POLICY INFORMATION	
POLICYHOLDER	Curling Alberta 11759 Groat Road Edmonton, AB, Canada T5M 3K6
POLICY NUMBER	8626231
POLICY INCEPTION DATE	August 10th, 2026
POLICY PERIOD	August 10th, 2026 to August 10th, 2027 (All Insurance begins and ends at 12:01 a.m. at the **Policyholder's** address)
PROVINCE OR TERRITORIES	Alberta
NUMBER OF PARTICIPANTS	29,000

IMPORTANT INFORMATION – PLEASE READ CAREFULLY

This policy contains a clause(s) which may limit the amount payable.

In return for the payment of premium expressed in the **Declarations Page**, **we** agree to pay the benefits set out in this Group Participant Accident Policy to the persons insured hereunder, subject to the terms and conditions, which follow. **We** have issued the Group Participant Accident Policy to the **policyholder**. The Group Participant Accident Policy is executed as of the **policy** date which is its date of issue, and from which anniversary dates are measured. The Group Participant Accident Policy is delivered in, and subject to the laws of the Province or Territories in which it is issued.

THIS GROUP PARTICIPANT ACCIDENT POLICY PROVIDES ACCIDENT COVERAGE ONLY.
THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

The following pages, including any riders, endorsements, schedule pages, **insured** enrollment forms, applications or amendments, are a part of this Group Participant Accident Policy. **We** and the **policyholder** have agreed to all the terms of this Group Participant Accident Policy. This is a legal contract between the **policyholder** and **us**.

Bolded terms used throughout this [Declarations Page] are defined in the in the policy wording.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (Alberta, Manitoba and British Columbia), the *Limitations Act, 2002* (Ontario) or other applicable provincial legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the *Civil Code of Quebec*.
For the purpose of *the Insurance Companies Act (Canada)*, this document was issued in the course of Zurich Insurance Company Ltd's insurance business in Canada.

Paul Jackson

Chief Executive Officer and Chief Agent, Canada

In witness whereof, the Insurer has caused this policy to be signed by its Chief Executive Officer and Chief Agent in Canada

ELIGIBILITY AND CLASSIFICATION OF INSURED PERSONS

The following individuals are eligible to become **insured persons** upon completion and submission of completed enrollment material, if required:

Eligible person(s) means:

Class I: All **participants** of the **policyholder** who are part of an association, involved in the specific sanctioned events of Curling Alberta.

If an **insured person** suffers an **injury** resulting in a **covered loss**, and they are covered under more than one class, **we** shall pay only one benefit, the largest benefit.

EFFECTIVE DATES OF INSURANCE

For the Insured:

A. For **eligible persons** participating in **sanctioned activities** on or after August 10th, 2026.

TERMINATION OF A PARTICIPANT

Insurance terminates at the end of the date for which premium has been paid and during which any of the following occurs:

1. The date the **policy** is terminated;
2. The date the **participant** ceases to be eligible for insurance;
3. The expiration date of the period for which required premium has been paid for such **participants**;
4. The date the **participant** reaches age 90.

PREMIUM INFORMATION

Coverages:

Participant Accident: Protection while participating in the **sanctioned activity** of the **policyholder**.

Classes Covered: All Classes defined in the Eligibility section

Premium Payment Frequency: Annual

Commission: 20%

Rates And Premium:

Class of Participant	Estimated Number of Participants	Rate Per Participant	Annual Premium
Class I	**Estimated Number of Participants**: 29,000 **Over the age of 75**: 200	0.80/ Per Participant 1.00/Per Participant over 75	CAD $22,760
		Total Premium:	**CAD $22,760**

Aggregate Limit of Liability:

Coverage	Aggregate Limit of Liability
Per Covered **Accident**	$200,000

SCHEDULE OF BENEFITS

Coverage	Maximum Benefit Payable	Coverage Included/Not Included	Classes Covered
		Included	All Classes

Accidental Death and Dismemberment Insurance	Terminates at the **participant's** attainment of age 85. Reduced benefits for ages 85 years and older. At age 85, the Principal Sum shall be reduced based on the **insured person's** previous Principal Sum per the following schedule: Age at Date of Loss — Percent of Principal Sum 85-90 — 50%		
Principal Sum for the **insured**	Class I: $25,000	Included	All Classes

CORE BENEFITS

Benefits	Maximum Benefit Payable	Coverage Included/Not Included	Classes Covered
Accidental Dismemberment Benefit			
Dismemberment of: • Both hands or both feet • One hand and one foot • One hand or one foot plus the loss of sight in one eye • Sight of both eyes • Speech and hearing	100% of Principal Sum	Included	All Classes
• Speech or hearing • One hand; one foot; or sight in one eye	50% of Principal Sum		
• Four fingers of one hand	35% of Principal Sum		
• Thumb and index finger of the same hand • Hearing in one ear	25% of Principal Sum		
• All toes of one foot	15% of Principal Sum		
Loss of Use Benefit			
Loss of use of: • Four **limbs**	100% of Principal Sum	Included	All Classes
• Three **limbs**	75% of Principal Sum		
• Two **limbs**	50% of Principal Sum		
• One **limb**	25% of Principal Sum		
Plegia Benefit			
Plegia of: • Quadriplegia (total paralysis of all four **limbs**)	200% of the Principal Sum	Included	All Classes
• Triplegia (total paralysis of three **limbs**) • Paraplegia (total paralysis of two **limbs**) • Hemiplegia (total paralysis of upper and lower **limbs** on one side of the body)	200% of the Principal Sum		
• Uniplegia (total paralysis of one **limb**)	50% of the Principal Sum		
In-Hospital Indemnity Benefit			
		Included	All Classes

	a. A monthly benefit of 5% of the Principal Sum to a maximum of $2,000; or b. For periods of less than one (1) month, one thirtieth of the amount calculated in a. above, for each complete day of confinement.		
Funeral Benefit			
	$10,000	Included	All Classes
Higher Education Benefit			
	5% of the **insured's** Principal Sum, to a maximum of $2,000. This amount shall be paid annually for four (4) consecutive years if the **dependent child** continues their education. Before this benefit is paid each year, the **dependent child** must present written proof, acceptable to **us**, that they are attending an institution of higher learning on a full-time basis. The maximum amount payable under this benefit is $10,000.	Included	All Classes
Rehabilitation Benefit			
	The Rehabilitation Benefit shall be the lesser of: a. the actual expenses that are incurred within two (2) years from the date of the **accident** for the **rehabilitation training**; b. $15,000	Included	All Classes
Disability Fitness Benefit			
	$5,000	Included	All Classes
Therapeutic Counselling Benefit			
	$1,000 for any one covered **accident**	Included	All Classes
Hearing Aid or Prosthetic Appliance Benefit			
	The lesser of 10% of the **participant's** Principal Sum or $10,000.	Included	All Classes
Eyeglass and Contact Lens Expense Benefit			
	a. Up to a maximum of $200 for any one (1) covered **accident**. b. Up to a maximum of $200 for the reasonable and necessary expense due to any one covered **accident**.	Included	All Classes
Home Alteration and Vehicle Modification Benefit			
	The lessor of 15% of the Principal Sum or $15,000.	Included	All Classes
Bedside Companion Benefit			
The Bedside Companion Benefit is provided to a **participant** travelling alone more than one hundred and fifty (150) kilometers from their normal place of residence within their province of residence and they are **hospitalized** for three (3) days or more due to an **injury**.	• Up to $15,000 Round-trip economy **transportation** fare and up for meals and accommodation. • For transportation by a **motorized vehicle**, expenses shall be limited to a maximum of thirty-five ($0.35) cents per kilometer travelled for such return trip.	Included	All Classes
Repatriation of Remains Benefit			

	A maximum of $15,000 shall be provided for reasonable and necessary expenses provided the **covered loss** occurred more than one hundred (100) kilometers away from the **participant's** normal place or residence.	Included	All Classes
Identification Benefit			
	• Up to $15,000 Return economy class transportation and for hotel and meal expenses provided the body of the deceased **participant** is at least fifty (50) kilometers from their normal place of residence. • For transportation by a **motorized vehicle**, expenses shall be limited to a maximum of thirty-five ($0.35) cents per kilometer travelled for such return trip.	Included	All Classes
Fracture Benefit			
For complete fracture (including Greenstick type fracture) of:	The maximum Fracture Benefit payable is: $1,000.	Included	All Classes
• The cranium (depressed fracture) • The spine (two or more vertebrate)	100% of the Fracture Benefit		
• Hip (complete dislocation)	42% of the Fracture Benefit		
• The cranium (other compound) • The spine (one vertebrate)	40% of the Fracture Benefit		
• The upper jaw (maxilla) • The thigh (femur) • The pelvis • Complete dislocation of the knee (with open primary repair)	33% of the Fracture Benefit		
• The kneecap (patella)	27% of the Fracture Benefit		
• The leg (tibia or fibula) • The shoulder blade (scapula) • The ankle (Pott's fracture) • The wrist (Colles fracture) • Complete dislocation of the shoulder (with open reduction)	25% of the Fracture Benefit		
• The forearm (not compound)	23% of the Fracture Benefit		
• The spine (compression fracture)	20% of the Fracture Benefit		
• The sacrum or coccyx • The sternum • The arm, between elbow and shoulder • Wrist (complete dislocation) • Ankle (complete dislocation)	17% of the Fracture Benefit		
• One phalanx of one index finger • The collarbone (clavicle) • The nose • Elbow (complete dislocation)	12% of the Fracture Benefit		
• Two or more ribs	10% of the Fracture Benefit		
• The lower jaw (mandible) • One hand (one or more metacarpals) • One foot (one or more metatarsals) • Facial bones	8% of the Fracture Benefit		

