IMPORTANT – PLEASE READ: This Certificate of Insurance is a valuable source of information and contains provisions that may limit or exclude coverage. Please read this Certificate of Insurance, keep it in a safe place and carry it with you when you travel.
TRAVEL ACCIDENT INSURANCE
CERTIFICATE OF INSURANCE

INTRODUCTION

RBC Insurance Company of Canada (the “Insurer”) has issued group insurance policy F-2035807-A to Royal Bank of Canada (“Royal Bank”) to cover the loss from an injury as a result of an accident incurred by covered persons on a common carrier while travelling outside their Canadian province or territory of residence. All covered persons are clients of the Insurer. This Certificate of Insurance summarizes the provisions of this group insurance policy. This Certificate of Insurance replaces any prior Certificate of Insurance that may have been provided to you in connection with this coverage.

HOW TO OBTAIN ASSISTANCE

If you require assistance or have questions about your coverage, you can contact Assured Assistance Inc. (“Assured Assistance”) by calling:

1-800-533-2778 toll-free from the US & Canada or 905-816-2581 collect from anywhere in the world.

IMPORTANT NOTICE – PLEASE READ CAREFULLY

Travel Accident Insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your insurance before you travel as your coverage may be subject to certain limitations or exclusions.

HELPFUL INFORMATION

- The Travel Accident Insurance covers you in the event of an accidental bodily injury resulting in a loss, including death, while travelling on a common carrier, for up to $500,000 CAD.
- Please consult the list of specific losses covered under the “Specific loss indemnity” section herein.
- You are covered for trips taken outside your province or territory of residence.

DEFINITIONS

Throughout this document, all italicized terms have the specific meaning explained below.

Accident means a sudden and unforeseen event due to an external cause and resulting, directly and independently of any other cause, in any bodily injury or death.

Additional cardholder means a co-applicant or an authorized user.

Alternate transportation means the transportation offered to you when the common carrier providing the transportation for your covered trip is delayed or re-routed, requiring the transportation company which would have operated such common carrier to arrange for such alternate transportation.

Applicant means a person who has signed and/or submitted an application as the primary cardholder of an RBC credit card, to whom a card has been issued and in whose name the card account is established. An applicant does not include an additional cardholder. An applicant must be a permanent resident of Canada.

Authorized user means a person, other than the applicant and the co-applicant, to whom an RBC credit card has been issued at the request of the applicant or the co-applicant. An authorized user must be a permanent resident of Canada.

Co-applicant means a person who has signed and/or submitted an application for an RBC credit card as the co-applicant, and to whom a card has been issued. A co-applicant must be a permanent resident of Canada.
Common carrier means any passenger plane, land, or water conveyance (other than a rental vehicle or cruise ship) for regularly scheduled passenger service, which is licensed to transport passengers for compensation or hire and also includes any alternate transportation. Common carrier does not include any such conveyance that is hired, charted or used for a sport, gamesmanship, contest, sightseeing, observatory and/or recreational activity, regardless of whether or not such conveyance is licensed. Taxis or limousines are excluded from this definition except in the specific case as outlined in “What is Covered” section 2.

Contamination means the poisoning of people by nuclear, chemical and/or biological substances which causes illness and/or death.

Covered person means the applicant, the applicant’s spouse, and/or the applicant’s dependent child who travels with or joins the applicant and/or the applicant’s spouse on the same trip. An additional cardholder is a covered person in his/her own right. The spouse and/or dependent child of an additional cardholder are not eligible for this insurance, unless they are otherwise covered as described above (the applicant, the applicant’s spouse, and/or the applicant’s dependent child who travels with or joins the applicant or the applicant’s spouse on the same trip). A covered person may be referred to as “you” or “your” or “yourself”. All covered persons must be permanent residents of Canada.

Dependent child means an unmarried, natural, adopted, step or foster child, or legal ward of the applicant who resides with the applicant and who is:

- Under twenty-one (21) years of age; or
- Under twenty-six (26) years of age if he/she is a full-time student; or
- Mentally or physically handicapped and incapable of self-sustaining employment and totally reliant on you for support and maintenance.

Family member(s) means your spouse, a dependent child, parents, stepparents, grandparents, grandchildren, in-laws, brothers, sisters, stepbrothers and stepsisters.

Hospital means an establishment that is licensed as an accredited hospital, is operated for the care and treatment of in-patients, has a registered nurse always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the establishment. Hospital does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, convalescent, rest or nursing home, home for the aged, health spa or addiction treatment centre.

Injury or Injuries means a bodily injury, certified by a physician, resulting in a loss caused to you by an accident occurring on a trip.

Loss or losses means loss of life or the total and irrevocable loss of use of one or more of the following of limb(s)/organ(s), as follows:

- loss of a hand or a foot means the total and irrevocable loss of use including the wrist joint and the ankle joint;
- with regard to eyes, total and irrecoverable loss of sight;
- with regard to a leg or an arm, the total and irrevocable loss of use through or above the knee or elbow joint;
- loss of a thumb and index finger means the total and irrevocable loss of use, including all phalanges, but excluding the loss of the hand or foot;
- with regard to speech and hearing, total and irrecoverable loss;
- loss of a finger or a toe means the total and irrevocable loss of use, including all phalanges, but excluding the loss of the hand or foot;
- with regard to paralysis (quadriplegia, paraplegia, hemiplegia), loss must result in the complete and irreversible paralysis of such limbs.

Passenger means a covered person riding onboard a common carrier. The definition of passenger does not include a person acting as a pilot, operator or crew member.

Passenger plane means a certified multi-engine transportation aircraft provided by a regularly scheduled airline on any regularly scheduled trip operated between licensed airports and holding a valid Canadian Air Transport Board or Charter Air Carrier licence, or its foreign equivalent, and operated by a certified pilot.
Permanent resident means a person who resides in Canada for at least six (6) months of the year. However, individuals otherwise eligible for coverage who are members of the Canadian Foreign Service need not satisfy this requirement.

Physician means someone who is not you or a family member who is licensed to prescribe drugs and administer medical treatment (within the scope of such license) at the location where the treatment is provided. A physician does not include a naturopath, herbalist, homeopath or chiropractor.

Spouse means the person who is legally married to you, or has been living in a conjugal relationship with you and who has been residing in the same household as you for a continuous period of at least one (1) year.

Terrorism or act of Terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, including hijacking or kidnapping, of an individual or group in order to intimidate or terrorize any government, group, association or the general public, for religious, political or ideological reasons or ends, and does not include any act of war (whether declared or not), act of foreign enemies or rebellion.

Trip means travel outside your Canadian province or territory of residence on a common carrier the fare for which is paid in full on the RBC credit card and/or RBC Rewards® points.

WHEN DOES COVERAGE BEGIN AND END?

This Certificate of Insurance provides coverage whenever you have paid for your trip on a common carrier with your RBC credit card and/or RBC Rewards points, prior to any injury resulting in any loss for which a claim is made under this Policy. If only a partial payment was made with RBC Rewards points, the balance must have been paid with your RBC credit card for this Certificate of Insurance to be effective.

Coverage begins on the date you leave your province or territory of residence on your trip.

Coverage ends, individually for each applicant and additional cardholder(s), at the earliest of:

1. The date your RBC credit card account is cancelled; or
2. The date your RBC credit card account is sixty (60) days past due; or
3. The date the Policy is cancelled by the Insurer or Royal Bank. However, such termination of coverage shall not apply to fares charged to your account prior to the termination date of the Policy; or
4. The date when coverage is no longer in force as described in the section “What is Covered and What are the Benefits?”.

WHAT IS COVERED AND WHAT ARE THE BENEFITS?

WHAT IS COVERED?

When you have paid for the full transportation fare for your trip with your RBC credit card and/or RBC Rewards points prior to commencing your trip, this Certificate of Insurance provides a benefit for any injury sustained by you as a result of an accident which occurs during your trip while you are:

1. Travelling as a passenger in, on, boarding or disembarking from the common carrier which is providing the transportation or alternate transportation for your trip;
2. Travelling as a passenger in, on, boarding or disembarking from the common carrier which is providing the transportation or alternate transportation, including complimentary transportation for this situation only, directly to or from a terminal, station, pier or airport either:
   a) Immediately preceding a scheduled departure of the common carrier during your trip; or
   b) Immediately following a scheduled arrival of the common carrier during your trip;
3. Travelling as a passenger in the terminal, station, pier or airport prior to or after boarding or disembarking from a common carrier which is providing the transportation or alternate transportation to you as a passenger.
WHAT ARE THE BENEFITS?

A. SPECIFIC LOSS INDEMNITY

When a covered person suffers an injury resulting in any of the following losses within three hundred and sixty-five (365) days of the date of the accident, the Insurer will pay the following maximum amount for:

<table>
<thead>
<tr>
<th>Loss of:</th>
<th>Indemnity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>$500,000</td>
</tr>
<tr>
<td>Both hands or both feet</td>
<td>$500,000</td>
</tr>
<tr>
<td>Total sight in both eyes</td>
<td>$500,000</td>
</tr>
<tr>
<td>One hand and one foot</td>
<td>$500,000</td>
</tr>
<tr>
<td>One hand or one foot and total sight in one eye</td>
<td>$500,000</td>
</tr>
<tr>
<td>Speech and hearing</td>
<td>$500,000</td>
</tr>
<tr>
<td>One leg or one arm</td>
<td>$375,000</td>
</tr>
<tr>
<td>One hand or one foot</td>
<td>$333,300</td>
</tr>
<tr>
<td>Speech or hearing</td>
<td>$333,300</td>
</tr>
<tr>
<td>Total sight in one eye</td>
<td>$333,300</td>
</tr>
<tr>
<td>Thumb and index finger of the same hand</td>
<td>$166,650</td>
</tr>
<tr>
<td>One finger or one toe</td>
<td>$50,000</td>
</tr>
</tbody>
</table>

Loss of use of:

<table>
<thead>
<tr>
<th>Loss of use of:</th>
<th>Indemnity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both upper and lower limbs (quadriplegia)</td>
<td>$500,000</td>
</tr>
<tr>
<td>Both lower limbs (paraplegia)</td>
<td>$500,000</td>
</tr>
<tr>
<td>Upper and lower limbs of one side of the body (hemiplegia)</td>
<td>$500,000</td>
</tr>
</tbody>
</table>

B. REHABILITATION

When injuries result in a payment being made under the “Specific loss indemnity” section above (Benefit A), an additional amount would be payable to you by the Insurer as follows:

The reasonable and necessary expenses you actually incurred, up to a limit of $2,500, for special training provided:

a. such training is required because of such injuries, and in order for you to be qualified to engage in an occupation in which you would not have been engaged except for such injuries; and
b. expenses are incurred within two (2) years from the date of the accident.

No payment will be made for ordinary living, travelling or clothing expenses.

C. FAMILY TRANSPORTATION

When you are confined as an inpatient in a hospital for injuries that result in a payable loss under the Policy and you require the personal attendance of a family member as recommended by the attending physician, or where due to your accidental death, the attendance of a family member is required, the Insurer will pay for the expenses incurred by the family member for transportation to you by the most direct route by a common carrier, but not to exceed an amount of $1,000.

WHAT IS NOT COVERED

EXCLUSIONS

The Policy does not cover any loss, fatal or non-fatal, caused by or related to:

1. Your intentional self-inflicted injuries, suicide or attempted suicide while sane or insane;
2. War (declared or not), an act of foreign enemies or rebellion, voluntarily and knowingly exposing yourself to risk from an act of war (declared or not) or voluntarily participating in a riot or civil disorder;
3. The commission of a criminal act or direct or indirect attempt to commit a criminal act by you or your beneficiary, whether or not you have been charged;
4. Your active full-time service in the armed forces of any country or participation in any military manoeuvre or training exercise;
5. Riding onboard a common carrier with a status other than passenger;
6. Any accident arising from, or in any way related to, your chronic use or abuse of alcohol or drugs, including prescription or illegal drugs, or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during your trip;
7. Sickness or disease, even if the cause of its activation or reactivation is an accident;
8. Ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it;
9. Contamination due to any act of terrorism;
10. Terrorism.

LIMITATIONS
1. If, as a result of an accident, you sustain injuries resulting in multiple losses, the maximum indemnity the Insurer will pay to you for all your losses will equal the highest indemnity amount for one (1) of your losses and will not exceed $500,000.
2. Indemnity will not be paid while you are in a coma.
3. When your death or loss occurs more than fifty-two (52) weeks after the accident, unless you are in a coma at the end of that period; the Insurer will determine which benefits you are entitled to, if applicable, when you regain consciousness.

WHAT SHOULD YOU DO IF YOU HAVE A CLAIM?
If you call Assured Assistance at the time of the loss as shown under “How to Obtain Assistance,” you will receive the necessary claims assistance.

If you do not call Assured Assistance, you must notify the Claims Centre of your claim within thirty (30) days of the date of the loss at the following toll-free number:

RBC Insurance Claims Center: 1-800-464-3211

The Claims Center will then send you the document(s) you will need to fill out in order to submit a claim and indicate to you which additional document(s) or information is also required for your claim to be reviewed.

(Please Note: a legal guardian must complete the claim process on behalf of a covered person under the age of eighteen (18) in Quebec or under the age of sixteen (16) for the rest of Canada.)

In certain circumstances, the Insurer may require that you fill out a consent form in order to give:

a. your consent to verify your health card number and other information required to process your claim, with the relevant government and other authorities;

b. your authorization to physicians, hospitals and other medical providers to provide the Insurer any and all information they have regarding you, while under observation or treatment, including your medical history, diagnoses and test results; and

c. your agreement to disclose any of the information available under a) and b) above to other sources, as may be required for the processing of your claim for benefits obtainable from other sources.
Submission of claims and all required documents/information must be sent to:

RBC Insurance Company of Canada
Claims Centre
PO Box 97, Station A
Mississauga, ON L5A 2Y9
1-800-464-3211

You must submit the information required for your claim within ninety (90) days of the date of the loss. If it is not reasonably possible to provide such information within ninety (90) days, you must do so within one (1) year of the loss or your claim will not be reviewed.

The Claims Center will notify you of the decision on your claim within sixty (60) days of receiving all of the required information.

OTHER CLAIM INFORMATION

EXAMINATION AND AUTOPSY

The Insurer, at its own expense, shall have the right and opportunity to examine the person of any covered person whose injury is the basis of a claim hereunder when and so often as it may reasonably require during pendency of a claim hereunder, and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.

