In consideration of the payment of the premium for this policy and in reliance upon the statements made by you, the insured person, Intrepid 24/7 hereby contracts with the insurer and agrees to provide the benefits specified herein.

In the event of an emergency or you experience medical signs or symptoms or require medical treatment you must contact Intrepid 24/7 at:

+1 (800) 203 8508 toll-free from the USA and Canada
+1 (416) 646 3107 collect where available
email: intrepid@intrepid247.com

It is your responsibility to ensure that Intrepid 24/7 has been contacted prior to receiving treatment.

Your benefits will be limited to 80% of eligible expenses to a maximum of $25,000 if you fail to do so, other than in extreme circumstances when treatment is required to resolve a life threatening medical crisis.

**IMPORTANT NOTICE - Please read carefully**

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your policy as your coverage may be subject to certain limitations or exclusions.
- Coverage under this policy is for emergency care only and there is no coverage for follow-up or ongoing medical treatment. Please review the Benefits and Exclusions sections carefully.
- Your policy may not cover medical conditions and/or symptoms that existed prior to your effective date. Check to see how this applies in your policy and how it relates to your effective date.
- In the event of an accident, injury or sickness, your prior medical history will be reviewed when a claim is reported.

**THIS POLICY CONTAINS A CLAUSE WHICH MAY LIMIT THE AMOUNT PAYABLE.**

NOTE: Italicized words are defined terms whose definition appears in the definitions section of the policy.

**ELIGIBILITY**

To be eligible for coverage, on the effective date, an insured person must be:

1. a student of a participating school board of the policyholder;
2. a chaperone appointed by the participating school board of the policyholder to travel with the students; and
3. less than 70 years of age; and
4. eligible for benefits under a government health insurance plan.

In consideration of the payment of the premium for this policy and in reliance upon the statements contained in the application and any other supplemental material submitted to the insurer, and subject to all of the terms, conditions, exclusions and limitations of this policy, the insurer hereby contracts with the policyholder and agrees to provide the benefits specified herein.

**INSURING AGREEMENT**

Coverage under Emergency Hospital & Medical, Specific Loss Indemnity and Baggage benefits take effect when the insured person leaves their residence to undertake an insured trip and terminates when they return to their residence upon completion of the trip.

**DURATION OF COVERAGE**

Effective Date
Coverage under this policy becomes effective at 12:01 a.m. on September 1, 2016.

Coverage for each insured person becomes effective on the later of:

a. the effective date of this policy; or
b. the date the insured becomes eligible for coverage under this policy.

Termination Date
Coverage under this policy terminates at 12:01 a.m. on:

Coverage for each insured person terminates on the later of:

a. the termination date of this policy; or
b. the date the insured ceases to be eligible for coverage under this policy; or
c. the date the premium is due but not paid, except as a result of a clerical error.

In the event an insured person becomes ineligible during a trip, insurance will terminate on the earlier of the date the insured returns to his/her residence.

**COVERAGE PERIOD**

Coverage under Emergency Hospital & Medical, Specific Loss Indemnity and Baggage benefits take effect when the insured person leaves their residence to undertake an insured trip and terminates when they return to their residence upon completion of the trip.

Coverage under Trip Cancellation & Trip Interruption benefits take effect on the date a trip is booked by the participating school board.

**AUTOMATIC EXTENSION OF COVERAGE**

Upon notifying Intrepid 24/7 coverage for the insured person will extend automatically, without additional premium, up to 30 days if the insured person is hospitalized on the termination date of the policy as a result of a covered sickness or injury.

**EMERGENCY HOSPITAL & MEDICAL BENEFITS**

When an insured person incurs eligible expenses as described in this section, the insurer will reimburse the reasonable and customary costs incurred within three years from the date of the accident or onset of injury to a lifetime maximum of $1,000,000 per insured person, subject to all policy conditions, limitations, exclusions and provisions. This policy covers expenses that are:

a. incurred as a result of an emergency due to sudden and unforeseeable sickness and/or injury occurring during the coverage period; or
b. incurred as the result of the first occurrence only of a chronic condition; and
c. in excess of those covered by the government health insurance plan or other insurance under which the insured person may have coverage.

