Sports Accident Insurance

Policy # MCF1001

THE WAWANESA LIFE INSURANCE COMPANY

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Insuring Agreement

The Wawanesa Life Insurance Company hereby contracts with the following Policyholder:

Curling Alberta
11759 Groat Road NW
Edmonton, AB T5M 3K6

Policy Effective Date: November 1, 2025 at 12:01 A.M. Standard Time at the head office address of the Policyholder.

It continues in force for the period for which premium has been paid and terminates at the address of the Policyholder at 12:01 A.M., Standard Time, on the Expiry Date.

Expiry Date: August 10, 2026 at 12:01 A.M. Standard Time at the head office address of the Policyholder.

Renewal: This policy may be renewed subject to consent of the Insurer for further consecutive terms on payment of premium at the rates and in the amount determined at the time of renewal.

The Insurer reserves the right to decline renewal of this policy by giving written notice to the Policyholder of such declination at least 30 days prior to such date.

Premium: Approximately $1,800 annually.

This premium is pro-rated to an amount of approximately $1,500 for the first policy year, which ranges from November 1, 2025 to August 10, 2026.

Premiums Due: Payment is due on the Policy Effective Date and annually thereafter. A period of 60 days is allowed for the payment of every premium starting on the premium due date.

The Wawanesa Life Insurance Company (“Insurer”) agrees with the Policyholder to insure eligible persons (“Insured Person”) and promises to pay for loss resulting from Injury to the extent limited and provided under this policy.

This agreement is made in consideration of the Policyholder’s payment of the required premiums and subject to the minimum policy Term Premium and minimum Retained Premium.

Signed by The Wawanesa Life Insurance Company at its Executive Office in Winnipeg, Manitoba, Canada, on the Policy Effective Date.

Jocelyne Prefontaine
Chief Operating Officer

Schedule

1. Eligible Insured Class

All drop-in players of the Policyholder, whose names are on file with the Policyholder

2. Benefit Amount

Specific Loss Accident Indemnity $15,000

Accident Reimbursement Expense $15,000

Accidental Dental Expense $5,000

Babysitting Fees Expense $500

Dentures/Bridgework Expense $500

Emergency Transportation Expense $100

Eyeglasses/Contact Lenses Expense

- Purchase $300
- Repair or Replacement $200

Family Transportation Expense $15,000

Fracture, Dislocation, Tendon Severance, and Miscellaneous Indemnity $1,000

Home Alteration or Vehicle Modification Expense $10,000

Permanent Total Disability Indemnity $10,000

Prosthetic Appliance Expense $3,000

Repatriation Expense $5,000

Rehabilitation Expense $5,000

Special Transportation Expense $1,050

Tutorial Fees Expense $2,000

3. Aggregate Limit of Indemnity

$1,000,000

4. Sport

Name of Sport: Curling

General Policy Definitions

"Accident" *means* a single sudden and unexpected event that:

a) occurs at an identifiable time and place;

b) causes unexpected Injury at the time it occurs; and

c) arises from an external source to the Insured Person.

"Administrator" *means* McFarlane Agencies (1967) Ltd.

"Age" *means* the attained Age of an Insured Person (last birthday).

"Benefit Amount" *means* the insurance benefits provided in the policy and is the amount of insurance issued as shown on the Schedule.

"Disease" *means* any unhealthy condition of part or all of the body.

"Hospital" *means* an institution licensed as a Hospital, which is open at all times for the care and treatment of sick and injured persons, has a staff of one or more Physicians available at all times and which continuously provides 24 hour nursing service by graduate registered Nurses. It provides organized facilities for diagnostics and surgery, is an active treatment Hospital and not primarily a clinic, rest home, nursing home, convalescent Hospital or similar establishment. For the purposes of this definition, Hospital will include a facility, or part of a facility, used for rehabilitative care. For the purposes of this definition, Physicians and Nurses will not exclude an Immediate Family Member.

"Immediate Family Member" *means* a person at least 18 years of Age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, (all of these include natural, adopted or step relationships), Spouse, grandson, granddaughter, grandfather or grandmother of an Insured Person.

"Injury" *means* bodily Injury caused solely by an Accident that occurs while this policy is in force. The Injury must be the basis of a claim and result directly and independently of all other causes losses covered by this policy, as stated in section A1 - Description of Coverage. Injury does not mean Sickness or Disease unless caused by an Accident.

