

ROGERS bank...

Certificate of Insurance

Rogers™ World Elite® Mastercard®



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Effective Date: May 16, 2018

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EMERGENCY MEDICAL & TRIP CANCELLATION / INTERRUPTION PROTECTION COVERAGE

IMPORTANT NOTICE

Read this certificate of insurance carefully.

This *certificate of insurance* is designed to cover losses arising from sudden and unforeseeable circumstances only. It is important that you read and understand this *certificate of insurance* as coverage is subject to limitations and exclusions.

The inclusive Out-of-Province/Out-of-Country Emergency Medical benefit of this certificate of insurance is available only if an insured person is age 75 or under. This age restriction applies to the primary cardholder, the primary cardholder's spouse, primary cardholder's dependent children and authorized user.

Out-of-Province/Out-of-Country Emergency Medical coverage is provided for the first 10 days of a *trip* for *insured persons* 64 years of age and under, or for the first 3 days of a *trip* for *insured persons* 65 years of age up to and including 75 years of age.

<u>Warning:</u> Travel insurance doesn't cover everything; it is designed to cover losses arising from sudden and unforeseeable circumstances due to an *emergency*. It is important that you read and understand your coverage before you travel as coverage may be subject to certain limitations or exclusions.

The Out-of-Province/Out-of-Country Emergency Medical, Trip Cancellation, Trip Interruption/Trip Delay benefits contain a *pre-existing condition* exclusion for travellers of any age. This exclusion applies to *medical conditions* and/or *signs or symptoms* that existed on or prior to the date the *coverage period* began.

In the event of a medical *emergency*, you or someone on your behalf must notify the administrator, Allianz Global Assistance (toll free 1-866-856-7323 or worldwide collect (519) 742-1723) within 24 hours of admission to a *hospital* and before any surgery is performed. Also notify Allianz Global Assistance if you must cancel, interrupt or delay your *trip*, or you experience any *emergency*. Failure to notify Allianz Global Assistance as required will delay the processing and payment of claim and may limit the amount of claim payment.

In the event of an accident, *injury* or *sickness*, an *insured person's* prior medical history may be reviewed when a claim is reported.

IMPORTANT NOTICE: This *certificate of insurance* contains a provision removing or restricting the right of an *insured person* to designate persons to whom or for whose benefit insurance money is to be payable.

The Out-of-Province/Out-of-Country Emergency Medical benefits described herein are underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies under Group Policy No. FC310040-A (referred to herein as the "Policy"). The *insured person* and any claimant under this insurance may request a copy of the Policy subject to certain access restrictions. The Policy is issued to Rogers Bank (the "policyholder", "Rogers"). All other benefits, such as Trip Cancellation and Trip Interruption/Trip Delay are offered by CUMIS General Insurance Company under an individual policy. The last four digits of your Rogers World Elite *Mastercard* number is your *certificate of insurance* number. This insurance is administered by Allianz Global Assistance, which is a registered business name of AZGA Service Canada Inc.

The insurance described in this *certificate of insurance* is for eligible Rogers World Elite *Mastercard* cardholders whose *accounts* are in *good standing* and where specified, *the primary cardholder's spouse, primary cardholder's dependent children* and *authorized users* (referred to herein as "*insured persons*").

All benefits are subject, in every respect, to the terms of the Policy, which alone constitutes the agreement under which payments are made. Only Rogers may determine who is a *primary cardholder*, whether an *account* is in *good standing* and whether the insurance pursuant to this *certificate of insurance* has come into or is in force.

No person is eligible for coverage under more than one *certificate of insurance* providing insurance coverage similar to that provided hereunder. In the event that any person is recorded by the *insurer* under more than one such certificate or policy, such person shall be deemed to be insured only under the certificate or policy, which affords that person the greatest amount of insurance coverage. In no event will a corporation, partnership or business entity be eligible for any coverage under this *certificate of insurance*. This *certificate of insurance* supersedes any certificate or policy previously issued.

Definitions

In this *certificate of insurance*, certain terms have defined meanings. Defined terms are in bold italics throughout this document.

Accident(al) means a sudden, unexpected, unforeseeable, unavoidable external event and excludes disease or infections. Account means the primary cardholder's World Elite Mastercard account, which is in good standing with Rogers.

Act of terrorism means an act, including but not limited to hijacking, the use of force or violence and/or the threat thereof or commission or threat of a dangerous act, of any person or group(s) or government(s), committed for political, religious, ideological, social, economic or similar purposes including the intention to intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest against any government and/or to put the civilian population, or any section of the civilian population, in fear.

Act of war means any loss or damage arising directly or indirectly from, occasioned by, happening through or in the consequence of: war; invasion; acts of foreign enemies; hostilities or warlike operations (whether war is declared or not) by any government or sovereign, using military personnel or other agents; civil war; rebellion; revolution; insurrection; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power.

Authorized user means any person whom a Rogers World Elite Mastercard was issued at the authorization of the primary cardholder.

Canadian resident means a person legally authorized to reside in Canada and who maintains a permanent residence in Canada to which they will return after their **trip**.

Caregiver means the person entrusted to care for dependents on a permanent full-time basis and whose absence cannot reasonably be replaced.

Certificate of insurance means a summary of the benefits provided under the group Policy issued to Rogers covering **accident** and **sickness**, and the individual policy of insurance for all other benefits.

Commercial accommodation means an establishment providing short-term accommodation for paying guests, licensed under the law of its jurisdiction, which provides proof of commercial transaction. This includes accommodation booked through an online marketplace or homestay network.

Common carrier means an airline, bus, taxi, car service, train, cruise ship or government-operated ferry system offering its transportation services to paying passengers at published rates and scheduled times.

Coverage period means the time coverage is in effect, as indicated in the various sections of this certificate of insurance.

Default means a complete cessation of operations as a result of a bankruptcy of a contracted travel supplier.

Departure date means the date on which an insured person departs on their trip from their place of ordinary residence.

Dependent child(ren) means an unmarried natural, adopted or stepchild of a **primary cardholder** dependent on the **primary cardholder** for maintenance and support who is:

- 20 years old and under; or
- 25 years old and under and a full-time student attending a recognized college or university; or
- 21 years old and over, permanently mentally or physically challenged and incapable of self-support and became so while eligible as a *dependent child*.

Effective date means the date Rogers accepted the **primary cardholder's** application and issued a World Elite **Mastercard** and the **insured person** meets all the eligibility requirements outlined herein.

Emergency means a sudden, unforeseen **sickness** or **injury** occurring during a **trip**, which requires immediate intervention by a **physician** or legally licensed dentist and cannot reasonably be delayed. An **emergency** is deemed to no longer exist when medical evidence indicates that an **insured person** is able to continue on the **trip** or return to their place of ordinary residence in Canada.

Emergency dental care means the services or supplies provided by a licensed dentist, **hospital** or other licensed provider that are immediately and **medically necessary.**

Good standing means being in full compliance with all of the provisions of the cardholder agreement (as determined at Rogers sole discretion) in force between the **primary cardholder** and Rogers.

Heart condition includes angina or chest pain, arrhythmia, arteriosclerosis, atrial fibrillation, congenital heart defect, heart failure, cardiomyopathy, carotid artery occlusion, heart attack (myocardial infarction), heart murmur, irregular heart rate or beat, any other condition relating to the heart or cardiovascular system.

High-risk activity(ies) means:

- heli-skiing;
- any skiing or snowboarding outside marked trails;
- ski jumping or bungee jumping;
- skydiving, sky-surfing or hang-gliding;
- scuba diving (except if certified by internationally recognized and accepted program such as NAUI or PADI, or if diving depth does not exceed 30 meters.);
- white water rafting (except grades 1 to 4.);
- street luge, skeleton activity;
- rock climbing (includes but is not limited to bouldering, ice climbing, lead or top-rope, multi-pitch, soloing, sport climbing, trad climbing or via ferrata. Rock climbing does not include climbing artificial rock walls when using proper safety equipment under supervision.);
- mountain climbing (the ascent or descent of a mountain requiring the use of specified equipment including crampons, pick axes, anchors, bolts, carabiners and lead-rope or top rope anchoring equipment.)
- · parachuting or parasailing; or
- air travel other than as a ticketed passenger.

Hospital means a facility incorporated or licensed as a **hospital** by the jurisdiction where such services are provided and which has accommodation for resident **inpatients**, a laboratory, a registered graduate nurse and **physician** always on duty and an operating room where surgical operations are performed by a **physician**. In no event shall this include a convalescent or nursing home, home for the aged, health spa, or an institution for the care of drug addicts, alcoholics or persons suffering from mental or emotional disorders.

Immediate family member means the *insured person's spouse*, *dependent child*, parent, step-parents, sibling, step-siblings, legal guardian, parent-in-law, grandparents, grandchildren, daughter-in-law, son-in-law, brother-in-law and sister-in-law

Injury means bodily harm, which is directly caused by or resulting from an *accident*, being a sudden and unforeseen event, excluding bodily harm that results from deliberate or voluntary action, and independent of *sickness* and all other causes.

Inpatient means a person who is treated as a registered bed patient in a *hospital* or other facility and for whom is charged room and board.

Insured person means the primary cardholder, primary cardholder's spouse, and primary cardholder's dependent children and authorized user. NOTE: The authorized user's spouse and dependent children are not insured persons.

Insurer means CUMIS General Insurance Company, a member of The Co-operators group of companies.

Lung/respiratory condition includes asbestosis, bronchiectasis, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, pulmonary embolism, pulmonary fibrosis, pulmonary edema, tuberculosis.

Mastercard means a World Elite Mastercard issued by Rogers.

Medical condition means any sickness, injury or symptom.

Medical consultation means any medical services obtained from a licensed medical practitioner for a **sickness, injury** or **medical condition**, including but not limited to any or all of: history taking, medical examination, investigative testing, advice or **treatment**, and during which a diagnosis of the condition need not have been definitively made. This does not include regular medical check-ups where no medical **signs or symptoms** existed between check-ups or were found during the check-up. **Treatment** provided when medical evidence indicates an **insured person** could delay **treatment** or return to Canada for such **treatment** is not considered a medical **emergency** and is not covered.

Medically necessary means the services or supplies provided by a **hospital**, **physician**, licensed dentist or other licensed provider that are required to identify or treat and **insured person's sickness** or **injury** and that the **insurer** determines is:

- consistent with the symptom or diagnosis and treatment of an insured person's condition, sickness, ailment or injury;
- · appropriate with regard to standards of good medical practice;
- not solely for the convenience of an *insured person*, a *physician* or other licensed provider;
- the most appropriate supply or level of service that can be safely provided to an *insured person*; and
- when applied to the care of an *inpatient*, it further means that the *insured person's* medical symptoms or condition require that the services cannot be safely provided to an *insured person* as an *outpatient*.