PAYMENT OF CLAIMS

Benefits for loss of your life will be paid to your designated beneficiary(ies) (as further described below). Benefits for all other covered losses sustained by you will be paid to you, if living, otherwise to your designated beneficiary(ies). If more than one (1) beneficiary is designated and the beneficiaries’ respective percentage of policy distribution is not specified, the designated beneficiaries shall share equally. If no beneficiary has been designated, or if the designated beneficiary does not survive you, the benefits will be paid to your estate.

BENEFICIARY

Under this Certificate of Insurance, you may designate a beneficiary or change a previously designated beneficiary. No one else but you may designate or change a previously designated beneficiary. For such designation or change to become effective, you must complete a form entitled “Designation, Revocation or Addition of Beneficiary(ies)” and submit it to the Insurer. You can obtain this form at your convenience from our website at www.rbcinsurance.com/cardsbeneficiaryform. To obtain a paper copy by mail, please call RBC Insurance Company of Canada at 1-800-533-2778 toll-free from the US & Canada, or (905) 816-2581 collect from anywhere in the world. Such designation or change shall take effect as of the date the form was signed by you but no earlier than June 1, 2013. Any payment made by the Insurer prior to the receipt of such designation or change shall fully discharge the Insurer to the extent of such payment.

LEGAL ACTIONS

No action at law or in equity shall be brought to recover on the Policy prior to the expiration of sixty (60) days after the written proof of loss has been furnished in accordance with the section “What to do if you have a claim” above. No such action shall be brought after the expiration of three (3) years from the decision on your claim by the Insurer.

WHAT OTHER TERMS SHOULD YOU KNOW ABOUT?

1. All amounts are shown in Canadian dollars. If you have paid a covered expense, you will be reimbursed in Canadian currency at the prevailing rate of exchange quoted by Royal Bank on the date the last service was rendered to you. This insurance will not pay for any interest or any fluctuations in the exchange rate.

2. Any amount payable to a minor will be paid to the minor’s legal ward.

3. If your body has not been found within one (1) year of the disappearance, sinking, or
wrecking of the common carrier in which you were riding at the time of the accident, it will be presumed that you have suffered loss of life resulting from a bodily injury caused by an accident at the time of such disappearance, sinking or wrecking.

4. If you incur losses covered under this Certificate of Insurance due to the fault of a third party, the Insurer may take action against the third party. You agree to cooperate fully with the Insurer or its agents and to allow the Insurer or its agents, at its/their own expense, to bring a lawsuit in your name against a third party. Where a third party is involved, an accident report is required before any claim payments can be made.

5. This Certificate of Insurance is the entire contract between you and the Insurer and is subject to the statutory conditions of the Insurance Companies Act of Canada and any governing provincial statutes concerning contracts of accident insurance.

6. The Insurer may, at its discretion, void this Certificate of Insurance in the case of fraud or attempted fraud by you, or if you conceal or misrepresent any material fact or circumstance concerning this insurance contract.

7. On reasonable notice you or a claimant under the contract will be provided with a copy of the group contract.

8. 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 (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or in other applicable legislation in your province of residence. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code. This Certificate of Insurance replaces any prior Certificate of Insurance that may have been provided to you in connection with this coverage.

OUT OF PROVINCE/COUNTRY EMERGENCY MEDICAL INSURANCE CERTIFICATE OF INSURANCE

INTRODUCTION

RBC Insurance Company of Canada (the “Insurer”) has issued group insurance policy U-1014451-A to Royal Bank of Canada (“Royal Bank”) to cover emergency medical expenses incurred by covered persons while outside their Canadian province or territory of residence. All covered persons are clients of the Insurer. This Certificate of Insurance summarizes the provisions of this group insurance policy.

WHAT SHOULD YOU DO IN A MEDICAL EMERGENCY?

If you have a medical emergency, you must call Assured Assistance Inc. (“Assured Assistance”) before you receive emergency treatment. Of course, if your medical condition prevents you from calling, we understand — you must call as soon as medically possible or, as an alternative, someone else may call on your behalf (relative, friend, nurse or doctor).

If you do not call Assured Assistance or if you choose to seek care from a non-approved medical service provider, you will be responsible for a portion of your medical expenses as outlined under “Limitations of coverage”.

Assured Assistance can be contacted by calling:

1-800-533-2778 toll-free from the US & Canada or 905-816-2581 collect from anywhere in the world.
IMPORTANT NOTICE – PLEASE READ CAREFULLY

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your insurance before you travel as your coverage may be subject to certain limitations or exclusions.

- A pre-existing exclusion applies to medical conditions and/or symptoms that existed prior to your trip. Check to see how this applies in your Certificate of Insurance and how it relates to your departure date, date of purchase, or effective date.

- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is reported.

- Your insurance provides travel assistance. You are required to notify Assured Assistance prior to receiving emergency treatment. Your insurance limits benefits should you not contact Assured Assistance immediately.

HELPFUL INFORMATION ABOUT OUT OF PROVINCE/COUNTRY EMERGENCY MEDICAL INSURANCE

- Coverage is provided for the first thirty-one (31) consecutive days of your trip if you are under 65 years of age, or for the first seven (7) consecutive days of your trip if you are 65 years of age or older.

- Top-up coverage is available if you are travelling for more than thirty-one (31) days and you are under 65 years of age or if you are travelling for more than seven (7) days and you are 65 years of age or older. Please call the Enrollment Centre at 1-800-565-3129 for further information.

- Remember to call Assured Assistance before you receive emergency treatment. Of course, if your medical condition prevents you from calling, we understand — you must call as soon as medically possible or, as an alternative, someone else may call on your behalf (relative, friend, nurse or doctor).

- Refer to the “What is not covered?” section for a complete description of all exclusions before you travel.

- It is important that you read and understand your Certificate of Insurance as your coverage is subject to certain limitations or exclusions.

DEFINITIONS

Throughout this document, all italicized terms have the specific meaning explained below.

Additional cardholder means a co-applicant or an authorized user.

Applicant means a person who has signed and/or submitted an application as the primary cardholder for an RBC Rewards Visa Preferred card, to whom a card has been issued and in whose name the card account is established. An applicant does not include an additional cardholder. An applicant must be a permanent resident of Canada.

Authorized user means a person, other than the applicant and the co-applicant, to whom an RBC Rewards Visa Preferred card has been issued at the request of the applicant or the co-applicant. An authorized user must be a permanent resident of Canada.

Change in medication means the addition of any new prescription drug, the withdrawal of any prescription drug, an increase in the dose of any prescription drug, or a decrease in the dose of any prescription drug.

Exceptions:

- an adjustment in the dosage of insulin or Coumadin (warfarin), if you are currently taking these drugs;
- a change from a brand name drug to an equivalent generic drug of the same dosage.

**Co-applicant** means a person who has signed and/or submitted an application for an RBC Rewards Visa Preferred card as the co-applicant, and to whom a card has been issued. A co-applicant must be a permanent resident of Canada.

**Covered person** means any of the following persons who have a valid government health insurance plan: the applicant, the applicant's spouse, and/or the applicant's dependent child who travels with or joins the applicant and/or the applicant's spouse on the same trip. An additional cardholder is a covered person in his/her own right. A covered person may be referred to as “you” or “your” or “yourself”. The spouse and/or dependent child of an additional cardholder are not eligible for this insurance, unless they are otherwise covered as described above (the applicant, the applicant's spouse, and/or the applicant's dependent child who travels with or joins the applicant and/or the applicant's spouse on the same trip).

**Department point** means the province or territory you depart from on the first day of your intended trip.

**Dependent child (or dependent children)** means an unmarried, natural, adopted, step or foster child, or legal ward of the applicant who is covered under a government health insurance plan and is:

- under twenty-one (21) years of age, or
- under twenty-six (26) years of age if a full-time student, or
- mentally or physically handicapped and incapable of self-sustaining employment and totally reliant on you for support and maintenance.

**Emergency treatment** means any treatment, surgery or medication that:

- is required for the immediate relief of an acute symptom; or
- upon the advice of a physician cannot be delayed until you return to Canada, and has to be received during your trip because your medical condition prevents you from returning to Canada.

The emergency treatment must be ordered by or received from a physician or received in a hospital during your trip.

**Government health insurance plan** means the health insurance coverage that Canadian provincial and territorial governments provide for their residents.

**Hospital** means an establishment that is licensed as an accredited hospital, is operated for the care and treatment of in-patients, has a registered nurse always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the establishment. Hospital does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, convalescent, rest or nursing home, home for the aged, health spa or addiction treatment centre.

**Medical condition** means accidental bodily injury or sickness (or a condition related to that accidental bodily injury or sickness), including disease, acute psychoses and complications of pregnancy occurring within the first thirty-one (31) weeks of pregnancy.

**Medical emergency** means any unexpected or unforeseen sickness or bodily injury that occurs during the period of coverage and makes it necessary for you to receive immediate treatment from a physician or to be hospitalized.

**Mental or emotional disorders** means emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with minor tranquilizers or anti-anxiety (anxiolytic) medication.

**Mountain climbing** means the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners and lead-rope or top-rope anchoring equipment.

**Permanent resident** means a person who resides in Canada for at least six (6) months of the year. However, individuals otherwise eligible for coverage who are members of the Canadian Foreign Service need not satisfy this requirement.
Physician means someone who is not you or a member of your family who is licensed to prescribe drugs and administer medical treatment (within the scope of such license) at the location where the treatment is provided. A physician does not include a naturopath, herbalist, homeopath or chiropractor.

Prescription drugs means drugs and medicines that can only be issued upon the prescription of a physician or dentist and are dispensed by a licensed pharmacist.

Spouse means the person who is legally married to you, or has been living in a conjugal relationship with you and residing in the same household as you for a continuous period of at least one (1) year.

Stable means any medical condition or related condition (including any heart condition or any lung condition) for which there has been:

- no new treatment, new medical management or new prescribed medication; and
- no change in treatment, change in medical management or change in medication; and
- no new symptom or finding, more frequent symptom or finding, or more severe symptom or finding experienced; and
- no new test results or tests showing a deterioration; and
- no investigations or future investigations initiated, or recommended for your symptoms; and
- no hospitalization or referral to a specialist (made or recommended).

Top-up means the coverage you purchase from the Enrollment Centre to extend your coverage beyond the maximum duration of the first thirty-one (31) consecutive days if you are under 65 years of age or the first seven (7) consecutive days if you are 65 years of age or older.

Trip means travel outside your Canadian province or territory of residence up to a maximum duration of the first thirty-one (31) consecutive days if you are under the age of 65 or seven (7) consecutive days if you are 65 years of age or older.

WHEN DOES COVERAGE BEGIN AND END?

This insurance coverage begins whenever you leave your departure point.

You will be covered for the first:

- Thirty-one (31) consecutive days of a trip, including the date you leave on your trip and the date you return from your trip, if you are under 65 years of age.
- Seven (7) consecutive days of a trip, including the date you leave on your trip and the date you return from your trip, if you are 65 years of age or older.

Coverage ends, individually for the applicant and each additional cardholder, at the earliest of:

1. The date you have been absent for more than thirty-one (31) consecutive days from your province or territory of residence if you are under 65 years of age or the date you have been absent for more than seven (7) consecutive days from your province or territory of residence if you are 65 years of age or older; (Note: Coverage for the applicant’s spouse and the applicant’s dependent child changes to seven (7) consecutive days when the applicant turns the age of 65, unless they are also an additional cardholder); or
2. The date you return to your province or territory of residence; or
3. The date your RBC Rewards Visa Preferred account is cancelled; or
4. The date your RBC Rewards Visa Preferred account is sixty (60) days past due; or
5. The date the group insurance policy is cancelled by the Insurer or Royal Bank. However, such cancellation of coverage shall not apply to travel arrangements charged to your RBC Rewards Visa Preferred card prior to the cancellation date of the group insurance policy.
WHEN DOES YOUR COVERAGE AUTOMATICALLY EXTEND?

Coverage automatically extends beyond the thirty-one (31) /seven (7)-day limit as follows:

1. When you are hospitalized due to a medical emergency beyond the thirty-one (31) /seven (7)-day limit, your coverage will remain in force during your hospitalization and up to five (5) days following your discharge from hospital.

2. Coverage is automatically extended for up to five (5) days when you must delay your return beyond the thirty-one (31) /seven (7)-day limit due to a medical emergency.

3. Coverage is automatically extended for up to seventy-two (72) hours when the delay of a plane, bus, ship or train in which you are a passenger causes your trip to extend beyond the thirty-one (31) /seven (7)-day limit.

WHAT IS COVERED AND WHAT ARE THE BENEFITS?

This insurance covers reasonable and customary expenses, in excess of any medical expenses payable by your government health insurance plan or any other insurance plan, for emergency treatment medically required during your trip as a result of a medical emergency. Unless otherwise noted in this Certificate of Insurance, the maximum benefit for Emergency medical insurance is unlimited.

1. Hospital and medical expenses

Covers the cost of emergency treatments, including hospital, surgical and medical treatment. Eligible expenses include the following when ordered by a physician during your trip:

- hospital room and board, up to semi-private or the equivalent,
- treatment by a physician and/or surgeon,
- out-patient hospital charges,
- x-rays and other diagnostic tests,
- use of an operating room, intensive care unit, anesthesia and surgical dressings,
- prescription drugs except when you need them to continue to stabilize a chronic medical condition or a condition which you had before your trip,
- local ground ambulance service (or local taxi fare in lieu) to a hospital, physician or medical service provider in case of a medical emergency,
- the lesser of the rental or purchase of a hospital-type bed, a wheelchair, brace, crutches and other medical appliances, and
- the cost for the professional services of a registered private nurse while you are hospitalized, to a maximum of $10,000, when these services are recommended by a physician and approved in advance through Assured Assistance.

2. Emergency dental expenses

Covers the cost of the following dental expenses when ordered by and received from a licensed dentist:

- the repair or replacement of natural teeth or permanently attached artificial teeth required as the result of an accidental injury to the mouth during your trip, to a maximum of $2,000. Dental treatment must be received within ninety (90) days of the injury.
- treatment during your trip, for the emergency relief of dental pain, to a maximum of $200.

3. Other emergency services

Covers the cost for professional services of a physiotherapist, chiropractor, osteopath, chiropodist or podiatrist to a maximum of $250 per covered person per profession, when ordered by a physician during your trip.
4. Emergency air transportation or evacuation

Covers the cost of the following, when medically required and approved in advance and arranged through Assured Assistance:

- the extra cost of one-way economy airfare on a commercial flight by the most direct route to the point of departure, to receive immediate emergency medical attention; or
- a stretcher fare on a commercial flight by the most direct route to your departure point, if a stretcher is medically necessary; and
- return economy airfare on a commercial flight and the usual fees and expenses for a qualified medical attendant to accompany you, when the attendant is medically necessary or required by the airline; or
- air ambulance transportation if it is medically essential.

