

CERTIFICATE OF INSURANCE

**Travel Emergency Medical Insurance
for Trips of 10 Days or Less
Car Rental Collision/Loss Damage
Waiver Insurance**

ASSISTANCE SERVICES STATEMENT

**Concierge Services
Identity Theft Services**

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Car Rental Collision/Loss Damage Waiver Insurance

IMPORTANT NOTICE – PLEASE READ CAREFULLY

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

Travel insurance is designed only to cover losses arising from sudden and unforeseeable circumstances (see definition of “Medical Emergency”, below). It is important that You read and understand Your Certificate of Insurance before You travel as Your coverage may be subject to certain limitations or exclusions.

A pre-existing exclusion applies to Medical Conditions and/or symptoms that existed in the 180 days prior to Your Trip. Refer to the definition of Pre-existing Condition and the exclusions.

This insurance contains clauses which may limit the amount payable.

PLEASE READ THIS CERTIFICATE CAREFULLY BEFORE YOU TRAVEL.

This Certificate of Insurance contains information about Your insurance. Please read it carefully and keep it in a safe place. Refer to the Definitions section or to the applicable description of benefits and the paragraph following this one for the meanings of all capitalized terms.

The coverage outlined in this Certificate of Insurance is effective as of August 27, 2015, and is provided to eligible President's Choice Financial® World Elite MasterCard® Cardholders. Car Rental Collision/Loss Damage Waiver Insurance is underwritten by American Bankers Insurance Company of Florida, and Travel Emergency Medical Insurance is underwritten by American Bankers Life Assurance Company of Florida (hereinafter collectively referred to as the "Insurer"), under Group Policy numbers PCF0815 and PCFL0815 (hereinafter collectively referred to as the "Policy") issued by the Insurer to President's Choice Bank (hereinafter referred to as the "Policyholder").

The terms, conditions and provisions of the Policy are summarized in this Certificate of Insurance, which is incorporated into and forms part of the Policy. You or a person making a claim under this Certificate of Insurance may request a copy of the Policy and/or copy of Your application for this insurance (if applicable) by writing to the Insurer at the address shown below.

In no event will a corporation, partnership or business entity be eligible for the insurance coverage provided by this Certificate of Insurance.

Inquiries may be directed to the Insurer at:

American Bankers Insurance Company of Florida and
American Bankers Life Assurance Company of Florida
5000 Yonge Street, Suite 2000
Toronto, Ontario M2N 7E9.
Telephone: 1-866-892-8683

DEFINITIONS

Account means the Primary Cardholder's President's Choice Financial World Elite MasterCard Account which is in Good Standing with the Policyholder.

Administrator means the service provider authorized by the Insurer to provide, on its behalf, claims payment and/or administrative services under the Policy.

Car Sharing means a car rental club that provides its members with 24-hour access to a fleet of cars parked in a convenient location.

Card means Your President's Choice Financial World Elite MasterCard issued by the Policyholder.

Cardholder means the Primary Cardholder and/or any supplemental Cardholder, who is a natural person, resident in Canada and who is also issued a Card, as defined herein, and whose name is embossed on the card. Cardholder may also be referred to as "**You**" and "**Your**".

Dependent Children means Your unmarried natural, adopted or step-children who are dependent on You for maintenance and support and who are either under 21 years of age, or under 25 years of age and in full-time attendance at a recognized institution of higher learning in Canada.

Doctor means a physician or surgeon who is registered or licensed to practise medicine in the jurisdiction where the medical treatment or service is provided, and who is not related by blood or by marriage to the Insured Person to whom the service is rendered.

Dollars and **\$** mean Canadian dollars.

Emergency Medical Treatment means treatment necessary for the immediate relief of a Medical Emergency.

GHIP means the Government Health Insurance Plan of an Insured Person's province or territory of residence in Canada.

Good Standing means, with respect to an Account, that the Primary Cardholder has not advised the Policyholder in writing to close it, it is in compliance with all terms of the Cardholder agreement and the Policyholder has not suspended or revoked credit privileges or otherwise closed the Account.