1. Hospital Accommodation:
   a. Charges up to the semi-private room rate charged by the hospital. If medically necessary, expenses for treatment in an intensive care or coronary care unit are also covered. If coverage terminates for any reason during the hospital stay, benefits continue until discharge. If to a maximum of one year. In no case will expenses for in-patient stays be covered for a period greater than 365 days per insured person.
   b. Emergency room fees.
   c. Emergency out-patient services provided by a hospital when medically necessary.

2. Medical Services:
   a. Medical treatment by a legally licensed physician, surgeon, anesthetist, registered graduate nurse or nursing aide (other than an immediate family member).
   b. Blood plasma, whole blood or oxygen including their administration.
   c. Diagnostic Services: Laboratory tests and x-rays that are ordered by the attending physician and that are part of the emergency medical treatment. This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, digital x-rays, sonograms or ultrasounds and hospitals unless such services are authorized in advance by Intrepid 24/7.
   d. Prescriptions: When prescribed by a physician, drugs or medicines when medically necessary for emergency medical treatment.

3. Paramedical Services:
   a. Diagnostic Services: Laboratory tests and x-rays that are ordered by the attending physician and that are part of the emergency medical treatment. This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, digital x-rays, sonograms or ultrasounds and hospitals unless such services are authorized in advance by Intrepid 24/7.

4. Reimbursement Limits:
   - Up to a maximum of $25,000 if you fail to do so, other than in extreme circumstances when treatment is required to resolve a life threatening medical crisis.
   - Up to a maximum of $10,000 for costs incurred for one-way economy airfares, less any refund due as the result of the cancellation or rescheduling of any transportation

5. Private Duty Nurse: When prescribed by an attending physician for the professional services of a licensed private duty nurse (other than an immediate family member).

6. Paramedical Services: When prescribed by the attending physician, the services (including x-rays) of a licensed physician, chiropractor, chiropractic, podiatrist or osteopath.

7. Medical Appliances: When prescribed by the attending physician, medical appliances such as crutches, casts, splints, canes, slings, braces, walkers and/or the temporary rental of a wheelchair, iron lung, or hospital type bed, not exceeding the purchase price.

8. Emergency Transportation:
   a. Licensed ground ambulance service to the nearest medical facility in an emergency.
   b. When approved and arranged in advance by Intrepid 24/7:
      i. air ambulance to the nearest appropriate medical facility or to a Canadian hospital for immediate emergency medical treatment.
      ii. up to the cost of one-way economy airfare with an attendant (when required) for the emergency return of the insured person to his/her home or territory of residence in Canada for immediate medical attention.
      iii. the fare for additional seats to accommodate a stretcher to return the insured to his/her home or territory of residence in Canada.

9. Transportation to bedside (up to a maximum of $5,000 for one-way economy airfare for a chaperone or round trip economy airfare for an immediate family member or medical attendant not travelling with the insured person) up to $100 per day for a maximum of 30 days for the cost of meals and commercial accommodation actually incurred by a chaperone, immediate family member or medical attendant to:
   a. be with the insured person if the attending physician provides written certification that the situation was serious enough to warrant the visit;
   b. travel with the insured person back to his/her place of residence; or
   c. to identify the deceased insured person prior to the release of the body, where necessary.

10. Repatriation (up to a maximum of $10,000 for costs incurred for one-way economy airfares, less any refund due as the result of the cancellation or rescheduling of any transportation to Canada)
SPECIFIC LOSS INDEMNITY BENEFITS

Indemnity provided under Specific Loss Indemnity for all losses sustained by an insured person as the result of any one accident will not exceed $25,000 or $50,000 in the case of quadruplegia, paraplegia or hemiplegia. The loss of sight occurs within 90 days of the accident at which time indemnity will be limited to $30,000.

The aggregate limit for all losses under Specific Loss Indemnity as the result of the same accident is $50,000.

