

LLOYD'S

Personal Accident and Travel Insurance

Effected with certain Lloyd's Underwriters ("the Underwriters")
through Lloyd's Approved Coverholder ("the Coverholder"):

Marsh Canada Limited
161 Bay Street, Suite 1400
Toronto Ontario M5J 2S4

DECLARATIONS
BRITISH COLUMBIA CYCLING ASSOCIATION MEMBERS ONLY
OPTIONAL INSURANCE PROGRAM

POLICY/ CERTIFICATE NUMBER:

NAMED INSURED:

INSURED ADDRESS:

LIMIT OF LIABILITY:

Section A – Accidental Death and Dismemberment - **Included /Not Insured**

Principal Sum Amount –

- i) Bronze level - \$50,000**
- ii) Silver level - \$100,000**
- iii) Gold level - \$150,000**

Section B – Travel Insurance - **Included / Not Insured**

- a. Cancellation & curtailment - \$3,000**
- b. Accident Medical Expense – up to \$250,000**
- c. Personal Baggage, Clothing & effects - \$10,000**
- d. Money - \$500**
- e. Cycle Insurance – up to \$3,000**

POLICY PERIOD:

From: , 2015 To: , 2016
(both days at 12:01 a.m. Standard Time at the Address of the Insured).

TOTAL ANNUAL PREMIUM:

CDN \$.

INSURER(S):

Underwriters at Lloyd's - 100%
(Unique Market Reference B0775RCA64014)

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

**EVERY ACTION OR PROCEEDING AGAINST AN INSURER FOR THE RECOVERY OF INSURANCE
MONEY PAYABLE UNDER THE CONTRACT IS ABSOLUTELEY BARRED UNLESS COMMENCED
WITHIN THE TIME SET OUT IN THE INSURANCE ACT**

Issued subject to the terms of the master policy wording and signed by the representative of Marsh Canada Limited on behalf of the Underwriter/s listed above.

Authorized Representative
Steve Fretwell

Date issued: , 2015

Insurance brokered by Marsh Canada Limited





COMPLAINTS OR PROCEEDINGS

The Policyholder shall notify the Underwriters immediately upon becoming aware of any matter arising out of the operation of or in connection with the Policy which has resulted or could result in litigation or proceedings against the Underwriters, the Policyholder or the Lloyd's Broker;

The Policyholder shall notify the Underwriters and the Attorney In Fact in Canada for Lloyd's Underwriters immediately upon becoming aware of any matter arising out of the operation of or in connection with the Policy which has resulted or could result in a complaint to any Regulator or gives rise to regulatory action against the Underwriters, the Policyholder or the Lloyd's Broker.

SERVICE OF SUIT CLAUSE (CANADA) (Action against Insurer)

In any action to enforce the obligations of the Underwriters they can be designated or named as "Lloyd's Underwriters" and such designation shall be binding on the Underwriters as if they had each been individually named as defendant. Service of such proceedings may validly be made upon the Attorney In Fact in Canada for Lloyd's Underwriters, whose address for such service is 1155, rue Metcalfe, Suite 2220, Montreal, Quebec, H3B 2V6.

LMA5028

10/08/06

Form approved by Lloyd's Market Association

INSURE IN CANADA A RISK

For the purposes of the Insurance Companies Act (Canada), Lloyd's Underwriters will take measures to ensure that the policyholder's liabilities in respect of risks will be insured in Canada in accordance with the criteria set out in OSFI's Advisory (2007-01) entitled "Insurance in Canada of Risks" and that as a result, the related policy be issued in the course of Lloyd's Underwriters' insurance business in Canada.

01/10

LSW1671

NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from certain Underwriters at Lloyd's, London ("Lloyd's"), a customer provides Lloyd's with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with Lloyd's policyholders
- the underwriting of policies
- the evaluation of claims
- the detection and prevention of fraud
- the analysis of business results
- purposes required or authorised by law

For the purposes identified, personal information may be disclosed to Lloyd's related or affiliated organisations or companies, their agents/mandataires, and to certain non-related or unaffiliated organisations or companies, including service providers. These entities may be located outside Canada therefore a customer's information may be processed in a foreign jurisdiction (the United Kingdom and the European Union) and their information may be accessible to law enforcement and national security authorities of that jurisdiction.

To obtain written information about Lloyd's policies and practices in respect of service providers located outside Canada, please contact the Ombudsman at lineage@lloyds.ca who will also answer customer's questions about the collection, use, disclosure or storage of their personal information by such Lloyd's service providers.

Further information about Lloyd's personal information protection policy may be obtained from the customer's broker or by contacting Lloyd's on: 514 861 8361, 1 877 455 6937, or through info@lloyds.ca

01/12/10
LSW1543A

INTENTION FOR AIF TO BIND CLAUSE

Whereas Lloyd's Underwriters have been granted an order to insure in Canada risks under the Insurance companies Act (Canada) and are registered in all provinces and territories in Canada to carry on insurance business under the laws of these jurisdictions or to transact insurance in these jurisdictions.

And whereas applicants for insurance coverage in respect of risks located in Canada and Canadian Cedants wish that Lloyd's insurance and reinsurance coverage be provided in a manner that requires Lloyd's Underwriters to vest assets in trust in respect of their risks pursuant to the Insurance Companies Act (Canada);

- a) This contract shall be in force and shall be the governing contract pending the decision by Lloyd's Underwriters' attorney and chief agent in Canada (the "AIF") to confirm coverage in accordance with both the terms and conditions set out in this contract and applicable Canadian law;
- b) The AIF shall confirm Lloyd's Underwriters' coverage by signing in Canada a policy that will contain the terms and conditions set out in this contract (the "Canadian Policy"), and by communicating from Canada the issuance of that policy to the policyholder or his broker;
- c) This contract shall cease to have effect upon the communication by the AIF from Canada of the Canadian Policy to the policyholder or his broker, and the Canadian Policy will replace and supersede this contract.