• Bones of the foot, other than the toes (complete dislocation)			
• One rib	5% of the Fracture Benefit		
• Any bone not specified above	3% of the Fracture Benefit		

ADDITIONAL BENEFITS

Benefits	Maximum Benefit Payable	Coverage Included/Not Included	Classes Covered
Medical Accident Expense Benefit			
This benefit is in excess of the deductible of $0.00 provided that: a. The first **treatment** or service occurs within thirty (30) days of the **injury;** b. The medical expenses are incurred within fifty two (52) weeks of the **injury**; and c. The **participant** is under the care of a licensed medical provider who is not an **immediate family member**.	The total Maximum Benefit Payable is $15,000 for any one covered **accident.** At age 85, this benefit shall be reduced by 50% **We** shall not cover expenses under this benefit for any **pre-existing medical condition**, until the **participant** has been continuously covered under this **policy** for twelve (12) consecutive months.	Included	All Classes
The following expenses will be covered under this benefit to the sublimit indicated: 1. Hospital Charges	The difference in charges between the public ward allowance and the charge for semi-private accommodation (or private accommodation charge if recommended by a **physician**).	Included	All Classes
2. Services of a nurse	Maximum of $5,000 per **accident.**	Included	All Classes
3. Prescription Drugs, sera and vaccines	Maximum of a 30-day supply.	Included	All Classes
4. Paramedical **Treatment**	Maximum of $500 per practitioner up to a total maximum benefit of $1,000 per **policy** term.	Included	All Classes
5. Ambulance	Maximum of $1,000 per **accident**.	Included	All Classes
6. Expenses for hearing aids, crutches, splints, casts, trusses and braces	Maximum of $750 per **policy** term.	Included	All Classes
7. Expenses for rental of a wheelchair, an iron lung and other durable equipment for temporary therapeutic **treatment**	Maximum of $5,000 per **accident**.	Included	All Classes
Dental Accident Expense Benefit			
If a **participant** suffers an **injury** which requires **treatment** for damage to **sound natural teeth**, **we** shall pay a benefit for the **reasonable and customary** expenses incurred for the **medically necessary treatment**, replacement, or diagnosis provided: • Damage to the teeth occurs within thirty (30) days of the covered **injury**; • The expenses are incurred and paid within twenty-six (26) weeks of the **injury**; and • The services are performed by a licensed dentist or dental surgeon.	$5,000 for any one covered **accident**	Included	All Classes
Coma Benefit			

The **participant** suffers an **injury** resulting in a **covered loss**, within 365 days of an **accident** which results in a coma for at least thirty-one (31) consecutive days.	• 1% of the **participant's** Principal Sum per month for the first eleven 11 months the **participant** remains in a coma, following the initial thirty-one (31) day period. At the end of the eleven 11 months of payment, if the **participant** remains in a coma, **we** shall pay a lump sum benefit equal to the Principal Sum payable under the **Accidental** Death Benefit less the amount of the 11 months of benefit already received.	Included	All Classes
Critical Burn Benefit			
An additional benefit shall be paid under the Critical Burn Benefit provided all other conditions are met and that the **participant** has received second degree or higher burns over at least 25% of their body. Specified Body Area: • Face and neck and head	The maximum benefit payable is: $2,500. At the age of 75, this benefit shall be reduced to 50%. 100%	Included	All Classes
• Both hands or both feet	100%		
• One hand and one foot	100%		
• One hand and the sight of one eye	100%		
• One foot and the sight of one eye	100%		
• One hand or one foot	50%		
• Thumb and index finger of the same hand	25%		
• All other body parts	20%		
Surgical Reattachment Benefit			
	• A reduced benefit shall be payable equal to 50% of the applicable **Accidental** Dismemberment Benefit for dismemberment where the body part is surgically reattached, provided all other provisions of the **policy** are met. • The balance of the applicable **Accidental** Dismemberment Benefit for such dismemberment shall be paid if, after 365 days, the reattachment has failed to the extent that **covered loss of use** then exists, provided all other provisions of the **policy** are met.	Included	All Classes

Privacy Consent Notice

By submitting the requested information, which may include, but is not limited to, an individual's name, address, date of birth, and medical information, you covenant and warrant that you have obtained the appropriate consent from such individual to disclose their personal information to Zurich Insurance Company Ltd and its subsidiaries and affiliates located in your country of residency or abroad (collectively, "Zurich"), for the collection, storage, use, disclosure, and processing of such personal information as may be necessary for the purposes of securing and administering the requested insurance coverage(s), including but not limited to, risk evaluation, policy execution, premium setting, premium collection, claims adjusting, administration, investigation and settlement, fraud prevention, detection and suppression, or statistical evaluation. You also covenant and warrant that you have obtained consent from the individual for Zurich's disclosure of their personal information to third parties, as required for and in relation to the above-stated purposes, including reinsurers, third party administrators, brokers, agents, claims adjusters, regulators or other governmental or public bodies, taxing authorities, industry associations, other insurers, and other third parties involved in providing insurance services ("Third Parties").

Zurich is committed to protecting the privacy and confidentiality of information provided. Personal information may be processed by and is securely stored within the offices of Zurich and authorized Third Parties, both in domestic and foreign jurisdictions outside Canada and is subject to applicable laws.

Zurich may retain personal information as needed for any of the above-stated purposes or as necessary to comply with Zurich's legal and regulatory obligations, resolve disputes, and enforce Zurich's agreements. Individuals may request to review the personal information Zurich maintains about them and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9 or by emailing privacy.zurich.canada@zurich.com.

Individuals may refuse to consent or withdraw their consent to the collection, storage, use, disclosure or processing of their personal information; however, their refusal to provide consent may result in Zurich being unable to offer and administer insurance coverage or prevent Zurich from being able to pay any claim benefits payable under the policy.

Please contact the Zurich Privacy Officer for further information regarding the collection, use, disclosure, processing and storage of personal information or for any complaints via email at privacy.zurich.canada@zurich.com. Our Privacy Policy is available at https://www.zurichcanada.com/en-ca/about-zurich/privacy-statement.

Dentures or Bridgework Accident Expense Benefit Endorsement

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.	
Policy No. 8626231	**Effective Date:** August 10th, 2026

This endorsement modifies insurance provided under the **policy**.

The following changes are made and incorporated into the **policy**:

modifying the Schedule of Benefits in the **Declarations Page** to add the below **coverage,** limits and maximum benefit payable under the benefits, offered in the **policy** as follows:

Benefit	Maximum Benefit Payable	Coverage Included/Not Included	Classes Covered
Dentures or Bridgework **Accident** Expense Benefit	Maximum amount payable is $250 per **policy** term.	Included	All Classes

Dentures or Bridgework Accident Expense Benefit

If an **insured person** suffers an **injury** resulting in a **covered loss** payable under the Medical **Accident** Expense Benefit or the Dental **Accident** Expense Benefit and a result of such **injury**, there is damage to or breakage of removable dentures, fixed bridgework or capped (crowned) teeth, **we** will pay the reasonable and necessary expenses actually incurred by the **insured person** within fifty-two (52) weeks after the date of the **accident** for the repair or replacement of such removable dentures, fixed bridgework or capped (crowned) teeth, not to exceed the maximum benefit amount noted in the table above during any one (1) **policy** term for all such repairs or replacements.

Exclusions

We shall not cover expenses under this additional benefit for:

- any expenses covered by workers' compensation;
- any expenses covered by Medicare or a government health insurance plan;
- any services of a Federal, Veteran's, Provincial or Municipal **hospital** for which an **insured person** is not liable for payment;
- expenses which are more than **reasonable and customary**;
- cosmetic, plastic, or restorative dental **treatment** unless **medically necessary** for the **treatment** of the **injury;**
- expenses which the **insured person** recovers in a settlement or court judgment;
- expenses which are covered under any other insurance of any kind;
- expenses which the **insured person** is not legally obligated to pay;
- expenses that are not **medically necessary** for the **treatment** of the **injury**.

