

DISTRIBUTION GUIDE

Name of Insurance Product: Trip Cancellation Coverage
Type of Insurance Product: Individual Travel Insurance

Insurer's Contact Information:

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INTRODUCTION

CUMIS General Insurance Company is referred to in this guide as *we*, *us*, and *our*. *Allianz Global Assistance* is the registered business name for AZGA Insurance Agency Canada Ltd., and AZGA Service Canada Inc.

In this guide, *you* and *your* refer to the person(s) listed on *your* Declaration Page, when the required insurance premium has been paid for that person before the *effective date*.

This Distribution Guide will provide *you* with information concerning the Trip Cancellation Coverage. The guide will inform *you* as to the nature of coverage, as well as to the exclusions and limitations that apply. The guide will allow *you* to determine if the product is right for *you* and corresponds to *your* needs, without the necessity of the advice of an insurance advisor.

Please refer to *your* Declaration Page to determine which coverage *you* purchased and the corresponding maximum amounts of coverage.

The *italicized* terms in this guide are defined in the « Definitions » section.

DESCRIPTION OF PRODUCTS OFFERED

(A) Nature of Coverage

Trip Cancellation Coverage

Under Trip Cancellation Coverage *we* will reimburse *you* for the covered losses *you* incur for a *trip* that is cancelled **before** *your departure date*.

Trip Interruption Coverage

Under Trip Interruption Coverage *we* will reimburse *you* for covered losses *you* incur for *trips* that are interrupted or delayed **after** *your departure date*.

Trip Delay Coverage

Under Trip Delay Coverage *we* will reimburse *you* for reasonable expenses *you* incur in the event *your trip* is delayed from its scheduled departure time for more than **6 hours**.

This insurance also includes 24 hour emergency travel assistance services.

CAUTION

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

(B) Summary of Specific Features

(I) Eligibility

To be eligible for coverage *you* must meet **all of the following requirements**:

- be a Canadian citizen or be a permanent or temporary resident of Canada;

- have *your* application for coverage accepted and the entire required premium paid within **5 days** of booking *your* travel arrangements; **and**
- **be travelling no longer than 183 consecutive days**

References to *your* age refer to *your* age on the date *you* applied for insurance.

CAUTION

The application for insurance must be completed fully and correctly, failing which we may, at our option, void all *your* coverage.

(II) Commencement of Insurance

Your insurance starts on the *effective date* if:

- *you* are eligible;
- *you* are named on *your completed* insurance application and named on *your* Declaration Page; and
- *you* pay the full required premium before the *effective date*.

For Trip Cancellation and Interruption Coverage to be in effect we must have received all premiums due **prior** to the trip cancellation.

(III) Confirmation of Insurance

Your Declaration Page constitutes *your* confirmation of insurance.

(IV) Insurance Benefits Package

CAUTION

This insurance does not cover conditions or events that, on the date of purchase, are either:

- **known to *you*; or**
- **likely to occur.**

(a) Trip Cancellation and Interruption Insurance

Under Trip Cancellation Coverage *we* will reimburse *you* for the covered losses *you* incur for a *trip* that is cancelled before *your departure date*. The total amount paid for your trip cancellation will not exceed the maximum benefit amount of \$10,000.

Under Trip Interruption Coverage *we* will reimburse *you* for covered losses *you* incur for *trips* that are interrupted or delayed after *your departure date*. The total amount paid for your trip interruption will not exceed the maximum benefit amount of \$10,000.

The cancellation, interruption or delay must result from one of the following covered risks.

(i) Covered Risks

1. Medical Conditions and Death

Serious Injury or Serious Illness

Any serious *injury* or any unforeseen serious *illness* occurring to:

- *you*, or *your travelling companion*, which is so disabling as to cause a reasonable person to:
 - delay;
 - cancel; **or**
 - interrupt their *trip*;
- a *family member* that:
 - is life threatening; or
 - requiring hospitalization as an *inpatient*; **or**
- a *family member* who is dependent upon *your* care.

To receive benefits based on a serious *injury* or a serious *illness*, a physical examination by a *physician* must take place:

- within **72 hours** from when the cancellation is made for **Trip Cancellation Coverage**; **or**
- during *your trip* for **Trip Interruption Coverage**.

The *physician* must recommend in writing that *your trip* be cancelled, interrupted, or delayed.

Death

A death which occurs:

- within **30 days** prior to *your departure date*; **or**
- during *your trip*.

The death can be:

- *your* death;
- the death of a *family member*; **or**
- the death of a *travelling companion*.

Death or Illness of a Host

In the event that *your* family or friends, with whom *you* were planning to stay on *your trip*, are unable to accommodate *you* during *your trip*.

This inability to accommodate *you* must be due to:

- a life-threatening *illness* of one of them;
- a life-threatening *injury* to one of them; **or**
- the death of one of them.

2. Pregnancy and Adoption

Pregnancy

The pregnancy of one of the following persons:

- *you*;
- *your spouse*;
- *an immediate family member*; **or**
- *your travelling companion*.

Costs are covered only if:

- the pregnancy was diagnosed **after** *your trip* has been booked; **and**
- the *departure date* is scheduled:
 - within **9 weeks before** the expected date of delivery; **or**
 - within **9 weeks after** the expected date of delivery.

Adoption

The legal adoption of a *child* by *you* or *your travelling companion*, when the actual date the *child* is to be placed in *your* care is scheduled to take place during *your trip*.

The date of adoption must not be known until **after** the *trip* was booked.

3. Government Advisories and Visas

Travel Advisories

A *travel advisory* issued with respect to travel to *your* destination country.

The *travel advisory* can apply to:

- all of *your trip*; **or**
- part of *your trip*.

The *travel advisory* must be issued **after** *your trip* has been booked.

Visas

The non-issuance of a travel visa to *you* or *your travelling companion* if:

- the non-issuance is for reasons beyond *your* or *your travelling companion's* control;
- the non-issuance is not due to late application; **and**
- the visa is not for immigration or employment purposes.