LMA5180, 01 November 2011

LLOYD'S UNDERWRITERS' POLICYHOLDERS' COMPLAINT PROTOCOL

Lloyd's strives to enhance your customer experience with us through superior service and innovative insurance products.

We have developed a formal complaint handling protocol in accordance with the Insurance Companies Act of Canada to ensure your concerns as our valued customer are addressed expeditiously by our representatives. This protocol will assist you in understanding the steps we will undertake to help resolve any dispute which may arise with our product or service. All complaints will be handled in a professional manner. All complaints will be investigated, acted upon, and responded to in writing or by telephone by a Lloyd's representative promptly after the receipt of the complaint. If you are not satisfied with our products or services, you can take the following steps to address the issue:

- Firstly, please contact the broker who arranged the insurance on your behalf about your concerns so that he or she may have the opportunity to help resolve the situation.
- If your broker is unable to help resolve your concerns, we ask that you provide us in writing an outline of your complaint along with the name of your broker and your policy number.

Please forward your complaint to:

Lloyd's Underwriters

Attention: Complaints Officer:

1155 rue Metcalfe, Suite 2220, Montréal (Québec) H3B 2V6

Tel: 1-877-455-6937 - Fax: (514) 861-0470 / E-mail: lineage@lloyds.ca

Your complaint will be directed to the appropriate business contact for handling. They will write to you within two business days to acknowledge receipt of your complaint and to let you know when you can expect a full response. If need be, we will also engage internal staff in Lloyd's Policyholder and Market Assistance Department in London, England, who will respond directly to you, and in the last stages, they will issue a final letter of position on your complaint.

In the event that your concerns are still not addressed to your satisfaction, you have the right to continue your pursuit to have your complaint reviewed by the following organizations:

General Insurance OmbudService (GIO) assists in the resolution of conflicts between insurance customers and their insurance companies. The GIO can be reached at:

Toll free number: 1-877-225-0446 / www.giocanada.org

For Quebec clients:

Autorité des marchés financiers (AMF). The regulation of insurance companies in Quebec is administered by the AMF. If you remain dissatisfied with the manner in which your complaint has been handled, or with the results of the complaint protocol, you may send your complaint to the AMF who will study your file and who may recommend mediation, if it deems this action appropriate and if both parties agree to it. The AMF can be reached at

Toll Free: 1-877-525-0337

Québec: (418) 525-0337

Montréal: (514) 395-0311 / www.lautorite.qc.ca

If you have a complaint specifically about Lloyd's Underwriters' complaints handling procedures you may contact the Financial Consumer Agency of Canada (FCAC).

Financial Consumer Agency of Canada (FCAC) provides consumers with accurate and objective information about financial products and services, and informs Canadians of their rights and responsibilities when dealing with financial institutions. FCAC also ensures compliance with the federal consumer protection laws that apply to banks and federally incorporated trust, loan and insurance companies. The FCAC does not get involved in individual disputes. The FCAC can be reached at:

427 Laurier Avenue West, 6th Floor, Ottawa ON K1R 1B9

Services in English: 1-866-461-FCAC (3222) / Services in French: 1-866-461-ACFC (2232)

www.fcac-acfc.gc.ca

CODE OF CONSUMER RIGHTS AND RESPONSIBILITIES

Insurers (including Lloyd's Underwriters), along with the brokers and agents who sell home, auto and business insurance are committed to safeguarding your rights both when you shop for insurance and when you submit a claim following a loss. Your rights include the right to be informed fully, to be treated fairly, to timely complaint resolution, and to privacy. These rights are grounded in the contract between you and your insurer and the insurance laws of your province. With rights, however, come responsibilities including, for example, the expectation that you will provide complete and accurate information to your insurer. Your policy outlines other important responsibilities. Insurers and their distribution networks, and governments also have important roles to play in ensuring that your rights are protected.

Right to Be Informed

You can expect to access clear information about your policy, your coverage, and the claims settlement process. You have the right to an easy-to-understand explanation of how insurance works and how it will meet your needs. You also have a right to know how insurers calculate price based on relevant facts. Under normal circumstances, insurers will advise an insurance customer or the customer's intermediary of changes to, or the cancellation of a policy within a reasonable prescribed period prior to the expiration of the policy, if the customer provides information required for determining renewal terms of the policy within the time prescribed, which could vary by province, but is usually 45 days prior to expiry of the policy.

You have the right to ask who is providing compensation to your broker or agent for the sale of your insurance. Your broker or agent will provide information detailing for you how he or she is paid, by whom, and in what ways.

You have a right to be told about insurers' compensation arrangements with their distribution networks. You have a right to ask the broker or agent with whom you deal for details of how and by whom it is being paid. Brokers and agents are committed to providing information relating to ownership, financing, and other relevant facts.

Responsibility to Ask Questions and Share Information

To safeguard your right to purchase appropriate coverage at a competitive price, you should ask questions about your policy so that you understand what it covers and what your obligations are under it. You can access information through one-on-one meetings with your broker or agent. You have the option to shop the marketplace for the combination of coverages and service levels that best suits your insurance needs. To maintain your protection against loss, you must promptly inform your broker or agent of any change in your circumstances.

Right to Complaint Resolution

Insurers, their brokers and agents are committed to high standards of customer service. If you have a complaint about the service you have received, you have a right to access Lloyd's Underwriters' complaint resolution process for Canada. Your agent or broker can provide you with information about how you can ensure that your complaint is heard and promptly handled. Consumers may also contact their respective provincial insurance regulator for information. Lloyd's is a member of an independent complaint resolution office, the General Insurance OmbudService.