"Insured Person" *means* a person specified under *1. Eligible Insured Class* in the Schedule of this policy, eligible for insurance under a provision of this policy, unless otherwise stated in this policy.

"Nurse" *means* a graduate registered nurse (R.N.), or a Nurse who is licensed to practice nursing services by a governmental agency that has jurisdiction over such licensing. A Nurse cannot be the Insured Person nor an Immediate Family Member.

"Physician" *means* a doctor of medicine (other than an Insured Person or an Immediate Family Member) who is licensed to practice medicine by:

a) a recognized medical licensing organization in the locale where the treatment is rendered, provided they are a member in good standing of such licensing body; or

b) a governmental agency that has jurisdiction over such licensing in the locale where the treatment is rendered.

"Regular Care and Attendance" *means* observation and treatment to the extent necessary under existing standards of medical practice for the condition requiring such treatment, disability, or causing Hospital confinement.

"Residence" *means* both the primary dwelling in Canada of which an Insured Person is an occupant and the premises on which it is situated.

"Sickness" *means* an impairment of normal physiological function and includes illness and infections.

"Spouse" *means* a person who is under the Age of 70, resides in Canada, is covered by a Provincial Health insurance plan and:

a) to whom an Insured Employee is legally married; or

b) with whom an Insured Employee has continuously cohabited in a conjugal relationship for a minimum of 1 year immediately before a loss is incurred under the policy.

Only one individual will qualify as a Spouse. If the Insured Employee is legally married but is also cohabiting with an individual as described under item b), the Insured Employee may elect in writing which one of the individuals will qualify as a Spouse under the policy. This election must be filed with the Policyholder. The Insurer will not be bound by an election not filed before the event insured against. If an election is not filed, the Spouse will be the individual to whom the Insured Employee is legally married.

General Policy Provisions

1 - Eligibility for Insurance

Insured Persons who are eligible for insurance under this policy will be considered as all students of the Policyholder, whose names are on file with the Policyholder.

2 - Effective Date of Individual Insurance

Insurance for each person will take effect on the date such person becomes eligible, but not before the Policy Effective Date.

3 - Termination of Individual Insurance

The insurance of an Insured Person will immediately terminate on the earliest of:

a) the date this policy is terminated;

b) the Premium Due date if the Policyholder fails to pay the required premium for the Insured Person; or

c) the date the Insured Person ceases to be associated with the Policyholder in the capacity that made such person eligible for insurance under this policy.

4 - Claims

4.1 Beneficiary

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

If an Insured Person is a minor, all indemnities payable under this policy will be payable to the custodial parent, or if there is none, to the Insured Person's legally appointed guardian.

If an Insured Person is not a minor, indemnity payable in the event of the Loss of Life of the Insured Person will be payable to the surviving Spouse or, if there is no Spouse, to the estate of the Insured Person. All other indemnities payable are payable to the Insured Person.

4.2 Notice and Proof of Claim

An Insured Person, the Insured Person’s representative, or a Beneficiary entitled to make a claim must:

a) give written notice of claim to the Insurer no later than 30 days after an Accident, Injury, or Illness that has caused a loss and for which expenses are incurred. Claims notices may be sent to the Insurer via fax, email, Canada Post or in-person at the Insurer’s Administrative Office; and

b) within 90 days from the date a claim arises under the contract:

   1. furnish satisfactory proof to the Insurer as is possible in the circumstances providing evidence of the claim and the cause; and

   2. any other information the Insurer may reasonably require to establish the validity of the claim.

4.3 Insurer to Furnish Forms for Proof of Claim

The Insurer will furnish forms for proof of claim within 15 days after receiving notice of claim. If the claimant has not received the forms within that time the claimant may submit proof of claim in the form of a written statement with the details that gave rise to the claim.

4.4 Failure to Give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the time prescribed by this condition does not invalidate the claim if the notice or proof is given or furnished as soon as possible, and no later than 1 year from the date of death, or the date a claim arises under the contract, if it is shown that it was not possible to give notice or furnish proof within the time prescribed.

4.5 Reserving Rights

As a condition precedent to recovery of insurance money under this contract the Insurer reserves the right to:

a) examine the full details regarding the claim;

b) examine an Insured Person when and so often as is reasonably required while the claim is pending;

c) require an autopsy to be performed on an Insured Person in the event of death, unless prohibited by law or religious belief;

d) require an Insured Person to undergo a medical examination at the Insurer’s expense;

e) to disallow the claim based on information developed from the attending Physician's report, medical examination, payroll records, or other sources of pertinent data.