4. Terrorism

An *act of terrorism* committed by an organized terrorist group occurring in the city and country of *your* destination. The *act of terrorism* must occur:

- within **30 days** of *your* scheduled *departure date* (for **Trip Cancellation Coverage**);
- during *your trip* (for **Trip Interruption Coverage**).

The terrorist group must be recognized as such by the Canadian Government.

5. Employment, Jury Duty, and Occupation

Loss of Employment

Your or your travelling companion's involuntary loss of employment.

The loss of employment must:

- occur after having been with the same employer for at least **3 continuous years**;
- result from a termination or lay off through no fault of *your* own; **and**
- occur **after** *your effective date* of coverage.

Jury

Your or your travelling companion are:

- required to serve on a jury; **or**
- are served with a court order or subpoena.

CAUTION

This risk is not covered if *you* are required to appear in court **and *you* are a law enforcement officer.**

Profession

Your or your travelling companion's call to service, in the case of:

- reservists;
- active military;
- police; **or**
- fire personnel.

6. Other Covered Risks

The following risks are also covered by this insurance:

- *your* quarantine or that of *your travelling companion*;
- the hijacking of *your* plane or that of *your travelling companion*;
- one of the following events which renders *your* or *your travelling companion's* home uninhabitable:
 - a flood;
 - a burglary;
 - an act of vandalism; **or**
 - a natural disaster;
- *you* or *your travelling companion* are directly involved in a traffic accident while en route to a *departure point* for a *trip*; **or**
- under Trip Cancellation benefit, *you* or *your travelling companion* are the victim of an indictable criminal assault within **10 days prior** to *your departure date*; unless this criminal assault is committed by:
 - *you*;

- a family member;
 - your travelling companion; **or**
 - your travelling companion's family member;
- the delay of *your trip* is caused by:
 - your death;
 - the death of a member of *your immediate family*;
 - the death of *your travelling companion*;
 - your *emergency* hospitalization as an *inpatient*;
 - the *emergency* hospitalization of a member of *your immediate family* as an *inpatient*;
 - the *emergency* hospitalization of *your travelling companion* as an *inpatient*;
 - *common carrier* caused delay (including bad weather);
 - lost or stolen passports, money, or travel documents;
 - unannounced strikes;
 - natural disaster;
 - civil disorder or unrest,

AND

which results in a loss of **more than 50%** of the duration of *your* scheduled *trip*.

(ii) Covered Benefits

The following losses are covered by this insurance when *your trip* is cancelled, interrupted or delayed due to a covered risk:

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

We will reimburse *you* for the following covered losses provided *you* cancel *your trip* **prior** to *your departure date*:

1. **The forfeited, published, non-refundable *trip* payments or deposits** incurred as a result of cancellation penalties.

Credits or refunds must not have been issued by the supplier for these payments.

or

2. The **additional reasonable cost** resulting from a change in the per-person occupancy rate for *prepaid* travel arrangements if:
 - a *travelling companion's trip* is cancelled for a covered reason; **and**
 - *your trip* was not cancelled.

You must notify the appropriate travel supplier(s) of *your* cancellation within 24 hours of the cause of cancellation, unless *your* condition or situation prevents it.

If *your* condition or situation prevents *you* from notifying the travel supplier(s), then *you* must do so as soon as reasonably possible.

The maximum benefit amount for Trip Cancellation Coverage is **up to \$10,000 in total**.

Trip Interruption Benefits (after date and time of departure)

If *your trip* is interrupted for a covered risk *we* will reimburse *you* for the following:

1. The unused portion of **forfeited, published, non-refundable trip payments or deposits** incurred as a result of cancellation penalties.

Credits or refunds must not have been issued by the supplier for these payments.

2. The **additional reasonable cost** resulting from a change in the per-person occupancy rate for prepaid travel arrangements if:

- a *travelling companion's trip* is interrupted for one of the above covered risks; **and**
- *your trip* was not interrupted.

3. **Reasonable, additional accommodation, meal and transportation expenses** if:

- a covered travelling *family member*; **or**
- a covered *travelling companion*,

must remain hospitalized as an *inpatient*.

Expenses are refundable up to **\$100 per day per person** up to a maximum of **5 days**.

4. **Reasonable, additional transportation expenses:**

- needed to return to *your departure point*; **or**
- to travel from the place *your trip* was interrupted to the place where *you* can rejoin *your trip*.

The reasonable amount of benefit paid to *you* will not exceed:

- the cost of airfare:
 1. in economy class;
 2. by the most cost-effective route; **and**
 3. on the next available carrier;**minus**
any refunds paid to *you*.

5. **The unused portion of any land, sea and air arrangements:**

- that are non-refundable; **and**
- that were paid as part of *your trip*.

The reasonable amount of benefit paid to *you* will not exceed:

- the cost of airfare:
 1. in economy class;

2. by the most cost-effective route; **and**
3. on the next available carrier;

minus

any refunds paid to *you*.

6. **Reasonable, additional travel costs** for *you* to reach *your* scheduled destination if *you* must depart **after** *your departure date*.

The reasonable amount of benefit paid to *you* will not exceed:

- the cost of airfare:
 1. in economy class;
 2. by the most cost-effective route; **and**
 3. on the next available carrier;

minus

any refunds paid to *you*.

You must notify the appropriate travel supplier(s) of *your* interruption within 24 hours of the cause of interruption, unless *your* condition or situation prevents it.

If *your* condition or situation prevents *you* from notifying the travel supplier(s), then *you* must do so as soon as reasonably possible.

The maximum benefit amount for Trip Interruption Coverage is **up to \$10,000 in total**.