Responsibility to Resolve Disputes

You should always enter into the dispute resolution process in good faith, provide required information in a timely manner, and remain open to recommendations made by independent observers as part of that process.

Right to Professional Service

You have the right to deal with insurance professionals who exhibit a high ethical standard, which includes acting with honesty, integrity, fairness and skill. Brokers and agents must exhibit extensive knowledge of the product, its coverages and its limitations in order to best serve you.

Right to Privacy

Because it is important for you to disclose any and all information required by an insurer to provide the insurance coverage that best suits you, you have the right to know that your information will be used for the purpose set out in the privacy statement made available to you by your broker, agent or insurance representative. This information will not be disclosed to anyone except as permitted by law. You should know that Lloyd's Underwriters are subject to Canada's privacy laws - with respect to their business in Canada.

Policy Wording

Section A – Accidental Death and Dismemberment

DESCRIPTION OF HAZARDS

24 Hour AD&D Coverage

All Hazards Coverage (24 Hour Business and Pleasure)

We, the Insurer, being Certain Lloyd's Underwriters whose definitive numbers and proportions are shown in the table attached, will pay the benefits described in the policy for any accident which happens while an insured person is covered by the policy.

With respect to air travel, the insurance afforded shall apply to loss caused by or resulting from travel or flight in any aircraft, or any other device for aerial navigation, including boarding or alighting there from, except:

- a) while being used for any test or experimental purpose; or
- b) while the insured person is operating, learning to operate or serving as a member of the crew thereof; or
- c) while being operated by or for or under the direction of any military authority, other than transport type aircraft operated by the Canadian Armed Forces Air Transport Command or the similar air transport service of any other country; or
- d) any such aircraft or device which is owned or leased by or on behalf of the policyholder or any subsidiary or affiliate of such policyholder, or by an insured person or any member of his/her household; or
- e) while being used for firefighting, pipeline inspection, power line inspection, aerial photography or exploration.

EXPOSURE AND DISAPPEARANCE

Loss resulting from unavoidable exposure to the elements and arising out of hazards described above shall be covered to the extent of the benefits afforded an insured person.

If the body of an insured person has not been found within one year of the disappearance, stranding, sinking or wrecking of the conveyance in which they were riding at the time of the accident, it shall be presumed, subject to all other conditions of the policy, that they suffered loss of life resulting from bodily injuries sustained in the accident.

EXCLUSIONS

This policy does not cover loss caused by or resulting from any one or more of the following:

- a) Intentionally self-inflicted injuries, suicide or any attempt thereof, while sane or insane;
- b) Declared or undeclared war or any act thereof;
- c) Losses occurring while the insured person is serving on full-time active duty in the Armed Forces of any country or international authority (any premium paid to be returned by the Insurer pro-rata for any such period of full-time active duty);

Travel or flight in any vehicle or device for aerial navigation; except to the extent such travel or flight is provided in the "**Description of Hazards**" section of this policy.

DESCRIPTION OF COVERAGE

Benefits payable under this section will be limited to only one (1) policy in the event the benefits are contained in two (2) or more policies issued to the Policyholder by the Company (not applicable to the Schedule of Losses, Exposure and Disappearance)

Coverage A - Loss of Life, Limb, Speech, Hearing, Sight Indemnity Loss of Use and Paralysis

If such injuries shall result in any one of the following specific losses within one year from the date of accident, The Insurer will pay the benefit specified as applicable thereto, based upon the Principal Sum, however, not more than one (the largest) of such benefits shall be paid with respect to all injuries resulting from one accident.

Schedule of Losses

Loss of Life	The Principal Sum
Loss of Entire Sight of Both Eyes	The Principal Sum
Loss of One Hand and One Foot	The Principal Sum
Loss of Use of One Hand and One Foot	The Principal Sum
Loss of One Hand and Entire Sight of One Eye	The Principal Sum
Loss of One Foot and Entire Sight of One Eye	The Principal Sum
Loss of Speech and Hearing in Both Ears	The Principal Sum
Brain Death	The Principal Sum
Loss of Both Arms, Both Hands, Both Legs or Both Feet	Two Times The Principal Sum
Loss of Use of Both Arms, Both Hands, Both Legs or Both Feet	Two Times The Principal Sum
Quadriplegia	Two Times The Principal Sum
Paraplegia	Two Times The Principal Sum
Hemiplegia	Two Times The Principal Sum
Loss of One Arm or One Leg	Three-Quarters of The Principal Sum
Loss of Use of One Arm or One Leg	Three-Quarters of The Principal Sum
Loss of One Hand or One Foot	Three-Quarters of The Principal Sum
Loss of Use of One Hand or One Foot	Three-Quarters of The Principal Sum
Loss of Entire Sight of One Eye	Three-Quarters of The Principal Sum
Loss of Speech or Hearing in Both Ears	Three-Quarters of The Principal Sum
Loss of Thumb and Index Finger of Same Hand	One-Third of The Principal Sum
Loss of Use of Thumb and Index Finger of Same Hand	One-Third of The Principal Sum
Loss of Four Fingers of Same Hand	One-Third of The Principal Sum
Loss of Hearing in One Ear	One-Third of The Principal Sum
Loss of All Toes of Same Foot	One-Quarter of The Principal Sum

"Loss" means with respect to hand or foot, the actual severance through or above the wrist or ankle joint; with respect to arm or leg, the actual severance through or above the elbow or knee joint; with respect to eye, the total and irrecoverable loss of sight; with respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree; with respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid or device; with respect to the "Loss of Thumb and Index Finger of the Same Hand" or "Loss of Four Fingers of Same Hand", the actual severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand); with regard to toes, the actual severance through or above the metatarsophalangeal joints (the joints between the toes and the foot) of the same foot. If the insured person suffers complete severance of a hand, foot, arm or leg as described above, then the Insurer will pay the amount specified above even if the severed limb is surgically reattached, whether successful or not.