This benefit is subject to the General Exclusions and the General Limitations in the **policy**.

All other terms, conditions, provisions and exclusions of this policy remain the same.

Seat Belt and Air Bag Benefit Endorsement

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.	
Policy No. 8626231	Effective Date: 08/10/2026

This endorsement modifies insurance provided under the Group Participant Accident **policy**.

The following changes are made and incorporated into the **policy**:

modifying the Schedule of Benefits in the **Declarations Page** to add the below **coverage,** limits and maximum benefit payable under the benefits, offered in the **policy,** Section III – Core Benefits, as follows:

Benefit	Maximum Benefit Payable	Coverage Included/Not Included	Classes Covered
Seat Belt	15% of the applicable Principal Sum up to a maximum of $15,000.	Included	All Classes
Air Bag Benefit	15% of the applicable Principal Sum to a maximum of $5,000.		

Seat Belt and Air Bag Benefit

If an **insured person** suffers an **injury** resulting in a **covered loss**, which is payable under the Accidental Death Benefit, and the **injury** which caused the **accidental** death directly resulted from an automobile **accident**, **we** shall pay an additional benefit, as described in the table above, provided that the **insured person** was:

- operating or riding as a passenger in any private passenger automobile designed for use primarily on public roads; and
- wearing an original, equipped, factory installed, or manufacturer authorized and unaltered seat belt, or lap and shoulder restraint at the time of the **injury**.

Verification of the **insured person's** actual use of the seat belt or lap and shoulder restraints is required as follows:

- in the official law enforcement report of the **accident**, through certification by the investigating officers; or
- by other reasonable proof, acceptable to **us**.

An additional benefit equal to the percentage of the **insured person's** Principal Sum shown in the table above, shall be paid if the **insured person** was driving or riding as a passenger in a private passenger automobile with a manufacturer equipped driver-side or passenger side air bag, provided the **insured person's** seat belt or lap and shoulder restraint was properly fastened at the time of the **accident**. The proper functioning or deployment of the air bag must be certified in the official law enforcement report of the **accident**, through certification by the investigating officers or by other reasonable proof, acceptable to **us**.

We shall not pay an Air Bag Benefit if the driver of the automobile in which the **insured person** was riding was either:

a. under the influence of alcohol, drugs or both:
   - a driver shall be conclusively presumed to be under the influence of alcohol, drugs or both if the level of alcohol or drugs in their blood exceeds the amount at which a person is presumed, under the law of the locale in which the **accident** occurred, to be under the influence of alcohol, intoxicating liquor, drugs or both, if operating a motor vehicle.
   - an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items shall be considered proof of the driver's intoxication.

Or,

b. under the influence of any prescription drug, cannabis, narcotic, or hallucinogen, unless prescribed by a **physician** and taken in accordance with the prescribed dosage.

This benefit is subject to the General Exclusions and General Limitations in the **policy**.

Bolded terms used throughout this endorsement that are not defined herein are defined in the **policy** wording.

All other terms, conditions, provisions and exclusions of this policy remain the same.

Weekly Accident Indemnity Benefit Endorsement

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.	
Policy No. 8626231	Effective Date: August 10th, 2026

This endorsement modifies insurance provided under the Group Participant Accident **policy**.

The following changes are made and incorporated into the **policy**:

Modifying the Schedule of Benefits in the **Declarations Page** to add the below **coverage**, limits and maximum benefit payable under the benefits, offered in the **policy,** Section III – Core Benefits, as follows:

Benefit	Maximum Benefit Payable	Coverage Included/ Not Included	Classes Covered
Weekly Accident Indemnity Benefit This benefit shall be payable when an **insured** suffers an **injury** which leaves them **totally disabled** provided that: • **Total disability** occurs within thirty (30) days of the **injury;** • The **benefit waiting period** of fourteen (14) days has been satisfied; • The **insured** is being attended to by a licensed **physician**.	Weekly indemnity amount of $100 **Up to 60** • Payments shall not exceed the benefit period of Fifty-Two (52) Weeks. **Age 60-64** • Payments shall not exceed the benefit period of Twenty-Six (26) Weeks. **Age 65-70** • Payments shall not exceed the benefit period of Thirteen (13) Weeks.. Payments shall be equal to 85% of the **insured's base weekly earnings** which shall be reduced according to the provisions outlined in the **policy**.	Included	All Classes

Weekly Accident Indemnity Benefit

If an **insured** suffers a covered **injury**, which renders them **totally disabled**, **we** shall pay a Weekly Accident Indemnity Benefit provided:

- the **total disability** occurs within a specified period of time from the date of the **injury** as noted in the Schedule of Benefits;
- the **benefit waiting period** indicated in the Schedule of Benefits has been satisfied by the **insured**; and
- the **insured** is being attended to by a duly licensed **physician**, other than a family member.

Payments shall begin on the first day after the **benefit waiting period** and shall continue for as long as the **insured** is **totally disabled**; payments shall not exceed the **benefit period**. The amount of the payments shall be equal to the percentage outlined in the table above of the **insured's base weekly earnings** reduced by:

- Workers' Compensation Disability Benefit or its equivalent in a province or territory;
- Social Security Disability Benefits, or its equivalent in a province or territory, excluding any amounts for which the **insured's dependents** may qualify because of the **insured's** disability;

- Group disability benefits sponsored by the **policyholder**;
- The amount of any disability income benefits from any automobile or no fault policy or insurance.

This benefit is subject to the General Exclusions and General Limitations in the **policy**.

Bolded terms used throughout this endorsement that are not defined herein are defined in the **policy** wording.

All other terms, conditions, provisions and exclusions of this policy remain the same.

Group Participant Accident Policy

ZURICH

This policy contains a clause(s) which may limit the amount payable.

In return for the payment of premium expressed in the **Declarations Page**, **we** agree to pay the benefits set out in this Group Participant Accident Policy to the persons insured hereunder, subject to the terms and conditions, which follow. **We** have issued the Group Participant Accident Policy to the **policyholder**. The Group Participant Accident Policy is executed as of the **policy** date which is its date of issue, and from which anniversary dates are measured. The Group Participant Accident Policy is delivered in, and subject to the laws of the Province or Territories in which it is issued.

THIS GROUP PARTICIPANT ACCIDENT POLICY PROVIDES ACCIDENT COVERAGE ONLY. THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. READ THE POLICY CAREFULLY.

The following pages, including any riders, endorsements, schedule pages, **insured** enrollment forms, applications or amendments, are a part of this Group Participant Accident Policy. **We** and the **policyholder** have agreed to all the terms of this Group Participant Accident Policy. This is a legal contract between the **policyholder** and **us**.

For the purpose of the *Insurance Companies Act* (Canada), this document was issued in the course of the Company's insurance business in Canada.

Privacy Consent Notice:

By submitting the requested information, which may include, but is not limited to, an individual's name, address, date of birth, and medical information, you covenant and warrant that you have obtained the appropriate consent from such individual to disclose their personal information to Zurich Insurance Company Ltd and its subsidiaries and affiliates located in your country of residency or abroad (collectively, "Zurich"), for the collection, storage, use, disclosure, and processing of such personal information as may be necessary for the purposes of securing and administering the requested insurance coverage(s), including but not limited to, risk evaluation, policy execution, premium setting, premium collection, claims adjusting, administration, investigation and settlement, fraud prevention, detection and suppression, or statistical evaluation. You also covenant and warrant that you have obtained consent from the individual for Zurich's disclosure of their personal information to third parties, as required for and in relation to the above-stated purposes, including reinsurers, third party administrators, brokers, agents, claims adjusters, regulators or other governmental or public bodies, taxing authorities, industry associations, other insurers, and other third parties involved in providing insurance services ("Third Parties").

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Zurich may retain personal information as needed for any of the above-stated purposes or as necessary to comply with Zurich's legal and regulatory obligations, resolve disputes, and enforce Zurich's agreements. Individuals may request to review the personal information Zurich maintains about them and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9 or by emailing privacy.zurich.canada@zurich.com.

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Please contact the Zurich Privacy Officer for further information regarding the collection, use, disclosure, processing and storage of personal information or for any complaints via email at privacy.zurich.canada@zurich.com. Our Privacy Policy is available at https://www.zurichcanada.com/en-ca/about-zurich/privacy-statement.

In witness whereof, the Insurer has caused this policy to be signed by its Chief Executive Officer and Chief Agent in Canada

Chief Executive Officer and Chief Agent, Canada

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SECTION I – DEFINITIONS

The following terms, which are emphasized in bold, are defined as follows:

Accident or **accidental** means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place during the **policy** term.

Act of terrorism means an act or acts including, but not limited to, the use of force or violence and the threat thereof, including intimidating or terrorizing any government, group, association or the general public, for religious, political or ideological reasons or ends, or any attempt thereat, and does not include any **act of war**.