(iii) Exclusions, Limitations and Reductions of Benefits Applicable to Trip Interruption and Cancellation Coverage

CAUTION

1. **Your claim will not be payable if *you* do not notify the appropriate travel supplier(s) within 24 hours of the cause of cancellation or interruption of *your trip*, unless *your* condition or situation prevents it. If *your* condition or situation prevents it, then *you* must do so as soon as reasonably possible.**
2. **You are not covered for conditions that *you* are aware of when *you* book *your trip*, which might reasonably be expected to prevent *you* from travelling as booked.**
3. **You are not covered for the *medical condition* or the death of an ailing person when the *trip* was made to visit or attend to that person.**
4. **If a covered loss is incurred either as the direct or indirect result of an *act of terrorism*, the claim payment will be subject to the following terms and conditions:**
 - **The benefits will be paid up to 100% of the sum insured. This sum is indicated on *your* Declaration Page.**
 - **Benefits payable for losses will be directly reduced by the value of any alternate or replacement benefits or travel options offered by:**
 - **airlines;**
 - **tour or travel operators;**
 - **travel suppliers; **or****
 - **cruise suppliers,**

CAUTION (continued)

even if these alternative replacement arrangements are declined by *you* and not used.

If the total amount claimed under this and all policies issued by *us* (in respect to the same terrorist incident, or series of terrorist incidents occurring within a 72 hour period) exceeds \$20,000,000, the amount payable will be prorated among all eligible claimants up to a maximum amount payable of \$20,000,000 in the aggregate.

Trip Cancellation and Interruption Coverage are also subject to the General Conditions, Limitations and Exclusions Applicable to All Coverages as well as the Pre-Existing Conditions Exclusion.

(b) Trip Delay Coverage

Trip Delay Coverage covers certain expenses when *your trip* is delayed from its scheduled departure time.

(i) Covered Risks

Covered risks for which *we* provide a Trip Delay benefit are:

- delays of *your common carrier* (including bad weather);
- lost or stolen passports, money, or travel documents;
- quarantine;
- unannounced strikes;
- natural disaster;
- civil disorder or unrest; **or**
- *your* being hijacked (whether or not committed by an organized terrorist group recognized as such by the Canadian Government).

(ii) Covered Benefits

If *your trip* is delayed from its scheduled departure time for **more than 6 hours**, *we* will pay *you* on a **one-time per trip basis**, up to a per person maximum of **\$150 per day per person** and a total of **2 days**, for reasonable, additional accommodation, meal and travelling expenses.

Please refer to *your* Declaration Page to determine which coverage *you* purchased and the corresponding maximum amount of coverage.

(iii) Exclusions, Limitations and Reductions of Benefits Applicable to Trip Delay Coverage

CAUTION

1. **Prepaid expenses are not covered, unless as otherwise specified under Trip Cancellation and Trip Interruption Coverage.**
2. **The additional expenses must be incurred by *you*.**
3. **The total amount paid for these additional expenses for all persons will not exceed the benefit maximum listed on *your* Declaration Page.**

Trip Delay Coverage is also subject to the Exclusions, Limitations and Reductions of Coverage Applicable to all Coverages.

(V) 24-Hour Emergency Travel Assistance Services

a) Travel Document and Ticket Replacement Assistance

We will provide *you* with information and assistance to obtain replacement travel documents that are lost or stolen, such as:

- *your* passport;
- airline tickets;
- other travel documents.

We will also assist *you* in obtaining money for this purpose. These funds will come from *you*, *your* family or friends.

We will make all necessary arrangements for *you* and assist *you* to return home if *your trip* is interrupted.

b) Emergency Assistance and Medical Assistance

If *you* experience a medical problem or *emergency*, please contact *Allianz Global Assistance* by calling 24-Hour Emergency Assistance at one of the following numbers:

In the U.S., Canada, Puerto Rico and U.S. Virgin Islands: 1-866-520-8823
Elsewhere in the world, call collect at: (519) 742-9013

Please have the following information ready for the *Allianz Global Assistance* representative when *you* call:

- *your* name and *Policy* number;
- *your* location; **and**
- *your* local phone number.

If *you* experience a medical problem or *emergency*, or require medical *treatment* while travelling, the *Allianz Global Assistance* coordinators will do their best to refer *you* to a local:

- *physician*;
- dentist;
- *hospital*;
- medical facility;
- legal provider; **or**
- other appropriate resource,

when available.

We are not responsible for the quality or results of any medical or legal services provided by *our* referral to these independent practitioners.

c) Medical Consultation and Monitoring

If *you* are hospitalized while travelling, *Allianz Global Assistance's* emergency medical staff will keep in frequent contact with *you* and *your* local *physician* to:

- obtain information on the care *you* are receiving; **and**

- determine the need for further assistance.

We will also contact *your* personal *physician* and family at home, if necessary.

d) Legal Assistance

If *you* have legal issues while travelling, *our* assistance coordinators will help *you* find a local legal advisor.

We will help arrange a cash transfer from *your* family or friends:

- if *you* require the posting of bail; **or**
- for immediate payment of legal fees.

e) Emergency Cash Transfer

We will help arrange for *emergency* cash if:

- *your* cash or traveller's cheques are lost or stolen; **or**
- *you* need funds for the immediate payment of unexpected expenses.

These funds can be provided in currency, traveller's cheques or any other form acceptable to *us*, and will be provided in a timely fashion.

These funds will come from *you*, *your* family or friends.

Our assistance coordinators will make all the necessary arrangements for *you*.

f) Emergency Message Center

In an *emergency*, call *Allianz Global Assistance*, identify yourself by name and *your* *Policy* number, and give the assistance coordinator *your* message.

We will make at least **3 attempts in 24 hours** to reach *your* requested party, and *we* will provide *you* with an update on the results of *our* efforts to deliver the message.

We are not responsible for delivery of a message if the recipient cannot be reached. This service can be used for *trips* anywhere in the world.

(VI) Automatic Extension of Your Coverage

Regardless of *your* *expiry date*, coverage will be extended provided:

- *your* entire *trip* falls within the *coverage period*; **and**
- *your* return is delayed by unforeseeable circumstances beyond *your* control; including:
 - the hospitalization as an *inpatient*; **or**
 - a *medical condition*,

of *you*, *your* *spouse* or *your* *children* (if they are travelling with *you*) or *your* *travelling* *companion*.

If coverage is extended for these reasons, coverage will end on **the earliest of either:**

- *your* arrival at:
 - *your* province of residence; **or**
 - return destination based on *your* travel itinerary;

or

- **5 days** after *your* scheduled *return date*.

