

CERTIFICATES OF INSURANCE

THE BUSINESS PLATINUM CARD®
FROM AMERICAN EXPRESS

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15-DAY OUT OF PROVINCE/COUNTRY EMERGENCY MEDICAL INSURANCE

Effective Date of this Certificate:
July 1, 2016

INTRODUCTION

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

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

IMPORTANT NOTICE – PLEASE READ CAREFULLY

- **Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read and understand *your* insurance before *you* travel as *your* coverage may be subject to certain limitations or exclusions.**
- **A pre-existing exclusion applies to *medical conditions* and/or symptoms that existed prior to *your trip*. Check to see how this applies in *your* policy and how it relates to *your* departure date, date of purchase, or *effective date*.**
- **In the event of an accident, injury or sickness, *your* prior medical history may be reviewed when a claim is reported.**
- ***Your* insurance provides travel assistance. *You* are required to notify Global Excel Management Inc. prior to *emergency* treatment. *Your* insurance limits benefits should *you* not contact Global Excel Management Inc. immediately.**

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

WHAT TO DO IN A MEDICAL EMERGENCY?

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

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

**1-866-426-7505 toll-free from the US & Canada, or
(905) 816-1884 collect from anywhere in the world**

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

DEFINITIONS

Throughout this document, all *italicized* terms have the specific meaning explained below.

Accidental bodily injury - bodily injury caused by an accident of external origin occurring during the *period of insurance* and being the direct and independent cause of the loss.

Card - means The Business Platinum Card® from American Express.

Cardmember - means a holder of a valid Basic or Supplementary *card* from American Express issued in Canada by Amex Bank of Canada.

Change in medication - the addition of any new *prescription drug*, the withdrawal of any *prescription drug*, an increase in the dose of any *prescription drug* or a decrease in the dose of a *prescription drug*.

Exceptions:

- an adjustment in the dosage of insulin or Coumadin (Warfarin), if *you* are currently taking these drugs;
- a change from a brand name drug to an equivalent generic drug of the same dosage.

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

Departure point - *your* Canadian province or territory *you* depart from on the first day of *your* intended *trip*.

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

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

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

Emergency - any sudden and unforeseen event that begins during the *period of insurance* and makes it necessary to receive immediate treatment from a licensed *physician* or to be hospitalized. An *emergency* ends when the Insurer determines that *you* are medically able to return to *your departure point*.

Emergency services - any treatment, surgery or medication that:

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

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

Government health insurance plan - the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

Hospital - an establishment that is licensed as an accredited *hospital*, is operated for the care and treatment of in-patients, has a Registered Nurse always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the establishment. *Hospital* does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Insured person - means any of the following persons who are under the age of 65 years of age and who have a valid *government health insurance plan*: the *cardmember*, the *supplementary cardmember*, the *cardmember's spouse*, the *supplementary cardmember's spouse*, the *cardmember's dependent child* or the *supplementary cardmember's dependent child*.

Immediate family - *spouse*, parent, legal guardian, legal ward, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew.

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

Mental or emotional disorders - emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with minor tranquilizers or anti-anxiety (anxiolytics) medication.

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

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

Physician - someone who is not *you* or a member of *your immediate family* who is licensed to prescribe drugs and administer medical treatment (within the scope of such license) at the location where the treatment is provided. A *physician* does not include a naturopath, herbalist, chiropractor or homeopath.

Prescription drugs - drugs and medicines that can only be issued upon the prescription of a *physician* or dentist and are dispensed by a licensed pharmacist. *Prescription drugs* does not mean such drugs or medicine, when *you* need (or renew) them to continue to stabilize a condition which *you* had before *your trip*, or a chronic condition.

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

Return date - the date on which *you* are scheduled to return to *your departure point*.

Supplementary cardmember - means an authorized user of the *card* account.

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

Stable - any *medical condition* or related condition (including any heart condition or any lung condition) for which there have been:

- no new treatment, new medical management, or new prescribed medication; and
- no change in treatment, change in medical management, or *change in medication*; and
- no new symptom or finding, more frequent symptom or finding, or more severe symptom or finding experienced; and
- no new test results or test results showing a deterioration; and
- no investigations or future investigations initiated or recommended for *your* symptoms; and
- no hospitalization or referral to a specialist (made or recommended).

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

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

Trip - the period of time between leaving *your departure point*, up to and including *your return date* outside *your* Canadian province or territory of residence.

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

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

You, yourself and your refer to the *insured person*.

WHEN DOES COVERAGE BEGIN AND END?

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

You will be covered for the first:

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

Coverage ends on the earliest of:

1. the date the *insured person* attains age 65 years of age;
2. the date *you* return to *your* Canadian province or territory of residence;
3. the date *your card* account is cancelled;
4. the date *your card* privileges are terminated;
5. the date the *cardmember's card* account is no longer in good standing as per the *cardmember's* Cardmember Agreement issued by Amex Bank of Canada;
6. the *date* you have been absent for more than 15 consecutive days from *your* Canadian province or territory of residence;
7. the date the group insurance policy terminates.

WHAT IF YOU WANT TO TOP-UP YOUR COVERAGE?

You can *top-up your* coverage by calling the Enrollment Centre at 1-866-610-8390. Premium payment will be charged to *your card* account.

CAN COVERAGE BE EXTENDED?

Coverage automatically extends beyond the 15 day limit as follows:

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

WHAT RISKS ARE INSURED?

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

WHAT ARE THE BENEFITS?

1. *Hospital & Medical Expenses*

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

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

2. *Emergency Dental Expenses*

Covers the cost of the following dental expenses when ordered by, or received from, a licensed dentist if *you* need dental treatment to repair or replace *your* natural or permanently attached artificial teeth because of an accidental blow to *your* face during *your trip*:

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

This insurance also covers treatment, during *your trip*, for the *emergency* relief of dental pain, to a maximum of \$250.

3. *Physiotherapy and Other Professional Services*

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

4. *Return to your Departure Point*

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

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

5. Return of Deceased

Covers:

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

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

6. Additional Hotel & Meal Expenses

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

7. Bringing Bedside Companion to Bedside

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

8. Return of Vehicle

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

9. Return of Dependent Children

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

10. Return of *your* Excess Baggage

- This benefit is subject to the pre-authorization of Global Excel.

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

WHAT ASSISTANCE SERVICES ARE AVAILABLE?

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

1. Medical Assistance & Consultation

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

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

2. Payment Assistance

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

3. Emergency Message Centre

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

4. Replacement Co-ordination

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

WHAT IS NOT COVERED?

Pre-Existing Condition Exclusion

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

EXCLUSION 1

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

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

GENERAL EXCLUSIONS

The Insurer will not pay for any expenses incurred directly or indirectly as a result of:

1. A *medical condition* for which future investigation or treatment (except routine monitoring) is planned before *your trip*.
2. The continued treatment, recurrence or complication of a *medical condition* or related condition, following *emergency treatment* of that condition during *your trip*, if the Insurer determines that *you* were medically able to return to *your departure point* and *you* chose not to return.
3. The treatment of any heart or lung condition following *emergency services* for a related or unrelated heart or lung condition during *your trip* if the Insurer determines that *you* were medically able to return to *your departure point* and *you* chose not to return.
4. Any services that are not *emergency services*.
5. Routine care of a chronic condition.
6. a) Routine pre-natal care, b) a child born during *your trip*, c) pregnancy, childbirth or complications of either, occurring in the 9 weeks before or after the expected date of delivery.
7. Invasive testing or surgery (including cardiac catheterization and MRI) unless approved by Global Excel prior to being performed.
8. *Your* participation as a *professional* in sports, participation as a *professional* in underwater activities, scuba diving as an amateur unless *you* hold a basic scuba designation from a certified school or other licensing body, participation in a motorized race or motorized speed contest, bungee jumping, parachuting, rock climbing, *mountain climbing*, hang-gliding or skydiving.
9. *Your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
10. *Your* intentional self-inflicted injury, suicide or attempt to commit suicide (whether sane or insane).
11. Any *medical condition* arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your trip*.
12. *Your* abuse of medication, drugs or alcohol, or deliberate non-compliance with prescribed medical therapy or treatment, whether prior to or during *your trip*.
13. *Your mental or emotional disorders*.
14. War (declared or not), act of foreign enemies or rebellion.
15. Any portion of the benefits that require prior authorization and arrangement by Global Excel if such benefits were not pre-authorized and arranged by Global Excel.
16. Any *medical condition* if *you* undertake *your trip* with the prior knowledge that *you* will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind, regardless of whether the treatment, surgery, investigations, palliative care or alternative therapy is related in any way to the *medical condition*.
17. A *medical condition* for which it was reasonable to expect treatment or hospitalization during *your trip*.
18. Symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the 90 days before *your trip*.
19. Treatment or surgery for a specific condition, or a related condition, which had caused *your physician* to advise *you* not to travel.
20. *Your emergency medical condition* or related condition, if the reason for *your emergency medical condition* or related condition is associated in any way with a written formal travel warning issued before *your effective date* by the Department of Foreign Affairs and International Trade of the

Canadian Government, advising Canadians not to travel to the country, region or city of *your* destination.

21. Any *medical condition* if the medical advisors of Global Excel recommend that *you* return to *your departure point* following *emergency services* you have received, and *you* chose not to return.
22. Ionising radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.

HOW DO YOU SUBMIT A CLAIM?

1. When *you* call Global Excel at the time of an *emergency*, *you* are given all the information required to file a claim. Otherwise, please refer to the instructions below.
2. This insurance does not cover fees charged for completing a medical certificate.
3. *You* must file *your* claim with *us* within 90 days of *your* return to *your departure point*.
4. If *you* need a Claim & Authorization form, please contact *our* Claims Department at:

73 Queen Street, Sherbrooke, Quebec, J1M 0C9
905-816-2567 or 1-866-426-7496

Emergency Medical Insurance

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

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

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

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

OTHER CLAIM INFORMATION

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

You agree that the Insurer and its agents have:

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

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

authorized by *us* on *your* behalf if and when *we* determine that the amount was not payable under the terms of *your* insurance.

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

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

You and *we* agree that all disputes, controversies or claims arising under this insurance or otherwise in connection with this insurance, whether of law or fact and of any nature whatsoever including, but not limited to, all disputes or controversies related to determinations made under the insurance shall be decided by arbitration before a single arbitrator in the Canadian province or territory in which this insurance was issued under the rules embodied in the arbitration legislation of the Canadian province or territory in which this insurance was issued or, in the absence of such legislation, in the Commercial Arbitration Act, R.S.C. 1985, C.17 (second supp.), as amended. In any event, any action or arbitration proceeding against *us* for the recovery of a claim under this insurance shall not be commenced more than 1 year after the occurrence which gives rise to the claim. If, however, this limitation is invalid according to the laws of the Canadian province or territory where this insurance was issued, *you* must commence *your* action or arbitration proceeding within the shortest time limit permitted by the laws of that province or territory.

In addition, the venue of any action or arbitration proceeding shall only be in the province or territory where the insurance was issued. *You*, *your* heirs and assigns consent to the transfer of any action or arbitration proceeding to the province or territory where the insurance was issued and at a venue chosen by *us* and/or Global Excel.

GENERAL CONDITIONS

1. Any of *our* policies are excess insurance and are the last payors. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under any of our policies.
2. When *you* contact Global Excel, they will, on the Insurer's behalf, refer *you* or may transfer *you*, when medically appropriate, to one of their recommended medical service providers. They will also request that the approved medical service provider bill the medical expenses covered under this insurance directly to the Insurer instead of to *you*.
3. If *you* are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to *you* by all insurers cannot exceed the actual expense that *you* have incurred. *We* will coordinate the payment of benefits with all insurers from whom *you* are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer.
4. Any information that has been misrepresented, misstated or is incomplete may result in this Certificate of Insurance and *your* coverage being null and void, in which case no benefits will be paid. *You* must submit any subsequent changes to the information in writing before *you* depart on *your* trip.
5. If *you* incur expenses covered under this insurance due to the fault of a third party, *we* may take action against the party at fault. *You* agree to cooperate

fully with *us* and to allow *us*, at *our* own expense, to bring a law suit in *your* name against the third party. If *you* recover against a third party, *you* agree to hold in trust sufficient funds to reimburse *us* for the amounts paid under the insurance.

6. Payment, reimbursement and amounts shown throughout this contract are in Canadian dollars, unless otherwise stated. If currency conversion is necessary, *we* will use the exchange rate on the date the last service was rendered to *you*. This insurance will not pay for any interest.
7. This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance.
8. Throughout this document, any reference to age refers to *your* age on the *effective date*.
9. When making a claim under this insurance, *you* must provide the applicable documents *we* require. Failure to provide the applicable documentation will invalidate *your* claim.
10. The Insurer, Customer Care Representatives/Coordinators of Global Excel and the Claims Centre, Amex Bank of Canada and their agents are not responsible for the availability, quality or results of medical treatment or transportation, or *your* failure to obtain medical treatment.
11. This Certificate of Insurance is the entire contract between *you* and *us*. Despite any other provision of this contract, this contract is subject to any applicable federal and provincial statutes concerning contracts of insurance.
12. **This policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.**
13. On reasonable notice *you* or a claimant under the contract will be provided with a copy of the group contract (applicable only in those provinces where mandated by legislation **and** subject to certain access limitations permitted by applicable legislation).
14. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.

IMPORTANT NOTICE ABOUT YOUR PERSONAL INFORMATION

Royal & Sun Alliance Insurance Company of Canada is committed to protecting the *Cardmember's* privacy and the confidentiality of their personal information. Royal & Sun Alliance is responsible for all personal information under its control and has designated a Privacy Officer who is accountable to Senior Management for Royal & Sun Alliance's compliance with this Privacy Policy. This Privacy Policy may change from time to time. The *Cardmember* can view the latest and entire version of this Policy by visiting our website at www.rsagroup.ca. If the *Cardmember* has any questions about this Privacy Policy please call us at 1-888-877-1710.

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STANDBYMDSM PROGRAM

TRAVEL MEDICAL CONCIERGE

Effective Date: July 1, 2015.

WHAT IS STANDBYMD?

Prompt telephone access to a **Physician** who will assess **Your** medical condition and provide necessary treatment options. Services range from house-call visits and prescription drug refills to referral to local hospitals, urgent care centers and walk-in clinics. To activate **Your** StandbyMD services, please contact **Your** assistance provider at 1-866-426-7505 toll-free from the US & Canada, or (905) 816-1884 collect from anywhere in the world.

WHAT SERVICES ARE AVAILABLE?

Service	United States	Markets of Operation	Worldwide ¹
Telephone consultations	√	√	√
Domiciliary physician visits	√	√	√
Walk-in clinic, urgent care center and hospital referral	√	√	√
Physician express triage & hospital referral	√	√	
Physician Prescribed medications	√	√	
Lost or forgotten Prescription medication	√	√	
Medical specialist referral	√		
Chiropractic care	√		
Dental care	√		
Eye care	√		
Durable Medical Equipment (DME)	√		

WHERE ARE THESE SERVICES AVAILABLE?