Hospital means an institution which is licensed to provide, on an inpatient basis, medical care and treatment of sick and injured persons through medical, diagnostic and major surgical facilities, under the supervision of a staff of Doctors and with 24-hour-a-day service. Hospital does not include any institution or part of an institution which is licensed or used principally as a clinic, a continued care or extended care facility, a convalescent home, a rest home, a nursing home or home for the aged, a health spa or a treatment centre for drug addiction or alcoholism.

Insured Person means a Cardholder and certain other eligible persons as outlined under the applicable coverage.

Loss of Use means the amount charged by a rental agency to compensate it when a rental vehicle is unavailable for rental while undergoing repairs for damage incurred during the rental period.

Medical Condition means any illness, injury or symptom, whether diagnosed or not.

Medical Emergency means an unforeseen illness or accidental injury which occurs during a Trip and which requires immediate medical care or treatment from a Doctor. A Medical Emergency ends when the illness or accidental injury has been treated such that the Insured Person's condition has stabilized. Treatment provided when medical evidence indicates that an Insured Person could delay treatment or return to Canada for such treatment, is not considered a Medical Emergency and is not covered.

Network means the network of Hospitals, Doctors and other medical providers with which the Insurer has entered into an agreement to provide Emergency Medical Treatment under the Policy.

Pre-existing Condition means any Medical Condition for which symptoms appeared or for which an Insured Person sought the attention of a Doctor, had investigated, diagnosed or treated, had treatment or further investigation recommended, or for which medication was prescribed or altered, in the 180 days prior to the Trip departure date. A Pre-existing Condition does not include a Medical Condition which is controlled by the consistent use of medications prescribed by a Doctor, provided that, during the 180-day period, before the Insured Person's departure, there has been no other treatment or investigation recommended and there has been no change in medication. A new medication or increase/decrease in dosage constitutes a change.

Primary Cardholder means the principal applicant for an Account who is a natural person, resident in Canada and to whom a Card is issued by the Policyholder.

Reasonable and Customary Charges means charges which do not exceed the general level of charges made by other providers of similar standing in the locality or geographical area where the charges are incurred, when furnishing comparable treatment, services or supplies for a similar Medical Emergency.

Spouse means Your legal wife or husband or the person with whom You have lived and publicly represented as Your Spouse for at least one continuous year.

Trip means a scheduled period of time during which an Insured Person is away from his or her Canadian province or territory of residence. For Travel Emergency Medical Insurance, an eligible Trip is further limited in duration, as specified under Travel Emergency Medical Insurance.

CAR RENTAL COLLISION/ LOSS DAMAGE WAIVER INSURANCE

For this coverage, Insured Person means a Cardholder and any other person who holds a valid driver's licence and has the Cardholder's express permission to operate the rental vehicle. This includes drivers not listed on Your rental contract, provided they would otherwise qualify under the rental contract and are permitted to drive the rental vehicle under the laws of the jurisdiction in which the rental vehicle will be used.

Eligibility

You are eligible for Car Rental Collision/Loss Damage Waiver Insurance when You rent most private passenger vehicles on a daily or weekly basis for a period NOT to exceed 31 consecutive days, provided that:

- i. You initiate the rental transaction by booking or reserving the vehicle rental with Your Card, if required, and by providing Your Card as payment guarantee at the time You take possession of the vehicle; and
- ii. You decline the rental agency's collision damage waiver (CDW) or loss damage waiver (LDW), or similar provision; and
- iii. You rent the vehicle in Your name and charge the entire cost of the car rental to the Account.

Rental vehicles which are part of a Car Sharing program are eligible for this Car Rental Collision/Loss Damage Waiver Insurance if the full cost of the rental of the vehicle was charged to the Account and all other eligibility requirements were met.

"Free rentals" are also eligible for benefits when received as the result of a promotion conditioned on Your making previous vehicle rentals, if each such previous rental met the eligibility requirements of this Certificate of Insurance.