Act of war means war, whether declared or not, or any warlike activity, including using military force to achieve economic, geographic, nationalistic, political, racial, religious or other goals.

Activity(ies) of Daily Living (ADLs) means basic daily tasks necessary to maintain the **Insured Person's** health and safety. In this **Policy**, **ADLs** refer to the activities described below:

1. Transfer and Mobility - The ability to move into or out of a bed, chair or wheelchair or to move from place to place, either via walking, a wheelchair, cane, crutches, walker or other equipment;
2. Continence - The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter, urostomy, or colostomy bag);
3. Dressing - Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs;
4. Toileting - Getting to and from the toilet, transferring on and off the toilet and performing associated personal hygiene;
5. Eating - Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously; or
6. Bathing - Washing oneself by sponge bath; or in either a tub or a shower, including the task of getting into or out of the tub or shower.

Aggregate limit of liability means the total benefits **we** shall pay for any **accident(s)** set forth in the Schedule of Benefits. For purposes of the aggregate limit of liability provision, **accident(s)** shall include a **covered loss(es)** arising out of a single event, related events or originating cause occurring within a one (1) day period and includes a resulting **covered loss(es)**. If the total benefits under the aggregate limit of liability is not enough to pay full benefits to each **participant**, **we** shall pay each one a reduced benefit based upon the proportion that the aggregate limit of liability bears to the total benefits which would otherwise be paid.

Association means a formally structured organization of people which have a common purpose or interest, and includes but is not limited to, a society, centre, cultural organization or club.

Base weekly earnings means base annual earnings divided by fifty-two (52).

Benefit period means the time period, after the end of the **benefit waiting period**, that benefits are payable under this benefit subject to any other restrictions or limitations in the **policy**.

Benefit waiting period means the number of consecutive days at the start of a period of **continuous total disability** for which **we** shall not pay benefits.

Benefit week means a seven (7) day period beginning on the day after the maximum **benefit period** for temporary **total disability** has been reached, and on the same day of each week thereafter.

Bona fide trip means a sanctioned trip that begins when the **insured person** leaves the place where they normally work or live (whichever last occurs) to go on the trip. It ends when the **insured person** returns from the trip to the place where they normally work or live (whichever occurs first).

Brain damage means irreversible physical damage to the brain causing complete incapacity of performing all the substantial and material functions and activities normal to everyday life.

Coverage(s) means the event(s) described in Sections II, III, and IV of this **policy** to which Core and Additional benefits apply. The coverages are listed on the **Declarations Page**.

Covered loss means a loss which meets the requisites of one or more core or additional benefits, results from an **injury**, and for which benefits are payable under this **policy**.

Covered loss of use means total paralysis of a **limb** or **limbs**, which has continued for twelve (12) consecutive months and is determined by **our** competent medical authority to be permanent, complete and irreversible.

Crawford and Company means the company appointed by **us** to provide the assistance and claims services under this **policy**.

Custodial services means any services that are not intended primarily to treat a specific **injury**. Custodial services include, but shall not be limited to, services:

- related to watching or protecting the **participant**;
- related to performing or assisting the **participant** in performing any **activities of daily living**; and
- that are not required to be performed by trained or skilled medical personnel.

Declarations Page means the information including the Schedule of Benefits, issued to each **insured** summarizing the **coverage** and benefits of this Group Participant Accident Policy. **We** shall provide the **policyholder** with a **policy** containing the **Declarations Page**, in either paper or electronic format, for their **insureds**, where required by provincial law. The **policyholder** may either give or make the **policy** available to the **insureds**.

Deductible means the amount the **participant** must pay before any benefits are payable and is indicated as such on the **Declarations Page.**

Epidemic means an outbreak of a contagious disease that spreads rapidly and widely and that is identified as an epidemic by The World Health Organization (WHO), Public Health Agency of Canada (PHAC) or any similar global or regional health authority.

Event means an occurrence, during and identified under the term of the **policy**, which is organized, supervised and approved by the **policyholder**.

Foreign National means a person who is a citizen of a country or jurisdiction other than Canada and who is not a resident of Canada.

Government Health Insurance Plan (GHIP) means the health insurance coverage that a Canadian provincial or territorial government provides to its residents.

Hearing aid means a small device that fits in or on the ear which is required to be worn by the **participant** in order to amplify sound as prescribed by a **physician.**

Hospital means an institution that is licensed as an accredited hospital that is staffed and operated for the care and **treatment** of in-patients and out-patients. **Treatment** must be supervised by **physicians** and there must be registered nurses on duty twenty-four (24) hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment. A hospital is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction **treatment** centre, convalescent, rest or nursing home, home for the aged or health spa.

Hospitalization or **hospitalized** means to be an inpatient in a **hospital**.

Household means a person who maintains residence at the same address as the **insured**.

Immediate family member means **spouse**, parent, brother, sister, legal guardian, step-parent, grandparent, grandchild, natural or adopted child, step-child, step-brother, step-sister, aunt, uncle, niece, nephew, cousin or in-law.

Injury means sudden bodily harm sustained by an **insured person**, caused by external and **accidental** means, while this **coverage** is in effect resulting in a **covered loss**, and is independent to all other causes, including **sickness** or disease.

Insured means an individual who is eligible for **coverage** under this **policy** and is also included in the definition of **insured person.**
Insured person means any person who has insurance under the terms of this **policy** as shown in the **Declarations Page** under the section for Eligibility and Classification of Insured Persons.

Limb(s) means an arm or a leg.

Medically necessary means that the medical or dental service or **treatment:**

- is essential for the diagnosis, **treatment** or care of the **injury** for which it is prescribed or performed;
- meets generally accepted standards of medical or dental practice;
- was ordered by a licensed medical provider within the scope of their practice.

Motorized vehicle means a passenger car, van, jeep-type automobile, sports utility vehicle (SUV), any truck-type automobile, truck, ambulance, or any type of motorized vehicle used by municipal, provincial or federal police forces.

Pandemic means an **epidemic** over a wide global geographic area that affects a large portion of the population worldwide and that is identified by The World Health Organization (WHO), Public Health Agency of Canada (PHAC) or any similar global or regional health authority.

Participant means any **insured person**, including volunteers working on behalf of the **policyholder,** only while participating in a practice session, game or activity approved by and under the supervision of the **policyholder** and for which **coverage** has been declared and purchased as stated on the **Declaration Page**.

Permanently and totally disabled means that the **participant** is prevented on a permanent basis from engaging in at least three (3) of the six (6) **activities of daily living**.

Physician means a person who is a Doctor of medicine, osteopathy, psychology or other legally qualified practitioner of a healing art that **we** recognize or are required by law to recognize, who is:

- licensed to practice in the jurisdiction where care is being given;
- practicing within the scope of that license; and
- not an **immediate family member** of the **participant**.

Plan means the plan design as described on the **Declarations Page** and Schedule of Benefits.

Policy means this Group Participant Accident Policy which includes any riders, endorsements, **Declarations Page**, Schedule of Benefits, enrollment forms, applications or amendments.

Policyholder means the group, company, or legal entity named on the **Declarations Page** and with whom **we** enter into the **policy**.

Prosthetic appliance means an apparatus designed to replace a missing part of the **insured person's** body which may include a missing limb or eye, in an effort to improve functionality.

Reasonable and customary means the common charge made by other health care providers or services in the same locality for the **treatment** furnished. If the common charge for a service cannot be determined due to the unusual nature of such service, **we** shall determine the amount based upon:

- the complexity involved;
- the degree of professional skill required; and
- any other pertinent factor.

We shall make the final determination of what is reasonable and customary based on all the circumstances.

Regular care and attendance means observation and **treatment** to the extent necessary under existing standards of medical practice for the condition requiring medical attention.

Rehabilitation training means a **treatment** program that:

- is prescribed by a licensed **physician** acting within the scope of their license that is approved by **us** prior to the provision of services;
- is required due to the **insured's injury**; and
- prepares the **insured** for an occupation that they would not have engaged in except for the **injury**.

Sanctioned activity of the policyholder means while participating in an organized activity at the direction of the **policyholder**. It does not include an **injury** sustained during any usual travel to and from the activity or event unless stated otherwise in the Schedule of Benefits.

Sickness means illness, disease or any symptom related to that illness or disease.

Sound natural teeth means natural teeth that are unaltered or are fully restored to their normal function and are disease free, have no decay, and are not more susceptible to **injury** than unaltered natural teeth.

Spouse if used in this **policy**, means the person: who is legally married to the **participant** or who has been living with the **participant** for a continuous period of at least one (1) year and is publicly represented as the **participant's** common law partner.

Therapeutic counseling means **treatment** or counseling provided by a licensed therapist or counselor who is registered or certified to provide psychological **treatment** or counseling.

