Trip Cancellation coverage: the earliest between, either, the date *Your Trip* commences, *Your Scheduled Departure Date*, or the date *You* cancel *Your Trip*.

For Trip Interruption coverage: the earliest between, either, 11:59 pm on the day *You* return to *Your Home* or *Your Departure Point*, or *Your Scheduled Return Date*.

“Extreme Sports and Sporting Activities” – Means any sport or sporting activities that present a high level of inherent danger (i.e. involve a high level of expertise, exceptional physical exertion, highly specialised gear or stunts) including but not limited to big wave surfing; *Winter Sports* (except as noted in (b) below); bicycle, motor, air or sea craft speed trials or stunts, canoeing down rapids, cliff jumping, horse jumping, horse polo and stunts, boxing and martial arts. *Extreme Sports and Sporting Activities* does not include:

- a) Tourist activities that are accessible to the general public without restrictions (other than general health/fitness warnings) and are run by a recognised resort or tour operator, provided that *You* comply with all relevant requirements/instructions of such resort/tour operator and with all safety guidelines for the activity concerned, including the use of any appropriate and recommended safety equipment.
- b) Skiing, snowboarding, cross country skiing, ice curling, ice skating, ice hockey, langlauf and sledging/sleighing/ tobogganing, but only if *You* engage in such *Winter Sports*
 - (i) As tourist activities (subject to the conditions in (a) above), and
 - (ii) On prepared ice rinks, recognised and prepared paths or marked trails of the resort.

“Financial Default” – Means insolvency, bankruptcy, provisional liquidation, liquidation, financial collapse, appointment of a receiver, manager or administrator, entry into any official or unofficial scheme of arrangement, statutory protection, restructuring or composition with creditors, or the happening of anything of a similar nature under the laws of any jurisdiction.

“Flight” – Means an air journey in a commercial, scheduled aircraft in which *You* are a fare paying passenger.

“Home” - Means *Your* usual place of residence within *Your Country of Residence*.

“Illness” - See *Serious Illness or Injury*

“Immediate Family” - Means *Your Partner*, parents, parents-in-law, grandparents, *Children*, grandchildren, brothers, sisters, brothers-in-law, sisters-in-law, sons-in-law and daughters-in-law.

“Injury” - See *Serious Illness or Injury*

“Insurer” - Means Humania Travel Insurance, a 100% owned Humania Assurance Inc. subsidiary.

“Main Travel Destination” - Means any location, temporary or otherwise, to which *You* travel during *Your Trip* if it is proven to the *Insurer’s* satisfaction that a covered event in one (1) or more of these locations would impact *Your Trip* to the extent that it needs to be necessarily cancelled or interrupted as the relevant policy section provides.

“Manual Labour” - Means *Your* active personal participation in work which involves physical labour or manual operation, including but not limited to:

- (a) Underground work, mining work, military duties, offshore work, manual agricultural labour, construction work, or outside building or installation work exceeding three (3) metres in height;
- (b) Work that involves heavy machinery, explosives or hazardous materials;
- (c) Work as a diver, life guard, taxi driver, bus driver, or other commercial vehicle or heavy vehicle driver, dispatch rider or delivery person;
- (d) Work of a manual nature that involves specialist equipment and training, or work that presents risk of serious *Injury* including but not limited to oil riggers, fishermen, crane operators or welders.

“Medical Condition” - Means any disease, *Sickness* or *Injury* (including *Symptoms* of undiagnosed conditions).

“Mental, Nervous or Psychological Condition or Disorder” - Means a mental or nervous health condition including, but not limited to: anxiety, depression, and neurosis, panic attack, phobia (such as fear of flying, fear of terrorism, fear of disease, etc.), psychosis; or any related physical manifestation. *Mental, Nervous or Psychological Condition or Disorder* does not include drug addiction, marijuana addiction, or alcohol addiction.)

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

“Natural Disaster, Catastrophe and Extreme Weather Conditions” - Means any of the following: volcanic eruption, volcanic ash, flood, tsunami, typhoon, earthquake, landslide, mudslide, hurricane, tornado, cyclone, wildfire, fire, avalanche, or blizzard that is due to natural causes.

“Partner” - Means a person who is *Your* spouse, civil or domestic partner, fiancé or fiancée who permanently lives at the same address as *You*.

“Pre-existing Medical Condition” - Means:

- a) Any *Illness*, disease or *Injury* suffered by *You*, *Your Immediate Family* member, business associate, or *Travelling Companion* which in the one (1) year period before *You* purchased this insurance:
 - i) First manifested itself, worsened, became acute or exhibited *Symptoms* that would have caused an ordinarily prudent person to seek diagnosis, care or *Treatment*;
 - ii) Required prescribed medication or medicine, tests, or further investigation had been recommended by a *Physician*; or
 - iii) Was treated by a *Physician*, or *Treatment* had been recommended by a *Physician*.