"Loss" as used with reference to quadriplegia (paralysis of both upper and lower limbs), paraplegia (paralysis of both lower limbs), and hemiplegia (paralysis of upper and lower limbs of one side of the body), means the complete and irrecoverable paralysis of such limbs, provided such loss of function is continuous for one hundred and eighty consecutive days and such loss of function is hereafter determined on evidence satisfactory to the Insurer to be permanent.

"Loss of Use" shall mean the total and irrecoverable loss of function of an arm, hand, foot, leg or thumb and index finger of the same hand, provided such loss of function is continuous for twelve consecutive months and such loss of function is thereafter determined on evidence satisfactory to The Insurer to be permanent.

"Brain Death" means irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, even though the heart is still beating.

All benefits that are payable at 200% of the principal sum are subject to an all policy combined maximum benefit amount of CAD1,000,000.

Coverage B - REPATRIATION BENEFIT

When an injury covered results in loss of life of an insured person outside one hundred and fifty (150) kilometers from their city of permanent residence or outside Canada and within 365 days from the date of the accident, The Insurer will pay the actual expense incurred for preparing the deceased for burial and shipment of the body to the city of residence of the deceased, but not to exceed the maximum amount shown in the Coverage section of this proposal.

Coverage C - REHABILITATION BENEFIT

When injuries shall result in a payment being made by The Insurer under any benefit EXCLUDING the loss of life benefit provided by the policy, The Insurer will pay in addition:

the reasonable and necessary expenses actually incurred up to the maximum amount shown in the Coverage section of this proposal, for special training of the insured person, provided:

- a) such training is required because of such injuries and in order for the insured person to be qualified to engage in an occupation in which he/she would not have been engaged except for such injuries;
- b) expenses are incurred within two (2) years from the date of the accident;
- c) no payment will be made for ordinary living, traveling or clothing expenses.

Coverage D - FAMILY TRANSPORTATION BENEFIT

When injuries result in an insured person being confined as an in-patient in a hospital outside one hundred and fifty (150) kilometers from the insured person's city of permanent residence or outside Canada and requires personal attendance of a member of the immediate family as recommended by the attending physician, in writing, the Insurer will pay for the expense incurred by the member of the family, for the transportation by the most direct route by a licensed common carrier to the confined insured person, but not to exceed the maximum amount shown in the Coverage section of this policy.

Coverage E - SPOUSAL OCCUPATIONAL TRAINING BENEFIT

When injuries to the insured person shall result in a payment being made by the Insurer under the loss of life benefit, the Insurer will pay in addition:

the expense actually incurred, within 365 days from the date of the accident, by the spouse of the insured person for a formal occupational training program for the purpose of specifically qualifying such spouse to gain active employment in an occupation for which the spouse would otherwise not have sufficient qualifications.

The maximum payable hereunder shall not exceed the maximum amount shown in the Coverage section of this policy.

Coverage F - HOME ALTERATION AND VEHICLE MODIFICATION

This benefit is only payable in the event an insured person sustains an injury which results in one of the losses payable under Coverage A excluding the loss of life benefit, and such injury subsequently requires the use of a wheelchair to be ambulatory, the Insurer will pay the reasonable and necessary expenses actually incurred within 365 days from the date of the accident for:

1. the one-time cost of alterations to the insured person's principal residence to make it wheelchair accessible and habitable; and
2. the one-time cost of modifications necessary to a motor vehicle utilized by the insured person to make the vehicle accessible or operable for the insured person.

Benefit payments herein will not be paid unless:

- a) home alterations are made by a person or persons experienced in such alterations and recommended by a recognized organization, providing support and assistance to wheelchair users; and
- b) vehicle modifications are carried out by a person or persons with experience in such matters and modifications are approved by the Provincial vehicle licensing authorities.

The maximum payable under both items 1 and 2 combined will not exceed the maximum amount shown in the Coverage section of this proposal.

Coverage G - DAY CARE BENEFIT

If an insured person suffers loss of life in a covered accident while the policy is in force, the Insurer will pay, in addition to all other benefits payable under the policy, a Day Care Benefit equal to the reasonable and necessary expenses actually incurred, subject to:

- a) the lesser of 5% of the insured person's Principal Sum amount; or
- b) a maximum of CAD5,000 per year

for any dependent child who is 12 years of age and under. The dependent child must be enrolled in a legally licensed day care centre on the date of the accident or must be enrolled in a legally licensed day care centre within 365 days following the date of the accident.

The day care benefit will be paid each year for four (4) consecutive years, but only upon receipt of satisfactory proof that the child is enrolled in a legally licensed day care centre.

Coverage H - SPECIAL EDUCATION BENEFIT

If an insured person suffers loss of life in a covered accident while the policy is in force, the Insurer will pay, in addition to all other benefits payable under the policy, a "special education benefit", of 5% of the insured person's Principal Sum up to a maximum of CAD5,000 per year, on behalf of any dependent child who, on the date of the accident, is enrolled as a full-time student in any post-secondary institution of higher learning and subsequently enrolls as a full-time student in any post-secondary institution of higher learning or was at the 12th grade level and subsequently enrolls as a full-time student in any institution of higher learning within 365 days following the date of the accident.

The "special education benefit" is payable annually for a maximum of four (4) consecutive annual payments but only if the dependent child continues his education as a full-time student in an institution of higher learning.