However, if *you* are hospitalized as an *inpatient*, if *medically necessary*, we will extend insurance:

- for **72 hours** from the time *you* are discharged; but
- under no circumstances for more than **3 months** from *your* scheduled *return date*.

(VII) Premiums

The required premium is indicated on *your* application form or online during *your* online application process if *you* are purchasing *your* coverage by online. Provincial sales tax will be added to the premium rate.

All premiums, benefit maximums and benefit payments are stated in Canadian dollars unless otherwise specified.

You must pay the full required premium before the *effective date*.

(C) Exclusions, Limitations and Reductions of Coverage Applicable to all Coverages

CAUTION

(I) Pre-Existing Conditions – applicable to Trip Cancellation and Trip Interruption

If *you* are 70 years of age or under:

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

- ***your* medical condition or related condition, if at any time in the 90 days before *your* effective date, *your* medical condition or related condition has not been stable;**
- ***your* heart condition, if at any time in the 90 days before *you* depart on *your* trip:**
 - any heart condition has not been stable; **or**
 - *you* have taken nitro-glycerine more than once per week specifically for the relief of angina pain;
- ***your* lung condition, if at any time in the 90 days before *you* depart on *your* trip:**
 - any lung condition has not been stable; **or**
 - *you* have been treated with home oxygen **or** taken oral steroids (prednisone or prednisolone) for any lung condition;
- **any medical condition for which:**

CAUTION (continued)

- future investigation was planned before the *effective date*;
- *treatment* was planned before the *effective date*,

other than routine monitoring.

If you are age 70 up to and including age 79:

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

- *your medical condition* or related condition, if at any time in the 180 days before *your effective date*, *your medical condition* or related condition has not been *stable*;
- *your heart condition*, if at any time in the 180 days before *you* depart on *your trip*:
 - any heart condition has not been *stable*;
 - *you* have taken nitro-glycerine more than once per week specifically for the relief of angina pain;
- *your lung condition*, if at any time in the 180 days before *you* depart on *your trip*:
 - any lung condition has not been *stable*;
 - *you* have been treated with home oxygen taken oral steroids (prednisone or prednisolone) for any lung condition;
- any *medical condition* for which:
 - future investigation was planned before the *effective date*;
 - *treatment* was planned before the *effective date*,

other than routine monitoring.

If you are age 80 or older:

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

- any pre-existing *medical condition* which relates directly or indirectly to:
 - *your* cardiovascular conditions;
 - cerebrovascular (stroke or TIA) conditions;
 - respiratory conditions;
 - gastro-intestinal disorders;
 - cancer;
- any pre-existing *medical condition* that was:
 - causing symptoms;
 - was diagnosed;
 - was treated;
 - was investigated,

during the 180 days before *you* depart on *your trip*;

- any *medical condition* for which:

CAUTION (continued)

- future investigation was planned before the *effective date*;
- future *treatment* was planned before the *effective date*.

(II) General Exclusions

This insurance provides no payment for any loss arising directly or indirectly out of or as a result of the following:

- intentionally self-inflicted harm, suicide or attempted suicide (whether sane or insane);
- the costs of:
 - routine pre-natal care;
 - fertility *treatments*;
 - elective abortion;
 - a *child* born during *your trip*;
 - complications of *your pregnancy* when they occur in the 9 weeks before after the expected date of delivery,

except as specifically provided for in the Trip Cancellation and Interruption benefit under Pregnancy and Adoption.

- mental, nervous or emotional disorders that do not require immediate hospitalization;
- abuse of any medication or non-compliance with prescribed medical *treatment* or therapy;
- any *injury* or *accident* occurring while *you*:
 - are under the influence of illicit drugs;
 - are under the influence of alcohol (where the concentration of alcohol in *your* blood exceeds 80 milligrams of alcohol in 100 millilitres of blood);
 - illustrate a visible impairment due to alcohol or illicit drugs;
- any chronic *illness* or hospitalization related to, or exacerbated by, the habitual use of alcohol or illicit drugs;
- war (whether declared or undeclared), acts of war, military duty, civil disorder or unrest; *terrorism* or *act of terrorism* (unless specifically covered);
- amateur or *professional* sports, or other athletic activities, which are:
 - organized;
 - sanctioned;
 - organized sanctioned;

Full-contact bodily sports:

- skydiving;
- hang gliding;
- bungee jumping;
- parachuting;

CAUTION (continued)

- *mountain climbing* (where ropes or guides are normally used);
- *caving*;
- *heli-skiing*;
- *any skiing or snowboarding outside marked trails*; **and**
- *any motorized race or motorized speed contest*.

this exclusion does not include amateur athletic activities which are

- **non-contact**; **and**
- **engaged in for the purpose of:**
 - **leisure**;
 - **recreation**;
 - **entertainment**; **or**
 - **fitness**;
- **scuba diving, unless:**
 - ***you* hold a basic SCUBA designation from a certified school or other licensing body**;
 - ***you* are accompanied by a dive master**; **or**
 - **are diving in water not deeper than 10 meters**;
- **nuclear reaction, radiation or radioactive *contamination***;
- **biological or chemical *contamination***;
- **seepage, pollution or *contamination***;
- **epidemic or pandemic**;
- **financial collapse or default of any transport, tour or accommodation provider and/or any other service providers**;
- **any unlawful acts committed by *you, family members, or travelling companions*, whether they are insured or not**;
- **prohibition or regulation by any government which interferes with *your trip***;
- **cosmetic or any other elective surgery**;
- **organ harvesting surgery**;
- **air travel except while *you* are riding, boarding or alighting:**
 - **on a certified passenger aircraft**;
 - **as a ticketed passenger**; **and**
 - **on a regularly scheduled trip or charter**;
- **any *medical condition* or related condition when *you* knew prior to *your trip* that *you* would require or seek *treatment* or surgery for that condition**;
- ***your* travel to a country, region or city for which the Canadian government has issued a *travel advisory* in writing prior to your *departure date***; **or**

CAUTION (continued)

- ***your* travel to a sanctioned country for any business or activity to the extent that such cover would violate any applicable national economic or trade sanction law or regulations.**

We may void the *Policy*:

- **in the case of fraud or attempted fraud by *you*;**
- **if *you* misrepresent any circumstance or fact that is material; **or****
- **if *you* conceal any circumstance or fact that is material.**

The application for insurance must be completed fully and correctly, failing which *we* may, at *our* option, void all *your* coverage.