Minor ailment means a *sickness* or *injury* which ended more than 30 days prior to the *effective date* and which did not require:

- a) treatment for a period longer than 15 consecutive days; or
- b) more than one follow-up visit to a physician; or
- c) hospitalization, surgery, or referral to a specialist.

Nuclear, chemical or biological means the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent, including the resultant contamination where:

- Nuclear means any occurrence causing bodily injury, sickness, disease, or death, or loss of or damage to
 property, or for loss of use of property, arising out of or resulting from the radioactive, toxic, explosive, or other
 hazardous properties of source, special nuclear, or by-product material.
- Chemical agent means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- **Biological** agent means any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Outpatient means someone who receives a covered service while not an inpatient.

Physician means a person other than an **insured person**, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and who is not related to the **insured person** by blood or marriage.

Pre-existing condition means a **sickness**, **injury** or **medical condition**, whether or not diagnosed by a **physician** that an **insured person**:

- exhibited signs or symptoms; or
- required or received medical consultation; or
- is waiting for test results; or
- has been referred to see a specialist for additional testing; and
- had prior to the *departure date* or any *trip* payment.

Primary cardholder means the cardholder who has signed the application for a World Elite **Mastercard**, as primary cardholder and for whom the **Mastercard account** is established by Rogers.

Professional means an individual who is considered as such by the governing body of the sport and are paid for participation whether they win or lose.

Reasonable and customary means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable *treatment*, services or supplies for a similar *sickness* or *injury*.

Recurrence means the appearance of symptoms caused by or related to a **medical condition**, which was previously diagnosed by a **physician** or for which **treatment** was previously received.

Sickness means any illness or disease.

Signs or symptoms means any evidence of disease experienced by an insured person or recognized through observation.

Spouse means the person who is legally married to the *primary cardholder* or the person who has lived in the same household for one year with the *primary cardholder* in a conjugal relationship and is publicly represented as the *spouse* of the *primary cardholder*. For the purposes of this insurance the *primary cardholder* may have only one *spouse*.

Stable describes any *medical condition* or related condition, including any *heart condition* or *lung/respiratory condition*, for which:

- a) there has been no new treatment; and
- b) there has been no change in treatment or change in treatment frequency or type; and
- c) there have been no signs or symptoms or new diagnosis; and
- d) there have been no test results showing deterioration; and
- e) there has been no hospitalization; and
- f) there has been no referral to a specialist (made or recommended) and are not awaiting surgery or the results of investigations performed by any medical professional.

The following are also considered stable:

- a) Routine (not prescribed by a **physician**) adjustment of insulin to control diabetes provided the insulin was not first prescribed during the time period specified in the **pre-existing conditions** exclusion.
- b) Change from a brand name medication to a generic medication provided the medication was not first prescribed during the time period specified in the *pre-existing conditions* exclusion and there is no increase or decrease in dosage.
- c) Routine adjustment of Coumadin or Warfarin provided the Coumadin or Warfarin was not first prescribed during the time period specified in the *pre-existing conditions* exclusion.
- d) A minor ailment.

Ticket means evidence of full fare paid for travel on a **common carrier**, which the full cost including taxes and/or fees has been charged to the **account**.

Travel advisory means a formal written notice issued by the Canadian government instructing travellers to avoid all travel or avoid non-essential travel to a country, region or city. This does not include travel information reports.

Travel companion means a person with whom an **insured person** has coordinated travel arrangements and with whom they intend to travel during the **trip**. Exception: No more than three individuals (including the **insured person**) will be considered travel companions on any one trip.

Travel supplier means a tour operator, travel wholesaler, airline, cruise line, provider of ground transportation or provider of **commercial accommodation** that is contracted to provide travel services to an **insured person** and that is licensed, registered or otherwise legally authorized to operate and provide travel services.

Treatment means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a **physician** including, but not limited to, prescribed medication, investigative testing or surgery.

Trip means a period during which an *insured person* is travelling outside of their province or territory of residence and for which coverage is in effect. For Trip Cancellation & Trip Interruption and Delay benefits, a trip begins when an *insured person* leaves their place of ordinary residence.

Vehicle means a private passenger automobile or motorcycle that is used exclusively for the transportation of passengers; and is either owned or rented by an **insured person**.

Assistance Services

Assistance services are available to all Rogers World Elite *Mastercard* cardholders and *insured person(s)*, 24 hours a day, 7 days a week. Allianz Global Assistance can provide you with important information you need before your *trip* and *emergency* medical services or non-medical *emergency* services you may require during your *trip*. You do not need to charge your *trip* to your *Mastercard* to use these services.

NOTE: The following assistance services are for your convenience only, expenses related to these helpful services may not be covered under this *certificate of insurance*. Please refer to the benefit wording for details of what is covered.

Pre-Trip Assistance

- Passport and travel visa information
- Health hazards and travel advisories
- Inoculation and vaccination requirements
- Weather information
- Currency exchange information
- Consulate and embassy locations
- Coverage-related questions and inquiries

Medical Emergency Assistance

- Monitoring the status of your medical case and communicating between patient, family physician, employer, travel supplier, consulate, etc.
- Coordinating travel arrangements as follows:
 - emergency medical transportation and treatment en route, at the request of you or your physician;
 - escort and transportation home for stranded dependent children and/or other extended family members or friends while you are in hospital;
 - o your return home if ill or injured;
 - o should you die away from home, services for the repatriation of your remains.

Non-Medical Emergency Assistance

- Cash services in the event of an *emergency*, Allianz Global Assistance will coordinate between you and your friend, family member, business or credit card company for a cash transfer.
- Message services Allianz Global Assistance will take *emergency* messages from or for you.
- Ticket/document replacement Allianz Global Assistance will help you replace lost or stolen airline tickets or travel documents.
- Legal services Allianz Global Assistance will help you contact a local attorney or the appropriate consular officer if you are arrested or detained, are in a traffic *accident* or otherwise require legal help.
- Bail bond services these can be coordinated for you in all locations where they are available.

 Interpretation services – Allianz Global Assistance can connect you with an interpreter when required for emergency services abroad.

Emergency Procedures

In the event of a medical *emergency*, the *insured person* or someone acting on the *insured person*'s behalf must notify Allianz Global Assistance as soon as possible upon admission to a *hospital* and before any surgery is performed.

Limits on Coverage

If Allianz Global Assistance is not notified at an early stage in the claim, the *insured person* may receive inappropriate or unnecessary medical *treatment*, which may not be covered by this insurance. The *insured person* will be responsible for any expenses that are not payable by the *insurer*.

From Canada and the United States call: 1-866-856-7323

From elsewhere call collect: (519) 742-1723

Fax: (519) 742-9471

Allianz Global Assistance is here to help with service 24 hours a day, 7 days a week. Allianz Global Assistance will assist in finding and arranging medical care; provide claims management and payment assistance under this insurance; pay *hospitals* and other medical providers directly whenever possible; and coordinate claims with the *insured person's* government health insurance plan whenever possible.

If the covered medical expense is relatively small, the **hospital** or **physician** may ask you to pay. The **primary cardholder** will be reimbursed for covered expenses upon submission of a claim.

Subject to the limitations of this insurance, Allianz Global Assistance will offer to all *hospitals*, which provide an *insured person* with *medically necessary treatment*, a guarantee of coverage for covered services. If the guarantee is not accepted, Allianz Global Assistance will assist in arranging and coordinating payment wherever possible.

Please call Allianz Global Assistance at 1-866-856-7323 or (519) 742-1723 if you have any questions regarding what is not covered.

Certificate Effective and Termination Date

Unless otherwise stated, this *certificate of insurance* comes into effect on the date Rogers receives and approves the *primary cardholder's* application for the Rogers World Elite *Mastercard*, which includes the benefits described in this *certificate of insurance* as a feature of their *Mastercard*.

Unless otherwise stated, this *certificate of insurance* terminates on the earliest of:

- the date the *insured person* is no longer eligible to participate;
- the date the account is determined to be ineligible as defined by Rogers;
- the date Rogers ceases to pay premium to the *insurer*; or
- · the date the Policy is terminated.

Out-of-Province/Out-of-Country Emergency Medical Coverage

Coverage Eligibility

To be eligible for the Out-of-Province/Out-of-Country Emergency Medical Coverage benefits an *insured person* must meet the following conditions:

- be a Canadian resident listed on a Rogers World Elite Mastercard account;
- be age 75 or under; and
- be covered by a government health insurance plan for the duration of the trip.

Insured persons do not need to charge their **trip** to the **Mastercard** to be eligible for this coverage, providing they are travelling outside their province or territory of residence and the Rogers World Elite **Mastercard account** is in **good standing**.

Coverage Period

Coverage for each *trip* is effective upon the *departure date* from the *insured person's* province or territory of residence. Coverage for each *trip* will terminate on the earliest of the following:

- the date the *insured person* returns to their Canadian province or territory of residence;
- the date the *insured person* attains age 76 (for *dependent children* see the definition for age limits); or
- the date the *insured person* reaches the maximum number of days permitted for each *trip* (including date of departure):
 - o 10 days for ages 64 and under; or
 - o 3 days for ages 65 up to and including age 75.

Automatic Extension of Coverage

If an *insured person* cannot return home as originally scheduled, coverage will automatically be extended under the following circumstances:

- a) <u>Delay of transportation (a vehicle, airline, bus, train, or government-operated ferry system)</u>: Coverage will be automatically extended for up to 72 hours in the event of a delay, due to circumstances beyond an *insured person's* control, of the transportation in which they are riding or are scheduled to ride as a passenger that causes them to miss their scheduled return date.
- b) Medically unfit to travel: Coverage will be automatically extended for up to five days, if medical evidence supports that an *insured person* or their *travel companion* are medically unfit to travel due on their scheduled return date due to a covered *sickness* or *injury*.
- c) <u>Hospitalization:</u> Coverage will be automatically extended during the period of *hospital* confinement, plus five days after release to travel home, if an *insured person* or their *travel companion* is hospitalized as a result of a covered *injury* or *sickness* during the *trip*. This coverage will be extended to the *travel companion* remaining with the *insured person* when reasonable and necessary, under their respective policy.

Benefits

The *insurer* agrees to cover the *reasonable and customary* charges up to a maximum of \$1 million incurred by an *insured person* for the medical *treatment* and covered services arising from a medical *emergency* which occurs during the *coverage period*.