1. Accidental Death & Disembarkation:
   - The insurer will pay benefits according to the following schedule if within 12 months of the date of an accident, which occurred during the coverage period, an injury to the insured caused by the accident results in the loss of or permanent loss of use of:
     - Life: $25,000
     - Both hands: $25,000
     - Both feet: $25,000
     - Entire sight of both eyes: $25,000
     - One lesser of one-way economy airfare plus the most cost effective route or the change fee charged by the airline for:
       - a. The lesser of one-way economy airfare via the most cost effective route or the change fee charged by the airline;
       - b. the prepaid unused portion of the trip that is non-refundable from any other source or, the change fee charged by the travel supplier if the trip is not cancelled.
     - One leg: $9,750
     - Entire sight of one eye: $9,750
     - Speech and hearing in both ears: $9,750
     - One foot: $9,750
     - Speech or hearing in both ears: $8,250
     - Thumb and index finger of either hand: $8,250
     - Four fingers of either hand: $8,250
     - Hearing in one ear: $8,250
     - All loss on one side: $4,125

2. Trip Cancellation & Trip Interruption Benefits

   Sum Insured Limit - Prior to Departure - $5,000
   Sum Insured Limit - After Departure - $25,000

   1. Trip Cancellation (Prior to Departure):
      - If an insured person is unable to travel due to an insured risk listed below that occurs before the scheduled departure date, the insurer will pay up to the sum insured for the prepaid unused portion of the trip that is non-refundable from any other source or, the change fee charged by the travel supplier if the trip is not cancelled.

   2. Trip Interruption (After Departure):
      - If the trip is interrupted due to an insured risk listed below that occurs on or after the scheduled departure date, the insurer will pay up to the sum insured for:
        - a. One or both of:
           - the lesser of:
             - the insured's lost disposable income as a result of the trip being cancelled;
             - the change fee charged by the airline;
           - the return to the point of departure;
            - to the original point of origin;
        - b. the prepaid unused portion of the trip that is non-refundable from any other source or, the change fee charged by the travel supplier if the trip is not cancelled;
        - c. the cost of the original transportation and prepaid unused transportation back to the departure point.

   3. Additional Benefits (Prior to or After Departure):
      - If the trip is cancelled or interrupted due to an insured risk listed below, the insurer will pay expenses actually incurred for:
        - Additional and unplanned hotel and meal expenses, essential phone calls and taxi fares up to $150 per day to a maximum of $1,500 when no earlier transportation arrangements were available.

   4. Trip Return:
      - The insurer will pay up to $2,500 for the cost of one-way transportation by the most economical route to rejoin the trip if the insured returns home before the scheduled return date due to either of the following which occurs prior to the departure date:
        - a. the hospitalisation or death of an immediate family member not travelling with the insured;
        - b. a natural disaster that renders the insured's principal residence uninhabitable.

   5. School Board Discretion:
      - If the trip is cancelled no later than 48 hours prior to the departure date by the participating school board or the polishefs for a reason other than an insured risk, the insurer will reimburse up to 50% of the cost of the prepaid unused portion of the trip that is non-refundable from any other source or, non-refundable to another date. The total aggregate limit for all losses under this benefit, resulting from any one accident, under all policies issued by the school board of the policyholder will be limited to $500,000, which will be shared proportionately among all insured persons.

   Insured Risks:
   - Sickness, injury, death or incarceration of the insured person, the insured person's immediate family member, or the host at the trip destination.

   1. A delay that causes an insured person to miss or interrupt any part of his/her trip when the private or rented vehicle which the insured is driving or in which the insured is a passenger, or a common carrier or a prepaid connecting flight aboard which the insured is a passenger, is delayed due to weather, earthquake, volcanic eruption, a mechanical failure, an emergency road closure by the police or an accident, provided that the vehicle, common carrier or connecting flight was scheduled to arrive at the departure or return point at least 2 hours (or the required minimum arrival reporting time, whichever is the greater) in advance of the scheduled time of departure or return.

   3. A travel advisory issued by the Canadian Government, or any department thereof, after this insurance was purchased and after the trip was booked warning Canadian residents to avoid all travel or non-essential travel to a specific region or country that is part of the scheduled trip.

   4. The schedule change or cancellation by the airline carrier that is providing transportation for a portion of the trip causing the insured person to miss a connection.

   5. Strike by airline pilots.

   6. The cause of a delay of insured person's common carrier due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the total duration of the covered trip, when the insured person chooses not to continue with the trip.

   7. A natural disaster that renders the insured's principal residence uninhabitable or school board facilities incapacitate.

   8. An unforeseen event beyond the insured person's control that renders the insured person's principal residence uninhabitable or school board facilities incapacitate.

   9. The relocation of an insured person's principal residence of at least 160 km within 30 days of departure or return due to a job transfer by the employer with whom the insured person is employed at the time of purchase of this insurance or the booking of the trip. (Not applicable to cases of self-employment or temporary contract work).