(III) Limitations

- **All benefit payments under the *Policy* are in excess of similar insurance benefits payable by another insurer.**
- **If *you* are eligible under more than one insurance plan for benefits, which are similar to those for which *you* are insured hereunder, the total benefits paid to *you* by all insurers cannot exceed *your* actual covered losses.**
- ***You* must repay to *us* amounts paid or authorized for payment on *your* behalf, if *we* determine the amount is not payable under this insurance.**
- ***We*, Allianz Global Assistance and *our* agents are not responsible for the availability, quality or outcome of any medical *treatment* or of any medical transportation, or *your* failure to obtain medical *treatment*.**
- **No agent or other person has authority to accept or make representations of information or alter, modify or waive any of the provisions of the *Policy*.**
- **This insurance will not pay for any interest.**

(D) End of Insurance Coverage

Your insurance ends on **the earliest of:**

- the date *your trip* is cancelled when cancelled prior to *your departure date*;
- upon *your* return to *your* province or territory of residence, except in the circumstances outlined under “Automatic Extension of Your Coverage” on page 11; **or**
- 23:59 on *your return date*.

(E) Cancellation

This insurance can be cancelled by:

- *you* / the insured; **or**
- *us* / the insurer.

(I) Cancellation by You / the Insured

If *you* notify *us* that *you* are not completely satisfied with *your* purchased plan within **10 days** of the date of issue of the *Policy* of insurance as indicated on *your* Declaration Page, *we* will provide a **full refund** if:

- *you* have not already departed on *your trip*;
- *you* have not filed a claim.

CAUTION

The 10-day penalty-free period does not apply when the Coverage:

- **is for a period of 10 days or less, and**
- **became effective at the time of the request for cancellation of the Trip Cancellation Coverage;**
- **is purchased within 11 days prior to the *trip*.**

The date of issue of *your Policy* is indicated on *your* Declaration Page.

Refunds are only available when *Allianz Global Assistance* receives *your* request for a refund before *your departure date*.

No refund will be issued if:

- the notice of cancellation is received by *Allianz Global Assistance* after these dates;
- *you* have filed a claim.

(II) Cancellation by Us / the Insurer

We may void *your Policy* if:

- *you* commit fraud or attempt to commit fraud;
- *you* misrepresent any circumstance or fact that is material;
- *you* conceal any circumstance or fact that is material.

We may also, at *our* option, void all *your* coverage if the application for insurance is not completed fully and correctly.

(F) Other Information

For more information regarding this insurance, please contact *Allianz Global Assistance* toll-free at 1-866-520-8823 or collect at 519-742-9013.

You can also reach *us* by e-mail at the following address: contact@allianz-assistance.ca.

PROOF OF LOSS OR CLAIM

(A) Filing a Claim

(I) Documentation Requirements to File a Claim

Please contact *Allianz Global Assistance* at 1-866-520-8823 or visit www.allianzassistanceclaims.ca to obtain a claim form.

If *you* have any questions about *your* claim, please contact Claims@allianz-assistance.ca.

As a condition to the payment of benefits under this insurance, *we* will require certain information from *you* if *you* need to file a claim. This documentation will include, at a minimum and is not limited to, the following:

General Documentation

The following documents must be provided for claims covered under any and all of the policies purchased:

- original receipts, invoices and itemized bills for all expenses;
- the fully completed claim form supplied to *you* by *Allianz Global Assistance*.

To process *your* claim, *we* may require:

- a *physician(s)* of *our* choice to physically examine *you* as often as reasonably needed while a claim is pending; **and**
- an autopsy in the case of death, where law does not forbid it.

We will bear all necessary costs for this autopsy.

Trip Cancellation, Interruption and Delay Claims

In addition to the general documentation requirements, *you* must provide:

- any appropriate documentation that officially explains the cause of *your trip* cancellation or interruption, including:
 - the report of *your* physical examination [if applicable];
 - any explanation of diagnosis;
 - original itemized bills and receipts; **and**
 - proof of other insurance payments;
- any document that substantiates the cost or occurrence of the *trip* cancellation or interruption, including:
 - original unused tickets;
 - copies of invoices; **and**
 - proof of payments;
- any document indicating refunds received from:

- the travel supplier(s); **and/or**
- *common carrier*(s);
- a copy of the supplier’s literature that describes penalties; **and**
- a letter from the tour operator or an itemized bill from the travel agent stating the non-refundable amounts of the *trip* costs.

(II) Deadline to File a Claim

You must submit claims to *Allianz Global Assistance* within:

- **90 days** from date of loss; **or**
- within the longer period provided by law if applicable law provides for a longer period.

Failure to complete the required claim and authorization form in full will delay the assessment of *your* claim.

(B) Insurer’s Response

The insurer will notify *you* in writing of a decision to approve or decline *your* claim. Such notices will be provided within **10 days** after the insurer receives all information required upon which to make a decision. Payments will be issued within **5 days** after *your* claim has been approved.

The insurer will inform *you* of a denied claim and the reasons for denial within **5 to 10 days** after having received all of the documents required to form a decision.

All benefits will be paid 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*. At *our* option, *we* may pay a claim for benefits in the currency where the loss occurred or in Canadian currency.

CAUTION

This insurance will not pay for any interest.

(C) Appealing the Insurer’s Decision

All disputes, controversies or claims arising under the *Policy* or otherwise in connection with the *Policy* shall be decided by arbitration which shall be binding and without recourse to the courts or to an appeal.