- b)** Any congenital, hereditary, *Chronic* or ongoing condition of *Yours*, *Your Immediate Family* member, business associates, or *Travelling Companion* which *You* or they are aware of, or could reasonably be expected to be aware of, before *You* purchased this insurance.

This definition does not apply to a *Medical Condition* which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or *Change in the prescribed medication* throughout the 365-day period before coverage is effective under this policy.

“Prepaid” – Means the cash, check or credit card amounts actually paid for *Your Trip*. Certificates, vouchers, discounts and/or credits applied (in part or in full) towards the cost of *Your Travel Arrangements* are not considered payments or deposits.

“Physician” – Means a person (who is not *You* or a member of *Your Immediate Family* or *Your Travelling companion*), licensed to prescribe and administer medical *Treatment* in the jurisdiction where the services are provided. A *Physician* does not include a naturopath, homeopath or acupuncturist.

“Policy Period” – Means the period between the *Effective Date* and the *Expiration Date* of the policy.

“Reasonable and Additional Necessary Cost” – Means reasonable expenses for meals, taxi fares, local ground transportation, and lodging which are necessarily incurred but are not provided by a *Covered Transport* or any other party free of charge.

“Schedule Change” – Means the later departure of an airline carrier causing *You* to miss *Your* next connecting *Flight* via another airline carrier (or connecting cruise ship, ferry, bus or train), or the earlier departure of an airline carrier rendering unusable the ticket *You* have purchased for *Your* prior connector *Flight* via another airline carrier (or connecting cruise ship, ferry, bus or train). *Schedule Change* does not mean a change resulting from a supplier default, *Strike* or a labour disruption, nor a *Schedule Change* between two *Flights* operated by the same airline carrier.

“Scheduled Departure Date” – Means the date on which *You* are originally scheduled to leave on *Your Trip*. This date is specified in *Your Travel Itinerary* or other travel documents.

“Scheduled Destination” – Means as shown in the *Travel Itinerary* or other travel documents where *You* expect to travel to on *Your Trip* other than your return destination.

“Scheduled Return Date” – Means the date on which *You* are originally scheduled to return to *Your Departure Point*. This date is specified in *Your Travel Itinerary* or other travel documents.

“Serious Illness or Injury” – Means:

- a)** A *Medical Condition* which necessitates *Treatment* by a *Physician* who certifies that as a direct result of this condition *You* require urgent medical attention and are unfit to commence the *Trip* or continue on with the *Trip* as originally scheduled; and
- b)** In respect of any other person whose health may affect *Your* entitlement to coverage under this policy, such person is hospitalized and the attending *Physician* certifies that their life is in imminent danger necessitating *Your* immediate assistance.

“Sickness” – Means an *Illness* or disease of the body, that commences while *Your* coverage is in effect and requires examination, diagnosis and *Treatment* by a *Physician*. An *Illness* or disease of the body that first manifests itself and then worsens or becomes acute prior to the *Effective Date* of *Your* coverage is not a *Sickness* as defined herein and is not covered by the policy. *Sickness* does not include any *Mental, Nervous or Psychological Condition or Disorder*, including but not limited to anxiety, depression, neurosis, phobia, psychosis; or any related physical manifestation. *Sickness* does not include drug addiction, marijuana addiction, or alcohol addiction.

“Strike” - Means a labor disagreement resulting in a stoppage of work which:

- a) Is unannounced and unpublished at time this policy is purchased;
- b) Is organized, and legally sanctioned by a labor union or other organized association of workers, in a trade or profession, formed to protect and further their rights and interests; and
- c) Interferes with the normal departure and arrival of *Your Covered Transport*.

“Symptom” - Means pain, feeling, weakness, sensitivity felt by *You*.

“Terrorist Incident” - Means an act of violence committed by a Foreign Terrorist Organization (designated or recognized as such by the Canadian Government) that results in property damage, *Injury* or loss of life.

“Travel Arrangement” - See *Travel Itinerary*.

“Travel Itinerary” - Means

- a) Transportation;
- b) Accommodations; and
- c) Other specified services, arranged for *Your Trip* by *Your Travel Supplier*.

“Travel Supplier” - Means any legal entity, person or organization authorized by the *Insurer* to issue this insurance policy and accept premium payments, as identified on *Your Confirmation of Coverage*, that coordinates or supplies *Travel Arrangements* for *You*.

“Travelling / Travel Companion” - Means the person or persons with whom *You* have coordinated *Travel Arrangements* and with whom *You* intend to travel for at least 80% of *Your Trip* duration, and without whom *You* reasonably would not undertake the *Trip*.

“Treatment” - Means a procedure prescribed, performed or recommended by a *Physician* for a *Medical Condition*, including but not limited to prescribed medication (including medication prescribed “as needed”), investigative testing and surgery.