Benefits

Subject to the terms, limitations and exclusions set out in this Certificate of Insurance, You are provided with the same protection against losses arising from the contractual liability assumed when renting and operating a rental vehicle as You would have if You accepted the rental agency's collision or loss damage waiver (or similar provision) up to the actual cash value of the damaged or stolen rental vehicle as well as any reasonable, valid and documented Loss of Use, reasonable and customary towing charges and administration charges resulting from damage or theft occurring while the rental vehicle is rented in Your name. Benefits are limited to one vehicle rental during any one period. If, during the same period, more than one vehicle is rented by the Cardholder, only the first rental will be eligible for these benefits.

In some jurisdictions the law requires rental agencies to include CDW/LDW in the price of the vehicle rental. In these locations, Car Rental Collision/Loss Damage Waiver Insurance under the Policy will only provide coverage for any deductible that may apply, provided all the requirements outlined in this Certificate of Insurance have been met and You have waived the rental agency's deductible waiver. No CDW/LDW premiums charged by the rental agencies will be reimbursed under the Policy.

Rental vehicles which are part of pre-paid travel packages are eligible for benefits if the total cost for Your Trip was charged to the Account and all other requirements herein are met.

This coverage is available on a 24-hour basis anywhere in the world, except where prohibited by law, or where the coverage is in violation of the terms of the rental contract in the jurisdiction in which it was formed. (See the section “Know Before You Go” for tips on how to avoid having use of this coverage challenged.)

This coverage does not provide any form of third party automobile property damage or personal injury liability insurance.

Important: Check with Your personal insurer and the rental agency to ensure that You and all other drivers have adequate personal property, personal injury and third party liability coverages. The Policy only covers loss or physical damage to a rental vehicle, as stipulated herein.

“Know Before You Go”

While Car Rental Collision/Loss Damage Waiver Insurance provides coverage on a worldwide basis (except where prohibited by law), and the coverage is well received by car rental merchants, there is no guarantee that this coverage will be accepted at every car rental facility. Some rental agencies may resist Your decline of their CDW/LDW coverage and may try to encourage You to take their coverage. If You refuse, they may insist You provide a deposit. Before booking a vehicle, confirm that the rental agency will accept this Car Rental Collision/Loss Damage Waiver Insurance without requiring a deposit. If they won't, You may wish instead to find one that will, and try to get written confirmation. If booking Your Trip through a travel agency, let them know You want to take advantage of this Car Rental Collision/Loss Damage Waiver Insurance and have them confirm the rental agency's willingness to accept this coverage.

You will not be compensated for any payment You may have to make to obtain the rental agency's CDW/LDW.

Check the rental vehicle carefully for scratches, dents and windshield chips and point out any damage to the agency representative before You take possession of the vehicle. Have them note the damage on the rental agreement (and take a copy with You), or ask for another vehicle.

If the vehicle sustains damage of any kind, immediately phone the Insurer at one of the numbers provided. Advise the rental agent that You have reported the claim and provide the Insurer's address and phone number. **Do not sign a blank sales draft to cover the damage and Loss of Use charges.**

Coverage Period

Insurance coverage begins as soon as the Cardholder or other person authorized to operate the rental vehicle takes control of the vehicle, and ends at the earliest of:

- i. the time the rental agency assumes control of the rental vehicle, whether it be at its place of business or elsewhere;
- ii. the date the Account is cancelled, closed or ceases to be in Good Standing;
- iii. the date the Insured Person ceases to be eligible for coverage; or
- iv. the date the Policy terminates.

Cardholders will be given at least 30 days advance written notice before termination of the Policy.

REMEMBER: There is no coverage from day 1 if Your rental contract exceeds 31 consecutive days.

Types of Vehicles Covered

The types of rental vehicles covered include cars, sport utility vehicles and minivans (as defined below).

Minivans are covered provided they:

- i. are for private passenger use with seating for no more than 8 occupants including the driver; and
- ii. are not to be used for hire by others.

