

The purpose of this fact sheet is to inform you of your rights.
It does not relieve the insurer or the distributor of their obligations to you.

LET'S TALK INSURANCE!

Name of distributor: US Bank National Association – Canada Branch

Name of insurer: AIG Insurance Company of Canada

Name of insurance product: Blanket Travel Accident Insurance



IT'S YOUR CHOICE

You are never required to purchase insurance:

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration. The distributor **must** tell you when the remuneration exceeds 30% of that amount.



RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

The *Autorité des marchés financiers* can provide you with unbiased, objective information.
Visit www.lautorite.qc.ca or call the AMF at 1-877-525-0337.

Reserved for use by the insurer: You may view this document and the insurance policy at www.aig.ca/qc-distribution-lists

Product Summary

Blanket Travel Accident Insurance

Insurer's Contact Information

Name: **AIG Insurance Company of Canada**
AMF Registration Number: 2000533077
Website: aig.ca

Address: 120 Bremner Boulevard, Suite 2200,
Toronto, ON, M5J 0A8

Phone Number: 1-416-596-3000
Fax Number: 1-855-453-1063
Toll Free: 1-800-387-4481

Claims Administrator's Contact Information

Name: **AIG Insurance Company of Canada**

Address: 120 Bremner Boulevard, Suite 2200,
Toronto, ON M5J 0A8

Phone Number: 1-416-596-3000
Fax Number: 1-855-453-1063
Toll Free: 1-800-387-4481

Distributor's Contact Information

Name: **U.S. Bank National Association – Canada Branch**

Address: 120 Adelaide Street West,
Toronto, ON M5H 1T1

Phone Number: 1-800-588-8065

INTRODUCTION

This Product Summary has been designed to help you understand the coverages and benefits along with the exclusions, pre-existing conditions and terms and conditions of the Blanket Travel Accident Insurance issued to Commercial cardholders of U.S. Bank Canada ("Product").

This document has been created to assist you, without the advice of a licensed insurance advisor, in determining if the Product is right for you and corresponds to your needs. Some of the terms used in this Product Summary have specific meanings explained in the insurance policy. Please refer to the policy for complete information on the scope of the Product. You may view this Product Summary and the insurance policy at <https://www.aig.ca/qc-distribution-lists>. You may also review the Summary of Coverage on the U.S. Bank Canada website at <https://www.usbankcanada.com/en/cardholder-benefits.html>

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WHO TO CONTACT IF YOU HAVE QUESTIONS

You can contact AIG Insurance Company of Canada with any questions or concerns you have regarding this travel insurance product.

AIG Insurance Company of Canada
120 Bremner Boulevard, Suite 2200,
Toronto, ON, M5J 0A8

Phone Number: 1-416-596-3000
Fax Number: 1-855-453-1063
Toll-free Number: 1-800-387-4481

SIMILAR PRODUCTS

There are other types of products on the market that provide similar coverage.

NATURE OF THE PRODUCT – IS THIS INSURANCE AUTOMATICALLY INCLUDED WITH MY US BANK CANADA CREDIT CARD ISSUED THROUGH MY EMPLOYER?

Yes. The Product is a blanket travel accident insurance policy automatically embedded within the US Bank Canada credit card. While you may benefit from the coverages of the Product, you do not pay any premium directly to AIG Insurance Company of Canada, the insurer offering the Product.

The Product provides financial protection against accidents that could occur during a trip, in accordance with the terms and conditions of the policy. We recommend that you read the exclusions and limitations sections in this Product Summary and in the insurance policy to ensure you understand your coverage.

1. WHEN DOES THE COVERAGE START AND END?

Insurance coverage starts:

- when you board any Public Conveyance to travel directly to the station, terminal or airport immediately preceding departure on the Common Carrier (if the passenger fare is purchased prior to departure for the airport, terminal or station);

or

- when you arrive at the airport, terminal or station immediately preceding departure on the Common Carrier, if you travel directly to the airport, terminal or station on other than a Public Conveyance (if the passenger fare is purchased prior to departure for the airport, terminal or station);

or

- when you purchase the passenger fare (if the passenger fare is purchased at the airport, terminal or station immediately prior to departure on the Common Carrier);

provided the entire cost of the Common Carrier passenger fare, less redeemable certificates, vouchers or coupons is (a) charged to the credit card specified in the Classification of Eligible Persons issued to the Insured and bearing the Insured's name; or (b) purchased with points earned through the Insured's credit card specified in the Classification of Eligible Persons issued to the Insured and bearing the Insured's name.

Insurance coverage will end on the earlier of the following:

- when you alight from any public conveyance after departing from the airport, terminal or station immediately after arrival on the common carrier (if you travel from the airport, terminal or station on a public conveyance);

or

- when you depart from the airport, terminal or station immediately after arrival on the common carrier (if you travel from the airport, terminal or station using other than a public conveyance).