5. Return of deceased

Covers:

- the return of your remains in the common carrier’s standard transportation container to your departure point, and up to $5,000 for the preparation of your remains and the cost of the common carrier’s standard transportation container; or
- the return of your remains to your departure point, and up to $5,000 for the cremation of your remains where your death occurred; or
- up to $5,000 for the preparation of your remains and the cost of a standard burial container, and up to $5,000 for the burial of your remains where your death occurred.

If someone is legally required to identify your remains, this insurance covers the cost of round-trip economy class transportation by the most cost-effective route and up to $300 for meal and hotel accommodation expenses for that person. That person is covered under the terms of your insurance during the period in which he or she is required to identify your remains but for no longer than three (3) business days.

6. Additional hotel and meal expenses

Covers the cost of up to $150 per day, to a maximum of $1,500, for meal and commercial accommodation expenses you have incurred after the date you are scheduled to return to the departure point, when your return is delayed due to your medical emergency or when you are relocated to receive emergency treatment.

7. Bringing relative to bedside

Covers the cost of round-trip economy class transportation by the most cost-effective route, to have a relative visit you when you are hospitalized during your trip. However, if you are under age twenty-one (21), or age twenty-one (21) and over and physically handicapped and dependent on your bedside companion for support, this insurance provides this benefit to you as soon as you are admitted to a hospital. That person is entitled to a maximum of $300 for meal and hotel accommodation expenses and is covered under the terms of your insurance during the period in which he or she is required at your bedside. The visit must be approved in advance through Assured Assistance.

8. Return of vehicle

Covers the reasonable costs for a commercial agency, when arranged and approved through Assured Assistance, to return a vehicle to your residence or to a commercial rental agency, when you are unable to return the vehicle due to a medical emergency. The vehicle can be a private passenger automobile, self-propelled mobile home, camper truck, trailer home, or motorcycle that you own or rent and which you use during your trip.

9. Return of dependent child or dependent children

If a dependent child or dependent children insured under your insurance travel with or join you during your trip, and you are hospitalized for more than twenty-four (24) hours, or you must return to Canada because of your medical emergency covered under this insurance, this insurance covers, when arranged and approved through
Assured Assistance, the extra cost of one-way economy transportation by the most cost-effective route to the dependent children’s departure point and the cost of return economy transportation for an escort, when an escort is deemed necessary by the carrier.

10. Return of your excess baggage

If you return to your departure point by air ambulance (pre-authorized by Assured Assistance) because of your medical emergency, this insurance covers the cost to return your excess baggage up to a maximum of $500, when medically required and approved in advance and arranged through Assured Assistance.

LIMITATIONS OF COVERAGE

If you do not call Assured Assistance before you seek emergency treatment, or if you choose to seek care from a non-approved medical service provider, you will be responsible for 20% of your medical expenses covered under this insurance and not recovered from your government health insurance plan, to a maximum of $25,000. If, after reimbursement by your government health insurance plan, your claim exceeds $25,000, this insurance will pay 100% of any covered expenses over and above $25,000.

Should your medical condition prevent you from calling Assured Assistance before seeking emergency treatment, you must call as soon as medically possible or someone else may call on your behalf.

WHAT IS NOT COVERED?

PRE-EXISTING MEDICAL CONDITION EXCLUSIONS

If you are under 75 years of age, this insurance does not pay for any expenses incurred directly or indirectly as a result of:

1. Your medical condition or related condition (whether or not the diagnosis has been determined), if at any time in the ninety (90) days before you depart on your trip, your medical condition or related condition has not been stable.

2. Your heart condition (whether or not the diagnosis has been determined), if at any time in the ninety (90) days before you depart on your trip:
   a. any heart condition has not been stable; or
   b. you have taken nitroglycerin more than once per week specifically for the relief of angina pain.

3. Your lung condition (whether or not the diagnosis has been determined), if at any time in the ninety (90) days before you depart on your trip:
   a. any lung condition has not been stable; or
   b. you have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

If you are 75 years of age or older, this insurance does not pay for any expenses incurred directly or indirectly as a result of:

1. Your medical condition or related condition (whether or not the diagnosis has been determined), if at any time in the one hundred and eighty (180) days before you depart on your trip, your medical condition or related condition has not been stable.

2. Your heart condition (whether or not the diagnosis has been determined), if at any time in the one hundred and eighty (180) days before you depart on your trip:
   a. any heart condition has not been stable; or
   b. you have taken nitroglycerin more than once per week specifically for the relief of angina pain.

3. Your lung condition (whether or not the diagnosis has been determined), if at any time in the one hundred and eighty (180) days before you depart on your trip:
a. any lung condition has not been stable; or
b. you have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.

GENERAL EXCLUSIONS

The Insurer will not pay for any expenses incurred directly or indirectly as a result of:

1. Any medical condition for which:
   - you are awaiting the outcome of medical tests, the results of which show any irregularities or abnormalities, or
   - future investigation or treatment (except routine monitoring) is planned before your trip.

2. The continued treatment, investigation, recurrence or complication of a medical condition following emergency treatment for that medical condition during your trip if the medical advisors of Assured Assistance determine that you were medically able to return to your province or territory of residence and you chose not to return.

3. The treatment of any heart or lung condition following emergency treatment for a related or unrelated heart or lung condition during your trip if the medical advisors of Assured Assistance determine that you were medically able to return to your province or territory of residence and you chose not to return.

4. Any treatment that is not emergency treatment.

5. Routine care of a chronic condition.

6. Any medical condition for which it was reasonable, prior to departure, to expect treatment or hospitalization during your trip.

7. Symptoms which would have caused an ordinarily prudent person to seek treatment or medication in the ninety (90) days before your trip.

8. Your medical emergency or related medical condition, if the reason for your medical emergency or related medical condition is associated in any way with a written formal travel warning issued before your effective date by the Department of Foreign Affairs and International Trade of the Canadian Government, advising Canadians not to travel to the country, region or city of your trip.

9. Any portion of the benefits that require prior authorization and arrangement by Assured Assistance if such benefits were not pre-authorized and arranged by Assured Assistance.

10. Invasive testing or surgery (including cardiac catheterization and MRI) unless approved by Assured Assistance prior to being performed.

11. Any medical condition if you undertake your trip with the prior knowledge that you will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind, regardless of whether the treatment, surgery, investigations, palliative care or alternative therapy is related in any way to the medical condition.

12. The following:
   a. routine pre-natal care, or
   b. complications of pregnancy occurring within nine (9) weeks before or after the expected date of delivery, or
   c. complications of childbirth occurring within nine (9) weeks before or after the expected date of delivery.

13. Any child born during the trip.

14. Your participation as a professional in sports, participation as a professional in underwater activities, scuba diving as an amateur unless you hold a basic scuba designation from a certified school or other licensing body, participation in a motorized race or motorized speed contest, bungee jumping, parachuting, rock climbing, mountain climbing, hang-gliding or skydiving.

15. Your committing or attempting to commit a criminal offence.
16. Your intentional self-inflicted injury, suicide or attempted suicide (whether sane or insane).
17. Your mental or emotional disorders.
18. Any medical condition, arising from, or in any way related to, your chronic use of alcohol or drugs whether prior to or during your trip.
19. Your abuse of medication, drugs or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during your trip.
20. Act of foreign enemies or rebellion, voluntarily and knowingly exposing yourself to risk from an act of war (declared or not) or voluntarily participating in a riot or civil disorder.
21. Treatment or surgery for a medical condition, or a related condition, which had caused your physician to advise you not to travel.
22. Any medical condition if the medical advisors of Assured Assistance recommend that you return to your country of residence following emergency treatment you have received, and you chose not to return.
23. Ionizing radiation or radioactive contamination from any nuclear fuel or waste that results from the burning of nuclear fuels; or the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.

WHAT SHOULD YOU DO IF YOU HAVE A CLAIM?

If you call Assured Assistance at the time of the medical emergency as shown under “What should you do in a medical emergency?” you will receive the necessary claims assistance.

If you do not call Assured Assistance, you must notify the Claims Centre of your claim within thirty (30) days of the date the emergency treatment or other expenses were first incurred.

For your claim to be reviewed, you must submit the following information:

- The completed claim form. Please contact the Claims Centre to obtain a claim form. (Note: A legal guardian must complete the claim process on behalf of a covered person under the age of eighteen (18) in Quebec or under the age of sixteen (16) for the rest of Canada.),
- Originals of all bills, invoices and receipts from the service provider(s),
- Any required government health insurance plan form,
- Proof of any payment(s) or denial(s) made by other insurance plan(s), and
- A complete diagnosis from the physician(s) and/or hospital(s) that provided the treatment, including, where applicable, written verification from the physician who treated you during your trip that the expenses were medically necessary.

Submission of claims must be made to the Claims Centre:

RBC Insurance Company of Canada
Claims Centre
PO Box 97, Station A
Mississauga, ON L5A 2Y9
1-800-464-3211

You must submit the information required for your claim within ninety (90) days of the date the emergency treatment or other expenses were first incurred. If it is not reasonably possible to provide such information within ninety (90) days, you must do so within one (1) year or your claim will not be reviewed.

The Claims Centre will notify you of the decision on your claim within sixty (60) days of receiving all of the required information.

OTHER CLAIM INFORMATION

During the processing of a claim, the Insurer may require you to undergo a medical examination by one or more physicians selected by the Insurer and at the Insurer’s expense.
You agree that the Insurer and its agents have:

a. Your consent to verify your health card number and other information required to process your claim, with the relevant government and other authorities;

b. Your authorization to physicians, hospitals and other medical providers to provide to us, Assured Assistance and the Claims Centre, any and all information they have regarding you, while under observation or treatment, including your medical history, diagnoses and test results; and

c. Your agreement to disclose any of the information available under a) and b) above to other sources, as may be required for the processing of your claim for benefits obtainable from other sources.

After the Insurer pays your health care provider or reimburses you for covered expenses, it will seek reimbursement from your government health insurance plan and any other medical insurance plan under which you may have coverage. You may not claim or receive in total more than 100% of your total covered expenses or the actual expenses which you incurred, and you must repay to us any amount paid or authorized by the Insurer on your behalf if and when the Insurer determines that the amount was not payable under the terms of your policy.

If you are retired and your former employer provides to you under an extended health insurance plan, a lifetime maximum coverage of:

- $50,000 or less, we will not co-ordinate payment with such coverage;
- more than $50,000, we will co-ordinate payment with such coverage only in excess of $50,000.

If you are actively employed and your current employer provides to you under a group health plan, a lifetime maximum coverage of:

- $50,000 or less, we will not co-ordinate payment with such coverage;
- more than $50,000, we will co-ordinate payment with such coverage only in excess of $50,000.

You may only commence a legal action in the province or territory where the Certificate of Insurance was issued. You or your heirs assign consent to the transfer of any legal action to the province or territory where the Certificate of Insurance was issued.

WHAT OTHER TERMS SHOULD YOU KNOW ABOUT?

1. This insurance is classified as supplemental or excess, in that it covers expenses in excess of expenses payable by any other insurance plan.

2. When you contact Assured Assistance, they will, on the Insurer’s behalf, refer you or may transfer you, when medically appropriate, to one of their recommended medical service providers. They will also request that the approved medical service provider bill the medical expenses covered under this insurance directly to the Insurer instead of to you.

3. If you are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to you by all insurers cannot exceed the actual expense that you have incurred. We will coordinate the payment of benefits with all insurers from whom you are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer.

4. If you incur expenses covered under this insurance due to the fault and/or negligence of a third party, the Insurer may take action against the third party. You agree to cooperate fully with the Insurer or its agents and to allow the Insurer or its agents, at its/their own expense, to bring a lawsuit in your name against a third party. Where a third party is involved, an accident report is required before any claim payments can be made.

5. All amounts are shown in Canadian dollars. If you have paid a covered expense, you will be reimbursed in Canadian currency at the prevailing rate of exchange quoted by Royal Bank on the date the last service was rendered to you. This insurance will not pay for any interest or any fluctuations in the exchange rate.

6. The Insurer, Customer Service Representatives/Coordinators of Assured Assistance and the Claims Centre, Royal Bank and their agents are not
responsible for the availability, quality or results of medical treatment or transportation, or your failure to obtain medical treatment.

7. This Certificate of Insurance is the entire contract between you and the Insurer and is subject to the Insurance Companies Act of Canada and any governing provincial statutes concerning contracts of accident insurance.

8. The Insurer may, at its discretion, void this contract in the case of fraud or attempted fraud by you, or if you conceal or misrepresent any material fact or circumstance concerning this insurance contract.

9. 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.

10. On reasonable notice you or a claimant under the contract will be provided with a copy of the group contract.

11. 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 (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or in other applicable legislation in your province of residence. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

INTRODUCTION

Aviva General Insurance Company (referred to in this Certificate as the “Insurer”) has issued group insurance policy F-2000375-A to Royal Bank of Canada ("Royal Bank") to cover expenses related to Auto Rental Collision/Loss or Damage. All covered persons are clients of the Insurer.

HOW TO OBTAIN ASSISTANCE

If you require assistance or have questions about your coverage, call:

1-800-533-2778 toll-free from the US & Canada, or 905-816-2581 collect from anywhere in the world.

HELPFUL INFORMATION ABOUT AUTO RENTAL COLLISION/LOSS DAMAGE INSURANCE

- This Certificate of Insurance does not cover third party liability coverage. Check with your personal automobile insurer and the rental agency to ensure that you and all other drivers have adequate third party liability, personal injury and damage to property coverage.

- This insurance is effective when the full cost of your rental vehicle issued by a rental agency is paid with your RBC Rewards Visa Preferred card and/or RBC Rewards® points. If only a partial payment is made using RBC Rewards points, the entire balance of that rental vehicle must be paid using your RBC Rewards Visa Preferred card in order to be covered.

- The length of time you rent the same vehicle must not exceed forty-eight (48) consecutive days, which shall follow one immediately after the other. In order to break the consecutive day cycle, a full calendar date must exist between rental periods. Coverage may not be extended for more than forty-eight (48) consecutive days by renewing or taking out a new rental agreement with the same or another rental agency for the same vehicle or another vehicle.
If the covered person does not decline the rental agency’s CDW option or its equivalent, this Certificate of Insurance is secondary coverage and will cover the deductible amount in the event of a claim.