4.6 Fraudulent Claims

Any claim for benefits under the policy which is based on false or incorrect information on an application, claim form, or other documents required to verify benefits will result in the benefits being denied or the liability assumed by the Beneficiary if the benefit has already been provided or performed.

4.7 Limitation of Actions

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:

a) in the Insurance Act in respect of Insured Persons residing in Alberta;

b) in the Insurance Act in respect of Insured Persons residing in British Columbia;

c) in The Insurance Act in respect of Insured Persons residing in Manitoba;

d) in the Limitations Act, 2002 in respect of Insured Persons residing in Ontario; and

e) in respect of all other provinces, in the insurance legislation applicable to the Insured Person's province of residence.

Otherwise, in Quebec every action must be brought within 3 years after the date evidence is furnished, and in all other provinces within 2 years from the date of loss or such longer period as may be required under the law applicable in such province.

4.8 Subrogation

The Insurer is subrogated in all the rights of Insured Persons against the third party liable for the damage that has given rise to an entitlement to payment of benefits under this policy up to the limitation of amounts paid by the Insurer.

The Insurer may, in the exercise of its right of subrogation and if it deems that a third party is liable, require that the Insured Person sign, if applicable, an act of subrogation in its favor at the time of paying any benefits.

5 - Premiums

Any premium rate may be changed by the Insurer with at least 31 days advance written notice. No change in rates will be made until 6 months after the Policy Effective Date. Thereafter, an increase in rates will not be made more often than once in a 6-month period.

However, the Insurer may change rates immediately if, in the Insurer's opinion, the Insurer's liability is altered by any change in provincial or federal law or by a revision in the insurance under the policy. Any such change in rates will take effect on the effective date of the change in law or change in the insurance.

If an increase in rates takes place on a date that is not a premium due date, a pro rata premium will be due on the date of the increase. The pro rata premium will apply for the increase from the date of the increase to the next premium due date. If a decrease in rates takes place on a date that is not a premium due date, a pro rata credit will be granted. The pro rata credit will apply for the decrease from the date of the decrease to the next premium due date.

6 - Contract

6.1 Administration

The Insurer will deal solely with the Policyholder or Administrator who will be deemed the representative of each participating group/association. Any action taken by the Policyholder or Administrator will be binding on the participating Insured Person(s) of the group/association.

6.2 Clerical or Mechanical Errors

If a clerical or mechanical error by the Policyholder, Administrator or by the Insurer results in a person being incorrectly classified under the policy, then such person will be classified according to the true facts.

6.3 Conformity to Legislation

If this policy does not conform to legislation that governs it, it is considered automatically amended to comply with the minimum requirements of that legislation.

6.4 Currency

All payments under this policy, either to or by the Insurer, will be made in the lawful money of Canada.

6.5 Entire Contract

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

6.6 Insurance Data

The Administrator will give the Insurer all of the data that is needed to calculate the premium and all other data that is reasonably required. Failure of the Administrator to give this data will not void or continue an Employee's insurance.

The Insurer has the right to examine the Policyholder's records relative to these benefits at any reasonable time while the policy is in effect. The Insurer also has this right until all rights and obligations under the policy are finally determined.

6.7 Insured Right of Access

As required by the Insured Person's provincial legislation, or if the Insured Person resides in Alberta or B.C., the Insured Person and any claimant may request a copy of the Insured Person's application, any written evidence of insurability, and the Group Policy (other than confidential commercial information or other information exempted from disclosure by applicable law).

6.8 Material Facts

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

6.9 Misrepresentation and Incontestability

The policy will be void and the Insurer's liability will be limited to the return of any premiums paid if incomplete, inaccurate, untrue or wrong information was submitted to the Insurer at any time and a claim arises under the policy during the first 2 years from the Effective Date of Individual Insurance or 2 years from most recent date of Reinstatement. Misrepresentations relating to a later application for additional coverage or an increased insurance amount will void the relevant change.

6.10 Misstatement of Age

If the Age of an Insured Person has been misstated, the corrected Age and facts will be used to determine whether insurance is in force under the policy and in what amount, and an equitable adjustment of premium will be made.

6.11 Non-Participating

This policy does not share in the Insurer's surplus earnings.