“Trekking” - Means an overnight hike, tramp, trek or similar activity through mountainous terrain, national parks or reserve lands normally undertaken on foot but which also can be by other means, including but not limited to, by animal or off-road vehicle, and which involves an overnight stay in the wilderness including in campsites, huts and lodges. For the purpose of clarity, it does not mean *Mountain Climbing*.

“Trip” - Means a scheduled *Trip* booked through *Your Travel Supplier*, of 183 days or less in length (depending on *Your age*), and has a *Scheduled Departure Date* and *Scheduled Return Date*, for which coverage is elected and the premium paid and all *Travel Arrangements* are made prior to the *Scheduled Departure Date*.

“Uninhabitable” - Means:

- 1) The building structure itself is unstable and there is a risk of collapse in whole or in part; or
- 2) There is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; or
- 3) Immediate safety hazards have yet to be cleaned, such as debris or downed electrical lines; or
- 4) The property is without electricity, gas, sewer system or water; or
- 5) Local government authorities have issued a mandatory evacuation; or
- 6) The destination is inaccessible by the mode of transportation as shown on the travel documents or *Travel Itinerary*.

“War” - Means military action, either between nations or resulting from civil war or revolution.

“We, Our” – Means the *Insurer*.

“Winter Sports” – Means bigfoot skiing, cat skiing or boarding, cross country skiing, glacier skiing, glacier walking, heli-skiing, ice climbing, ice curling, ice diving, ice hockey, ice skating, kite skiing, kite snowboarding, langlauf, mono skiing, off piste skiing or snowboarding, skiing, ski or snow board jumping or stunts, ski/snow biking, ski/snow blading, ski randonee, ski touring, sledging/sleighting, snowboarding, snowmobiling, speed skating and tobogganing, bobsleighting, luge or skeleton, or tobogganing on an ice track.

“You” and “Your” – Means each person named on the *Confirmation of Coverage* and who is covered under the policy.

B. INSURED RISKS

As per the Schedule of Benefits (see page 2), a maximum benefit of the sum insured indicated on *Your Confirmation of Coverage* is provided to cover the specific losses, listed in the Covered Benefits (Section C below), which results from the cancellation or interruption of *Your Trip* due to one of the following insured risks:

1. Medical Conditions and Death

You or Your Travelling Companion:

- a) Die(s); or
- b) Suffer(s) from a *Serious Illness or Injury*.

If within 30 days of *Your Departure Date*, or during *Your Trip*, a member of *Your Immediate Family*, a *Caregiver*, *Your host at destination*, or a business partner:

- a) Dies; or
- b) Suffers from a *Serious Illness or Injury*

2. Pregnancy and Adoption

- a) If *You* become pregnant after the date *You* purchased this insurance coverage and *You* will be more than 26 weeks pregnant at the start of or during *Your Trip*. Or, if *You* become pregnant after the date *You* purchased this insurance cover and *Your Physician* advises that *You* are not fit to travel due to complications in *Your pregnancy*.
- b) The legal adoption of a child by *You or Your Travelling Companion*, when the actual date of that adoption was unknown at the time of purchase of this policy and is scheduled to take place during *Your Trip*.

3. Government Advisories

A written, formal travel advisory issued by the Canadian government warning Canadians to avoid all non-essential travel or avoid all travel to a country, region or city that is part of *Your Travel Itinerary* as long as:

- i) The advisory is not related to an epidemic or pandemic;
- ii) For the Trip Cancellation protection: the advisory has been issued after *Your Effective Date*;
- iii) For the Trip Interruption protection: the advisory has been issued after *Your Departure Date* and is still in effect on the date of the interruption of *Your Trip*.

4. Employment and Occupation

- a) If after having been with the same employer for at least two (2) years, *You, Your Partner or Your Travelling Companion* are terminated or laid off, after *Your Effective Date*, for reasons that were not caused by that person.

- b) If *You* are a member of the armed forces, police, fire, ambulance services, or a licensed medical professional and *You* receive an official directive which results in *Your* having to cancel or postpone *Your Trip* due to an unforeseen emergency.