Most vehicles are covered by this Certificate of Insurance, but there are some exclusions. (A list of vehicles excluded from this coverage is outlined in the section “What is not covered?”)

Coverage is available except where prohibited by law.

Check the rental vehicle carefully for scratches or dents before and after you drive the vehicle. Be sure to point out where the scratches or dents are located to a rental agency representative.

If the vehicle has sustained damage of any kind, call 1-800-533-2778 (in Canada or the United States) or (905) 816-2581 (collect) immediately.

Do not sign a blank sales draft to cover the damage and loss of use charges or a sales draft with an estimated cost of repair and loss of use charges. The rental agent may make a claim on your behalf to recover repair and loss of use charges by following the procedures outlined in the section “What should you do if you have a claim?”

Claims must be reported within forty-eight (48) hours of the loss/damage occurring by calling 1-800-533-2778 (when in Canada or the United States) or (905) 816-2581 (collect).

It is important that you read and understand your Certificate of Insurance as your coverage is subject to certain limitations or exclusions.

**DEFINITIONS**

Throughout this document, all italicized terms have the specific meaning explained below.

**Additional cardholder** means a co-applicant or an authorized user.

**Applicant** means a person who has signed and/or submitted an application as the primary cardholder for an RBC Rewards Visa Preferred card, to whom a card has been issued and in whose name the card account is established. An applicant does not include an additional cardholder. An applicant must be a permanent resident of Canada.

**Authorized user** means a person, other than the applicant and the co-applicant, to whom an RBC Rewards Visa Preferred card has been issued at the request of the applicant or the co-applicant. An authorized user must be a permanent resident of Canada.

**Car sharing** means a car rental club that gives its members twenty-four (24)-hour access to a fleet of cars parked in a convenient location.

**Co-applicant** means a person who has signed and/or submitted an application for an RBC Rewards Visa Preferred card as the co-applicant, and to whom a card has been issued. A co-applicant must be a permanent resident of Canada.

**Covered person** means:

1. The applicant or additional cardholder who presents in person at the rental agency, signs the rental contract and takes possession of the rental vehicle. A covered person may be referred to as “you” or “your” or “yourself”.

2. Any other person who drives the same rental vehicle with your permission whether or not such person has been listed on the rental vehicle contract or has been identified to the rental agency at the time of making the rental. However, you and all drivers must otherwise qualify under and follow the terms of the rental contract and must be legally licensed and permitted to drive the rental vehicle under the laws of the jurisdiction in which the rental vehicle shall be used.

**Loss of use** means the amount paid to a rental agency to compensate it when a rental vehicle is unavailable for rental while undergoing repairs for damage incurred during the rental period.

**Mini-van** means a van made by an automobile manufacturer and classified by the manufacturer or a government authority as a mini-van made to transport a
maximum of eight (8) people including the driver and which are used exclusively for the transportation of passengers and their luggage.

**Permanent resident** means a person who resides in Canada for at least six (6) months of the year. However, individuals otherwise eligible for coverage who are members of the Canadian Foreign Service need not satisfy this requirement.

**Rental agency (or rental agencies)** means a vehicle rental agency licensed to rent vehicles and which provides a rental agreement. For greater certainty, throughout this Certificate of Insurance, the terms 'rental company' and 'rental agency' refer to both traditional vehicle rental agencies and car sharing programs.

**Rental agency’s CDW** means an optional Collision Damage Waiver (“CDW”) or similar waiver offered by rental companies and rental agencies that relieves renters of financial responsibility if the vehicle is damaged or stolen while under rental contract. The rental agency’s CDW is not insurance.

**Tax-free car** means a tax-free car package that provides tourists with a short-term (seventeen (17) days to six (6) months) tax-free vehicle lease agreement with a guaranteed buyback. The Insurer will not provide coverage for tax-free cars.

**WHEN DOES COVERAGE BEGIN AND END?**

Upon taking possession of the rental vehicle, coverage begins when:

1. You use your RBC Rewards Visa Preferred card and/or RBC Rewards points to pay for the entire cost of the rental from a rental agency.

   - If only a partial payment is made using RBC Rewards points, the entire balance of that rental must be paid using your RBC Rewards Visa Preferred card in order to be covered.

2. You decline the rental agency’s CDW option or similar coverage offered by the rental agency on the rental contract. If there is no space on the vehicle rental contract for you to indicate that you have declined the coverage, then indicate in writing on the contract “I decline CDW provided by this merchant”. (Note: If you decide to purchase the rental agency’s CDW option or similar coverage, then this Certificate of Insurance will only cover your deductible in the event of a claim provided all terms and conditions of this coverage are met.)

Coverage ends individually, for each covered person, on the earliest of:

1. The date and time the rental agency reassumes control of the rental vehicle;
2. The date upon which your rental period exceeds forty-eight (48) consecutive days or your rental period is extended for more than forty-eight (48) consecutive days by renewing or taking out a new rental agreement with the same or another rental agency for the same vehicle or other vehicles;
3. The date the group insurance policy is cancelled by the Insurer or Royal Bank. However, such cancellation of coverage shall not apply to travel arrangements charged to your RBC Rewards Visa Preferred card prior to the cancellation date of the group insurance policy;
4. The date your RBC Rewards Visa Preferred account is sixty (60) days past due;
5. The date your RBC Rewards Visa Preferred card is cancelled or card privileges are otherwise terminated;
6. The date Royal Bank receives written notice from you that you choose to cancel your RBC Rewards Visa Preferred card.

**WHAT IS COVERED AND WHAT ARE THE BENEFITS?**

When you pay for the entire cost of the rental vehicle using your RBC Rewards Visa Preferred card and/or RBC Rewards points, this Certificate of Insurance covers you and/or a rental agency for loss/damages up to the actual cash value of the damaged or stolen rental vehicle, as well as valid rental agency towing and loss of use charges when the conditions described in this Certificate of Insurance are met.

This insurance coverage is available on a twenty-four (24)-hour basis unless precluded by law or the coverage is in violation of the terms of the rental contract in the jurisdiction in which it was formed (other than under **What is not covered? #8 (a), (b) or (c)**).
This coverage is primary insurance, except in the following circumstances:

- if the **covered person** decides to purchase the rental agency’s CDW option or its equivalent; or
- in such circumstances where the applicable government insurance legislation states otherwise.

The following types of rental vehicles are covered:

- All cars, sport utility vehicles, and mini-vans except those listed in the section “What is not covered?”

Also,

- Rental vehicles that are part of prepaid travel packages are also covered if the total package was paid by your RBC Rewards Visa Preferred card and/or RBC Rewards points;
- **You** are covered if you receive a “free rental” as a result of a promotion where **you** have had to make previous vehicle rentals and if each such previous rental was entirely paid for with your RBC Rewards Visa Preferred card and/or RBC Rewards points;
- **You** are covered if you receive a “free rental” day(s) as a result of an RBC Rewards program for the number of days of free rental. If the free rental day(s) are combined with rental days for which **you** pay the negotiated rate, this entire balance must be paid with your RBC Rewards Visa Preferred card and/or RBC Rewards points.

**WHAT IS NOT COVERED?**

The Insurer will not pay for any expenses incurred directly or indirectly as a result of:

1. A replacement vehicle for which your personal automobile insurance is covering all or part of the cost of the rental;
2. Third party liability (which means **you** injure someone else or damage their property in a motor vehicle accident);
3. **Your** personal injury;
4. Damage to property, (except the rental vehicle itself or its equipment);
5. The operation of the rental vehicle at any time during which any **covered person** is driving while intoxicated or under the influence of any narcotic;
6. Any dishonest, fraudulent or criminal act committed by any **covered person**;
7. Wear and tear, gradual deterioration, or mechanical or electrical breakdown or failure, inherent vice or damage, insects or vermin;
8. Operation of the rental vehicle in violation of the terms of the rental agreement except:
   a. **covered persons** as defined, may operate the rental vehicle;
   b. the rental vehicle may be driven on publicly maintained gravel roads;
   c. the rental vehicle may be driven across provincial and state boundaries in Canada and the U.S. and between Canada and the U.S.
9. Seizure or destruction under a quarantine or customs regulations or confiscated by order government or public authority;
10. Transportation of contraband or illegal trade;
11. War, hostile or warlike action, insurrection, rebellion, revolution, civil war, usurped power, or action taken by government or public authority in hindering, combating or defending against such action;
12. Transportation of property or passengers for hire;
13. Nuclear reaction, nuclear radiation, or radioactive contamination;
14. Intentional damage to the rental vehicle by a **covered person**;
15. Expenses due to diminished value of the rental vehicle.

The following vehicles are NOT covered:

1. Vans, cargo vans or mini cargo vans (other than mini-vans);
2. Trucks, pick-up trucks or any vehicle that can be spontaneously reconfigured into a pick-up truck;

3. Limousines;

4. Off-road vehicles – meaning any vehicle used on roads that are not publicly maintained roads unless used to ingress and egress private property;

5. Motorcycles, mopeds or motor bikes;

6. Trailers, campers, recreational vehicles or vehicles not licensed for road use;

7. Vehicles towing or propelling trailers or any other object;

8. Mini-buses or buses;

9. Any vehicle with a Manufacturer’s Suggested Retail Price (MSRP) excluding all taxes, over sixty-five thousand dollars Canadian ($65,000 CDN);

10. Exotic vehicles, meaning vehicles such as Aston Martin, Bentley, Bricklin, Daimler, DeLorean, Excalibur, Ferrari, Jensen, Lamborghini, Lotus, Maserati, Porsche, Rolls Royce;

11. Any vehicle which is either wholly or in part hand made, hand finished or has a limited production of under two thousand, five hundred (2,500) vehicles per year;

12. Antique vehicles, meaning a vehicle over twenty (20) years old or which has not been manufactured for ten (10) years or more; and

13. Tax-free cars.

Luxury vehicles, including but not limited to BMW, Cadillac, Lincoln and Mercedes Benz, are covered as long as they meet the above requirements.

**WHAT SHOULD YOU DO IF YOU HAVE A CLAIM?**

In the event of loss/damage to your rental vehicle, call 1-800-533-2778 (toll-free) within forty-eight (48) hours if you are in Canada or the United States or (905) 816-2581 (collect). The representative will answer your questions and send you a claim form.

- Decide with the rental agent who will make the claim. (Please note: You must notify the rental agency and obtain consent prior to completing any repairs on your own.)

- If the rental agent decides to settle the claim directly, complete the accident report claim form and assign the right for the rental agency to make the claim on your behalf on the claim form or other authorized forms. It is important to note that you remain responsible for the loss/damage and that you may be contacted in the future to answer inquiries resulting from the claims process. The rental agent may fax the required documentation toll-free if they are in Canada or the United States to 1-866-804-2228. Elsewhere the fax number is (905) 813-4791 (collect). Original documentation may also be required in some instances. (If you have any questions, are having any difficulties, or would like the claims administrator to be involved immediately, call the number provided above.)

- If you will be making the claim, you must call the claims administrator within forty-eight (48) hours of the loss/damage having occurred. Your claim must be submitted with as much documentation as possible, as requested below, within forty-five (45) days of discovering the loss/damage. You will need to provide all documentation within ninety (90) days of the date of loss or damage to the claims administrator at the address provided below.

- For your claim to be reviewed, you must submit the following original documentation, as applicable:
  - the claim form, completed and signed;
  - your RBC Visa statement and/or receipt showing that the rental was paid in full with your RBC Rewards Visa Preferred card and/or RBC Rewards points;
  - a copy of your invoice showing all prepaid expenses (prepaid rental car payment);
  - a copy of your receipt showing amount of RBC Rewards points redeemed;
  - a copy of your previous rental agreements resulting in a free rental;
– the original copy of both sides of the vehicle rental agreement;
– the accident or damage report, including photographs of the damage;
– the itemized repair bill, or if not available, a copy of the estimate;
– receipt for paid repairs;
– the police report, when available;
– a copy of your billing or pre-billing statement if any repair charges were billed to your account; and
– a copy of your paid statement or billing indicating the deductible amount (if you have purchased the rental agency's CDW or similar coverage).

Forward this documentation to:

Aviva General Insurance Company
Attention: RBC Visa Claims
PO Box 6, Station A
Mississauga, ON L5A 2Y9

Under normal circumstances, the claim will be reviewed within fifteen (15) days after the claims administrator has received all necessary documentation. If the claim cannot be assessed on the basis of the information that has been provided, it may be closed.

After the Insurer has paid your claim, your rights and recoveries will be transferred to the Insurer to the extent of the Insurer's payment for the loss/damage incurred when the rental vehicle was under your responsibility. This means the Insurer will then be entitled, at its own expense, to sue another party in your name. If the Insurer chooses to sue another party in your name, you must give the Insurer all the assistance the Insurer may reasonably require to secure its rights and remedies. This may include providing your signature on all necessary documents that enable the Insurer to sue in your name.

Once you report loss or damage, a claim file will be opened and will remain open for six (6) months from the date of the loss, or damage. Payment will only be made on a claim or any part of a claim that is completely substantiated as required by the claims administrator within six (6) months of the date of loss/damage.

You should use due diligence and do all things necessary to avoid or reduce any loss or damage to property protected by this Auto Rental Collision/Loss Damage Insurance.

OTHER CLAIM INFORMATION
You may only commence a legal action in the province or territory where the Certificate of Insurance was issued. You or your heirs assign consent to the transfer of any legal action to the province or territory where the Certificate of Insurance was issued.

WHAT OTHER TERMS SHOULD YOU KNOW ABOUT?
1. Your RBC Rewards Visa Preferred account must be open and in good standing during the rental period.
2. Only the covered person may rent a vehicle and may decide to decline the rental agency's CDW or an equivalent alternative coverage offering. This coverage applies only to the covered person's personal and business use of the rental vehicle.
3. Coverage is limited to one (1) rental vehicle at a time; i.e. if during the same period there is more than one (1) vehicle rented by the covered person, only the first rental will be eligible for these benefits.
4. If you make a claim knowing it to be false or fraudulent in any respect, you will not be entitled to the benefits of this protection, nor to the payment of any claim made under this Certificate of Insurance.
5. The Insurer may, at its discretion, void this insurance contract in the case of fraud or attempted fraud by you, or if you conceal or misrepresent any material fact or circumstance concerning this insurance contract.
6. On reasonable notice you or a claimant under the contract will be provided with a copy of the group contract.

