Endorsement No. 5

In consideration of the payment of a premium of $3,562.50 (subject to a minimum retained premium of $1,500.00), it is understood and agreed between the Policyholder and the Company that this policy is renewed for a further term of twelve months commencing August 15, 2026 and ending August 15, 2027.

Nothing herein contained shall be held to vary, alter, waive or extend any of the Declarations, Agreements, Exclusions or Conditions of the undermentioned Policy other than as above stated.

Attached to and forming part of **Policy No. 100012677** of Industrial Alliance Insurance and Financial Services Inc. issued to:

Parksville Golden Oldies Sports Association

Registrar

iA Financial Group is a business name and trademark of Industrial Alliance Insurance and Financial Services Inc.

In consideration of the payment of a premium of $3,375.00 (subject to a minimum retained premium of $1,500.00), it is understood and agreed between the Policyholder and the Company that this policy is renewed for a further term of twelve months commencing August 15, 2025 and ending August 15, 2026.

It is further understood and agreed between the Policyholder and the Company that effective August 15, 2025, *Section - Exclusions and Limitations* shall be amended to read as follows and not as previously written:

EXCLUSIONS AND LIMITATIONS

This policy does not cover loss, fatal or non-fatal, caused by or contributed to, directly or indirectly resulting from:

(a) declared or undeclared war or any act thereof;

(b) active full-time service in the armed forces of any country;

(c) suicide or any attempt thereat or intentionally self-inflicted Injury, regardless of any impairment, illness or state of mind;

(d) Injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in Section 5 of the Schedule;

(e) participation in any sport where an Insured Person earns the major portion of his income;

(f) sickness or disease, either as a cause or effect.

Nor will the Company pay benefits for the following expenses:

(g) the purchase, repair or replacement of eyeglasses or contact lenses or prescriptions therefor;

(h) the services of a masseur;

(i) x-rays, repair or replacement of pre-existing dentures, fillings or crowns, except as provided in the parts titled “Accidental Dental Reimbursement Benefit” and “Denture or Bridgework Benefit”;

(j) experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada or patent medicines;

(k) experimental medical treatments;

(l) the expense of a brace or similar device used for non-therapeutic purposes or solely for the purpose of participating in sports or other leisure activities;

(m) medical services rendered by Nurses, physiotherapists, certified athletic sports therapists and chiropractors employed or engaged by the Policyholder; or

Nothing herein contained shall be held to vary, alter, waive or extend any of the Declarations, Agreements, Exclusions or Conditions of the undermentioned Policy other than as above stated.

Attached to and forming part of **Policy No. 100012677** of Industrial Alliance Insurance and Financial Services Inc. issued to:

Parksville Golden Oldies Sports Association



Registrar

EXCLUSIONS AND LIMITATIONS CONT…

(n) expenses incurred by an Insured Person which are insured services or basic health services under the medical care or hospital plan of the province in which the Insured Person is resident, whether or not the Insured Person is covered thereunder.

Issued on: *August 13, 2025*

Nothing herein contained shall be held to vary, alter, waive or extend any of the Declarations, Agreements, Exclusions or Conditions of the undermentioned Policy other than as above stated.

Attached to and forming part of **Policy No. 100012677** of Industrial Alliance Insurance and Financial Services Inc. issued to:

Parksville Golden Oldies Sports Association

Registrar

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ENDORSEMENT Number 3

In consideration of the payment of a premium of $3,375.00 (subject to a minimum retained premium of $1,500.00), it is understood and agreed between the Policyholder and the Company that this policy is renewed for a further term of twelve months commencing August 15, 2024 and ending August 15, 2025.

Nothing herein contained shall be held to vary, alter, waive or extend any of the Declarations, Agreements, Exclusions or Conditions of the undermentioned Policy other than as above stated.

Attached to and forming part of Policy No. 100012677 of INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC. issued to Parksville Golden Oldies Sports Association

Registrar

iA Financial Group

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ENDORSEMENT Number 2

In consideration of the payment of a premium of $3,487.50 (subject to a minimum retained premium of $1,500.00), it is understood and agreed between the Policyholder and the Company that this policy is renewed for a further term of twelve months commencing August 15, 2023 and ending August 15, 2024.

Nothing herein contained shall be held to vary, alter, waive or extend any of the Declarations, Agreements, Exclusions or Conditions of the undermentioned Policy other than as above stated.

Attached to and forming part of Policy No. 100012677 of INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC. issued to Parksville Golden Oldies Sports Association

Registrar

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ENDORSEMENT Number 1 revised

In consideration of a report submitted by the Policyholder, it is understood and agreed between the Policyholder and the Company that an additional premium of $1,745.00 is due and payable to the Company for the period August 15, 2021 to August 15, 2022.