The following are eligible expenses covered by this insurance, subject to all exclusions and limitations described in this *certificate of insurance*. Any *treatment* or service not listed below is not covered. Neither the *insurer*, nor Allianz Global Assistance, nor Rogers are responsible for the availability, quality or results of any medical *treatment* or transportation, or the failure of an *insured person* to obtain medical *treatment*.

Emergency Hospital, Ambulance & Medical Expenses

 The insurer agrees to provide coverage for hospital accommodation, including private or semi-private room, and for reasonable and customary services and supplies necessary for an insured person's emergency care while a resident inpatient, including drugs or medications prescribed by a physician.

The *insurer* agrees to provide coverage for the following services, supplies or *treatment*, when received during an *insured person's trip* and provided by a licensed health practitioner who is not related to the *insured person* by blood or marriage.

- a) The services of a legally licensed *physician*, surgeon, anaesthetist or registered graduate nurse.
- b) Up to \$5,000 for private duty services of a registered nurse when approved in advance by Allianz Global Assistance.
- c) The services of the following legally licensed practitioners for *treatment* of a covered *injury*, up to \$150 per profession:
 - chiropractor
 - osteopath
 - chiropodist
 - podiatrist
 - acupuncturist
 - physiotherapist
- d) When performed at the time of the initial **emergency**, lab tests and/or X-ray examinations as ordered by a **physician** for the purpose of diagnosis.
- e) The use of a licensed local air, land, or sea ambulance (including mountain or sea evacuation), or taxi to and from the nearest *hospital* when reasonable and necessary.

- f) Rental of crutches or hospital-type bed, not exceeding the purchase price, and the cost of splints, trusses, braces or other prosthetic appliances approved in advance by Allianz Global Assistance.
- g) Emergency outpatient services provided by a hospital.
- h) Drugs or medications that require a *physician*'s written prescription, other than those required to continue to stabilize a *medical condition* or related condition which an *insured person* had before their *trip*, up to a 30 day supply, except during hospitalization as an *inpatient*.

Emergency Air Transportation or Evacuation

2. If required, Allianz Global Assistance, on the *insurer's* behalf, agrees to arrange for the transport of an *insured person* to the nearest appropriate medical facility or to a Canadian *hospital* due to a covered *emergency sickness* or *injury*. Any *emergency* transportation such as air ambulance, one-way airfare, stretcher, and/or a medical attendant, must be pre-approved and arranged by Allianz Global Assistance.

Attendant / Return of Travel Companion

3. If an *insured person* is returned to Canada under the Emergency Air Transportation or Evacuation benefit, the *insurer* agrees to cover the extra cost of a one-way economy class airfare to return their *dependent children* and/or *travel companion* to their province or territory of residence; and if required, the cost of an attendant's return economy class airfare (not related to the *insured person* by blood or marriage) to travel with the *insured person's dependent children* or *travel companion* who are physically or intellectually disabled and reliant on the *insured person* for assistance to their province or territory of residence.

Benefits are payable only when approved in advance and arranged by Allianz Global Assistance.

Emergency Dental Care Expenses

4. The *insurer* agrees to cover the cost to repair or replace natural teeth or permanently attached artificial teeth required as the result of an *accidental* blow to the mouth, to a maximum of \$2,000 per *insured person*. Chewing accidents are not covered. To be eligible for coverage, dental *treatment* must take place during the *trip*.

Treatment for the emergency relief of dental pain is covered to a maximum of \$150 per insured person.

Transportation to Bedside

- 5. The *insurer* agrees to reimburse the cost of one round-trip economy airfare by the most direct and cost effective route from Canada, plus lodging and meals up to a maximum of \$200 per day to a maximum of 10 days per *account*, for any one family member or friend to:
 - be with an *insured person* who is travelling alone and has been admitted to a *hospital* due to a covered *sickness* or *injury* as an *inpatient*. The *insured person* must be expected to be an *inpatient* for at least seven days outside their home province or territory and have verification from the attending *physician* that the situation is serious enough to require the visit; or
 - identify an *insured person's* remains in the event of death due to a covered *sickness* or *injury* and the local authorities legally require the attendance of a family member or close friend before the release of the body.

Return of Deceased (Repatriation)

6. If during an *insured person's trip* a covered *sickness* or *injury* results in death, the *insurer* agrees to reimburse up to \$3,000 for the preparation (including cremation) and transportation of the deceased's remains to his/her province or territory of residence. The cost of a burial coffin or urn is not covered.

Additional Hotel and Meal Expenses

7. If an *insured person's* return to Canada is delayed due to a medical *emergency*, the *insurer* agrees to reimburse the cost for hotel and meal expenses incurred after their planned return date up to \$200 per day to a maximum of 10 days per *account*. Original receipts must be submitted to receive reimbursement.

Return of Vehicle

8. If as a result of a covered **sickness** or **injury**, an **insured person** is unable to return to Canada with the **vehicle** used for their **trip**, this insurance will reimburse the cost of a commercial agency to return the **vehicle** to its point of origin.

Benefits will only be payable when the return of the *vehicle* is pre-approved and/or arranged by Allianz Global Assistance and the *vehicle* is returned to the *insured person's* normal place of residence or the nearest appropriate rental agency within 30 days of their return to Canada.

Original itemized receipts must be submitted to receive reimbursement.

Exclusions

1. Benefits are not payable for costs incurred due to, contributed to by, or resulting from:

Pre-existing Conditions

Pre-existing conditions applicable to insured person(s) up to and including age 64:

- a) any *medical condition* or related condition, other than a *minor ailment*, that was not *stable* within the six months immediately before the *departure date* or any *trip* payment; or
- b) any *heart condition* if nitroglycerine in any form has been used for a *heart condition* within the six months immediately before the *departure date* or any *trip* payment; or
- c) any lung/respiratory condition if home oxygen or prednisone has been prescribed or used for a lung/respiratory condition within the six months immediately before the departure date or any trip payment.

Pre-existing conditions applicable to insured person(s) age 65 up to and including 75:

- a) any *medical condition* or related condition, other than a *minor ailment*, that was not *stable* within one year immediately before the *departure date* or any *trip* payment; or
- b) any *heart condition* if nitroglycerine in any form has been used for a *heart condition* within one year immediately before the *departure date* or any *trip* payment; or
- any *lung/respiratory condition* if home oxygen or prednisone has been prescribed or used for a *lung/respiratory condition* within the one year immediately before the *departure date* or any *trip* payment.
- 2. Benefits are not payable for costs incurred due to, contributed to by, or resulting from:
 - continued treatment or a recurrence or complication of the sickness, injury or medical condition for which an
 insured person refused to be transferred or transported when declared medically fit to travel; or
 - any treatment, investigation or hospitalization that is a continuation of, or subsequent to, any previous emergency treatment of a sickness or injury for the same diagnosis.
- 3. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any of the following not approved in advance by Allianz Global Assistance:
 - surgery except in extreme circumstances where performed on an emergency basis immediately following hospital admission; or
 - MRI (Magnetic Resonance Imaging); or
 - · CAT (Computer Axial Tomography) scans; or
 - sonograms; or
 - ultrasounds; or
 - · biopsies; or
 - emergency air transportation.
- 4. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any *treatment* not performed by or under the supervision of a legally licensed *physician* or dentist.
- 5. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any of the following conditions or complications thereof occurring within nine weeks of the expected date of birth:
 - · pregnancy; or
 - routine pre-natal care; or
 - · miscarriage: or
 - childbirth.
- 6. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any *insured person* knowingly exposing himself/herself to risk from or participation in:
 - · riot or civil disorder; or
 - · committing or attempting to commit a criminal offence; or
 - act of war (declared or undeclared); or
 - · rebellion or revolution; or
 - act of terrorism caused directly or indirectly by nuclear, chemical or biological means; or
 - service in the armed forces.
- 7. Benefits are not payable for costs or losses incurred due to, contributed to by, or resulting from:
 - mental or nervous disorders that do not require immediate hospitalization; or
 - intentional self-injury; or
 - suicide or attempted suicide.

- 8. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any *injury* or *accident* occurring while the *insured person* is under the influence of illicit drugs or alcohol (where the concentration of alcohol in the *insured person's* blood exceeds 80 milligrams of alcohol in 100 millilitres of blood or when the *insured person* illustrates a visible impairment due to alcohol or illicit drugs) and any chronic *sickness* or hospitalization related to, or exacerbated by, the habitual use of alcohol or illicit drugs.
- 9. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from:
 - abuse of any medication or non-compliance with prescribed medical *treatment* or therapy; or
 - · drugs or medications commonly available without a prescription; or
 - drugs or medications which are not legally registered and approved in Canada; or
 - · prescription refills.
- 10. Benefits are not payable for costs incurred due to, contributed to by, or resulting from *injury* as a result of training for, competing or participating in:
 - · any speed contests; or
 - high-risk activities; or
 - · full contact bodily sports; or
 - professional sport activities.
- 11. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any *treatment* or surgery, where the *insured person* can return to their province or territory of residence for such *treatment* without adversely affecting their *medical condition*.
- 12. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any sickness, injury or medical condition if an insured person undertook their trip with the prior knowledge that treatment, palliative care or alternative therapy of any kind would be required.
- 13. Benefits are not payable for costs incurred due to, contributed to by, or resulting from a *trip* commenced or continued against the advice of the *insured person's physician*.
- 14. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any *medical consultation* that is non-*emergency* or elective.
- 15. Benefits are not payable for any costs incurred due to, contributed to by, or resulting from any sickness, injury or medical condition for which future investigation or treatment (other than routine monitoring) is planned or recommended before to an insured person's departure date.
- 16. Benefits are not payable for costs incurred due to the loss, damage or replacement of eyeglasses, contact lenses or hearing aids.
- 17. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any **sickness** or **injury** when such **sickness** or **injury** occurs in a city, region, or country for which the Canadian government issued a written warning prior to the **departure date** to avoid all travel, or to avoid non-essential travel, to that city, region, or country, and such **sickness** or **injury** is due to, contributed to by, or resulting from the reason for the warning.

Trip Cancellation and Trip Interruption and Trip Delay Coverage

IMPORTANT NOTE: If an *insured person* cancels their *trip* before the scheduled *departure date*, they must cancel the *trip* with the *travel supplier* within 48 hours of the event that caused the cancellation. Failure to do so may reduce the amount payable. The benefit amount is calculated based on the date of the event that caused the cancellation and not the date the *insured person* cancelled the trip. *Insured persons* are not covered for circumstances which they were aware of at time of purchasing their *trip*.