2. ELIGIBILITY FOR COVERAGE

Classification of Eligible Persons

Class	Description of Class
I.	All Canadian dollar account Visa and MasterCard Cardholders of U.S. Bank Canada, their Spouses, Eligible Dependent Children and any Authorized Users.
II.	All United States dollar account Visa and Mastercard Cardholders of U.S. Bank Canada, their Spouses, Eligible Dependent Children and any Authorized Users.
III.	All Authorized Travellers on a U.S. Bank Canada Visa Central Travel Account (CTA).

Insured means a person:

- who is a member of an eligible class of persons as described in the Classification of Eligible Persons section;
- for whom premium has been paid;
- who is covered under the policy, **and**;
- who has enrolled for coverage under the policy.

➤ When are you no longer eligible for coverage?

You will no longer be eligible for travel accident insurance coverage if your employer's account:

- Becomes ineligible; **or**
- Is terminated.

You will also no longer be eligible for coverage if, for any reason, you:

- No longer fall within the description of Insured; **or**
You or your employer request that the coverage be terminated.

3. THE RIGHT TO CANCEL THIS INSURANCE

You have the right to cancel this travel insurance and can do so by advising your employer that you no longer want insurance coverage under its US Bank Canada Credit Card.

You are not charged with any premium or fee for this insurance; therefore, there will be no premium or fee refunded if this insurance coverage is cancelled.

4. EXCLUSIONS AND LIMITATIONS

No coverage will be provided for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury;
2. sickness or disease whether the loss results directly or indirectly from either of these;
3. the Insured's participation in a criminal offence or a riot, or commission of or attempt to commit an indictable offence;

4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition;
5. an insurrection, declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the policy;
6. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:
 - a. riding as a passenger in any aircraft except a Civilian Aircraft or military air transport aircraft; or
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member or examiner of any aircraft;
7. Injury sustained while riding on any commercial vehicle as a driver, pilot or crew member;
8. full-time active duty in the armed forces of any country; or
9. death or loss of use resulting directly or indirectly from drug or alcohol abuse, or use of narcotics.

➤ **What are the limitations?**

The maximum amount payable under the policy may be reduced if more than one Insured suffers a loss as a result of the same accident and if amounts are payable for those losses under one or more of the following benefits provided by the policy: Accidental death benefit or accidental dismemberment or paralysis. The maximum amount payable for all such losses for all Insureds under all Benefits combined will not exceed the amount shown as the aggregate limit. If the combined maximum amount otherwise payable for all Insureds must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured for all such losses under all those Benefits combined.

5. WHAT TYPE OF COVERAGE IS INCLUDED?

ACCIDENTAL DEATH BENEFIT

If injury to the Insured results in death within 365 days of the date of the accident that caused the injury, the insurer will pay:

	100 % Amount of Principal Sum		
	Class I	Class II	Class III
Death Benefit	\$500,000 Canadian Dollars	\$300,000 US Dollars	\$500,000 Canadian Dollars

ACCIDENTAL DISMEMBERMENT AND PARALYSIS BENEFIT

If injury to the Insured results, **within 365 days of the date of the accident** that caused the Injury, in any one (1) of the losses or types of paralysis specified below, the insurer will pay the amount of the principal sum shown below for that loss or type of paralysis:

Description	Amount of Principal Sum		
	Class I	Class II	Class III
Both Hands or Both Feet	\$500,000	\$300,000	\$500,000
Sight of Both Eyes	\$500,000	\$300,000	\$500,000
One Hand and One Foot	\$500,000	\$300,000	\$500,000
One Hand and the Sight of One Eye	\$500,000	\$300,000	\$500,000
One Foot and the Sight of One Eye	\$500,000	\$300,000	\$500,000
Speech and Hearing in Both Ears	\$500,000	\$300,000	\$500,000
One Leg or One Arm	\$375,000	\$225,000	\$375,000
One Hand or One Foot	\$333,333	\$200,000	\$333,333

Sight of One Eye	\$333,333	\$200,000	\$333,333
Speech or Hearing in Both Ears	\$333,333	\$200,000	\$333,333
Thumb and Index Finger of Same Hand	\$166,666	\$100,000	\$166,666
One Finger or One Toe	\$50,000	\$30,000	\$50,000
	Amount of Principal Sum		
Type of Paralysis	Class I	Class II	Class III
Quadriplegia - the complete and irreversible paralysis of both upper and both lower limbs	\$500,000	\$300,000	\$500,000
Paraplegia - the complete and irreversible paralysis of both lower limbs	\$500,000	\$300,000	\$500,000
Hemiplegia - the complete and irreversible paralysis of the upper and lower limbs of the same side of the body	\$500,000	\$300,000	\$500,000

Benefits will not be paid while the Insured is in a coma.

Injury means bodily injury (1) resulting directly and independently of all other causes from an accident which occurs while the Insured is covered under the policy; and (2) which occurs under the circumstances described in a hazard applicable to that person.