6.12 Sanction Limitation and Exclusion

This policy does not provide coverage, and the Insurer is not liable to pay any claim or provide any benefit, that would expose the Insurer or its owners to any sanction, prohibition, or restriction under:

a) United Nations Resolutions; or
b) Trade sanctions, economic sanctions, laws, or regulations of the European Union, United Kingdom, United States of America, or Canada.

6.13 Termination by the Group/Association

The participating group/association may terminate this insurance by advance written notice delivered to the Insurer at least 31 days prior to the termination date.

6.14 Termination by the Insurer

The Insurer may terminate this policy or the participating group/association at the end of the policy period by giving 31 days advance written notice.

6.15 Termination by the Policyholder

The Policyholder may terminate this policy by advance written notice delivered to the Insurer at least 31 days prior to the requested termination date.

6.16 Waiver

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

Coverage A: Student Accident Insurance

A1 - Description of Coverage

The hazards against which insurance is provided under this policy are Injury sustained by an Insured Person while and in consequence of:

a) participating in a practice session or game of the Sport(s) for which coverage is indicated in the Schedule, which session or game is approved by and under the supervision of proper authority of the team, club, or organization of the Policyholder of which the Insured Person is a member; or

b) travelling directly to or from such practice session or game with other Insured Persons, under the supervision of proper authority of the team, club, or organization of the Policyholder of which the Insured Person is a member.

A2 - Aircraft Coverage

Within the scope of coverage stated in section A1 - Description of Coverage, coverage may be extended to include the provisions of this section.

Insurance provided under this policy includes Injury sustained by an Insured Person while and in consequence of:

a) riding as a passenger, in or on any aircraft operated on a regular, special or chartered flight by a domestic or international scheduled air carrier, licensed by the Department of Transport of Canada or the governmental authority having jurisdiction over such air carrier in the country of its registry; or

b) riding as a passenger, in or on any aircraft operated by the Canadian Armed Forces or by a similar military service of any duly constituted governmental authority of any other recognized country; or

c) boarding or alighting from or being struck by any aircraft.

Subject to items a) and b), this policy excludes Injury sustained while and in consequence of:

d) riding as a pilot, operator or member of the crew in or on any aircraft; or

e) riding as a passenger, in or on any aircraft owned, operated, leased or chartered by or on behalf of the Policyholder.

A3 - Exposure and Disappearance

If, by reason of an Accident covered by this policy, an Insured Person is unavoidably exposed to the elements and, as the result of such exposure, suffers a Loss for which indemnity is otherwise payable, then such Loss will be covered under the terms of this policy.

If the body of an Insured Person is not found within 1 year after the date of disappearance, and the disappearance is a result of the sinking or wrecking of the conveyance in which the Insured Person was riding at the time of the Accident, and under such circumstances as would otherwise be covered under this policy, it will be presumed the Insured Person suffered a Loss of Life resulting from Injury caused by an Accident at the time of such sinking or wrecking.

A4 - Benefits

A4.1 Specific Loss Accident Indemnity

If Injury results in any of the following Losses within 365 days after the date of the Accident, the Insurer will pay:

For Loss of:	% of Benefit Amount
Life	100%
Sight in Both Eyes	200%
Speech and Hearing in Both Ears	200%
One Hand and Sight in One Eye	200%
One Foot and Sight in One Eye	200%
Sight in One Eye	133.33%
Speech	133.33%
Hearing in Both Ears	133.33%
Hearing in One Ear	66.67%
All Toes on One Foot	50%

For Loss or Loss of Use of:	% of Benefit Amount
Both Hands	200%
Both Feet	200%
One Hand and One Foot	200%
One Arm	150%
One Leg	150%
One Hand	133.33%
One Foot	133.33%
Thumb and Index Finger or at Least Four Fingers on One Hand	66.67%

For Paralysis of:	% of Benefit Amount
Both Upper and Lower Limbs (Quadriplegia)	200%
Both Lower Limbs (Paraplegia)	200%
Upper and Lower Limbs on One Side of Body (Hemiplegia)	200%

"Loss of Life" *means* the death of an Insured Person.

"Loss" of:

a) **hand or foot** *means* complete severance through or above the wrist or ankle joint, but below the elbow or knee joint;

b) **arm or leg** *means* complete severance through or above the elbow or knee joint;

c) **thumb** *means* the complete severance of one entire phalanx of the thumb;

d) **finger** *means* the complete severance of two entire phalanges of the finger;

e) **toe** *means* the complete severance of one entire phalanx of the big toe and all phalanges of the other toes;

f) **sight** *means* irreversible and complete loss of sight in one or both eyes.