Trip Cancellation

Coverage Eligibility

To be eligible for the Trip Cancellation Coverage benefits an *insured person* must meet the following conditions:

- be a Canadian resident listed on a Rogers World Elite Mastercard account; and
- the full cost of an *insured person's trip* is charged to the *account* prior to departure.

Coverage Period (Prior to Departure)

Coverage begins on the date of the first *trip* payment and before any cancellation penalties have been incurred. Coverage ends at the time of the *trip's* scheduled departure or the date of cancellation, whichever is earliest.

Benefits

If an *insured person's trip* is cancelled due to a Covered Reason listed below, the *insurer* agrees to reimburse for the prepaid portion of the *trip* which is non-refundable or non-transferable to another travel date, up to \$1,000 per *insured person* to an overall maximum of \$5,000 per *account*, per *trip*.

Covered Reasons

Health

- 1. The unexpected death, sickness, injury, or quarantine of an insured person, their immediate family member, their travel companion or travel companion's immediate family member. Sickness and injury must require the care and attendance of a physician and the physician must recommend in writing cancellation of the trip.
- The unexpected death, sickness or injury of a caregiver with whom an insured person has contracted to care for a
 dependent in their absence. Sickness and injury must require the care and attendance of a physician and the
 physician must then recommend in writing cancellation of the trip.
- 3. Side effects and/or adverse reactions to vaccinations required for an *insured person's trip*.
- 4. Hospitalization or death of the host at the principal destination of an *insured person*.
- 5. Complications of an *insured person*, or their *travel companion*'s, pregnancy within the first 28 weeks of pregnancy or complications following the normal full term birth of a child.

Work

- 6. Cancellation of a planned business meeting due to death or hospitalization of the person with whom the *insured person* is to meet, or cancellation of a conference (for which the *insured person* has paid registration fees) due to circumstances beyond the control of the *insured person* or their employer. Benefits are only payable to *insured person(s)* who are attending the meeting. Proof of registration will be required in the event of a claim.
- 7. A transfer by an *insured person's* employer that requires a change of their permanent residence.
- The *insured person* is called to service by the Canadian government with respect to reservists, military, police or fire personnel.
- 9. After having been with the same employer for at least one-consecutive year, an *insured person* is terminated or laid-off through no fault of their own after the *coverage period* began.

Travel advisories and weather

- A disaster renders an *insured person*, or their *travel companion's*, principal residence uninhabitable or place of business unusable.
- 11. A travel advisory issued by the Canadian government for an insured person's destination after the trip was booked. An itinerary, hotel booking or other documentation showing an insured person was travelling to the destination with the travel advisory is required.
- 12. Weather conditions delay an *insured person's* scheduled carrier for 30% or more of the total duration of the *trip* and the *insured person* elects not to continue with the *trip*.

Other

- 13. Refusal of an *insured person's*, or their *travel companion's*, visa application for the destination country provided that documentation shows that they were eligible to apply, that refusal is not due to late application, and that the application is not a subsequent attempt for a visa that had been previously refused.
- 14. An *insured person*, or their *travel companion*, is selected for jury duty or subpoenaed to appear as witness in court whereby the date of the hearing conflicts with the *trip*.
- 15. **Default** whereby a contracted **travel supplier** stops all service completely as a result of bankruptcy or insolvency and the losses are not recoverable from any other source.
- 16. As a result of the delay of a connecting vehicle, an *insured person* misses the scheduled departure as *ticketed* due to: inclement weather; mechanical failure or *accident* of a *common carrier*, a traffic *accident*, or an emergency police-directed road closure. Such delay due to traffic *accident* or emergency police-directed road closure must be substantiated by an official police report. All such misconnections are subject to the connecting *vehicle* arriving at the point of departure not less than two hours prior to scheduled departure time. In the event of a misconnection this insurance covers the entire *trip*, up to the coverage limits, as originally *ticketed* or the cost of a one-way economy fare, via the most cost-effective route, to catch up to the tour or to continue the *trip* as originally booked.

Trip Interruption and Trip Delay

Coverage Eligibility

To be eligible for the Trip Interruption & Delay Coverage benefits an *insured person* must meet the following conditions:

- be a Canadian resident listed on a Rogers World Elite Mastercard account; and
- the full cost of an *insured person's trip* is charged to the *account* prior to departure.

Coverage Period (After Departure)

Coverage begins when an insured person departs on their trip.

Coverage ends at the time of the *insured person* returns to their original point of departure.

Benefits

If an *insured person's trip* is interrupted due to a Covered Reason listed below, the *insurer* agrees to reimburse for the extra cost of a one-way economy airfare to the departure point or to the destination point and any prepaid, unused non-refundable, non-transferable *trip* expenses up to a maximum of \$1,000 per *insured person*, to a maximum of \$5,000 per *account*, per *trip*.

Covered Reasons

Health

- 1. The unexpected death, sickness, injury or quarantine of an insured person, their immediate family member, travel companion or the travel companion's immediate family member. Sickness and injury must require the care and attendance of a physician and the physician recommends in writing the interruption or delay of the trip.
- The unexpected death, sickness or injury of a caregiver whom an insured person has contracted to care for a
 dependent in their absence. Sickness and injury must require the care and attendance of a physician and the
 physician recommends in writing the interruption or delay of the trip.
- 3. Complications of an *insured person's* or their *travel companion's* pregnancy within the first 28 weeks of pregnancy or complications following the normal full term birth of a child.
- 4. Side effects and/or adverse reactions to vaccinations required for an *insured person's trip*.
- 5. Hospitalization or death of the host at an *insured person's* principal destination.

Work

- 6. Cancellation of a planned business meeting due to death or hospitalization of the person whom the *insured person* is to meet, or cancellation of a conference (for which the *insured person* has paid registration fees) due to circumstances beyond the control of the *insured person* or their employer. Benefits are only payable to *insured person(s)* who are attending the meeting. Proof of registration will be required in the event of a claim.
- 7. The *insured person* is called to service by the Canadian government with respect to reservists, military, police or fire personnel.

Travel advisories and weather

- A disaster renders an *insured person* or their *travel companion's* principal residence uninhabitable or place of business unusable.
- 9. Weather conditions delay an *insured person's* connecting scheduled carrier for 30% or more of the total duration of the *trip* and they elect not to continue with the *trip*.
- 10. A *travel advisory* is issued by the Canadian government for an *insured person's* travel destination after departure on their *trip*. An itinerary, hotel booking or other documentation showing an *insured person* was travelling to the

destination with the travel advisory is required.

Other

- 11. An *insured person* or their *travel companion* is selected for jury duty or subpoenaed to appear as witness in court whereby the date of the hearing conflicts with the *trip*.
- 12. Hijacking of an *insured person's common carrier* while en route to the scheduled destination point.

If for one of the reasons listed above an *insured person* must interrupt a *trip* already commenced or if an *insured person* must delay their return beyond the scheduled return date, expenses will be reimbursed up to an aggregate of \$1,000 per *insured person* for:

- the extra cost to change an insured person's return ticket to a one-way economy fare, via the most cost-effective
 route, back to their departure point; or
- if an *insured person's* existing *ticket* cannot be changed, the cost of a one-way economy fare transportation to their departure point; and
- the non-refundable portion of any unused prepaid travel arrangements if an insured person's trip is interrupted;
- if an *insured person's travel companion's trip* is interrupted for any of the reasons stated under the Trip Interruption and Trip Delay benefits, the *insurer* agrees to reimburse for the cost incurred to adjust the prepaid accommodations to a single supplement.

If for one of the reasons listed above an *insured person* must delay the scheduled return, reimbursement for the costs of *commercial accommodation* and meals up to \$150 a day, per *insured person* to a maximum of three days or up to the benefit maximum (whichever comes first) will be paid.

Trip Cancellation, Trip Interruption & Delay Exclusions

Benefits are not payable for costs incurred due to, contributed to by, or resulting from:

Pre-existing conditions

Pre-existing conditions applicable to insured person(s) up to and including age 64

- a) any *medical condition* or related condition, other than a *minor ailment*, that was not *stable* within the six months immediately before the *departure date* or any *trip* payment; or
- b) any *heart condition* if nitroglycerine in any form has been used for a *heart condition* within the six months immediately before the *departure date* or any *trip* payment; or
- any *lung/respiratory condition* if home oxygen or prednisone has been prescribed or used for a *lung/respiratory condition* within the six months immediately before the *departure date* or any *trip* payment.

Pre-existing conditions applicable to insured person(s) age 65 up to and including age 75

- a) any *medical condition* or related condition, other than a *minor ailment*, that was not *stable* within one year immediately before the *departure date* or any *trip* payment; or
- b) any *heart condition* if nitroglycerine in any form has been used for a *heart condition* within one year immediately before the *departure date* or any *trip* payment; or
- any *lung/respiratory condition* if home oxygen or prednisone has been prescribed or used for a *lung/respiratory condition* within the one year immediately before the *departure date*.
- 2. Benefits are not payable for costs incurred due to, contributed to by, or resulting from pregnancy, miscarriage, childbirth or complications except as specified under the pregnancy covered reason.
- 3. Benefits are not payable for costs incurred due to, contributed to by, or resulting from any:
 - act of war; or
 - kidnapping; or
 - · riot or civil disorder; or
 - nuclear occurrence, however caused; or
 - act of terrorism caused directly or indirectly by nuclear, chemical or biological means; or
 - unlawful visit in any country; or
 - participation in the commission or attempted commission of any criminal offence.
- 4. Benefits are not payable for costs incurred due to, contributed to by, or resulting from a *trip* undertaken for the purpose of visiting or attending to an ailing person whose *medical condition* or ensuing death is the cause of cancellation or curtailment of the *trip* or delays an *insured person's* return home.
- Benefits are not payable for costs incurred due to losses arising as a result of the *default* of a *travel supplier* if, at the
 time of booking and/or application, the *travel supplier* is bankrupt, insolvent, in receivership, or has sought protection
 from creditors under any bankruptcy or related legislation.
- 6. Benefits are not payable for costs incurred due to, contributed to by, or resulting from:

- any event prior to departure, which might reasonably have been expected to necessitate an insured person's immediate return or delayed return; or
- any event which, on the *departure date* or date of *trip* payment, could reasonably have been expected to prevent an *insured person* from travelling as booked.
- 7. Benefits are not payable for costs or losses due to, contributed to by, or resulting from:
 - · mental or emotional disorders not requiring immediate hospitalization; or
 - · suicide or attempted suicide; or
 - intentional self-inflicted injury.
- 8. Benefits are not payable for costs or losses due to, contributed to by, or resulting from:
 - chronic use of alcohol or drugs before or after the departure date; or
 - abuse of alcohol (where the concentration of alcohol in the *insured person*'s blood exceeds 80 milligrams of alcohol in 100 millilitres of blood or when the *insured person* illustrates a visible impairment due to alcohol or illicit drugs) during the *trip*; or
 - use of prohibited drugs or any other intoxicant during the trip; or
 - non-compliance with prescribed treatment or medical therapy before or after the departure date; or
 - misuse of medication before or after the departure date.
- 9. Benefits are not payable for costs incurred due to, contributed to by, or resulting from *injury* as a result of training for, competing or participating in:
 - · motorized speed contests; or
 - high-risk activities; or
 - · stunt activities: or
 - professional sport activities; or
 - a flight accident, except as a passenger on a commercially licensed airline.
- 10. Benefits are not payable for costs incurred due to failure to obtain a valid travel visa as a result of a late or previously denied application or non-presentation of travel documents (passport, visa, vaccination reports).
- 11. Benefits are not payable for trip interruption or trip delay claims when the *trip* was commenced or continued by an *insured person* against the advice of a *physician*.

