Berkshire Hathaway Specialty Insurance

IMPORTANT NOTICE - READ CAREFULLY BEFORE YOU TRAVEL

You have purchased a travel insurance policy – what's next? We want you to understand (and it is in your best interests to know) what your policy includes, what it excludes, and what is limited (payable but with limits). Please take time to read through your policy before you travel. ***Bolded and/or italicized terms are defined in your policy.***

- Travel insurance covers claims arising from sudden and unexpected situations (i.e.: accidents and emergencies) and typically not follow-up or recurrent care.

- To qualify for this insurance, you must meet all of the eligibility requirements.

- This insurance contains limitations and exclusions e.g.: ***Medical Conditions*** that are not ***Stable,*** pregnancy, child born on trip, excessive use of alcohol, high-risk activities.

- This insurance may not cover claims related to ***Pre-Existing Conditions,*** whether disclosed or not at time of policy purchase.

- Contact **toll free 1-888-928-7855 or worldwide collect 1-437-294-9595** before seeking ***Treatment*** or your benefits may be limited.

- In the event of a claim your prior medical history may be reviewed.

- If you have been asked to complete a medical questionnaire and any of your answers are not accurate or complete, your policy will be voidable.

IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR COVERAGE. IF YOU HAVE QUESTIONS, CALL 1-855-221-4555, or visit www.sonomad.com.

NATIONAL LIABILITY & FIRE INSURANCE COMPANY – CANADA BRANCH

EMERGENCY MEDICAL & HOSPITAL CARE INSURANCE POLICY

IMPORTANT
This coverage is valid only if the appropriate policy cost has been paid. Please keep this document as record of coverage under the policy.

PLEASE READ THE ENTIRE DOCUMENT CAREFULLY!

This is your insurance policy, a contract detailing the terms and conditions of the insurance coverage(s) available.

This policy contains a provision removing or restricting Your right to designate persons to whom or for whose benefit insurance money is to be payable.

To help You better understand Your policy
Key terms in this policy are capitalized and are defined in the 'Definitions' section.

What are You covered for?
To find out what Your coverage is, please read the section titled 'DESCRIPTION OF INSURANCE COVERAGES'. Travel insurance is intended to cover losses arising from sudden, unexpected, and unforeseeable circumstances.

What is not covered?
Travel insurance does not cover everything. Your insurance has exclusions, conditions and limitations. Pre-existing Conditions may be excluded. You should carefully read and understand Your policy before You travel.

HOW TO CONTACT US

Prior to Travel

You must contact Administrator at 1-855-221-4555 if there is any change to Your eligibility or to make any changes to Your insurance. Please refer to 'Extending Your Stay' and 'Top-Ups for Multi-Trip Plans' section for details.

When travelling and you require emergency healthcare

You must notify the Claims and Assistance Administrator (toll free 1-888-928-7855 or worldwide collect 1-437-294-9595) prior to seeking any medical Treatment, service or care. Failure to contact emergency assistance, without reasonable cause, may result in a 30% reduction of eligible payment amounts, without exceeding the average cost within the network, up to a maximum of $25,000. You will be responsible for any expenses that are not payable by the Insurer. To apply for benefits, complete the claim form and include all original bills. Incomplete forms will cause delay; refer to Section VII "HOW TO SUBMIT A CLAIM" of this policy.

Travel Assistance We will use our best efforts to provide assistance for a medical Emergency arising anywhere in the world. Our agents will not be responsible for the availability, quantity, quality, or results of any medical Treatment received, or for failure to obtain medical service.

How Insurer Protects Client Personal Information
We are committed to protecting the privacy, confidentiality and security of the personal information We collect, use and disclose. Your personal information, including Your medical history, will be collected, used and disclosed only for the purpose of providing You with the requested insurance services. For a copy of the Insurer's privacy policy, please contact Us or visit Our website www.bhspecialty.com/privacy-policy.

Extended Absence from Canada Each provincial and territorial government health insurance plan has limitations on how long You can be out of the country and remain eligible for coverage. Check Your health plan for details.

10 Day Free Look: Please review this policy before You travel to ensure it meets Your needs. If you are not completely satisfied with this travel insurance, you may cancel it within 10 days of purchase for a full refund, provided you have not left on your trip and have not experienced an event that would cause you to submit a claim. Refunds after the aforementioned 10-day period may not be permitted.

Please refer to Section II "HOW TO BECOME INSURED, EXTEND OR MODIFY CONTRACT' which explains when coverage begins.