   10. Involuntary loss of permanent employment without just cause by an insured person, an insured person's spouse, or an insured person's parent, provided that, at the time this insurance was purchased or the trip booked, they had been employed by the same employer for at least one year and were not aware of the imminent loss of permanent employment. (Not applicable to cases of self-employment or temporary contract work).

   11. Legal adoption of a child by an insured person if the date of custody is scheduled during the trip.

   12. The insured person being summoned to police, fire, or military service (active or reserve).

   13. The insured person being called to jury duty, to be a defendant in a civil suit, or subpoenaed to be a witness, after the trip is booked or after the date this insurance is purchased, whichever occurs later (not applicable to law enforcement officers).

    Applicable to Trip Cancellation Only:
    - Cancellation of the insured person's trip as a result of the insured person not participating in such trips.
    - Failure of the insured person to obtain a travel or student visa (excluding an immigration or employment visa) for reasons beyond the insured person's control provided the insured person was eligible to make such an application.

    Pregnancy of the insured person or the insured person's immediate family member which was confirmed after this insurance was purchased and after the trip was booked and if the insured person's trip is scheduled take place in the 9 weeks before or after the expected delivery date.

    Complications of a pregnancy arising in the first 11 weeks of a pregnancy of the insured person or the insured person's immediate family member.

BAGGAGE BENEFITS

When an insured person incurs eligible expenses as described in this section as a result of direct physical loss of, or damage to, checked baggage and personal effects owned by the insured and used during the trip, the insurer will reimburse costs up to $375 per item to a maximum of $1,500 for the period from the effective date to the expiry date, subject to all policy conditions, limitations, exclusions, and provisions.

1. Personal Currency:
   - Up to $100 for the loss of personal currency caused by robbery or theft and supported by a police report.

2. Baggage Delay:
   - Up to $100 to purchase necessary toiletries in the event that the insured's checked baggage is delayed by the common carrier for more than 12 hours while en route and before returning to the point of departure. To file a claim, the insured must supply proof of purchase receipt(s) and/or cancelled receipt(s) from the common carrier and original purchase receipt(s).
EXCLUSIONS APPLICABLE TO HOSPITAL MEDICAL AND SPECIFIC LOSS INDEMNITY BENEFITS

Emergency Hospital Medical and Specific Loss Indemnity Benefits do not cover losses or expenses related in whole or in part, directly or indirectly, to any of the following:

1. Expenses incurred during a trip when the trip is undertaken specifically to obtain medical treatment in a foreign country or medical or hospital services, whether or not recommended by the insured person’s attending physician.
2. Suicide, attempted suicide or self-inflicted injury, whether the insured person is sane or insane.
3. Routine prenatal care, pregnancy or childbirth or complications thereof when they happen in the 9 weeks before or after the expected date of delivery, a child born during the trip.
4. Death or injury sustained while operating or learning to operate any aircraft as pilot or crew.

EXCLUSIONS APPLICABLE TO TRIP CANCELLATION & TRIP INTERRUPTION BENEFITS

Trip Cancellation and Trip Interruption Benefits do not cover losses or expenses related in whole or in part, directly or indirectly, to any of the following:

1. Any sickness, injury or medical condition (other than a minor ailment) that was not stable in the 60 days prior to the effective date.
2. Any sickness or injury that would have caused an ordinarily prudent person to seek medical treatment in the 90 days immediately before the effective date.
3. Any event, which prior to when this insurance was purchased and/or prior to when the trip was booked the insured or the participating school board of the policyholder, or it was reasonable to expect, may prevent the insured from going on or completing the trip as planned.
4. A trip undertaken for the purpose of visiting a sick or injured person and their medical condition or death is the reason for the cancellation or interruption.
5. Any costs incurred as the result of travelling against the advice of a physician or any loss resulting from a sickness or medical condition that was diagnosed by a physician as terminal prior to the effective date.
7. A trip undertaken to obtain medical treatment whether or not recommended by a physician.
8. Routine pre-natal care, pregnancy or childbirth or complications thereof when they happen in the 9 weeks before or after the expected date of delivery, a child born during the trip.
9. A return earlier or later than the scheduled date of return, except as recommended by the attending physician.
10. Any medical treatment that is not emergency medical treatment for the immediate relief of acute pain and suffering, including any elective or cosmetic surgery or treatment.
11. Loss, death or injury, if at the time of the loss, death or injury, evidence supports that the insured was affected by, or the medical condition caused the loss was in any way contributed to by the use of alcohol, prohibited drugs, or any other intoxicant.
12. A disorder, disease or condition or symptom that is emotional, psychological or mental in nature unless the insured was hospitalized.