Types of Vehicles NOT Covered

Vehicles which belong to the following categories are NOT covered:

- i. any vehicle with a manufacturer's suggested retail price in Canada, excluding taxes, of over \$65,000 at the time of loss;
- ii. vans (except as defined above);
- iii. trucks, pickup trucks or any vehicle that can be reconfigured into a pickup truck;
- iv. campers or trailers or recreational vehicles;
- v. off-road vehicles;
- vi. motorcycles, mopeds or motorbikes;
- vii. exotic vehicles;
- viii. customized vehicles;
- ix. leased vehicles; and
- x. antique vehicles.

An antique vehicle is one which is over 20 years old or its model has not been manufactured for 10 years or more. Limousines that have been stretched or altered from the original factory design are excluded. However, standard production models of these vehicles that are not used as limousines are not excluded.

Limitations and Exclusions

Car Rental Collision/Loss Damage Waiver Insurance does not cover any loss caused or contributed to by:

- i. operation of the rental vehicle in violation of the law or any terms and conditions of the rental agreement/contract;
- ii. operation of the vehicle by any driver not so authorized;
- iii. operation of the vehicle by any driver not in possession of a driver's licence that is valid in the rental jurisdiction;
- iv. operation of the vehicle on other than regularly maintained roads;
- v. alcohol intoxication where the driver's blood alcohol concentration is equal to or over the blood alcohol concentration limit for impaired driving under the Criminal Code of Canada or the jurisdiction in which the vehicle rental occurred, if lower, or the driver is charged for impaired driving;
- vi. use of narcotics by the driver;
- vii. nuclear reaction, radiation or radioactive contamination;
- viii. damage to tires unless in conjunction with an insured cause;
- ix. wear and tear, gradual deterioration, mechanical breakdown of vehicle;
- x. any damage caused by moving or transporting cargo;
- xi. insects or vermin;
- xii. inherent vice or damage;
- xiii. hostile or warlike action, insurrection, rebellion, revolution or civil war;
- xiv. seizure or destruction under quarantine or customs regulations or confiscation by any government or public authority;
- xv. transporting contraband or illegal trade;
- xvi. transportation of property or passengers for hire; or
- xvii. any dishonest, fraudulent or criminal act committed or attempted by the Cardholder and/or any authorized driver.

Benefits do NOT include coverage for:

- i. vehicles rented for a period that exceeds 31 consecutive days,[†] whether or not under one or more consecutive rental agreements;
- ii. a replacement vehicle for which Your personal automobile insurance, car dealer, repair shop, or other party is covering all or part of the rental cost;
- iii. loss or theft of personal belongings in the vehicle, including cellular telephones, portable computers, electronic and communication devices;
- iv. expenses assumed, waived or paid or payable by the rental agency or its insurer;
- v. third party liability (injury to anyone or anything inside or outside the vehicle) or third party property damage; or
- vi. any amount payable by Your employer or employer's insurance coverage, if the rental car was for business purposes.

[†]If the rental period exceeds 31 days, no coverage will be provided even for the first 31 days of the rental period.

Coverage may not be extended for more than 31 days by renewing or taking out a new rental agreement with the same or another vehicle rental agency for the same or another vehicle.

HOW TO CLAIM

You must report a claim to the Insurer as soon as possible, and in all events within 48 hours of the damage or theft having occurred. Call **1-866-892-8683** from Canada and the United States or **613-634-4997** locally or collect from elsewhere in the world. Failure to report a claim within 48 hours may result in denial of the claim or reduction of Your benefit.

A customer service representative will take down some preliminary information, answer any questions You may have, and forward You a claim form. You will be required to submit a completed claim form including the following documentation:

- i. a copy of the driver's licence of the person who was driving the vehicle at the time of the accident;
- ii. a copy of the loss/damage report You completed with the rental agency;
- iii. a copy of a police report required when the loss results in damage or theft over \$1,000;
- iv. a copy of Your sales receipt, and Your statement of Account showing the rental charge;
- v. the front and back of the original opened and closed-out rental agreement;
- vi. a copy of the itemized repair estimate, final itemized repair bill and parts invoices;
- vii. original receipt(s) for any repairs for which You may have paid; and
- viii. if Loss of Use is charged, a copy of the rental agency's complete daily utilization log from the date the vehicle was not available for rental, to the date the vehicle became available to rent.