7. 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 (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or in other applicable legislation in your province of residence. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

TRIP CANCELLATION/TRIP INTERRUPTION INSURANCE
CERTIFICATE OF INSURANCE

INTRODUCTION

RBC Insurance Company of Canada (the “Insurer”) has issued group insurance policy U-1014452-A to Royal Bank of Canada (“Royal Bank”) to cover expenses related to Trip Cancellation, and group insurance policy U-1014453-A to Royal Bank to cover expenses related to Trip Interruption. All covered persons are clients of the Insurer. This Certificate of Insurance summarizes the provisions of these group insurance policies.

HOW TO OBTAIN ASSISTANCE

If you require assistance or have questions about your coverage, you can contact Assured Assistance Inc. (“Assured Assistance”) by calling:

1-800-533-2778 toll-free from the US & Canada or 905-816-2581 collect from anywhere in the world.

Trip Cancellation/Trip Interruption Insurance will reimburse only the cancellation penalties in effect at the time of the cause of cancellation or interruption.

- When the cause of cancellation occurs before the scheduled departure from the departure point, and while coverage is in effect, you must cancel your trip through your travel agent, airline, tour company, carrier or travel authority immediately, but no later than the next business day following the cause of cancellation. You must also call Assured Assistance immediately.

- When you are forced to interrupt or discontinue your trip due to one of the covered reasons, and while coverage is in effect, you must call Assured Assistance immediately.

IMPORTANT NOTICE – PLEASE READ CAREFULLY

- Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your insurance before you travel as your coverage may be subject to certain limitations or exclusions.

- A pre-existing exclusion applies to medical conditions and/or symptoms that existed prior to your effective date. Check to see how this applies in your insurance and how it relates to your effective date.

- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is reported.
HELPFUL INFORMATION ABOUT TRIP CANCELLATION/TRIP INTERRUPTION INSURANCE

- The maximum amount covered under the Trip Cancellation Insurance for all covered persons combined is $2,500 per trip.
- The maximum amount covered under the Trip Cancellation Insurance for a dependent child aged 16-25 travelling on their own is $2,500 per trip.
- The maximum amount covered under the Trip Cancellation Insurance for each additional cardholder is $2,500 per trip.
- The maximum amount covered under the Trip Interruption Insurance for each covered person is $2,500 per trip.
- If you need to top-up your RBC Royal Bank credit card coverage beyond the maximum amount offered on your card, contact the Enrollment Center at 1-800-565-3129 (toll free from USA or Canada) or 905-816-2577 (collect call from anywhere).
- It is important that you read and understand your Certificate of Insurance as your coverage is subject to certain limitations or exclusions.

DEFINITIONS
Throughout this document, all italicized terms have the specific meaning explained below.

Additional cardholder means a co-applicant or an authorized user.

Applicant means a person who has signed and/or submitted an application as the primary cardholder for an RBC Rewards Visa Preferred card, to whom a card has been issued and in whose name the card account is established. An applicant does not include an additional cardholder. An applicant must be a permanent resident of Canada.

Authorized user means a person, other than the applicant and the co-applicant, to whom an RBC Rewards Visa Preferred card has been issued at the request of the applicant or the co-applicant. An authorized user must be a permanent resident of Canada.

Cancellation penalties means the amount forfeited under the terms and conditions of the applicable travel arrangements when your trip is cancelled, and for which there will be no form of compensation. The travel arrangements must be paid with your RBC Rewards Visa Preferred and/or equivalent RBC Rewards® points.

Change in medication means the addition of any new prescription drug, the withdrawal of any prescription drug, an increase in the dose of any prescription drug, or a decrease in the dose of any prescription drug.

Exceptions:
- an adjustment in the dosage of insulin or Coumadin (warfarin), if you are currently taking these drugs;
- a change from a brand name drug to an equivalent generic drug of the same dosage.

Co-applicant means a person who has signed and/or submitted an application for an RBC Rewards Visa Preferred card as the co-applicant, and to whom a card has been issued. A co-applicant must be a permanent resident of Canada.

Common carrier means any land, air or water conveyance for regular passenger service, which is licensed to transport passengers for compensation or hire.

Covered person means the applicant, the applicant’s spouse, or the applicant’s dependent child who travels with or joins the applicant or the applicant’s spouse on the same trip. Note: Dependent children 16 - 25 years of age are eligible for this insurance when travelling without the applicant or the applicant’s spouse. An additional cardholder is a covered person in his/her own right. A covered person may be referred to as “you” or “your” or “yourself”. The spouse and/or dependent child of an additional cardholder are not eligible for this insurance.
Departure date means the date of your departure from your departure point.

Departure point means the province or territory you depart from on the first day of your intended trip.

Dependent child means an unmarried, natural, adopted, step or foster child, or legal ward of the applicant, who is:
- under twenty-one (21) years of age, or
- under twenty-six (26) years of age if a full-time student, or
- mentally or physically handicapped and incapable of self-sustaining employment and totally reliant on you for support and maintenance.

Effective date means the date and time of purchase of prepaid travel, accommodations and recreation arrangements and before any cancellation penalties have been incurred, provided you pay the entire cost with your RBC Rewards Visa Preferred and/or RBC Rewards points.

Emergency means any unexpected or unforeseen sickness or bodily injury that occurs during the period of coverage and makes it necessary for you to receive immediate treatment from a physician or to be hospitalized.


Hospital means an establishment that is licensed as an accredited hospital, is operated for the care and treatment of in-patients, has a registered nurse always on duty, and has a laboratory and an operating room on the premises or in facilities controlled by the establishment. Hospital does not mean any establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, convalescent, rest or nursing home, home for the aged, health spa or addiction treatment centre.

Key employee means an employee whose continued presence is critical to the ongoing affairs of the business during your absence.

Medical condition means accidental bodily injury or sickness (or a condition related to that accidental bodily injury or sickness), including disease, acute psychoses and complications of pregnancy occurring within the first thirty-one (31) weeks of pregnancy.

Mental or emotional disorders means emotional or anxiety states, situational crisis, anxiety or panic attacks, or other mental health disorders treated with minor tranquilizers or anti-anxiety (anxiolytics) medication.

Mountain climbing means the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners and lead-rope or top-rope anchoring equipment.

Permanent resident means a person who resides in Canada for at least six (6) months of the year. However, individuals otherwise eligible for coverage who are members of the Canadian Foreign Service need not satisfy this requirement.

Physician means someone who is not you or a member of your family who is licensed to prescribe drugs and administer medical treatment (within the scope of such license) at the location where the treatment is provided. A physician does not include a naturopath, herbalist, homeopath or chiropractor.

Prescription drug means drugs and medicines that can only be issued upon the prescription of a physician or dentist and are dispensed by a licensed pharmacist.

Return date means the date and time on which you are scheduled to return to your departure point.

Spouse means the person who is legally married to you, or has been living in a conjugal relationship with you and residing in the same household as you for a continuous period of at least one (1) year.

Stable means any medical condition or related condition (including any heart condition or any lung condition) for which there has been:
no new treatment, new medical management or new prescribed medication; and

no change in treatment, change in medical management or change in medication; and

no new symptom or finding, more frequent symptom or finding or more severe symptom or finding experienced; and

no new test results or tests showing a deterioration; and

no investigations or future investigations initiated, or recommended for your symptoms; and

no hospitalization or referral to a specialist (made or recommended).

*Travelling companion* means the person who is sharing travel arrangements with you, to a maximum of three (3) persons.

*Trip* means the period of time from your departure date up to and including your scheduled return date, as shown on your travel documents.

**WHEN DOES COVERAGE BEGIN AND END?**

This insurance provides coverage whenever prepaid travel, accommodations and recreation arrangements are paid with your RBC Rewards Visa Preferred and/or RBC Rewards points, and before any cancellation penalties have been incurred. If only a partial payment is made using RBC Rewards points, the entire balance of the prepaid travel, accommodations and recreations arrangements must be paid using your RBC Rewards Visa Preferred card in order to be covered.

Coverage starts on your effective date. Coverage ends, individually for the applicant and each additional cardholder, on the earliest of:

1. Midnight of your return date;
2. The date your RBC Rewards Visa Preferred account is cancelled;
3. The date your RBC Rewards Visa Preferred account is sixty (60) days past due; or
4. The date the group insurance policy or policies are cancelled by the Insurer or Royal Bank. However, such cancellation of coverage shall not apply to travel arrangements charged to your RBC Rewards Visa Preferred card prior to the cancellation date of the group insurance policy or policies.

**WHAT ARE THE SUMS INSURED?**

Under *Trip Cancellation Insurance* (when the covered reason occurs BEFORE your trip), the maximum amount of coverage per trip for:

a. All covered persons combined is $2,500 total.

b. A dependant child aged 16-25 travelling without the applicant or the applicant's spouse is $2,500.

c. Each additional cardholder is $2,500.

Note: If an applicant's spouse or the applicant's dependent child is also an additional cardholder, the maximum sum insured for this covered person is the amount listed for an additional cardholder.

Under *Trip Interruption Insurance* (when the covered reason occurs DURING your trip), or Trip Delay (when the covered reason occurs during your trip and results in your being delayed beyond your scheduled return date from returning to your departure point), the maximum amount payable for each covered person per trip is $2,500, including the applicant's spouse, applicant's dependent child, and additional cardholder(s).
<table>
<thead>
<tr>
<th>Covered Reasons:</th>
<th>Under Trip Cancellation</th>
<th>Under Trip Interruption &amp; Trip Delay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical condition or death</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Your emergency medical condition or death.</td>
<td>Benefit A</td>
<td>B &amp; C or B &amp; D</td>
</tr>
<tr>
<td>2 The emergency medical condition or death of your travelling companion.</td>
<td>Benefit A</td>
<td>B &amp; C or B &amp; D</td>
</tr>
<tr>
<td>3 The emergency medical condition or death of your spouse or your dependent child.</td>
<td>Benefit A</td>
<td>B &amp; C</td>
</tr>
<tr>
<td>4 The emergency medical condition or death of a member of your or your travelling companion’s family.</td>
<td>Benefit A</td>
<td>B &amp; C</td>
</tr>
<tr>
<td>5 Hospitalization or the death of your host at destination, your legal business partner or key employee.</td>
<td>Benefit A</td>
<td>B &amp; C</td>
</tr>
</tbody>
</table>

**Other covered reasons**

<table>
<thead>
<tr>
<th>Other covered reasons</th>
<th>Under Trip Cancellation</th>
<th>Under Trip Interruption &amp; Trip Delay</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 A written formal travel warning issued by the Department of Foreign Affairs and International Trade of the Canadian government after the purchase of your trip, advising Canadians not to travel to a country, region or city originally ticketed for a period that includes your trip.</td>
<td>Benefit A</td>
<td>B &amp; C</td>
</tr>
<tr>
<td>7 A transfer by the employer with whom you or your spouse is employed on your effective date, which requires the relocation of your principal residence.</td>
<td>Benefit A</td>
<td>n/a</td>
</tr>
<tr>
<td>8 Delay of your common carrier, resulting from the mechanical failure of that carrier, a traffic accident or an emergency police-directed road closure (either must be substantiated by a police report), or weather conditions, causing you to miss a connection or resulting in the interruption of your trip. The outright cancellation of a flight is not considered a delay.</td>
<td>Benefit D</td>
<td>Benefit D</td>
</tr>
<tr>
<td>9 A natural disaster that renders your principal residence uninhabitable.</td>
<td>Benefit A</td>
<td>B &amp; C</td>
</tr>
<tr>
<td>10 Your quarantine or hijacking.</td>
<td>Benefit A</td>
<td>B &amp; C</td>
</tr>
<tr>
<td>11 You being called for jury duty; being subpoenaed as a witness; or required to appear as a party in a judicial proceeding, during your trip.</td>
<td>Benefit A</td>
<td>n/a</td>
</tr>
<tr>
<td>12 You or your travelling companion being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.</td>
<td>Benefit A</td>
<td>B &amp; C</td>
</tr>
<tr>
<td>13 The legal adoption of a child by you or your travelling companion when the actual date of that adoption is scheduled to take place after your effective date and prior to or during your trip.</td>
<td>Benefit A</td>
<td>B &amp; C</td>
</tr>
</tbody>
</table>
WHAT ARE THE BENEFITS?

Reimbursement to you of the expenses you actually incur as a result of one (1) of the covered reasons up to the sum insured for:

a. In case of cancellation of your trip, the non-refundable portion of your prepaid travel arrangements.

b. In case of interruption of your trip, the non-refundable unused portion of your prepaid travel arrangements, excluding the cost of prepaid unused transportation back to your departure point.

c. Your economy-class transportation via the most cost-effective route to your departure point. Travel must be undertaken on the earliest of:

i. The date when your travel is medically possible, and

ii. Within ten (10) days following your originally scheduled return date if your delay is not the result of hospitalization, or

iii. Within thirty (30) days following your originally scheduled return date if your delay is the result of hospitalization.

Fly to Bedside or Funeral – Note: If you are required to interrupt your trip to attend a funeral or travel to the bedside of a hospitalized family member, business partner, or key employee, you have the option to purchase a ticket to the destination where the death or hospitalization has occurred. You will be reimbursed the cost of the ticket, up to the maximum amount of what it would have cost for one-way economy class transportation via the most cost-effective route back to your departure point (applicable to covered reasons #4 and #5).

- This option is subject to the pre-authorization of Assured Assistance Inc.
- This option can only be used once during your trip.
- If you choose this option, it will replace Benefit C.

d. Your one-way economy airfare via the most cost-effective route to your next destination (in-bound and outbound).

◊ Return of a travelling companion – Should a decision be made by the Insurer to transport you to a treatment facility in your province or territory of residence, the Insurer will pay the cost of economy-class transportation for one (1) travelling companion to his/her departure point, provided that he/she is unable to make use of the original ticket as a result of the delay caused by your emergency medical condition or death.

WHAT IS NOT COVERED?

PRE-EXISTING MEDICAL CONDITION EXCLUSIONS

This insurance does not pay for any expenses incurred directly or indirectly as a result of:

1. Your medical condition or related condition (whether or not the diagnosis has been determined), if at any time in the ninety (90) days before your effective date, your medical condition or related condition has not been stable.

2. Your heart condition (whether or not the diagnosis has been determined), if at any time in the ninety (90) days before your effective date:
   a. any heart condition has not been stable, or
   b. you have taken nitroglycerin more than once per week specifically for the relief of angina pain.