Telephone consultations, domiciliary physician (“house call”) visits, and walk-in clinic, urgent care center and hospital referral are available when traveling almost anywhere in the world. All other services are only available in **StandbyMD Markets of Operation**². See <http://www.StandbyMD.com> for the most current list of active markets.

WHAT DOES IT COST?

StandbyMD facilitates, through its concierge services, access to all services at no additional cost. While **StandbyMD** can facilitate access to other services, **You** must pay the provider for any services that are rendered. Telephone consultations are provided at no cost to **You**. House call visits are usually much less than the fees charged by hospital emergency rooms. Fees may vary depending on the market and nature of **Your** condition. **StandbyMD** shall disclose to **You** the fees that are payable for any services that it facilitates.

¹ **StandbyMD Worldwide** services are available while travelling almost anywhere in the world. An accurate list of service areas is available online at: <http://www.standbymd.com/locations.html>.

² Prescription provided only when in compliance with local, state, and federal law. Physician or specialist visit may be required for prescription. Time of delivery will vary by geographic location and availability.

I HAVE A TRAVEL HEALTH INSURANCE POLICY. ISN'T THAT THE SAME THING?

A travel health insurance policy is an insurance policy to cover the cost of emergency medical needs when **You** travel. While most travel health insurance policies provide assistance services for medical referrals, in most cases **Your** primary avenue as a traveler in seeking medical care is to go to the emergency room at the nearest hospital. This can involve hours of waiting and inconvenience. **StandbyMD** can arrange for a doctor to come to **You** for a private appointment. If **You** do need to go to the hospital, the **Physicians** we refer to **You** can triage **You** to ensure that **You** receive treatment as quickly as possible.

StandbyMD can assist **You** with the necessary documentation to file a claim with **Your** insurance carrier, and in some cases, may even directly bill the insurance company.

HOW DO I GET SERVICES WHEN I NEED THEM?

StandbyMD's Medical Concierge Representatives are available 24/7/365 to assist **You**. Based on the nature of **Your** call, a **Physician** will call **You** back for a no cost telephone consultation. If **You** are travelling in one of our **Markets of Operation** and if necessary, a "house call" visit will be coordinated directly with the **Physician**.

For other services, **StandbyMD's** Medical Concierge Representative will assist **You** in getting appointments, prescription medication replacement and providing other services.

TERMS & CONDITIONS OF STANDBYMD PROGRAM

This Agreement governs each **Eligible Person's** use of the **StandbyMD** Program (the "Program"). The Program is not insurance. **Eligible Persons** receive only the specific services detailed in this Agreement. **StandbyMD's** only obligation under this Agreement is to provide the services specifically outlined in this Agreement and only to the extent described herein. By participating in the Program, the **Eligible Person** agrees to abide by and be bound by the following terms and conditions and acknowledges that he/she has read the Description of Services section referenced below and understands that the services available through the Program are limited to these identified services. **StandbyMD** Program benefits and services are provided by Healthcare Concierge Services, Inc. Amex Bank of Canada and its affiliates are not liable for any **StandbyMD** Program benefits or services.

SERVICES

StandbyMD shall arrange for those services specifically identified in this Agreement to be provided to **Eligible Persons** whose medical conditions require such services while travelling in the United States and select international destinations. The **Eligible Person** may contact **StandbyMD's** Concierge Services, 24 hours per day to request services during the **Service Period**.

The services provided by **StandbyMD** are available only to **Eligible Persons** that are present within the United States and select international destinations and services may vary by State and Country. The services are provided as allowed by applicable law. **Physicians** and **Ancillary Providers** are subject to change without notice. The Program may be discontinued or modified at anytime for **Eligible Persons**.

SECTION I DEFINED TERMS

Throughout this document, all bolded terms have the specific meaning explained below.

"**Ancillary Provider**" means dentists, chiropractors, pharmacies, eye care professionals, durable medical equipment suppliers, and all other **StandbyMD** network providers contracted to perform services for **Eligible Persons** and does not include **Physicians**, as specifically defined herein.

"**Card**" means The Business Platinum Card[®] from American Express.

“Cardmember” means a holder of a valid Basic or Supplementary **Card** issued by Amex Bank of Canada.

“Departure Point” means the province or territory **You** depart from on the first day of **Your** intended **Trip**.

“Dependent Child” means any natural child (legitimate or illegitimate), any legally adopted child, any step-child of or any child dependent upon the **Cardmember** in a “parent-child” relationship for maintenance and support who is:

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

“Effective Date” means **Your** date of departure from **Your Departure Point**.

“Eligible Person” means any of the following persons: the **Cardmember**, the **Cardmember’s Spouse** or the **Cardmember’s Dependent Child**.

“Markets of Operation” means **StandbyMD’s** markets of operation. An updated list of **StandbyMD’s** markets of operation is available at <http://www.standbymd.com/locations.html>.

“Physician” means a person licensed as a physician who is a **StandbyMD** participating physician. A physician does not include a naturopath, herbalist or homeopath.

“Return Date” means the date on which **You** return to **Your Departure Point**.

“Service Period” means the period beginning on the **Effective Date** and terminating on the **Return Date**.

“Spouse” means the person who is legally married to the **Cardmember** or, if there is no such person, then the person who has been living in a conjugal relationship with the **Cardmember** for a continuous period of at least one year and who resides in the same household.

“StandbyMD” means Healthcare Concierge Services, Inc., a Delaware corporation with its principle place of business at 777 Brickell Avenue, Suite 1370, Miami, Fl. 33131 USA. StandbyMD provides access when travelling in the U.S. and select **Markets of Operation** to 24/7 **Physician** telephone consultations, arrangement of “house call” visits, referral to hospitals, urgent care centers and walk-in clinics, as well as access to **Physician** prescribed medications and assistance in obtaining lost or forgotten prescription medication. Extended services in the U.S. include dental and chiropractic care, medical specialist referral, eye care, and durable medical equipment rentals.

“StandbyMD Worldwide” means the program that provides access to a network of providers when traveling almost anywhere in the world and is not to be considered **“Markets of Operation”**. StandbyMD Worldwide services, as outlined in the table on page 1, are available when traveling almost anywhere in the world, and include house call service in more than 80 countries and global phone services, as described in further detail online at <http://www.standbymd.com/locations.html>.

“Trip” means the period of time between leaving **Your Departure Point**, up to and including **Your Return Date** outside **Your** Canadian province or territory of residence.

“You, Yourself and Your” refer to the **Eligible Person**.

TELEPHONE CONSULTATIONS

Access to Participating **Physician** conducted telephone consultations. Telephone consultations are available when traveling almost anywhere in the world, 24 hours per day, 365 days per year.

LOST OR FORGOTTEN PRESCRIPTION MEDICATIONS

Replacement of lost or forgotten medications. Medication prescribed to replace lost, stolen or forgotten prescriptions will be called into a local pharmacy and delivered to **Eligible Person's** place of lodging. Replacement prescriptions will be provided only when in compliance with applicable law. **Physician** or specialist visit may be required for replacement prescriptions. Time of delivery will vary by geographic location and availability. This service is available throughout the United States and select **Markets of Operation** 24 hours per day, 365 days per year. **Eligible Persons** are responsible for paying for **Physician** and specialist services, charges for the medication, and all related services.

DOMICILIARY PHYSICIAN VISITS

Worldwide Arrangement of Participating **Physician** "house calls." Once seen by an participating **Physician**, he/she will provide/facilitate any necessary follow-up services. House call visits are available during local working hours when traveling almost anywhere in the world with an accurate list available online <http://www.standbymd.com/locations.html>. **Eligible Persons** are responsible for paying for the cost of these services.

PHYSICIAN PRESCRIBED MEDICATIONS

Prescriptions by Participating **Physicians**. Participating **Physicians** carry the most commonly prescribed acute care medications. Any medication that is prescribed, but not readily available, will be called into a local pharmacy and delivered to place of lodging. Prescriptions are provided only when in compliance with applicable law. **Physician** or specialist visit may be required for issuance of a prescription and/or administration of certain medications. Time of delivery will vary by geographic location and availability. This service is available throughout the United States and in select **Markets of Operation**, 24 hours per day, and 365 days per year. **Eligible Persons** are responsible for paying for **Physician** and specialist services, charges for the medication, and all related services.

PHYSICIAN EXPRESS HOSPITAL REFERRAL

Physician Referral to Area Hospital. A participating **Physician** will provide referral to local area hospitals to expedite emergency evaluation and treatment. This service is available throughout the United States and in select **Markets of Operation**, 24 hours per day, and 365 days per year. **Eligible Persons** are responsible for paying for all services rendered.

WALK-IN CLINIC, URGENT CARE CENTER AND HOSPITAL REFERRAL

Referral to Urgent Care Centers and Hospitals. A Concierge Service Representative will provide referral to local area Walk-In Clinic, Urgent Care Center or Hospital. This service is available when traveling almost anywhere in the world, 24 hours per day, 365 days per year. **Eligible Persons** shall be responsible for paying for all services rendered.

MEDICAL SPECIALIST REFERRAL

Referrals and Appointments with Medical Specialists. A Concierge Service Representative will assist **Eligible Person** in identifying, locating and scheduling an appointment with a local area medical specialist physician. This service is available throughout the United States, 24 hours per day, and 365 days per year.

³StandbyMD can assist **You** with the necessary documentation to file a claim with **Your** insurance carrier, and in some cases, may even directly bill the insurance company.

Eligible Persons are responsible for paying the medical specialist and other providers for the charges for medical services rendered.

CHIROPRACTIC CARE

Scheduling of Chiropractic Services. A Concierge Service Representative will schedule an appointment with a local area chiropractor. Representatives will provide travel directions and obtain an estimate of charges. When and where available, a chiropractor may be able to visit **Eligible Persons** at place of lodging upon request. This service is available throughout the United States, 24 hours per day, and 365 days per year. **Eligible Persons** are responsible for paying the charges for chiropractic services rendered.

DENTAL CARE

Scheduling of dental appointments. A Concierge Service Representative will schedule an appointment with a local area dentist upon request. Representatives will provide travel directions and obtain an estimate of charges. This service is available throughout the United States, 24 hours per day, and 365 days per year. **Eligible Persons** are responsible for paying the dentist and for dental services rendered.

EYE CARE

Eyeglasses and contact lenses replacement. A Concierge Service Representative will assist **Eligible Person** if **Eligible Person** loses, forgets or breaks eyeglasses or contact lenses. Replacement glasses or lenses will be made locally and made available as quickly as possible under the circumstances. Time of delivery will vary by geographic location, availability and pursuant to other individual circumstances on a case by case basis. This service is available throughout the United States, 24 hours per day, and 365 days per year. **Eligible Persons** are responsible for paying all charges for replacement glasses and lenses.

DURABLE MEDICAL EQUIPMENT (DME)

Medical Equipment Rental and Delivery. A Concierge Service Representative will coordinate Durable Medical Equipment (DME) rentals (wheel chair, scooter, oxygen concentrator, portable oxygen setup, nebulizer, and travel dialysis appointment scheduling). Equipment rental is coordinated through **StandbyMD**, and the rental equipment is delivered when **Eligible Person** arrives and picked up upon **Eligible Person's** departure. This service is available throughout the United States, 24 hours per day, and 365 days per year. DME scheduling must be completed at least 72 hours in advance of requirement for rental equipment. A prescription may be required for some DME rentals. **Eligible Persons** are responsible for paying for all charges related to equipment rental, delivery and pick-up.

SECTION III SERVICE PERIOD

Services are available beginning on the **Effective Date** and ending on the **Return Date**. **StandbyMD** is not available to any **Eligible Person** other than during such **Eligible Person's Service Period**.

SECTION IV PAYMENT OF SERVICES

Eligible Persons must pay for all services rendered under this Agreement. Payment to **Physicians** and **Ancillary Providers** for services rendered is expected at the time services are performed, except as described below.

- **StandbyMD** will collect payment for "house call" visits directly from the **Eligible Person**. For "house call" treatment that is covered under a travel health insurance plan in effect at the time of services, **StandbyMD** may at its sole discretion directly bill the insurance company for payment. In this situation, **StandbyMD** reserves the right to collect credit card information in advance from the **Eligible Person** to ensure payment. The **Eligible Person** will bear financial responsibility for any co-payments or deductibles that are

due under the **Eligible Person's** contract with his/her insurance carrier. Other coverage stipulations from the insurance carrier may apply, and the **Eligible Person** is responsible for payment of any amounts not covered by the insurance policy.

Payments for services provided other than "house call" visits will be made by the **Eligible Person** directly to the provider of the services unless other arrangements are agreed to in advance. **StandbyMD** concierge services (appointment arrangement, medical referral, prescription delivery) will be provided at no additional cost to the **Eligible Person**; however the **Eligible Person** will bear the cost of the actual goods or services provided (e.g. prescription drugs, eyeglasses, medical treatment services).

SECTION V LIMITATIONS

An **Eligible Person** may not assign or transfer this Agreement or **Eligible Person's** rights hereunder, to any other person or entity.

Waiver, Release, Limitation of Liability. You hereby release and forever waive any and all claims You may have against **StandbyMD**, its officers, directors, administrators, employees, agents, or consultants, for losses or damages You sustain in connection with the use of the Program or services. In no event shall **StandbyMD**, its officers, directors, administrators, employees, agents, consultants or any third parties be liable for any damages (including, without limitation, incidental and consequential damages, personal injury/wrongful death) resulting from the use of or inability to use the Program or services, whether based on warranty, contract, tort, or any other legal theory, and whether or not **StandbyMD** is advised of the possibility of such damages. Notwithstanding the foregoing, **STANDBYMD SHALL BE LIABLE ONLY TO THE EXTENT OF ACTUAL DAMAGES INCURRED BY YOU, NOT TO EXCEED THE FEES PAID BY YOU FOR THE SERVICES, INFORMATION OR REFERRALS PROVIDED.** Remedies under this Agreement are exclusive and are limited to those expressly provided for in this Agreement.

SECTION VI DISCLAIMER

Participating **Physicians** are independent contractors and shall not be deemed employees or agents of **StandbyMD**. **StandbyMD** screens such **Physicians** only to assure that all possess the minimum required credentials to legally provide the goods and services rendered to **Eligible Persons** pursuant to applicable laws and regulations. **StandbyMD** does not guarantee and is not responsible for the quality of services or products provided to **Eligible Persons** by participating **Physicians**, nor any other service providers, distributors and/or manufacturers.

Ancillary Providers are independent contractors and shall not be deemed employees or agents of **StandbyMD**. When applicable, **StandbyMD** screens **Ancillary Providers** to assure that they possess valid licenses to provide goods and services to **Eligible Persons** pursuant to the applicable laws and regulations of localities in which they operate. **StandbyMD** does not guarantee and is not responsible for the quality of services or products provided by any **Ancillary Provider**, distributor or manufacturer.