Claims submitted with incomplete or insufficient documentation may not be paid.

TRAVEL EMERGENCY MEDICAL

Provides coverage for the first 10 consecutive days of a Trip for Insured Persons under 65 years of age.

For this coverage, Insured Person means the Primary Cardholder, his or her Spouse and his or her Dependent Children when travelling with the Primary Cardholder and/or his or her Spouse on a Trip. All Insured Persons must be permanent residents of Canada and insured by their provincial or territorial GHIP.

COVERAGE PERIOD

For the Travel Emergency Medical benefit, only the first 10 consecutive days of a Trip, as determined by the originally scheduled departure and return dates, will be covered. There is no coverage for that portion of a Trip which extends beyond the first 10 consecutive days under this Certificate of Insurance. In the event of a claim, proof of scheduled Trip duration will be required.

Coverage begins at 12:01 a.m. on the date the Insured Person leaves his or her province or territory of residence in Canada on a Trip. Coverage ends on the earliest of:

- a) the date the Insured Person returns to his or her province or territory of residence in Canada;
- b) the date the Account is cancelled, closed or ceases to be in Good Standing;
- c) the date the Insured Person has been absent for more than 10 consecutive days (including the day of departure and day of return) from his or her province or territory of residence in Canada;
- d) the date the Insured Person ceases to be eligible for coverage (for Dependent Children, see the Definitions section for age limits); or
- e) the date the Policy terminates.

Cardholders will be given at least 30 days advance written notice before termination of the Policy.

No benefits will be paid under the Policy for losses incurred after coverage has terminated, unless otherwise specified or agreed.

AUTOMATIC EXTENSION OF COVERAGE

Coverage will be automatically extended for up to 3 days following the end of the Medical Emergency when a Medical Emergency goes beyond the 10-day limit.

In addition, Travel Emergency Medical Insurance coverage will also be automatically extended for up to 3 days beyond the 10-day limit if an Insured Person's return to his or her province or territory of residence in Canada is delayed solely as the result of:

- a) the delayed departure of the bus, train, plane or ship on which he or she is booked; or
- b) an accident or the mechanical breakdown of an Insured Person's personal vehicle.

BENEFITS

In the event of a Medical Emergency, Reasonable and Customary Charges for Emergency Medical Treatment will be paid by the Insurer, less any amount payable by or reimbursable under a GHIP, any group or individual health plans or insurance policies. Benefits are limited to \$1,000,000 for each Insured Person, and subject further to the Limitations and Exclusions. The following expenses are eligible for reimbursement:

Hospital Accommodation and Medical Expenses including room and board up to semi-private or the equivalent, treatment in an intensive or coronary care unit, medical supplies, use of an operating room, anaesthesia, surgical dressings. Excludes costs of a private room or suite, unless one is medically required.

Doctor Charges for Emergency Medical Treatment.

Private Duty Nursing up to \$5,000 for services performed by a registered nurse (not related to the Insured Person by blood or marriage) when medically necessary and prescribed by a Doctor. This includes medically necessary nursing supplies.

Diagnostic Services including laboratory tests and x-rays when prescribed by a Doctor. NOTE: Magnetic resonance imaging (MRI), computerized axial tomography (CAT scans), sonograms and ultrasound must be authorized in advance by the Administrator.

Ambulance Service to the nearest Hospital equipped to provide the required Emergency Medical Treatment.

Emergency Air Transport to the nearest Hospital, or repatriation to a Hospital in the Insured Person's province or territory of residence in Canada (when approved and arranged by the Insurer) in the event the Insured Person's condition precludes the use of other means of transportation.

Prescription Drug Reimbursement excluding any drugs or medications which are commonly available without prescription, or which are not legally registered and approved in Canada or the United States.

Accidental Dental Care to a maximum of \$2,000 for treatment of natural or permanently installed teeth, necessitated by an accidental blow to the mouth. Treatment for emergency relief of dental pain is covered to a maximum of \$150.