Coverage I - BEREAVEMENT BENEFIT

When injuries covered by this policy result in loss of life of an insured person within 365 days from the date of the accident, the Insurer will pay the reasonable and necessary expenses actually incurred by the Spouse and Dependent Children of the insured person for up to six (6) sessions of grief counseling, by a Professional Counselor, subject to a maximum amount shown in the Coverages section of this proposal.

"Professional Counselor" means a therapist or counsellor who is licensed, registered or certified to provide such treatment.

Coverage J - IN-HOSPITAL CONFINEMENT MONTHLY INCOME

In the event an insured person sustains an injury which results in a payment being made under Coverage A of this policy, excluding the Loss of Life Benefit and the insured person is hospital confined as an in-patient and is under the care of a legally qualified and registered physician or surgeon other than himself, The Insurer will pay for each full month, one percent (1%) of the insured person's Principal Sum, subject to a maximum benefit of CAD2,500, or one-thirtieth (1/30) of such monthly benefit for each day of partial month, retroactive to the 1st full day of such confinement but not to exceed 365 days in the aggregate for each period of hospital confinement.

"Hospital" as used herein means a legally constituted establishment which meets all of the following requirements: (1) operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients; (2) provides 24 hour a day nursing service by registered or graduate nurses; (3) has a staff of one or more licensed physicians available at all times; (4) provides organized facilities for diagnosis and surgical facilities; and (5) is not primarily a clinic, nursing home or convalescent home or similar establishment nor, other than incidentally, a place for alcoholics or drug addicts.

"In-Patient" means a person admitted to a hospital as a resident or bed-patient and who is provided at least one day's room and board by the hospital.

Coverage K - COSMETIC DISFIGUREMENT BENEFIT

If an insured person suffers a third degree burn due to an accident, the Insurer will pay a percentage of the Principal Sum depending on the area of the body which was burned according to the following table, subject to a maximum benefit payable of CAD25,000:

Body Part	% of Principal Sum Payable
Face, Neck, Hand	100%
Hand & Forearm	25%
Either Upper Arm	15%
Torso (Front or Back)	35%
Either Thigh	10%
Either Lower Leg (below knee)	25%

In the event of a 50% surface burn, the % of benefit is reduced by 50%. This table only represents the maximum percent of the Principal Sum payable for any one accident. If the insured person suffers burns in more than one area as a result of any one accident, benefits will not exceed a maximum of CAD25,000.

Coverage L - SEAT BELT BENEFIT

This benefit is only payable in the event an insured person sustains an injury which results in one of the losses payable under Coverage A. The insured person's amount of Principal Sum will be increased by 10%, to the maximum amount shown in the Coverages section of this proposal, if, at the time of the accident, the insured person was driving or riding in a vehicle and wearing a properly fastened seat belt.

Due proof of seat belt use must be provided as part of the written proof of loss.

"Seat Belt" means those belts that form a restraint system.

"Vehicle" means a private passenger car, station wagon, van, or jeep-type automobile.

Coverage M - IDENTIFICATION BENEFIT

In the event accidental Loss of Life is sustained by the insured person not less than one hundred and fifty (150) kilometers from the insured person's normal place of residence and identification of the body by a Member of the Immediate family has been requested by the police or a similar governmental authority, The Insurer will reimburse the reasonable expenses actually incurred by such member for:

- a) transportation by the most direct route to the city or town where the body is located; and
- b) hotel accommodation in such city or town, subject to a maximum duration of three (3) days.

The reimbursement of such expenses incurred is subject to the accidental loss of life indemnity being subsequently payable in accordance with the terms of this policy following the identification of the body as the insured person.

The maximum amount payable will not exceed CAD15,000 for all such expenses.

Payment will not be made for board or other ordinary living, traveling or clothing expenses, and transportation must occur in a vehicle or device operated under a license for the conveyance of passengers for hire.

Section B – Travel Insurance

Coverage:

Travel Insurance	CAD3,000
(A) - Cancellation and Curtailment	CAD250,000
(B) – Accidental Medical Expense	CAD10,000
(C) - Personal Baggage, Clothing, Effects	CAD500
and Money	CAD3,000
and Cycles	

TABLE OF BENEFITS

SUB-SECTION	AMOUNT OF INSURANCE	EXCESS AMOUNT
(A) CANCELLATION AND CURTAILMENT	CAD3,000	CAD250
(B) ACCIDENT MEDICAL EXPENSE	CAD250,000	CAD100
(C) (i) PERSONAL BAGGAGE, CLOTHING OR EFFECTS	CAD3,000	CAD100
(ii) MONEY	CAD500	CAD100
(iii) CYCLES	CAD3,000	CAD750

NB. The Excess Amount is a monetary amount that will be deducted from each and every claim made by the insured person(s) under any Sub-Section of this to which such Excess Amount applies. Should the same event give rise to a claim under more than one Sub-Section, only one Excess Amount will be deducted from the claim.

All sub-limits contained in this are included within the Amount of Insurance shown above, and are not in addition thereto.

TRAVEL INSURANCE

The Insurer hereby agrees with the insured person, to the extent and in the manner herein provided, that the insured person shall be covered in respect of the Sub-Sections specified in the Schedule subject otherwise to the terms and conditions of this section of the policy.

OPERATIVE TIME

Coverage applies to:

- i) Insured persons under 70 years of age at the commencement of the Period of Insurance.
- ii) **Trips** with a destination 75 kilometers or more away from the insured person's home address and including a pre-booked overnight stay
- iii) **Trips** not involving any hazardous activities unless declared to and agreed by the Insurer
- iv) **Trips** not exceeding 90 consecutive days.

Cover for Cancellation operates from the date of booking the **Trip** or the commencement date of the Period of Insurance shown in the Schedule (whichever is the later) until commencement of the **Trip** or expiry of the Period of Insurance (whichever is the earlier).