Total disability or **totally disabled** means that the **participant** is: unable to engage in at least three (3) of the six (6) **activities of daily living** and is attended to, on a regular basis, by a duly licensed **physician**, other than the **insured** or their **immediate family member**.

Transportation means conveyance from one place to another by private or public **motorized vehicle**, bus, train,

boat, ferry, airplane or helicopter.

Treatment means **hospitalization**, medical, therapeutic, diagnostic or surgical services or procedures prescribed, performed or recommended by a **physician** or other licensed medical practitioner including, but not limited to, prescribed medication, investigative testing and surgery related to any medical condition, **injury**, or **sickness**.

We, **us**, **our** and the **Company** refers to Zurich Insurance Company Ltd.

Weekly benefit amount means the lesser of seventy percent (70%) of the **average weekly earnings** or the maximum weekly benefit amount. In no event shall the weekly benefit amount be less than the minimum weekly benefit amount.

Zurich Assistance means the claims and assistance provider, appointed by **us** to perform all assistance services and administer claims on **our** behalf under this **policy**.

SECTION II – COVERAGE

24-Hour Participant Accident Protection

We shall provide payment up to the maximum amount shown in the **Declarations Page** on the Schedule of Benefits, in accordance with the percentage stated, if any **participant** suffers an **injury** from an **accident** anywhere in the world, while on or off the premises of the **Policyholder** only while participating in an **event** or activity approved by and under the supervision of the proper authority of the **Policyholder,** during a **bona fide trip**, subject to the terms, conditions, limitations and exclusions under this **policy.**

Coverage Limitations

Air travel **coverage** is limited to a loss sustained during a **bona fide trip**, while the **participant** is a passenger, riding in or on, boarding or getting off:

1. Any civilian aircraft with a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by Transport Canada Civil Aviation or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:
    - medical certificate; and
    - pilot certificate with a proper rating to pilot such aircraft.
2. Whose design and customary and regular purpose is for transporting passengers.

Coverage Exclusions

Coverage is not provided:

1. If the **insured person** is the pilot, operator, member of the crew or cabin attendant of any aircraft.
2. For any aircraft which is operated by the Canadian Armed Forces or the Armed Forces of any foreign government.
3. For any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
    - any aircraft owned, controlled by, or under lease to the **policyholder**, to an **insured**, or a member of an **insured person's** family or household;
    - any aircraft operated by the **policyholder** or one of the **policyholder's** employees including members of an employee's family or household;
    - any aircraft engaged in a **specialized aviation activity**;
    - any conveyance used for tests or experimental purposes, or in a race or speed test.

Exposure and Disappearance Coverage

If a **participant** is exposed to weather because of an **accident** and this results in a **covered loss**, **we** shall pay the applicable Principal Sum, subject to all **policy** terms. If the conveyance in which a **participant** is riding disappears, is wrecked, or sinks, and the **participant** is not found within 365 days of the event, **we** shall presume that the person lost their life as a result of **injury**. If travel in such conveyance was covered under the terms of this **policy**, **we** shall pay the applicable Principal Sum, subject to all **policy** terms. **We** have the right to recover the benefit if **we** find that the **participant** survived the event.

SECTION III – CORE BENEFITS

The following **coverages** and benefits only apply if included on the **policy Declarations Page** within the Schedule of Benefits and up to the maximum amount stated. All **coverages** and benefits are subject to the General Limitations and General Exclusions unless stated otherwise.

Accidental Death Benefit

If a **participant** suffers a loss of life as a result of an **injury**, **we** shall pay the applicable Principal Sum. The death must occur within 365 days of the **injury**.

Accidental Dismemberment, Covered Loss of Use and Plegia Benefit

If an **injury** to a **participant** results in any of the following **covered losses**, **we** shall pay the benefit amount based on the Principal Sum of the person suffering the **covered loss** as shown in the Schedule of Benefits on the **Declarations Page**. The **covered loss** must occur within 365 days of the **accident**.

For purposes of this benefit, **covered loss** means:

a. for a foot or hand, actual severance through or above an ankle or wrist joint;
b. actual severance through or above the metacarpophalangeal joint of a thumb or index finger;
c. total and permanent loss of sight;
d. total and permanent loss of speech;
e. total and permanent loss of hearing.

Plegia must continue for twelve (12) consecutive months and be determined by **our** competent medical authority to be permanent, complete and irreversible paralysis of the **limb(s)** indicated on the Schedule of Benefits. Proof of total paralysis may be required by **us** on a periodic basis. Benefits are not payable for paralysis caused by a stroke.

In-Hospital Indemnity Benefit

If a **participant** suffers an **injury** resulting in a **covered loss** that requires them to be confined in a **hospital** for more than seven (7) consecutive days, **we** shall pay the In-**Hospital** Indemnity Benefit as described in the Schedule of Benefits. This benefit shall be paid for a maximum of twelve (12) months for any covered **injury**.

To be eligible for this benefit, the initial **hospital** confinement must begin within ninety (90) days of the **injury**.

Successive periods of **hospital** confinement arising out of the same **injury** shall be considered one confinement only if they are separated by a period of less than three (3) months.

Funeral Benefit

If a **participant** suffers loss of life which is payable under the Accidental Death Benefit, **we** shall pay an additional funeral amount as described in the Schedule of Benefits.

Rehabilitation Benefit

If a **participant** suffers an **injury** resulting in a **covered loss**, which is payable under the Accidental Dismemberment, Covered Loss of Use and Plegia Benefit, **we** shall pay an additional benefit for the **reasonable and customary** expenses actually incurred for **rehabilitation training**, as described in the Schedule of Benefits.

Disability Fitness Benefit

If a **participant** sustains an **injury** which results in a **covered loss**, which would be payable under the Accidental Dismemberment, Covered Loss of Use and Plegia Benefit, **we** shall pay the reasonable and necessary expenses actually incurred for the purchase of any specially designed fitness training or athletic equipment for disabled persons, which they would not have required except for such **injury**; however, payment by the company for the total of all such expenses an **insured person** incurs shall not exceed the amount shown in the Schedule of Benefits, as the result of any one **accident**, nor shall payment be made for any expense incurred more than two (2) years after the date of the **accident**.

Therapeutic Counseling Benefit

If a **participant** suffers an **injury** resulting in a **covered loss**, which is payable under the Accidental Death or Accidental Dismemberment, Covered Loss of Use, and Plegia Benefit, and the **participant** requires therapeutic counseling, **we** shall reimburse the charges for such counseling, to the individual who incurs the expense, provided:

- all terms and conditions of the **policy** are met;
- therapeutic counseling begins within ninety (90) days of the covered **accident**;
- therapeutic counseling must be received within one (1) year from the date of the **covered loss**.

The maximum amount payable under this benefit is described in the Schedule of Benefits.

Hearing Aid or Prosthetic Appliance Benefit

If a **participant** suffers an **injury** resulting in a **covered loss**, which is payable under the Accidental Dismemberment, Covered Loss of Use and Plegia Benefit, **we** shall pay an additional benefit provided:

- the **participant** is required to use a **hearing aid** or **prosthetic appliance**;
- the **injury** that caused the payment of the Accidental Dismemberment, Covered Loss of Use and Plegia Benefit is the same **injury** that requires the **participant** to use or replace the **hearing aid** or **prosthetic appliance**; and
- the **hearing aid** or **prosthetic appliance** was required within one (1) year of the **injury**.

The amount **we** shall pay shall be equal to the one-time cost of the hearing aid or prosthetic appliance actually paid by the **insured person**.

This benefit shall not be paid unless:

- the hearing aid or prosthetic appliance was prescribed by a legally qualified **physician** or surgeon who is not the **insured person's spouse**, child, or relative; and
- presentation of proof of payment is provided to **us**.

Eyeglass and Contact Lens Expense Benefit

If a **participant** suffers an **injury** resulting in a **covered loss**, which requires and causes them to receive **treatment** by a **physician**, **we** shall pay an additional benefit provided:

a. The **injury** results in the breakage or loss of eyeglasses, or breakage of a contact lens(es) of the **participant. We** shall pay the actual cost of repair or replacement of the eyeglasses or contact lens(es) up to the maximum stated in the Schedule of Benefits on the **Declarations Page**, in respect to all such replacements or repairs during the term of this **policy**.

b. The **injury** results in the purchase of eyeglasses upon the advice of a **physician** when they were not required nor worn previously. **We** shall pay the reasonable and necessary expense up to the maximum amount stated in the Schedule of Benefits.

Home Alteration and Vehicle Modification Benefit

If a **participant** suffers an **injury** resulting in a **covered loss**, which is payable under the Accidental Dismemberment, Covered Loss of Use, and Plegia Benefit, **we** shall pay an additional benefit for home alterations or vehicle modifications, provided:

- the **participant** is required to use a wheelchair to be ambulatory on a permanent basis; and
- the **injury** that caused the payment of the Accidental Dismemberment, Covered Loss of Use and Plegia Benefit is the same **injury** that requires the **participant** to need the wheelchair.