Medical Appliances including slings, braces, splints, and local rental of crutches, walkers and wheelchairs.

Return Airfare to cover any additional cost incurred for a one-way economy fare (less any refunds due on original tickets) and, if required, the charge for transportation of a stretcher and attending medical personnel to return the Insured Person to his or her province or territory of residence in Canada if further medical treatment is warranted and when approved and arranged by the Administrator.

Transportation to Bedside from Canada for one of: the Insured Person's Spouse, parent, child, brother or sister when the Insured Person is hospitalized and expected to remain so for 3 days or more. This benefit must be pre-approved by the Administrator. This benefit includes one round-trip economy airfare, food and accommodation expenses of \$100 per day to a maximum of \$1,500. This Travel Emergency Medical Insurance will be extended, at no charge, for the person required at bedside for the duration of the Medical Emergency.

Vehicle Return cost to a maximum of \$1,000 to return an Insured Person's car to his or her province or territory of residence in Canada, or in the case of a rented vehicle, to the nearest appropriate rental location, when the Insured Person is unable to return the vehicle as a result of a Medical Emergency and when approved and arranged by the Administrator.

Return of Deceased when death results from a Medical Emergency, to a maximum of \$5,000 for the cost of preparation (including cremation) and transport of the Insured Person (excluding the cost of a burial coffin or urn) to his or her province or territory of residence in Canada.

LIMITATIONS

Failure to notify the Administrator immediately following a Medical Emergency, or as soon as possible under the circumstances, will limit the benefits payable under this Certificate of Insurance as follows:

- No benefits will be payable for surgery or invasive procedures (such as cardiac catheterization) without prior approval by the Administrator, except in extreme circumstances where a request for prior approval would delay surgery needed in a life-threatening medical crisis.
- Non-surgical eligible expenses for which benefits would otherwise have been provided will be limited to 80% of the total, to a maximum of \$30,000.

Benefits payable are further limited as follows:

- In consultation with the attending Doctor, the Administrator reserves the right to transfer the Insured Person to an appropriate Network facility or to his or her province or territory of residence in Canada for Emergency Medical Treatment. Refusal to comply will absolve the Insurer of any liability for expenses incurred after the proposed transfer date.
- Once a Medical Emergency ends, no further benefits are payable for that Medical Emergency or for any recurrence of the condition which caused the Medical Emergency.

EXCLUSIONS

There is no Travel Emergency Medical Insurance coverage for any person 65 years of age or older under this Policy, including where the 65th birthday occurs during a Trip. Further, no benefits are payable for any expenses incurred directly or indirectly as a result of:

- a) any Pre-existing Condition as defined herein;
- b) any Medical Emergency or Emergency Medical Treatment that occurs other than during a Trip;
- c) any elective or non-emergency surgery, treatment or medication, including ongoing care of a chronic condition;
- d) any Medical Emergency that occurs during a Trip where the primary purpose was to work outside of Canada;
- e) pregnancy, childbirth and/or related complications occurring within 9 weeks of the expected delivery date;
- f) neo-natal care;
- g) participation in a criminal offence;
- h) intentionally self-inflicted injuries, suicide or any attempt thereat;
- i) illness or accidental injury sustained while under the influence of drugs, medication, alcohol or other intoxicants;
- j) acts of terrorism, insurrection or war, whether declared or undeclared;
- k) voluntary participation in a riot or civil commotion;
- l) mental or emotional disorders;
- m) treatments that are not prescribed by a Doctor; or
- n) participation in professional sports, speed contests, dangerous sports or events including recreational scuba diving (unless the Insured Person holds a basic scuba designation from a certified school or licensing body).

MEDICAL EMERGENCY PROCEDURES

When a Medical Emergency occurs, You must contact the Administrator without delay.

24-hour assistance is available by calling **1-866-892-8683** from within Canada and the United States, or **613-634-4997** locally or collect from other countries. If calling from somewhere in the world where a collect call is not possible, call direct and You will be reimbursed.