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SECTION I

ELIGIBILITY

To be eligible for coverage, You must meet the following criteria:

(a) You are at least 15 days old for Single-Trip plans;
(b) You are at least 15 days old and no more than 85 years of age for Multi-Trip plans;
(c) You are a Canadian Resident and that You are covered under a provincial health insurance plan;
(d) A Physician has not recommended or scheduled tests, investigations or surgery You haven't had yet (do not consider routine investigation part of a general annual medical exam);
(e) You are not travelling against the advice of a Physician or do not know of any reason to seek consultation during the Period of Coverage;
(f) You have not been diagnosed with or do not suffer from a Terminal illness;
(g) You do not require assistance from another person(s) with Activities of Daily Living (ADL);
(h) You are not awaiting a diagnosis, surgery, Treatment, tests or investigations (or their results) for any Medical Condition, or not suffering symptoms that have not yet been discussed with a doctor. (Routine investigation is not considered part of a general annual medical exam);
(i) You do not have a life expectancy of 12 months or less;
(j) You have not had a heart, kidney, liver, lung, or bone marrow transplant; and
(k) You do not have kidney disease requiring dialysis.

You must maintain eligibility until You depart on Your Trip. For Multi-Trip plans you must re-certify or maintain eligibility prior to each Trip.

SECTION II

HOW TO BECOME INSURED, EXTEND OR MODIFY CONTRACT

You're Insured If:

- Your name is on the Confirmation of Coverage
- The required premium has been paid
- You have completed the medical questionnaire if it was required

How to Extend Your Contract Date if The Trip is Extended

If You decide to apply for additional coverage after You have left Your province or territory of residence, You may apply for a new term of coverage by contacting Administrator at 1-855-221-4555. The Insurer reserves the right to decline any request for new terms of coverage.

How to Increase Coverage

If you would like to increase the coverage that you have already purchased, this is what you need to know:

Top-Ups for Multi-Trip Plans
When a planned Trip will exceed the number of days available on Your Multi-Trip Plan, You may apply for Top-Up coverage. Coverage under a Top-Up is:

(a) only available if You are applying the Top-Up for a Trip covered under a current Multi-Trip plan with the Insurer.
(b) only available if You apply for Your Top-Up prior to leaving Your province or territory of residence; and
(c) provided under the same terms and conditions as Your Multi-Trip Plan; and
(d) considered one continuous Period of Coverage with Your Multi-Trip Plan.

The Insurer reserves the right to decline any request for Top-Up coverage.

When this Policy is purchased after the Departure Date coverage is subject to the Waiting Period requirements. When this Policy is purchased to top-up any other insurance plan, coverage commences the day following the expiry date of the insurance plan being topped-up.

When does coverage start?

COVERAGE BEGINS Coverage begins on the effective date.

Effective date means the date and time coverage starts.
Coverage starts on the latest of the date and time:

(a) the completed application and premium are accepted by the Insurer or its representative; or
(b) indicated as the effective date in Your confirmation of coverage letter; or
(c) You exit Your province or territory of residence; or
(d) for Multi-Trip Plans, each time You exit Your province or territory of residence.

For Policies issued in Quebec: the Effective date is the date this policy is delivered to You/the Administrator for unconditional delivery to You.

When this Policy is purchased after the Departure Date coverage is subject to the Waiting Period requirements. When this Policy is purchased to top-up any other insurance plan, coverage commences the day following the expiry date of the insurance plan being topped-up.

COVERAGE ENDS Coverage ends on the expiry date.

Expiry date means the date and time coverage ends.
Coverage ends on the earliest of the following:

(a) the date and time You return to Your province or territory of residence (other than as described under the 'Trip-Break for Single-Trip Plans'); or
(b) the date indicated as the expiry date in Your confirmation of coverage letter; or
(c) for Multi-Trip Plans:
    a. each time You conclude a Trip and return to Your province or territory of residence; or
    b. the date when the number of days since You exited Your province or territory of residence exceeds the number of days indicated in Your confirmation of coverage letter.

When a planned Trip extends beyond the expiration of a Multi-Trip Plan, another Multi-Trip plan must be purchased prior to departure from Your province or territory of residence.

INSURANCE PREMIUM

About the Premium
The total premium amount is due and payable at the time of application. The premium is calculated using the most current rates for Your age at the time of application.

Full/Partial Premium Refund
If You return to Your province of residence before Your Expiry Date, You may request a refund of premium for the unused coverage days of Your Policy, providing there has been or will be no claim reported or initiated, that You have not been provided with any assistance services. The Administrator may request a proof of return to Your province of residence.

Refunds are not payable for:

(a) Multi-Trip Plans after the effective date;
(b) any days You spend in Your province or territory of residence during the Trip-Break described on page 4; or
(c) any policy for which You have incurred a claim or have been provided with any assistance services.