Conditions

- Patient Transfers: In consultation with the insured person's attending physician, the insurer reserves the right to transfer the insured person to another hospital or to return the insured person to their province or territory of residence. Refusal to comply by the insured person will release the insurer of any liability for expenses incurred after the proposed transfer date.
- False Claims: If an insured person makes any claim knowing it to be false or fraudulent in any respect, coverage
 under this certificate of insurance shall cease and there shall be no payment of any claim made under this certificate
 of insurance.
- 3. <u>Subrogation:</u> In the event of a payment under this *certificate of insurance*, the *insurer* has the right to proceed in the name of any *insured person* against third parties who may be responsible for giving rise to a claim under this insurance. The *insurer* has full rights of subrogation. The *insured person* will execute and deliver such documents, and fully cooperate with the *insurer*, so as to allow the *insurer* to fully assert their right to subrogation. The *insured person* will not do anything after the loss to prejudice such rights.
- 4. <u>Unauthorized Payments:</u> The *insured person* must repay to the *insurer* amounts paid or authorized for payment on their behalf if later determined that the amount is not payable under this insurance.
- 5. <u>Co-operation:</u> The *insured person* agrees to cooperate fully with the *insurer*, and as a condition precedent to the payment of benefits, Allianz Global Assistance reserves the right to obtain all pertinent records or information from any *physician*, dentist, practitioner, *hospital*, clinic, *insurer*, individual or institution to assess the validity of a claim submitted by or on behalf of any *insured person*. Failure to provide the requested documentation to substantiate a claim under this *certificate of insurance* will invalidate the claim.
- 6. <u>Physical Examination:</u> Allianz Global Assistance, on the *insurer's* behalf, has the right to investigate the circumstances of loss and to require a medical examination so often as it reasonably requires while a claim is pending; and in the event of death to require an autopsy at the cost of the *insurer*, if not prohibited by law.

General Provisions

- 1. <u>Coordination of Benefits:</u> The Emergency Medical Coverage benefit provided herein is supplemental in that it pays for covered expenses in excess of an *insured person's* government health insurance plan and any other insurance plan. Benefits payable under any other insurance plan under which an *insured person* may have coverage will be coordinated in accordance with the current guidelines issued by the Canadian Life & Health Insurance Association. Payment under the insurance and any other plan shall not exceed 100% of the eligible charges incurred. This insurance also allows the *insurer* to receive in an *insured person's* name, and endorse and negotiate on their behalf, these eligible payments. When government health insurance plan and other insurance payments have been made, this releases government health insurance plan and the other insurers from any further liability in respect of that eligible claim.
- <u>Currency:</u> All amounts stated in the *certificate of insurance* are in Canadian currency unless otherwise indicated. If an *insured person* has paid a covered expense, they will be reimbursed in Canadian currency at the prevailing rate of exchange on the date the service was provided.
- 3. <u>Payment of Benefits:</u> Benefits payable under this *certificate of insurance* will be paid within 60 days of receipt of satisfactory proof of loss. Payment made in good faith will discharge the *insurer* to the extent of this claim.
- 4. <u>Legal Action:</u> Any action or proceeding to recover benefits hereunder cannot be taken prior to 60 days after satisfactory proof of loss has been furnished in accordance with the requirements of this *certificate of insurance*. 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 and Saskatchewan), 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*.
- 5. <u>Waiver:</u> Notwithstanding anything to the contrary, no provision of this *certificate of insurance* shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly stated in writing and signed by the *insurer*.
- 6. <u>Governing Law:</u> The benefits, terms and conditions of this *certificate of insurance* shall be governed by the insurance laws of the province or territory in Canada where the *insured person* normally resides.
- Conflict with Laws: Any provision of this certificate of insurance, which is in conflict with any federal, provincial or territorial law of the insured person's place of residence, is hereby amended to conform to the minimum requirements of that law.

Notice and Proof of Claim

Notice of Claim

The *insured person*, or someone acting on their behalf, must give written notice of a claim to Allianz Global Assistance not later than 30 days from the date the claim arises. Allianz Global Assistance must be provided by the *insured person* or someone acting on their behalf with satisfactory proof of loss no later than 90 days from the date the claim arises.

Satisfactory proof of loss means proof satisfactory to the *insurer* of:

- the departure date;
- the occurrence of the *injury* or the commencement of the *sickness*;
- the cause or nature of the injury or sickness;
- the loss, expense or service for which benefits are being claimed (original itemized receipts);
- the primary cardholder's age;
- the claimant's age; and
- the right of the claimant to receive payment.

Failure to Give Notice and Proof

Failure to give notice of claim or furnish proof of claim within the time prescribed does not invalidate the claim if:

- a) the notice or proof is given or furnished as soon as reasonably possible. In no event later than one year from the date of the *accident* or the date a claim arises on account of *sickness* or disability, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed; or
- b) in the case of death, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

Failure to provide the requested documentation to substantiate a claim under this *certificate of insurance* will invalidate the claim.

Claim Filing Procedures

Allianz Global Assistance must be immediately notified of any loss or occurrence. Upon receipt of such notice, Allianz Global Assistance will provide the appropriate claim forms. Please contact 1-866-856-7323 or (519) 742-1723 or visit www.allianzassistanceclaims.ca to obtain a claim form.

This insurance will not pay for any interest.

Any reimbursement issued under this certificate will be sent to the primary cardholder.

As a condition to the payment of benefits under this insurance, certain information will be required to file a claim. The **primary cardholder** shall be responsible for providing Allianz Global Assistance with the following:

- a) receipts from commercial organizations for all medical costs incurred and itemized accounts of all medical services which have been provided; and
- b) any payment made by any other insurance plan or contract, including a government health insurance plan; and supporting medical documentation, at the request of Allianz Global Assistance. If the required supporting documentation is not provided, the claim may not be paid.

Satisfactory proof of loss (proof satisfactory to the *insurer*) must be submitted and includes but is not limited to the following by coverage type:

Out-of-Province/Country Emergency Medical Claims

- a fully completed claim form signed by the *primary cardholder* and patient (if applicable);
- documentation showing the departure date;
- the date of occurrence for the *injury* or the date of commencement for the *sickness*;
- the cause or nature of the injury or sickness;
- the loss, expense or service for which benefits are being claimed (original itemized receipts);
- the primary cardholder's age;
- the claimant's age; and
- the right of the claimant to receive payment.

Trip Cancellation Claims

- a fully completed claim form signed by the primary cardholder;
- medical reasons: *physician* form completed by the *physician* stating the diagnosis that caused the cancellation;
- non-medical reasons: documentation supporting the cause of cancellation;
- documentation showing the departure date;
- travel itinerary with passenger names, dates of travel and cost;
- receipts and proof of payment for any travel expenses including hotels; and
- a copy of the *primary cardholder's* monthly billing statement reflecting the *trip* purchase(s).

Trip Interruption / Delay Claims

- a fully completed claim form signed by the primary cardholder;
- medical reasons: *physician* form completing by the treating *physician* stating the diagnosis that caused the interruption or delay;
- non-medical reasons: documentation supporting the cause of interruption or delay;
- documentation showing the *departure date* and return date;
- travel itineraries showing the passenger names, dates of travel and cost;
- receipts and proof of payment for any travel expenses including hotels; and
- a copy of the *primary cardholder's* monthly billing statement reflecting the purchase(s).

Privacy Information Notice

See page 29.

RENTAL CAR COLLISION/DAMAGE INSURANCE

IMPORTANT NOTICE

Read this certificate of insurance carefully.

This *certificate of insurance* is designed to cover losses arising from sudden and unforeseeable circumstances only. It is important that you read and understand this *certificate of insurance* as coverage is subject to limitations and exclusions.

IMPORTANT NOTICE: This *certificate of insurance* contains a clause which may limit the amount payable. Coverage under this *certificate of insurance* is secondary to any other coverage you may have, but becomes primary in cases where there is no other applicable coverage.

The Rental Car Collision/Damage benefits described herein are underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies ("CUMIS" or "*insurer*") under master policy No. FC310040-B (the "Policy"), issued to Rogers Bank (Policyholder"). The *insured person* and any claimant under this insurance may request a copy of the Policy subject to certain access restrictions. The insurance described in this *certificate of insurance* is for eligible World Elite *Mastercard primary cardholders* of Rogers whose *accounts* are in *good standing*. The last four digits of your Rogers World Elite *Mastercard* number is your *certificate of insurance* number. This insurance is administered by Allianz Global Assistance, which is a registered business name of AZGA Service Canada Inc.

All benefits are subject, in every respect, to the terms of the Policy, which alone constitutes the agreement under which payments are made. Only Rogers may determine who is a *primary cardholder*, whether an *account* is in *good standing* and whether the insurance pursuant to this *certificate of insurance* has come into or is in force.

No person is eligible for coverage under more than one *certificate of insurance* providing insurance coverage similar to that provided hereunder. In the event that any person is recorded by the *insurer* under more than one such certificate, such person shall be deemed to be insured only under the certificate or policy which affords that person the greatest amount of insurance coverage. In no event will a corporation, partnership or business entity be eligible for this insurance coverage. This *certificate of insurance* supersedes any certificate or policy previously issued.

Definitions

In this *certificate of insurance*, certain terms have defined meanings. Defined terms are in bold italics throughout this document.