This arbitration shall be before a single arbitrator in the Canadian province or territory in which the *Policy* was issued under the rules embodied in the arbitration legislation of that province or territory. In the absence of such legislation, the Commercial Arbitration Act R.S.C. 1998, C.17 (second supp.), as amended shall apply.

Any action or arbitration proceeding against *us* for the recovery of a claim under the *Policy* 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 province or territory where the *Policy* was issued, *you* must commence *your* action or arbitration proceeding within the shortest time permitted by the laws of that province or territory.

You may also consult the Autorité des marchés financiers or *your* own lawyer.

(D) Third Party Liability

If *you* incur losses covered by this insurance because of a third party, *we* may take legal action against that party at *our* expense. *We* have full rights of subrogation. *You* agree to allow *us* to fully assert *our* right to subrogation and to cooperate fully with *us* by delivering such documents. *You* agree to do nothing that would prejudice *our* rights to recover funds from any source.

CLAIMS APPEAL PROCESS

A. Let Us Know

If *you* are not satisfied with the outcome of *your* claim, please submit a written appeal with any new information or new documentation that *you* would like *us* to consider.

Contact Details:

By Mail: Appeals Department
P.O. Box 277
Waterloo, ON
N2J 4A4

Email: Appeals@allianz-assistance.ca
Fax: 1-519-742-9471
Attention: Appeals Department

B. Contact the Ombuds Office

If *you* are not satisfied with the outcomes of the previous steps, *you* may request additional consideration of *your* concern in writing to the Ombuds Office. Please note, the Ombuds Office will only review concerns that have gone through the appropriate steps above so *you* will want to indicate with whom *you* have already spoken with.

By mail: Ombuds Office
The Co-operators Group Limited
130 Macdonell Street, Box 3608
Guelph, ON N1H 6P8

E-mail: Ombuds@cooperators.ca
Phone: 1-877-720-6733
Fax: 1-519-823-9944

After the Ombuds Office's review, *you* will receive a written response, except in the case where a simple concern can be resolved over the phone. Most investigations are completed within 30 business days of receiving *your* complaint and all supporting documentation. If this deadline cannot be met, *you* will be contacted as to why extra time is required and when *you* can expect a response.

The written response from the Ombuds Office is considered the company's final position. Unless *you* present any new and relevant information that was not previously reviewed, *your* concern will not be reopened.

C. External Recourse Options

If *we* have not been able to resolve *your* concerns to *your* satisfaction, and *you* wish to pursue the matter further, you may contact the General Insurance OmbudsService (GIO). GIO is an independent service that offers recourse to consumers who have not been able to resolve their complaint by dealing with their insurance company. The OmbudService may be reached at 1-877-225-0446 or through their website at www.giocanada.org.

Note: You must follow the company's Complaint Resolution Process before GIO will become involved.

For Quebec clients: if *you* are not satisfied with how *your* concern was handled, or the results of our investigation, the law gives *you* the right to request, in writing, that a copy of *your* concern file be transferred to the Autorité des marchés financiers (AMF). *You* can reach the AMF by calling 1-877-525-0337 or by email at renseignement-consommateur@lautorite.qc.ca

D. The Financial Consumer Agency of Canada

The Financial Consumer Agency of Canada (FCAC) provides consumers with accurate and objective information about financial products and services, and informs Canadians of their rights and responsibilities when dealing with financial institutions. FCAC also ensures compliance with the federal consumer protection laws that apply to banks and federally incorporated trust, loan and insurance companies.

PROTECTING YOUR PERSONAL INFORMATION

CUMIS General Insurance Company (the “insurer”) and the insurer’s insurance administrator, Allianz Global Assistance, and the insurer’s agents, representatives and reinsurers (for the purpose of this Personal Information Notice collectively “we” “us” and “our”) require personal information including:

- details about you including your name, date of birth, address, telephone numbers, e-mail address, employer, and other identification
- medical records and information about you
- records that reflect your business dealings with and through us

This personal information is collected for the following insurance purposes when offering and providing insurance and related services:

- To identify and communicate with you
- To consider any application for insurance
- If approved, to issue a Policy or *Policy* of insurance
- To administer insurance and related benefits
- To evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses;
- To investigate claims and to determine eligibility for insurance benefits
- To provide assistance services
- For fraud prevention and debt collection purposes
- As required or permitted by law.

We only collect personal information necessary for insurance purposes from individuals who apply for insurance, from Certificate or Policy holders, insureds and claimants. In some cases we also collect personal information from members of a Certificate or Policy holder’s, insured’s or claimant’s family or their friends when they are unable, for medical or other reasons, to communicate directly with us. We also collect and disclose information for the insurance purposes from, to and with, third parties such as, but not necessarily limited to, health care practitioners and facilities in Canada and abroad, government and private health insurers and family members and friends of the insured, Certificate or Policy holder or claimant. We may also use and disclose information from our existing files for the insurance purposes. Our employees who require this information for the purposes of their duties will have access to this file.

Upon your request and authorization, we may also disclose this information to other persons.

From time to time, and if permitted by applicable law, we may also collect, use or disclose personal information in order to offer additional or upgraded products and services (the “optional purposes”).

When an individual applies for, purchases, or is covered by one of our insurance policies or submits a claim for insurance benefits, he or she is presumed to consent to the personal information practices described in this notice. If an individual does not wish to have their personal information used for the optional purposes they need only notify Allianz Global Assistance. A person may decline to have their information collected, used or disclosed for the insurance purposes but in that instance we will likely be unable to provide insurance and related services.

Personal information is maintained in the Certificate or Policy holder's, insured's or claimant's file that we establish and maintain in the offices of Allianz Global Assistance. In some instances we may additionally maintain or communicate or transfer information to health care and other service providers located outside of Canada. As a result, personal information may be accessible to regulatory authorities in accordance with the law of these other jurisdictions. For information about how to obtain access to written information about our policies and procedures with respect to service providers outside of Canada, please contact the Privacy Officer at **privacy@allianz-assistance.ca**.

We will retain the personal information we collect for a specified period of time and in a storage method appropriate with legal and our internal corporate requirements. Personal information will be securely destroyed following the expiration of the appropriate retention period.