Contract or Coverage Termination or Void by Insurer

The Insurer Can Cancel or Terminate the Contract or Void Coverage when:

a) Refusal to follow prescribed Treatment or instructions from the Claims and Assistance Administrator;
b) If any of the medical or health information provided in the medical questionnaire, was incomplete and/or inaccurate;
c) If you fail to disclose or misrepresent a material fact either at the time of application or at the time of claim; or
d) If you fail to meet any of the Eligibility requirements in Section 1 – ELIGIBILITY.

SECTION III

INSURING AGREEMENT

In consideration of the application for insurance and payment of the appropriate premium, and subject to the terms, conditions, limitations and exclusions of this policy, if You incur eligible expenses for Emergency Hospital and Emergency medical care or services during the Period of Coverage as the result of a Medical Condition occurring during the Period of Coverage, the Insurer will pay for the Reasonable and Customary costs for eligible expenses, up to the maximum Aggregate Limit stated in Your confirmation of coverage in excess of any Deductible and the amount allowed and/or paid for by any other insurance plan(s).

You will be responsible for any expenses that are not payable by the Insurer. The specific details of Your policy are outlined in Your confirmation of coverage letter which forms part of Your policy.

You must notify the Claims and Assistance Administrator (toll free 1-888-928-7855 or worldwide collect 1-437-294-9595) prior to seeking any medical Treatment, service or care. Failure to contact emergency assistance, without reasonable cause, may result in a 30% reduction of eligible payment amounts, without exceeding the average cost within the network, up to a maximum of $25,000. You will be responsible for any expenses that are not payable by the Insurer.

The Claims and Assistance Administrator reserves the right, as reasonably required, to transfer You to any Hospital or to transport You to Canada following an Emergency. If You refuse to be transferred or transported when declared medically fit to travel by the Claims and Assistance Administrator, any continuing costs incurred after Your refusal will not be covered and the payment of such costs becomes Your sole responsibility. Coverage ceases upon Your refusal and no coverage will be provided to You for the remainder of the Period of Coverage.

SECTION IV

DESCRIPTION OF INSURANCE COVERAGES

General Conditions Applying to All Coverages

There are general conditions that apply to all coverages and they can be found in Section VIII – GENERAL CONDITIONS.

TRAVEL MEDICAL COVERAGE

Travel medical coverage provides benefits to travelers in Emergency medical situations.

If you've purchased this coverage, this is what you are entitled to:

The maximum amount payable for all eligible benefits is $2,000,000 for medical Emergency services, unless specified otherwise in the description of each benefit. Subject to the terms, conditions, limitations and exclusions of this policy, benefits are payable for the following costs:

EMERGENCY HOSPITAL

The Insurer agrees to pay for private or semiprivate Hospital accommodation and for Reasonable and Customary services and supplies necessary for Your Emergency medical care during confinement as a resident in-patient.

EMERGENCY TRANSPORTATION

When medically necessary and if pre-approved by the Claims and Assistance Administrator, the Insurer agrees to pay the cost to transport You by either one-way economy airfare, stretcher (including any necessary medical attendant), or air ambulance (if You are unable to travel via a commercial airline) to the nearest appropriate medical facility or to a Canadian Hospital.

TRIP-BREAK FOR SINGLE-TRIP PLANS

During the Period of Coverage You may return once to Your province or territory of residence for up to 15 consecutive days without terminating this policy. There is no coverage in Your province or territory of residence. Refunds are not payable for any days You spend in Your province or territory of residence during the Trip-Break. If You experience any change in Your health during the Trip- Break, You must notify the Administrator prior to exiting Your province or territory of residence for confirmation of continued coverage.

EMERGENCY MEDICAL

The Insurer agrees to pay for Emergency medical, surgical or an aesthetic service when performed and authorized by a Physician.

EMERGENCY EXTENDED HEALTH BENEFITS

The Insurer agrees to pay for the following services, supplies or Treatment:

(a) Prescription drugs, not exceeding a one-month supply, to a maximum of $500 per Insured Person unless hospitalized as an in-patient. Payment of the prescription will only be valid for the initial 30 days after the onset of an Emergency. The cost of prescription renewals beyond this point is not covered;
(b) Diagnostic and laboratory services;
(c) Local licensed ambulance services;
(d) Wheelchair rental, crutches, braces and other necessary medical appliances*;
(e) Private duty services of a Registered Nurse, other than a relative, up to $10,000*; and
(f) Up to $500 each for the prescribed services of a physiotherapist* and a chiropractor*.

* Must be pre-approved by the Claims and Assistance Administrator.