Account means the primary cardholder's World Elite Mastercard account, which is in good standing with Rogers.

Additional driver means additional driver(s) whom an insured person listed on the rental car agreement who is authorized to operate the rental car.

Authorized user means any person whom a Rogers World Elite Mastercard was issued at the authorization of the primary cardholder.

Canadian resident means a person legally authorized to reside in Canada and who maintains a permanent residence in Canada.

Certificate of insurance means a summary of the benefits provided to an **insured person** under the master Policy issued to Rogers.

Commercial rental car agency means a rental car agency or car sharing program licensed under the laws of its jurisdiction.

Coverage period means the time insurance is in effect, as indicated in the various sections of this certificate of insurance.

Default means a complete cessation of operations as a result of a bankruptcy of a contracted travel supplier.

Good standing means being in full compliance with all of the provisions of the cardholder agreement (as determined at Rogers sole discretion) in force between the **primary cardholder** and Rogers.

Injury means bodily harm, which is directly caused by or resulting from an accident, being a sudden and unforeseen event, excluding bodily harm that results from deliberate or voluntary action, and independent of sickness and all other causes.

Insured person means the primary cardholder or an authorized user.

Insurer means CUMIS General Insurance Company, a member of The Co-operators group of companies.

Mastercard means a World Elite **Mastercard** issued by Rogers.

Primary cardholder means the cardholder who has signed the application for a **Mastercard**, as primary cardholder and for whom the **MasterCard account** is established by Rogers.

Reasonable and customary means the services customarily provided or the costs customarily incurred for covered losses, which are not in excess of the standard practice or fee in the geographical area where the services are provided or costs are incurred for comparable services or supplies.

Rental car means a land motor vehicle with four wheels, that is designed for use mainly on public roads and which an

insured person has rented from a commercial rental car agency or car sharing program for personal use for the period of time.

Rental car agreement means the entire written contract that an **insured person** receives when renting a car from a **commercial rental car agency** that describes in full all of the terms and conditions of the rental, as well as the responsibilities of all parties under the **rental car agreement**. With regards to the Collision Damage Waiver Benefit, a **rental car agreement** may also include a commercial car sharing program of which an **insured person** is a member and the terms and conditions thereof.

Sickness means any illness or disease.

Travel advisory means a formal written notice issued by the Canadian government instructing travellers to avoid all travel or avoid non-essential travel to a country, region or city. This does not include travel information reports.

Treatment means a medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a **physician** including, but not limited to, prescribed medication, investigative testing or surgery.

Certificate Effective and Termination Date

Unless otherwise stated, this *certificate of insurance* is effective on the date Rogers receives and approves the *primary cardholder's* application for a World Elite *MasterCard* which includes the benefits described in this *certificate of insurance* as a feature of the *MasterCard*.

Unless otherwise stated, this certificate of insurance shall terminate on the earliest of:

- the date the **account** is determined to be ineligible by Rogers;
- the date Rogers ceases to pay premium to the insurer; or
- the date the master Policy is terminated.

Rental Car Collision/Damage Insurance

IMPORTANT NOTE: This coverage does not provide any form of third party automobile, property damage or personal *injury* liability insurance. It is the responsibility of the *insured person* to have adequate third party insurance, either through their own automobile insurance policy, or by accepting the insurance offered through the rental agency. **This coverage only covers loss or damage to the** *rental car* as stipulated herein.

Coverage Eligibility

The benefits apply when an *insured person* enters into a non-renewable *rental car agreement* for a *rental car*, where the total rental period does not exceed 31 days, subject to exclusions as outlined herein and meeting the following requirements:

- the insured person must be a Canadian resident listed on a Rogers World Elite Mastercard account; and
- the rental car must be rented by an insured person; and
- the rental car must be rented from a commercial rental car agency; and
- the *rental car* must be reserved with the *insured person's* Rogers World Elite *MasterCard* and the full cost including applicable taxes and fees charged to the *account*. An eligible *rental car* included in a pre-paid travel package is covered if the full cost of the travel package was charged to the *account*; and
- no more than one rental car per account may be rented during a rental period; and
- collision damage waiver ("CDW") benefits (or similar provisions, such as "loss damage waiver") offered by the
 commercial rental car agency (when not prohibited by law) must be declined. If there is no space on the rental
 car agreement to decline coverage, the insured person must write on the contract "I decline the CDW provided
 by the rental agency." If such coverage is not offered through the commercial rental car agency, then the
 insured person is not eligible for the Rental Car Collision/Damage Insurance benefits under this certificate of
 insurance: and
- the rental car must be operated by an insured person or additional driver(s) listed on the rental car agreement
 and authorized to operate the rental car under the rental car agreement in accordance with its conditions when
 the loss occurs.

In some countries, (e.g. Australia, New Zealand, the Republic of Ireland, Costa Rica, etc.) the law requires the rental agencies to provide Rental Car Collision/Damage coverage in the price of the car rental. In addition, some car sharing plans will include Rental Car Collision/Damage coverage in their membership fee. In these locations, this insurance will provide coverage for any deductible that may apply, provided all the procedures outlined in this *certificate of insurance* have been followed and if there is an option to do so, the *insured person* has signed the *commercial rental car agency's* deductible waiver.

Coverage Period

Coverage begins when the *insured person* who is listed as an authorized driver on the *rental car agreement* takes control of the *rental car*.

The total rental period must not exceed 31 consecutive days. In order to break the consecutive day cycle, a full calendar day must exist between rental periods. If the rental period exceeds 31 consecutive days, coverage under this *certificate of insurance* will be void.

Coverage ends at the earliest of:

- the commercial rental car agency taking control of the rental car, whether it be at its place of business or
 elsewhere. Rental car keys left in a locked drop box does not constitute that the commercial rental car agency
 has taken control of the rental car;
- the end of the rental period; or
- at 00:01 a.m. on the 32nd day (including date of rental pick-up).

Benefits

Subject to the terms and conditions, an *insured person(s)* or additional driver is eligible for the following benefits, provided the *rental car* has a manufacturer's suggested retail price (MSRP), in its model year, up of no more than \$65,000 for:

- damage to the rental car; and
- theft of the *rental car* or any of its respective parts or accessories; and
- commercial rental car agency charges for valid loss-of-use, while the rental car is being repaired; and
- reasonable and customary charges for towing the rental car to the nearest available facility.

The amount of the benefit payable will be equal to the cost of the repair (including loss-of-use) or replacement cost of the *rental car* which has been damaged or stolen, less any amount or portion of the loss assumed, waived or paid by the *commercial rental car agency*, its insurer, or a third party insurer.

Rental Car Collision/Damage Exclusions

- 1. Benefits are not payable for any *rental car* with a manufacturer's suggested retail price (MSRP) in its model year, in excess of \$65,000.
- 2. Benefits are not payable for additional rental fees charged by the *commercial rental car agency* for a replacement *rental car* if required by an *insured person* for the remainder of the rental period in the original *rental car agreement*.
- 3. Benefits do not apply to *rental cars* when the rental period is more than 31 consecutive days, or the rental period is extended for more than 31 days by renewing or taking out a new *rental car agreement* with the same or another *commercial rental car agency* for the same *rental car* or other vehicles.
- 4. Benefits are not payable for the cost of any insurance offered by or purchased through the *commercial rental car* agency, even if such cost is mandatory or included in the price of the *rental car*.
- 5. Benefits do not apply to *rental cars* used to transport property or passengers for hire or compensation.
- Benefits do not apply to rental cars which belong to the following categories:
 - vans (except as defined below);
 - trucks (including pick-ups) or any vehicle that can be spontaneously reconfigured into a pick-up truck;
 - · campers or trailers;
 - · vehicles towing or propelling trailers or any other object;
 - off-road vehicles (sport utility vehicles are covered, provided they are not used as off-road vehicles, are driven on publicly maintained roads and do not have an open cargo bed);
 - motorcycles, mopeds or motorbikes;
 - expensive or exotic vehicles, which include any vehicle with an MSRP, in its model year, greater than \$65,000;
 - antique vehicles, which include any vehicle over 20 years old or when its model has not been manufactured for 10 years or more:
 - · recreational vehicles or vehicles not licensed for road use;
 - leased vehicles, with buyback guarantee;
 - limousines, however, standard production models of these vehicles that are not used as limousines are not
 excluded provided that it has an MSRP, in its model year, of \$65,000 or less;
 - Vans are not excluded provided that they:
 - o are for private passenger use with seating for no more than eight occupants including the driver; and
 - o do not exceed a "3/4 ton" rating; and
 - o are not designed for recreational use (such as but not limited to camping, operation on roads not maintained by a federal, provincial, state or local authority and is designed and manufactured for off road use); and
 - o are not to be used for hire by others.
- 7. The *insurer* will not pay any benefits if a claim is incurred due to, contributed to by, or resulting from:
 - Damage wear and tear, gradual deterioration, mechanical or electrical breakdown or failure, insects or vermin, inherent flaw or damage, damage caused by the use of incorrect fuel type;
 - Loss of Rental Car Entry Device loss, damage or misplacement of the rental car entry devices;
 - Diminished Value the amount by which the resale value of a damaged (or damage repaired) rental car has been
 reduced for having a significant damage history;
 - Violation of Rental Car Agreement operation of the rental car in violation of the terms of the rental car agreement;
 - Intentional Acts damage due to intentional acts:
 - Off-road operation damage caused to the rental car by use off of publicly maintained roads;
 - Speed Contests damage caused to the rental car while driving at a rate of speed that is a marked departure from the lawful rate of speed;
 - Intoxication any event which occurs while an *insured person* is under the influence of illicit drugs or alcohol
 (where the concentration of alcohol in the *insured person*'s blood exceeds 80 milligrams of alcohol in 100 millilitres
 of blood) or when the *insured person* illustrates a visible impairment due to alcohol or illicit drugs);
 - Drugs or Poison any voluntary taking of poison, toxic substances or non-toxic substances or drugs, sedatives or narcotics, whether illicit or prescribed, in such quantity that they become toxic, or voluntary inhalation of a gas;
 - Disease bodily or mental infirmity, sickness, illness, or disease of any kind;
 - Medical Complications medical or surgical treatment or complications arising therefrom, except when required as
 a direct result of an accidental bodily injury;
 - Suicide suicide, attempted suicide or self-inflicted injury;
 - Illegal Trade transporting contraband or illegal trade;
 - Criminal Offence committing or attempting to commit a criminal offence or dishonest or fraudulent acts, or committing or provoking an assault;
 - War or Insurrection declared or undeclared war, or any act of war, riot or insurrection; or service in the armed

- forces of any country or international organization; or hostilities, rebellion, revolution or usurped power;
- Liability other than for loss of, or damage to, the *rental car;*
- Expenses assumed waived or paid by the commercial car rental agency or its insurers or payable under any
 other insurance:
- Confiscation confiscation by order of any government or public authority;
- Seizure or Destruction seizure or destruction under a quarantine or customs regulation;
- Financial Collapse *default* of any transport, tour or accommodation provider;
- Epidemic or Pandemic damage caused by an epidemic or pandemic during the coverage period;
- Sanctions any business or activity that would violate any applicable national economic or trade sanction law or regulations; or
- **Travel Advisory** any expenses incurred, if an **insured person** chooses to travel to a country, region or city that the Canadian government issued a formal **travel advisory** prior to the coverage period and damage is directly or indirectly related to the reason the **travel advisory** was issued.