The amount **we** shall pay shall be equal to:

- the one-time cost of alterations to the **participant's** primary residence to make it wheelchair accessible and habitable; and
- the one-time cost of modifications necessary to their motor vehicle to make the vehicle accessible or drivable.

Benefits shall not be payable unless:

- alterations or modifications are made by a person(s) experienced in such alterations or modifications, and are recommended by a recognized organization providing support and assistance to wheelchair users; and
- presentation of proof of payment is provided to **us**.

The maximum amount payable under all provisions of this benefit is described in the Schedule of Benefits.

Bedside Companion Benefit

If a **participant** is travelling alone more than the designated number of kilometers indicated in the Schedule of Benefits from that **participant's** normal place of residence in their province or territory of residence, and is **hospitalized** for the minimum number of days or more as shown in the Schedule of Benefits due to an **injury** resulting in a **covered loss**, which is payable under the Accidental Dismemberment, Covered Loss of Use, and Plegia Benefit as a direct result of an **accident**, and a bedside companion is required, this **policy** covers up to the maximum limit shown in the Schedule of Benefits for:

- the cost of the return economy class **transportation** fare via the most cost-effective itinerary for someone to be with the **participant**;
- the **participant's** bedside companion's accommodation and meals.

This benefit must be pre-authorized and arranged by **Zurich Assistance**. Reimbursement under this benefit shall be payable to the person who actually incurred the expenses. The amount payable shall be coordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the **policyholder** by **us.**

We shall not pay any indemnity under this section unless such **participant** is confined as an inpatient in a **hospital** located more than the specified number of kilometres in the Schedule of Benefits from their normal place of residence.

Reimbursement of **transportation** expenses under this section is limited to the cost of a single return trip to the bedside of the **participant** while in **hospital**. More than one form of conveyance may be used for **transportation** if necessary, but the indemnity paid shall be limited to the fare or fares reasonably required for a single return trip up to the maximum limit shown in the Schedule of Benefits.

If **transportation** occurs in a **motorized vehicle** other than one operated under a license for the conveyance of passengers, then reimbursement of **transportation** expenses shall be limited to a maximum of the amount specified per kilometer in the Schedule of Benefits, travelled for such return trip up to the maximum limit shown in the Schedule of Benefits.

Repatriation of Remains Benefit

If a **participant** suffers an **injury** resulting in a **covered loss** that occurs while traveling alone more than the amount of kilometers specified in the Schedule of Benefits from that **participant's** normal place of residence in their province or territory of residence, which is payable under the Accidental Death Benefit, **we** shall pay up to the maximum limit shown in the Schedule of Benefits under this **policy** for the reasonable and necessary expenses actually incurred for the following:

- to have their body prepared where they die and the cost of the standard **transportation** of the body of the deceased **participant** to a resting place (including but not limited to a funeral home or the place of interment) in their province or territory of residence and in proximity to the normal place of residence of the deceased **participant,** including charges for the preparation of the body for such **transportation**; or
- cremate their body where they die, plus the return of their ashes to their province or territory of residence.

Reimbursement under this benefit shall be payable to the person who actually incurred the expenses. The amount payable shall be coordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the **policyholder** by **us.**

Identification Benefit

If someone is legally required to identify the **participant's** body and must travel to the place of death, this **policy** shall pay the return economy class **transportation** fare via the most cost-effective itinerary for that person and up to the maximum limit shown in the Schedule of Benefits for that person's hotel and meal expenses.

Reimbursement under this benefit shall be payable to the person who actually incurred the expenses. The amount payable shall be coordinated with any amount which is paid or payable for a same or similar benefit provided under any other policies issued to the **policyholder** by **us.**

We shall not pay any indemnity under this section unless such body of the deceased **participant** is located more than the minimum amount of kilometers specified in the Schedule of Benefits from their normal place of residence.

Reimbursement of **transportation** expenses is limited to the cost of a single return trip to identify the deceased body of the **participant**. More than one form of conveyance may be used for **transportation** if necessary, but the indemnity paid shall be limited to the fare or fares reasonably required for a single return trip up to the maximum limit shown in the Schedule of Benefits.

If **transportation** occurs in a **motorized vehicle** other than one operated under a license for the conveyance of passengers, then reimbursement of **transportation** expenses shall be limited to the amount indicated per kilometre travelled for such return trip up to the maximum limit shown in the Schedule of Benefits.

Fracture Benefit

If a **participant** sustains an **injury** resulting in a **covered loss** which includes a fracture or dislocation listed in the Fracture Table in the Schedule of Benefits, **we** shall pay the amount specified in the Schedule of Benefits, provided that such fracture or dislocation occurs within thirty (30) days after the date of the **accident** causing it.

SECTION IV – ADDITIONAL BENEFITS

The following **coverages** and benefits only apply if included on the **policy Declarations Page** within the Schedule of Benefits and up to the maximum amount stated. All **coverages** and benefits are subject to the General Limitations and General Exclusions unless stated otherwise.

Comprehensive Medical Accident Expense Benefit

If a **participant** suffers an **injury**, which requires them to receive medical **treatment** within the number of days stated in the Schedule of Benefits, from the date of the **accident** and causes the **participant** to incur medical expenses for any of the services or supplies listed below, **we** shall pay a Medical Accident Expense Benefit for the **reasonable and customary** expenses incurred, as described in the Schedule of Benefits, which is in excess of the deductible and any other valid and collectible insurance provided that:

a. the first **treatment** or service of the **injury** occurs within the allotted timeframe indicated in the Schedule of Benefits;

b. the medical expenses for the **injury** are incurred within the timeframe allotted in the Schedule of Benefits; and

c. the **participant** is under the **regular care and attendance** of a **physician** other than their **spouse**, **immediate family member**, children or any other person who they are related to.

We shall pay the **reasonable and customary** expenses actually incurred by the **participant** within fifty-two (52) weeks after the date of the **accident**, not to exceed the total Maximum Amount Payable stated in the Schedule of Benefits as the result of any one (1) **accident** for any of the following:

1. **Hospital** charges for the difference between the public ward allowance under the **participant's** Provincial **Hospital** Plan and the semi-private accommodation charge (private accommodation charge if recommended by a **physician**);
2. Expenses for the services of a nurse ordered or prescribed by a **physician**, provided such nurse is not an **immediate family member** of the **participant**, subject to the maximum indicated in the Schedule of Benefits;
3. 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 thirty (30) day supply;

4. Expenses charged for the paramedical services of a duly licensed or duly registered physiotherapist, chiropractor, osteopath, podiatrist or other paramedical practitioner (other than an **immediate family member**) for **treatment** ordered or prescribed by a **physician**, subject to the maximum shown in the Schedule of Benefits;
5. Expenses for a licensed ground ambulance service or, when recommended by a **physician**, by any other conveyance licensed to carry passengers for hire, including air ambulance, to or from the nearest **hospital** which is equipped to provide the required **treatment,** subject to the maximum stated in the Schedule of Benefits, per **accident**;
6. Expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including replacement thereof; braces do not include dental braces and are subject to the maximum stated in the Schedule of Benefits, per **policy** term;
7. 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 the maximum stated in the Schedule of Benefits;

We shall not cover expenses under this additional benefit for:

- any expenses which are covered by workers' compensation;
- any expenses covered by any **government health insurance plan**;
- any services of a Federal, Veteran's, State, Provincial, Municipal, or other government **hospital** for which an **insured person** is not liable for payment;
- expenses which are more than the **reasonable and customary**;
- cosmetic, plastic or restorative surgery unless **medically necessary** for the **treatment** of the **injury**;
- expenses which the **participant** recovers in a settlement or court judgment;
- expenses which are covered under any other insurance of any kind;
- expenses which the **participant** is not legally obligated to pay;
- **custodial services;**
- expenses that are not **medically necessary** for the **treatment** of the **injury**.

Dental Accident Expense Benefit

If a **participant** suffers an **injury** which causes them to require **treatment** for damage to **sound natural teeth**, **we** shall pay a Dental Accident Expense Benefit for the **reasonable and customary** expenses incurred for the **medically necessary treatment**, replacement, or diagnosis provided:

a. the damage to the teeth occurs within the amount of days specified in the Schedule of Benefits, of the covered **injury**;
b. the expenses are actually incurred and paid within the timeframe allotted in the Schedule of Benefits, of the covered **injury**; and
c. the services are performed by a licensed dentist or dental surgeon.

