

OUR ASSISTANCE CENTRE IS THERE TO  
HELP AND SUPPORT YOU 24 HOURS A DAY,  
EVERY DAY OF THE YEAR.

1 800 211-9093 toll-free from  
the USA and Canada  
+1 (519) 251-7821 collect where available

# Manulife Global Rental Vehicle Damage Travel Insurance Policy



Accessible formats and communication supports  
are available upon request.  
Visit [Manulife.com/accessibility](http://Manulife.com/accessibility) for more information.



PO Box 670, Stn Waterloo, Waterloo, ON N2J 4B8

This policy is underwritten by The Manufacturers Life Insurance Company and First North American Insurance Company, a wholly owned subsidiary of Manulife.

Manulife, Manulife & Stylized M Design, and Stylized M Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under licence.

© 2019 The Manufacturers Life Insurance Company. All rights reserved.



GRVD619E



This policy is underwritten by  
First North American Insurance Company,  
a wholly owned subsidiary of  
The Manufacturers Life Insurance Company (Manulife).

EFFECTIVE June 4, 2019

Don't forget your  
Wallet Card!



Manulife  
GLOBAL  
Travel Insurance



IN EVENT OF AN EMERGENCY, CALL:

**1 800 211-9093**

toll-free from the USA and Canada

**+1 (519) 251-7821**

collect where available

NAME

POLICY #

Manulife  
GLOBAL  
Travel Insurance



IN EVENT OF AN EMERGENCY, CALL:

**1 800 211-9093**

toll-free from the USA and Canada

**+1 (519) 251-7821**

collect where available

NAME

POLICY #

### NOTICE REQUIRED BY PROVINCIAL LEGISLATION

This policy 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.

### 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 policy before you travel as your coverage may be subject to certain limitations or exclusions.
- Your policy may not provide coverage for medical conditions and/or symptoms that existed before your trip. Check to see how this applies in your policy 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 made.
- If your policy provides travel assistance, you may be required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified time period.

### PLEASE READ YOUR POLICY CAREFULLY BEFORE YOU TRAVEL



Everyone wants to have a carefree trip and should be able to travel with confidence in their travel insurance purchase. Most people travel every day without a problem, but if something does happen, the member companies of the Travel Health Association of Canada (THiA) want you to know your rights. THiA's Travel Insurance Bill of Rights and Responsibilities builds on the golden rules of travel insurance:

- Know your health
- Know your trip
- Know your policy
- Know your rights

For more information, go to [www.thiaonline.com](http://www.thiaonline.com)

## TRAVEL ASSISTANCE. ANYWHERE IN THE WORLD.

Before *you* travel, be sure to download ACM's free assistance & claims app, **ACM TravelAid™**.

The GPS-enabled **ACM TravelAid™**, available from Google Play and App store, provides travellers with the following services, from anywhere in the world:

- Direct link to the Assistance centre
- Healthcare provider information
- Directions to the nearest medical facility
- Official travel advisories
- Travel tips
- Claim submission support

The TravelAid mobile app can also provide *you* with local emergency telephone numbers (such as 911 in North America), and pre- and post-departure travel tips.

*We* recommend that *you* download the app before *you* travel to avoid incurring roaming charges that may apply at *your* destination.

## HELP IS JUST A PHONE CALL AWAY.

*Our* multilingual Assistance Centre is there to help and support *you* 24 hours a day, every day of the year, with:

### Pre-Trip Information

- ✓ Passport and Visa information
- ✓ Health hazards advisory
- ✓ Weather information
- ✓ Currency exchange information
- ✓ Consulate and Embassy locations

### Other Services

- ✓ Assistance with lost, stolen or delayed baggage
- ✓ Assistance in obtaining emergency cash
- ✓ Translation and interpreter services in a medical emergency
- ✓ Emergency message services
- ✓ Help to replace lost or stolen airline tickets
- ✓ Assistance in obtaining prescription drugs
- ✓ Assistance in obtaining legal help or bail bond

**OUR ASSISTANCE CENTRE IS THERE TO HELP AND SUPPORT YOU 24 HOURS A DAY, EVERY DAY OF THE YEAR.**

1 800 211-9093 toll-free from the USA and Canada  
+1 (519) 251-7821 collect where available.

If *you* need medical attention or must make any other type of claim during *your* trip, call us for assistance first. The Assistance Centre is open 24 hours a day, every day of the year.

Before *you* travel download the free assistance & claim mobile app, **ACM TravelAid™**.



If *you* need medical attention or must make any other type of claim during *your* trip, call us for assistance first. The Assistance Centre is open 24 hours a day, every day of the year.