EXCLUSIONS APPLICABLE TO BAGGAGE BENEFITS

Baggage Benefits do not cover losses or expenses related in whole or in part, directly or indirectly, to any of the following:

1. Property: legally acquired, kept, stored or transported.
2. The purchase or replacement cost (prescribed or not) for loss or damage to hearing devices, eyeglasses, sunglasses, contact lenses or prosthetic teeth, limbs or devices and resulting prescription therefore.
3. Loss or damage resulting from mites, vermin, deterioration or wear and tear.
4. Loss or damage caused by any intentional action or omission by the insured person.
5. Loss or damage by theft from an unattended vehicle unless it was locked and there was visible evidence of forced entry.
6. Property insured under another insurance policy.

DEFINITIONS

Accident means a sudden, unexpected, unforeseen and unintentional event exclusively attributable to an external cause resulting in bodily injury.

Chronic Condition means a disease or disorder which has existed for a minimum of six months. Only one, the first, occurrence per insured person per insured trip is eligible as the basis of claim.

Common Carrier means a conveyance (bus, taxi, train, boat, airplane or other vehicle) which is licensed, intended and used to transport paying passengers.

Deductible means the amount (if applicable), in Canadian dollars, which the insured must pay before any remaining eligible expenses are reimbursed under this policy. The deductible applies once per insured person, per covered emergency.

Emergency means an unexpected and unforeseen sickness or injury occurring during the coverage period for which you require immediate medical treatment to alleviate danger to life or health occurring while on a covered trip, and that such medical treatment cannot be delayed until you return to your province or territory of residence or Canada by the next available means, whether you intend or not, an emergency no longer exists when you are deemed medically fit to travel or you are discharged from the hospital and no further benefits are payable in respect of the medical condition which caused the emergency.

Government Health Insurance Plan means the health care coverage provided by Canadian federal, provincial and territorial governments to their residents.

Hospital means an institution which is designated as a hospital by law; which is continuously staffed by a Physician and for which admission was recommended by a Physician when medically necessary.

Immediate Family Member means the spouse, natural or adopted child, step-child, parent, step-parent, legal guardian, legal ward, brother, sister, step-brother, step-sister, in-law, grandparent, grandchild, aunt, uncle, niece, nephew or the insured person’s married partner.

Injury means unexpected and unforeseen harm to the body that is caused by an accident, sustained by an insured person during the coverage period and that requires emergency treatment.

Insured, Insured Person means any eligible person named on the application and confirmation of insurance which has been approved and for which admission was recommended by a physician when medically necessary.

In-patient means a patient who occupies a hospital bed for more than 24 hours for medical treatment and for which admission was recommended by a physician when medically necessary.

Medical Treatment means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a Physician. Medical treatment includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the sickness, injury or symptom.

Medically Necessary, in reference to a given service or supply, means such service or supply:

a. is medically necessary for the diagnosis according to accepted medical standards of practice;

b. is not experimental or investigative in nature;

c. cannot be omitted without adversely affecting the condition of the insured person or quality of medical care;

d. cannot be delayed until the insured person returns to Canada.

Minor Accident means any sickness or injury which does not require:

a. the use of medication for a period of greater than 15 days;

b. more than one follow-up visit to a physician, hospitalization, surgical intervention, or

c. referral to a specialist; and

which can be treated in at least 20 consecutive days prior to the departure date of each trip.

Mountain Climbing means 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.

Physician means a medical practitioner who is registered and licensed to practice in accordance with the regulations applying in the jurisdiction where the person practises. A physician must be a person other than the insured person or an immediate family member.

Reasonable and Customary Costs means costs that are incurred for approved, covered medical services or supplies that do not exceed the standard fee of other providers of similar standing in the same geographical area, for the same treatment of a similar sickness and/or injury.

Sickness means a sudden and unforeseen disease or disorder of the body which results in loss during the coverage period. The sickness must be sufficiently serious to prompt a reasonable prudent person to consult a physician for the purpose of medical treatment.