Conditions

- 1. <u>Due Diligence:</u> Any *insured person* shall use diligence and do all things reasonable to avoid or diminish any loss of or damage to property protected by this insurance.
- 2. <u>False Claims:</u> If an *insured person* makes any claim knowing it to be false or fraudulent in any respect, this *certificate of insurance* shall cease and there shall be no payment of any claim made under this *certificate of insurance*.
- 3. <u>Subrogation:</u> In the event of a payment under this *certificate of insurance*, the *insurer* will have the right to proceed in the name of any *insured person* against third parties who may be responsible for giving rise to a claim under this insurance. The *insurer* will have full rights of subrogation. The *insured person* will execute and deliver such documents, and fully cooperate with us, so as to allow the *insurer* to fully assert its right to subrogation. The *insured person* will not do anything after the loss to prejudice such rights.
- 4. <u>Co-operation:</u> The *insured person* agrees to cooperate fully with the *insurer*, and as a condition precedent to the payment of benefits, Allianz Global Assistance reserves the right to obtain all pertinent records or information from any *physician*, dentist, practitioner, *hospital*, clinic, *insurer*, individual or institution to assess the validity of a claim submitted by or on behalf of any *insured person*. Failure to provide the requested documentation to substantiate a claim under this *certificate of insurance* will invalidate the claim.

General Provisions

- 1. Currency: All amounts stated in the *certificate of insurance* are in Canadian currency unless otherwise indicated.
- 2. <u>Payment of Benefits:</u> Benefits payable under this *certificate of insurance* will be paid within 60 days of receipt of satisfactory proof of loss. Payment made in good faith will discharge *the insurer* to the extent of this claim.
- 3. <u>Legal Action:</u> Any action or proceeding to recover benefits hereunder cannot be taken prior to 60 days after satisfactory proof of loss has been furnished in accordance with the requirements of this *certificate of insurance*. 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 and Saskatchewan), 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*.
- 4. <u>Waiver:</u> Notwithstanding anything to the contrary, no provision of the policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly stated in writing and signed by the *insurer*.
- 5. <u>Governing Law:</u> The benefits, terms and conditions of the policy shall be governed by the insurance laws of the province or territory in Canada where the *insured person* normally resides.
- 6. <u>Conflict with Laws:</u> Any provision of the policy, which is in conflict with any federal, provincial or territorial law of the *insured person's* place of residence, is hereby amended to conform to the minimum requirements of that law.

Notice and Proof of Claim

Notice of Claim

The *insured person*, or someone acting on their behalf, must give written notice of a claim to Allianz Global Assistance not later than 30 days from the date the claim arises. Allianz Global Assistance must be provided by the *primary cardholder* or someone acting on their behalf with satisfactory proof of loss no later than 90 days from the date the claim arises.

Satisfactory proof of loss means proof satisfactory to the insurer of:

- Original receipts and other documents described in this certificate of insurance must be presented to file a valid claim.
- The insured person must notify the Allianz Global Assistance immediately after learning of any loss or occurrence. Upon receipt of such notice, the Allianz Global Assistance will provide the appropriate claim forms.

Failure to Give Notice and Proof

Failure to give notice of claim or furnish proof of loss within the time prescribed does not invalidate the claim if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed and if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of the event for which benefits are being claimed. Failure to provide the requested documentation to substantiate your claim under this *certificate of insurance* will invalidate the claim.

Claim Filing Procedures

Allianz Global Assistance must be immediately notified of any loss or occurrence. Upon receipt of such notice, Allianz Global Assistance will provide the appropriate claim forms. Please contact 1-866-856-7323 or (519) 742-1723 or visit www.allianzassistanceclaims.ca to obtain a claim form.

This insurance will not pay for any interest.

Any reimbursement issued under this certificate will be sent to the primary cardholder.

As a condition to the payment of benefits under this insurance, certain information will be required to file a claim.

Satisfactory proof of loss (proof satisfactory to the *insurer*) must be submitted and includes but is not limited to the following:

- a fully completed claim form signed by the primary cardholder;
 - front and back of the opened car rental agreement;
 - front and back of the closed car rental agreement;
 - a copy of the *primary cardholder*'s monthly billing statement reflecting the charge for the *rental car*;
 - · accident or incident report from the rental agency;
 - police report when the resulting loss from damage or theft was over \$1000;
 - itemized repair bill from the facility that repaired the vehicle;
 - final billing letter from the rental agency including any loss of use charges; and
 - proof of payment for expenses paid out of pocket.

Privacy Information Notice

See page 29.

PURCHASE PROTECTION AND EXTENDED WARRANTY COVERAGE

IMPORTANT NOTICE

Read this certificate of insurance carefully.

This *certificate of insurance* is designed to cover losses arising from sudden and unforeseeable circumstances only. It is important that you read and understand this *certificate of insurance* as your coverage is subject to limitations and exclusions.

IMPORTANT: This *certificate of insurance* contains a clause which may limit the amount payable. Coverage under this *certificate of insurance* is secondary to any insurance under which an eligible item is otherwise insured in whole or in part.

The Purchase Protection and Extended Warranty benefits described herein are underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies ("CUMIS", "Insurer") under master policy No. FC310040-C (the "Policy"), issued to Rogers Bank (the "policyholder", "Rogers"). The insured person and any claimant under this insurance may request a copy of the Policy subject to certain access restrictions. The insurance described in this certificate of insurance is for eligible World Elite Mastercard primary cardholders of Rogers whose accounts are in good standing. The last four digits of your Rogers World Elite Mastercard number is your certificate of insurance number. This insurance is administered by Allianz Global Assistance, which is a registered business name of AZGA Service Canada Inc.

All benefits are subject, in every respect, to the terms of the Policy, which alone constitutes the agreement under which payments are made. Only Rogers may determine who is a *primary cardholder*, whether an *account* is in *good standing* and whether the insurance pursuant to this *certificate of insurance* has come into or is in force.

No person is eligible for coverage under more than one *certificate of insurance* providing insurance coverage similar to that provided hereunder. In the event that any person is recorded by the *insurer* under more than one such certificate, such person shall be deemed to be insured only under the certificate or policy which affords that person the greatest amount of insurance coverage. In no event will a corporation, partnership or business entity be eligible for this insurance coverage. This *certificate of insurance* supersedes any certificate or policy previously issued.

Definitions

In this *certificate of insurance*, certain terms have defined meanings. Defined terms are in bold italics throughout this document.

Account means the *primary cardholder's World Elite Mastercard account*, which is in *good standing* with Rogers.

Authorized user means any person whom a Rogers World Elite Mastercard was issued at the authorization of the *primary cardholder*.

Canadian resident means a person legally authorized to reside in Canada and who maintains a permanent residence in Canada.

Certificate of insurance means a summary of the benefits provided to you under the master Policy issued to Rogers.

Coverage period means the time insurance is in effect, as indicated in the various sections of this certificate of insurance.

Dependent child(ren) means an unmarried natural, adopted or stepchild of a **primary cardholder** dependent on the **primary cardholder** for maintenance and support who is:

- 20 years old and under; or
- 25 years old and under and a full-time student attending a recognized college or university; or
- 21 years old and over, permanently mentally or physically challenged and incapable of self-support and became so while eligible as a *dependent child*.

Good standing means being in full compliance with all of the provisions of the cardholder agreement (as determined at Rogers sole discretion) in force between the **primary cardholder** and Rogers.

Insured person means the primary cardholder and or an authorized user.

Insurer means CUMIS General Insurance Company, a member of the Co-operators group of companies.

Mastercard means a World Elite Mastercard issued by Rogers.

Original manufacturer's warranty means an express written warranty valid in Canada and issued by the original manufacturer of personal property, excluding any extended warranty offered by the manufacturer or any third party.

Personal property means tangible, moveable property charged to the account and intended for personal use.

Primary cardholder means the cardholder who has signed the application for a **Mastercard**, as **primary cardholder** and for whom the **Mastercard account** is established by Rogers.

Purchase price means the full cost of an item (including taxes) evidenced by a receipt and charged to the account.

Certificate Effective and Termination Date

Unless otherwise stated, this *certificate of insurance* is effective on the date Rogers receives and approves the *primary cardholder's* application for a World Elite *Mastercard* which includes the benefits described in this *certificate of insurance* as a feature of their *Mastercard*.

Unless otherwise stated, this certificate of insurance shall terminate on the earliest of:

- the date the **account** is determined to be ineligible by Rogers;
- the date Rogers ceases to pay premium to the *insurer;* or
- the date the master Policy is terminated.

Purchase Protection

Coverage Eligibility

The following benefits apply to *Canadian residents* listed as an *insured person* on a Rogers World Elite *Mastercard account* and the full *purchase price* of the item has been charged to the *account*.

Coverage Period

Most items are automatically covered for 90 days from the date of purchase and are subject to the terms and conditions of this *certificate of insurance*. There is no registration required.

Benefits

The *insured person* will be reimbursed the lesser of the cost of repair, replacement or the *purchase price* of any covered item when it is damaged or stolen.

The overall lifetime maximum for Purchase Protection and Extended Warranty combined is \$60,000 per account.

Purchase Protection Exclusions

In addition to the General Exclusions, these specific exclusions apply to Purchase Protection benefits.