The Administrator will confirm coverage, provide directions to the Network facility or the nearest appropriate medical facility, provide the necessary authorization of payment of eligible expenses and manage the Medical Emergency.

The Administrator will make every effort to pay or authorize payment of eligible expenses to Hospitals, Doctors, and other medical providers directly. If direct payment or payment authorization is not possible, an Insured Person may be required to make payments. In that event, the Insured Person will be reimbursed for eligible expenses on submission of a valid claim.

You may not name a beneficiary for Travel Emergency Medical Insurance benefits.

Note: Benefits may be excluded or reduced where the Administrator has not been contacted in advance of treatment, as noted above.

CLAIM PROCEDURES

If the Administrator authorizes Hospital or other medical payments on an Insured Person's behalf, the Insured Person must sign an authorization form allowing the Administrator to recover payments from his or her GHIP, other health plans or insurers and return it to the Administrator within 30 days. If an advance has been made for ineligible expenses, You will be required to reimburse the Administrator.

If eligible expenses are incurred for which payment has not been pre-authorized by the Administrator, they should be submitted to the Administrator with original receipts and payment statements.

You will be required to submit a completed claim form and provide documentation to substantiate the claim, including the following:

- a) the cause and nature of the Medical Condition requiring treatment;
- b) original, itemized medical invoices;
- c) original prescription receipts;
- d) Insured Person's date of birth (proof of age may be required);
- e) a photocopy of the Insured Person's GHIP (Health) card;
- f) name, address and phone number of the Insured Person's employer, if applicable;
- g) proof of the Insured Person's departure and/or return date (i.e. copy of tickets, receipts, prepaid accommodation invoice and gas receipts);
- h) name, address and policy numbers for all other insurance coverage You and other Insured Persons may have, including group and individual insurance, credit card coverage and any other reimbursement plans; and
- i) signed authorization to obtain any further required information.

Claims submitted with incomplete or insufficient documentation may not be paid.

GENERAL PROVISIONS AND STATUTORY CONDITIONS

Unless otherwise expressly provided herein or in the Policy, the following general provisions apply to the benefits described in this Certificate of Insurance.

Notice and Proof of Claim

Immediately after learning of a loss or an occurrence which may lead to a loss covered under the Policy, notify the Administrator/Insurer by calling **1-866-892-8683** from within Canada and the United States, or by calling **613-634-4997** locally or collect from other countries. You will then be sent a claim form.

The completed forms together with proof of claim must be given to the Administrator/Insurer as soon as reasonably possible after the occurrence or commencement of any loss covered under the Policy, but in no event later than ninety (90) days from the date of such loss. Written notice given by or on behalf of the claimant or the beneficiary, with information sufficient to identify the Cardholder, shall be deemed notice of claim.

Failure to provide proof of claim within the time prescribed herein does not invalidate the claim if the proof of claim is furnished as soon as reasonably possible, and all events within one (1) year from the date the loss occurred, if it is shown that it was not reasonably possible to furnish proof within the time prescribed. If proof of claim is provided after one (1) year, Your claim will not be paid.

Payment of Claim

Benefits payable under the Policy will be paid upon receipt of full proof of claim, as determined by the Administrator or Insurer.

Physical Examination

The Insurer at its own expense shall have the right and opportunity to examine any Insured Person whose injury or illness is the basis of a claim hereunder when and so often as it may reasonably require during pendency of a claim hereunder, and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.

Termination of Coverage

Coverage ends on the earliest of:

- a) the date the Account is cancelled, closed or ceases to be in Good Standing;
- b) the date the Insured Person ceases to be eligible for coverage; and
- c) the date the Policy terminates.

No benefits will be paid under the Policy for losses incurred after coverage has terminated, unless otherwise specified or agreed.

Subrogation

Following payment of an Insured Person's claim for loss, the Insurer shall be subrogated to the extent of the amount of such payment, to all of the rights and remedies of the Insured Person against any party in respect of such loss, and shall be entitled at its own expense to sue in the Insured Person's name. The Insured Person shall give the Insurer all such assistance as the Insurer may reasonably require to secure its rights and remedies, including the execution of all documents necessary to enable the Insurer to bring suit in the name of the Insured Person.