"Loss of Speech" *means* complete and irreversible loss of the ability to utter intelligible sounds.

"Loss of Hearing" *means* complete and irreversible loss of hearing.

"Paralysis" *means* the loss of ability to move all or part of the body.

"Quadriplegia" *means* the permanent Paralysis and functional Loss of Use of both upper and lower limbs.

"Paraplegia" *means* the permanent Paralysis and functional Loss of Use of both lower limbs.

"Hemiplegia" *means* the permanent Paralysis and functional Loss of Use of upper and lower limbs on the same side of the body.

"Loss of Use" *means* total and irreversible loss of use. The Loss must be continuous for 12 consecutive months and must be deemed permanent at the end of such period.

Indemnity provided under this section will only pay for one Loss, the greatest, sustained by any one Insured Person as the result of any one Accident. If a Loss of Life occurs within 90 days after the date of the Accident, the maximum amount payable will be the Benefit Amount.

A4.2 Accident Reimbursement Expense

If, by reason of Injury, an Insured Person requires and receives medical treatment within 30 days from the date of the Accident and incurs expenses for any of the following services or supplies listed, while under the Regular Care and Attendance of a Physician, the Insurer will pay the reasonable and customary expenses actually incurred by the Insured Person within 52 weeks after the date of the Accident. Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed the Benefit Amount indicated for this benefit as stated in the Schedule as the result of any one Accident.

a) Expenses for the services of a Nurse ordered or prescribed by a Physician, provided such Nurse does not ordinarily reside in the Insured Person's Residence, or is not an Immediate Family Member, subject to a maximum of $5,000 per Accident;

b) Hospital charges for the difference between the public ward allowance under the Insured Person's Provincial Hospital Plan and the semi-private accommodation charge (private accommodation charge if recommended by a Physician);

c) Expenses for prescription drugs, sera and vaccines, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician, but excluding any charges made for the administration of injectable drugs, sera and vaccines, subject to a dispensing maximum of a 30 day supply;

d) Expenses charged for the services of a licensed professional physiotherapist or certified athletic sports therapist ordered or prescribed by a Physician, provided such physiotherapist or sports therapist does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of $500 per Accident;

e) Expenses for transportation by a licensed ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire to or from the nearest Hospital which is equipped to provide the required treatment, subject to a maximum of $1,000 per Accident;

f) Expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including their replacement; braces do not include dental braces and are subject to a maximum of $750 per policy term;

g) Expenses for rental of a wheelchair, an iron lung and other durable equipment for temporary therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary, subject to a maximum of $5,000 per Accident;

h) Expenses for the services of a licensed chiropractor, provided such chiropractor does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of $500 per Accident.

A4.3 Accidental Dental Expense

If an Injury to whole and sound teeth is caused by a force or blow external to the mouth, and the Injury requires treatment, replacement or x-rays by a legally qualified dentist or oral surgeon, then the Insurer will pay the reasonable and necessary expenses actually incurred by the Insured Person within 52 weeks after the date of the Accident. Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed the Benefit Amount stated in the schedule as the result of any one Accident.

For the purpose of this policy, capped or crowned teeth will be considered whole and sound.

The legally qualified dentist or oral surgeon must not ordinarily reside in an Insured Person's Residence and cannot be an Immediate Family Member.

An Insured Person must consult with the dentist or oral surgeon within 30 days from the date of Accident.

Any payments made under this section will be in accordance with the current Fee Guide for General Practitioners published by the Dental Association in the Insured Person's province of Residence

ALBERTA ONLY - Any payments made under this section will be in accordance with the 1997 Alberta Fee Guide for General Practitioners plus an annual inflationary adjustment as determined by the Alberta Dental Association and the insurance industry and documented in the Insurance Industry Reimbursement Guide.

A4.4 Babysitting Fees Expense

If an Insured Person under the Age of 18 receives an Injury from an Accident, and is totally confined to their Residence following the Accident, then the Insurer will pay the expenses incurred for the babysitting services of a babysitter. The Insurer will pay the expenses incurred within 12 months immediately following the date of the Accident, up to a maximum rate equal to the provincial minimum wage.

The Injury must have occurred within 30 days from the date of Accident.

The babysitter cannot ordinarily reside in the Insured Person's residence, cannot be an Immediate Family Member, and must be 18 years of Age or older.

Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed the Benefit Amount stated in the Schedule as the result of any one Accident.