StandbyMD has no obligation, under this Agreement, pursuant to any Addendum hereto, or otherwise, to pay for any goods or services provided to any **Eligible Person** by any **Physician** or **Ancillary Provider**.

In no instance will **StandbyMD** assume any liability or financial responsibility for any services that are obtained from or provided by any participating **Physician** or **Ancillary Provider**. The participating **Physicians** reserve the sole and exclusive right to determine medical necessity in accordance with the local Medical Community Standards of Care. **StandbyMD** receives no financial compensation for referrals to **Ancillary Providers**. In no event shall **StandbyMD** be liable to an **Eligible Person** for any acts or omissions of distributors or sub-distributors of the Program. Further, **StandbyMD** shall not be liable to the **Eligible Person** for any failure or delay in the provision of services hereunder, and any such delay or failure

shall for all purposes be excused, whether or not such delay or failure is caused by governmental regulations (whether or not valid), fire, strike, weather, acts of God, differences with employees or independent contractors, war, flood, accident, traffic, shortage of products or transportation, or is caused by negligent acts or omissions of **StandbyMD**, its affiliates. Pursuant to the waivers, releases and limitations of liability found in Section V above, **Eligible Person** and all **Eligible Persons** accessing the Program through him or her understand and accept that as an express condition of eligibility and participation, all liability on behalf of **StandbyMD** is disclaimed and all causes of action are forever and fully waived.

Legal. This Agreement and its interpretation and enforcement shall be governed and controlled by the laws of the State of Delaware, USA. **You** expressly agree that exclusive jurisdiction for any dispute with **StandbyMD**, or in any way relating to this Agreement or use of the Program, resides in the courts of the State of Delaware.

SECTION VII PERSONAL INFORMATION

Personal Information – StandbyMD is committed to protecting the privacy and the confidentiality of the personal information of **Eligible Persons**. Any personal information collected from **Eligible Persons** shall be used solely for the purposes of providing **StandbyMD's** services and such information shall not be shared except as specifically necessary in order to arrange for those services as requested by the **Eligible Person** or if applicable, to assist the **Eligible Person** in compiling, and in some instances filing, on his or her behalf, the necessary documentation to make a claim from any insurance the **Eligible Person** may have. For more information on the personal information practices of **StandbyMD** view our current Privacy Policy at <http://www.standbymd.com/privacy-policy.html>. In requesting the services, an **Eligible Person** agrees to the collection, use and disclosure of his or her personal information, including personal health information for the purposes described above and such **Eligible Person** also agrees to the personal information practices described in our Privacy Policy.

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TRIP CANCELLATION & TRIP INTERRUPTION INSURANCE

Effective Date of this Certificate of Insurance:
July 1, 2016

INTRODUCTION

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

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

IMPORTANT NOTICE – PLEASE READ CAREFULLY

- **Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that *you* read and understand *your* insurance before *you* travel as *your* coverage may be subject to certain limitations or exclusions.**
- **A pre-existing exclusion applies to *medical conditions* and/or symptoms that existed prior to *your trip*. Check to see how this applies in *your* policy and how it relates to *your* departure date, date of purchase, or *effective date*.**
- **In the event of an accident, injury or sickness, *your* prior medical history may be reviewed when a claim is reported.**

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

WHAT TO DO IN AN EMERGENCY?

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

**1-866-426-7505 toll-free from the US & Canada, or
(905) 816-1884 collect from anywhere in the world**

DEFINITIONS

Throughout this document, all *italicized* terms have the specific meaning explained below.

Accidental bodily injury - bodily injury caused by an accident of external origin occurring during the *period of insurance* and being the direct and independent cause of the loss.

Business meeting - a meeting, trade show, training course, or convention scheduled before *your effective date* between companies with unrelated ownership, pertaining to *your* full-time occupation or profession and that is the sole purpose of *your trip*. Legal proceedings are not considered to be a *business meeting*.

Card - means The Business Platinum Card[®] from American Express.

Cardmember - means a holder of a valid Basic or Supplementary *card* from American Express issued in Canada by Amex Bank of Canada and who pays for the specific *trip* using the valid *card*.

Caregiver - the permanent, full-time person entrusted with the well-being of *your* dependent(s) and whose absence cannot reasonably be replaced.

Catastrophic event - total eligible Cancellation & Interruption Insurance claims arising directly or indirectly from an act of *terrorism*, or series of *acts of terrorism*, occurring within a 72-hour period that exceed \$1,000,000.

Change in medication - the addition of any new *prescription drug*, the withdrawal of any *prescription drug*, an increase in the dose of any *prescription drug* or a decrease in the dose of a *prescription drug*.

Exceptions:

- an adjustment in the dosage of insulin or Coumadin (Warfarin), if you are currently taking these drugs;
- a change from a brand name drug to an equivalent generic drug of the same dosage.

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

Departure point - your Canadian province or territory you depart from on the first day of your intended trip.

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

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

Effective date - means the date and time you purchase prepaid travel, accommodations and/or recreation arrangements and before any cancellation penalties have been incurred, provided you pay the entire cost with your *card*, or by redeeming Membership Rewards® points earned under the *card* Membership Rewards Program provided any applicable taxes are charged to the *card*. If only partial payment is made with the points, the entire balance must be charged to the *card*, including any applicable taxes. Note: *Trips* will not be covered for Trip Cancellation, if purchased with points from a reward program other than the Membership Rewards Program.

Emergency - any sudden and unforeseen event that begins during the *period of insurance* and makes it necessary to receive immediate treatment from a licensed *physician* or to be hospitalized. An *emergency* ends when the Insurer determines that you are medically able to return to your *departure point*.

Emergency services - any treatment, surgery or medication that:

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

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

Hospital - an establishment that is licensed as an accredited *hospital*, is operated for the care and treatment of in-patients, has a Registered Nurse always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the establishment. *Hospital* does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Insured Person - means any of the following persons: the *cardmember*, the *supplementary cardmember*, the *cardmember's spouse*, the *supplementary cardmember's spouse*, the *cardmember's dependent child* or the *supplementary cardmember's dependent child*.

Immediate family - *spouse*, parent, legal guardian, legal ward, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, aunt, uncle, niece, nephew.

Key employee - an employee whose continued presence is critical to the ongoing affairs of the business during *your* absence.

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

Mental or emotional disorders - emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with minor tranquilizers or anti-anxiety (anxiolytics) medication.

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

Passenger plane - a certified multi-engined transportation aircraft provided by a regularly scheduled airline on any regularly scheduled *trip* operated between licensed airports and holding a valid Canadian Air Transport Board or Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot.

Period of insurance - the period of time between *your effective date* and *your return date*.

Physician - someone who is not *you* or a member of *your immediate family* who is licensed to prescribe drugs and administer medical treatment (within the scope of such license) at the location where the treatment is provided. A *physician* does not include a naturopath, herbalist, chiropractor or homeopath.

Prescription drugs - drugs and medicines that can only be issued upon the prescription of a *physician* or dentist and are dispensed by a licensed pharmacist. *Prescription drugs* does not mean such drugs or medicine, when *you* need (or renew) them to continue to stabilize a condition which *you* had before *your trip*, or a chronic condition.

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

Return date - the date on which *you* are scheduled to return to *your departure point*.

Supplementary cardmember - means an authorized user of the *card* account.

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

Stable - any *medical condition* or related condition (including any heart condition or any lung condition) for which there have been:

- no new treatment, new medical management, or new prescribed medication; and
- no change in treatment, change in medical management, or *change in medication*; and
- no new symptom or finding, more frequent symptom or finding, or more severe symptom or finding experienced; and
- no new test results or test results showing a deterioration; and
- no investigations or future investigations initiated or recommended for *your* symptoms; and
- no hospitalization or referral to a specialist (made or recommended).

Terrorism or act of terrorism - an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

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

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

Trip - the period of time between leaving *your departure point*, up to and including *your return date* outside *your* Canadian province or territory of residence.

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

You, yourself and your refer to the *insured person*.

WHEN DOES COVERAGE BEGIN AND END?

This insurance provides coverage whenever the entire cost (and before any cancellation penalties have been incurred) of prepaid travel, accommodations, and/or recreation arrangements are paid with *your card* or by redeeming Membership Rewards points earned under the *card* Membership Rewards Program provided any applicable taxes are charged to the *card*. If only partial payment is made with the points, the entire balance must be charged to the *card*, including any applicable taxes. Note: *Trips* will not be covered for Trip Cancellation, if purchased with points from a reward program other than the Membership Rewards Program.

Coverage begins on *your effective date*.

Coverage ends on the earliest of:

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

WHAT IF YOU WANT TO TOP-UP YOUR COVERAGE?

You can *top-up your* coverage by calling the Enrollment Centre at 1-866-610-8390.

Premium payment will be charged to *your card* account.

CAN COVERAGE BE EXTENDED?

Coverage automatically extends as follows:

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

TERRORISM COVERAGE

Where an *act of terrorism* directly or indirectly causes a loss that would otherwise be payable under one of the covered risks in accordance with the terms and conditions of the insurance, this Certificate of Insurance, will provide coverage as follows:

- a) *We* will, for Cancellation & Interruption claims, except in the case of *catastrophic event*, reimburse *you* up to a maximum of 100% of *your* eligible loss.
- b) *We* will, for Cancellation & Interruption claims resulting in a *catastrophic event*, and subject to the limits described in paragraph d), reimburse *you* up to a maximum of 50% of *your* eligible loss.
- c) The benefits payable in accordance with paragraphs a), and b) are in excess to all other potential sources of recovery, including but not limited to, alternative or replacement travel options offered by airlines, tour operators, cruiselines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and will only respond after *you* have exhausted all such other sources.
- d) The benefits payable in accordance with paragraph b) shall be paid out of a fund and, where total claims exceed fund limits, eligible claims shall be reduced on a pro rata basis so that the maximum payment out of the fund under all insurance plans underwritten by *us* shall be CDN\$5,000,000 per *act of terrorism* or series of *acts of terrorism* occurring within a 72-hour period. The total maximum payment out of the fund under all insurance plans underwritten by *us* shall be CDN\$10,000,000 per calendar year regardless of the number of *acts of terrorism*. If, in *our* judgment, the total of all payable claims under one or more *acts of terrorism* may exceed the applicable fund maximum limits, *your* prorated claim will be paid after the end of the calendar year.

TRIP CANCELLATION/TRIP INTERRUPTION INSURANCE:

This coverage provides benefits for:

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

When does the risk occur?

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

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

What are the risks insured?

WHAT ARE <i>YOU</i> COVERED FOR?		WHAT ARE <i>YOU</i> ELIGIBLE FOR?		
		Trip Cancellation	Trip Interruption	Trip Delay
MEDICAL CONDITION		BENEFIT(S)		
1	<i>Your emergency medical condition.</i>	A	B, C & F, or B, D & F, or B, E and F	D & F
2	The admission to a <i>hospital</i> following an <i>emergency</i> of a member of <i>your immediate family</i> (who is not at <i>your destination</i>), <i>your business partner, key employee or caregiver.</i>	A	B, D & F	N/A
3	The <i>emergency medical condition</i> of a member of <i>your immediate family</i> (who is not at <i>your destination</i>), <i>your business partner, key employee or caregiver.</i>	A	B, D & F	N/A
4	The admission to a <i>hospital</i> of <i>your host</i> at <i>destination</i> , following an <i>emergency medical condition.</i>	A	B, D & F	N/A
5	The <i>emergency medical condition</i> of <i>your travelling companion.</i>	A	B, C & F, or B, D & F, or B, E and F	D & F
6	The <i>emergency medical condition</i> of <i>your immediate family member</i> who is at <i>your destination.</i>	A	B, D & F	D & F
DEATH				
7	<i>Your death.</i>	A	B	N/A
8	The death of <i>your immediate family member</i> or friend (who is not at <i>your destination</i>), <i>your business partner, key employee or caregiver.</i>	A	B, D & F	N/A
9	The death of <i>your travelling companion.</i>	A	B, D & F	D & F
10	The death of <i>your travelling companion's immediate family member, business partner, key employee or caregiver.</i>	A	B, D & F	N/A
11	The death of <i>your host</i> at <i>destination</i> , following an <i>emergency medical condition.</i>	A	B, D & F	N/A
12	The death of <i>your immediate family member</i> or friend, who is at <i>your destination.</i>	A	B, D & F	D & F

WHAT ARE <i>YOU</i> COVERED FOR?		WHAT ARE <i>YOU</i> ELIGIBLE FOR?		
		Trip Cancellation	Trip Interruption	Trip Delay
GOVERNMENT ADVISORIES		BENEFIT(S)		
13	A written formal travel warning issued by the Department of Foreign Affairs and International Trade of the Canadian government after the purchase of <i>your trip</i> , advising Canadians not to travel to a country, region or city originally ticketed for a period that includes <i>your trip</i> .	A	B, D & F or B, E and F	N/A
EMPLOYMENT AND OCCUPATION				
14	A transfer by the employer with whom <i>you</i> or <i>your spouse</i> is employed on <i>your effective date</i> , which requires the relocation of <i>your</i> principal residence.	A	B, D & F	N/A
15	The involuntary loss of <i>your</i> or <i>your spouse's</i> permanent employment (not contract employment) due to lay-off or dismissal without just cause.	A	B, D & F	N/A
16	Cancellation of <i>your business meeting</i> beyond <i>your</i> or <i>your employer's</i> control.	A	B, D & F	N/A
17	<i>Your</i> being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.	A	B, D & F	N/A
DELAYS				
18	Delay of a private automobile resulting from the mechanical failure of that automobile, weather conditions, earthquakes, volcanic eruptions, a traffic accident, or an emergency police-directed road closure, causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements, provided the automobile was scheduled to arrive at the point of departure at least 2 hours before the scheduled time of departure.	N/A	B, E & F	D & F
19	Delay of <i>your</i> connecting carrier (<i>passenger plane</i> , ferry, cruise ship, bus, limousine, taxi or train), resulting from the mechanical failure of that carrier, a traffic accident, an emergency police-directed road closure, weather conditions, earthquakes or volcanic eruptions, causing <i>you</i> to miss a connection or resulting in the interruption of <i>your</i> travel arrangements.	N/A	B, E & F	D & F
OTHER RISKS				
20	An event completely independent of any intentional or negligent act that renders <i>your</i> principal residence uninhabitable or place of business inoperative.	A	B, D & F	N/A
21	The quarantine or hijacking of <i>you</i> , <i>your spouse</i> or <i>your dependent child</i> .	A	B, D & F	D & F
22	<i>You</i> , <i>your spouse</i> or <i>your dependent child</i> being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding, during <i>your trip</i> .	A	B, D & F	N/A

N/A: Not Applicable

WHAT ARE THE BENEFITS?

Prepaid Travel Arrangements - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks up to the sum insured for:

- A. The non-refundable portion of *your* prepaid travel arrangements (not applicable if *trip* purchased with points from a reward program other than the Membership Rewards Program).
- B. The non-refundable unused portion of *your* prepaid travel arrangements, excluding the cost of prepaid unused transportation back to *your departure point* (not applicable if *trip* purchased with points from a reward program other than the Membership Rewards Program).

