

Cancellation & Interruption Insurance



About *Your* Travel Insurance:

This is ***your*** certificate of insurance, a contract detailing the terms and conditions of the insurance coverage(s) available. Refer to the ***insurance application/confirmation of coverage*** to view the coverages purchased. Keep it in a safe place and carry it with ***you*** when ***you*** travel.



Royal Bank

A group insurance policy # F-1999987-A (“Policy”) has been issued to Royal Bank of Canada (“RBC Royal Bank”) by RBC Insurance Company of Canada to cover expenses related to:

- **Trip** Cancellation/**Trip** Interruption expenses.

This certificate of insurance contains the terms and conditions of **your** insurance coverage. Upon enrollment, this certificate, together with the **insurance application/confirmation of coverage** and **medical questionnaire** (if applicable), form **your** insurance contract.

You have the right to request a copy of the application, a copy of the policy of group insurance and/or a written record as evidence of insurability of the group person insured under the contract.

IMPORTANT NOTICE – READ CAREFULLY BEFORE YOU TRAVEL

You have purchased travel insurance – what’s next? **We** want **you** to understand (and it is in **your** best interests to know) what **your** certificate of insurance includes, what it excludes, and what is limited (payable but with limits). Please take time to read through **your** certificate of insurance before **you** travel. **Bolded** and **italicized** terms are defined in **your** certificate of insurance. RBC Insurance Company of Canada has appointed AZGA Service Canada Inc. (operating as “Allianz Global Assistance”) as the provider of all assistance, and claims services under this certificate of insurance.

- Travel insurance covers claims arising from sudden and unexpected situations (i.e. accidents and emergencies) and typically not follow-up or recurrent care.
- To qualify for this insurance, **you** must meet all of the eligibility requirements.
- This insurance contains limitations and/or exclusions; e.g., **medical conditions** that are not **stable**, pregnancy, child born on **trip**, excessive use of alcohol, high risk activities.
- This insurance may not cover claims related to **pre-existing medical conditions**, whether disclosed or not at time of purchase.

- In the event of a claim **your** prior medical history may be reviewed.
- If **you** have been asked to complete a **medical questionnaire** and any of **your** answers are not accurate or complete, **your** certificate of insurance will be voidable.

IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR COVERAGE. IF YOU HAVE QUESTIONS, CALL 1-800-387-2487, visit our website at www.rbcroyalbank.com/travelinsurance or contact us at RBC Insurance Company of Canada Claims, c/o Allianz Global Assistance P O Box 277, Waterloo, ON N2J 4A4.

What the Provincial Regulators want you to know:

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



What to do if you need help on your trip

Call Allianz Global Assistance – 24/7 Help
Wherever **You** Roam.

Please call 1-800-387-2487 toll-free from the U.S. and Canada or (905) 816-2561 collect from anywhere in the world. (Note: If international operator assistance is required; please confirm how to call collect to Canada from your destination before leaving.)

What Assistance Services are available? **Emergency Assistance Services**

The following assistance services are available to **you**:

Replacement Co-ordination

Whenever possible, **we** will help co-ordinate the replacement of **your** prescription eyeglasses or essential prescription medication in the event these items need to be replaced during **your trip**. This insurance does not cover the actual cost to replace **your** prescription eyeglasses or essential prescription medication.

How do I make a claim?

If **you** need a Claim & Authorization form to submit a new claim, or **you** want status on an existing claim, please contact **our** Claims Department at:

905-816-2572 or 1-800-263-8944

Address:

RBC Insurance Company of Canada Claims
c/o Allianz Global Assistance
P O Box 277
Waterloo, ON N2J 4A4

Or **you** can visit **our** website at <https://www.rbcroyalbank.com/travel-insurance/claims-service.html#make-travel-claim> to obtain a Cancellation & Interruption claim form.



Eligibility

Eligibility

To be eligible for insurance coverage **you** must:

- be a client of the RBC Companies or a **spouse** or **child(ren)** of a client;
- purchase coverage for a maximum of 365 days;
- be living in Canada, travelling through Canada or visiting Canada during **your trip**;
- have correctly completed the **medical questionnaire** if the non-refundable portion exceeds \$15,000.

When does **your** coverage start?

Insurance starts on **your effective date**.

When does **your** coverage end?

Insurance ends on the earliest of:

- a the date of the cause of cancellation if **your trip** is cancelled before **your** date of departure from **your departure point**;
- b the date **you** return to **your** province, territory or country of residence;
- c midnight of **your return date**;
- d midnight of **your expiry date**;
- e 365 days after **your** date of departure from **your departure point**.



10 Day Free Look

If **you** are not completely satisfied with this travel insurance, **you** may cancel it within 10 days of purchase for a full refund, provided **you** have not left on **your trip** and have not experienced an event that would cause **you** to submit a claim. Refunds after the 10 day may not be permitted.

What is Covered?

Before you leave:

Trip Cancellation – when a covered reason causes **you** to cancel **your trip** before leaving **your departure point**.

After you leave:

Trip Interruption – when a covered reason occurs during **your trip** which causes the delay of **your** departure from **your departure point**; or when a covered reason occurs during **your trip** which causes an early or late return back to **your departure point**.

Delays:

Transportation Delay – when **your** transportation carrier is delayed due to a covered reason which causes **you** to miss a connection or resulting in the interruption of **your** travel arrangements.

What is not Covered?

It is really important to read **your** insurance coverage before **you** travel. There are exclusions and limitations that apply to **your** coverage. Not every situation or loss is covered. **We** only cover claims that meet the terms and conditions as **we** outline in this document.