ACCIDENTAL DENTAL

The Insurer agrees to reimburse up to $3,000 for Emergency Treatment or services to whole or sound natural teeth (including capped or crowned teeth) caused by an Accidental direct blow to the mouth. To be eligible for reimbursement, Treatment relating to any dental claim must begin within 48 hours of the Accident. Charges for such dental services must be incurred within the Period of Coverage but no later than 90 days after the Accident and prior to Your return to Your province or territory of residence.

DENTAL EMERGENCIES

The Insurer agrees to reimburse up to $500 for the immediate relief of acute dental pain caused by means other than a direct blow to the mouth. Dental conditions for which You have previously received Treatment or advice are not covered. Treatment relating to any dental claim must begin within 48 hours from the onset of the Emergency and must be completed within the Period of Coverage and prior to Your return to Your province or territory of residence.

BEDSIDE VISIT

When approved by the Claims and Assistance Administrator, the Insurer agrees to reimburse up to $2,500 for one round-trip economy class transportation by the most direct route, and up to $200 per day to a maximum of $1,600 for reasonable costs incurred to bring one person, 18 years or older, to and from the medical facility where You are confined if:

(a) You are hospitalized for a minimum of 5 consecutive days due to a covered Medical Condition and the attending Physician advises in writing the necessary attendance by such a person; or
(b) The local authorities legally require the attendance of such a person to identify Your remains in the event of death due to a covered Medical Condition.

RETURN OF VEHICLE

The Insurer agrees to pay up to $5,000 to return the Vehicle used for the journey, to Your home or to the rental agency, if You are unable to return to Canada with that Vehicle, due to a covered Medical Condition.

RETURN OF DECEASED

In the event of death due to a covered Medical Condition, the Insurer agrees to pay up to:

(a) $5,000 for the costs incurred to prepare and return Your remains in a standard transportation container, to Your permanent residence in Canada; or
(b) $2,500 for cremation or burial at the place of death.

The cost of a coffin or urn is not covered.

RETURN TO ORIGINAL TRIP DESTINATION

If You are returned to Your province or territory of residence in Canada under the 'Emergency Transportation' benefit, and the attending Physician in Canada determines that the Treatment received in Canada resolved the Emergency, the Insurer agrees to pay up to a maximum of $2,000, when pre-approved by the Claims and Assistance Administrator, for a one-way economy class ticket to return You and one insured Traveling Companion to the original Trip destination. The return must occur within the Period of Coverage originally provided by this policy.

A subsequent recurrence or complication of the Medical Condition that resulted in You being returned home is excluded under this policy unless You receive pre-approval from the Claims and Assistance Administrator.

ACTS OF TERRORISM

If an Act of Terrorism directly or indirectly causes a loss that would otherwise be payable under this plan, subject to all other policy limits, coverage will be provided as follows:

(a) As a result of any one or a series of Acts of Terrorism occurring within a 72-hour period, the Aggregate Limit payable shall be limited to $2.5 million for all eligible insurance policies issued by the Insurer, including this policy.
(b) As a result of any one or a series of Acts of Terrorism occurring in any calendar year, the Aggregate Limit payable shall be limited to $5 million for all eligible policies issued and administered by the Insurer, including this policy.

The amount payable for each eligible claim under a) and b) above are in excess of all other sources of recovery and shall be reduced on a pro rata basis, so that the total amount paid for all such claims shall not exceed the respective Aggregate Limit which will be paid after the end of the calendar year and after completing the adjudication of all claims relating to the Act(s) of Terrorism.

Please refer to Section VI – EXCLUSIONS AND LIMITATIONS for exclusions and limitations applicable to this coverage.

SECTION V

DEFINITIONS

(Capitalized terms within this policy are defined herein)

Accident(al) means a sudden, unexpected, unforeseeable, unavoidable external event.

Activities of Daily Living means eating, bathing, using the toilet, changing positions (including getting in and out of a bed or chair) and dressing.

Act(s) of Terrorism means an act, including but not limited to 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(s) 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.

Administrator means soNomad, ulc.

Adventure Sports means participation in extreme or high-risk activities including but not limited to:

(a) Professional or semi-professional athletic events including training or practice for the same;
(b) Bodily contact sports, multi-sport or endurance competitions, parkour;
(c) Motor sports including: ATVs, motorcycles, jet skis, speed boats, or motor racing, including training or practice for the same;
(d) Caving, spelunking, rappelling, free climbing without gear or mountain climbing that requires the use of equipment such as; pick-axes, anchors, bolts, crampons, carabineers, and lead or top-rope anchoring or other specialized equipment;
(e) Free diving or scuba diving at a depth greater than 60 feet or without a dive master.
(f) White or black water rafting, water skiing, cliff diving;
(g) Operating or learning to operate any aircraft, as student, pilot, or crew;
(h) Skydiving, BASE jumping, fly-by-wire, bungee jumping, zip lining, hot air ballooning, hang gliding or parachuting or air travel on any air-supported device, other than a regularly scheduled airline or air charter;
(i) Interactions with large animals such as running with the bulls, bull riding, rodeo, horseback riding;
(j) Or similar activities as listed above.