Each **Trip** is deemed to be a separate insurance, each being subject to the terms and conditions of this Section.

DEFINITION

1. '**TRIPS**' means travel for Cycling BC sanctioned events/training or holidays when travelling with their cycle(s) undertaken from the time the insured person leaves their home address at the commencement of a journey during the whole time away and until return to home address but excluding the daily travel between the insured person's home and their usual place of employment.

EXTENSION TO THIS SECTION

If the insured person has not returned to their **Home Address** before the expiration of a **Trip** for reasons which are beyond their control, the insurance provided by this Section will remain in force for a further 21 consecutive days or until return, whichever is the earlier, without additional premium, but in the event of the insured person being hi-jacked, cover shall continue whilst they are subject to the control of the person(s) or their associates making the **Hi-Jack** and during travel direct to the insured person's **Home Address** and/or original destination, up to twelve months from the date of the **Hi-Jack**.

DEFINITIONS TO THIS SECTION

1. '**ACCOMMODATION AND TRAVEL EXPENSES**' means room only accommodation and a one-way economy ticket per person for the most appropriate method of transport.
2. '**CLOSE RELATIVE**' means spouse, resident companion, fiancé(e), parent, parent-in-law, brother, brother-in-law, sister, sister-in-law or child
3. '**HOME ADDRESS**' means the accommodation in which the insured person is normally residing for work and/or lifestyle purposes prior to the commencement of a **Trip**
4. '**PROVINCE OF DOMICILE**' means the Province of the country in which the insured person is normally residing for work and/or lifestyle purposes prior to the commencement of a **Trip**
5. '**DEPENDENT CHILDREN**' means all children under 18 years of age, or under 23 years of age if in full time education, insured under this policy

who normally reside with, and are travelling with an adult insured under this policy, or travelling with a guardian over the age of 25 years.

6. **'FAMILY'** means **Partner** and **Dependent Children**
7. **'HI-JACK'** means the unlawful seizure or wrongful exercise of control of an aircraft or conveyance or the crew thereof, in which the insured person is travelling as a passenger.
8. **'MEDICAL PRACTITIONER'** means a registered, qualified, practicing member of the medical profession, who is not connected with or related to the insured person or any person travelling with the insured person.
9. **'PARTNER'** means the spouse or any person who has co-habited with the insured person for at least six (6) consecutive months.
10. **'TRAVEL PARTY'** means friends, relatives or business associates who are travelling with the insured person to the same destination.

EXCLUSIONS TO THIS SECTION

The Insurers shall not be liable under any sub-section in respect of:

1. Any **Trip** which is booked or commenced by the insured person contrary to medical advice, or to obtain medical treatment, or after a terminal prognosis has been made.
2. Any claims or expenses arising directly or indirectly from any medical condition for which the insured person(s) has/have been given medical advice or treatment by a **Medical Practitioner** or hospital during the 12 months prior to the date of purchase of cover under this Section.
3. Any expenses arising from pregnancy, childbirth or any medical complications resulting therefrom if the insured person is, or would have been pregnant for 7 months or longer at any point during a **Trip**.
4. Any claims due to any condition caused by, contributed to, prolonged by, or aggravated by any psychiatric, mental or nervous disorder, including stress, anxiety and/or depression.
5. Any part of any **Trip** which is booked or commenced in the knowledge that such **Trip** will exceed the maximum duration(s) shown within the Operative Time, unless disclosed to and accepted by the Insurer.
6. Any claims for expenses arising as a consequence of a loss (e.g. loss of earnings due to an insured accident, change of locks due to lost keys and the like).
7. Any claims due to the insured person being engaged in or participating in mountaineering or rock climbing normally involving the use of ropes or guides; potholing; all forms of racing other than on foot or cycle; diving involving the use of breathing apparatus; professional entertaining, organised sports other than cycling, or flying (other than when travelling by air solely as a passenger), or winter sports.
8. The insured person participating in any form of operational duties as a member of the armed forces ((other than reserve or volunteer training and unavoidable requirement for the insured person and/or any member of the **Travel Party** to be present in their **Province of Domicile** for service in any military or civil emergency).
9. Any claims resulting or arising from or any consequential loss or any legal liability of whatsoever nature, directly or indirectly caused by or contributed to by or arising from
 - (i) ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
 - (ii) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
10. Any claims directly or indirectly caused or contributed to by the insured person's intentional self-injury, suicide or attempted suicide, provoked assault, fighting (except in bona fide self-defence) or from the insured person's own criminal act or whilst engaged or taking part in civil commotions or riots of any kind.

11. Any claims caused by or contributed to by alcohol abuse, drugs or solvents (other than drugs prescribed by a registered **Medical Practitioner** but not for the treatment of drug addiction).
12. Any claim(s) in any way caused or contributed to by the actual or threatened malicious use of pathogenic or poisonous biological or chemical materials;
13. Any claims consequent upon venereal disease or any expenses incurred either directly or indirectly in the treatment, diagnosis or counselling of either Acquired Immune Deficiency Syndrome (A.I.D.S.), A.I.D.S. Related Complex (A.R.C.) or Human Immunodeficiency Virus (H.I.V.) howsoever these have been acquired or may be named.
Note: Claims for repatriation on the grounds of the fear of contracting A.I.D.S. from medical treatment will not be admitted.
14. Any claims arising from any health condition, where such condition has already been the subject of a claim under this Section in respect of any earlier **Trip**.

CONDITIONS TO SECTION

- 1 No endorsement or amendment to this policy shall override the exclusions applicable to Section (C) - Personal Liability.
- 2 The insured person is required to take all reasonable precautions to protect themselves and their property as though they are uninsured.