5. Other Covered Risks

- a) The delay of *Your* or *Your Travelling Companion's Prepaid Covered Transport* that is part of *Your Trip* due to *Natural Disaster, Catastrophe and Extreme Weather Conditions*, for a period of at least 50% of *Your Trip* when *You* choose not to continue with *Your Travel Arrangements*.
- b) The delay that causes *You* to miss or interrupt part of *Your Trip* when a private automobile is delayed due to *Natural Disaster, Catastrophe and Extreme Weather Conditions*, mechanical failure, a traffic accident or an emergency police-directed road closure, provided the automobile was scheduled to arrive at the *Departure Point* at least 3 hours before the scheduled time of departure.
- c) The cancellation of *Your* cruise before the departure of *Your* cruise ship due to mechanical failure, grounding or quarantine of the cruise ship or the repositioning of the cruise ship due to *Natural Disaster, Catastrophe and Extreme Weather Conditions*.
- d) *You* missed *Your* connection resulting from a *Schedule Change* by the airline carrier that is providing transportation for part of *Your Trip*.
- e) *Your* being required to serve on a jury or *Your* being served with a court order or subpoena, requiring *You* to appear in court. This excludes law enforcement officers.
- f) *Your* or *Your Travelling Companion's Home* is made *Uninhabitable* and remains *Uninhabitable* during *Your Trip* by a *Natural Disaster, Catastrophe and Extreme Weather Conditions* or burglary. Claims are not payable if a hurricane is foreseeable prior to *Your Effective Date* for Trip Cancellation. A hurricane is foreseeable on the date it becomes a named storm.
- g) *You* or *Your Travelling Companion* are victim of a criminal assault within 10 days prior to *Your Departure Date*. An indictable criminal assault inflicted by *You*, an *Immediate Family* member, *Travelling Companion* or *Travelling Companion's* family member is not a covered risk under this insurance.
- h) A *Natural Disaster, Catastrophe and Extreme Weather Conditions*, whereby a mandatory evacuation is ordered or recommended by local government authorities in a city on *Your Travel Itinerary*, which prevents *You* from travelling to or arriving from that destination;
- i) Mechanical breakdown or equipment failure of the *Covered Transport* on which *You* are scheduled to travel that causes a cancellation or delay of *Your* or *Your Travelling Companion's* travel for at least 12 consecutive hours;
- j) *Civil Unrest, Riot or Commotion* resulting in cancellation of scheduled *Covered Transport* services, preventing *You* from reaching *Your Main Travel Destination*;
- k) *Strike* resulting in cancellation of scheduled *Covered Transport* services;
- l) 1) For Trip Cancellation: a *Terrorist Incident* occurs before *Your Trip* within 30 days of *Your Scheduled Departure Date* in a city listed on *Your Travel Itinerary* of *Your Trip*.
2) Trip Interruption: a *Terrorist Incident* that occurs during *Your Trip*:
 - a. Within 50 kilometres of the city listed on *Your Travel Itinerary* of *Your Trip*;
 - b. Provided *Your Travel Supplier* (if applicable) did not offer a substitute itinerary.

If the total amount claimed under this and all policies issued by the *Insurer* for Trip Cancellation and Trip Interruption coverage (in respect of the same terrorist incident, or series of *Terrorist Incidents* occurring within a 72 hour period), exceeds \$20,000,000, the amount payable will be prorated among all eligible claimants. The amount paid will not exceed \$20,000,000 in the aggregate.

C. COVERED BENEFITS

When You incur financial losses following one of the insured risks described previously, the *Insurer* will reimburse, up to the sum insured indicated on *Your Confirmation of Coverage*:

Trip Cancellation Benefits (prior to date and time of departure)

The *Prepaid* and non-refundable portion of *Your Travel Arrangements*, provided that no credits were offered by the service supplier (whether You accepted them or not). This policy does not cover situations for which a credit was offered by a service supplier (whether You accepted it or not). *Travel Arrangements* and tickets must be unused, unusable, and non-transferable to be eligible.

Trip Interruption Benefits (after date and time of departure)

1. The unused portion of the non-refundable and non-transferable *Travel Arrangements* that You paid as part of *Your Trip*, except for *Your Prepaid* return *Travel Arrangements*, provided that no credits were offered by the supplier (whether You accepted them or not);
2. Reasonable, additional commercial *Accommodation* expenses and meals, up to a maximum CAN \$150 per day, for a maximum of two (2) days, if a covered risk prevents You from returning on the *Scheduled Return Date*.
3. Reasonable, *Additional Transportation Costs* needed to reach *Your Departure Point* or to travel from the place *Your Trip* was interrupted to the place where You can rejoin *Your Trip*.
4. Reasonable, *Additional Transportation Costs* for You to reach *Your Scheduled Destination* if You must depart after *Your Departure Date* as a result of one of the above insured risks.

The benefits paid under 3 and 4 above will not exceed the cost of economy airfare via the most direct route on the next available carrier to *Your* next destination, less any amounts for which You have been reimbursed or credit You have been offered.

5. Reasonable costs for airport car parking in *Your Country of Residence* because of *Your* late arrival *Home*.
6. Reasonable costs for kennel or cattery fees in *Your Country of Residence* because of *Your* late arrival *Home*.