Sponsor means the person to whom the insured is legally married or whom the insured has been living with in “conjugal union,” whether or not married for at least the last 12 months.

Stable means any medical condition (whether or not the diagnosis has been determined), other than a minor ailment, for which there has been:

a. no hospitalization during the stability period; and

b. no diagnosis, treatment or prescription medication; and

which can be treated in at least 20 consecutive days.
the policyholder's books and records, to the extent that they relate to the insurance provided under this policy, at any reasonable time and from time to time until 2 years after the expiration of this policy until the final adjustment and settlement of all claims hereunder, whichever is the later.

AGGREGATE LIMIT

The total aggregate limit for all losses resulting from any one incident under all travel health insurance plans and/or policies underwritten by the insurer is $20,000,000.

APPLICABLE LAW

This policy is governed by the law of the Canadian province or territory of residence of the participant. Any legal proceeding by the insured person or the participant, or a judicial review of an administrative decision, will be commenced in the courts of the Canadian province or territory of residence of the participant. The parties agree that any action will be referred to arbitration.

AVALIABILITY AND QUALITY OF CARE

Neither the insurer nor Intra pid 24/7 shall be responsible for the availability or quality of any medical care, guidance or advice which may be rendered by the insured person or his/her personal doctors, or by any other person or person who is the participant.

APPLICATION

This policy shall be voidable at the option of the insurer if the insured person or the participant fails to pay the required premiums after any grace period, or if the insured person or the participant shall otherwise fail or refuse to comply with any of the provisions of this policy.

ARBITRATION

Notwithstanding any clause in this policy, the parties hereto undertake to submit to an arbitration proceeding any disputes which may arise out of, or in connection with, the insured person's personal injury or death, or the occurrence of a Medical Emergency, or the failure of the insured person to obtain medical treatment during the coverage period.

CLERICAL ERROR

A clerical error on the part of the insurer or the policyholder in the keeping of records or in the furnishing of any other information shall not constitute a default, or invalidate any premium, or prejudice the insured person's insurance otherwise validly terminated under this policy.

CONFORMITY WITH LAW

Any provision of this policy which is in conformity with any law to which this policy is subject hereunder, shall be deemed to conform to such law.

COORDINATION OF BENEFITS

If a person has coverage under another group or individual policies or government plans, the insurer shall be responsible for the coordination of benefits, but only to the extent that the benefits are reasonable and customary costs reimbursed by the insurer in accordance with the terms and conditions of this policy. Such expenses may be higher than this amount; therefore, the insurer will be responsible for paying any difference between the amount the insured person incurred and the reasonable and customary costs reimbursed by the insurer.

OTHER INSURANCE

This is a secondary payer policy. For any loss or damage incurred by the person or any other person for whom the person is responsible, the policy benefits will be reduced by any covered losses under another plan or insurance policy.

PAYMENT OF PREMIUMS

The policyholder will pay to the insurer premiums plus any applicable taxes. Such premiums will be determined as the aggregate of the amounts payable in respect of all insured persons for all benefits provided hereunder in accordance with the premium rates as determined by the insurer at the time of enrollment.

The initial premium rates will be in effect until the first Policy Renewal Date. The insurer reserves the right to adjust the premium rates then in effect. The insurer will give the policyholder 31 days' written notice of the new premium rates.

Notwithstanding the above, if a change in the terms of this policy occurs, the insurer reserves the right to adjust the premium rates to reflect such changes in the insurance plan, or content, including any private or provincial or territorial auto insurance plan providing hospital, medical, or therapeutic coverage, or any other insurance in force concurrently heretofore, amounts payable hereunder are considered to be a benefit earned to have been earned, whereas benefits are in excess of the amounts for which an insured person is insured under such other coverage. All coordination of benefits is the responsibility of the insurer. The insurer follows Canadian Life and Health Insurance Association Inc. guidelines. In no case will the insurer seek to recover against employment related policies filed in the event of a medical emergency, the prior medical history of an insured person may be evaluated by the insurer, but not limited to the use of violence or force or threat of violence or force, committed by or on behalf of any group(s), organization(s) or government(s) for the purpose of influencing any government and/or instilling fear in the public or a section of the public.

Terrorism means an ideologically motivated unlawful act or acts, including but not limited to the use of violence or force or threat of violence or force, committed by or on behalf of any group(s), organization(s) or government(s) for the purpose of influencing any government and/or instilling fear in the public or a section of the public.