Note: If *trip* cost is paid by redeeming Membership Rewards points, reimbursement to *you* is by reinstating the Membership Rewards points.

Transportation - Reimbursement to *you* of the expenses *you* actually incur as a result of one of the insured risks up to the sum insured for the extra cost of:

- C. *Your* economy class transportation via the most cost-effective route to rejoin a tour or group.
- D. *Your* economy class transportation via the most cost-effective route to *your departure point*.
- E. *Your* economy class one-way air fare via the most cost-effective route to *your* next destination (inbound and outbound).

Out-of-Pocket Expenses -

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

Limitations of coverage

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

- the date when *your* travel is medically possible; and
- within 10 days following *your* originally scheduled *return date* if *your* delay is not the result of hospitalization; or
- within 30 days following *your* originally scheduled *return date* if *your* delay is the result of hospitalization, when the benefit is payable because of a *medical condition* covered under one of the insured risks.
- When a cause of cancellation occurs (the event or series of events that triggers one of the 22 risks) before *your departure date*, *you* must:
 - a. cancel *your trip* with the travel agent, airline, tour company, carrier or travel authority etc. immediately, but no later than the business day following the cause of cancellation, and
 - b. advise the Insurer at the same time.

The Insurer's maximum liability is the amounts or portions indicated in *your trip* contract that are non-refundable at the time of the cause of cancellation or on the next business day.

What assistance services are available?

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

Emergency Message Centre

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

PRE-EXISTING CONDITION EXCLUSION

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

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

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

GENERAL EXCLUSIONS

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

1. Cancellation or interruption when *you* are aware, on the *effective date*, of any reason that might reasonably prevent *you* from travelling as booked;
2. Any *trips* purchased with points from a reward program other than the Membership Rewards Program.
3. A *trip* undertaken to visit or attend an ailing person, when the *medical condition* or death of that person is the cause of the claim.
4. The schedule change of a medical test or surgery that was originally scheduled before *your period of insurance*.
5. a) Routine pre-natal care, b) a child born during *your trip*, c) pregnancy, childbirth or complications of either, occurring in the 9 weeks before or after the expected date of delivery.
6. *Your* participation as a *professional* in sports, participation as a *professional* in underwater activities, scuba diving as an amateur unless *you* hold a basic scuba designation from a certified school or other licensing body, participation in a motorized race or motorized speed contest, bungee jumping, parachuting, rock climbing, *mountain climbing*, hang-gliding or skydiving.
7. *Your* commission of a criminal act or *your* direct or indirect attempt to commit a criminal act.
8. *Your* intentional self-inflicted injury, *your* suicide or *your* attempt to commit suicide (whether sane or insane).
9. Any *medical condition* arising from, or in any way related to, *your* chronic use of alcohol or drugs whether prior to or during *your trip*.
10. *Your* abuse of medication, drugs or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during *your trip*.
11. *Your mental or emotional disorders*.
12. Any *medical condition* if you undertake *your trip* with the prior knowledge that *you* will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind, regardless of whether the treatment, surgery, investigations, palliative care or alternative therapy is related in any way to the *medical condition*.
13. War (declared or not), act of foreign enemies or rebellion.
14. Ionising radiation or radioactive *contamination* from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.

HOW DO YOU SUBMIT A CLAIM?

1. When *you* call Global Excel at the time of an emergency, *you* are given all the information required to file a claim. Otherwise, please refer to the instructions below.
2. This insurance does not cover fees charged for completing a medical certificate.
3. *You* must file *your* claim with *us* within 90 days of *your* return to *your* departure point.
4. If *you* need a Claim & Authorization form, please contact *our* Claims Department at:

73 Queen Street, Sherbrooke, Quebec, J1M 0C9

905-816-2567 or 1-866-426-7496

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

- A medical document, fully completed by the legally qualified *physician* in active personal attendance and in the locality where the *medical condition* occurred stating the reason why travel was impossible, the diagnosis and all dates of treatment.
- Written evidence of the risk insured which was the cause of cancellation, interruption or delay.
- Tour operator terms and conditions.
- Copy of AMEX statement or invoice showing payment of *your trip*.
- Complete original unused transportation tickets and vouchers.
- All receipts for the prepaid land arrangements and/or subsistence allowance expenses.
- Original passenger receipts for new tickets.
- Reports from the police or local authorities documenting the cause of the missed connection.
- Detailed invoices and/or receipts from the service provider(s).

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

OTHER CLAIM INFORMATION

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

You agree that the Insurer and its agents have:

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

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

You and *we* agree that all disputes, controversies or claims arising under this insurance or otherwise in connection with this insurance, whether of law or fact and of any nature whatsoever including, but not limited to, all disputes or controversies related to determinations made under the insurance shall be decided

by arbitration before a single arbitrator in the Canadian province or territory in which this insurance was issued under the rules embodied in the arbitration legislation of the Canadian province or territory in which this insurance was issued or, in the absence of such legislation, in the Commercial Arbitration Act, R.S.C. 1985, C.17 (second supp.), as amended. In any event, any action or arbitration proceeding against *us* for the recovery of a claim under this insurance shall not be commenced more than 1 year after the occurrence which gives rise to the claim. If, however, this limitation is invalid according to the laws of the Canadian province or territory where this insurance was issued, *you* must commence *your* action or arbitration proceeding within the shortest time limit permitted by the laws of that province or territory. In addition, the venue of any action or arbitration proceeding shall only be in the province or territory where the insurance was issued. *You, your* heirs and assigns consent to the transfer of any action or arbitration proceeding to the province or territory where the insurance was issued and at a venue chosen by *us* and/or Global Excel.

GENERAL CONDITIONS

1. Any of *our* policies are excess insurance and are the last payors. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under any of *our* policies.
2. If *you* are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to *you* by all insurers cannot exceed the actual expense that *you* have incurred. *We* will coordinate the payment of benefits with all insurers from whom *you* are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer.
3. If *you* incur expenses covered under this insurance due to the fault of a third party, *we* may take action against the party at fault. *You* agree to cooperate fully with *us* and to allow *us*, at *our* own expense, to bring a law suit in *your* name against the third party. If *you* recover against a third party, *you* agree to hold in trust sufficient funds to reimburse *us* for the amounts paid under the insurance.
4. Any information that has been misrepresented, mis-stated or is incomplete may result in this Certificate of Insurance and *your* coverage being null and void, in which case no benefits will be paid. *You* must submit any subsequent changes to the information in writing before *you* depart on *your* trip.
5. Payment, reimbursement and amounts shown throughout this contract are in Canadian dollars, unless otherwise stated. If currency conversion is necessary, *we* will use the exchange rate on the date the last service was rendered to *you*. This insurance will not pay for any interest.
6. This contract is void in the case of fraud or attempted fraud by *you*, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance.
7. Throughout this document, any reference to age refers to *your* age on *your* effective date.
8. When making a claim under this insurance, *you* must provide the applicable documents *we* require. Failure to provide the applicable documentation will invalidate *your* claim.
9. The Insurer, Customer Care Representatives/Coordinators of Global Excel and the Claims Centre, Amex Bank of Canada and their agents are not responsible for the availability, quality or results of medical treatment or transportation, or *your* failure to obtain medical treatment.
10. This document is the entire contract between *you* and the Insurer. Despite any other provision of this contract, this contract is subject to any applicable federal and provincial statutes concerning contracts of insurance.
11. **This policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.**

12. On reasonable notice *you* or a claimant under the contract will be provided with a copy of the group contract (applicable only in those provinces where mandated by legislation **and** subject to certain access limitations permitted by applicable legislation).
13. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of British Columbia, Alberta and Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), Article 2925 of the Civil Code of Quebec (for actions or proceedings governed by the laws of Quebec), or other applicable legislation.

IMPORTANT NOTICE ABOUT *YOUR* PERSONAL INFORMATION

Royal & Sun Alliance Insurance Company of Canada is committed to protecting the *Cardmember's* privacy and the confidentiality of their personal information. Royal & Sun Alliance is responsible for all personal information under its control and has designated a Privacy Officer who is accountable to Senior Management for Royal & Sun Alliance's compliance with this Privacy Policy. This Privacy Policy may change from time to time. The *Cardmember* can view the latest and entire version of this Policy by visiting our website at www.rsagroup.ca. If the *Cardmember* has any questions about this Privacy Policy please call us at 1-888-877-1710.

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FLIGHT AND BAGGAGE DELAY AND HOTEL/MOTEL BURGLARY INSURANCE

Effective Date of this Certificate of Insurance:
July 1, 2015.

INTRODUCTION

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

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

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

WHAT TO DO IN AN EMERGENCY?

If *you* have an emergency, *you* can call Global Excel Management Inc. (Global Excel).

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

**1-866-426-7505 toll-free from the US & Canada, or
(905) 816-1884 collect from anywhere in the world**

DEFINITIONS

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

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

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

Card - means The Business Platinum Card® from American Express.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WHEN DOES COVERAGE BEGIN AND END?

Coverage begins for an *insured person*;

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

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

Coverage ends on the earliest of:

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

WHAT IS COVERED AND WHAT ARE THE BENEFITS?

Coverage A - Missed Connection

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

Coverage B - Delayed Flight Departure or Denied Boarding

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

Coverage C - Emergency Baggage Delay

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

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

Coverage D - Hotel/Motel Burglary

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

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

GENERAL EXCLUSIONS

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

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

HOW DO YOU SUBMIT A CLAIM?

1. You must file your claim with us within 30 days after the *occurrence*.
2. If you need a Claim & Authorization form, please contact our Claims Department at:
73 Queen Street, Sherbrooke, Quebec, J1M 0C9
905-816-2567 or 1-866-426-7496
3. When submitting a claim, the following documentation is required:

For Coverages A & B:

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

For Coverage C:

- Itemized original receipts for actual expenses incurred.

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

For Coverage D:

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

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

WHAT OTHER TERMS SHOULD *YOU* KNOW ABOUT?

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

1. In case of an *occurrence* or loss covered by this Certificate of Insurance the *insured person* must comply with the following requirements. Failure by the *insured person* to comply with these conditions shall invalidate any claims under this Certificate of Insurance.
 - a. Notify *us* as provided above;
 - b. In the case of Coverage D take all reasonable steps to protect, save or recover the property;
 - c. In the case of Coverage D, promptly notify either the police or other proper authority. Police report and official letter from hotel/motel must be received in writing (copy of such is necessary to validate the claims);
 - d. Provide, within ninety (90) days from the date of loss or damage, the documents specified under "How do *you* submit a claim?"
2. This coverage is excess insurance and *we* are the last payors. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under this coverage.
3. If *you* are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to *you* by all insurers cannot exceed the actual expense that *you* have incurred. *We* will coordinate the payment of benefits with all insurers from whom *you* are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer.
4. If *you* incur expenses covered under this insurance due to the fault of a third party, *we* may take action against the party at fault. *You* agree to cooperate fully with *us* and to allow *us*, at *our* own expense, to bring a law suit in *your* name against the third party. If *you* recover against a third party, *you* agree to hold in trust sufficient funds to reimburse *us* for the amounts paid under the insurance.
5. Any information that has been misrepresented, or misstated to *us* by *you* or is incomplete may result in this Certificate of Insurance and *your* coverage being null and void, in which case no benefits will be paid.

6. Any claim for a loss covered under this Certificate of Insurance will be adjusted and paid when satisfactory proof of the loss is provided. Any claim for lost property covered under this Certificate of Insurance will be adjusted and paid if the property is not found within fourteen (14) days. The *insured person* must give proof of loss and values of the items lost to *us*. All benefits will be paid to the *insured person*.
7. We will not pay more than the lesser of the following amounts:
 - a. The actual replacement value of the property, at the time of loss or damage;
 - b. The amount for which the property could be replaced with property of like kind and quality if an identical replacement cannot reasonably be obtained;
 - c. The amount for which the property could be repaired to its condition prior to the damage;
 - d. The maximum benefit applicable for each coverage under this Certificate of Insurance.
8. All payments shall be payable in the lawful currency of Canada. All benefit limits indicated are in Canadian currency. This insurance will not pay for any interest or any fluctuations in the exchange rate.
9. No legal action for a claim can be brought against us more than one (1) year after the time for giving proof of loss, or such longer period as may be prescribed by law.

At *your* option, *you* may request that any dispute with *us* relating to this insurance be decided by arbitration. If *we* agree with *your* request, the arbitration will be before a single arbitrator in, and under the rules embodied in the arbitration legislation of, the Canadian province or territory in which this insurance was issued to the *cardmember*. In the absence of such legislation, the arbitration will be conducted under the rules embodied in the Commercial Arbitration Act, R.S.C. 1985, C.17 (second supp.), as amended.

10. **This policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.**
11. On reasonable notice *you* or a claimant under the contract will be provided with a copy of the group contract (applicable only in those provinces where mandated by legislation **and** subject to certain access limitations permitted by applicable legislation).
12. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (or other applicable legislation) in the *cardmember's* province of residence.

IMPORTANT NOTICE ABOUT YOUR PERSONAL INFORMATION

Royal & Sun Alliance Insurance Company of Canada is committed to protecting the *Cardmember's* privacy and the confidentiality of their personal information. Royal & Sun Alliance is responsible for all personal information under its control and has designated a Privacy Officer who is accountable to Senior Management for Royal & Sun Alliance's compliance with this Privacy Policy. This Privacy Policy may change from time to time. The *Cardmember* can view the latest and entire version of this Policy by visiting our website at www.rsagroup.ca. If the *Cardmember* has any questions about this Privacy Policy please call us at 1-888-877-1710.

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LOST OR STOLEN BAGGAGE INSURANCE

Effective Date of this Certificate of Insurance:
July 1, 2015.

INTRODUCTION

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

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

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

WHAT TO DO IN AN EMERGENCY?

If *you* have an emergency, *you* can call Global Excel Management Inc. (Global Excel).

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

**1-866-426-7505 toll-free from the US & Canada, or
(905) 816-1884 collect from anywhere in the world**

DEFINITIONS

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

Card - means The Business Platinum Card® from American Express.

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

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

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

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

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

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

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

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

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

WHEN DOES COVERAGE BEGIN AND END?

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

Coverage ends on the earliest of:

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

WHAT IS COVERED AND WHAT ARE THE BENEFITS?