IMPORTANT

If **you** have any questions about **your** travel insurance coverage, please visit **our** website or call **us**.



Summary of Travel Insurance Coverage

Cancellation & Interruption Insurance	Maximum Sums Included
Trip Cancellation – Before Departure	Up to the maximum covered amount as indicated on your insurance application/confirmation of coverage
Trip Interruption – After Departure Transportation Trip Interruption – After Departure Unused Portion of Pre-paid Travel Arrangements	Transportation – Economy class Unused Portion of Pre-paid Travel Arrangements – Up to maximum covered amount for Trip Cancellation-Before Departure
Transportation Delay	Up to \$350
Emergency Assistance	Included

Definitions

When reading *your* insurance coverage, *you* will notice that certain words are **bolded** and *italicized*. Please review the “Definitions” section located on the last few pages of this insurance document.

General Conditions

There are general conditions that apply to all coverages and they can be found on last few pages of this insurance document.

Trip Cancellation, Trip Interruption Insurance

Description of Coverage:

This insurance covers *you* up to the amount of insurance coverage *you* purchased for losses incurred should a Covered Reason prevent *you* from travelling as planned.

When does Coverage apply?

Trip Cancellation – Before you Leave:

- when a covered reason causes *you* to cancel *your trip* before leaving *your departure point*. (Coverage is not applicable if the sum insured prior to departure under *your* insurance is \$0.)

Trip Interruption – After you Leave:

- when a covered reason occurs during *your trip* which causes the delay of *your* departure from *your departure point*; or when a covered reason occurs during *your trip* which causes an early return back to *your departure point*.

Delayed Return – After you Leave:

- when a covered reason occurs during *your trip* and results in *your* being delayed, beyond *your* scheduled *return date*, from returning to *your departure point*.

IMPORTANT

When a cause of cancellation (the event that triggers one of the covered reasons) occurs before the date of departure from *your departure point*, *you* must:

- a cancel *your trip* with the travel agent, airline, tour company or the carrier immediately, but no later than the business day following the cause of cancellation; and
- b advise *us* at the same time.

Our 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.

Covered Reasons

Emergency Medical Condition or Death:

For Covered Reasons 1 to 5 “**you**” or “**your**” applies to **you** or **your travelling companion**.

- 1 **Your emergency medical condition** or death.
- 2 The **emergency medical condition** or death of:
 - a **Your immediate family** member,
 - b **Your caregiver, key employee** or business partner.
- 3 The death or admission to a **hospital** of **your** host at destination following an **emergency medical condition**.
- 4 The death of **your** friend.
- 5 The quarantine or hijacking of **you, your spouse** or **your** child.

What are you eligible for: (Covered Reasons 1 to 5)

Covered Reasons 1 to 5:		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
a) or b)	c), d) & g), or c), e) & g)	d), f)

Review **your** benefit(s) under the “What are the Benefits?” section.

Pregnancy & Adoption:

For Covered Reason 6 “**your**” applies to **you, your spouse, your travelling companion, your travelling companion’s spouse, your immediate family** member or **your travelling companion’s immediate family** member.

- 6 **Your** complications of a pregnancy arising in the first 31 weeks of pregnancy. Note: the confirmation of a multiple pregnancy/or the confirmation of a pregnancy as a result of fertility **treatment** are not considered complications of pregnancy.

What are you eligible for: (Covered Reason 6)

Covered Reason 6:		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
a) or b)	c), d) & g), or c), e) & g)	d), f)

Review **your** benefit(s) under the “What are the Benefits?” section.

For Covered Reasons 7 and 8 “**your**” applies to **you, your spouse, your travelling companion, your travelling companion’s spouse**.

- 7 **Your** pregnancy being confirmed after **your effective date**, if **your** departure from **your departure point** is scheduled to take place in the 9 weeks before or after the expected date of delivery.

What are you eligible for: (Covered Reason 7)

Covered Reason 7:		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
a) or b)	not applicable	not applicable

Review **your** benefit(s) under the “What are the Benefits?” section.

- 8 The legal adoption of a child, when the actual date of that adoption is scheduled to take place after **your effective date** and prior to, or during, **your trip**.

What are you eligible for: (Covered Reason 8)

Covered Reason 8		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
a) or b)	c), d) & g)	not applicable

Review **your** benefit(s) under the “What are the Benefits?” section.

Work or Occupation:

For Covered Reasons 9 to 12 “**your**” applies to **you, your spouse, your travelling companion**.

- 9 A transfer by **your** employer with whom **you** or **your spouse** is employed on **your effective date** which requires the relocation of **your** principal residence (not applicable to self-employed people).
- 10 The involuntary loss of **your** permanent employment (not contract employment) due to lay-off or dismissal without just cause.
- 11 Cancellation of **your business meeting** beyond **your** or **your** employer’s control.
- 12 **Your** being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.

What are you eligible for: (Covered Reasons 9 to 12)

Covered Reasons 9 to 12:		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
a) or b)	c), d) & g)	not applicable

Review **your** benefit(s) under the “What are the Benefits?” section.

Government Travel Warning or Visas:

For Covered Reason 13 “**your**” applies to **you**.

- 13 The Government of Canada issues an “Avoid Non – Essential Travel” or an “Avoid All Travel” travel advisory after **you** purchase **your** insurance advising or recommending that Canadian residents should not visit a destination included in **your trip**. (Note: Not applicable if the reason for the travel advisory is related to COVID-19 including any mutation or variation).

What are you eligible for: (Covered Reason 13)

Covered Reason 13:		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
a)	c), d) & g), or c), e) & g)	not applicable

Review **your** benefit(s) under the “What are the Benefits?” section.