We shall not cover expenses under this additional benefit for:

- any expenses covered by workers' compensation;
- any expenses covered by a **government health insurance plan**;
- any services of a Federal, Veteran's, Provincial or Municipal **hospital** for which a **participant** is not liable for payment;
- expenses which are more than **reasonable and customary**;
- cosmetic, plastic, or restorative dental **treatment** unless **medically necessary** for the **treatment** of the **injury;**
- the replacement or repair of existing dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, or caps;
- expenses which the **participant** recovers in a settlement or court judgment;
- expenses which are covered under any other insurance of any kind;
- expenses which the **participant** is not legally obligated to pay;
- expenses that are not **medically necessary** for the **treatment** of the **injury**.

Coma Benefit

If a **participant** suffers an **injury** resulting in a **covered loss** within 365 days of an **accident**, and such **injury** causes the **participant** to be in a coma as determined by a duly licensed **physician,** for the minimum amount of consecutive days specified in the Schedule of Benefits, **we** shall pay a Coma Benefit as described in the Schedule of Benefits.

The Coma Benefit shall end on the earliest of the following:

- the **participant** is no longer in a coma which directly resulted from the **injury**;
- the **participant** has received a Coma Benefit for the maximum duration defined in the Schedule of Benefits.

Critical Burn Benefit

If a **participant** suffers an **injury** resulting in a **covered loss** as a result of an **accident**, which is payable under the Accidental Dismemberment and Covered Loss of Use Benefit, an additional benefit shall be payable as described in the Schedule of Benefits, provided all terms and conditions of the **policy** are met and:

- the **participant** has received second degree or higher burns over the minimum percentage of their body as indicated in the Schedule of Benefits;
- the **participant** has undergone reconstructive surgery to treat the burned areas of the body; and
- the reconstructive surgery has taken place within 365 days of the occurrence of the **injury**.

Solely with respect to the Accidental Dismemberment Benefit, **covered loss** includes **critical burn**. If more than one **covered loss** is sustained by a **participant** under the **Accidental** Dismemberment Benefit as a result of the same **accident**, only one amount, the largest percentage of the Principal Sum, shall be paid.

The determination of whether a specified body area is **critically burned** and what proportion of its surface is **critically burned** must be made by a **physician**. The **Company** has the right, at its own expense, to have the determination verified by a **physician** of the **Company's** choice.

If only one of the **participant's** specified body areas is **critically burned** in an **accident**, and one hundred percent (100%) of the surface of that specified body area is **critically burned**, the benefit payable is one hundred percent (100%) of the maximum percentage of the Principal Sum shown for that specified body area.

If only one of the **participant's** specified body areas is **critically burned** in an **accident**, and less than one hundred percent (100%) of the surface of that specified body area is **critically burned**, the benefit payable is that same lesser percentage of the maximum percentage of the Principal Sum shown above for that specified body area.

For example: The maximum percentage of the Principal Sum shown for the "thumb and index finger of the same hand" specified body area is twenty-five percent (25%). If one hundred percent (100%) of the surface of that specified body area is **critically burned**, the benefit payable is one hundred percent (100%) of twenty-five percent (25%) or twenty-five percent (25%) of the Principal Sum. If fifty percent (50%) of that surface is **critically burned**, the benefit payable is half of the twenty-five percent (25%) or twelve- and one-half percent (12.5%), of the Principal Sum.

If more than one of the **participant's** specified body areas is **critically burned** as a result of the same **accident**, the benefit payable is the lesser of:

- the sum of the benefit amounts calculated separately, according to the above rules, with respect to each such specified body area; or
- one hundred percent (100%) of the Principal Sum.

Surgical Reattachment Benefit

If a **participant** suffers an **injury** under the Accidental Dismemberment Benefit, while this **policy** is in force, whereby a dismembered body part has been surgically reattached, a reduced benefit shall be payable equal to fifty percent (50%) of the Accidental Dismemberment Benefit provided that all other provisions of the **policy** are met.

The balance of the applicable Accidental Dismemberment Benefit shall be paid if after 365 days, the surgical reattachment of such dismemberment has failed to the extent that **covered loss of use** exists, provided that all other provisions of the **policy** are met.

Permanent and Total Disability Benefit

If a **participant** becomes **permanently and totally disabled** as a result of a **covered injury**, **we** shall pay a Permanent and Total Disability Benefit as described in the Schedule of Benefits, provided that they become **permanently and totally disabled** within 365 days of the **injury** and the **permanent and total disability** continues for twelve (12) months.

SECTION V – GENERAL EXCLUSIONS

Benefits shall not be provided under the **policy** for any **injury** or **covered loss** if it is caused by, contributed to, or results from:

1. Suicide or attempted suicide while sane or insane or from an intentional self-inflicted **injury** or attempt thereat.
2. Any **act of war**, whether declared or undeclared.
3. Involvement in any type of **active** military service.
4. Illness or disease regardless of how contracted, medical or surgical **treatment** of an illness or disease, or complications following the surgical **treatment** of an illness or disease.
5. Participation in the commission or attempted commission of a crime, any felony, an assault, insurrection or riot.
6. Parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity.
7. Alcohol, Drugs, or Other Toxic Substances

   Sickness, death or **injury** sustained as a result of:

   a. abuse of alcohol, drugs, medication, or other toxic substances;
   b. non-compliance with prescribed **medical treatment** or therapy;
   c. operating any vehicle or means of **transportation** while under the influence of alcohol when the **insured person's** blood alcohol level is more than eighty (80) mg of alcohol per hundred (100) ml of blood. An autopsy report from a licensed medical examiner, law enforcement officer report, or similar items shall be considered proof of intoxication.
8. Piloting or operating any aircraft, or you are a cabin attendant or member of the crew of any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight.
9. Release, whether **accidental** or not, or by any person unlawfully or intentionally, of nuclear energy or radiation, including **sickness** or disease resulting from such release.
10. A cardiovascular event or stroke caused by exertion prior to or at the same time as an **accident**.
11. Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a licensed medical provider operating within their scope of authority.
12. Medical **treatment** within Canada at a private **hospital**.
13. Benefits are not payable for costs incurred due to, contributed to by, or resulting from an **epidemic** or **pandemic**.
14. Involvement in any kind of daily occupational work or activity related to underground mining operations.

SECTION VI – GENERAL LIMITATIONS

Limitation on Multiple Covered Losses

If a **participant** suffers more than one loss pertaining to the **Accidental** Death Benefit, or **Accidental** Dismemberment, **Loss of Use** and Plegia Benefit, as a result of the same **accident**, **we** shall pay only one benefit, the largest benefit.

Limitation on Multiple Benefits

If a **participant** is able to recover benefits from another party, for more than one of the **coverages** or benefits as stated in the Schedule of Benefits, as a result of the same **accident**, the maximum total **we** shall pay for these benefits is the **insured person's** Principal Sum.

Aggregate Limit

We shall not pay more than the **aggregate limit of liability** stated in the **Declarations Page** for a specific **coverage.**

SECTION VII- TERMINATION OF INSURANCE

Termination by the Policyholder

The **policyholder** may terminate this **policy** on the first renewal date or at any time after that date by delivering to **us,** a written notice to end this **policy** at least thirty (30) days in advance of such termination. **We** shall calculate and return the unearned premium, if any, on a proportional basis for the **policy** period that is in excess to the earned premium. The **policyholder** shall send **us** any additional amounts owed, if any, between the **policy's** paid to date and the official date of termination.

Termination by Us

We may terminate this **policy** by giving the **policyholder** at least thirty (30) days' notice of **our** intent to terminate. Such notice shall state the exact date the **policy** shall terminate. **We** may also end this **policy** for non-payment of premium on any premium due date if the payment is not received prior to the end of the Grace Period. **We** shall mail a notice of such termination to the **policyholder's** last address shown in **our** records.

SECTION VIII – HOW TO FILE A CLAIM

Notice

You or someone on **your** behalf, must provide **us** with written notice of the **covered loss** within ninety (90) days of such **covered loss**. The notice must include the name of the **participant** who sustained the **injury**, the name of the primary **insured**, and the **policy** number. To request a claim form, the **participant** or someone on their behalf must contact **us** by email or through the claims portal listed below. The notice must name the **participant** and the **policy** number. Notice can be sent digitally or mailed to the addresses provided below.

To access the Digital First Notice of Loss Portal: https://ca-uat-fnol-users-ui.claims.global/zurichcanada
Email: ZurichGroup@crawco.ca
Address: Zurich Group Claims C/O Crawford & Company
420-55 Standish Court
Mississauga, Ontario L5R 4B2

Note: Notice to **our** agents is considered notice to **us**.

Claim Forms

We shall send the claimant proof of **covered loss** forms within fifteen (15) days after **we** receive notice. If the claimant does not receive the proof of **covered loss** form in fifteen (15) days after submitting notice, they can send **us** a detailed written report of the claim and the extent of the **covered loss**. **We** shall accept this report as a proof of **covered loss** if sent within the time fixed below for filing a proof of **covered loss**.