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

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

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

GENERAL EXCLUSIONS

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

1. Loss or damage to contact lenses, eyeglasses, sunglasses, artificial teeth and limbs, any device used to record images and/or sound and its equipment and accessories, including but not limited to cameras and camera equipment and accessories, any electronics including but not limited to laptops, ipods, MP3 players and cell phones, sports equipment (except golf clubs and golf bags; skis, ski poles and ski boots; and racquets), statuary, paintings, china or glass objects, objects of art or antiques, household effects and items pertaining to business, perishable items, animals and furs;
2. Cash, securities, bullion, negotiable property, tickets and valuable papers and documents;
3. Any illegal activity, fraud, or criminal activity, committed by or attempted by an *insured person*;
4. Loss or damage as a result of any act of war, whether declared or undeclared, hostile or war like action, insurrection, rebellion, revolution, civil war, usurped power, or action taken by government or public authority in hindering, combating or defending against such action;
5. Loss or damage as a result of terrorism, meaning any ideologically motivated unlawful act or acts, including but not limited to the use of violence or force or threat of violence or force, committed by or on behalf of any group(s), organization(s) or government(s) for the purpose of influencing any government and/or instilling fear in the public or a section of the public;
6. Loss or damage as a result of nuclear reaction, nuclear radiation, or radioactive contamination, any weapon of war employing atomic fission or a radioactive force.

HOW DO YOU SUBMIT A CLAIM?

1. *You* must file *your* claim with *us* within 30 days after the *occurrence*.
2. If *you* need a Claim & Authorization form, please contact *our* Claims Department at:

73 Queen Street, Sherbrooke, Quebec, J1M 0C9

905-816-2567 or 1-866-426-7496

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

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

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

WHAT OTHER TERMS SHOULD YOU KNOW ABOUT?

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

1. This coverage is excess insurance and *we* are the last payors. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under this coverage.
2. If *you* are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to *you* by all insurers cannot exceed the actual expense that *you* have incurred. *We* will coordinate the payment of benefits with all insurers from whom *you* are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer.
3. If *you* incur expenses covered under this insurance due to the fault of a third party, *we* may take action against the party at fault. *You* agree to cooperate fully with *us* and to allow *us*, at *our* own expense, to bring a law suit in *your* name against the third party. If *you* recover against a third party, *you* agree to hold in trust sufficient funds to reimburse *us* for the amounts paid under the insurance.
4. Any information that has been misrepresented, or misstated to *us* by *you* or is incomplete may result in this Certificate of Insurance and *your* coverage being null and void, in which case no benefits will be paid.
5. Any claim for loss or damage covered under this Certificate of Insurance will be adjusted and paid when satisfactory proof of the loss or damage is provided to *us*. *You* must give proof of loss and values of the items lost or damaged to *us*. All benefits will be paid to the *insured person*.
6. *We* will not pay more than the lesser of the following amounts:
 - a. The actual replacement cost of the property at the time of loss or damage;
 - b. The amount for which the property could be replaced with property of like kind and quality if an identical replacement cannot reasonably be obtained;

- c. The actual cash value of the item at the time of loss should it not be replaced;
 - d. The amount for which the property could be repaired to its condition prior to the damage;
 - e. The maximum benefit applicable under this Certificate of Insurance.
7. All payments shall be payable in the lawful currency of Canada. All benefit limits indicated are in Canadian currency. This insurance will not pay for any interest or any fluctuations in the exchange rate.
 8. No legal action for a claim can be brought against *us* more than one (1) year after the time for giving proof of loss, or such longer period as may be prescribed by law.

At *your* option, *you* may request that any dispute with *us* relating to this insurance be decided by arbitration. If *we* agree with *your* request, the arbitration will be before a single arbitrator in, and under the rules embodied in the arbitration legislation of, the Canadian province or territory in which this insurance was issued to the *cardmember*. In the absence of such legislation, the arbitration will be conducted under the rules embodied in the Commercial Arbitration Act, R.S.C. 1985, C.17 (second supp.), as amended.

9. On reasonable notice *you* or a claimant under the contract will be provided with a copy of the group contract (applicable only in those provinces where mandated by legislation **and** subject to certain access limitations permitted by applicable legislation).
10. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (or other applicable legislation) in the *cardmember's* province of residence.

IMPORTANT NOTICE ABOUT YOUR PERSONAL INFORMATION

Royal & Sun Alliance Insurance Company of Canada is committed to protecting the *Cardmember's* privacy and the confidentiality of their personal information. Royal & Sun Alliance is responsible for all personal information under its control and has designated a Privacy Officer who is accountable to Senior Management for Royal & Sun Alliance's compliance with this Privacy Policy. This Privacy Policy may change from time to time. The *Cardmember* can view the latest and entire version of this Policy by visiting our website at www.rsagroup.ca. If the *Cardmember* has any questions about this Privacy Policy please call us at 1-888-877-1710.

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\$500,000 TRAVEL ACCIDENT INSURANCE

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

Effective Date of this Certificate:
October 1, 2016

COVERED PERSONS

An individual shall qualify as a Covered Person under the Master Group Policy TMH600135 (“the Policy”) with the benefits described in this certificate only if he or she is:

- A. a Basic or Supplementary Cardmember who has The Business Platinum Card® from American Express issued by Amex Bank of Canada (“American Express”) in his or her name, or
- B. the Spouse or dependent child under age 23 of such person; and
- C. the American Express Card account is billed in Canada.

IMPORTANT DEFINITIONS

For purposes of the Policy, “American Express Card” unless otherwise specified means any of the Cards or Accounts listed in Category A above.

“**Basic Cardmember**” means any individual who has asked the Policyholder to issue one or more American Express Cards and who has an American Express Card account.

“**Common Carrier Conveyance**” means an air, land or water vehicle (other than a rental vehicle) operated by a common carrier licensed to carry passengers for hire and available to the public.

“**Covered Trip**” means:

1. a trip taken by the Covered Person between the point of departure and the final destination as shown on the Covered Person’s ticket or verification issued by the Common Carrier Conveyance, and
2. the Covered Person’s fare for such trip has been charged to an American Express Card prior to any Injury.

“**Injury**” means a bodily injury which:

1. is caused by an accident which occurs while the Covered Person’s insurance is in force under the Policy; and
2. results in Loss insured by the Policy and due, directly and independently of all other causes, to such accident.

“**Scheduled Airline**” means an airline maintaining regular published schedules (or recognized by the Company as meeting similar criteria) which is licensed for the transportation of passengers by the duly constituted authority having jurisdiction over civil aviation in the country of its registry. In no event shall the term “Scheduled Airline” include any air carrier designated or licensed by the governmental authority having jurisdiction over civil aviation as being a Supplemental, Non-Certificated, Irregular or Non-Scheduled air carrier.

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

“**Supplementary Cardmember**” a holder of a valid Supplementary Card from American Express issued in Canada by Amex Bank of Canada.

BENEFIT AMOUNTS

LOSS OF LIFE	\$500,000
DISMEMBERMENT	
Loss of both hands or both feet	\$500,000
Loss of one hand and one foot	\$500,000
Loss of the entire sight of both eyes	\$500,000
Loss of the entire sight of one eye and one hand or one foot	\$500,000
Loss of one hand or one foot	\$250,000
Loss of the entire sight of one eye	\$250,000

The Company will pay the applicable benefit amount above if a Covered Person suffers a Loss from an Injury while coverage is in force under the Policy, but only if such Loss occurs within 100 days after the date of the accident which caused the Injury. In no event will the Company pay for more than one Loss sustained by the Covered Person as a result of any one accident. The benefit amount paid will be for the greatest Loss.

“Loss” as used above with reference to a hand or foot means complete and permanent severance through or above the wrist or ankle joint, and as used with reference to an eye means the irrecoverable loss of the entire sight of such eye.

\$500,000 MAXIMUM INDEMNITY PER COVERED PERSON

In no event will multiple American Express Cards obligate the Company under the Policy in excess of the highest amount payable under one American Express Card, as stated in “Benefit Amounts”, for any one Loss sustained by any one individual Covered Person as a result of any one accident.

DESCRIPTION OF BENEFITS

Common Carrier Benefit:

A benefit is payable under the Policy if the Covered Person sustains Injury as a result of an accident which occurs while riding solely as a passenger in or boarding or alighting from a Common Carrier Conveyance or being struck by such Common Carrier Conveyance on a Covered Trip.

Alternate Transportation Benefit:

A benefit is payable under the Policy if the Covered Person sustains Injury as a result of:

1. an accident which occurs on a Covered Trip while riding as a passenger in or boarding or alighting from any conveyance providing alternate transportation for a Scheduled Airline flight which was delayed or rerouted, requiring the carrier which would have operated the flight to arrange for such alternate transportation; or
2. being struck by a conveyance providing alternate transportation for a Scheduled Airline flight.

EXPOSURE AND DISAPPEARANCE

If the Covered Person is unavoidably exposed to the elements because of an accident on a Covered Trip which results in the disappearance, sinking or wrecking of a Common Carrier Conveyance, and if as a result of such exposure the Covered Person suffers a Loss for which benefits are otherwise payable under the Policy, such Loss will be covered under the Policy.

If the Covered Person disappears because of an accident on a Covered Trip which results in the disappearance, sinking or wrecking of a Common Carrier Conveyance, and if the Covered Person’s body has not been found within 52 weeks after the date of such accident, it will be presumed, provided there is no evidence to the contrary, that the Covered Person suffered Loss of life as a result of Injury covered by the Policy.

EXCLUSIONS

The Policy does not cover any Loss caused or contributed to by (1) suicide or intentionally self-inflicted Injury by the Covered Person, or any attempt thereat, while

sane or insane; (2) war or any act of war, whether declared or undeclared; however, any act committed by an agent of any government, party or faction engaged in war, hostilities or other warlike operations provided such agent is acting secretly and not in connection with any operation of armed forces (whether military, naval or air forces) in the country where the Injury occurs shall not be deemed an act of war; (3) the commission or aiding and abetting in the commission of an offense under the Criminal Code of Canada or the laws of another country, or any attempt thereat, by or on behalf of the Covered Person or his or her beneficiaries; (4) Injury sustained while serving as an operator or crew member of any conveyance; (5) Injury received while driving, riding as a passenger in, boarding or alighting from a rental vehicle; (6) the Covered Person taking any alcohol, drug, medication, gas or poison unless taken as prescribed by a physician; (7) directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release of or exposure to any hazardous biological, chemical, nuclear or radioactive material, gas, matter or contamination.

INDIVIDUAL TERMINATION

The insurance of any Covered Person will terminate: (1) on the date the Policy terminates; or (2) on the date the person ceases to be a Covered Person under the Policy.

CLAIMS

Written notice of claim must be given to Chubb Life Insurance Company of Canada, 199 Bay Street - Suite 2500 P.O. Box 139, Commerce Court Postal Station, Toronto, Ontario M5L 1E2 within 30 days after the occurrence of any Loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant with information sufficient to identify the Covered Person shall be deemed notice to the Company. The benefit payable for any Loss will be paid upon receipt of due written proof of such Loss.

PAYMENT OF CLAIMS

Benefits for all Losses sustained by a Covered Person will be paid to the Covered Person, if living, and otherwise to the surviving person, or equally to the surviving persons, in the first of the following classes of beneficiaries in which there is a living member:

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

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

In determining such person or persons, the Company may rely upon an affidavit by a member of any of the classes of beneficiaries described above. Payment based upon any such affidavit shall fully discharge the Company from all obligations under the Policy unless, before such payment is made, the Company has received at the address specified above written notice of a valid claim by some other person(s). Any amount payable to a minor may be paid to the minor's legal guardian.

GENERAL PROVISIONS

You and any claimant under the Group Policy have the right to obtain a copy of your application, any written evidence of insurability (as applicable) and the Group Policy, on request.

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, Limitations Act, 2002, or in other applicable legislation.

The benefits described herein are subject to all of the Terms and Conditions of the Group Policy which is held by Amex Bank of Canada and may be examined

at the office of the Policyholder. This Certificate replaces any prior Certificate which may have been furnished in connection with the Policy. Further information about the Policy may be obtained by calling 1-877-777-1544.

Your privacy matters to us.

At Chubb Life, we are committed to protecting your privacy. We respect your privacy and want you to understand how we collect and use your personal information.

How We Collect Your Information

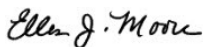
Chubb Life, our reinsurers and authorized administrators (collectively “We”) collect and keep information about you, which is needed to provide the products and services you request. We collect information from you, either directly or through our representatives. We may also need to consult existing insurance files about you and collect information from third parties, such as hospitals, doctors and other health care providers, the Medical Information Bureau, the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and your current and former employers.

How We Use Your Information

We use your information to provide the products and services you request, which includes using it to evaluate insurance risk and manage claims. We may also share your information with third parties, when it is necessary for the services we provide to you. Third parties may include other insurance companies, the Medical Information Bureau, financial institutions, third party administrators, and any references you provide. We may use your information internally, to prepare statistical reports that help us understand the needs of our customers and that help us understand and manage our business. In some instances, employees, service providers, agents, reinsurers, and any of their providers, of Chubb Life may be located outside of Canada, and your personal information may thus be subject to the laws of those foreign jurisdictions.

You may request to review your personal information in your file or request to make a correction by writing to:

The Privacy Officer; Chubb Life Insurance Company of Canada, 199 Bay Street, Suite 2500, Toronto, Ontario, M5L 1E2. For more information on privacy at Chubb, visit chubb.com/ca.



Ellen J. Moore
President, Chubb Life Insurance Company of Canada

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CAR RENTAL THEFT AND DAMAGE INSURANCE

Effective Date of this Certificate:
March 1, 2011.

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

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

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

IMPORTANT - PLEASE READ THE ENTIRE CERTIFICATE CAREFULLY:

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

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

PART I DEFINITIONS

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

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

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

“**Card**” means The Business Platinum Card[®] from American Express.

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

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

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

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

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

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

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

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

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

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

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

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

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

“**Rental Auto**” means an automobile not rented in excess of the **Coverage Period** from a **Rental Agency**, that is not an **Antique**, **Expensive**, or **Exotic** automobile,

nor a truck, **Off-Road Vehicle**, motorcycle, moped, recreational vehicle, camper, trailer, nor a van, but certain **Mini-Vans** are covered.