A4.5 Bereavement Expense

If an Insured Person suffers Loss of Life as the result of an Accident, and a Physician recommends the Insured Person's Spouse and Dependent Children undergo bereavement counselling by a licensed Psychologist, then the Insurer will pay the cost of such counselling, not to exceed the Benefit Amount as stated in the Schedule. The Loss of Life must occur within 365 days of the Accident to be eligible for this benefit.

A4.6 Brain Death Indemnity

If an Insured Person suffers Brain Death as the result of an Accident then the Insurer will pay the Benefit Amount in one sum, less any amount paid or payable under section A5.1 Specific Loss Accident Indemnity. The Loss of Life must occur within 365 days of the Accident to be eligible for this benefit.

"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.

A4.7 Dentures or Bridgework Expense

If an Insured Person requires and receives medical treatment from a Physician or legally qualified dentist due to an Injury that causes damage to, or breakage of, removable dentures, bridgework or capped (crowned) tooth or teeth, then the Insurer will pay the reasonable and necessary expenses actually incurred by the Insured Person within 52 weeks after the date of the Accident to repair or replace such items.

The Physician or dentist must not ordinarily reside in the Insured Person's Residence and cannot be an Immediate Family Member.

The Insured Person must consult with the Physician or dentist within 30 days from the date of Accident.

Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed the Benefit Amount stated in the Schedule as the result of any one Accident.

A4.8 Emergency Transportation Expense

If an Insured Person requires immediate medical attention due to an Injury, then Insurer will pay the reasonable expenses actually incurred, other than as paid for under section A4.2 Accident Reimbursement Expense, item e), to transport the Insured Person to either a Physician's office or the nearest Hospital. Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed the Benefit Amount stated in the Schedule as the result of any one Accident.

A4.9 Eyeglasses or Contact Lenses Expense

If, by reason of Injury, an Insured Person requires and receives medical treatment from a Physician or Ophthalmologist within 30 days from the date of an Accident and, upon advice of the Physician or Ophthalmologist, incurs expenses for:

a) the purchase of eyeglasses or contact lenses, when neither were previously required or worn; or

b) the repair or replacement of the Insured Person's eyeglasses or contact lenses;

then the Insurer will pay the reasonable and customary expenses actually incurred by the Insured Person within 52 weeks after the date of the Accident.

Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed the Benefit Amount stated in the Schedule as the result of any one Accident

A4.10 Family Transportation Expense

If, by reason of Injury, an Insured Person sustains a Loss payable under section A4.1 Specific Loss Accident Indemnity of this policy and is confined as an inpatient in a Hospital located more than 150 kilometres from their normal place of residence, then Insurer will pay the reasonable expenses actually incurred by any Immediate Family Members or a family representative for Accommodation and transportation by the most direct route to and from the confined Insured Person, subject to the following:

a) the Insured Person must be under the Regular Care and Attendance of a Physician; and

b) the Immediate Family Members or family representative must originate from and return to their normal place of residence.

Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed the Benefit Amount stated in the Schedule as the result of any one Accident.

Payment will not be made for board or other ordinary living, travelling or clothing expenses. If transportation occurs in a vehicle or device other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of $0.35 per kilometre travelled.

"Accommodation" *means* lodging in the vicinity of the Hospital where the Insured Person is confined.

A4.11 Fracture, Dislocation, Tendon Severance, and Miscellaneous Indemnity

When Injury results in any of the following fractures, dislocations, severances, or miscellaneous conditions within 365 days after the date of an Accident, the Insurer will pay up to the Benefit Amount stated in the Schedule in accordance with the following percentages, but not more than one such indemnity, the largest, will be payable as the result of any one Accident.

For complete fracture (including Greenstick type fracture):	% of Fracture Indemnity
Of the skull (depressed)	100%
Of the skull (not depressed)	33%
Of the spine (one or more vertebrae)	50%
Of the jawbone (mandible or maxilla)	33%
Of the thigh (femur)	33%
Of the pelvis	33%
Of the knee cap	27%
Of the lower leg	25%
Of the shoulder blade	25%
Of the ankle (small bones)	25%
Of the wrist (small bones)	25%
Of the forearm (compound or comminuted)	23%
Of the forearm (not compound)	12%
Of the sacrum or coccyx	17%
Of the sternum	17%
Of the arm, between elbow and shoulder	17%
Of the collarbone	12%
Of the nose	12%
Of two or more ribs	10%
Of one hand (one or more metacarpals)	8%
Of one foot (one or more metatarsals)	8%
Of the facial bones	8%
Of one rib	5%
Of any bone not specified in this section	3%