3. Your lung condition (whether or not the diagnosis has been determined), if at any time in the ninety (90) days before your effective date:
   a. any lung condition has not been stable, or
   b. you have been treated with home oxygen or taken oral steroids (prednisone or prednisolone) for any lung condition.
GENERAL EXCLUSIONS

The Insurer will not pay for any expenses incurred directly or indirectly as a result of:

1. Cancellation or interruption when you are aware, on the effective date, of any reason that might reasonably prevent you from travelling as booked.
2. A trip undertaken to visit or attend an ailing person, when the medical condition or ensuing death of that person is the cause of the claim.
3. The inability to obtain desired rental accommodation, financial difficulties or unwillingness to travel.
4. Your failure to appear at the airport, except in circumstances described as covered reasons.
5. Any travel rewards provided by any frequent flyer program, excluding the RBC Rewards program.
6. Any medical condition if you undertake your trip with the prior knowledge that you will require or seek treatment, surgery, investigations, palliative care or alternative therapy of any kind, regardless of whether the treatment, surgery, investigations, palliative care or alternative therapy is related in any way to the medical condition.
7. The following:
   - routine pre-natal care, or
   - complications of pregnancy occurring within nine (9) weeks before or after the expected date of delivery, or
   - complications of childbirth occurring within nine (9) weeks before or after the expected date of delivery.
8. Any child born during the trip.
9. Your participation as a professional in sports, participation as a professional in underwater activities, scuba diving as an amateur unless you hold a basic scuba designation from a certified school or other licensing body, participation in a motorized race or motorized speed contest, bungee jumping, parachuting, rock climbing, mountain climbing, hang-gliding or skydiving.
10. Your committing or attempting to commit a criminal offence.
11. Your intentional self-inflicted injury, suicide or attempted suicide (whether sane or insane).
12. Your mental or emotional disorders.
13. Any medical condition, arising from, or in any way related to, your chronic use of alcohol or drugs whether prior to or during your trip.
14. Your abuse of medication, drugs or alcohol or deliberate non-compliance with prescribed medical therapy or treatment whether prior to or during your trip.
15. Act of foreign enemies or rebellion, voluntarily and knowingly exposing yourself to risk from an act of war (declared or not) or voluntarily participating in a riot or civil disorder.
16. Ionizing radiation or radioactive contamination from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.

WHAT SHOULD YOU DO IF YOU HAVE A CLAIM?

If you call Assured Assistance at the time of the cancellation or interruption as shown under “How to Obtain Assistance” you will receive the necessary claims assistance.

If you do not call Assured Assistance, you must notify the Claims Centre of your claim within thirty (30) days of the date of the cause of cancellation or interruption.

For your claim to be reviewed, you must submit the following information:

- The completed claim form. Please contact the Claims Centre to obtain a claim form. (Note: A legal guardian must complete the claim process on behalf of a covered person under the age of eighteen (18) in Quebec or under the age of sixteen (16) for the rest of Canada),
The medical certificate (contact the Claims Centre to obtain a medical certificate), fully completed by the legally qualified physician in active personal attendance and in the locality where the medical condition occurred stating the reason why travel was not recommended,

A copy of your RBC Visa statement or itemized receipt showing that your payment for your trip was paid in full with your RBC Rewards Visa Preferred and/or RBC Rewards points,

Written evidence of the covered reason, which was the cause of cancellation, interruption, or delay,

Complete original unused transportation tickets and vouchers,

Receipts for the prepaid land arrangements,

Original passenger receipts for new tickets,

Reports from police, common carrier or local authorities documenting the cause of the missed connection, and

Detailed invoices and/or receipts from the service provider(s).

Submission of claims must be made to the Claims Centre:

RBC Insurance Company of Canada
Claims Centre
PO Box 97, Station A
Mississauga, ON L5A 2Y9
1-800-464-3211

You must submit the information required for your claim within ninety (90) days of the date of the cause of cancellation or interruption. If it is not reasonably possible to provide such information within ninety (90) days, you must do so within one (1) year or your claim will not be reviewed.

The Claims Centre will notify you of the decision on your claim within sixty (60) days of receiving all of the required information.

OTHER CLAIM INFORMATION

When a cause of cancellation occurs (the event or series of events that triggers one of the 13 covered reasons) before your departure date, you must:

a. Cancel your trip with the travel agent, airline, tour company, carrier or travel authority immediately, but no later than the business day following the cause of cancellation, and

b. Advise the Insurer at the same time.

The Insurer’s maximum liability is the amounts or portions indicated in your trip contract that are non-refundable at the time of the cause of cancellation or on the next business day.

You may only commence a legal action in the province or territory where the Certificate of Insurance was issued. You or your heirs assign consent to the transfer of any legal action to the province or territory where the Certificate of Insurance was issued.

WHAT OTHER TERMS SHOULD YOU KNOW ABOUT?

1. This insurance is classified as supplemental or excess, in that it covers expenses in excess of expenses payable by any other insurance plan.

2. If you are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to you by all insurers cannot exceed the actual expense that you have incurred. We will coordinate the payment of benefits with all insurers from whom you are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer.

3. If you incur expenses covered under this insurance due to the fault and/or negligence of a third party, the Insurer may take action against the third party. You agree to cooperate fully with the Insurer or its agents and to allow...
the Insurer or its agents, at its/their own expense, to bring a lawsuit in your name against a third party. Where a third party is involved, an accident report is required before any claim payments can be made.

4. All amounts are shown in Canadian dollars. If you have paid a covered expense, you will be reimbursed in Canadian currency at the prevailing rate of exchange quoted by Royal Bank on the date the last service was rendered to you. This insurance will not pay for any interest or any fluctuations in the exchange rate.

5. The Insurer, Customer Service Representatives/Coordiators of Assured Assistance and the Claims Centre, Royal Bank and their agents are not responsible for the availability, quality or results of medical treatment or transportation, or your failure to obtain medical treatment.

6. This Certificate of Insurance is the entire contract between you and the Insurer and is subject to the Insurance Companies Act of Canada and any governing provincial statutes concerning contracts of accident insurance.

7. The Insurer may, at its discretion, void this contract in the case of fraud or attempted fraud by you, or if you conceal or misrepresent any material fact or circumstance concerning this insurance contract.

8. 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.

9. On reasonable notice you or a claimant under the contract will be provided with a copy of the group contract.

10. 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 (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or in other applicable legislation in your province of residence. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

EMERGENCY PURCHASES AND FLIGHT DELAY INSURANCE CERTIFICATE OF INSURANCE

INTRODUCTION

RBC Insurance Company of Canada (the “Insurer”) has issued group insurance policy U-1014455-A to Royal Bank of Canada (“Royal Bank”) to cover expenses incurred by covered persons relating to a Missed Connection, Delayed Flight Departure or Denied Boarding (as further described below). Aviva General Insurance Company (the “Insurer”) in Quebec and RBC Insurance Company of Canada (the “Insurer”) in the rest of Canada have issued group insurance policy U-1014456-A to Royal Bank of Canada (“Royal Bank”) to cover expenses incurred by covered persons relating to emergency purchases due to lost or stolen luggage that has been checked with an air carrier. All covered persons are clients of the Insurer. This Certificate of Insurance summarizes the provisions of this group insurance policy.

HOW TO OBTAIN ASSISTANCE

If you require assistance or have questions about your coverage, you can contact Assured Assistance Inc. (“Assured Assistance”) by calling:

1-800-533-2778 toll-free from the US & Canada or 905-816-2581 collect from anywhere in the world.
HELPFUL INFORMATION ABOUT EMERGENCY PURCHASES AND FLIGHT DELAY INSURANCE

- Coverage begins four (4) hours after the occurrence of your Missed Connection, Delayed Flight, or Denied Boarding, or the arrival of your flight at your destination when your checked luggage is lost or delayed.

- For Flight Delay insurance, the maximum amount of coverage for reasonable and necessary expenses is $250 per day per covered person to an overall total of $500 per occurrence for all covered persons.

- For Emergency Purchases insurance, the maximum amount of coverage for reasonable and necessary expenses is $500 per occurrence for each covered person to a maximum of $2,500 per occurrence in aggregate for all covered persons.

- Remember to obtain a report from the air carrier to substantiate the Missed Connection, Delayed Flight, Denied Boarding, or loss or delay of your checked luggage.

- It is important that you read and understand your Certificate of Insurance as your coverage is subject to certain limitations or exclusions.

DEFINITIONS

Throughout this document, all italicized terms have the specific meaning explained below.

Additional cardholder means a co-applicant or an authorized user.

Air carrier means a commercial air service licensed by the airline authority of the country of registration.

Applicant means a person who has signed and/or submitted an application as the primary cardholder for an RBC Rewards Visa Preferred card, to whom a card has been issued, and in whose name the card account is established. An applicant does not include an additional cardholder. An applicant must be a permanent resident of Canada.

Authorized user means a person, other than the applicant and the co-applicant, to whom an RBC Rewards Visa Preferred card has been issued at the request of the applicant or the co-applicant. An authorized user must be a permanent resident of Canada.

Covered person means the applicant, the applicant's spouse, or the applicant's dependent child who travels with or joins the applicant or the applicant's spouse on the same trip. An additional cardholder is a covered person in his/her own right. A covered person may be referred to as “you” or “your” or “yourself”. The spouse and/or dependent child of an additional cardholder are not eligible for this insurance.

Co-applicant means a person who has signed and/or submitted an application for an RBC Rewards Visa Preferred card as the co-applicant and to whom a card has been issued. A co-applicant must be a permanent resident of Canada.

Dependent child means an unmarried, natural, adopted, step or foster child, or legal ward of the applicant who is:

- under twenty-one (21) years of age, or
- under twenty-six (26) years of age if a full-time student, or
- mentally or physically handicapped and incapable of self-sustaining employment and totally reliant on you for support and maintenance.

Emergency purchases means the minimum essential clothing and toiletries, the purchase of which is rendered absolutely necessary and indispensable due to the loss or delay of your checked luggage.

Permanent resident means a person who resides in Canada for at least six (6) months of the year. However, individuals otherwise eligible for coverage who are members of the Canadian Foreign Service need not satisfy this requirement.

Spouse means the person who is legally married to you or has been living in a conjugal relationship with you and residing in the same household as you for a continuous period of at least one (1) year.
PART 1 – EMERGENCY PURCHASES INSURANCE
WHEN DOES COVERAGE BEGIN AND END?

This insurance is effective when the full cost of your airline ticket issued by an air carrier is paid with your RBC Rewards Visa Preferred card and/or RBC Rewards® points, and your luggage is checked with that air carrier. If only a partial payment is made using RBC Rewards points, the entire balance of that airline ticket must be paid using your RBC Rewards Visa Preferred card in order to be covered.

Coverage begins for you four (4) hours after the arrival of your flight at the scheduled flight destination, when the luggage you had checked with the air carrier is lost or delayed.

Coverage ends, individually for the applicant and each additional cardholder, on the earliest of:
1. The date and time that your luggage is returned to you;
2. Four (4) days after the arrival of your flight at the scheduled flight destination;
3. The date that you arrive at the final destination on the return portion of your trip;
4. The date your RBC Rewards Visa Preferred account is cancelled;
5. The date your RBC Rewards Visa Preferred account is sixty (60) days past due;
6. The date the group insurance policies are cancelled by the Insurer or Royal Bank. However, such cancellation of coverage shall not apply to travel arrangements charged to your RBC Rewards Visa Preferred card prior to the cancellation date of the group insurance policies;
7. The date Royal Bank receives written notice from you that you choose to cancel your RBC Rewards Visa Preferred card.

WHAT IS COVERED AND WHAT ARE THE BENEFITS?

Reimbursement to you, up to a maximum of $500, for the reasonable and necessary expenses you incur with respect to emergency purchases per any one (1) occurrence of the loss or delay of your checked luggage. If there is more than one (1) covered person making a claim, the maximum payable for all covered persons under this Certificate of Insurance is $2,500 in aggregate per any one (1) occurrence of the loss or delay of your checked luggage.

PART 2 – FLIGHT DELAY INSURANCE
WHEN DOES COVERAGE BEGIN AND END?

This insurance is effective when the full cost of your airline ticket issued by an air carrier is paid with your RBC Rewards Visa Preferred card and/or RBC Rewards® points and you have checked in with that air carrier. If only a partial payment is made using RBC Rewards points, the entire balance of that airline ticket must be paid using your RBC Rewards Visa Preferred card in order to be covered.

Your coverage begins as follows:

Missed Connection – Coverage begins four (4) hours after the air carrier’s aircraft has arrived at your connecting point for your onward connecting flight when, due to the delay of your incoming flight, you miss a confirmed onward connecting flight; and no alternative onward transportation is made available to you by the air carrier within four (4) hours of the scheduled departure time of the onward connecting flight.

Delayed Flight Departure – Coverage begins four (4) hours after the scheduled departure time of your confirmed scheduled flight, which was delayed, when no alternative transportation is made available to you by the air carrier within four (4) hours of the scheduled departure time of your original flight.

Denied Boarding – Coverage begins four (4) hours after you have been denied boarding of the aircraft due to overbooking on your confirmed scheduled flight, when no alternative transportation is made available to you by the air carrier within four (4) hours of the scheduled departure time of your original flight.
Coverage ends, individually for the applicant and each additional cardholder, on the earliest of:

1. Forty-eight (48) hours after the arrival of your flight at the scheduled flight destination;
2. The date that you arrive at the final destination on the return portion of your trip;
3. The date your RBC Rewards Visa Preferred account is cancelled;
4. The date your RBC Rewards Visa Preferred account is 60 days past due;
5. The date the group insurance policy is cancelled by the Insurer or Royal Bank. However, such cancellation of coverage shall not apply to travel arrangements charged to your RBC Rewards Visa Preferred card prior to the cancellation date of the group insurance policy;
6. The date Royal Bank receives written notice from you that you choose to cancel your RBC Rewards Visa Preferred card.

WHAT IS COVERED AND WHAT ARE THE BENEFITS?

Reimbursement to you, up to a maximum of $250 per day, for the reasonable and necessary expenses you incur as a result of a Missed Connection, Denied Boarding or Delayed Flight Departure. Reasonable and necessary expenses include hotel accommodation, restaurant meals, refreshments, emergency purchases and other sundry items (such as a magazine, paperback book and other such small items) for a maximum of forty-eight (48) hours or until reasonable alternative transportation is made available.