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

PART II TERMS OF COVERAGE

A. WHEN COVERAGE BEGINS

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

B. WHEN COVERAGE ENDS:

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

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

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

PART III DESCRIPTION OF COVERAGE

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

1. A **Cardmember** must initiate and complete the entire rental transaction with the same valid **Card**. The full cost, including applicable taxes, of the rental, must be charged to their **Card**. **Rental Autos** which are part of prepaid travel packages are also covered if the total package was paid for using the **Cardmember's Card**;
2. A **Cardmember** is covered if they receive a “free rental” as a result of a promotion, where they have had to make previous vehicle rentals if each such previous rental was entirely paid for with the **Cardmember's Card** and the applicable taxes for the “free rental” have been charged to the **Cardmember's Card**;
3. A **Cardmember** is covered if they receive a “free rental” day(s) as a result of the **Card** reward program for the number of days of free rental and the applicable taxes have been charged to their **Card**. If the free rental day(s) are combined with rental days for which the **Cardmember** must pay, the entire additional payment including taxes must be paid for using their **Card**;
4. A **Cardmember** is covered if points earned under their **Card** reward program are used to pay for the rentals and the applicable taxes have been charged to their **Card**. However, if only a partial payment is paid using the **Card** rewards program, the entire additional payment of that rental, including any applicable taxes, must be paid for using their **Card** in order to be covered;
5. Only a **Cardmember** can rent the vehicle and decline the **Rental Agency's** CDW, LDW or an equivalent coverage offering. Anyone other than the **Cardmember** doing so would void coverage;
6. A **Cardmember** is covered for any car, sport utility vehicle, and **Mini-Van**, in its model year, with a Manufacturer's Suggested Retail Price (MSRP)

under eighty-five thousand dollars (\$85,000) Canadian, excluding all taxes, at the place the **Rental Agreement** is signed or where the **Rental Auto** is picked up, with the exception of those listed and described in the exclusion section titled “**The following vehicles are excluded from coverage under this Certificate**”;

7. A **Cardmember** is covered when only one **Rental Auto** is rented at a time, i.e. if during the same period there is more than one vehicle rented by the **Cardmember**, only the first rental will be eligible for these benefits;
8. The **Cardmember** must decline the **Rental Agency’s** CDW, LDW or similar coverage offered by the **Rental Agency** on the rental contract. If there is no space on the vehicle rental contract for the **Cardmember** to indicate that they have declined the coverage, then they should indicate in writing on the contract “I decline the CDW provided by the **Rental Agency**”;
9. The length of time the **Cardmember** rents the same vehicle must not exceed 48 consecutive days, which includes instances where the **Cardmember** is renting one vehicle immediately after the other. A full calendar day between rentals must exist in order to break the 48 consecutive day cycle. If the rental period exceeds 48 consecutive days, coverage will not be provided from the first day of rental onwards;
10. The **Cardmember** and/or **Eligible Person** has not been indemnified for damages or expenses covered under the Policy by or through personal insurance.

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

PART IV EXCLUSIONS

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

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

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

11. Seizure or destruction under a quarantine or customs regulations or confiscation by order of any government or public authority; the damage between the time of seizure, confiscation or quarantine and the time the **Rental Agency** staff complete their Inspection Report will be held to be the **Cardmember's** responsibility, so whenever possible they should arrange to be present when the **Rental Agency** conducts their final inspection of the vehicle;
12. The transportation of contraband or illegal trade;
13. War, hostile or warlike action, insurrection, rebellion, revolution, civil war, usurped power, or action taken by government or public authority in hindering, combating or defending against such action;
14. The transportation of property or passengers for hire;
15. Nuclear reaction, nuclear radiation, or radioactive contamination, any weapon of war employing atomic fission or a radioactive force;
16. Intentional damage to the **Rental Auto** by an **Eligible Person** or at their direction;
17. The loss, damage or misplacement of vehicle entry devices including keys and remote control devices or any related consequential loss, damage or expense.

The following vehicles are excluded from coverage under this Certificate:

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

PART V IN THE EVENT OF AN ACCIDENT/THEFT

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

The **Rental Auto** must be carefully checked for scratches or dents before and after the **Cardmember** rents the vehicle. They should be sure to point out where the

scratches or dents are located to a **Rental Agency** representative and have him or her note these on the appropriate form and retain a copy for their records.

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

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

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

The following claim documentation is required:

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

Forward this documentation to:

Royal & Sun Alliance Insurance Company of Canada
Claims Management Services
2225 Erin Mills Parkway, Suite 1000
Mississauga, Ontario L5K 2S9

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

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

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

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

SUBROGATION: To the extent the Company pays for a loss suffered by a **Cardmember**, the Company will take over the rights and remedies the **Cardmember** had relating to the loss. This is known as subrogation. The

Cardmember must help the Company preserve their rights against those responsible for the Company's loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over a **Cardmember's** rights, the **Cardmember** must sign an appropriate subrogation form supplied by the Company.

PROTECTING CARDMEMBER'S PRIVACY

Royal & Sun Alliance Insurance Company of Canada is committed to protecting the **Cardmember's** privacy and the confidentiality of their personal information. Royal & Sun Alliance is responsible for all personal information under its control and has designated a Privacy Officer who is accountable to Senior Management for Royal & Sun Alliance's compliance with this Privacy Policy. This Privacy Policy may change from time to time. The **Cardmember** can view the latest and entire version of this Policy by visiting our website at www.rsagroup.ca. If the **Cardmember** has any questions about this Privacy Policy please call us at 1-888-877-1710.

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BUYER'S ASSURANCE[®] PROTECTION PLAN

Effective Date of this Certificate:
March 1, 2011.

Royal & Sun Alliance Insurance Company of Canada (referred to in this Certificate as the "Company") provides the insurance for this Certificate under Master Policy **PSI018966745** (referred to in this Certificate as the "Policy") issued to Amex Bank of Canada (referred to in this Certificate as the "Policyholder"). A copy of the Master Policy is on file at Royal & Sun Alliance Insurance Company of Canada, 18 York Street, Suite 800, Toronto, ON, M5J 2T8.

This Certificate is not a contract of insurance and contains only a summary of the principal provisions of the Policy. A **Cardmember** or a claimant under the Policy may, on request to the Company, obtain a copy of the Policy, subject to certain access limitations permitted by applicable law. All benefits are subject in every respect to the Policy which alone constitutes the agreement under which payments are made.

The insurance provided under this Certificate is supplementary. This insurance coverage is in excess of any other applicable, valid and collectible insurance indemnity available to the **Cardmember**.

This Certificate of insurance outlines what the Buyer's Assurance Protection Plan is and what is covered along with the conditions under which a payment will be made to a **Cardmember**. It also provides instructions on how to make a claim.

For any questions concerning the details included herein and to confirm the coverage provided under the Policy, please contact the Company at **1-800-243-0198** (in Canada or the United States) or call collect **905-475-4822** (elsewhere in the world).

PART I DEFINITIONS

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

"Business Property" means tangible, movable property, purchased with the **Card** and used for business purposes only.

"Card" means The Business Platinum Card[®] from American Express.

"Cardmember" means a holder of a valid Basic or Supplementary **Card** from American Express issued in Canada by Amex Bank of Canada who pays for the **Item** by using the valid Amex Bank of Canada **Card**.

"Item" means a new item (a pair or set being one item) of **Business Property**, or gift, for which the full **Purchase Price** is charged to the **Card**.

"Manufacturer's Warranty" means an expressly written warranty issued by the manufacturer of the **Item** at the time of purchase. The manufacturer's warranty must be provided at no additional cost and be valid in Canada or the United States.

"Occurrence" means a loss or losses arising from a single event or incident which is neither expected nor intended by the **Cardmember**.

"Other Insurance" means any and all policies of insurance, contracts of indemnity, service contracts or warranties which provide additional coverage to a **Cardmember** for loss or damage covered under the Buyer's Assurance Protection Plan.

"Purchase Price" means the actual cost of the **Item**, including any applicable sales tax, as shown on the store receipt.

PART II DESCRIPTION OF COVERAGE

When a **Cardmember** charges the entire **Purchase Price** of an **Item** to their **Card**, the Buyer's Assurance Protection Plan will extend the terms of the original

Manufacturer's Warranty for a period of time equal to the duration of the original **Manufacturer's Warranty** (excluding any extended warranty offered by the manufacturer or any other party), up to one additional year on warranties of five years or less that are eligible in Canada or in the United States. Coverage is provided for product malfunction, defect or damage covered by the terms of the **Item's** original **Manufacturer's Warranty**, at no additional cost.

Coverage takes effect immediately following the expiry of the **Item's** original **Manufacturer's Warranty**, up to a maximum of one full year.

The benefits provided under the Buyer's Assurance Protection Plan apply only to the **Cardmember**. Only the **Cardmember** has any legal or equitable right, remedy, or claim to benefits under the Buyer's Assurance Protection Plan.

PART III LIMITATIONS

1. Indemnification for loss is limited to a maximum of \$10,000 per **Item** (not to exceed \$25,000 per **Cardmember** per policy year for all **Occurrences** and for all **Items** combined) and is further subject to the terms, conditions and exclusions set forth in this Certificate.
2. The insurance provided under this Certificate is supplementary. This Certificate is not a substitute for **Other Insurance** which also insures against direct physical damage, malfunction or defect. This Certificate will indemnify the **Cardmember** only to the extent that direct physical damage, malfunction or defect is not covered by such **Other Insurance**.
3. The total liability of the Company for any **Item** under this Certificate shall not exceed the **Purchase Price** of that **Item**.
4. Claims for **Items** belonging to a pair or set will be covered for the full **Purchase Price** of the pair or set providing the **Items** are not useable individually and cannot be replaced individually.
5. Valid claims will be settled, at the Company's sole option, either by replacing, repairing or rebuilding the **Item** or by cash payment in an amount not to exceed the **Purchase Price**, subject always to the limits of liability of the Company hereunder.

PART IV ADDITIONAL TERMS, CONDITIONS, RESTRICTIONS AND EXCLUSIONS

1. There shall be no coverage or entitlement to benefits under this Certificate for loss arising from the following:
 - a. Any physical damage, including damage as a direct result of natural disaster or a power surge, except to the extent the original **Manufacturer's Warranty** covers such damage;
 - b. **Occurrences** caused by any of the following:
 - I. Fraud,
 - II. Abuse,
 - III. War or hostilities of any kind (e.g. Invasion, rebellion insurrection),
 - IV. Confiscation by order of any government, public authority, or customs official,
 - V. Risk of contraband,
 - VI. Illegal activity or acts,
 - VII. Radioactive contamination;
 - c. Negligence;
 - d. Improper installation or alteration;
 - e. Ancillary costs incurred in respect of an **Item** and not forming part of the **Purchase Price**;
 - f. Inherent product defects;
 - g. Mechanical failure or product defects covered under product recall;

- h. All **Occurrences** that take place outside the Buyer's Assurance Protection Plan coverage effective period.
2. There shall also be no coverage or entitlement to benefits under this Certificate for the following:
- a. Products with **Manufacturer's Warranties** not valid in Canada or the United States;
 - b. Products which, at the time of purchase, are used, rebuilt, refurbished or remanufactured, including demos;
 - c. Products covered by an unconditional satisfaction guarantee;
 - d. Motorized vehicles (such as cars, trucks, motorcycles, boats, airplanes) and their parts (including batteries, carburetors, pipes, hoses, pistons, brakes, tires, or mufflers);
 - e. Motorized devices and their parts used for agriculture, landscaping, demolition or construction;
 - f. Improvements or upgrades to a residential or commercial property, including but not limited to permanently affixed goods. Business fixtures, including but not limited to air conditioners, refrigerators, heaters;
 - g. Loss or damage to electrical appliances or devices of any kind (including wiring) when loss or damage is due to electrical currents artificially generated, including arcing, unless fire or explosion ensues and then only for such loss and damage;
 - h. Land or buildings;
 - i. Jewellery;
 - j. Consumable or perishable items;
 - k. Animals or living plants;
 - l. One of a kind products which cannot be replaced;
 - m. Inventory, **Items** purchased for resale or **Items** that would form part of a sellable product;
 - n. Sports equipment and goods where the loss or damage is due to the use thereof;
 - o. Products with **Manufacturer's Warranties**, or combined **Manufacturer's Warranties** and service plan agreements, lasting in excess of five years;
 - p. The equipment **Manufacturer's Warranty** is defined as the basic coverage offered by the manufacturer at the time of purchase. Buyer's Assurance Protection Plan is not applicable to additional coverages purchased from the manufacturer or another party.

PART V NOTICE OF LOSS/ PROOF OF LOSS/ PAYMENT OF CLAIMS

The **Cardmember** must report their claim within 30 days from the date of **Occurrence**. It is important to remember that the **Cardmember** must retain all receipts and the original **Manufacturer's Warranty** for the **Item(s)** until the claim process is complete. The **Cardmember** may also be asked to obtain a repair estimate.

- 1. To report an **Occurrence**, the **Cardmember** must call toll free **1-800-243-0198** (in Canada or the United States) or **905-475-4822** elsewhere in the world.
- 2. To submit a claim, the following documentation is required:
 - a. the original sales receipt;
 - b. the corresponding Amex Bank of Canada account statement; and
 - c. the original **Manufacturer's Warranty**.
- 3. The Company will decide whether to have the **Item** repaired, rebuilt or replaced, or to reimburse the **Cardmember** (cash or credit) up to the amount

charged to the **Card**, and not to exceed the original **Purchase Price**. Buyer's Assurance Protection Plan does not reimburse for shipping and handling expenses or installation, assembly, or other service charges.

4. The **Cardmember** must provide all requested documentation to the Company within 60 days from the date of the **Occurrence** (or 30 days after request by the Company) to remain eligible for benefits.
5. For some claims, the **Cardmember** may be required to send in the damaged **Item**, at their expense, for further evaluation of their claim. If requested, the **Cardmember** must send in the damaged **Item** within 30 days from the date of request to remain eligible for benefits.

APPRAISAL

In the event of disagreement as to the value of an **Item**, the property saved or the amount of a loss, those questions shall be determined by appraisal as provided under applicable provincial or territorial insurance legislation. There shall be no right to an appraisal until a specific demand is made in writing and until after proof of loss has been delivered.

PARTS

Except in the case of claims for **Items** belonging to a pair or set, in the case of damage to, any part of an **Item**, consisting, when complete for use, of several parts, the Company is not liable for more than the repair or replacement value of the part damaged, including the cost of installation. Where parts of a pair or set are usable individually, liability will be limited to payment equal to a proportionate part of the **Purchase Price** for the **Item** or **Items** which form the basis of a claim hereunder.

SUBROGATION

As a condition to the payment of any claim to a **Cardmember** under the Policy, the **Cardmember** shall, upon request, transfer the damaged **Item** to the Company and assign to the Company all legal rights which the **Cardmember** has against all other parties for the loss. The **Cardmember** shall give the Company all such assistance as the Company may reasonably require to secure its rights and remedies, including the execution of all documents necessary to enable the Company to bring suit in the name of the **Cardmember**.

DUE DILIGENCE

The **Cardmember** shall use diligence and do all things reasonable to avoid, mitigate or diminish any loss of or damage to property protected by Buyer's Assurance Protection Plan. The Company will not unreasonably apply this provision to avoid claims under the Policy.

FALSE CLAIM

If a **Cardmember** makes any claim knowing it to be false or fraudulent in any respect, such **Cardmember** shall no longer be entitled to any benefits hereunder nor to the payment of any claim made under the Policy.

PROCEEDINGS

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

CANADIAN CURRENCY

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

AMENDMENT

This coverage may be cancelled, changed or modified at the option of the Policyholder at any time without notice. This Certificate replaces any and all certificates previously issued to the **Cardmember** with respect to the Policy.

PROTECTING CARDMEMBER'S PRIVACY

Royal & Sun Alliance is committed to protecting the **Cardmember's** privacy and the confidentiality of their personal information. Royal & Sun Alliance is responsible for all personal information under its control and has designated a Privacy Officer who is accountable to Senior Management for Royal & Sun Alliance's compliance with this Privacy Policy. This Privacy Policy may change from time to time. The **Cardmember** can view the latest and entire version of this Policy by visiting our website at www.rsagroup.ca. If the **Cardmember** has any questions about this Privacy Policy please call us at 1-888-877-1710.