TRAVEL INSURANCE

The policyholder is hereby authorized to terminate this policy at any time during the period of this policy. The insurer reserves the right to adjust the premium rates for any period of time which this policy was in force during the grace period.

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The following documents are required for Trip Cancellation or Interruption claims:

- Immediately, or on the next business day, after the cause of cancellation.
- Before the scheduled departure date, the insured person or an authorized trip insured.

If the insured person is submitting a claim for medical reasons; or

- TRANSFER OR MEDICAL REPATRIATION

During an emergency (whether prior to admission or during a covered hospitalization), the insurer reserves the right to:

a. transfer the insured person to one of Intrepid 24/7’s preferred health care providers, and
b. return the insured person to his/her province or territory of residence for the medical treatment of a sickness and/or injury where this poses no danger to the life or health of the insured person.

If the insured person chooses to decline the transfer or return when declared medically stable by the Medical Director of Intrepid 24/7, the insurer will be released from any liability for expenses incurred for such sickness and/or injury after the proposed date of transfer or return. Intrepid 24/7 will make every provision for the medical condition of the insured person when choosing and arranging the mode of the transfer or return and, in the case of a transfer, when choosing the hospital.

INTERNATIONAL ASSISTANCE SERVICE

If you experience medical signs or symptoms or require medical treatment during your trip, you must contact Intrepid 24/7 immediately:

+1 (800) 203 8508 toll-free from the USA and Canada
+1 (416) 646 3107 collect where available
email: intrepid@intrepid247.com

Emergency Call Centre — No matter where you travel, professional assistance personnel are ready to take your call. Intrepid 24/7 can also provide you with Canada Direct instructions and codes so that you only deal with Canadian telephone operators.

Referrals — Intrepid 24/7 can refer you to the preferred medical providers (hospitals, clinics and physicians) that are closest to where you are staying. With a referral, it is less likely that you will have to pay for services yourself.

Benefit Information — Explanation of this policy is available to you and to the medical providers who are treating the insured person.

Medical Consultants — Intrepid 24/7 team of medical professionals, available 24 hours a day, will monitor the condition of the insured person in the event of a serious emergency. If necessary, Intrepid 24/7 will help you return to your province or territory of residence or Canada for the care required.

Emergency Travel Relay — In the event of a medical emergency, Intrepid 24/7 will contact your travel companion to keep him or her advised of your medical situation and will help you exchange important messages with your family.

CLAIMS PROCEDURES

The insured person or an authorized representative of the participating school board is responsible for providing all the documents outlined below and for any charges levied for these documents.

EMERGENCY HOSPITAL & MEDICAL CLAIMS

In the event of an emergency, the insured person or an authorized representative of the participating school board must contact Intrepid 24/7.

To file a claim, the insured person must:

a. include the policy number and the patient’s name (married and maiden, if applicable), date of birth, and Canadian provincial or territorial government health insurance plan number with the expiry date or version code (if applicable);

b. submit all original itemized bills from the medical provider(s) stating the patient’s name, diagnosis, all dates and type of treatment, and the name of the medical facility and/or physician;

c. provide original prescription drug receipts (net cash receipts) from the pharmacist, physician or hospital showing the name of the prescribing physician, prescription number, number of preparation, date, quantity and total cost;

d. provide proof of the departure date(s) and return date(s);

e. a. o. provide written proof of claim within 90 days of the date of receipt of services covered under this policy;

f. provide additional information pertinent to the insured person’s claim, as may be required by Intrepid 24/7, after receipt of the claim;

g. sign and return the authorization form, provided by Intrepid 24/7, allowing the insurer to recover payment from the Canadian provincial or territorial government health insurance plan. The insurer will coordinate and pay the insured person’s claim to the participating medical providers and where permitted, coordinate claims directly with the Canadian provincial or territorial government health insurance plan on the insured person’s behalf; and

h. return the unused portion of the insured person’s air ticket to Intrepid 24/7 if the Emergency Air Transportation benefit is used.

SPECIFIC LOSS INDEMNITY CLAIMS

If the insured or someone on behalf of the insured, is submitting a claim the following documents are required:

a. police, autopsy or coroner’s report; and

b. medical records; and

c. death certificate, as applicable.

If the insured person’s body is not found within 12 months of the accident, the insurer will presume that the insured has died as a result of his/her injuries.