Proof of Covered Loss

Written proof of **covered loss**, acceptable to **us**, must be sent within ninety (90) days of the **covered loss**. Failure to furnish proof of **covered loss** acceptable to **us** within such time shall neither invalidate nor reduce any claim if it was not reasonably possible to furnish the proof of **covered loss**, and the proof was provided as soon as reasonably possible.

SECTION IX – PAYMENT OF CLAIMS

Time of Payment

We shall pay claims for all **covered losses**, other than **covered losses** for which this **policy** provides any periodic payment, upon receipt of written proof of loss that is acceptable to **us**. Unless an optional periodic payment is stated or chosen, any **covered loss** to be paid in periodic payments shall be paid at the end of each four-week period. The unpaid balance, which remains when **our** liability ends, shall then be paid when **we** receive the proof of **covered loss** that is acceptable to **us**.

Payment of Benefits

1. Loss of Life of a **Participant:**

   Covered losses resulting from the **participant's** death are paid to the named beneficiary at the time of death. If there is no beneficiary named or the named beneficiary predeceases or dies at the same time as the **participant**, **we** shall pay the benefit to the beneficiary named by the **participant** for the **policyholder's** Group Life Insurance policy. If there is no beneficiary named by the **participant** for the **policyholder**'s Group Life Insurance policy, or the named beneficiary predeceases or dies at the same time as the **participant**, **we** shall pay the benefit to the **participant**'s survivors in the following order:

   a. the **participant's** legally married **spouse**;
   b. the **participant's** child(ren);
   c. the **participant's** parents;
   d. the **participant's** brothers and sisters;
   e. the **participant's** estate.

2. All Other Claims:

   Benefits are to be paid to the **participant**. The direction may be changed by the **participant** at any time up to the filing of the proof of **covered loss**.

3. **Foreign National**:

   If a **foreign national** is entitled to benefits for a **covered loss** and **we** are unable to make payment directly to them because of legal restrictions in the country or jurisdiction where such **foreign national** is located, **we** shall either: (1) pay the benefits to a bank account owned by the **foreign national** in Canada; or (2) if no such bank account is established or maintained, **we** shall pay the benefits to the **policyholder** on behalf of the **foreign national**. It shall then be the responsibility of the **policyholder** to remit the benefit to such **foreign national**. Payment of the benefit to the **policyholder** shall release **us** from any further liability to the **foreign national**. If the **policyholder** does not remit the payment to the **foreign national**, the **policyholder** shall indemnify **us** and hold **us** harmless against any and all liability incurred by **us** including, but not limited to, interest, penalties, and legal fees in connection with, arising or resulting from such failure to remit payment. The **policyholder** shall not be considered the beneficiary under the **policy** if payment is made to the **policyholder** in accordance with this provision.

Physical Examination and Autopsy

We have the right to examine a **participant** when and as often as **we** may reasonably request while the claim is pending. Such examination shall be at **our** expense. **We** can have an autopsy performed unless forbidden by law.

Choice of Service Provider

The **participant** has the sole right to choose their duly licensed **physician** and **hospital**.

Right To Complain

If there is any occasion when this **policy** (or related service) does not meet expectations, please contact **us** so that **we** can address concerns quickly. Zurich Canada has a complaint handling program that reflects its commitment to providing a simple, professional and timely complaint handling procedure. **You** may obtain a copy of Zurich's complaint handling program by calling: 416-586-6773 or toll free at: 800-387-5454 ext.6773, or from **our** website: https://www.zurichcanada.com/about-zurich/concerns.

SECTION X – GENERAL POLICY CONDITIONS

1. Beneficiaries:

   The **participant** has the sole right to name a beneficiary. The beneficiary has no interest in the **policy** other than to receive certain payments. The **participant** may change the beneficiary at any time unless they have assigned the interest in the **policy**. In such case, the person to whom they have assigned the interest in this **policy** may have the right to change the beneficiary. Consent to a change by a prior beneficiary is not needed unless the previous beneficiary was designated as irrevocable. Any beneficiary designation must be in writing on a form acceptable to **us**.

2. Change or Waiver:

   A change or waiver of any terms or conditions of this **policy** must be issued by **us** in writing and signed by one of **our** executive officers. No agent has authority to change or waive **policy** terms or conditions. A failure to exercise any of **our** rights under this **policy** shall not be deemed as a waiver of such rights in the same or future situations.

3. Clerical Error:

   A clerical error or omission shall not increase or continue a **participant's coverage**, which otherwise would not be in force. If a **participant** applies for insurance for which they are not eligible, **we** shall only be liable for any premiums paid to **us**.

4. Conformity with Statute:

   Terms of this **policy** that conflict with the laws of the province or territory where it is delivered are amended to conform to such laws.

5. Entire Contract:

   This **policy**, the **policyholder** application, **participant** enrollment materials, and any attachments represent the entire insurance contract between the **policyholder** and **us**.

6. Payment of Benefits:

   Any benefits paid will be in Canadian funds. All amounts shown throughout this **policy** are in the lawful currency of Canada unless otherwise indicated. If currency conversion is necessary, the rate of exchange will be based on the effective rate published by the Bank of Canada on the date the **participant** received the service outlined in their claim. **We** will not pay for any interest on any amounts payable under this **policy.**

7. Grace Period:

   Premiums are due for this **policy** on or before the premium due date or renewal date, whichever applies. If the **policyholder** does not pay a renewal premium when it is due, there is a thirty-one (31) day Grace Period to pay. During the Grace Period, the **policy** shall stay in force. The **policyholder** shall not have a Grace Period if **we** have given notice, at least thirty (30) days in advance, that **we** are going to terminate this **policy**.

8. **Insured Declarations Page** and Schedule of Benefits:

   We shall give to the **policyholder** a **Declarations Page** containing a Schedule of Benefits, in either paper or electronic format, for their **insureds**, where required by law. The **policyholder** shall either give or make these Declarations available to the **insureds**. Such Declarations shall contain a summary of terms that affect benefits.

9. **Policyholder** Records:

   The **policyholder** shall keep a record of the **coverage**, premium and other pertinent administrative information for each **insured**, which, if acceptable to **us** shall be deemed to be a part of the **policy**. **We** may examine these records at reasonable times while the **policy** is in force and for six years after the termination of the **policy**. The **policyholder** shall report to **us** within a reasonable time all changes in information regarding an **insured**. The **policyholder** shall indemnify **us** for any benefits or other payments that are caused in whole or in part by the **policyholder's** negligence or error in performing the record keeping function.

10. Suit Against **Us**:

    No action on this **policy** may be brought until sixty (60) days after written proof of **covered loss** has been sent to **us**. Any action must commence within three (3) years of the date the written proof of **covered loss** was required to be submitted. If the law of the province or territory where the **participant** lives makes such limit void, then the action must begin within the shortest time period permitted by law. In those provinces where binding arbitration is allowed, binding arbitration shall supersede this provision. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (Alberta, Manitoba and British Columbia), the *Limitations Act, 2002* (Ontario) or other applicable provincial legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the *Civil Code of Quebec*.

11. Renewal:

    This **policy** shall automatically renew for an additional twelve (12) month period unless either party expresses its intent not to renew as specified by the **policy** termination provisions.

12. Assignment of Interest:

    A transfer of interest is binding when **we** receive written notice on a form acceptable to **us**. **We** have no duty to confirm that a transfer is valid.

13. Arbitration:

    Any contest to a claim denial under this **policy** shall be settled by arbitration administered by the Canadian Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction. The arbitration shall occur at the offices of the Canadian Arbitration Association nearest to the **insured person**. The arbitrator(s) shall not award consequential or punitive damages in any arbitration under this section. This provision does not apply if the **insured person** is a resident of a province where the law does not allow binding arbitration in an insurance **policy**, but only if this **policy** is subject to its laws. In such a case, binding arbitration does not apply. This provision bars the institution of lawsuit by the **insured person**.

14. Newly Acquired Corporation:

    If the **policyholder** acquires a corporation through stock purchase, exchange of stock or otherwise, and notifies **us** of such acquisition within ninety (90) days thereafter, the eligible employees of the newly acquired corporation shall be insured under this **policy** as of the **effective date** of such acquisition.

    If the **policyholder** does not notify **us** and provide **us** with the underwriting information necessary for **us** to determine the amount of additional premium required, if any, within the ninety (90) days, or does not pay such additional premium, if any, as required, the **coverage** for the employees of the newly acquired corporation shall terminate. However, the **policyholder** shall be liable for the payment of any premium required for the period such **coverage** was in effect.

    Note: The above reporting provision only applies to corporations with two hundred (200) or more employees. For corporations with less than two hundred (200) employees, reporting of such acquisition shall not be required, and **coverage** shall be automatic for the duration of the **policy** term.

15. Sanctions

    Notwithstanding any other terms under this agreement, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any **insured person** or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the **insured person** would violate any applicable trade or economic sanctions law or regulation.