- 1. Benefits are not payable for the following items:
 - · items left behind;
 - traveler's cheques, money (paper or coin), tickets, documents, bullion, banknotes, negotiable instruments or other numismatic property;
 - animals, fish, birds or living plants;
 - consumable and/or perishable goods;
 - mail order purchases or purchases made from an online site, until delivered and accepted by you in perfect condition;
 - golf balls;
 - used and/or pre-owned items, newly purchased items that have been rebuilt, refurbished or returned and re-sold;
 - automobiles, trailers, motorcycles, motorboats, or accessories attached to or mounted on such property;
 - · motor scooters or motorized wheelchairs;
 - snow blowers, riding lawnmowers, golf carts or lawn tractors;
 - · airplanes or drones;
 - hoverboards or any other motorized vehicles except for miniature electrically powered vehicles intended for children or any of their respective parts or accessories;
 - · cell phones or smartphones; and
 - property items and/or equipment intended for commercial or business use. Personal property used for a business is not covered. Example: office furniture and equipment.
- Where a covered item is part of a pair or set, an *insured person* will receive no more than the value of the particular part or parts stolen or damaged regardless of any special value that the item may have as part of an aggregate purchase price of such pair or set.

Extended Warranty

Coverage Eligibility

The following benefits apply to *Canadian residents* listed as an *insured person* on a Rogers World Elite *Mastercard account* and the full *purchase price* of the item has been charged to the *account*. Regardless of where the item is purchased, the *original manufacturer's warranty* must be valid in Canada.

Coverage is available automatically, except when the *original manufacturer's warranty* exceeds five years, in which case the *insured person* must register the item with the *insurer* by contacting Allianz Global Assistance within one year of the purchase date. Items purchased for commercial purposes are not eligible under this *certificate of insurance*.

Coverage Period

Coverage is provided for the same duration as the *original manufacturer's warranty* and commences upon the expiry of the original manufacturer's warranty, and will end no later than a maximum of one year from this date.

Example: If the original manufacturer's warranty was three months, this insurance will provide an additional three

months of coverage, commencing on the expiry of the original manufacturer's warranty. If the original manufacturer's warranty is two years, this insurance will only provide one additional year of coverage.

Benefits

The *insured person* will be reimbursed the lesser of the cost to repair or replace any covered item according to the terms of the *original manufacturer's warranty* not exceeding the original *purchase price*.

Example: If the **original manufacturer's warranty** did not have the option for replacement instead of repair, this insurance will not provide the option of replacement.

The overall lifetime maximum for Purchase Protection and Extended Warranty is \$60,000 per account.

Extended Warranty Exclusions

In addition to the General Exclusions, these specific exclusions apply to Extended Warranty benefits.

- 1. Benefits are not payable when the original manufacturer ceases to carry on business for any reason whatsoever.
- 2. Benefits are not payable for the following items:
 - used and/or pre-owned items, newly purchased items that have been rebuilt, refurbished or returned and re-sold;
 - automobiles, trailers, motorcycles, motorboats, or accessories attached to or mounted on such property,
 - · motor scooters or motorized wheelchairs;
 - snow blowers, riding lawnmowers, golf carts or lawn tractors;
 - · airplanes or drones;
 - · cell phones or smartphones:
 - hoverboards or any other motorized vehicles except for miniature electrically powered vehicles intended for children or any of their respective parts or accessories; and
 - · items with a lifetime warranty.
- 3. The Extended Warranty benefits apply only to any parts and/or labour costs resulting from mechanical breakdown, failure of a covered item, or any other obligations that were specifically covered under the terms of the *original manufacturer's warranty* that is valid in Canada. The *insurer* may elect to replace the item should it prove to be less expensive than the cost of repair.

General Exclusions

In addition to the specific coverage exclusions, these general exclusions apply to the Purchase Protection and Extended Warranty benefits.

- 1. Claims resulting from the following are not covered:
 - fraud:
 - abuse:
 - hostilities of any kind (including but not limited to war, invasion, rebellion, insurrection);
 - confiscation by authorities, risks of contraband or illegal activities;
 - · delay, loss of use, or consequential damages;
 - normal wear and tear, gradual deterioration;
 - loss or damage while undergoing any installation process or while being worked on, where damage results from such installation process or work;
 - · insects or vermin;
 - flood, earthquake or radioactive contamination;
 - setting, expansion or contraction, bulging, buckling or cracking, temperature changes, freezing, heating, atmospheric changes, dampness or dryness, evaporation and/or leakage of contents, exposure to light, change in texture, finish or colour, rust or corrosion;
 - loss or damage to sports equipment and/or goods due to the use thereof;
 - mysterious disappearance, which means when the article of **personal property** in question cannot be located, and the circumstances of its disappearance cannot be explained and do not lend themselves to a reasonable inference that a theft occurred;
 - inherent product defects;
 - · one of a kind items that cannot be replaced; and
 - products purchased with an unconditional guarantee.
- 2. Theft from a vehicle or residence when evidence of forcible entry is not apparent regardless of whether or not all entry

- points were locked.
- 3. Injury, property damages, consequential damages, punitive damages, exemplary damages, attorney's fees and other ancillary costs are not covered.
- No other person or entity shall have any right, remedy or claim (legal or equitable) to these benefits. The *insured*person shall not assign the benefits provided in this certificate of insurance.
- 5. Benefits are only available to the extent that the item in question is not otherwise protected or insured in whole or in part. Benefits are in excess of all other applicable valid insurance, indemnity protection or warranty available to the *insured person* in respect of the item subject to the claim. The *insurer* will only be liable for the excess of the amount of the loss or damage over the amount covered under such other insurance, indemnity or protection and for the amount of any applicable deductible, only if all other insurance has been exhausted and subject to the exclusions, terms and limits of liability set out in this *certificate of insurance*. This coverage will not apply as contributing insurance and this "non-contribution" provision shall prevail despite any "non-contribution" provision in other insurance, indemnity or protection policies or contracts.

Conditions

- <u>Due Diligence:</u> The *insured person* shall use diligence and do all things reasonable to avoid or diminish any loss of or damage to property protected by this insurance. Reasonable efforts must have been made by the *insured person* to protect their *personal property* (e.g. Store *your personal property* in the locked trunk of a vehicle, not inside where visible).
- 2. <u>False Claims:</u> If an *insured person* makes any claim knowing it to be false or fraudulent in any respect, this *certificate of insurance* shall cease and there shall be no payment of any claim made under this *certificate of insurance*.
- 3. <u>Subrogation</u>: In the event of a payment under this *certificate of insurance*, the *insurer* has the right to proceed in the name of any *insured person* against third parties who may be responsible for giving rise to a claim under this insurance. The *insurer* has full rights of subrogation. The *insured person* will execute and deliver such documents, and fully cooperate with us, so as to allow the *insurer* to fully assert the *insurer*'s right to subrogation. The *insured person* will not do anything after the loss to prejudice such rights.

General Provisions

- 1. Currency: All amounts stated in the *certificate of insurance* are in Canadian currency unless otherwise indicated.
- 2. <u>Payment of Benefits:</u> Benefits payable under this *certificate of insurance* will be paid within 60 days of receipt of satisfactory proof of loss. Payment made in good faith will discharge the *insurer* to the extent of this claim.
- 3. <u>Legal Action:</u> Any action or proceeding to recover benefits hereunder cannot be taken prior to 60 days after satisfactory proof of loss has been furnished in accordance with the requirements of this *certificate of insurance*. 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 and Saskatchewan), 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*.
- 4. <u>Waiver:</u> Notwithstanding anything to the contrary, no provision of the policy shall be deemed to have been waived, either in whole or in part, unless the waiver is clearly stated in writing and signed by the *insurer*.
- 5. <u>Governing Law:</u> The benefits, terms and conditions of the policy shall be governed by the insurance laws of the province or territory in Canada where the *insured person* normally resides.
- 6. <u>Conflict with Laws:</u> Any provision of the policy, which is in conflict with any federal, provincial or territorial law of the *insured person's* place of residence, is hereby amended to conform to the minimum requirements of that law.

Notice and Proof of Claim

Notice of Claim

The *primary cardholder*, or someone acting on their behalf, must give written notice of a claim to Allianz Global Assistance not later than 30 days from the date the claim arises. Allianz Global Assistance must be provided by the *primary cardholder* or someone acting on their behalf with satisfactory proof of loss no later than 90 days from the date the claim arises. Satisfactory proof of loss means proof satisfactory to the *insurer* of:

- Original receipts, manufacturer's warranties and other documents described in this *certificate of insurance* must be presented to file a valid claim.
- The *primary cardholder* must notify the Allianz Global Assistance immediately after learning of any loss or occurrence. Upon receipt of such notice, the Allianz Global Assistance will provide the appropriate claim forms.
- At the sole discretion of the Allianz Global Assistance, the *primary cardholder* may be required to send at their own expense, the damaged item on which a claim is based to an address designated by Allianz Global Assistance.

Failure to Give Notice and Proof

Failure to give notice of claim or furnish proof of loss within the time prescribed does not invalidate the claim if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed and if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of the event for which benefits are being claimed. Failure to provide the requested documentation to substantiate your claim under this *certificate of insurance* will invalidate the claim.

Claim Filing Procedures

Allianz Global Assistance must be immediately notified of any loss or occurrence. Upon receipt of such notice, Allianz Global Assistance will provide the appropriate claim forms. Please contact 1-866-856-7323 or (519) 742-1723 or visit www.allianzassistanceclaims.ca to obtain a claim form.

This insurance will not pay for any interest.

Any reimbursement issued under this certificate will be sent to the *primary cardholder*.

As a condition to the payment of benefits under this insurance, certain information will be required to file a claim.

Satisfactory proof of loss (proof satisfactory to the *insurer*) must be submitted and includes but is not limited to the following by coverage type:

Purchase Protection

- a fully completed claim form signed by the *primary cardholder*;
- a copy of the original store receipt for the item purchased;
- a copy of the *primary cardholder's* monthly billing statement reflecting the full cost of the item;
- declaration page (including the deductible amount) from any other applicable insurance or a notarized statement
 that the *primary cardholder* has no other insurance;
- original police report or other report to local authorities, if applicable;
- estimate of repairs, if applicable;
- a copy of the original store receipt for the replacement item, if applicable; and
- photo of the damaged item, if applicable.

Extended Warranty

- a fully completed claim form signed by the primary cardholder;
- a copy of the original store receipt for the item purchased;
- a copy of the *primary cardholder's* monthly billing statement reflecting the full cost of the item;
- a copy of the original manufacturer's warranty, valid in Canada;
- a copy of the repair bill or estimate from the manufacturer's authorized repair facility; and
- a copy of the original store receipt for the replacement item, if applicable.

PRIVACY INFORMATION NOTICE

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 Certificate 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 Policy 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, Ontario N2P NE9 Fax: (519) - 742-9471

For a complete copy of the Insurer Privacy Policy, please visit www.allianz-assistance.ca.

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