TRIP CANCELLATION & TRIP INTERRUPTION CLAIMS

To cancel a trip before the scheduled departure date, the insured person or an authorized representative of the participating school board must cancel the trip with the travel supplier and notify Intrepid 24/7 immediately, or on the next business day, after the cause of cancellation.

The following documents are required to settle the claim:

a. A medical certificate completed by the attending physician and stating why travel was not possible as booked, if the claim is for medical reasons; or

b. A report from the police or other responsible authority documenting the reason for the delay if the claim is due to a misconception.

If the insurer has taken action to enforce all the insured person’s rights, powers, privileges, and remedies, to the extent of benefits paid under this policy, against any person, legal person or entity which caused such loss. Additionally, if no fault” benefits or other collateral sources of payment of medical expenses are available to the insured person, regardless of fault, the insurer is granted the right to make demand for, and recover, those benefits. If the insurer institutes an action it may do so at its own expense, in the name of the insured person, and the insured person will attend at the place of loss to assist in the action, in addition to providing the insurer all information, cooperation and assistance as the insurer may reasonably require. If the insured person institutes a demand or action for a covered loss, the insured person shall immediately notify the insurer so that the insurer may safeguard its rights. The insured person shall take no action after a loss that will impair the rights of the insurer set forth in this paragraph and shall do all such things as are necessary to secure such rights.

ACCIDENTAL DEATH & DISMEMBERMENT

If the insured person’s body is not found within 12 months of the accident, the insurer will presume that the insured has died as a result of his/her injuries.

All pertinent documents should be sent to Intrepid 24/7
STATUTORY CONDITIONS

Notwithstanding any other provision herein contained, this contract is subject to the Statutory Conditions in the Insurance Act respecting contracts of accident insurance.

THE CONTRACT

The application, this policy, any document attached to this policy when issued and any amendment to the contract agreed on in writing after this policy is issued constitute the entire contract and no agent has authority to change the contract or waive any of its provisions.

WAIVER

The insurer is deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.

COPY OF APPLICATION

The insurer must, upon request, furnish to the insured or to a claimant under the contract a copy of the application.

MATERIAL FACTS

No statement made by the insured or a person insured at the time of application for the contract shall be used in defense of a claim under or to avoid the contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

NOTICE AND PROOF OF CLAIM

The insured or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, shall:

a. give written notice of claim to the insurer,
   i. by delivery thereof, or by sending it by registered mail to the head office or chief agency of the insurer in the province, or
   ii. by delivery thereof to an authorized agent of the insurer in the province, not later than 30 days from the date a claim arises under the contract on account of an accident, sickness or disability;

b. within 90 days after the date a claim arises under the contract on account of an accident or sickness, furnish to the insurer such proof as is reasonably possible in the circumstances of:
   i. the happening of the accident or the start of the sickness,
   ii. the loss caused by the accident or sickness,
   iii. the right of the claimant to receive payment,
   iv. the claimant’s age, and
   v. if relevant, the beneficiary’s age; and

   c. if so required by the insurer, furnish a satisfactory certificate as to the cause or nature of the accident, sickness or disability for which claim may be made under the contract and as to the duration of such sickness or disability.

FAILURE TO GIVE NOTICE OR PROOF

Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if

1. the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 1 year after the date of the accident or the date a claim arises under the contract on account of sickness or disability, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition, or

2. in the case of death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than 1 year from the date a court makes the declaration.

INSURER TO FURNISH FORMS FOR PROOF OF CLAIM

The insurer shall furnish forms for proof of claim within 15 days after receiving notice of claim, but if the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

RIGHTS OF EXAMINATION

As a condition precedent to recovery of insurance money under the contract,

a. the claimant must give the insurer an opportunity to examine the person of the person insured when and as often as it reasonably requires while the claim is pending, and

b. in the case of death of the person insured the insurer may require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies.

WHEN MONIES PAYABLE

All money payable under this contract shall be paid by the insurer within 60 days after it has received proof of claim.

IDENTIFICATION OF INSURER

Underwritten by:
Berkley Canada (a W. R. Berkley Company)
145 King Street West
Suite 1000
Toronto, Ontario M5H 1J8

Claims Administered by:
Intrepid 24/7
460 Richmond Street West
Suite 100
Toronto, Ontario M5V 1Y1