For Covered Reason 14 “**your**” applies to **you** or **your travelling companion**.

- 14 The non-issuance of **your** travel visa (not an immigration or employment visa) or the rejection of **your** travel visa application (not an immigration or employment visa) for reasons beyond **your** control.

What are you eligible for: (Covered Reason 14)

Covered Reason 14:		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
a) or b)	not applicable	not applicable

Review **your** benefit(s) under the “What are the Benefits?” section.

Other:

For Covered Reasons 15 and 16 “**your**” applies to **you** or **your travelling companion**.

- 15 An event completely independent of any intentional or negligent act that renders **your** principal residence uninhabitable or the business that **you** own inoperative.
- 16 **Your, your spouse** or **your** child being a) called for jury duty; b) subpoenaed as a witness; or c) required to appear as a party in a judicial proceeding during **your trip**.

What are you eligible for: (Covered Reasons 15 to 16)

Covered Reasons 15 to 16:		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		

a) or b)	c), d) & g)	not applicable
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Review **your** benefit(s) under the “What are the Benefits?” section.

Transportation Delays:

For Covered Reason 17 “**your**” applies to **you**.

17 A missed departure or the delay of **your** connecting transportation due to the following events:

- mechanical failure of that transportation
- a traffic accident
- an emergency police-directed road closure
- weather conditions, earthquakes, volcanic eruptions
- **unannounced strike**
- loss or theft of **your** passports, travel documents, or money

Transportation for covered reason #17 refers to a **passenger plane**, ferry, cruise ship, bus, limousine, taxi, ride sharing, private automobile or train.

IMPORTANT

- **Your** travel plans must include enough time to meet the travel supplier’s check-in procedure.
- Any amount payable will be reduced by any amount recoverable from another source (including but not limited to alternatives or replacement travel options offered by airlines, tour operators, cruise lines and other carriers) for the same cause.

What are you eligible for: (Covered Reason 17)

Covered Reason 17:		
Trip Cancellation	Trip Interruption	Delayed Return
BENEFIT(S)		
not applicable	c), e), h)	d), g)

Review **your** benefit(s) under the “What are the Benefits?” section.

For Covered Reason 18 “**your**” applies to **you** and **your travelling companion**.

18 Delay of **your** scheduled carrier due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the **trip**, when **you** choose not to continue with **your** travel arrangements.

Note: If **you** choose to continue on with the **trip**, only Benefit b) applies.

What are you eligible for: (Covered Reason 18)

Covered Reason 18:		
Trip Cancellation	Trip Interruption	Delayed Return

BENEFIT	
a) or b)	b) or c), d) & g)

Review *your* benefit(s) under the “What are the Benefits?” section.

What are the Benefits?

Trip Cancellation – Before you Leave: (up to the maximum covered amount purchased)

If *your trip* is cancelled before *you* leave as a result of a Covered Reason, benefits are payable for:

- a The non-refundable portion of *your* prepaid travel arrangements.
- b The extra cost of the next occupancy charge if *you* choose to travel as originally planned.

IMPORTANT

Benefit a) or b) are not applicable if the maximum amount purchased for *Trip Cancellation – Before Departure* is \$0.

Trip Interruption – After you Leave (up to the maximum covered amount purchased for Trip Cancellation)

Unused Portion of Pre-paid travel arrangements:

If *your trip* is interrupted after *you* leave as a result of a Covered Reason, benefits are payable for:

- c The non-refundable unused portion of *your* prepaid travel arrangements, excluding partially used airline/transportation tickets back to *your departure point*.

IMPORTANT

Benefit c) is not applicable if the maximum amount purchased for *Trip Cancellation – Before Departure* is \$0.

Transportation:

- d *Your* economy class transportation via the most cost effective route to *your departure point*.

IMPORTANT

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 *immediate family* member, business partner, *key employee* or *caregiver*, *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 reason #2)

- This option is subject to the pre-authorization of Allianz Global Assistance.
- This option can only be used once during *your period of insurance*.
- If *you* choose this option, it will replace benefit d).
- The Out of Pocket Expenses benefit is not applicable if *you* choose this option.

- e *Your* economy class one-way air fare via the most cost effective route to *your* next destination (inbound and outbound) or to rejoin a tour or group.

Out of Pocket Expenses:

- f *your* commercial accommodations and meals, essential telephone calls, internet usage fees, and taxi fares (ride sharing or rental car in lieu of taxi fares), up to a daily maximum of:
 - \$175, to a maximum total of \$1750.

- g **your** commercial accommodations and meals, essential telephone calls, internet usage fees, and taxi fares (ride sharing or rental car in lieu of taxi fares), up to a daily maximum of:

- \$175, to a maximum total of \$350.

Transportation Delay Benefit:

- h As a result of covered reason #17, reimbursement to **you**, up to a daily maximum of \$175 to a total of \$350:

- for **your** overnight commercial accommodations (if delayed for 6 hours or more and delay occurs overnight); and
- meals, essential telephone calls, internet usage fees, taxi fares (ride sharing or rental car in lieu of taxi fares).

IMPORTANT

This benefit can only be claimed if no other compensation was provided or offered by the delayed transportation.

Repatriation of **your** remains Benefit:

If, during **your trip**, **you** die from a **medical condition** covered under this insurance, the insurance covers:

- the transportation of **your** remains in the common carrier's standard transportation container to **your** province or territory of residence, and up to \$5,000 for the preparation of **your** remains and for the cost of the common carrier's standard transportation container; or
- the transportation of **your** remains to **your** province or territory of residence and up to \$5,000 for the cremation of **your** remains at the location 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 at the location where **your** death occurred.

