

**SPORTS APPLICATION FOR  
EXCESS TRAVEL MEDICAL/ACCIDENT SICKNESS INSURANCE  
FOR COVERAGE OUTSIDE YOUR PROVINCE OR OUTSIDE CANADA**

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**Procedure for Application of Coverage**

**Complete Application**

- Refer to Rating Schedule for applicable Premium
- Forward Completed Application with payment to Pearson Dunn Insurance Inc. via fax, mail or email:

**Additional Information Required**

- ✓ Attach a list of individuals requiring Insurance & their dates of birth
- ✓ Application Must be received before travel begins. Coverage is valid only if premium has been paid

**Payment Options**

1. Cheque – Payable to Pearson Dunn Insurance Inc.
2. On Line Banking – please add as a new payee “Pearson Dunn Insurance Inc.” then please enter the following account # applicable to your financial institution;

<b>Bank</b>	<b>Account Number</b>
SCOTIA BANK	ATRIP531
TD CANADA TRUST	TRIP53
ROYAL BANK	TRIP53
CIBC	ATRIP530

We recommend the Application and payment be mailed **2 weeks prior to** your departure date if sending by mail. On line payment can be confirmed immediately with a confirmation number received, along with the Application.

**Rate Schedule**

Limit of Coverage - **\$2,000,000 (Aggregate Payable for One Incident \$2,000,000)**

Rate - per person, per day

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**\$2.00**

Badminton, Baton Twirling, Curling, Dance, Golf, Hiking, Horseshoe, Lawn Bowling, Table Tennis, Yoga

**\$3.00**

Archery, Baseball, Basketball, Biathlon, Canoeing, Cross Country Skiing, Disc Sport, Fencing, Figure Skating, Fitness, Flag Football, Handball, Netball, Orienteering, Racquetball, Rowing, Sailing, Skipping, Soccer, Softball, Squash, Swimming, Tennis, Track & Field, Volleyball, Water Polo, Weightlifting, Wheelchair Sports

**\$4.00**

Ball/floor Hockey, Blind Sports, Broomball, Cerebral Palsy Sports, Cricket, Cycling, Diving, Field Hockey, Gymnastics, Non-Contact Hockey, Lacrosse, Martial Arts, Ringette, Shooting Sports, Speed Skating, Triathlon, Water Ski, Wrestling

**\$5.00**

Alpine Skiing, Bobsleigh, Boxing, Climbing, Football (Tackle), Luge, Pentathlon, Rugby

**Applications to be forwarded to:**

Pearson Dunn Insurance Inc.  
260 Nebo Rd  
Hamilton, ON, L8W 3K5  
Fax: 905-575-4250  
Phone: 1-800-461-5087

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Organization's Name \_\_\_\_\_

Contact Persons Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City & Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Email address \_\_\_\_\_ Fax # \_\_\_\_\_

Date of Departure \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Return \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY MONTH YEAR DAY MONTH YEAR

Sport You Are Participating in During the Trip \_\_\_\_\_

Destination \_\_\_\_\_

Date of Application \_\_\_\_\_ Signature \_\_\_\_\_

**Please also include the following with your Application:**

- ✓ Attach a list of individuals requiring Insurance & their dates of birth
- ✓ Application Must be received **at least 2 weeks** before travel begins
- ✓ Coverage is valid only if premium has been paid

**Payment Method:** Cheque or On-Line Banking – **CREDIT CARDS ARE NOT ACCEPTED**

Cheque/ Cheque # \_\_\_\_\_ OR  On-Line Banking (confirmation # must be provided) \_\_\_\_\_

**If paying by On-Line Banking - please fax application to Pearson Dunn Insurance Inc.: Fax #905-575-4250**

Total Premium Enclosed (tax not applicable)

**Internal Use Only**

Date Application Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Payment Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Confirmation provided: \_\_\_\_/\_\_\_\_/\_\_\_\_ Confirmation by:  Fax  Email  Mail

## SUMMARY OF COVERAGE

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### **EXCESS TRAVEL MEDICAL INSURANCE**

**LIMIT:** \$2,000,000

**DEDUCTIBLE:** N/A

**INSURER:** All Sport Insurance Marketing Ltd.  
Underwritten by Aviva Insurance Company of Canada

#### **Who is an Insured?**

Coverage is provided to participants, managers, coaches, trainers, officials & executives.

#### **What are we covered for?**

Coverage is provided for emergency medical care in excess of your provincial or territorial plan, due to an **Illness or Accident** while traveling **Outside your Province or Outside Canada**.

#### **Highlights of Coverage**

- **\$2,000,000 Travel Medical Insurance**
- **Hospital Services**
- **Doctor's Services**
- **Ambulance**
- **Dental Accidents**
- **Out of Pocket Expenses**
- **Trip Interruption**
- **Repatriation**

#### **Excess Medical/Hospital Expense - Accident & Sickness**

When as a result of an injury or sickness the Insured requires necessary services of a physician, registered nurse, physiotherapist, hospital, x-ray clinic, laboratory, ambulance or emergency medical return to the outbound point of departure, the Insurer will pay the actual expenses incurred not to exceed the maximum sum stated on the individual certificate. Hospital services shall include all necessary services provided normally by a duly registered and licensed hospital excluding services of a nursing home, rest home or by other non-hospital institutions. Coverage is provided only for expenses incurred by Canadian residents, which are in excess of the benefits available under any Canadian federal or provincial hospital and/or medical plan regardless of whether or not the Insured is enrolled in such a plan.

#### **Blanket Dental Accident Reimbursement**

When an injury to whole or sound teeth including filled or restored teeth requires and receives dental treatment commencing within 30 days of the date of the accident, the insurer shall pay for the necessary expenses for such treatment rendered within 52 weeks of the accident. Payments for all treatment rendered shall be limited to an aggregate of \$5,000.

The following provisions also apply:

- (a) Any payment made under this section shall not exceed the amount specified in the schedule of fees in effect at the time of the accident as published by the dental association of the province in which this policy is issued;
- (b) Capped or crowned teeth shall be deemed as whole or sound teeth;
- (c) No benefit will be payable for expenses of dental treatment incurred for the cost of replacement, adjustment or repair of artificial teeth or dentures (except as otherwise provided herein), any orthodontic treatment, any dental treatment provided solely for cosmetic or esthetic reason

#### **Out of Pocket Expenses**

In the event covered injury or sickness causes an Insured's delay in returning to the point of departure beyond the return date, the Insurer will pay for reasonable out of pocket expenses incurred by the insured up to the per diem amount specified in the individual certificate, not to exceed the maximum applicable benefit for all such expenses.

#### **Trip Interruption**

If, after the outbound departure, the Insured is obliged to leave the tour upon a physician's advice due to covered illness or injury, the Insurer will pay for the cost of one way economy class transportation to rejoin the ongoing tour or to original point of departure.

#### **Repatriation Expense**

In the event of covered death of the Insured, occurring after the originating flight date, the Insurer will pay the cost of the actual expense incurred for conveyance of the body and ashes of the insured person to the outbound point of departure, not to exceed the applicable maximum benefit.