Aggregate Limit means the total number or the maximum value of insured losses resulting from any one Accident or event causing loss.

Canadian Resident means You are a landed immigrant or Canadian citizen who maintains a permanent residence in Canada to which You will return after Your Trip.

Claims and Assistance Administrator means Nomad Assistance

Deductible means the amount You must pay toward eligible costs before any benefits are payable by the Insurer. It is retroactive to the effective date and applies once during the Period of Coverage. Your Deductible is specified in Your confirmation of coverage letter.

Dependent Children means unmarried children who are dependent on a parent or guardian and are:

(a) At least 15 days old, but less than 19 years old, on the date of departure; or,
(b) Any age, if they have a cognitive, developmental or physical disability, whether or not they are residing with their parent or guardian.

Emergency means a sudden, unforeseen Medical Condition occurring during the Period of Coverage, which requires immediate intervention by a Physician or legally licensed dentist and cannot reasonably be delayed.

Epidemic or Pandemic means a contagious disease recognized or referred to as an Epidemic or Pandemic by a representative of the World Health Organization (WHO) or an official government authority with the authority to make such a declaration, including, but not limited to, the governing body or governmental entity with authority over any location affected by such pandemic or any location to which this insurance applies. If You are infected this will be treated as a Sickness.

Family consists of 1 or 2 parents or guardians (19 years or older) and their Dependent Children who travel at the same time and have the same travel dates.

Family Member means Your Spouse, parent, sibling, legal guardian, step-parent, step-child, step-sibling, aunt, uncle, niece, nephew, grandparent, grandchild, inlaw, and ward, or child.

Hospital means a facility incorporated or licensed as a hospital by the jurisdiction where such services are provided and which has accommodation for resident in-patients, 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 nervous disorders.

Injury means sudden 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 a person named in the confirmation of coverage letter, who has been accepted by the Insurer or its authorized representative and has paid the required premium for a specific plan of insurance.

Insurer means the Canadian branch of National Liability & Fire Insurance Company.

Licensed Medical Practitioner means a person other than You, who is licensed, certified or registered, by the appropriate regulatory authority, to provide medical care or services in the jurisdiction where the care or services are provided and is not related to You by blood or marriage.

Medical Condition(s) means any Injury or Sickness.

Medical Consultation means any medical services obtained from a Licensed Medical Practitioner for a medical condition, including but not limited to any or all: history taking, medical examination, investigative testing, advice or Treatment, and during which a diagnosis of the medical condition need not have been definitively made. This does not include routine annual medical check-ups where no medical signs or symptoms existed or were found during the check-up.

Minor Ailment means any Sickness or Injury which does not require the use of medication for a period greater than 15 days, more than one follow-up visit to a Physician, hospitalization, surgical intervention, or referral to a specialist, and which ends at least 30 consecutive days prior to the departure date. However, a chronic condition or any complication of a chronic condition is not considered a Minor Ailment.

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

(a) Nuclear agent means any occurrence causing bodily Injury, Sickness, 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;
(b) Chemical agent means any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property;
(c) Biological agent means any pathogenic (disease-producing) microorganism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause Sickness and/or death in humans, animals or plants.

Period of Coverage means the period from the effective date to the expiry date as indicated in this policy and for which premium has been paid. As selected and paid for at the time of application, the maximum Period of Coverage per Trip under the Single-Trip Plan is 212 days (for selected provinces) and under the Multi-Trip Plan is 7, 15, and 30 days per Trip.

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

Pre-existing Condition means (other than a Minor Ailment):

a) a Medical Condition for which You exhibited signs or symptoms before the effective date even if the signs or symptoms did not result in the diagnosis of a Medical Condition by a Licensed Medical Practitioner; or
b) a Medical Condition for which You had a Medical Consultation before the effective date even if the Medical Condition was not diagnosed during, or as a result of, the Medical Consultation.

Quarantined means a period of medically imposed isolation that is issued by the treating Physician to stop the spread of a contagious disease or Sickness to which they have been diagnosed with or exposed to.

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 Medical Condition.

Sickness means an illness or disease diagnosed or treated by a Physician after the Insured's Policy Effective Date.