SUB-SECTION (A) – CANCELLATION AND CURTAILMENT

The Insurer will pay up to the Amount of Insurance shown in the Table of Benefits for any irrecoverable payments paid or contracted to be paid for travel, accommodation and unused pre-booked excursions (including additional **Accommodation and Travel Expenses** incurred for return to their **Home Address**) should the projected **Trip** be cancelled before commencement or curtailed before completion, directly as a result of:

1. Death, accidental bodily injury, illness or compulsory quarantine of:
 - a) the insured person or
 - b) a member of the **Travel Party**, or
 - c) a person with whom the insured person intends to reside with during the **Trip**, or
 - d) a **Close Relative** or business associate necessitating the insured person's presence in their **Province of Domicile**.
2. Summoning to jury service or witness attendance in a court in their **Province of Domicile** or unavoidable requirement to be present in their **Province of Domicile** for service in any military or civil emergency of:
 - a) the insured person or
 - b) any member of the **Travel Party**.
3. Major damage or burglary within 7 days immediately prior to a **Trip** at the home or place of business of:
 - a) the insured person, or
 - b) any member of the **Travel Party**, or
 - c) any person with whom the insured person intends to reside with during the **Trip**.
4. Volcanic ash in the atmosphere making it impossible for the insured person to travel on their pre-booked scheduled public transport (e.g. aircraft, sea vessel, coach or train and the like).

EXCLUSIONS

The Insurer shall not be liable to pay for:

1. The Excess Amount of each and every loss stated in the Table of Benefits.
2. Any claims attributable to any condition or set of circumstances known to the insured person at the time of effecting this policy or booking a **Trip**, where such condition or set of circumstances could reasonably have been expected to give rise to cancellation or curtailment of a **Trip**.
3. Any claims where medical or other suitable evidence is not provided as proof of the necessity to cancel or curtail a **Trip**.
4. The insured person's disinclination to travel.
5. Cancellation due to financial failure of the carrier or travel agent.
6. Cancellation of the Sanctioned Event.

SUB-SECTION (B) – ACCIDENT MEDICAL EXPENSE

The Insurer shall pay the expenses, except expenses which have been recovered from or which could have been recovered from:

- a) any Provincial Hospital Insurance Plan and/or
- b) any other group or individual insurance contract or health plan incurred by the Insured Person for the necessary following services while under the regular care and attendance of a legally qualified physician or surgeon, other than the Insured Person:
 - (1) Private duty nursing by a licensed graduate nurse (R.N.) or other recognized attendant care person who does not ordinarily reside in the Insured Person's home or is not a member of his/her immediate family;
 - (2) Transportation, recommended by a legally qualified physician or surgeon, when such service is provided by a professional ambulance service;
 - (3) Hospital Care for semi-private room and board, up to CAD75.00 a day over the cost of standard ward care;
 - (4) Rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental becomes necessary;
 - (5) Reasonable and customary charges for a chiropractor, osteopath, chiropodist, naturopath, podiatrist, physiotherapist, athletic therapist, speech and massage therapist if Provincial Plan benefits have been used up subject to CAD35.00 per treatment to a maximum of CAD350.00 per year;
 - (6) Drugs and medicines which legally require a written prescription and prescribed by a legally qualified physician or surgeon and dispensed by a pharmacist;
 - (7) Expenses for hearing aids, crutches, splints, casts, cast materials, trusses and braces or other orthotic or prosthetic devices if prescribed by a legally qualified health care practitioner.

These services must be furnished to such Person within two years after the date of the accident as the result of injury, provided that:

- a) the first such expense incurred within twenty-six weeks after the date of the accident; and
- b) with respect to all such expenses incurred as the result of one accident, such payment shall be the lesser of the actual expenses incurred to a maximum benefit of CAD250,000, as applicable to such Person and this benefit.

The term "Provincial Hospital Insurance Plan" means a hospital insurance plan established pursuant to the Hospital Insurance and Diagnostic Services Act of Canada

SUB-SECTION (C) – PERSONAL BAGGAGE, CLOTHING, EFFECTS, MONEY AND CYCLES

The Insurer will pay up to the Amount of Insurance shown in the Table of Benefits in the event of loss of or damage to personal baggage, clothing, effects, **Money** (including reasonable expenses incurred as a result of loss of **Money**) and cycles, during the Operative Time (except for any loss which has or could have been recovered from any other group or individual insurance contract), subject to:

1. A limit of CAD300 any one article or pair or set of articles (e.g. a pair of earrings, golf equipment and the like).
2. A limit of CAD250 in total for all **Valuables**.
3. A limit of CAD500 in total for all **Photographic Equipment**.
4. A limit of CAD500 for **Money**, subject to a maximum of CAD500 for cash, bank or currency notes.
5. A limit of CAD3,000 (or up to the additional amount purchased up to CAD10,000) in total for Cycles belonging to any one insured person.

What is covered under the Cycle section (5) The Insurer will insure the insured person for:

- a. accidental damage to their cycle;
- b. theft of their cycle while away from their home; and
- c. theft of their cycle from an aircraft, boat or motor vehicle; occurring during the period of insurance.

What is not covered A. The Insurer will not make any payment for:

1. any claim under CAD750.
2. theft away from their home unless:
 - i. the cycle is secured through the frame by an approved lock to an immovable object or if left at a railway station the cycle is locked to an official cycle rack provided by the railway station through the frame using an approved lock; and
 - ii. the cycle was not left abandoned by the insured person.
3. theft from an aircraft, boat or motor vehicle unless:
 - i. the cycle is adequately and professionally packed and stowed in the hold of an aircraft or boat, or in the custody and control of the airport or seaport operator or their agents; or
 - ii. the cycle is completely out of sight or secured through the frame by an approved lock to a purpose-built rack fully fitted to the motor vehicle; and

- iii. the motor vehicle was fully locked with all security protections in force and the theft is a direct result of violent and forcible entry to the motor vehicle by the thieves; and
- iv. the cycle is not left in or on the vehicle between the hours of 9.00 pm and 7.00 am unless the motor vehicle is in a secure car park and in the event of a claim we will only pay if the theft is a direct result of violent and forcible entry to or exit from the secure car park by the thieves.