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PURCHASE PROTECTION[®] PLAN

Effective Date of this Certificate:
March 1, 2011.

Royal & Sun Alliance Insurance Company of Canada (referred to in this Certificate as the “Company”) provides the insurance for this Certificate under Master Policy **PSI018516570** (referred to in this Certificate as the “Policy”) issued to Amex Bank of Canada (referred to in this Certificate as the “Policyholder”). This Certificate is not a contract of insurance and contains only a summary of the principal provisions of the Policy. A **Cardmember** or a claimant under the Policy may, on request to the Company, obtain a copy of the Policy, subject to certain access limitations permitted by applicable law. All benefits are subject in every respect to the Policy which alone constitutes the Agreement under which payments are made. This coverage may be cancelled, changed or modified at the option of the Company or the Policyholder at any time without notice. This Certificate replaces any and all certificates previously issued to the **Cardmember** with respect to the Policy.

The insurance provided under this Certificate is supplementary. This insurance coverage is in excess of any other applicable, valid and collectible insurance indemnity available to the **Eligible Person(s)**.

This Certificate of insurance outlines what Purchase Protection Plan Insurance is and what is covered along with the conditions under which a payment will be made to a **Cardmember**. It also provides instructions on how to make a claim.

Any questions concerning the detail included herein and to confirm the coverage provided under the Policy, contact Royal & Sun Alliance Insurance Company of Canada at **1-800-243-0198** in Canada and the United States, or collect at **(905) 475-4822** (elsewhere in the world).

PART I DEFINITIONS

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

“**Business Property**” means tangible, movable property, purchased with the **Card** and used for business purposes only.

“**Card**” means The Business Platinum Card[®] from American Express.

“**Cardmember**” means a holder of a valid Basic or Supplementary **Card** issued in Canada by Amex Bank of Canada who pays for the **Insured Item** by using the valid Amex Bank of Canada **Card**.

“**Eligible Person(s)**” means a **Cardmember** and recipients of gifts from such **Cardmember**, while covered under the Policy.

“**Insured Item**” means a new item (a pair or set being one item) of **Business Property**, for which the full **Purchase Price** is charged to the **Card**.

“**Occurrence**” means a loss or losses arising from a single event or incident which is neither expected nor intended by an **Eligible Person**.

“**Other Insurance**” means any and all policies of insurance or indemnity which provide additional coverage to a **Cardmember** for loss, theft or damage covered under this Certificate.

“**Purchase Price**” means the actual cost of the **Insured Item**, including any applicable sales tax, as shown on the store receipt.

PART II TERMS OF COVERAGE

A. WHEN COVERAGE BEGINS:

A **Cardmember's** coverage will take effect at the time the **Cardmember** purchases the **Insured Item**.

B. WHEN COVERAGE ENDS:

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

1. Ninety (90) days after the date on which the **Insured Item** is purchased by the **Cardmember**;
2. When a **Cardmember** is no longer defined as a **Cardmember** as stated in this Certificate;
3. The date on which the Policy is cancelled.

PART III DESCRIPTION OF COVERAGE

The Purchase Protection Plan automatically, without registration, protects most **Insured Items** when the full **Purchase Price** is charged to the **Card** by insuring the item for ninety (90) days from the date of purchase in the event of direct physical damage or theft (hereinafter called "Loss") anywhere in the world, if the item is not covered by **Other Insurance**. If the item is stolen or damaged, it will be replaced, repaired, or the **Cardmember** will be reimbursed at the discretion of the Company. Items the **Cardmember** gives as gifts are covered under the Purchase Protection Plan subject to compliance with the terms and conditions of this Certificate.

PART IV LIMITATIONS

1. Indemnification for Loss is limited to \$1,000 per **Cardmember** per **Occurrence** (even if the **Occurrence** involves more than one **Insured Item**) and is further subject to the terms, conditions and exclusions set forth in this Certificate.
2. The insurance provided under this Certificate is supplementary. This Certificate is not a substitute for **Other Insurance** which also insures against direct physical damage or theft to the **Insured Item**. This Certificate will indemnify **Eligible Persons** only to the extent that direct physical damage or theft is not covered by such **Other Insurance**.
3. The total liability of the Company for any **Insured Item** under this Certificate shall not exceed the **Purchase Price** of that item.
4. For **Insured Items** purchased with a partial payment utilizing the **Card** the total limit of liability will be prorated based upon the percentage of the partial payment.
5. Claims for **Insured Items** belonging to a pair or set will be paid for at the full **Purchase Price** of the pair or set providing the items are not useable individually and cannot be replaced individually.
6. Valid claims will be settled, at the Company's sole option, either by replacing, repairing or rebuilding the **Insured Item** or by cash payment in an amount not to exceed the **Purchase Price**, subject always to the limits of liability.

PART V EXCLUSIONS

1. There shall be no payment under this Certificate for Loss arising from the following perils:
 - a. Wear and tear;
 - b. Theft of items attached to or carried by or in a motor vehicle;
 - c. Mysterious disappearance, lost items;
 - d. Inherent product defects, faulty material or workmanship;
 - e. War, invasion, hostilities, rebellion, insurrection, confiscation by order of any government or public authority or risks of contraband or Losses arising from illegal activity or acts;
 - f. Flood and earthquake;
 - g. Radioactive contamination;

2. There shall also be no payment under this Certificate for Loss of:
 - a. Cash, or its equivalent, Travellers Cheques, tickets and any other negotiable instruments;
 - b. Animals or living plants;
 - c. Consumable goods;
 - d. Perishable goods such as food and liquor;
 - e. Items left behind;
 - f. Ancillary costs incurred in respect of an **Insured Item** and not forming part of the **Purchase Price**;
 - g. Jewellery and watches in baggage unless carried by hand and under the personal supervision of the **Cardmember** or by a person travelling with and sharing the same travel accommodations as the **Cardmember** (travelling companion), for the trip;
 - h. Motorized vehicles;
 - i. Personal property;
 - j. **Business Property** including but not limited to inventory items, items purchased for resale or items that would form part of a sellable product;
 - k. Property as a result of deliberate physical abuse to the property, excluding vandalism;
 - l. Property which was procured illegally; or
 - m. Any item where the **Cardmember** knowingly makes a false or fraudulent claim.

PART VI NOTICE OF LOSS AND CLAIMS

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

If the **Cardmember** is making a claim, their claim must be submitted with as much documentation as possible, as requested below, within 30 days after date of Loss. The **Cardmember** will need to provide all documentation within 90 days of the date of direct physical damage or theft of the **Insured Item** to the claims administrator at the address provided below.

The following claim documentation is required:

1. Original purchase receipt for item being claimed
2. Statement showing purchase
3. If claim is due to damage, a repair estimate or note from repair facility stating irreparable
4. If claim is due to damage and damage is visible, pictures of the damaged items
5. Homeowner's/ Business policy showing amount of deductible
6. If claim is due to theft, a copy of the police report. If a copy was not provided, we will need the police report number, name & badge number of the police officer.

Forward this documentation to:

Royal & Sun Alliance Insurance Company of Canada
Claims Management Services
2225 Erin Mills Parkway, Suite 1000
Mississauga, Ontario L5K 2S9

For all correspondence, please include the **Cardmember's** name, the Policyholder's name and the Policy number **PSI018516570**.

Upon request from the Company, the **Cardmember** will, at the **Cardmember's** expense, send the damaged **Insured Item** for which a claim is made to the Company.

FRAUD

Any fraud or willfully false statement in a statutory declaration in relation to any of the above particulars vitiates the claim of the person making the declaration.

APPRAISAL

In the event of disagreement as to the value of the **Insured Item**, the property saved or the amount of Loss, those questions shall be determined by appraisal as provided under applicable provincial or territorial insurance legislature. There shall be no right to an appraisal until a specific demand is made in writing and until after proof of Loss has been delivered.

PARTS

Except in the case of claims for **Insured Items** belonging to a pair or set (see Part IV, [5]), any theft of, or damage to, any part of the **Insured Item**, consisting, when complete for use, of several parts, the Company is not liable for more than the repair or replacement value of the part damaged, including the cost of installation.

SUBROGATION

When a claim is paid, the **Eligible Person** shall, upon request from the Company, transfer the item to the Company and assign the legal right to recover from the party responsible for the Loss to the Company to the extent of the Loss indemnified under this Certificate.

PROCEEDINGS

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

CANADIAN CURRENCY

All payments shall be payable in the lawful currency of Canada. All benefits limits indicated are in Canadian currency.

PROTECTING CARDMEMBER'S PRIVACY

Royal & Sun Alliance is committed to protecting the **Cardmember's** privacy and the confidentiality of their personal information. Royal & Sun Alliance is responsible for all personal information under its control and has designated a Privacy Officer who is accountable to Senior Management for Royal & Sun Alliance's compliance with this Privacy Policy. This Privacy Policy may change from time to time. The **Cardmember** can view the latest and entire version of this Policy by visiting our website at www.rsagroup.ca. If the **Cardmember** has any questions about this Privacy Policy please call us at 1-888-877-1710.

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EMPLOYEE CARD MISUSE PROTECTION

Effective Date of this Certificate:
March 1, 2011.

WHAT IS THE EMPLOYEE CARD MISUSE PROTECTION PROGRAM?

The Employee Card Misuse Protection **Program** allows Companies that have established an **Amex** business Account Agreement to request **Amex** to waive the **Company's** liability for certain unauthorized **Charges** made by their employee **Cardmembers**.

The **Program** will waive the **Company's** liability for most unauthorized **Charges** up to \$100,000 per **Amex Card** (subject to the terms, conditions, limitations and exclusions in this **Program** description).

PROGRAM ADMINISTRATOR & PROGRAM NUMBER

The **Program** Administrator is Royal & SunAlliance Insurance Company of Canada. The **Program** number is **PSI030590891**.

DEFINITIONS

"Affidavit of Waiver" means a written request sent to the **Program** Administrator by mail or fax from the **Company** requesting **Amex** to waive the **Company's** unauthorized **Charges** in accordance with the terms and conditions of this **Program**.

"Amex" means Amex Bank of Canada.

"Card" means The Business Platinum Card[®] from American Express.

"Cardmember" means an employee of a **Company** who is over 18 years of age and who is authorized to use the **Card** for **Company** business only.

"Charges" means the amounts, billed or unbilled, including purchases and cash advances, charged to the **Cardmember's Card**.

"Company" means a corporation, partnership, sole proprietorship or any other entity which has signed and still has an active and in force **Amex Card** Account Agreement with **Amex** and whose **Card** is in good standing.

"Date of Notification" means the earlier of

- (i) the date the **Company** gives or receives a written notice of immediate or pending employment termination of a **Cardmember**,
- (ii) the date on which the **Cardmember** leaves the **Company's** service,
- (iii) the date the **Company** notifies the **Cardmember** that they can no longer use their **Card**.

"Program" means Employee Card Misuse Protection Program.

WHAT ARE UNAUTHORIZED CHARGES?

A. Unauthorized **Charges** are **Charges** to a **Cardmember's Card** incurred by a **Cardmember**:

- a) which do not benefit the **Company** directly or indirectly in whole or in part; or
- b) for which the **Company** has reimbursed the **Cardmember** but the **Cardmember** has not paid **Amex**.

Provided that such unauthorized **Charges**:

- 1) are incurred within the seventy-five (75) days preceding the **Date of Notification**, or are incurred within the 75 days preceding the date **Amex** receives the **Company's** request to cancel the **Card**, if **Amex** receives the request more than two (2) business days after the **Date of Notification**;
- 2) are incurred up to fourteen (14) days after **Amex** has received a request to cancel the **Cardmember's Card**, provided the **Company** notified **Amex** to cancel the **Card** within two (2) business days of the **Date of Notification**.

The table below illustrates the protection period for unauthorized **Charges**:

	Card cancelled before Date of Notification	Card cancelled 0-2 days after Date of Notification	Card cancelled 3 plus days after Date of Notification
Unauthorized Charges made during this period are covered	75 days prior to Date of Notification and 14 days after Amex receives Card cancellation request	75 days prior to Date of Notification and 14 days after Amex receives Card cancellation request	75 days prior to Amex receiving Card cancellation request

B. Auditors' fees incurred with the **Program** Administrator's written consent solely to substantiate the amount of the claim are covered.

PROGRAM EXCLUSION

The following **Charges** are excluded and not covered by the **Program** whether they are unauthorized **Charges** or authorized **Charges**:

1. **Charges** made by partners, owners, or principal shareholders who own more than five percent (5%) of the **Company's** outstanding shares, or persons who are not employees of the **Company** at the time **Charges** were incurred.
2. **Charges** made by anyone related to the **Cardmember**, a partner, an owner or a principal shareholder.
3. Interest or fees imposed by **Amex** on outstanding unpaid **Charges**.
4. In cases where **Amex** invoices the **Cardmember**, any amount on a cheque submitted by a **Cardmember** which is not paid by the **Cardmember's** financial institution, if the **Cardmember** has, within the last twelve (12) months, submitted any other cheque to **Amex** which was not paid by the **Cardmember's** financial institution.
5. **Charges** for the **Company** or bought for someone else if instructed or approved by the **Company** will not be covered. However, these **Charges** would be covered if **Amex** bills the **Cardmember** directly, where the **Company** has reimbursed the **Cardmember** and the **Cardmember** has not paid **Amex**.
6. **Charges** incurred by the **Cardmember** more than fourteen (14) days after the **Date of Notification**.
7. **Charges** incurred on or after the **Date of Notification** if the **Card** cancellation request was not sent to **Amex** within two (2) business days of the **Date of Notification**.
8. **Charges** resulting from either a lost or stolen **Card** or **Charges** to a **Card** which is closed, frozen or ninety (90) or more days delinquent.
9. Cash advances in excess of \$300 per day per **Cardmember**, or a maximum of \$1,000 per **Cardmember**, whichever is less.
10. Any interest on money owing.
11. At the time the **Charges** were incurred, the **Company** had less than two (2) **Cards**.

WHAT ARE THE COMPANY'S RESPONSIBILITIES?

Notification to Amex. The **Company** may request **Amex** to waive the **Company's** liability for unauthorized **Charges** only if the **Company** meets all of the following requirements:

1. The **Company** must use reasonable efforts to retrieve the **Card** from the employee.
2. The **Company** must notify **Amex** in writing to cancel the **Card** within two (2) business days of the **Date of Notification**. The letter must state:

- (i) that the **Company** requests the waiver of unauthorized **Charges**,
- (ii) the **Date of Notification**,
- (iii) the **Cardmember's** name, **Card** number, home address, home phone number and the last known business addresses and phone number,
- (iv) confirmation that the **Card** was retrieved and the date it was retrieved and confirmation that the **Card** is still in the **Company's** possession,
- (v) in cases where **Amex** bills the **Cardmember** directly, that the **Company** has contacted the **Cardmember** in writing and directed the **Cardmember** to immediately pay all outstanding **Charges** to **Amex**.