This benefit is subject to an overall maximum of $500 per any one (1) occurrence of Missed Connection, Denied Boarding and Delayed Flight Departure. If there is more than one (1) covered person making a claim, the maximum payable for all covered persons under this certificate is $500 in the aggregate per any one (1) occurrence of Missed Connection, Denied Boarding and Delayed Flight Departure.

PART 3 – EMERGENCY PURCHASES AND FLIGHT DELAY INSURANCE

WHAT IS NOT COVERED?

GENERAL EXCLUSIONS

The Insurer will not pay for any expenses incurred directly or indirectly as a result of:

1. Any emergency purchases made after your luggage was returned to you;
2. Any losses incurred at the final destination of the return portion of your trip;
3. Your failure to check your luggage within the minimum guidelines published by the air carrier;
4. The insufficient allotment of time for connecting flights according to air carrier recommendations;
5. An act of foreign enemies or rebellion, voluntarily and knowingly exposing yourself to risk from an act of war (declared or not) or voluntarily participating in a riot or civil disorder;
6. Your committing or attempting to commit a criminal offence;
7. Your being denied boarding by immigration officials or other authorities;
8. Your inebriated state.

WHAT SHOULD YOU DO IF YOU HAVE A CLAIM?

If you call Assured Assistance at the time of the loss as shown under “How to Obtain Assistance,” you will receive the necessary claims assistance.

If you do not call Assured Assistance, you must notify the Claims Centre of your claim within thirty (30) days of the date of the loss.
Note: A legal guardian must complete the claim process on behalf of a covered person under the age of eighteen (18) in Quebec or under the age of sixteen (16) for the rest of Canada.

For your claim to be reviewed, you must submit the following original documentation:

- Airline tickets;
- Your RBC Visa statement and/or itemized receipt showing that the airline ticket was paid in full using your RBC Rewards Visa Preferred card and/or RBC Rewards points;
- The air carrier’s report substantiating the reason for your Missed Connection, Delayed Flight Departure, Denied Boarding, or loss or delay of your checked luggage;
- Receipts for hotel accommodation, restaurant meals, refreshments, emergency purchases and other sundry items.

Submission of claims from all provinces must be made to the Claims Centre:

RBC Insurance Company of Canada
Claims Centre
PO Box 97, Station A
Mississauga, ON L5A 2Y9
1-800-464-3211

You must submit the information required for your claim within ninety (90) days of the date of the loss. If it is not reasonably possible to provide such information within ninety (90) days, you must do so within one (1) year of the date of the loss or your claim will not be reviewed.

OTHER CLAIM INFORMATION

You may only commence a legal action in the province or territory where the Certificate of Insurance was issued. You or your heirs assign consent to the transfer of any legal action to the province or territory where the Certificate of Insurance was issued.

WHAT OTHER TERMS SHOULD YOU KNOW ABOUT?

1. This insurance is classified as supplemental or excess, in that it covers expenses in excess of expenses payable by any other insurance plan.

2. If you are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to you by all insurers cannot exceed the actual expense that you have incurred. We will coordinate the payment of benefits with all insurers from whom you are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer.

3. If you incur expenses covered under this insurance due to the fault and/or negligence of a third party, the Insurer may take action against the third party. You agree to cooperate fully with the Insurer or its agents and to allow the Insurer or its agents, at its/their own expense, to bring a lawsuit in your name against a third party.

4. All amounts are shown in Canadian dollars. If you have paid a covered expense, you will be reimbursed in Canadian currency at the prevailing rate of exchange quoted by Royal Bank on the date the last service was rendered to you. This insurance will not pay for any interest or any fluctuations in the exchange rate.

5. The Insurer may, at its discretion, void this insurance contract in the case of fraud or attempted fraud by you, or if you conceal or misrepresent any material fact or circumstance concerning this insurance contract.

6. 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.

7. On reasonable notice you or a claimant under the contract will be provided with a copy of the group contract.
8. 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 (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or in other applicable legislation in your province of residence. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

HOTEL/MOTEL BURGLARY INSURANCE
CERTIFICATE OF INSURANCE

INTRODUCTION
Aviva General Insurance Company (the “Insurer”) in Quebec and RBC Insurance Company of Canada (the “Insurer”) in the rest of Canada have issued group insurance policy U-1014454-A to Royal Bank of Canada (“Royal Bank”) to cover expenses incurred by covered persons relating to a hotel/motel burglary. All covered persons are clients of the Insurer. This Certificate of Insurance summarizes the provisions of this group insurance policy.

HOW TO OBTAIN ASSISTANCE
If you require assistance or have any questions about your coverage, you can contact Assured Assistance Inc. (“Assured Assistance”) by calling:

1-800-533-2778 toll-free from the US & Canada or
905-816-2581 collect from anywhere in the world.

HELPFUL INFORMATION ABOUT HOTEL/MOTEL
BURGLARY INSURANCE

- The maximum reimbursement under this insurance for the repair or replacement of your personal property that is lost or damaged due to a burglary is $2,500 per occurrence in aggregate.
- The burglary must be as a result of wrongful entry, indicated by visible signs of force into your hotel room, motel room or cruise cabin.
- This insurance is classified as supplemental, in that it covers expenses in excess of expenses payable by any other insurance plan.
- It is important that you read and understand your Certificate of Insurance as your coverage is subject to certain limitations or exclusions.

DEFINITIONS
Throughout this document, all italicized terms have the specific meaning explained below.

Additional cardholder means a co-applicant or an authorized user.

Applicant means a person who has signed and/or submitted an application as the primary cardholder for an RBC Rewards Visa Preferred card, to whom a card has been issued, and in whose name the card account is established. An applicant does not include an additional cardholder. An applicant must be a permanent resident of Canada.

Authorized user means a person, other than the applicant and the co-applicant, to whom an RBC Rewards Visa Preferred card has been issued at the request of the applicant or the co-applicant. An authorized user must be a permanent resident of Canada.
**Burglary** means the loss of or damage to your personal property as a result of wrongful entry into your hotel room, motel room, or cruise cabin for which there are visible signs of force made by tools, explosives, electricity or chemicals.

**Co-applicant** means a person who has signed and/or submitted an application for an RBC Rewards Visa Preferred card as the co-applicant, and to whom a card has been issued. A co-applicant must be a permanent resident of Canada.

**Covered person** means the applicant, the applicant’s spouse, or the applicant’s dependent child who travels with or joins the applicant or the applicant’s spouse on the same trip. An additional cardholder is a covered person in his/her own right. A covered person may be referred to as “you” or “your” or “yourself”. The spouse and/or dependent child of an additional cardholder are not eligible for this insurance.

**Dependent child** means an unmarried, natural, adopted, step, or foster child, or legal ward of the applicant, who is:

- under twenty-one (21) years of age, or
- under twenty-six (26) years of age if a full-time student, or
- mentally or physically handicapped and incapable of self-sustaining employment and totally reliant on you for support and maintenance.

**Permanent resident** means a person who resides in Canada for at least six (6) months of the year. However, individuals otherwise eligible for coverage who are members of the Canadian Foreign Service need not satisfy this requirement.

**Spouse** means the person who is legally married to you or has been living in a conjugal relationship with you and residing in the same household as you for a continuous period of at least one (1) year.

**WHEN DOES COVERAGE BEGIN AND END?**

Coverage begins at the actual time you check into your hotel room, motel room, or cruise cabin, provided that your hotel room, motel room, or cruise cabin is paid with your RBC Rewards Visa Preferred card and/or RBC Rewards® points. If only a partial payment is made using RBC Rewards points, the entire balance of that hotel room, motel room, or cruise cabin must be paid using your RBC Rewards Visa Preferred card in order to be covered.

Coverage ends, individually for the applicant and each additional cardholder, on the earliest of:

1. The time you check out from your hotel room, motel room, or cruise cabin; or
2. The date your RBC Rewards Visa Preferred account is cancelled; or
3. The date your RBC Rewards Visa Preferred account is sixty (60) days past due; or
4. The date the group insurance policy is cancelled by the Insurer or Royal Bank. However, such cancellation of coverage shall not apply to a burglary occurring prior to the cancellation date of the group insurance policy; or
5. The date Royal Bank receives written notice from you that you choose to cancel your RBC Rewards Visa Preferred card.

**WHAT IS COVERED AND WHAT ARE THE BENEFITS?**

Reimbursement to you, up to a maximum of $2,500 per burglary occurrence, for the damage to or the loss of your personal property resulting from the burglary of your hotel room, motel room, or cruise cabin when you are a registered guest. If there is more than one (1) covered person making a claim, the maximum payable for all covered persons under this Certificate of Insurance is $2,500 in the aggregate per any one (1) burglary occurrence. We will pay the lesser of the following amounts:

1. $2,500 in the aggregate per burglary occurrence.
2. The actual replacement value of your personal property at the time of burglary.
3. The amount for which your personal property could be replaced with property of like kind and quality if an identical replacement cannot reasonably be obtained.
4. The amount for which your personal property could be repaired to its condition prior to the burglary.
WHAT IS NOT COVERED?

GENERAL EXCLUSIONS

The Insurer will not pay for any expenses incurred directly or indirectly as a result of:

1. The loss of cash or traveller’s cheques.
2. Your failure to take reasonable precautions to safeguard your personal property or to secure your hotel room, motel room, or cruise cabin.
3. An act of foreign enemies or rebellion, voluntarily and knowingly exposing yourself to risk from an act of war (declared or not) or voluntarily participating in a riot or civil disorder.
4. Your committing or attempting to commit a criminal offence.
5. Burglary of your rental property.

WHAT SHOULD YOU DO IF YOU HAVE A CLAIM?

If you call Assured Assistance at the time of the loss as shown under “How to Obtain Assistance” you will receive the necessary claims assistance.

If you do not call Assured Assistance, you must notify the Claims Centre of your claim within thirty (30) days of the date of the burglary.

(Note: A legal guardian must complete the claim process on behalf of a covered person under the age of eighteen (18) in Quebec or under the age of sixteen (16) for the rest of Canada.)

For your claim to be reviewed, you must submit the following original documentation:

- Charge slip for the hotel room, motel room or cruise cabin;
- Your RBC Visa statement and/or receipt showing that the hotel room, motel room or cruise cabin was paid in full using your card and/or RBC Rewards points;
- A police report that confirms the burglary;
- The hotel, motel or cruise company’s burglary report; and
- Receipts for the repair or replacement of your personal property.

Submission of claims from all provinces must be made to the Claims Centre:

RBC Insurance Company of Canada
Claims Centre
PO Box 97, Station A
Mississauga, ON L5A 2Y9
1-800-464-3211

You must submit the information required for your claim within ninety (90) days of the date of the burglary. If it is not reasonably possible to provide such information within ninety (90) days, you must do so within one (1) year of the date of the burglary or your claim will not be reviewed.

OTHER CLAIM INFORMATION

You may only commence a legal action in the province or territory where the Certificate of Insurance was issued. You or your heirs assign consent to the transfer of any legal action to the province or territory where the Certificate of Insurance was issued.

WHAT OTHER TERMS SHOULD YOU KNOW ABOUT?

1. This insurance is classified as supplemental or excess, in that it covers expenses in excess of expenses payable by any other insurance plan.
2. If you are eligible, from any other insurer, for benefits similar to the benefits provided under this insurance, the total benefits paid to you by all insurers cannot exceed the actual expense that you have incurred. We will coordinate the payment of benefits with all insurers from whom you are eligible for benefits similar to those provided under this insurance, to a maximum of the largest amount specified by each insurer.
3. If you incur expenses covered under this insurance due to the fault and/or negligence of a third party, the Insurer may take action against the third party. You agree to cooperate fully with the Insurer or its agents and to allow the Insurer or its agents, at its/their own expense, to bring a lawsuit in your name against a third party.

4. All amounts are shown in Canadian dollars. If you have paid a covered expense, you will be reimbursed in Canadian currency at the prevailing rate of exchange quoted by Royal Bank on the date the last service was rendered to you. This insurance will not pay for any interest or any fluctuations in the exchange rate.

5. The Insurer may, at its discretion, void this insurance contract in the case of fraud or attempted fraud by you, or if you conceal or misrepresent any material fact or circumstance concerning this insurance contract.

6. On reasonable notice you or a claimant under the contract will be provided with a copy of the group contract.

7. 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 (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or in other applicable legislation in your province of residence. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

PURCHASE SECURITY & EXTENDED WARRANTY INSURANCE CERTIFICATE OF INSURANCE

INTRODUCTION

Aviva General Insurance Company (the “Insurer”) in Quebec and RBC Insurance Company of Canada (the “Insurer”) in the rest of Canada have issued group insurance policy U-1014457-A to Royal Bank of Canada (“Royal Bank”) to cover expenses incurred by covered persons relating to Purchase Security & Extended Warranty. All covered persons are clients of the Insurer. This Certificate of Insurance summarizes the provisions of this group insurance policy.

HOW TO OBTAIN ASSISTANCE

If you require assistance or have questions about your coverage, you can contact Assured Assistance Inc. ("Assured Assistance") by calling:

1-800-533-2778 toll-free from the US & Canada or 905-816-2581 collect from anywhere in the world.

HELPFUL INFORMATION ABOUT PURCHASE SECURITY & EXTENDED WARRANTY INSURANCE

- Purchase Security Insurance provides coverage for direct accidental physical loss or damage to personal property or gifts purchased on your RBC Rewards Visa Preferred card and/or with RBC Rewards® points for ninety (90) days from the date of purchase. The maximum amount of coverage is $50,000, or the equivalent number of RBC Rewards points, per RBC Rewards Visa Preferred card per year.

- Extended Warranty Insurance automatically doubles the original manufacturer’s warranty up to a maximum of one (1) year.

- Remember to obtain a police, fire, homeowner insurance claim, or damage/loss report in the event of a claim as it is required to determine eligibility for benefits.
This insurance is classified as supplemental, in that it covers expenses in excess of expenses payable by any other insurance plan. For example, if you are covered under homeowners insurance, this insurance will cover the deductible only.

It is important that you read and understand your Certificate of Insurance as your coverage is subject to certain limitations or exclusions.

**DEFINITIONS**

Throughout this document, all italicized terms have the specific meaning explained below.

**Additional cardholder** means a co-applicant or an authorized user.

**Applicant** means a person who has signed and/or submitted an application as the primary cardholder for an RBC Rewards Visa Preferred card, to whom a card has been issued and in whose name the card account is established. An applicant does not include an additional cardholder. An applicant must be a permanent resident of Canada.

**Authorized user** means a person, other than the applicant and the co-applicant, to whom an RBC Rewards Visa Preferred card has been issued at the request of the applicant or the co-applicant. An authorized user must be a permanent resident of Canada.