Individuals have a right to request to access or correct personal information we have on file by contacting the Privacy Officer at **privacy@allianz-assistance.ca** or by writing to:

Privacy Officer
Allianz Global Assistance
4273 King Street East
Kitchener, ON
N2P 2E9

For a complete copy of our Privacy Policy please visit **www.allianz-assistance.ca**.

QUESTIONS?

If *you* have any questions or concerns about *our* products, services, *your Policy*, or claim please feel free to contact *Allianz Global Assistance* anytime:

Toll Free: 1-866-520-8823
Collect: 1-519-742-9013
Email: questions@allianz-assistance.ca

SIMILAR PRODUCTS

There are other types of products on the market that provide similar coverage. *You* should check to ensure that *you* are not covered by another insurance offering the same coverage as the one described in this guide.

REFERAL TO THE AUTORITÉ DES MARCHÉS FINANCIERS

To receive more information on the obligations of an insurer or distributor towards *you*, please contact:

Autorité des marchés financiers
Place de la Cité, Tour Cominar
2640 Laurier blvd., 4th Floor
Québec, QC
Canada
G1V 5C1

Telephone Numbers:

| | |
|------------|----------------|
| Toll-Free: | 1-877-525-0337 |
| Québec: | 418-525-0337 |
| Montréal: | 514-395-0337 |

Web Site

www.lautorite.qc.ca

DEFINITIONS

Defined terms are italicized in this guide.

Accident/Accidental: an event that is:

- external;
- sudden;
- unexpected;
- unintended; **and**
- unforeseeable,

occurring during the *coverage period*, arising wholly from *accidental* means, and causes *injury* independently of any other cause.

Accidental Bodily Injury: a bodily *injury* caused by an *accident* of external origin and that:

- occurs during the *coverage period*; **and**
- is the direct and independent cause of the loss.

Allianz Global Assistance: Allianz Global Assistance, *our* administrator for assistance and claims services under the *Policy*.

Children: unmarried persons who are dependent on *you* for support and are:

- **under 21 years of age;**
- **under 26 years of age** if a **full-time student**; **or**
- **mentally or physically** incapable of self-support and **over 20 years of age** and became so while eligible as a dependent child.

Common Carrier: any land, air or water conveyance:

- for regular passenger service;
- **fully** licensed to carry passengers for compensation or hire; **and**
- which undertakes to carry all persons indifferently as to who may apply for passage, so long as there is room and there is no legal excuse for refusal.

Contamination: the contamination or poisoning of people by:

- nuclear;
- chemical; **and/or**
- biological substances

which causes *illness* and/or death.

Coverage Period: the time insurance is in effect, beginning on the *effective date* and ending on the *expiry date*.

Covered Service: a service or supply, specified herein, for which *we* provide benefits under this insurance.

Departure Date: the date on which *you* are scheduled to leave *your departure point*.

Departure Point: the city from which *you* depart on *your trip*.

Effective Date: the date on which *your* coverage begins under this insurance as shown on *your* Declaration Page.

Emergency: an unforeseen event that occurs during the *coverage period* and makes it necessary to receive immediate *treatment* from a licensed *physician* or to be hospitalized.

Emergency Medical Treatment: the services or supplies provided by a:

- licensed *physician*;
- *hospital*; **or**
- other licensed provider.

Other licensed providers include:

- physiotherapists;
- chiropractors;
- chiropodists;
- podiatrists; **or**
- osteopaths.

The services must:

- be *medically necessary* to treat any *illness* or other covered condition that is acute (onset is sudden and unexpected); **and**
- which cannot be reasonably delayed until *you* return to *your* home country without endangering *your* health.

Expiry Date: the date on which *your* coverage ends under this insurance as shown on *your* Declaration Page.

Family Member: includes, whether or not they travel with *you*:

- *your spouse*;
- parents and step-parents;
- *children*, including those who are, or are in the process of becoming adopted, and *step-children*;
- siblings and step-siblings;
- grandparents or grandchildren;
- in-laws (parent, son, daughter, brother or sister, grandparents);
- aunts, uncles, nieces, nephews;
- legal guardian or ward.

- Hospital:** an establishment that is licensed as a hospital and:
- is operated for the care and *treatment of inpatients*;
 - has a registered nurse always on duty; **and**
 - has a laboratory and an operating room on the premises or in facilities controlled by the hospital.
- 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.
- Illness:** a sickness, infirmity or disease occurring during the *coverage period* that:
- requires *emergency* medical care; **and**
 - did **not** occur prior to the *effective date*.
- Immediate Family:** includes:
- *your spouse*;
 - *your parent*;
 - *your child* (including all natural or adopted *children*);
 - *your sibling*;
 - *your step-parents and step-children*;
 - *your grandparent or grandchild*.
- Injury:** bodily injury occurring during the *coverage period*, resulting directly and independently of all other causes, from an *accident*.
- Inpatient:** a person treated as a registered bed patient in a *hospital* or other facility and for whom a room and board charge is made.
- Medical Condition:** includes:
- *accidental bodily injury*;
 - sickness;
 - condition related to that *accidental bodily injury* or sickness;
 - disease;
 - acute psychosis; **and**
 - complications of pregnancy occurring within the **first 31 weeks** of pregnancy.

Medically Necessary or Medical Necessity:

the services or supplies provided by a *hospital, physician, dentist, or other licensed provider* that are required to identify or treat *your illness or injury* and that *we* determine are:

- consistent with the symptoms or diagnosis and *treatment of your condition, illness, ailment or injury*;
- appropriate with regard to standards of good medical practice;
- not solely for the convenience of *you, a physician or other provider*;
- the most appropriate supply or level of service that can be safely provided to *you*.

When applied to the care of an *inpatient*, it further means that *your* medical symptoms or condition requires that the services cannot be safely provided to *you* as an *outpatient*.

Mountain Climbing:

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

Outpatient:

someone who receives a *covered service* while not an *inpatient*.

Physician:

a person (other than an insured) who is not related to the insured by blood or marriage 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;
- an herbalist; **or**
- a homeopath.