Before *you* travel download the free assistance & claim mobile app, **ACM TravelAid™**.



## IMPORTANT INFORMATION ABOUT *YOUR* TRAVEL INSURANCE

It is important *you* read and understand *your* policy before *you* travel. It is ***your* responsibility** to review the terms, conditions and limitations outlined in this policy.

**To be eligible for insurance under this policy, *you* must meet all the Eligibility Requirements outlined on Page 2 of this policy booklet.**

**ITALICIZED WORDS** have a specific meaning. Please refer to the "Definitions" section of this policy to find the meaning of each italicized word.

***Our Assistance Centre is there to help you  
24 hours a day, every day of the year.***

**1 800 211-9093** toll-free from the USA and Canada,  
**+1 (519) 251-7821** collect where available.

*Our Assistance Centre* can also be contacted through the **ACM TravelAid™** mobile application.

### IMPORTANT INFORMATION ABOUT *YOUR* INSURANCE:

This policy is underwritten by First North American Insurance Company (FNAIC), a wholly owned subsidiary of The Manufacturers Life Insurance Company (Manulife). Manulife has appointed Active Claims Management (2018) Inc. (operating as "Active Care Management") as the provider of all assistance and claims services under this policy.

## SCHEDULE OF BENEFITS

<i>Rental Vehicle</i> Damage Plan	
Eligible Age	No Limit
<i>Rental Vehicle</i> Damage	Up to \$60,000

## WHAT'S INSIDE

SCHEDULE OF BENEFITS .....	1
ELIGIBILITY .....	2
GENERAL INFORMATION ABOUT <i>YOUR</i> TRAVEL INSURANCE .....	3
<i>YOUR</i> COVERAGE STARTS. ....	3
<i>YOUR</i> COVERAGE ENDS .....	3
ADDITIONAL INFORMATION .....	3
Automatic Extension .....	3
To Stay Longer Than Planned .....	3
<i>RENTAL VEHICLE</i> DAMAGE INSURANCE .....	4
Benefits – What does <i>Rental Vehicle</i> Damage Insurance cover? ...	4
Exclusions & Limitations – What does <i>Rental Vehicle</i> Damage Insurance not cover? .....	4
WHAT ELSE DO <i>YOU</i> NEED TO KNOW? .....	5
IN THE EVENT OF A CLAIM .....	7
DEFINITIONS .....	8
NOTICE ON PRIVACY .....	10

## ELIGIBILITY

***You are NOT eligible for coverage if:***

- a) *you have been advised by a physician not to travel; and/or*
- b) *you have been diagnosed with a terminal illness with less than 6 months to live; and/or*
- c) *you have a kidney condition requiring dialysis; and/or*
- d) *you have used home oxygen during the 12 months prior to the date of application.*

**TO BE ELIGIBLE FOR INSURANCE UNDER THIS POLICY**

*You must have a valid driver's licence.*

## GENERAL INFORMATION ABOUT YOUR TRAVEL INSURANCE

You must pay the required premium to *your* travel agent before you leave *home*.

### THE DATE YOUR COVERAGE STARTS / YOUR EFFECTIVE DATE OF COVERAGE

Coverage starts when *you* legally assume control of the *rental vehicle* as indicated on *your* rental contract, provided *you* have already purchased and paid the premium for that coverage.

### THE DATE YOUR COVERAGE ENDS / YOUR COVERAGE EXPIRY DATE

Coverage ends on the earliest of:

- a) the date the rental agency reassumes control of the *rental vehicle* or the rental contract ends;
- b) the expiry date as shown on *your confirmation*; or
- c) 45 days after the rental contract started.

## ADDITIONAL INFORMATION

### AUTOMATIC EXTENSION

We will extend *your* coverage automatically beyond the date *you* were scheduled to return *home* as per *your confirmation* if:

- *your common carrier* is delayed. In this case, we will extend *your* coverage for up to 72 hours; or
- *you* or *your travel companion* are hospitalized on that date. In this case, we will extend *your* coverage during the hospitalization and for up to 5 days after discharge from the *hospital*; or
- *you* or *your travel companion* have a medical emergency that does not require hospitalization but prevents travel. In this case, we will extend *your* coverage for up to 5 days.

In any case, we will not extend any coverage beyond 12 months after *your effective date* of insurance.

### TO STAY LONGER THAN PLANNED

**Extensions:** If *you* have not left *home* yet, simply call *your* travel agent to ask for the extension. If, however, *you* are already on *your trip*, and need to apply for an extension of *your* coverage, simply call *your* travel consultant before the expiry date of *your* existing coverage. *You* may be able to extend *your* coverage as long as:

- *you* pay the additional premium; and
- *you* have had no event that has resulted or may result in a claim.