Limitations, Conditions & Exclusions

What Conditions Apply?

- 1 It is a condition of any transportation and out of pocket expense benefit under this insurance that travel must be undertaken on the earliest of:
 - a the date when **your** travel is medically possible; and
 - b within 10 days following **your** originally scheduled **return date** if **your** delay is not the result of hospitalization; or
 - c within 30 days following **your** originally scheduled **return date** if **your** delay is the result of hospitalization, when the benefit is payable because of a **medical condition** covered under one of the covered reasons.
- 2 This insurance is subject to the "Terrorism Coverage", "General Conditions" and "How Do **You** Submit a Claim?" sections outlined in this insurance document.

What is Not Covered

Pre-existing Medical Condition Exclusions:

- 1 **Pre-Existing Medical Condition Exclusion:**

(Applicable if the non-refundable portion of **your** pre-paid travel arrangements does not exceed \$15,000.)

When reading the **Pre-existing Medical Condition** exclusions, please review the definition of **stable**.

This exclusion applies to **you**, **your spouse**, **your** dependent **children** whether or not they are travelling with **you**. It also applies to **your** parents and **your** siblings who live in the same home, whether or not they are travelling with **you**.

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

- i **Your/their medical condition** or related condition (whether or not the diagnosis has been determined) if at any time in the 90 days before **your effective date**, the **medical condition** or related condition has not been **stable**.
- ii Any heart condition (whether or not the diagnosis has been determined) if at any

time in the 90 days before **your effective date**:

- a **Your**/their heart condition has not been **stable**; or
 - b **You**/they have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- iii Any lung condition (whether or not the diagnosis has been determined) if at any time in the 90 days before **your effective date**:
- a **Your**/their lung condition has not been **stable**; or
 - b **You**/they have been **treated** with or prescribed home oxygen (on a regular or on an as needed basis) or **treated** with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

2 **Pre-Existing Medical Condition Exclusion:**

(Applicable if the non-refundable portion of **your** pre-paid travel arrangements exceeds \$15,000.)

IMPORTANT

If the non-refundable portion of **your** pre-paid travel arrangements exceeds \$15,000, **you** must complete the **medical questionnaire**. The **pre-existing medical condition** exclusion is based on the category **you** qualify for (Gold, Silver or Bronze). Exclusion # 3 also applies to all categories.

Gold

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

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

time in the 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.
- iii **Your** lung condition (whether or not the diagnosis has been determined) if at any time in the 90 days before **your effective date**:
- a any lung condition has not been **stable**; or
 - b **you** have been **treated** with or prescribed home oxygen (on a regular basis or on an as needed basis) or **treated** with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

Silver

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

- i **Your medical condition** or related condition (whether or not the diagnosis has been determined) if at any time in the 180 days before **your effective date**, **your medical condition** or related condition has not been **stable**.
- ii **Your** heart condition (whether or not the diagnosis has been determined) if at any time in the 180 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.
- iii **Your** lung condition (whether or not the diagnosis has been determined) if at any time in the 180 days before **your effective date**:
 - a any lung condition has not been **stable**; or

- b **you** have been **treated** with or prescribed home oxygen (on a regular basis or on an as needed basis) or **treated** with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

Bronze

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

- i **Your medical condition** or related condition (whether or not the diagnosis has been determined) if at any time in the 365 days before **your effective date**, **your medical condition** or related condition has not been **stable**.
- ii **Your** heart condition (whether or not the diagnosis has been determined) if at any time in the 365 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.
- iii **Your** lung condition (whether or not the diagnosis has been determined) if at any time in the 365 days before **your effective date**:
 - a any lung condition has not been **stable**; or
 - b **you** have been **treated** with or prescribed home oxygen (on a regular basis or on an as needed basis) or **treated** with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

3 Pre-Existing Medical Condition Exclusion:

(Applicable if the non-refundable portion of **your** pre-paid travel arrangements exceeds \$15,000.)

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

- i **Your immediate family** member or **your travelling companion's medical condition** or related condition (whether or not the

diagnosis has been determined) if at any time in the 90 days before **your effective date**, **your immediate family** member or **your travelling companion's medical condition** or related condition has not been **stable**.

- ii **Your immediate family** member or **your travelling companion's** heart condition (whether or not the diagnosis has been determined) if at any time in the 90 days before **your effective date**:
 - a any heart condition has not been **stable**; or
 - b **your immediate family** member or **your travelling companion** have taken nitroglycerin more than once per week specifically for the relief of angina pain.
- iii **Your immediate family** member or **your travelling companion's** lung condition (whether or not the diagnosis has been determined) if at any time in the 90 days before **your effective date**:
 - a any lung condition has not been **stable**; or
 - b **your immediate family** member or **your travelling companion** have been **treated** with or prescribed home oxygen (on a regular or on an as needed basis) or **treated** with or prescribed oral steroids (prednisone or prednisolone) for any lung condition.

General Exclusions

In addition to the exclusion outlined above under “**Pre-Existing Medical Condition** Exclusions,” this insurance does not cover any loss, claim or expense of any kind caused directly or indirectly by:

- a Any known or anticipated event, occurrence, circumstance, or **medical condition** which **you** were aware of on or before **your effective date**, and which **you** knew might be cause for cancellation, interruption or delay of **your trip**.