Notification to Cardmember. The **Company** must deliver to the **Cardmember** or send by first-class mail in writing, a notice stating that the **Cardmember's Card** has been cancelled, and instruct the **Cardmember** to:

- (i) immediately discontinue use of **Card**;
- (ii) immediately pay any outstanding amounts owed to **Amex**; and
- (iii) immediately return the **Card** to the **Company**.

If the **Company** knows that a **Cardmember** is receiving reimbursement for **Charges** but is not paying **Amex** for those **Charges**, the **Company** must promptly give written notice to **Amex**.

HOW TO MAKE A CLAIM

1. As soon as employee fraud is detected, contact the **Program** Administrator to obtain the Written Notice of **Card** Cancellation and **Affidavit of Waiver** letter template.
2. Provide the employee with Written Notice of **Card** Cancellation within two (2) days of the **Date of Notification** and send the Request to Cancel **Card** letter to **Amex**.
3. An authorized official of the **Company** must send an **Affidavit of Waiver** and the Request to Cancel **Card** letters to the **Program** Administrator by mail or fax within thirty (30) days of the **Date of Notification**.

All supporting claims documents must be filed with the **Program** Administrator within sixty (60) days from the employee's **Date of Notification**.

INQUIRIES

Please direct any inquiries to the **Program** Administrator at telephone number **1-800-243-0198**. Please refer to the **Program** number **PSI030590891**.

RECOVERY

1. If the **Company** recovers any amounts for unauthorized **Charges** from any source after the **Company** has filed an **Affidavit of Waiver** with the **Program** Administrator, the **Company** will remit all such amounts to the **Program** Administrator. The **Company** agrees to assign any rights it may have to collect such amounts from the **Cardmember** to **Amex**. The **Company** agrees to assign any rights it may have to collect such amounts from the **Cardmember** to the **Program** Administrator.
2. **Amex** agrees to forward any recovered amounts to the **Program** Administrator, if the **Program** Administrator has already reimbursed **Amex** for the unauthorized **Charges**.

OTHER BENEFITS

This **Program** does not cover losses that are covered by insurance that provide similar benefits, losses that are above those covered by such insurance, but which are less than the limit of this coverage are eligible for payment.

TERMINATION

Unauthorized **Charges** incurred by a **Cardmember** will not be covered under the **Program** unless both the **Date of Notification** with respect to the **Cardmember**

and the notice from the **Company** to **Amex** to cancel the **Cardmember's Card** occurs prior to the earlier of:

- 1) the date the **Company's Amex Card** Account Agreement is cancelled, or
- 2) the date the **Program** terminates.

The **Affidavit of Waiver** and the supporting documentation with respect to the unauthorized **Charges** may be submitted after the dates outlined in 1) or 2) above, if they are submitted within the periods detailed under "How to Make a Claim" above.

MISSTATEMENT

Any fraud, misstatement or concealment by the **Company** either in regard to any matter affecting this **Program** or in connection with the making of a claim shall render this **Program** null and void.

CURRENCY

All claims will be paid in Canadian dollars.

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DISABILITY PLAN FOR SMALL BUSINESS

Underwritten by AIG Insurance Company of Canada.
Policy Number SRG9021156 (The “Master Policy”) issued to
Amex Bank of Canada.

Effective Date of this Certificate:
July 1, 2016

DEFINITIONS

The following terms are limited to the definitions shown:

“**Card**” means The Business Platinum Card® from American Express.

“**Company**” means AIG Insurance Company of Canada.

“**Corporate Cardmember**” means a person who has been issued an American Express **Card**, as defined herein.

“**Eligible Business**” means any business organization (whether or not incorporated) that has an American Express **Card** account.

“**Eligible Person**” means a natural person who is a **Sole Proprietor** of an **Eligible Business** who is a **Corporate Cardmember** and any other **Corporate Cardmember** of the **Eligible Business**.

“**Insured Person**” means an **Eligible Person** who comes within either of the class descriptions in the “**Classification of Insured Person**” section of this certificate.

“**Permanent Total Disability or Totally Disabled**” means that as a direct result of an accidental injury:

1. an **Insured Person** is unable to perform each and every duty of such **Insured Person’s** occupation(s);
2. it is reasonably expected that, for the remainder of the **Insured Person’s** life, such **Insured Person** will be unable to perform each and every duty of such **Insured Person’s** occupation(s); and
3. the Canada/Quebec Disability Pension Program (or as it might otherwise be named from time to time) has decided that, starting in the 13th month immediately after the commencement of the **Insured Person’s** disability as described in (1) and (2) above, the **Insured Person** is entitled to receive total disability benefits from such program;

provided that if the **Insured Person** is actually working, either full-time or part-time, at any occupation for which the **Insured Person** is receiving, or is entitled to receive any income, the **Insured Person** shall be deemed not to be totally disabled.

“**Policyholder**” means Amex Bank of Canada.

“**Sole Proprietor**” means anyone who is the sole owner, or joint owner with a spouse of the **Eligible Business**.

“**Waiting Period**” means the 12-month period that is immediately after the date when the **Insured Person’s Total Disability** began and during which, the **Insured Person** is continuously **Totally Disabled**.

CLASSIFICATION OF INSURED PERSON

Class 1 - either the **Sole Proprietor** or the joint proprietor with a spouse of an **Eligible Business**, who is a **Corporate Cardmember**.

Class 2 - Proprietor of but not a **Sole Proprietor**, and any other **Corporate Cardmember** of an **Eligible Business**.

COVERAGE A - Accidental Permanent Total Disability

Who is covered? You are covered if you belong to Class 1 or Class 2 under the Classification of Insured Person and you are a **Corporate Cardmember**.

When are you covered? Coverage begins on the date you are issued the American Express **Card** or on the effective date of the Master Policy, if later. You are covered twenty-four hours a day, seven days a week, anywhere in the world. Your coverage continues so long as the Master Policy remains in force and you remain an **Eligible Person**.

And, if your corporate **Card** account is terminated while you are disabled, you remain eligible to receive benefits so long as you qualify for them.

What is covered? Coverage is provided for disabilities that:

- (i) result directly from an accident which happens while your coverage is in force and;
- (ii) begin within 30 days after the accident occurs, and;
- (iii) continue for 12 consecutive months of disability.

During the first 12 consecutive months of disability, AIG Insurance Company of Canada will consider you to be disabled if you are **Permanently Totally Disabled** as defined in the “**Definitions**” section. Benefits are not payable during the **Waiting Period**.

What is the amount of coverage? If you are **Permanently Totally Disabled** at the end of the **Waiting Period**, and you are eligible to receive a benefit, the benefit will be paid to you in a lump sum. The length of time your corporate **Card** account is in effect is determined as of the date of the accident causing your **Permanent Total Disability**.

\$10,000 - if your **Card** has been in effect less than 2 years.

\$25,000 - if your **Card** has been in effect 2 years but less than 6 years.

\$50,000 - if your **Card** has been in effect 6 years or longer.

What are the additional coverages? The following additional coverages are designed to help an **Eligible Business** or the **Sole Proprietor** in the event of **Permanent Total Disability**.

COVERAGE B - Replacement Expense Benefit

COVERAGE C - Business Overhead Expense Benefit

COVERAGE D - Business Closing Expense Benefit

COVERAGE B - Replacement Expense Benefit

What is covered? If an **Insured Person** under Class 2 of Classification of Insured Person has been **Permanently Totally Disabled**, the **Eligible Business** is eligible to receive benefit for:

Expenses incurred which are directly related to replacing the **Insured Person** with another person. The reimbursable costs must be receipted or supported by bills and are limited to:

1. fees paid for employment advertising;
2. fees paid to an outside employment agency or recruiter hired to find a replacement for the **Totally Disabled Insured Person**;
3. fees paid to an outside agency or organization for training the replacement person;
4. fees paid for printing business cards and stationery for the replacement person;
5. \$500 for general replacement expenses that are not receipted or supported by bills, but which are considered by AIG Insurance Company of Canada to be reasonable and related to the replacement of the **Insured Person**.

What is the amount of coverage? Benefit amount is the actual reimbursable costs up to a maximum of \$10,000.00.

COVERAGE C - Business Overhead Expense Benefit

What is covered? When the **Insured Person** is a **Sole Proprietor** (Class 1 under the Classification of Insured Person) and as a result of an accident has been **Totally Disabled**, the **Sole Proprietor** is eligible to receive the Business Overhead Expense Benefit.

This benefit reimburses the **Sole Proprietor** for expenses that are incurred within 36 months of the accident causing **Permanent Total Disability** to the **Sole Proprietor** and which are directly related to maintaining the continuous operation of the **Eligible Business**. If incurred expenses are in combination with the **Sole Proprietor's** personal expenses, the **Company** will pay on a pro-rata share of the incurred expenses. Reimbursable costs must be receipted or supported by bills and are limited to:

1. rent, electricity, heat, water, telephone bills;
2. laundry;
3. employees salaries excluding: salary, fees, drawing accounts or any other payment for the **Sole Proprietor** or any other member of the **Sole Proprietor's** profession hired by or working for him or her or salary of the **Sole Proprietor's** family who were not regularly employed by the **Sole Proprietor** for at least 3 months prior to **Permanent Total Disability**;
4. business taxes;
5. printing costs;
6. insurance premiums;
7. depreciation and fixed overhead expenses for normal and customary conduct and operation of the business (costs of merchandise, equipment or other supplies relating to the **Sole Proprietor's** profession, are not covered). Benefit amount is the actual reimbursable costs up to a maximum of \$5,000.00.

COVERAGE D - Business Closing Expense Benefit

What is covered? When the **Insured Person** who is a **Sole Proprietor** (Class 1 under the Classification of Insured Person) has been **Totally Disabled**, the **Sole Proprietor** is eligible to receive the Business Closing Expense Benefit.

This benefit reimburses the **Sole Proprietor** for expenses which are directly related to the closing of the **Eligible Business** incurred within the 36 month period following the date of the accident. The reimbursement costs must be receipted or supported by bills and are limited to:

1. fees paid for legal services, excluding those for bankruptcy filings and defense, transfer of ownership and sale of property;
2. fees paid to an outside agency for disconnecting business property and for cleaning the business premises;
3. fees paid for moving business property to storage or final destination.

What is the amount of coverage? Benefit amount is the actual reimbursable costs up to a maximum of \$5,000.00.

What is not covered? Disability benefits will not be paid to any **Insured Person** or **Eligible Business** if the accident is directly caused by or results from:

1. intentional self-inflicted injuries or illness (while sane or insane);
2. war, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion;
3. committing of or the attempt to commit an assault or criminal offense;
4. intoxication or being under the influence of any alcohol or narcotic unless administered on the advice of a physician;
5. sickness, disease, bodily infirmity or bacterial or viral infection regardless of how contracted (but not including bacterial infection as a result of an accidental cut or wound or accidental food poisoning);
6. any accident that occurs while the **Insured Person** is serving full-time active duty in the Armed Forces of any country or international authority;
7. travel or flight (including getting in or out, on or off) in any aircraft or device designed to fly above the earth's atmosphere if the craft is being used: a) for test or experimental purposes b) by any military authority c) for travel beyond

the earth's atmosphere; or if you are the pilot, crew member, or student pilot of any aircraft; hang-gliding or parachuting (except for self-preservation);

8. all costs that are not receipted or supported by bills and all costs that are not specifically listed.

When does coverage end? Coverage for **Insured Person** will end on the date any of the following occur:

- (i) if the Master Policy is cancelled;
- (ii) if the corporate **Card** account of the **Eligible Business** through which the **Insured Person's** corporate **Card** was issued is cancelled;
- (iii) if the **Eligible Business** ceases to be an **Eligible Business**.

How are claims filed? Within 30 days after your accident, you must provide us with written notice of your claim.

You can provide notice and get an official claim form by writing to AIG Insurance Company of Canada Head Office.

Within 90 days after your accident, you must provide us with written proof of your loss (generally on the claim form we provided you). If that is not possible, you must do so as soon as it is reasonably possible. However, proof of loss will not be accepted after one year following the date proof of loss was originally required. When you file your claim with AIG Insurance Company of Canada we will provide you with details on how and when to apply for Canada or Quebec Disability Pension Benefits.

Since payment of benefits to an **Eligible Business** depends entirely on whether or not the **Insured Person** actually remains **Totally Disabled** and receives benefits under the Disability Plan for Small Business, the benefits typically will be reimbursed after the expense is incurred. You should accumulate your receipts or supporting bills for eligible expenses you incur and begin sending them to the Head Office of AIG Insurance Company of Canada around the ninth month after the date of the accident which caused **Permanent Total Disability** to the **Insured Person**.

If you are claiming for Coverage B and you are sending your receipts or bills, include the name of the disabled **Insured Person**.

Where is AIG Insurance Company of Canada Head Office located?

AIG Insurance Company of Canada is located at:

120 Bremner Boulevard, Suite 2200

Toronto (Ontario)

M5J 0A8

For additional information, please call 1-800-869-3016.

For inquiries regarding claims, or to obtain a claim form, please contact us at: ahclaimscan@aig.com.

How are claims paid? AIG Insurance Company of Canada will forward a cheque to you or your business upon approval of claim.

How is coverage provided for these benefits?

LIMITATION OF ACTIONS

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

The Master Policy SRG9021156 has been issued to Amex Bank of Canada effective September 1, 1994. This summary is provided to you so that you have a record of the coverage provided by the Master Policy. *The Policyholder shall, upon request of an Insured Person, provide such person with a copy of this contract.* The Master Policy is the only contract under which benefits are paid. This certificate hereby replaces any others you may have received.

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TRAVEL EMERGENCY ASSISTANCE

Out-of-town emergency medical and legal referrals and important travel-specific information (such as visa requirements or customs and inoculation regulations) are available by telephone, 24 hours-a-day, 7 days-a-week. From anywhere in Canada/U.S. call 1-800-678-5523. Outside Canada/U.S. please call collect (514)-285-8165.

All the services associated with the Travel Emergency Assistance are provided worldwide with the exception of some countries (it is best to check with Customer Service). In addition, services may be limited or prevented by acts of God, war, civil commotion, labour disputes, unavailability of goods or services, or refusal of permission by local authorities.

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CUSTOMER SERVICE NUMBERS

Chubb Life Insurance Company of Canada: 1-877-777-1544

Travel Accident Insurance

AXA: 1-800-678-5523

Travel Emergency Assistance

AIG Insurance Company of Canada: 1-800-869-3016

Disability Plan for Small Business

Royal & Sun Alliance Insurance Co. of Canada: 1-866-426-7505

Out of Province/Country Emergency
Medical Insurance

Trip Cancellation/Interruption Insurance

Flight and Baggage Delay & Hotel/
Motel Burglary Insurance

Lost or Stolen Baggage Insurance

Car Rental Theft and Damage Insurance 1-800-243-0198

Buyer's Assurance[®] Protection Plan

Purchase Protection[®] Plan

Employee Card Misuse Protection