Due Diligence

The Insured Person shall use diligence and do all things reasonable to avoid or diminish any loss under the Policy.

False Claim

If You make a claim knowing it to be false or fraudulent in any respect, You will not be entitled to the benefit of coverage under the Policy, nor to the payment of any claim made under the Policy.

Legal Action

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act*, *Limitations Act* or other applicable legislation in Your province or territory.

Access to Medical Care

The Policyholder, the Administrator and the Insurer are not responsible for the availability, quality or results of any medical treatment or transport, or for the failure of an Insured Person to obtain medical treatment.

----- **End of Certificate of Insurance** -----

ASSISTANCE SERVICES STATEMENT

Concierge Services and Identity Theft Assistance Service are services only, not insurance benefits. These services are provided by Assurant Services Canada Inc.

CONCIERGE SERVICES

Concierge Services are available on a 24/7 basis. You can call for assistance in arrangements for travel, entertainment, business and shopping. Any costs incurred for, or in connection with such services will be charged to Your Card, subject to credit availability. To take advantage of any of the Concierge Services described below, simply call **1-866-892-8683**.

Concierge Services include the following:

Leisure and Entertainment

- Reservations and booking theatre, sporting and other entertainment events
- Reservations for exhibitions, shows and festivals
- Reservations of limousine or car services
- Booking time at health club and specialty shopping reservations
- Booking of golf tee times and other reservation services
- Assistance with replacing lost tickets or documents
- Gift basket and floral delivery arrangements
- Any other type of reservation or booking request

Medical Assistance

- Medical provider appointments and admission arrangements
- Emergency medical transportation arrangements
- Prescription replacement arrangements
- Emergency medical visitation arrangements

Other Services

- Emergency cash transfer arrangements
- Emergency assistance translation services
- Messenger service referral and arrangements

IDENTITY THEFT ASSISTANCE SERVICE

Falling victim to identity theft can have serious long-term consequences on Your finances, Your reputation and Your everyday life. It can also be a great source of emotional distress. Whether as a preventive measure or if You suspect Your identity has been stolen or compromised, call us at **1-866-892-8683**. Our identity theft legal experts are available to assist You by phone Monday to Friday, 9:00 a.m. to 8:00 p.m., and Saturday, 9:00 a.m. to 5:00 p.m., ET, except on statutory holidays. Identity Theft Assistance agents are available outside these hours (24 hours per day, 7 days per week) to provide steps to take to minimize the risks and understand the basic procedures before getting a call back from a lawyer.

Identity theft legal experts will provide You with general legal information on identity theft and how to prevent it from happening to You, such as:

- how to prevent placing Your personal information at risk of being compromised;
- how to recognize signs that Your identity may have been stolen;
- what are the most common frauds and scams;
- what resources are available in Canada to prevent identity theft;
- how to get a copy of Your credit file; and
- how to protect Your documents.

Our Identity Theft Assistance legal experts will help You identify the steps You need to take to restore Your identity and will provide You with personalized information to assist You in:

- Completing and filing a police report.
- Completing and submitting Identity Theft Statements. An “Identity Theft Statement” is a form used to notify financial institutions, credit card issuers and other companies that You are a victim of identity theft.
- Investigating, disputing and correcting errors on Your credit report.
- Alerting credit reporting agencies of Your identity theft.
- Completing and filing any other forms as may be required.

Additionally, as an included benefit of this service, You will be provided with a one-hour telephone consultation with a psychologist to help You manage the stress generated by an identity theft. The one-hour consultation must be used within one year of the Identity Theft Assistance Service file being opened.

Identity Theft Assistance Service is a service and does not cover any financial losses, including, but not limited to, financial losses resulting from Your identity theft.

Any costs incurred for or in connection to the services provided or restoration of Your identity, such as ID replacement and credit reports, and any related legal expenses You incur are Your responsibility. Be advised that our Identity Theft legal experts do not provide You with legal advice.

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