- b A **trip** undertaken to visit or attend an ill person when the **medical condition** or death of that person is the cause of the claim.
- c Pre-paid travel arrangements for which an insurance premium was not paid.
- d **Your** self-inflicted injury, suicide or attempt to commit suicide.
- e Claim that results from or is related to **your** involvement in the commission or attempted commission of a criminal offence or illegal act.
- f Any **medical condition**, including symptoms of withdrawal, arising from, or in any way related to, **your** chronic use of alcohol, drugs or other intoxicants whether prior to or during **your trip**.
- g Any **medical condition** arising during **your trip** from, or in any way related to, the abuse of alcohol, drugs or other intoxicants.
- h Any **medical condition** that is the result of **you** not following **treatment** as prescribed to **you**, including prescribed or over-the-counter medication.
- i Any claim related to routine pre-natal or post-natal care, or

Any claim related to **your** child born during the **trip**, or

Any claim related to pregnancy, delivery, or complications of either, arising 9 weeks before the expected date of delivery or 9 weeks after.
- j A **trip** made for the purpose of obtaining a diagnosis, **treatment**, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complication.
- k **Your** participation in rock climbing or **mountain climbing**.
- l The non-issuance of a travel visa due to late visa application.
- m **Your** refused entry at customs, border crossing, or security checkpoint for any reason.
- n The schedule change of a medical test or surgery that was originally scheduled before **your period of insurance**.
- o **Your medical condition** if any answer provided in the **medical questionnaire**, when applicable, is incorrect, in which case the insurance is void and the premium paid is refundable at **our** option.
- p Any claim related to:
 - an act of war whether declared or undeclared;
 - rebellion;
 - exposure to nuclear reaction or radiation;
 - radioactive, biological or chemical **contamination**.
- q Any expenses resulting from orbital space flights, sub-orbital space flights and space tourism.
- r A travel advisory (“Avoid Non-Essential Travel” or “Avoid all Travel”) issued by the Government of Canada specifically related to COVID-19 (including any mutation or variation).

IMPORTANT NOTE: VOUCHERS OR FUTURE TRAVEL CREDITS

1. A travel supplier may provide **you** with a voucher or future travel credit when **your trip** is cancelled or interrupted due to a covered reason.
2. **We** will, for Cancellation and Interruption claims, except as described in paragraph 3, reimburse **you** up to a maximum of 100% of **your** eligible loss covered under this insurance. **You** are required to contact the travel supplier and obtain proof of the cancelled voucher or future travel credit in order to proceed with **your** claim.
3. If payable combined Cancellation and Interruption claims related to one event exceed \$1 million dollars, any voucher or future travel credit that has been made available to **you**, by a travel supplier, (whether it is accepted by **you** or not) will be considered a refund and **your** claim will not be covered. This limitation will only apply when the covered reason is related to the one event.
4. In the case of paragraph 3, when a claim is submitted, **you** will be informed to contact the travel supplier, for alternative or replacement travel options.

Terrorism Coverage

Where an **act of terrorism** directly or indirectly causes a loss that would otherwise be payable under one of the covered reasons in accordance with the terms and conditions of this insurance, this insurance will provide coverage as follows:

1. **We** will, for Cancellation & Interruption claims, except in the case of **catastrophic event**, reimburse **you** up to a maximum of 100% of **your** eligible loss.
2. **We** will, for Cancellation & Interruption claims resulting in a **catastrophic event**, and subject

to the limits described in paragraph 6), reimburse **you** up to a maximum of 50% of **your** eligible loss.

3. For all other classes of insurance, **we** will reimburse **you** up to a maximum of 100% of **your** eligible loss.
4. The benefits payable in accordance with paragraphs 2), 3) and 4) are in excess to all other potential sources of recovery, including but not limited to, alternative or replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and will only respond after **you** have exhausted all such other sources.
5. The benefits payable in accordance with paragraph 3) shall be paid out of a fund and, where total claims exceed fund limits, eligible claims shall be reduced on a pro rata basis so that the maximum payment out of the fund for all certificate of insurance holders shall be CDN\$5,000,000 per **act of terrorism** or series of **acts of terrorism** occurring within a 72-hour period. The total maximum payment out of the fund for all certificate of insurance holders shall be CDN\$10,000,000 per calendar year regardless of the number of **acts of terrorism**. If, in **our** judgment, the total of all payable claims for all certificate of insurance holders under one or more **acts of terrorism** may exceed the applicable fund maximum limits, **your** prorated claim will be paid after the end of the calendar year.

How to Become Insured, Extend or Modify Your Insurance

How do you become insured?

You become insured and this Insurance document becomes an insurance contract:

- **Your** name is on the **insurance application/confirmation of coverage**.
- The required premium has been paid on or before **your effective date**.
- **You** have completed the **medical questionnaire** if required.

When does *your* coverage automatically extend?

- 1 If *you* cannot complete *your trip* by *your return date* because of the delay of a common carrier in which *you* are scheduled to travel, *your* coverage will automatically extend for the delay period to a maximum of 72 hours.
- 2 Regardless of the automatic extensions above, coverage will not continue beyond 365 days from *your* latest date of departure from *your departure point*.

What if you decide to extend your trip?

If *you* decide to extend *your trip*, any extension of *your* coverage is subject to the following conditions:

- 1
 - a If *you* have not had a *medical condition* under *your* existing coverage under any of *our* insurances, *you* must request the extension by contacting *us* before *your return date*.
 - b If *you* have had a *medical condition* under *your* existing coverage under any of *our* insurances, *you* must request the extension by contacting Allianz Global Assistance before *your return date*, and the extension is subject to the approval of Allianz Global Assistance.
- 2 *You* must pay the required additional premium before *your* original *return date*.
- 3 If the insurance for which *you* require the extension is not available for the duration that includes the total number of days of *your trip* and any optional extension(s), *your* coverage cannot be extended. Instead, *you* may be able to purchase a new certificate of insurance under the coverage:
 - a for which *you* are eligible; and
 - b that is available for the duration that includes the period beginning with *your effective date* and ending at *your* new *return date*.