D. CONDITIONS AND LIMITATIONS

1. You must have purchased this insurance policy within five (5) days of the first non-refundable deposit of *Your Trip*. The maximum benefit available under the Trip Cancellation and Interruption insurance is the sum insured, which cannot exceed CAN \$20,000. If one of the previous conditions is not met, the policy will be null and void and the premium will be refunded.
2. You must cancel *Your* scheduled *Trip* with the *Travel Supplier* on the day the cause of cancellation occurs or on the next business day at the latest. Claim payment will be limited to the cancellation penalties specified in the *Trip* contracts at that time.
3. Cancellation or interruption of *Your Trip* as the result of a *Serious Illness* or *Injury* requires written verification from the attending *Physician* in the locality where the *Serious Illness* or *Injury* occurs, complete with the diagnosis and the medical necessity for cancellation or interruption of *Your Trip* and must be completed on the day the cause of cancellation or interruption occurs.

E. CANCEL FOR ANY REASON

The optional protection **Cancel For Any Reason** allows *You* to cancel *Your Trip* before the *Departure Date* for a reason other than those specified in Section C. "Insured Risks" of the Trip Cancellation and Interruption insurance.

To be valid, this option must be purchased **at the same time** as the Trip Cancellation and Interruption insurance; **and**

- Within 5 days of the first non-refundable deposit of *Your Trip*; or
- Any time before the travel supplier's cancellation penalties become effective.

The benefits provided under the optional protection **Cancel For Any Reason** are:

- *You* will be reimbursed up to 75% of *Your* insured, prepaid and nonrefundable *Travel Arrangements*, for which no credit was available or offered, up to a maximum of \$5,000 per insured person.

To claim under the **Cancel For Any Reason** option, the *Trip* must be cancelled at least 24 hours before the scheduled *Departure Date*; otherwise, coverage will not apply, and no refund will be possible.

Exclusions and limitations # 8, 14, 17, and 21 of section F. "Exclusions" apply to this optional protection.

F. EXCLUSIONS

This policy does not cover losses or expenses arising out of, based upon, or attributable to:

1. Any *Pre-existing Medical Condition* or any complication arising from it.
2. Any *Medical Condition* or event that *You* are aware of when *You* book *Your Trip*, which might reasonably be expected to prevent *You* from travelling as booked or if *You* have decided to travel against the advice of a *Physician*.
3. *Your* not wanting to travel.
4. Any cosmetic or any other elective surgery or non-emergency consultation or *Treatment*.
5. Any *Trip* undertaken for the purpose of obtaining a diagnosis, on the recommendation of a *Physician* or not, *Treatment*, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complication.
6. Any mental, psychiatric, psychological, psychotic or nervous *Medical Condition*, including but not limited to depression, anxiety and insomnia, unless *You* are hospitalized for that condition.
7. Any *Medical Condition*, including *Symptoms* of withdrawal, arising from *Your* chronic use of alcohol, drugs, or other intoxicating substances. Any *Medical Condition* arising during *Your Trip*, resulting from or in any way related to the abuse or misuse of drugs or other intoxicating substances, or to the use or abuse of alcohol leading to a blood alcohol level in excess of the most restrictive between the legally-accepted limit in *Your* province of residence or in the region or country where *You* are when the *Emergency* occurs, or when records indicate that *You* were intoxicated and no blood alcohol level is specified.
8. Any suicide, attempted suicide or self-inflicted Injury, regardless of the cause or circumstances.
9. Any claim arising from an epidemic or pandemic as currently or at any previous time declared by the World Health Organization or by any official governmental body of health authority.

10. Your use of a two-wheeled motor vehicle unless:

- a)** As a passenger, *You* wear a crash helmet and it is reasonable for *You* to believe that the driver holds a licence to drive the two-wheeled motor vehicle under the laws of the country in which the *Accident* occurs (if such a licence is required under the laws of the country in which the *Accident* occurs); or
- b)** As a driver, *You* wear a crash helmet and *You* hold a licence which permits *You* to drive the two-wheeled motor vehicle under the laws of the country in which the *Accident* occurs (if such a licence is required under the laws of the country in which the *Accident* occurs).

11. Your participation in the following high-risk activities:

- a)** *Extreme Sports and Sporting Activities*;
- b)** Competition sports;
- c)** Any professional sports or any sport in which *You* would or could earn or receive remuneration, donation, sponsorship or financial rewards of any kind;
- d)** Motor racing, rallying or vehicle racing of any kind. This exclusion does not apply to racing on foot (i.e. human);
- e)** *Expeditions*;
- f)** Hunting trips and safaris that are not provided by a licensed commercial operator;
- g)** White water rafting grade four (4) or above;
- h)** Sailing outside of territorial waters;
- i)** Parachuting, BASE jumping, sky diving or travel in any other air supported device other than as a passenger in a licensed passenger aircraft operated by an airline or charter company. This exclusion does not apply to hot air ballooning or parasailing.
- j)** Scuba diving unless:
 - i)** *You* are diving for recreational purposes (for the purpose of clarity recreational diving does not include technical diving or diving as a professional diver); and
 - ii)** *You* are diving with a qualified dive instructor or dive master, or *You* hold a PADI certification or similar recognised certification and are diving within the level of *Your* certification (including maximum dive depths and bottom time) and to the standards and procedures set up by *Your* certifying agency; and
 - iii)** Subject to (ii) above *Your* planned dive depth does not exceed ten (10) metres; and
 - iv)** *You* are not diving alone.