For complete dislocation:	% of Fracture Indemnity
Of the hip	42%
Of the knee (with open primary repair)	33%
Of the shoulder (with open reduction)	25%
Of the wrist	17%
Of the ankle	17%
Of the elbow	12%
Of the bones of foot, other than toes	8%

Severance of tendon or tendons:	% of Fracture Indemnity
Heel (Achilles)	22%
Ankle	20%
Knee	18%
Foot (not toes)	17%
Elbow	17%
Wrist	12%
Hand (including fingers)	12%

Miscellaneous:	% of Fracture Indemnity
Ruptured kidney (operative)	27%
Ruptured liver (operative)	27%
Ruptured spleen (operative)	27%
Punctured lung-with open surgery	23%
Burns-requiring one or more skin grafts	22%
Knee-injured and requiring surgery (when there is no fracture or dislocation)	22%
Bone operation-injured portion removed (when there is no fracture or dislocation)	20%

A4.12 Home Alteration or Vehicle Modification Expense

If, by reason of Injury, an Insured Person sustains:

a) the Loss of Both Feet or Legs; or

b) the Loss of Use of Both Feet or Legs; or

c) becomes Quadriplegic, Paraplegic or Hemiplegic; and

for which indemnity is payable in accordance with the terms of this policy, and they subsequently require the use of a wheelchair to be ambulatory, the Insurer will pay the reasonable and necessary expenses actually incurred within 3 years of the date of Loss for:

a) the cost of alterations to the Insured Person's principal Residence for the purpose of making it accessible; and

b) the cost of modifications to one motor vehicle utilized by the Insured Person, when such modifications are approved by licensing authorities where required for the purpose of adapting it to the needs of the Insured Person.

Payment by the Insurer for the total of all expenses incurred by or for any Insured Person will not exceed the Benefit Amount as stated in the Schedule as the result of any one Accident. The amount payable under this section will be coordinated with any amount paid or payable under any other insurance plan providing the same or similar benefit.

A4.13 Permanent Total Disability Indemnity

If an Injury causes an Insured Employee to become Totally Disabled within 365 days of the date of an Accident, then the Insurer will pay the Benefit Amount stated in the Schedule in one sum, less any other amount paid or payable under section A4.1 - Specific Loss Accident Indemnity of this policy, as the result of the same Accident. Such disability must have continued for a period of 12 consecutive months and must be total and permanent at the end of this period subject to the following:

a) the Injury must occur prior to Age 65;

b) the Insured Person must be 18 years of Age or older;

c) the Insured Person must be gainfully employed on a full-time, permanent part-time or seasonal basis immediately before the date of the Injury.

"Totally Disabled" *means* an Insured Person is prevented from engaging in each and every occupation or employment for compensation or profit for which they are, or may become, reasonably qualified by reason of education, training or experience.

A4.14 Prosthetic Appliances Expense

If, by reason of Injury, an Insured Person requires and receives medical treatment from a Physician within 30 days after the date of an Accident, and such Injury results in loss necessitating replacement by one or more prosthetic appliances, then the Insurer will pay the reasonable and necessary expense incurred by the Insured for such appliances within 156 weeks after the date of such Accident. Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed the Benefit Amount stated in the Schedule as the result of any one Accident.

The treating Physician cannot not ordinarily reside in the Insured Person's Residence nor be an Immediate Family Member.

A4.15 Repatriation Expense

If a Loss of Life results from an Injury sustained by an Insured Person more than 50 kilometres from their normal place of Residence, and indemnity for such Loss becomes payable in accordance with the terms of this policy, the Insurer will pay the reasonable and customary expenses actually incurred for the transportation of the body of the deceased Insured Person to the first resting place (including but not limited to a funeral home or the place of interment) in proximity to the normal place of Residence of the deceased, including charges for the preparation of the body for such transportation. Payment by the Insurer will not exceed the Benefit Amount stated in the Schedule.

This benefit is only payable under one of the policies issued to the Policyholder by the Insurer.

A4.16 Rehabilitation Expense

If an Insured Person sustains a loss under section A4.1 Specific Loss Accident Indemnity due to an Injury, which then requires the Insured Person to participate in a rehabilitation program in order to be qualified to engage in an occupation in which they would not have otherwise engaged, then the Insurer will pay the reasonable and necessary expenses actually incurred within 3 years from the date of Loss.