- 4 Any extension of *your* coverage is subject to *our* approval and *we* reserve the right to decline the request.

The terms, conditions and exclusions of the certificate extension apply to *you* during the extension period.

Topping Up another travel insurance coverage

If *you* are covered under another travel insurance coverage, *you* may purchase *top-up* coverage from *us* only before *your* date of departure from *your departure point*, and:

- a *You* must pay the required *top-up* premium before *your* date of departure from *your departure point*.
- b The terms, conditions and exclusions of *our* certificate of insurance issued as *top-up* apply to *you*.
- c *You* cannot purchase an annual coverage to *top-up* a single *trip* (if *you* have travel insurance included with *your* credit card coverage, *you* can purchase an annual coverage as *top-up*).
- d Any *top-up* coverage is subject to *our* approval and *we* reserve the right to decline the request.



Insurance Premium

About *Your* Premium

- The required premium is due and payable at the time of purchase and will be determined according to the schedule of premium rates in effect.
- Premium rates and coverage terms and conditions are subject to change without prior notice.
- Coverage will be null and void if credit card charges are invalid, or if no proof of *your* payment exists.

When can *your* premium be refunded?

If *you* are not completely satisfied with this travel insurance, *you* may cancel it within 10 days of purchase for a full refund, provided *you* have not left on *your trip* and have not experienced an event that would cause *you* to submit a claim. Refunds after the 10 day will not be permitted unless:

- the supplier (tour operator, airline, etc.) cancels *your trip* and all penalties are waived; or
- the supplier (tour operator, airline, etc.) changes the travel dates and *you* are unable to travel on these dates and all penalties are waived; or
- *you* cancel *your trip* before any cancellation penalties are in effect.

Contract or Coverage Termination by *Us*

- 1 This certificate of insurance is issued on the basis of information in *your* application or provided in connection with *your* application (including answers to the *medical questionnaire*, if required). When completing the application and answering the medical questions, *your* answers must be complete and accurate. In the event of a claim, *we* will review *your* medical history. If any of *your* answers are found to be incomplete or inaccurate:
 - *your* coverage will be void
 - which means *your* claim will not be paid
- 2 If *you* fail to meet the eligibility conditions as outlined under “Eligibility”, *your* insurance is void and *our* liability is limited to a refund of the premium paid.
- 3 *You* must repay *us* any amount paid or authorized by *us* on *your* behalf if *we* determine that the amount is not payable under *your* certificate of insurance.
- 4 This contract is void if a *trip* is made for the purpose of obtaining a diagnosis, *treatment*, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complication.



How to Submit a Claim

How to Submit a Claim

- 1 When **you** call **us** at the time of an **emergency**, **you** are given all the information required to file a claim. Otherwise, please refer to the instructions below.
- 2 **We** do not cover fees charged for completing a medical certificate.
- 3 **You** must provide notice of **your** claim within thirty (30) days of the date the claim arises.

You must submit the information required for **your** claim within ninety (90) days of the date of the claim arises. 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 the claim arises or such other time period as may be permitted by **your** applicable provincial legislation or **your** claim may not be reviewed.

If **your** claim is approved, payment will be made within sixty (60) days of receipt of all of the required information.

- If **you** need a Claim & Authorization form, please contact **our** Claims Department at **1-800-387-2487 toll-free from the U.S. and Canada, or (905) 816-2561.**

- Or **you** can visit **our** website at <https://www.rbcroyalbank.com/travel-insurance/claims-service.html#make-travel-claim> to obtain a Cancellation & Interruption claim form.
- **Our** address:
RBC Insurance Company of Canada Claims
c/o Allianz Global Assistance
P O Box 277
Waterloo, ON N2J 4A4

How to file a Complaint

The complete process to file a complaint with RBC Insurance Company of Canada can be accessed on the RBC Insurance Company of Canada public website at <https://www.rbcinsurance.com> under "Make a Complaint" at <https://www.rbc.com/customer-care/index.html>.

Information Required for each type of Claim

If you are making a *Trip Cancellation* or *Trip Interruption Insurance* claim:

We require the fully completed Claim & Authorization form, and where applicable:

- A medical document, 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, the diagnosis and all dates of **treatment**.
- Written evidence of the covered reason which was the cause of the cancellation, interruption or delay.
- Tour operator terms and conditions.
- Complete original unused transportation tickets, vouchers, cruise shore excursions or special ticket events.
- All receipts for the prepaid land arrangements and/or out of pocket expenses.
- Original passenger receipts for new tickets.
- Reports from the police or local authorities documenting the cause of the missed connection.
- Detailed invoices and/or receipts from the service provider(s).

IMPORTANT

To save **you** time, we've made it easier to submit **your trip** cancellation and **trip** interruption claims online.

Sign in to Online Insurance:

<https://www4.rbcinsurance.com/ui/signin/home?lang=en>

From the Policy Summary screen, find **your** travel policy/certificate number

Click on "Open a Claim" to get started

Please make sure to have all **your** supporting documents available when **you** open a claim online.

FAILURE TO COMPLETE THE REQUIRED CLAIM & AUTHORIZATION FORM IN FULL WILL DELAY THE ASSESSMENT OF YOUR CLAIM.