**Co-applicant** means a person who has signed and/or submitted an application for an RBC Rewards Visa Preferred card as the co-applicant and to whom a card has been issued. A co-applicant must be a permanent resident of Canada.

**Covered person** means the applicant or additional cardholder. A covered person may be referred to as “you” or “your” or “yourself”. The family members of an applicant or additional cardholder are not eligible for this insurance.

**Family member** means your spouse, parent, step-parent, grandparent, grandchild, in-law, natural or adopted child, step-child, brother, sister, step-brother, step-sister, legal guardian, or legal ward.

**Gift** means tangible moveable property for the personal use of your family member.

**Mysterious disappearance** means the disappearance of personal property or a gift in an unexplained manner.

**Permanent resident** means a person who resides in Canada for at least six (6) months of the year. However, individuals otherwise eligible for coverage who are members of the Canadian Foreign Service need not satisfy this requirement.

**Personal property** means tangible, moveable property for your personal use.

**Spouse** means the person who is legally married to you, or has been living in a conjugal relationship with you and residing in the same household as you for a continuous period of at least one (1) year.

**WHEN DOES COVERAGE BEGIN AND END?**

These coverages are effective when you use your RBC Rewards Visa Preferred card and/or RBC Rewards points to purchase and pay in full for personal property or gift(s). If the personal property or gift(s) are delivered to you or a family member, they must be received by you or the family member in good condition. If only a partial payment is made using RBC Rewards points, the entire balance of the personal property or gift must be paid using your RBC Rewards Visa Preferred card in order to be covered.

Coverage ends, individually for the applicant and each additional cardholder, on the earliest of:

1. The date your RBC Rewards Visa Preferred account is cancelled; or
2. The date your RBC Rewards Visa Preferred account is sixty (60) days past due; or
3. The date the group insurance policy is cancelled by the Insurer or Royal Bank. However, such cancellation of coverage shall not apply to personal property or gifts charged to your RBC Rewards Visa Preferred card prior to the cancellation date of the group insurance policy; or
4. The date Royal Bank receives written notice from you that you choose to cancel your RBC Rewards Visa Preferred card.
WHAT IS COVERED AND WHAT ARE THE BENEFITS?

PURCHASE SECURITY INSURANCE

Personal property and gifts purchased using your RBC Rewards Visa Preferred card and/or RBC Rewards points are insured against all risks of direct accidental physical loss or damage for ninety (90) days from the date of purchase.

You are insured for loss or damage in an amount not exceeding the amount shown on your RBC Rewards Visa Preferred sales draft. If you have purchased and paid for personal property and/or gifts using RBC Rewards points, you are insured for the amount of RBC Rewards points you redeemed to pay for your purchase.

The maximum amount of coverage is $50,000 (or the equivalent number of RBC Rewards points) per RBC Rewards Visa Preferred account for each year, individually for the applicant and each additional cardholder.

EXTENDED WARRANTY INSURANCE

Extended Warranty Insurance automatically doubles the original manufacturer’s warranty, up to a maximum extension of one (1) year. Your Extended Warranty Insurance starts immediately following the expiry of the original manufacturer’s warranty, but in no event shall the combined Extended Warranty and original manufacturer’s warranty exceed five (5) years. If you have a claim under this Certificate of Insurance, it will be reviewed according to the original manufacturer’s warranty, which will outline all terms and conditions relating to your personal property or gift. The terms, conditions and exclusions of this Certificate of Insurance will govern in case of a conflict.

Items covered by Extended Warranty Insurance must have been purchased using your RBC Rewards Visa Preferred card and/or RBC Rewards points. Personal property and gifts are included. The purchases can be made anywhere in the world. The original warranty must be valid in Canada.

In the event your original manufacturer’s warranty is no longer available due to the bankruptcy of the manufacturer, this insurance will provide coverage in place of the original manufacturer’s warranty, to a maximum of one (1) year from the date of bankruptcy of the manufacturer.

WHAT IS NOT COVERED?

PERSONAL PROPERTY AND GIFT EXCLUSIONS

The Insurer will not pay for any expenses incurred directly or indirectly relating to:

1. Living plants, animals, fish, or birds.
2. Money, travellers cheques, bullion, stamps, tickets, tokens, evidence of title or any other negotiable item (including but not limited to gift cards and gift certificates).
3. Jewellery, gems, watches and furs or garments trimmed with fur, if contained in baggage, unless such baggage is hand carried at all times by you, your travelling companion, or family member.
4. Automobiles, watercraft, amphibious or air cushion vehicles, aircraft, spacecraft, trailers or outboard motors and other accessories attached to or mounted on such property or any motorized vehicles except motorized lawn mowers, other gardening equipment, snow blowers or motorized wheelchairs for handicapped persons.
5. Property illegally acquired, kept, stored or transported, or property seized or confiscated for breach of any law or by order of any public authority.
6. Any and all business property and equipment intended for commercial use.

GENERAL EXCLUSIONS

The Insurer will not pay for any expenses incurred directly or indirectly as a result of:

1. Mysterious disappearance of personal property or gifts, or fraudulent acts by you or your family members.
2. After an item is received in good condition, any wear and tear, gradual deterioration, latent defect or inherent vice, marring or scratching of any fragile or brittle article.

3. Weather conditions and any natural disaster, including flood or earthquake.

4. An act of foreign enemies or rebellion, voluntarily and knowingly exposing yourself to risk from an act of war (declared or not) or voluntarily participating in a riot or civil disorder.

5. Loss or damage resulting from intentional or criminal acts committed or attempted to be committed by you or your family members.

6. Loss or damage caused by birds, vermin, rodents or insects.

7. Loss or damage to sports equipment and goods where the loss or damage is due to the use thereof.

8. Setting, expansion, contraction, bulging, buckling or cracking, dampness or dryness of atmosphere, changes of temperature, freezing, heating, evaporation, loss of weight, leakage of contents, exposure to light, contamination, change in color or texture or finish, rust or corrosion.

9. Delay, loss of use, or consequential damages.

10. Loss or damage to electrical appliances or devices of any kind (including wiring) when loss or damage is due to electrical currents artificially generated, including arcing, unless fire or explosion ensues and then only for such loss and damage.

11. Loss or damage while undergoing any installation process or while being worked on, where damage results from such installation process or work.

WHAT SHOULD YOU DO IF YOU HAVE A CLAIM?

If you call Assured Assistance at the time of the loss as shown under “How to Obtain Assistance,” you will receive the necessary claims assistance.

If you do not call Assured Assistance, you must notify the Claims Centre of your claim within thirty (30) days of the date of the loss.

Note: A legal guardian must complete the claim process on behalf of a covered person under the age of eighteen (18) in Quebec or under the age of sixteen (16) in the rest of Canada.

For your claim to be reviewed, you must submit the following original documentation:

- The Insurer’s claim form containing the time, place, cause and amount of the loss or damage;
- A copy of the original merchant’s sales receipt;
- Your RBC Visa statement and/or receipt showing that the personal property or gift was paid in full using your RBC Rewards Visa Preferred card and/or RBC Rewards points;
- The original manufacturer’s warranty (for Extended Warranty Insurance claims only).

Depending on the nature of the claim, the Insurer will require you to obtain, at the time of the loss or damage, a police, fire, homeowner insurance claim or damage/loss report or any other report of the damage/loss sufficient to determine eligibility for benefits under this insurance.

When an insured item forms part of a pair or set, the Insurer will reimburse the full purchase price of the pair or set provided that the items are unusable individually and cannot be replaced individually.

Under Extended Warranty Insurance, prior to proceeding with any repair services, you must notify the Insurer and obtain approval of the repair services and the repair facility from the Insurer.

For both Purchase Security and Extended Warranty Insurance, at the sole discretion of the Insurer, you may be required to send, at your expense, the damaged item on
which a claim is based, to an address designated by the Insurers.

Submission of claims from all provinces must be made to the Claims Centre:

**RBC Insurance Company of Canada**
**Claims Centre**
**PO Box 97, Station A**
**Mississauga, ON L5A 2Y9**

1-800-533-2778

You must submit the information required for your claim within ninety (90) days of the date of the loss or damage. If it is not reasonably possible to provide such information within ninety (90) days, you must do so within one (1) year of the date of the loss or damage or your claim will not be reviewed.

**OTHER CLAIM INFORMATION**

You may only commence a legal action in the province or territory where the Certificate of Insurance was issued. You or your heirs assign consent to the transfer of any legal action to the province or territory where the Certificate of Insurance was issued.

**WHAT OTHER TERMS SHOULD YOU KNOW ABOUT?**

1. This insurance is classified as supplemental or excess, in that it covers expenses in excess of expenses payable by any other insurance plan.

2. If you incur expenses covered under this insurance due to the fault and/or negligence of a third party, the Insurer may take action against the third party. You agree to cooperate fully with the Insurer or its agents and to allow the Insurer or its agents, at its/their own expense, to bring a lawsuit in your name against a third party.

3. All amounts are shown in Canadian dollars. If you have paid a covered expense, you will be reimbursed in Canadian currency at the prevailing rate of exchange quoted by Royal Bank on the date the last service was rendered to you. This insurance will not pay for any interest or any fluctuations in the exchange rate.

4. The Insurer may, at its discretion, void this insurance contract in the case of fraud or attempted fraud by you, or if you conceal or misrepresent any material fact or circumstance concerning this insurance contract.

5. The Insurer maintains the right to salvage any items being replaced including all attachments and accessories.

6. You must repay the Insurer any amount paid or authorized by the Insurer on your behalf if and when the Insurer determines that the amount is not payable under the terms of this insurance.

7. The Insurer will not be liable for more than the purchase price of the insured item(s) as recorded on the RBC Rewards Visa Preferred sales draft. If you have purchased and paid for personal property and/or gifts using RBC Rewards points, the Insurer will not be liable for more than the amount of RBC Rewards points you redeemed to pay for your purchase. The Insurer has the sole option to replace or repair the insured item or reimburse you.

8. A limit of $10,000 per item applies to jewellery, gems, watches and furs or garments trimmed with fur, if these items are considered payable under the terms and conditions of this Certificate of Insurance.

9. This protection shall only benefit you. No other person or entity shall have any right, remedy or claim, legal or equitable, to the benefits. You shall not assign these benefits without prior written approval of the Insurer. The Insurer will permit you to transfer benefits on gifts as provided in this plan description and the Certificate of Insurance.

10. On reasonable notice you or a claimant under the contract will be provided with a copy of the group contract.

11. 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 (for actions or proceedings governed
by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or in other applicable legislation in your province of residence. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

COLLECTION AND USE OF PERSONAL INFORMATION

COLLECTING YOUR PERSONAL INFORMATION

We (RBC Insurance Company of Canada) may collect information about you such as:

- information establishing your identity (for example, name, address, phone number, date of birth, etc.) and your personal background;
- information you provide through the application and claims process for any of our insurance products and services; and
- information for the provision of insurance products and services.

We may collect information from you, either directly or through our representatives. We may collect and confirm this information during the course of our relationship. We may also obtain this information from a variety of sources including hospitals, doctors and other health care providers, the government (including government health insurance plans) and governmental agencies, other insurance companies, travel suppliers, law enforcement authorities, private investigators, your family and friends, and any references you provide.

USING YOUR PERSONAL INFORMATION

This information may be used for the following purposes:

- to verify your identity and investigate your personal background;
- to issue and maintain insurance products and services you may request;
- to evaluate insurance risk, manage and coordinate claims, re-price medical expenses and negotiate payment of claims expenses;
- to better understand your insurance situation;
- to determine your eligibility for insurance products and services we offer;
- to help us better understand the current and future needs of our clients;
- to communicate to you any benefit, feature and other information about products and services you have with us;
- to help us better manage our business and your relationship with us; and
- as required or permitted by law.

For these purposes, we may make this information available to our employees, our agents, service providers and other third parties, who are required to maintain the confidentiality of this information.

In the event our service provider is located outside of Canada, the service provider is bound by, and the information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located. Third parties may include other insurance companies, other financial institutions, health organizations and the government (including government health insurance plans) and governmental agencies.

Upon your request, we may give this information to other persons.

We may also use this information and share it with RBC companies (i) to manage our risks and operations and those of RBC companies, (ii) to comply with valid requests for information about you from regulators, government agencies, public bodies or other entities who have a right to issue such requests, and (iii) to let RBC companies know your choices under “Other uses of your personal information” for the sole purpose of honouring your choices.
OTHER USES OF YOUR PERSONAL INFORMATION

- We may use this information to promote our insurance products and services, and promote products and services of third parties we select, which may be of interest to you. We may communicate with you through various channels, including telephone, computer or mail, using the contact information you have provided.

- We may also, where not prohibited by law, share this information with RBC companies for the purpose of referring you to them or promoting to you products and services which may be of interest to you. We and RBC companies may communicate with you through various channels, including telephone, computer or mail, using the contact information you have provided. You acknowledge that as a result of such sharing they may advise us of those products or services provided.

- If you also deal with RBC companies, we may, where not prohibited by law, consolidate this information with information they have about you to allow us and any of them to manage your relationship with RBC companies and our business.

You understand that we and RBC companies are separate, affiliated corporations. RBC companies include our affiliates which are engaged in the business of providing any one or more of the following services to the public: deposits, loans and other personal financial services; credit, charge and payment card services; trust and custodial services; securities and brokerage services; and insurance services.

You may choose not to have this information shared or used for any of these “Other uses” by contacting us as set out below, and in this event, you will not be refused insurance products or services just for that reason. We will respect your choices and, as mentioned above, we may share your choices with RBC companies for the sole purpose of honouring your choices regarding “Other uses of your personal information”.

YOUR RIGHT TO ACCESS YOUR PERSONAL INFORMATION

You may obtain access to the information we hold about you at any time and review its content and accuracy, and have it amended as appropriate; however, access may be restricted as permitted or required by law. To request access to such information, to ask questions about our privacy policies or to request that the information not be used for any or all of the purposes outlined in “Other uses of your personal information” you may do so now or at any time in the future by contacting us at:

RBC Insurance Company of Canada
P.O. Box 97, Station A
Mississauga, Ontario L5A 2Y9

Phone: 1-866-863-6970
Fax: 1-888-298-6262

OUR PRIVACY POLICIES

You may obtain more information about our privacy policies by asking for a copy of our “Financial fraud prevention and privacy protection” brochure about privacy, by calling us at the toll-free number shown above or by visiting our website at www.rbc.com/privacysecurity