We will not extend coverage beyond a total of 45 days (including any extensions) during *your trip*.

## RENTAL VEHICLE DAMAGE INSURANCE

**Benefits – What does *Rental Vehicle* Damage Insurance cover?**  
We will cover the following *Rental Vehicle* Damage Insurance benefits:

1. Up to \$60,000 for the liability imposed upon *you* by law or assumed by *you* under the *rental vehicle* rental agreement, and resulting from physical loss or damage to a *rental vehicle* while it is under *your* care, custody and control, or that of a person who is permitted to operate the *rental vehicle* under the rental agreement; for the number of days of coverage purchased; and for a maximum of 45 days (including any extensions).
2. Benefits include:
  - a) *our* investigation, negotiation or settlement of *your* claim on *your* behalf and as we deem appropriate,
  - b) *our* defending in *your* name, on *your* behalf and at *our* cost, any civil action brought against *you* on account of the loss or damage to the *rental vehicle*,
  - c) *our* payment of all costs assessed against *you* in any civil action we defend and any interest accruing after judgment upon that part of the judgment that is within the limit of the insurer's liability, and
  - d) *our* payment of towing costs, general average, salvage, fire department charges, customs duties and reasonable costs for loss of use of the *rental vehicle* for which *you* are responsible.
3. Coverage is valid only if *you* book *your rental vehicle* from a duly authorized and licensed commercial car rental agency.
4. If the commercial rental agency requires it, *you* must examine the *rental vehicle* and record, in writing, all existing damages before accepting the *rental vehicle*, and keep a copy of that damage record in case *you* have a claim.

### Exclusions & Limitations – What does *Rental Vehicle* Damage Insurance not cover?

We will not cover expenses or benefits for:

1. Contents of the *rental vehicle*, liability other than for loss of or damage to the *rental vehicle*, or expenses assumed or waived by the *rental vehicle* rental agency or its insurers or payable under any other insurance.
2. Loss or damage arising from, caused by or contributed to by driving or operation of the *rental vehicle* by *you* or any other person while:
  - a) under the influence of intoxicating substances,
  - b) participating in a speed test or contest,
  - c) carrying passengers for compensation or hire,
  - d) being used for commercial delivery, transporting contraband or illegal trade, or
  - e) in violation of the terms of the *rental vehicle* agreement.

3. Loss or damage arising from, caused by, or contributed to by:
  - a) the mechanical failure or breakdown of any part of the *rental vehicle*, rusting, corrosion, wear and tear, gradual deterioration, inherent defect, or freezing;
  - b) the conversion or any dishonest act committed by *you* or any other party of interest, *your* employees or agents, or any person to whom the property may be entrusted (bailees for hire excepted);
  - c) *your* failure to preserve or protect the property, or *your* neglect or abuse of the property; or
  - d) contamination by radioactive material.
4. An *act of war* or *act of terrorism*.

## WHAT ELSE DO YOU NEED TO KNOW?

Coverage under this policy is issued on the basis of information provided in *your* application. *Your* entire contract with *us* consists of: this policy; *your* application for this policy; the *confirmation* issued in respect of that application; and any other amendments or endorsements.

**This insurance is void in the case of fraud or attempted fraud, or if *you* conceal or misrepresent any material fact or circumstance concerning this insurance, either at the time of application for this policy (including any request for extension or top-up of coverage for benefits), at the time of claim or at any other moment during *your* coverage period.**

This policy is non-participating. *You* are not entitled to share in *our* divisible surplus.

The right of any person to designate persons to whom or for whose benefit insurance money is payable is restricted.

This policy shall be governed by and construed in accordance with the laws of the province or territory of residence of the insured.

**Despite any other provision contained in the contract, the contract is subject to the applicable statutory conditions in the Insurance Act, as applicable in *your* province of residence, respecting contracts of accident and sickness insurance.**

### Limitation of Liability

*Our* liability under this policy is limited solely to the payment of eligible benefits, up to the maximum amount purchased, for any loss or expense. Neither *we*, upon making payment under this policy, nor *our* agents or administrators assume any responsibility for the availability, quality, results or outcome of any treatment or service, or *your* failure to obtain any treatment or service covered under the terms of this policy. The participation of the insurers is several and not joint and none of them will under any circumstances participate in the interest and liabilities of any of the others.

### Premium

The required premium is due and payable at the time of purchase and will be determined according to the schedule of premium rates then in effect. Premium rates and policy terms and conditions are subject to change without prior notice.