What can you expect from us when making a claim

- 1 When making a claim under this insurance, **you** must provide the applicable documents **we** require. Failure to provide the applicable documentation will invalidate **your** claim.
- 2 **We** will pay the expenses, other than for loss of life, covered under this insurance to **you** or to the provider of the service(s). Any sum payable for loss of life will be payable to **your** estate unless otherwise specified in **your insurance application/confirmation of coverage**.
- 3 Payment, reimbursement and amounts shown throughout this contract are in Canadian dollars, unless otherwise stated. If currency conversion is necessary, **we** will use the exchange rate on the date the last service was rendered to **you**. This insurance will not pay for any interest.
- 4 **You** must repay **us** any amount paid or authorized by **us** on **your** behalf if **we** determine that the amount is not payable under **your** certificate of insurance.
- 5 During the processing of a claim under this insurance, **we** may require **you** to undergo a medical examination by one or more **physicians** selected by **us** and at **our** expense.

What can you do if your claim is not approved

If **your** claim is not approved and **you** disagree with **our** decision, **you** have the option to appeal. **You** can contact the RBC Client Complaints Appeal Office for assistance at:

ccao@rbc.com or 1-888-728-6666 or <https://www.rbcinsurance.com/contact-us/personal-insurance/index.html>

In order to submit the appeal, **you** will need to outline **your** concerns and resolution expectations. **You** will also need to send **us** the following:

- A copy of the final decision/proposal letter that **you** received
- Any new information or documentation that has not already been submitted to support **your** position

There is a limitation period for commencing an action in the Province of Quebec. If **you** decide to commence an action in court, **we** recommend **you** seek independent legal advice on **your** rights and the applicable limitation period. **You** may only commence a legal action in the province or territory where the insurance was issued.

General Conditions

- 1 Throughout this document, any reference to age refers to **your** age on the date of **insurance application/confirmation of coverage**.
- 2 **We** and **our** agents, Allianz Global Assistance and their agents are not responsible for the availability, quality or results of any medical **treatment** or of any transportation or of **your** failure to obtain medical **treatment**.
- 3 This document, including the **insurance application/confirmation of coverage** and, when applicable, the **medical questionnaire**, is the entire contract between **you** and **us**. Despite any other provision of this contract, this contract is subject to the statutory conditions in the Insurance Act respecting contracts of accident and sickness insurance.
- 4 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.

- 5 **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.

Access to Care

We will assist **you** to access care whenever possible; however, **we** are not responsible for the quality of care **you** receive.

Misrepresentation

- 1 This certificate of insurance is issued on the basis of information in **your** application or provided in connection with **your** application (including answers to the **medical questionnaire**, if required). When completing the application and answering the medical questions, **your** answers must be complete and accurate. In the event of a claim, **we** will review **your** medical history. If any of **your** answers are found to be incomplete or inaccurate:
 - **your** coverage will be void
 - which means **your** claim will not be paid
- 2 You must be accurate and complete in **your** dealings with **us** at all times.
- 3 **We** will not pay a claim if **you**, any person insured under this certificate of insurance or anyone acting on **your** behalf attempt to deceive **us** or makes a fraudulent, false or exaggerated statement or claim.

Co-ordination of Benefits

If **you** are eligible for benefits, similar to the benefits provided under this insurance, the total benefits paid to **you** by all insurers cannot exceed the actual incurred expense.

We will coordinate the payment of benefits from all insurers with whom **you** are eligible, to the maximum of the largest amount specified by each insurer.

- 1 **In the case of out-of-country/province health care coverage:**
 - a 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 coordinate payment with such coverage;
- more than \$50,000, **we** will coordinate payment with such coverage only in excess of \$50,000; in accordance with the coordinating coverage guidelines issued by the Canadian Life and Health Insurance Association.

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

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

- 2 If **you** are insured under more than one of **our** policies, the total amount paid to **you** cannot exceed the actual expense which **you** have incurred, and the maximum **you** are entitled to is the largest amount specified for the benefit in any one certificate of insurance.
- 3 Any of **our** policies are excess insurance and are the last payors. All other sources of recovery, indemnity payments or insurance coverage must be exhausted before any payments will be made under any of **our** policies.
- 4 These conditions are not applicable to benefits payable under Flight & Travel Accident Insurance.

Right to be Reimbursed (Subrogation) and Third Party Recovery

As a condition to receiving benefits under this certificate of insurance, **you** agree that if **you** have a claim or right of action against any person, company or organization for the loss or expenses for which under this certificate of insurance **we** have made payment, **you** shall, if requested by **us**, assign and transfer such claim or right of action to **us**. **You** agree that **you** will do nothing to prejudice our rights to recover, and **you** will cooperate fully with **us** and to allow **us**, at **our** own expense, to bring a law suit in **your** name against the third party.

In the event that **you** institute a demand or action in connection with the losses or expenses for which under this certificate of insurance we have made payment, **you** agree to:

- 1 Immediately notify **us** of this claim and provide the name and address of the lawyer or firm pursuing this action on **your** behalf;
- 2 Advise the lawyer or firm acting on **your** behalf about **our** right to be reimbursed under this certificate of insurance, and instruct any such lawyer or firm acting on **your** behalf to include as part of **your** action all amounts paid by **us** under this certificate of insurance;
- 3 Keep **us** informed on the status of **your** legal action and to provide **us**, free of charge with such reports as we may reasonably require and details of any settlement negotiations; and
- 4 Reimburse **us** for all **emergency** medical, hospital, and related costs paid under the certificate of insurance from any amounts **you** receive from a third party responsible (in whole or in part) for **your** injury or sickness whether such amounts are paid under a judgment or settlement agreement.



Definitions

The following are **our** definitions and apply when **bolded** and written in *italics* throughout this document.