12. Your participation in:

- a)** *Mountain Climbing*;
 - b)** Adventure climbing including outdoor rock climbing or abseiling; or
 - c)** High altitude activity or any activity above 5,500 metres or *Trekking* above 3,000 metres.
- Exclusions (b) and (c) above will not apply to organised harnessed outdoor rock climbing, harnessed abseiling and *Trekking* that are:
- i)** Available to the general public without restriction, other than general health and fitness warnings; and
 - ii)** Provided by a recognised commercial local tour operator or activity provider; and

- iii) Provided under the guidance and supervision of qualified guides and/or instructors of the tour operator or activity provider and always subject to *You* following their advice and/or instruction.

13. *Your performing Manual Labour during Your Trip.*

14. Any cancellation or interruption resulting from:

- a) *Civil Unrest, Riot or Commotion;*
- b) *War* or acts of *War* (declared or undeclared) or political instability;
- c) Intentional exposure to a peril;
- d) *Your* participation in or intent to commit any criminal or illegal activity, including but not limited to: being on a government watch list as a supporter of terrorism, narcotics or human trafficking, piracy, proliferation of weapons of mass destruction, organized crime, malicious cyber activity, or human rights abuses;

15. Any error or omission in *Your* booking arrangements made by *You*, *Your* travel agent or any other person acting on *Your* behalf.

16. Any *Contamination* resulting from a nuclear reaction, radiation, radioactivity, biological or chemical *Contamination*, seepage, pollution, a pandemic or an epidemic.

17. Any *Financial Default* of a retail travel agent, agency, tour operator, airline, cruise line or broker.

18. Any extra costs resulting from *Your* not telling a travel company as soon as *You* know *You* have to cancel or interrupt *Your* trip.

19. Any losses recovered or which are recoverable from any other source. This coverage is last payer and all other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payment will be made under this policy.

20. Any kind of consequential loss, including loss of enjoyment and financial loss not otherwise specifically covered under this policy.

21. Any fraud or attempted fraud, concealment or misrepresentation of any material fact affecting this insurance or in connection with the making of any claim.

22. *Your* being unable to travel due to *Your* failure to obtain the passport or entry visa *You* need for the *Trip*.

23. Any airport taxes and credit or debit card fees included in the cost of *Your Trip*.

24. Any costs that have not been incurred by *You* or on *Your* behalf.

25. Any costs *You* would have still had to pay even if *You* had not been due to travel, such as time share management fees or holiday club membership fees.

26. Any claim where the Emergency Assistance has not been contacted to authorise *Your* trip interruption and early return back to *Your Country of Residence*.

27. Any additional expenses incurred as the result of *Your* decision to travel to any destination other than *Your Country of Residence* or *Your Departure Point* in the event of *Trip* interruption. If *You* have to cut short *Your Trip* and *You* do not return to *Your Country of Residence* or *Your Departure Point*, *We* will only be liable for the costs equivalent to those *You* would have incurred had *You* returned to *Your Country of Residence* or *Departure Point*.

28. The original cost of *Your* intended return travel to *Your Country of Residence* if *We* have paid additional return travel costs for *You* as a result of *Your* cutting short *Your Trip*.

G. HOW TO FILE A CLAIM

When submitting *Your* claim please include the following:

- a) An official contract stipulating clearly the booking, cancellation and interruption conditions along with the corresponding penalties applicable, if any.
- b) A medical document fully completed and signed by a legally qualified *Physician* in the locality where the *Medical Condition* occurred stating the reason why travel was impossible, the diagnosis and all dates of *Treatment*.
- c) Copy of death certificate indicating cause of death, if cancellation or interruption is due to death.
- d) Written evidence of the insured risk which was the cause of cancellation or interruption, if cancellation or interruption is due to any reason other than *Sickness, Serious Illness or Injury* or death.
- e) Original unused transport tickets, an electronic copy of the reservation *You* have made with the *Travel Supplier*, and any other itemized copy of any reimbursement *You* have asked for, including a written confirmation of the applicable penalties and reimbursements made or credit offered by the applicable *Travel Supplier*.

VII. BAGGAGE COVERAGE

A. DEFINITIONS

In addition to the definitions presented in section VI. TRIP CANCELLATION AND INTERRUPTION herein, the following definitions apply:

“Effective Date” – For Baggage coverage, means the *Departure Date*.

“Pair or Set of Items” – Means items of personal property which belong together and cannot be worn or used or work separately for the purpose intended (for example, a pair of earrings).