Policy:

the entire *Policy* of Insurance document containing the terms and conditions of this insurance and issued to *you* by *us*.

Prepaid:

paid prior to *your departure date*.

Prescription Drug:

a drug or medicine that can only be issued upon the prescription of a *physician* or licensed dentist and is dispensed by a licensed pharmacist.

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* as shown on *your* Declaration Page (using the local time at *your* Canadian address).

Sanction:

Any business or activity that would violate any Canadian or any other applicable national economic or trade sanction law or regulations.

Spouse:

the person who is:

- legally married or in a legal civil union with *you*; **or**
- is living with *you* in a conjugal relationship and is publicly represented as *your* spouse or *your* domestic partner in the community in which *you* reside.

You may only have 1 spouse for the purposes of this insurance.

Stable:

any *medical condition* or related condition (including any heart condition or lung condition) for which all the following statements for that *medical condition* or related condition (including any heart or any lung condition) are true:

- there has been no new *treatment* or prescribed medication;
- there has been no change in *treatment* or change in prescribed medication including:
 - the amount of medication to be taken;
 - how often it is taken;
 - the type of medication; **or**
 - change in *treatment* frequency or type);
- there has been no new symptom, more frequent symptom or more severe symptom;
- there have been no test results showing deterioration;
- there has been no hospitalization or referral to a specialist (made or recommended) or the result of further investigations has not yet been completed.

Terrorism or Act of Terrorism:

an act including, but not limited to:

- the use of force or violence and/or the threat thereof;
 - 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.

This does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

Travel Advisory:

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

Travelling Companion:

a person with whom *you* are sharing travel arrangements and *prepaid* accommodation.

Treatment:

the medical advice, care and/or service provided by a *physician*.

This includes, but is not limited to, diagnostic measures and *prescription drugs* (including pills and inhaled or injected medications).

It does not include check-ups or cases where *you* have no specific symptoms.

Trip: a defined period of travel that is not for the purpose of obtaining health care or *treatment* of any kind.

We, Us and Our: refers to CUMIS General Insurance Company.

You and Your: refer to all persons listed on your Declaration Page under the plan purchased when the required insurance premium has been paid.

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

NOTICE GIVEN BY A DISRIBUTOR

Section 440 of the *Act respecting the distribution of financial products and services*

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

- The Act allows *you* to cancel an insurance contract *you* have just signed when signing another contract, **without penalty, within 10 days of its signature.** To do so, *you* must give the insurer notice by registered mail within that delay. *You* must use the attached model for this purpose.
- Despite the cancellation of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that *you* may lose advantageous conditions as a result of this insurance contract; contact *your* distributor or consult *your* contract.
- After expiry of the 10-day delay, *you* may cancel the insurance at any time; however, penalties may apply.
- Section 441 does not apply when the insurance contract is for a period of 10 days or less, and if it became effective at the time of the request for cancellation of the Trip Cancellation Insurance.
- Section 441 does not apply when the Trip Cancellation Insurance contract is purchased within 11 days prior to the *trip*.

For further information, contact the Autorité des marchés financiers at 1 877 525-0337.

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To: CUMIS General Insurance Company
C/O: Allianz Global Assistance
P.O. Box 277
Waterloo, ON
N2J 4A4

Fax: (519) 742-2581

Date: _____
(Date of sending of notice)

Pursuant to section 441 of the *Act respecting the distribution of financial products and services*, I hereby cancel insurance contract no.:

(Number of contract, if indicated)

Entered into on: _____
(Date of formation of contract)

In: _____
(Place of formation of contract)

(Name of client)

(Signature of client)

This document must be sent by registered mail.

(BACK)

Sections of the Act representing the distribution of financial products and services

439. A distributor may not subordinate the making of a contract to the making of an insurance contract with the insurer specified by the distributor.

The distributor may not exercise undue pressure on the client or use fraudulent tactics to induce the client to purchase a financial product or service.

440. A distributor that, at the time a contract is made, causes the client to make an insurance contract must give the client a notice, drafted in the manner prescribed by regulation of the Authority, stating that the client may rescind the insurance contract within 10 days of signing it.

441. A client may rescind an insurance contract made at the same time as another contract, within 10 days of signing it, by sending notice by registered or certified mail.

Where such an insurance contract is rescinded, the first contract retains all its effects.

442. No contract may contain provisions allowing its amendment in the event of rescission or cancellation by the client of an insurance contract made at the same time.

However, a contract may provide that the rescission or cancellation of the insurance contract will entail, for the remainder of the term, the loss of the favourable conditions extended because more than one contract was made at the same time.

443. A distributor that offers financing for the purchase of goods or services and that requires the debtor to subscribe for insurance to guarantee the reimbursement of the loan must give the debtor a notice, drawn up in the manner prescribed by regulation of the Authority, stating that the debtor may subscribe for insurance with the insurer and representative of the debtor's choice provided that the insurance is considered satisfactory by the creditor, who may not refuse it without reasonable grounds. The distributor may not subordinate the making of the contract of credit to the making of an insurance contract with the insurer specified by the distributor.

No contract of credit may stipulate that it is made subject to the condition that the insurance contract subscribed with such an insurer remain in force until the expiry of the term, or subject to the condition that the expiry of such an insurance contract will entail forfeiture of term or the reduction of the debtor's rights.

The rights of the debtor under the contract of credit shall not be forfeited when the debtor rescinds, cancels or withdraws from the insurance contract, provided that the debtor has subscribed for insurance with another insurer that is considered satisfactory by the creditor, who may not refuse it without reasonable grounds.

ACKNOWLEDGEMENT OF RECEIPT

You acknowledge receipt of this Distribution Guide upon purchasing the Trip Cancellation Insurance Coverage.

Date: _____
(Date of Acknowledgement of Delivery)

Distributor: _____
(Name of Distributor)

Client: _____
(Client's Signature)

(Client's Name)

(Client's Address)

This Acknowledgement of Receipt must be kept on record by the Distributor as proof that the client has received a copy of the distribution guide.