Specified Stability Period means that a Medical Condition must be Stable 90 days prior the Policy Effective Date if You are 59 years of age or younger. If You are 60 years of age and over, Specified Stability Period means that a Medical Condition must be Stable 90 days prior to the Policy Effective Date for cholesterol, high blood pressure and diabetes, and Stable for 180 days prior the Policy Effective Date for all other Medical conditions (excluding Minor Ailment).

Spouse means a person who is legally married to You, or a person who has been living with You in a common-law relationship for a period of at least 12 consecutive months.

Stable means (other than a Minor Ailment)

(a) You did not demonstrate any new signs or symptoms of a Pre-existing Condition, more frequent signs or symptoms of a Pre-existing Condition, or more severe signs or symptoms of a Pre-existing Condition in the Specified Stability Period;
(b) You did not require, or were not referred for, any Medical Consultation for the Pre-existing Condition in the Specified Stability Period; and
(c) You did not change the type, brand, frequency or dosage of medication for a Pre-existing Condition in the Specified Stability Period, other than changing a medication from brand name to generic, stopping the use of Plavix after 12 months of use, routine adjustment of coumadin or warfarin, insulin, aspirin or combination of medications into one or any decrease in Your dosage as long as there is no change in Your health.

Terminal applies to a Medical Condition for which a Physician gave a prognosis of eventual death or for which palliative care was received, prior to the effective date.

Traveling Companion means a person who is accompanying You on Your Trip, and who has prepaid shared accommodation or transportation with You. (Maximum of 5 persons including You.)

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

Trip means the period of travel contracted by You for which coverage is in effect.

Vehicle means a private passenger automobile, station wagon, pick-up truck or mini-van that is manufactured and designed to transport a maximum of 7 passengers; and is used exclusively for the transportation of passengers; and is either owned or rented by You. Vehicle also means a Motor-home or a Camper Unit that is either owned or rented by You where: Motor-home means a self-propelled Vehicle containing living quarters that are an integral part of the Vehicle and are not removable; and Camper Unit means a specifically constructed unit for living purposes mounted on and removable from a Vehicle.

Waiting Period means:

(a) If this Policy was purchased in the seven days after exiting from Your province or territory of residence, there is no coverage for any Sickness arising in, occurring in or symptomatic during the first 48 hours of the Effective Date of the Policy, including any related expenses incurred after the first 48 hours from the Effective Date of the Policy; or
(b) If this Policy was purchased more than seven days after exiting from Your province or territory of residence, there is no coverage for any Sickness arising in, occurring in or symptomatic during the first seven days from the Effective Date of the Policy, including any related expenses incurred after the first seven days from the Effective Date of the Policy.

We, us and our means National Liability & Fire Insurance Company – Canada Branch.

You or Your means an Insured Person.

SECTION VI

EXCLUSIONS AND LIMITATIONS

GENERAL EXCLUSIONS

This policy does not provide benefits for losses or expenses incurred as a result of, in connection with or in any way associated with

(a) Any Pre-existing Condition that was not Stable for the Specified Stability Period immediately preceding the date of departure. **This exclusion does not apply in the Province of Quebec unless the condition is disclosed in your completion of the medical questionnaire**.
(b) Any type of cancer
(c) A Medical Condition or the signs or symptoms of a Medical Condition (whether diagnosed or not), which prior to the effective date of coverage would lead a reasonable person to conclude that he or she might require hospitalization or medical treatment, medical services or medical care during the Period of Coverage.
(d) Any emotional, mental or nervous disorders resulting from any cause, including but not limited to anxiety or depression; suicide, attempted suicide; or intentional self-inflicted Injury.
(e) Act(s) of War, kidnapping, Act(s) of Terrorism caused directly or indirectly by Nuclear, Chemical or Biological Device, riot, strike or civil commotion, unlawful visit in any country, participation in protests, participation in armed forces activities, participation in a commercial sexual transaction or the commission or attempted commission of any criminal offence, contravention of any statutory law or regulation in the area where the loss occurred by You, a Family Member or Traveling Companion.
(f) Any Medical Condition when a Trip is undertaken for the purpose of securing medical treatment or advice
(g) Any Medical Condition or death, if evidence supports that You were affected by, or the Medical Condition was in any way contributed to by: the use of alcohol, prohibited drugs, or any other intoxicant either before or during the Period of Coverage; the non-compliance with prescribed treatment or medical therapy either before or during the Period of Coverage; or the misuse of medication either before or during the Period of Coverage.
(h) Any Medical Consultation that is non-Emergency, elective or the consequence of a prior elective procedure.
(i) Any Medical Condition that was diagnosed by a Physician as Terminal prior to the effective date of this policy or travelling against the advice of a Physician.
(j) Any treatment, investigation or hospitalization which is a continuation of , or subsequent to, Emergency treatment of a Medical Condition, unless approved in advance by the Claims and Assistance Administrator.
(k) Any treatment which can be reasonably delayed until You return to Canada (whether or not You intend to return) by the next available means of transportation, unless approved in advance by the Claims and Assistance Administrator.
(l) A recurrence or complication of the Medical Condition for which You were returned home under the 'Emergency Transportation' benefit, if You elect to resume Your Trip after being returned to Canada.
(m) Any rehabilitation or convalescent care.
(n) Injury resulting from Adventure Sports.
(o) Any Medical Condition resulting from a motor Vehicle Accident where You are entitled to receive benefits pursuant to any policy or legislative plan of motor Vehicle insurance.
(p) Dental or cosmetic surgery.
(q) Naturopathic, holistic or acupuncture treatment.