Payment will not be made for room, board, or other ordinary living, travelling or clothing expenses. Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed the Benefit Amount stated in the Schedule as the result of any one Accident.

This benefit is only payable under one of the policies issued to the Policyholder by the Insurer.

A4.17 Special Transportation Expense

If, by reason of Injury, an Insured Person requires medical treatment within 30 days from the date of an Accident and is referred by a Physician to a medical specialist located at least 150 kilometres from the Insured Person's normal place of Residence, the Insurer will pay the following reasonable expenses actually incurred by the Insured Person within 52 weeks after the date of the Accident:

a) transportation by the most direct route, up to $150 per round trip and subject to a maximum of five trips as the result of any one Accident. If transportation occurs in a vehicle or device other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to the equivalent cost of bus fare;

b) hotel accommodation in the vicinity of the specialist's office, up to $50 per day and subject to a maximum of 6 days as the result of any one Accident.

Such expenses cannot exceed the Benefit Amount stated in the Schedule and are subject to receipt of satisfactory proof other than for automobile transportation.

Such specialist's services must not be available in the vicinity of the Insured Person's Residence and must be located within the Insured Person's province of Residence.

A4.18 Tutorial Fees Expense

If, due to an Injury and within 30 days from the date of the corresponding Accident, an Insured Person is confined to their Residence or a Hospital for a period in excess of 40 consecutive school days, the Insurer will pay the expenses incurred up to a maximum rate of $20 per hour, within the 12 months immediately following the date of the Accident, for the tutorial services of a qualified teacher who does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member. The qualified teacher must hold a current Provincial Department of Education Teaching Certificate for the grade attained by the Insured Person. Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed the Benefit Amount stated in the Schedule as the result of any one Accident.

A5 - Aggregate Limit of Indemnity

The Insurer's aggregate limit of indemnity for all losses arising out of any one Accident, for which coverage is provided under this policy, is as stated in the Schedule. If said limit of indemnity for any one Accident is insufficient to pay the full amount of indemnity for each Insured Person, then the amount payable for each Insured Person will be in the proportion that the limit of indemnity for any one Accident bears to the total amount of insurance that would have been payable, except for such limit of indemnity.

This section only applies to losses payable under sections A4.1 - Specific Loss Accident Indemnity and A4.14 Permanent Total Disability Indemnity.

A6 - Exclusions

This policy does not cover any loss, fatal or non-fatal, caused or contributed to by:

a) suicide or intentionally self-inflicted Injury, whether or not the Insured Person was suffering from any mental disease, illness, disorder, infirmity, or disability;

b) war or civil war whether declared or undeclared;

c) participation in a riot, insurrection, civil commotion or disturbance;

d) active full-time, part-time or temporary service in the armed forces of any country;

e) riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in section A2 - Aircraft Coverage;

f) medical treatment or surgery, except if the medical treatment or surgery was needed because of an Accident.

Nor does this policy cover expenses incurred:

a) for the purchase, repair or replacement of eyeglasses or contact lenses, or prescriptions therefore except as provided for under section A4.9 - Eyeglasses or Contact Lenses Expense;

b) for charges of a masseur;

c) for x-rays, repair or replacement of pre-existing dentures, fillings or crowns, except as provided in the section A4.3 - Accidental Dental Expense or section A4.7 - Dentures or Bridgework Expense;

d) for Sickness or Disease, either as a cause or effect;

e) for experimental drugs not approved by the governing authority having jurisdiction over the matter in the country where such drugs are prescribed and dispensed;

f) for charges of any experimental medical treatments;

g) for of any medical services rendered by physicians, surgeons, nurses, physiotherapists, certified athletic sports therapists and chiropractors employed or engaged by the Policyholder;

h) that are covered under any government hospital, medical, dental or health care insurance plan, whether payable or not, or expenses for which insurance is prohibited by law;

i) that are incurred outside of Canada by an Insured Person who is a non-Canadian resident.

This policy is subject to and will not contravene any Federal or Provincial statutory requirement with respect to Hospital or Medical plans. Benefits will be reduced under sections A4.2 - Accident Reimbursement Expense and A4.3 - Accidental Dental Expense by any amount (paid or not) of eligible expenses covered under the Federal or Provincial Hospital or Medical plans or any other policy providing similar reimbursement expenses.