Upon payment of premium, this document becomes a binding contract provided it is accompanied by a *confirmation* upon which a contract number appears and *we* have received *your* completed application prior to *your departure date*. If the premium is insufficient for the period of coverage selected, *we* will:

1. charge and collect any underpayment; or
2. shorten the policy period by written endorsement if an underpayment in premium cannot be collected.

Coverage will be null and void if the premium is not received, if a cheque is not honoured for any reason, if credit card charges are invalid or if no proof of *your* payment exists.

### How does this insurance work with other coverages that *you* may have?

This is second payor coverage. *You* may have other in-force plans or contracts such as, but not limited to, third party liability, auto insurance, group or individual health insurance providing *hospital*, medical or therapeutic coverage. In this case, the amounts payable under this insurance are limited to that portion of *your* eligible expenses that are in excess of the amounts provided by those other in-force plans or contracts.

Total benefits paid to *you* by all insurers cannot exceed *your* actual expenses. *We* will coordinate the payment of benefits with all insurers who provide *you* with benefits similar to those provided under this insurance, to a maximum of the largest amount specified by any such insurer.

In addition, *we* have full rights of subrogation. In the event of a payment of a claim under this policy, *we* will have the right to proceed, in *your* name, but at *our* expense, against third parties who may be responsible for giving rise to a claim under this policy. *You* will execute and deliver such documents as are necessary and cooperate fully with *us* to allow *us* to fully assert *our* rights. *You* must do nothing to prejudice such rights.

If *you* are insured under more than one insurance policy underwritten by *us*, the total amount *we* pay to *you* cannot exceed *your* actual expenses; and the maximum *you* are entitled to is the largest amount specified for the benefit in any one policy.

## IN THE EVENT OF A CLAIM

The Assistance Centre is ready to assist you 24 hours a day, every day of the year.

1 800 211-9093 toll-free from the USA and Canada or +1 (519) 251-7821 collect where available.

To make a claim for benefits under this policy, *your* written proof of claim and *your* fully completed Manulife Global Travel Insurance claim form(s) must be sent or submitted to *us* within 30 days after the event, but not more than 12 months after the date of such event or loss.

More information on the documentation that must be sent or submitted with *your* written proof of claim is provided on the following pages.

### Written claims correspondence should be mailed to:

Manulife Global Travel Insurance  
c/o Active Care Management  
PO BOX 1237  
Station A  
Windsor, ON N9A 6P8

### Online Claims Submission

For quick and easy claim submission, please have all of *your* documents available [in electronic format] and visit <https://manulife.acmtravel.ca> to submit *your* claim online.

*You* may also call the Assistance Centre directly to inquire about *your* claim status at 1 855 841-4793.

For coverage information or general enquiries, please contact Manulife Global Travel Insurance Customer Service Centre at 1 866 298-2722.

If *you* are making a claim, the following conditions apply:

1. *We* will need:
  - a) *your rental vehicle* invoice,
  - b) *your* rental agreement with the record of the damages that existed when *you* picked up the *rental vehicle*,
  - c) the police report and *rental vehicle* agency report,
  - d) an estimate of repair costs or the repair bill; and
  - e) *your* proof of travel (including *departure date* and return date).
2. *You* must not undertake any repairs other than those that are immediately necessary for the protection of the *rental vehicle* from further loss or damage, nor remove any physical evidence of the loss or damage without *our* consent.

### Who will we pay *your* benefits to if *you* have a claim?

Except in the case of *your* death, *we* will pay the reasonable and customary expenses (costs that do not exceed the standard fee of other providers of similar standing in the same geographical area, when providing comparable services or supplies for similar circumstance) under this insurance to *you* or the provider of the service. Any sum payable for loss of life will be payable to *your* estate.

*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* policy. All amounts shown throughout this contract are in Canadian dollars. If currency conversion is necessary, *we* will use *our* exchange rate on the date *you* received the service outlined in *your* claim. *We* will not pay for any interest under this insurance.

### Is there anything else *you* should know if *you* have a claim?

If *you* disagree with *our* claim decision, the matter may be submitted for judicial resolution under the applicable law(s) of the Canadian province or territory where *you* reside at the time of application for this policy.

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*, or in the *Limitations Act, 2002* in Ontario, or other applicable legislation.

For the purposes of determining the validity of a claim under this policy, *we* may obtain and review the medical records of the attending *physician(s)*, including the records of the regular *physician(s)* at *home*. These records may be used to determine the validity of a claim whether or not the contents of the medical records were made known to *you* before *you* incurred a claim under this policy. In addition, *we* have the right, and *you* shall afford *us* the opportunity, to have *you* medically examined when and as often as may reasonably be required while benefits are being claimed under this policy.