(r) Costs that exceed the Reasonable and Customary rate for the area where the treatment or services are being performed.
(s) Any occurrence involving a Nuclear Device however caused.

(t) Any event occurring on a Trip while at a destination where, prior to Your departure to that destination, a statement is made in the 'Travel Report' issued by the Canadian Department of Foreign Affairs and International Trade advising that Canadians should avoid all travel to that destination during the Period of Coverage.
(u) Routine or elective treatment for pregnancy within the first 32 weeks of the pregnancy.
(v) Pregnancy, childbirth or complications thereof after the 32nd week of pregnancy.
(w) An Epidemic or Pandemic, unless otherwise covered under the policy;
(x) Any government regulation or prohibition, including but not limited to general stay at home orders, any health advisory orders or self-isolation orders;

SECTION VII

HOW TO SUBMIT A CLAIM

WHO TO CONTACT TO SUBMIT A CLAIM

EMERGENCY PROCEDURES

In the event of a medical Emergency, You must notify the Claims and Assistance Administrator (toll free 1-888-928-7855 or worldwide collect 1-437-294-9595) prior to seeking any medical treatment, service or care. Failure to contact emergency assistance, without reasonable cause, may result in a 30% reduction of eligible payment amounts, without exceeding the average cost within the network, up to a maximum of $25,000. You will be responsible for any expenses that are not payable by the Insurer.

OTHER ASSISTANCE

We are here to help. Service is available 24 hours a day,7 days a week.
the Claims and Assistance Administrator also provides support and recommendations for non-medical emergencies, providing You with access to resources to help resolve any unexpected difficulties You encounter during Your Trip.

COMPLETE THE REQUIRED FORM(S)

Important Notes

(a) Any costs incurred for documentation or required reports are Your responsibility.
(b) If the claim form is not fully completed and submitted with all required documentation Your claim may be delayed.
(c) All claims forms are available by calling (toll free 1-888-928-7855 or worldwide collect 1-437-294-9595) or emailing (claims@nomadassistance.com) the Claims and Assistance Administrator.
(d) After initial review, the Claims and Assistance Administrator may request additional documents to support any claim.

PROVIDE THE INFORMATION REQUESTED

Notice and Proof of Claim

1. Claims must be reported within 30 days of occurrence.

2. Written proof of claim must be submitted within 90 days of occurrence. Failure to provide a proof of claim within 90 days will not invalidate your claim if proof is provided as soon as possible and no later than 1 year from the date of loss except when otherwise is allowed by law.

Proof of claim - **Medical**

(a) A fully completed and signed claim form with all original bills and receipts;
(b) Medical records including an emergency room report and diagnosis from the medical facility or a Medical Certificate completed by the treating Physician. Any fee for completing the certificate is not a benefit under this insurance;
(c) Completed appropriate provincial government health insurance plan forms;

(d) Any other documentation that may be required by the Claim Administrator to support your claim.

SEND YOUR CLAIMS TO:

Nomad Assistance – Claims Department
Collect worldwide: 1-437-294-9595
Toll free Canada/U.S.A.: 1-888-928-7855
Email: claims@nomadassistance.com

WHAT CLAIMANT CAN EXPECT FROM INSURER

Once We have approved the claim, We will notify You and payment will be made within 60 days after receipt of the required claim forms, documentation and written proof of loss.

If the claim has been denied, We will inform You of the claim denial reasons within 60 days after receipt of the required claim forms, documentation, and written proof of loss.

If You disagree with Our claim decision, the matter may be submitted for appeal to Claims and Assistance Administrator, or further submitted for judicial resolution under the applicable law(s) of the Canadian province or territory where You reside at the time of application for the policy.