4.the following excess:

- i. CAD750 for any claim resulting from damage to or theft of the insured person's cycle.
 - ii. any cycle the insured person has abandoned or any unexplained loss or disappearance of the insured person's cycle.
- 5. any cycle the the insured person has abandoned or any unexplained loss or disappearance of insured person's cycle.
 - 6. any cycle being used for trade or business purposes, including hire or reward, courier services, or the carriage of fare-paying passengers.
 - 7. any cycle being used to participate in any stunts or using equipment specifically designed for undertaking stunts.
 - 8. confiscation.
 - 9. any theft or damage to the insured person's cycle while the cycle is used by anyone except insured person's.
 - 10. any theft or damage to tyres or accessories unless the cycle itself is lost or damaged at the same time.
 - 11. any gradually operating cause including but not limited to damage caused by wear, tear, wet or dry rot, atmospheric or climatic conditions, frost, insects, vermin, corrosion, rust, dust, contamination, change in colour of finish, chemical reaction, marring, scratching, denting, cosmetic changes, dampness, dryness, shrinkage, evaporation, lack of or poor maintenance or failure to follow manufacturer's instructions when using the cycle or during maintenance or repair.
 - 12. mechanical or electrical breakdown or defect or electronic malfunction.
 - 13. any theft or damage which occurs outside the geographical limits.
 - 14. terrorism, war or nuclear risks.
 - 15. any theft or damage to the insured person's cycle where the insured person cannot provide the Insurer with evidence of ownership of the approved lock or cycle.

How much the Insurer will pay

Repair or replacement At the Insurer's option they will repair, replace or pay for any lost or damaged cycle on the following basis:

1. for any standard cycle, the cost of repair or replacement as new;
2. for any discontinued cycle, the cost of repair or replacement with a machine of a similar type or equivalent specification;
3. for any hybrid or composite cycle, where the parts have been individually purchased, the insurer will pay the replacement cost of the individual components;

but in no event will the insurer pay more than the amount shown in the Sum Insured.

The insured person's obligations

If any theft or damage occurs The Insurer will not make any payment under this section unless the insured person notifies the Insurer promptly of any theft or damage which might be covered. If the insured person thinks that a crime has been committed, the insured person must also report it to the police.

BAGGAGE DELAY EXTENSION

If personal baggage, clothing or effects are temporarily lost for more than 12 consecutive hours by the carrier during the Operative Time, the Insurer will pay up to CAD150 for the purchase of immediate necessities, but such payment will be deducted from the final claim if the loss becomes permanent.

Receipts for such purchases must be provided.

SPECIAL CONDITIONS

1. The insured person shall, in the event of any loss or damage, take all possible steps to make a recovery.
2. If the insured person purchases a comparable replacement for a lost or damaged article, the Insurer shall pay for the replacement cost, providing that such article was less than 2 years old at the time, and that evidence of the original purchase is provided.

For articles 2 years old or more, or if the article is not actually replaced, or evidence of the original purchase cannot be provided, payment shall be based upon the value of such article at the time of loss, or the cost of repair.

EXCLUSIONS

The Insurer shall not be liable to pay for:

1. The Excess Amount of each and every loss stated in the Table of Benefits.
2. Any claims due to moth, vermin, wear and tear and gradual deterioration, or **Money** shortages due to error, omission or depreciation in value.
3. Any claims in respect of **Money** not reported to the police within 24 hours of discovery, and a police statement obtained.
4. Any claims arising from confiscation or detention by customs or any other authority.
5. Any claims in respect of property otherwise insured.
6. Any loss or damage whilst in the custody of a carrier, unless reported to the carrier within 24 hours and a report obtained.
7. Any claims in respect of **Valuables, Photographic Equipment** or **Money** whilst in the custody of a carrier.
8. Any loss or damage whilst left **Unattended**, unless in a locked hotel room, safe, apartment or holiday residence.
9. Any claims arising out of electrical and/or mechanical breakdown.
10. Any claims arising from the fraudulent use of credit cards, charge cards or banker's cards, if the insured person has not reported the loss of the card to the issuing bank or company, and otherwise not complied with the terms and conditions under which the card was issued. The Insurer's liability shall be limited to any loss not covered by any guarantee given by the issuing bank or company to the insured person.
11. Any loss of or damage, directly or indirectly resulting from or attributable to war, invasion, civil war, armed hostilities, rebellion, revolution, insurrection, or military or usurped power, unless whilst airborne or waterborne.

DEFINITIONS

1. **'MONEY'** Means
 - (a) Cash, bank or currency notes, travellers cheques, passports, green cards, petrol coupons or travel tickets, and
 - (b) Credit cards, charge cards, or banker's cards, resulting in the fraudulent use thereof.

In respect of foreign currency and travellers cheques only, cover shall be effective from the time of collection from a bank or travel agent or from 3 days prior to commencement of a **Trip**, whichever is the later, and up to 2 days after completion of a **Trip**, or time of conversion or encashment, whichever is the earlier.

2. **'PHOTOGRAPHIC EQUIPMENT'** means cameras, camcorders and any accessories
3. **'UNATTENDED'** means an article (other than baggage left in the custody of a carrier) not close enough to the insured person for the insured person to prevent unauthorised interference with such article by a third party
4. **'VALUABLES'** means spectacles, sunglasses, contact or corneal lenses, watches, furs, jewellery, precious metals and video, audio and computer equipment including accessories.