If *you* die, *we* have the right to request an autopsy, if not prohibited by law.

## DEFINITIONS

When italicized in this policy, the term:

***Act(s) of terrorism*** means any activity that involves a threat to use or the actual use of violence or any dangerous or threatening act, or the use of force. Such act is directed against the general public, governments, organizations, properties or infrastructures, or electronic systems.

The intention of such activity is to:

- instill fear in the general public;
- disrupt the economy;
- intimidate, coerce or overthrow a sitting government or occupying power; and/or
- promote political, social, religious or economic objectives.

**Act of war** means hostile or warlike action, whether declared or not, in a time of peace or war, whether initiated by a local government, foreign government or foreign group, civil unrest, insurrection, rebellion or civil war.

**Common carrier** means a conveyance (such as a bus, taxi, train, boat, airplane) which is licensed, intended and used to transport paying passengers.

**Confirmation** means the application for this policy, and any other documents confirming *your* insurance coverage once *you* have paid the required premium; and where applicable, includes *your trip* arrangements. It may also include tickets or receipts issued by an airline, travel agent, tour operator, rental agency, cruise line or other accommodation or travel provider with whom *you* made arrangements for *your trip*.

**Departure date** means the date *you* leave for *your trip*.

**Effective date** means the date on which *your* coverage starts.

- Coverage starts when *you* legally assume control of the *rental vehicle* as indicated on *your* rental contract; provided *you* have already purchased and paid premium for that coverage.

**Expiry date** means the date *your* coverage ends.

Coverage ends on the earliest of:

- a) the date the rental agency reassumes control of the *rental vehicle* or the rental contract ends;
- b) the expiry date as shown on *your confirmation*; or
- c) 45 days after the rental contract started.

**Home** means *your* Canadian province or territory of residence. If *you* requested *your* coverage to start when *you* leave Canada, *home* means Canada.

**Hospital** means a licensed facility where in-patients receive medical care and diagnostic and surgical services under the supervision of a staff of *physicians* with 24-hour care by registered nurses. A clinic, an extended or palliative care facility, a rehabilitation establishment, an addiction centre, a convalescent, rest or nursing home, home for the aged or health spa is not a *hospital*.

**Physician** means a medical doctor who is duly licensed in the jurisdiction in which he/she operates and who gives medical care within the scope of his/her licensed authority. A *physician* must be a person other than *you*, a *travel companion* or a member of *your immediate family*.

**Rental vehicle** means a passenger automobile, mini-van, self-propelled mobile home, self-propelled camper truck or self-propelled trailer that *you* use during *your trip* and rent, under a written contract, from a commercial rental agency licensed under the laws of its jurisdiction.

**Excluded from coverage:** truck, panel van, bus, sport utility vehicle while *you* use it off road, automobile designed and manufactured primarily for off-road use while it is being used off road, motorcycle, moped, motorbike, recreational vehicle (other than self-propelled motor homes), all-terrain vehicle, non self-propelled camper, non self-propelled trailer, automobile that is more than 20 years old, limousine, or exotic vehicle of these or similar makes: Aston Martin, Bentley, Ferrari, Porsche or Rolls Royce.

**Travel companion** means someone who shares travel arrangements with *you* on any one *trip*, up to a maximum of 5 persons including *you*.

**Trip** means the period of time between *your* effective date and expiry date as shown on *your confirmation*.

**We, us, our** means First North American Insurance Company (FNAIC), and if applicable, The Manufacturers Life Insurance Company (Manulife).

**You, your** means the person(s) named as the insured(s) on the *confirmation*, for whom insurance coverage was applied for and for whom the appropriate premium was received by *us*.

In this policy, words and terms denoting the singular shall be interpreted to mean the plural and vice versa, unless the context clearly indicates otherwise.

## NOTICE ON PRIVACY

**Your privacy matters.** *We* are committed to protecting the privacy of the information *we* receive about *you* in the course of providing the insurance *you* have chosen. While *our* employees need to have access to that information, *we* have taken measures to protect *your* privacy. *We* ensure that other professionals, with whom *we* work in giving *you* the services *you* need under *your* insurance, have done so as well. To find out more about how *we* protect *your* privacy, please read *our* Notice on Privacy and Confidentiality.

**Notice on Privacy and Confidentiality.** The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person *you* authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. *Your* file is secured in *our* offices or those of *our* administrator or agent. *You* may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, P.O. Box 1602, Waterloo, Ontario N2J 4C6. For further details about *our* Privacy Policy, *you* may also visit Manulife at <https://www.manulife.ca/privacy-policies.html>.

First North American Insurance Company