“Public Place” – Means any place where the public has general access rights and shall include but is not limited to shops, airports (including airport lounges), train stations, bus stations, streets, hotel foyers and grounds, function, exhibition or conference centres, restaurants, beaches and public toilets.

“Unattended” – Means when *You* do not have full view of *Your* property or where *You* are not in a position to prevent the unauthorised taking of *Your* property, unless it is left in a locked room or a locked safety deposit facility. Property left in a motor vehicle is considered to be *Unattended* unless the motor vehicle is locked and the property is out of view in an enclosed storage compartment, boot / car trunk or luggage space, locked glove compartment, and there was evidence of forced and violent entry to the vehicle.

“Valuables and Electronic/Other Equipment” – Means photographic, audio, video, electronic, electrical equipment, media (including CDs, DVDs, video and audio tapes and electronic games), MP3 players, computer equipment (but not mobile or smart phones or tablets), binoculars, antiques, jewellery, watches, furs, silks, precious stones and articles made of or containing gold, silver or precious metals.

B. INSURED RISKS AND BENEFITS

We will pay up to the amount shown in the Schedule of Benefits to replace or repair items *You* own (not that *You* have borrowed or rented), of the type usually carried or worn by travellers, in the event such items are lost, stolen or accidentally damaged during *Your Trip*. We will determine, at the *Insurer's* sole discretion, whether We will reimburse *You* for the cost of the lost item or reimburse *You* for the repair of the damaged item up to the amount shown in the Schedule of Benefits.

We will pay up to the amount shown in the Schedule of Benefits for the purchase of necessary and essential missing clothing and toiletries if, during *Your Trip*, *Your* personal baggage is delayed or misdirected for at least twelve (12) hours by a *Covered Transport* before returning to *Your Departure Point*.

C. CONDITIONS AND LIMITATIONS

- 1) Payment will be based on the value of the property at the time it was lost, stolen or accidentally damaged.
- 2) A deduction determined at the *Insurer's* sole discretion, will be made for wear, tear and loss of value depending on the age of the property.
- 3) The maximum amount *We* will pay for any one (1) item, *Pair or Set of Items, Valuables and Electronic/Other Equipment*, and for property which is lost or stolen from a motor vehicle is as shown in the Schedule of Benefits.
- 4) *You* must notify the *Insurer* immediately of the loss or damage to baggage or personal effects. *You* must also report the loss or damage to police, local or conveyance authorities, tour operator representatives, the hotel manager or official transportation representative and obtain a written report.
- 5) *You* must also submit a letter of coverage or denial from the transportation carrier and/or *Your* homeowner's or renter's insurance company. As proof of loss value, the *Insurer* may, at its own option, request original receipts, credit card original receipts or sales slips for all lost or stolen articles claimed.
- 6) Payment of Claims: Benefits are payable to *You* or to *Your* estate.
- 7) *You* must act in a reasonable way to look after *Your* property as if uninsured and not leave it *Unattended* or unsecured in a *Public Place*. The benefit is payable provided that *You* have taken all reasonable measures to protect, save and/or recover *Your* property at all times.
- 8) *You* must carry *Valuables and Electronic/Other Equipment* with *You* in *Your* hand luggage or on *Your* person when *You* are travelling. When *You* are not travelling, keep *Your Valuables and Electronic/Other Equipment* with *You* at all times or leave them in a locked safety deposit box.
- 9) *You* must report all losses, thefts, or damage to the relevant authorities and obtain a written report from them within twenty-four (24) hours of the incident.

D. EXCLUSIONS

In addition to the exclusions set out in section VI. TRIP CANCELLATION AND INTERRUPTION herein, this policy does not cover loss or damage arising out of, based upon or attributable to:

- 1) Property *You* leave *Unattended* in a *Public Place*.
- 2) Baggage items:
 - a) Sent in advance or with someone else, mailed or shipped separately; or
 - b) Given to someone else to look after who is not a *Travelling Companion*, a relative or a person who is normally authorised to handle baggage, such as hotel or transport representative.
- 3) Any claim for loss or theft to personal belongings and baggage which *You* do not report to the police within twenty-four (24) hours of discovering it and for which *You* do not get a written police report.