Business meeting – a meeting, trade show, training course, or convention scheduled before **your effective date** between companies with unrelated ownership, pertaining to **your** full-time occupation or profession and that is the sole purpose of **your trip**. Legal proceedings are not considered to be a **business meeting**.

Caregiver – the permanent, full-time person entrusted with the well-being of **your** dependant(s) and whose absence cannot reasonably be replaced.

Catastrophic event – total eligible Cancellation & Interruption Insurance claims arising directly or indirectly from an *act of terrorism*, or series of *acts of terrorism*, occurring within a 72-hour period that exceed \$1,000,000.

Children – dependent unmarried persons, who are **your** natural, adopted or step-children, and are:

- a under 21 years of age; or
- b under 26 years of age if full-time students; or
- c **your** child of any age who is mentally or physically disabled.

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

Departure point – the place **you** depart from on the first day of **your** intended travel period, as shown on **your trip** itinerary insured by **us**.

Dismemberment – actual severance through or above **your** wrist or ankle joint.

Effective date – **your effective date** is shown on **your insurance application/confirmation of coverage**:

Cancellation & Interruption coverage:

- the date and time the required premium is paid.

Top-up coverage:

- 12:01 a.m. on the day following the date of expiry of **your** prior coverage; or
- if **you** purchase **top-up** coverage for the beginning portion of **your** intended travel period, **your effective date** is set out above based on the coverage **you** purchase as **top-up**.

Emergency – A sudden and unforeseen **medical condition** that requires immediate **treatment**. An **emergency** no longer exists when the evidence reviewed by Allianz Global Assistance indicates that no further **treatment** is required at destination or **you** are able to return to **your** province/territory of residence for further **treatment**.

Expiry date – the date on which **your** coverage ends under this insurance, as shown on **your insurance application/confirmation of coverage**.

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

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

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

Insurance application/confirmation of coverage – the document provided by **us** or through **your** online application which confirms the insurance coverage **you** have purchased. The **insurance application/confirmation of coverage** forms part of the insurance contract.

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

Medical condition – Any disease, illness or injury (including symptoms of undiagnosed conditions).

Medical questionnaire – the form that contains questions that must be answered correctly at the time of **insurance application/confirmation of coverage**, and that, once completed and signed, forms part of the insurance contract. **Your medical condition** at the time of completion of the **medical questionnaire** determines the terms of coverage and/or the premium that apply to **you**. **You** must complete the **medical questionnaire** for Cancellation & Interruption coverage, if the non-refundable portion of **your** prepaid travel arrangements exceeds \$15,000.

Mountain climbing – 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.

Network – the **hospitals, physicians** and other medical service providers recognized by **us** at the time of the **emergency**.

Passenger plane – a certified multi-engined 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.

Period of insurance – the period of time between **your effective date** and **your return date**.

Physician – A person who is not **you** or a member of **your immediate family** or **your traveling companion**, licensed in the jurisdiction where the services are provided, to prescribe and administer medical **treatment**.

Pre-existing Medical Condition – Any **medical condition** that exists prior to **your effective date**.

Prescription drug – drug or medicine that can only be issued upon the prescription of a licensed **physician** or dentist and is dispensed by a licensed pharmacist. **Prescription drug** does not

mean such drug or medicine when **you** need (or renew) them to continue to stabilize a condition which **you** had before **your trip**, or a chronic condition.

Professional – engaged in a specified activity as **your** main paid occupation.

Return date – the date on which **you** are scheduled to return to **your departure point**. This date is shown on **your insurance application/confirmation of coverage**.

If **you** purchase **top-up** coverage for the beginning portion of **your** intended travel period, **your return date** is 11:59 p.m. on the day before the **effective date** of **your** subsequent coverage.

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

Stable – A **medical condition** is considered **stable** when all of the following statements are true:

- there has not been any new **treatment** prescribed or recommended, or change(s) to existing **treatment** (including a stoppage in **treatment**), and
- there has not been any change to any existing prescribed drug (including an increase, decrease, or stoppage to prescribed dosage), or any recommendation or starting of a new **prescription drug**, and
- the **medical condition** has not become worse, and
- there has not been any new, more frequent or more severe symptoms, and
- there has been no hospitalization or referral to a specialist, and
- there have not been any tests, investigation or **treatment** recommended, but not yet complete, nor any outstanding test results, and
- there is no planned or pending **treatment**.

All of the above conditions must be met for a **medical condition** to be considered **stable**.

Terrorism or **act of terrorism** – 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.

Top-up – the coverage **you** purchase from **us**:

- a to add to **your** insurance beyond the duration covered under **your** Multi-Trip Annual Coverage; or
- b before **your** date of departure from **your** **departure point** to complement travel insurance coverage that is in effect through another program or certificate of insurance of insurance for a portion of **your** **trip** duration or value.

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

Treat, Treated, Treatment – A procedure prescribed, performed or recommended by a **physician** for a **medical condition**. This includes but is not limited to prescribed medication, investigative testing and surgery.

Trip – the period of time between leaving **your** **departure point** up to and including **your** **return date**.

Unannounced Strike – means any sudden or spontaneous work stoppage (whether or not organized or sanctioned by a labour union) which:

- a is not announced in any media, and
- b causes the delay of **your** departure and/or arrival of a common carrier (such as a **passenger plane**, ferry, cruise ship, bus, limousine, taxi or train).

We, us and **our** refer to RBC Insurance Company of Canada and any services provided by Allianz Global Assistance.

You, and **your** refer to the person named as the insured on the **insurance application/confirmation of coverage** when the required insurance premium has been paid before the **effective date**.

RBC Insurance Company of Canada
6880 Financial Drive
Mississauga, Ontario
L5N 7Y5



Royal Bank