Claim appeals should be made in writing to:

Nomad Assistance
By email to claims@nomadassistance.com

SECTION VIII

GENERAL CONDITIONS

Access to Care
The Insurer will assist you to access care whenever possible, however will not be responsible for the quality of care received.

Assignment
Any benefits payable or which may become payable under this policy cannot be assigned by You, and the Insurer is not responsible for and will not be bound by any assignment into which You have entered.

Automatic Extension of Coverage
If You are hospitalized at the end of the Period of Coverage, as a result of a covered Medical Condition, coverage will be extended for You and one Traveling Companion remaining with You, when reasonable and necessary, during the period of Hospital confinement, plus 72 hours after release to travel home. Coverage for Your Traveling Companion will only be extended under their respective National Liability & Fire Insurance Company – Canada Branch policy.

Benefit Payments
Unless otherwise stated, all provisions in this policy apply to each eligible Insured Person during one Period of Coverage. Benefits are only payable under one policy, for each Insured Person during the Period of Coverage. If more than one policy is in effect at the same time, benefits will only be paid under this policy. Benefits are only payable for the plans and the specific sum insured selected, paid for and accepted by the Insurer at the time of application, and indicated in Your confirmation of coverage letter. Any benefits payable do not include interest charges. Benefits payable as a result of Your death will be payable to Your Estate.

Contract
The application completed medical questionnaire, confirmation of coverage letter, this policy, any document attached to this policy when issued, and any amendment to the policy agreed upon in writing after it is issued, constitute the entire contract.

Coordination of Benefits
Coverage under this policy is in excess of all or any existing coverage concurrently in force held by or available to You, including but not limited to homeowners, tenants, multi-risk, any credit card, third party liability, group or individual basic or extended health insurance or any private or legislative plan of motor Vehicle insurance providing Hospital, medical or therapeutic coverage.

Reimbursement will not be made for any costs, services or supplies that are payable to You under a motor Vehicle insurance policy or legislative plan under any Insurance Act, or for which You receive benefits from any other party pursuant to any policy or legislative plan of motor Vehicle insurance.

You may not claim or receive in total, more than 100% of the eligible loss.

If You are retired with an extended health plan provided by a former employer, with a lifetime limit of up to $100,000, the Insurer will not coordinate benefits with that plan.

Currency
All amounts stated in the policy including premium are in Canadian currency. At the option of the Claims and Assistance Administrator, benefits may be paid in the currency of the country where the loss occurred.

Governing Law
This policy will be governed by the laws of Your province or territory of Residence.

Limit on Liability
It is a condition precedent to liability under this policy that at the time of application, You are in good health and know of no reason to seek medical attention.

Misrepresentation or Nondisclosure
A failure to disclose or misrepresentation of any material fact by You, or fraud, either at the time of application or at the time of claim, shall render the entire contract null and void at the option of the Insurer, and any claim submitted thereunder shall not be payable. Where there is an error as to Your age, provided that Your age is within the insurable limits of this policy, the premiums will be adjusted according to Your correct age.

Subrogation (Right of Recovery)
In the event of any payment of benefits under this policy, the Insurer shall be subrogated to all Your rights including without limitation, the right to proceed in Your name, but at the Insurer's cost, against any third party that may be responsible for giving rise to a claim under this policy. You shall execute all documents required and shall co-operate fully with the Insurer to secure such rights. You shall do nothing after the loss to prejudice the Insurer's right of recovery.

Rights of Examination
The claimant shall provide the Insurer with the opportunity to examine You when and so often as it reasonably requires while a claim is pending. In the case of Your death the Insurer may require an autopsy, subject to any laws of the applicable jurisdiction relating to autopsies.

Time
Expiry time of coverage is the time within the time zone where You were residing when the application was made.

Actions or Proceedings
Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act.

This Policy was made in the course of National Liability & Fire Insurance Company's insurance business in Canada.

APPENDIX A
PROVINCE SPECIFIC INFORMATION

INFORMATION FOR QUEBEC RESIDENTS

Distributing Firm's Name & Contact Information: soNomad, ULC. 75 Queen St, Suite 1400, Montreal, Quebec, H3C 2N4

Phone: 855-221-4555

Licensed Sectors: Insurance of Persons

Registration No:
603715

How to File a Complaint

National Liability & Fire Insurance Company– Canada Branch
200 BAY STREET, 15TH FLOOR, TORONTO, Ontario, M5J 2J2

INFORMATION FOR SASKATCHEWAN RESIDENTS

Individual circumstances may vary. You may wish to contact the licensed insurer's representative or a licensed insurance agent if you need advice about your insurance needs.