Loss of:

a hand means the total and irrevocable loss of use, including the wrist joint;

a foot means the total and irrevocable loss of use, including the ankle joint;

sight of an eye means total and irrecoverable loss of the entire sight in that eye;

a leg means the total and irrevocable loss of use through or above the knee;

an arm means the total and irrevocable loss of use through or above the elbow joint;

hearing in an ear means total and irrecoverable loss of use of the entire ability to hear in that ear;

of speech means total and irrecoverable loss of the entire ability to speak;

a thumb and index finger means the total and irrevocable loss of use, including all phalanges on both thumb and index finger, but excluding the loss of the hand;

a finger means the total and irrevocable loss of use, including all phalanges on such finger, but excluding the loss of the hand;

a toe means the total and irrevocable loss of use, including all phalanges on such toe, but excluding the loss of the foot.

REHABILITATION BENEFIT

When accidental dismemberment and paralysis benefits are payable, the insurer will pay an additional amount for the reasonable and necessary expense actually incurred up to the limit of \$2,500 for special training of the Insured provided that

- a) such training is required because of the Injury in order for the Insured to be qualified to engage in the occupation in which he/she was engaged in at the time of the Injury; and
- b) expenses are incurred within two (2) years from the date of the accident.

FAMILY TRANSPORTATION BENEFIT

In the event that an Insured is confined as an inpatient in a hospital due to an accidental Injury for which accidental dismemberment and paralysis benefits are payable, and the attending physician recommends the attendance of an immediate family member, the insurer will pay benefits for the expenses incurred by the immediate family member for transportation to the Insured.

If an Insured dies as a result of an accidental Injury for which an accidental death benefit is payable, and the attendance of an immediate family member is required, the insurer will reimburse an immediate family member for expenses incurred to travel to the locale of the Insured's death.

All transportation must be provided by common carrier by the most direct and economical route possible and is subject to a maximum of \$1,000 per accidental Injury.

EXPOSURE AND DISAPPEARANCE

If by reason of an accident occurring while an Insured's coverage is in force under the policy, the Insured person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under the policy, the loss will be covered under the terms of the policy.

If the body of an Insured has not been found within 12 months of the date the insured was reported missing, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under the policy, then it will be deemed, subject to all other terms and provisions of the policy, that the Insured has suffered accidental death within the meaning of the policy.

For details on terms and conditions, please refer to "Section 5 : Hazards" and "Section 6: Benefits" of the policy.

6. CLAIMS PROCEDURES AND PAYMENT OF CLAIMS

Written notice of claim must be given to the insurer within 90 days after an Insured's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to AIG Insurance Company of Canada, 120 Bremner Boulevard, Suite 2200, Toronto, ON M5J 0A8 with information sufficient to identify the Insured, is deemed notice to the insurer.

Claim Forms

The insurer will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the claimant gave notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in the policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the policyholder's name and the policy number.

Proof of Loss

Written proof of loss must be furnished to the insurer within 90 days after the date of the loss. If the loss is one for which the policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the insurer may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one (1) year from the time proof is otherwise required.

Payment of Claims – To whom the claim is paid

Any monies payable under the policy are payable in the lawful money of Canada with the exception of the U.S. Visa or Mastercard Corporate Card which are payable in the lawful money of the United States of America. Upon receipt of due written proof of death, payment for loss of life of an Insured will be made to the Insured's beneficiary as described in the *Beneficiary Designation and Change* provision of the *General Provisions* section in the policy.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured suffering the loss. If an Insured dies before all payments due have been made, the amount still

payable will be paid to his or her beneficiary as described in the *Beneficiary Designation and Change* provision of the *General Provisions* section in the policy.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the insurers's option, to any relative by blood or connection by marriage of the payee, who, in the insurer's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the insurer makes in good faith fully discharges the insurer's liability to the extent of the payment made.

Time of Payment of Claims

Benefits payable under the policy for any loss other than loss for which the policy provides any periodic payment will be paid immediately upon the insurer's receipt of due written proof of the loss. Subject to the insurer's receipt of due written proof of loss, all accrued benefits for loss for which the policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the insurer is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

insurer means AIG Insurance Company of Canada.

In the event that you wish to express dissatisfaction with the insurance, please visit the AIG Insurance Company of Canada Complaint Resolution Policy at <https://www.aig.ca/complaint-resolution-policy>.

Misrepresentation, Concealment or Fraud

The travel accident insurance policy will be declared null and void in the case of fraud or attempted fraud by you, or if you conceal or misrepresent any material fact or circumstance concerning this insurance.

8. NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

NOTICE GIVEN BY A DISTRIBUTOR

Section 440 of the Act respecting the distribution of financial products and services ([chapter D-9.2](#))

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

The Act allows you to rescind an insurance contract, **without penalty**, within 10 days of the date on which it is signed. However, the insurer may grant you a longer period.

To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.

Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.

After the expiry of the applicable time, you may rescind the insurance contract at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 1-877-525-0337 or visit www.lautorite.qc.ca.

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To :

(name of insurer)

(address of insurer)

Date: _____ (date of sending of notice)

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby rescind insurance contract no.: _____ (number of contract, if indicated)

Entered into on: _____ (date of signature of contract)

In: _____ (place of signature of contract)

_____ (name of client)

_____ (signature of client)