- 4) Any claim for loss, theft or damage to personal belongings and baggage which *You* do not report to the relevant airline or transport company or service provider within twenty-four (24) hours of discovering it and which *You* do not get a written report for. In the case of an airline, a property irregularity report will be required from the airline. If the loss, theft or accidental damage to *Your* property is only noticed after *You* have left the airport, *You* must contact the airline in writing with full details of the incident within seven (7) days of leaving the airport and get a written report from them.
- 5) Any loss, theft or damage to *Valuables and Electronic/Other Equipment* which *You* do not carry in *Your* hand luggage while *You* are travelling on *Your Covered Transport* or on an aircraft.
- 6) Cash, travel documents, credit cards, financial securities and instruments of any kind, currency notes or travellers cheques, plastic money, driving license and identity cards.
- 7) Claims for which *You* are unable to provide receipts or other reasonable proof of ownership wherever possible for the items being claimed.
- 8) Breakage of fragile objects or breakage of sports equipment while being used.
- 9) Damage due to scratching or denting unless the item has become unusable as a result of this.
- 10) Loss due to variations in exchange rates.
- 11) Any loss or expense incurred if *Your* property is detained by customs, the police or other officials.
- 12) Loss of jewelry while swimming or taking part in sports and activities.
- 13) Losses caused by mechanical or electrical breakdown or damage caused by leaking powder or any substance carried within *Your* baggage.
- 14) Loss, theft or damage to mobile phones, smart phones, electronic tablets, contact or corneal lenses, sunglasses, prescription glasses or spectacles, dentures, hearing aids, artificial limbs, paintings, household equipment, bicycles and their accessories, motor vehicles and their accessories (this would include keys), animals, marine craft and equipment or items of a perishable and consumable nature.
- 15) Any claim for loss of, theft or damage to, in respect of *Winter Sports*, water sports or golf equipment.

E. HOW TO FILE A CLAIM

Immediately upon *Your* return to *Your Departure Point*, *You* must provide the *Insurer's* claims department with all the documents they need to deal with *Your* claim, including a police report, a property irregularity report, receipts for the items being claimed as applicable.

Claims evidence may include:

- Proof of travel (confirmation invoice, travel tickets)
- Loss or theft of property – police report
- Loss, theft or damage by an airline – property irregularity, baggage check tags
- Proof of value and ownership for property
- Receipts for emergency purchases

We may require other evidence to support *Your* claim depending on the circumstances, in which case We will contact *You*.

If *You* are unable to provide any of the reports referred to above, *You* may still be eligible to make a claim depending on the circumstances that have prevented *You* from obtaining the necessary documentation. Please contact the *Insurer's* claims department to discuss why *You* have been unable to obtain the relevant reports and to obtain a claim form so *Your* claim can be considered.

VIII. NOTICE - PERSONAL INFORMATION

Humania Travel Insurance (the "*Insurer*") places an increased emphasis on protecting the personal information it collects in the course of its activities. The *Insurer* uses and discloses personal information collected only for the purposes for which it was collected, except when the individual consents, or as required or permitted by law.

By requesting an insurance product or service, *You* authorize the *Insurer*, its agents, service providers and other partners (hereinafter "Business Partners") to collect, by any electronic means, email, fax or mail, to use and disclose *Your* personal information primarily for the following purposes: identification and identity verification, reviewing eligibility for insurance products, considering a claim and the administrative processing of products and services.

You further authorize the *Insurer* to exchange the personal information collected about *You* with its Business Partners, whether located in or outside Quebec, where the exchange of such information is necessary to carry out their mandate.

This authorization applies to *Your* personal information held by any natural or legal person, including but not limited to any physician or other healthcare professional, any public or private health institution, any rehabilitation company, any pharmacist, any health insurance plan, any insurer, any employer or any person or institution in possession of medical or financial information about *You*. This authorization also applies to any other personal information contained on social media or on any Internet platform accessible to the public.

You declare that *You* are aware of the rights granted by the Act respecting the protection of personal information in the private sector, including but not limited to the right to access *Your* information, the right to have that information corrected, if need be, and the right to withdraw, at any time, this authorization to share and use *Your* personal information.

To ensure the confidentiality of *Your* personal information, the *Insurer* will establish a file with the information related to *Your Confirmation of Coverage* and any insurance claim. Access to this file will be restricted to the *Insurer's* employees, reinsurers or mandataries who will be responsible for underwriting, administrating, investigating, and processing *Your* application or claim, or any other person designated or authorized by *You*. *Your* file will be kept at the *Insurer's* head office. *You* are entitled to examine the personal information contained in this file and, if required, to have the information corrected by submitting a written request to: Information Access Officer, Humania Travel Insurance, 247 Thibeau, Trois-Rivières (Quebec) G8T 6X9. *You* have the right to withdraw, at all times, the authorization to share and use *Your* personal information. Please be informed that in the regular process of examining *Your* claim, the *Insurer* may, as any other insurance company, request a copy of *Your* medical history in order to determine *Your* eligibility to benefits.

BERMUDAIR

TRIP PROTECTOR **PLUS**

In order to obtain medical services, *You* must call
EMERGENCY ASSISTANCE for authorization:

Toll Free: 1-833-268-0550

Collect: 514-657-8653

ADMINISTRATION AND CLAIMS

247 Thibeau Blvd
Trois-Rivières (Quebec)
G8T 6X9, CANADA

Telephone: 1-514-657-8653
1-833-268-0550
Fax: 1-819-377-6069

Underwritten by