In consideration of the payment of a premium of $2,745.00 (subject to a minimum retained premium of $1,500.00), it is understood and agreed between the Policyholder and the Company that this policy is renewed for a further term of twelve months commencing August 15, 2022 and ending August 15, 2023.

Nothing herein contained shall be held to vary, alter, waive or extend any of the Declarations, Agreements, Exclusions or Conditions of the undermentioned Policy other than as above stated.

Attached to and forming part of Policy No. 100012677 of INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC. issued to Parksville Golden Oldies Sports Association

Registrar

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ENDORSEMENT Number 1

In consideration of the payment of a premium of $2,580.00 (subject to a minimum retained premium of $750.00), it is understood and agreed between the Policyholder and the Company that this policy is renewed for a further term of twelve months commencing August 15, 2022 and ending August 15, 2023.

Nothing herein contained shall be held to vary, alter, waive or extend any of the Declarations, Agreements, Exclusions or Conditions of the undermentioned Policy other than as above stated.

Attached to and forming part of Policy No. 100012677 of INDUSTRIAL ALLIANCE INSURANCE AND FINANCIAL SERVICES INC. issued to Parksville Golden Oldies Sports Association

Registrar

iA Financial Group

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Industrial Alliance Insurance and Financial Services Inc.

(hereinafter called the Company)

Issued to: **Parksville Golden Oldies Sports Association**

(hereinafter called the Policyholder)

Policy Number: **100012677**

Effective Date: June 1, 2021

Expiry Date: August 15, 2022

In consideration of the payment in advance of the premium in the amount and in the manner set forth herein, the Company agrees to insure eligible persons of the Policyholder who are named or designated herein and for whom application is made by the Policyholder, for loss resulting from Injury to the extent herein provided and subject to all the exclusions, limitations and provisions of this policy.

All periods of time under this policy begin and end at 12:01 a.m., Standard Time, at the address of the Policyholder.

This policy may be renewed only with the consent of the Company for further consecutive terms upon payment of the premium at the rate and in the amount determined by the Company at the time of renewal. The first day of each such term will be a premium due date.

The provisions set forth on the following pages together with this page constitute the policy.

In witness whereof, the Company has caused this policy to be executed by its President and Chief Executive Officer and Corporate Secretary, but it will not be binding upon the Company until countersigned by the Company's Registrar.

PRESIDENT AND CHIEF EXECUTIVE OFFICER

CORPORATE SECRETARY

COUNTERSIGNED

REGISTRAR

iA Financial Group is a business name and trademark of Industrial Alliance Insurance and Financial Services Inc.

DEFINITIONS

"**Accident**" whenever used in this policy means a sudden, unforeseen and unexpected event which arises from a source external to an Insured Person and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease. This event must occur while this policy is in force and be the basis of claim.

"**Airworthiness Certificate**" whenever used in this policy means "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of Canada or its foreign equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of its registry.

"**Division Headquarters**" whenever used in this policy means Special Markets Solutions Division Headquarters of Industrial Alliance Insurance and Financial Services Inc. located at 400 - 988 Broadway West, PO Box 5900, Vancouver, British Columbia, V6B 5H6. Toll-free: 1-800-266-5667.

"**Flight Time**" whenever used in this policy means the total time from the moment the aircraft first moves under its own power for the purpose of take-off until the moment it comes to rest at the end of the flight.

"**Hospital**" whenever used in this policy means an institution operated pursuant to law for the care and treatment of sick and injured persons, with organized facilities for diagnosis, major surgery and 24 hour nursing service. This does not include a convalescent or nursing home, or home for the aged, or health spa, or rehabilitation centre, or a facility for the treatment of alcoholism, drug addiction or mental illness.

"**Injury**" whenever used in this policy means bodily injury caused by an Accident occurring while this policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by this policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease.

"**Insurance Act**" whenever used in this policy means the applicable insurance legislation in the applicable provincial jurisdiction.

"**Insured Person**" wherever used in this policy means persons or categories of persons as designated in Section 1 of the Schedule.

"**Loss**" whenever used in this policy with reference to hand or foot means complete severance at or above the wrist or ankle joint but below the elbow or knee joint; as used with reference to arm or leg means complete severance at or above the elbow or knee joint; as used with reference to thumb and fingers means complete severance at or above the metacarpophalangeal joint; as used with reference to toes means complete severance at or above the metatarsophalangeal joint; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means the total and irrecoverable loss thereof; as used with reference to hearing means the total and irrecoverable loss thereof; and as used with reference to Quadriplegia, Paraplegia and Hemiplegia means the permanent and irrecoverable paralysis of such limbs.

"**Loss of Use**" whenever used in this policy means a loss which is permanent, total, irrecoverable and continuous for a period of 12 months from the date of the Accident.

DEFINITIONS (Continued…)

"**Member of the Crew**" whenever used in this policy means a person assigned to duty in an aircraft during Flight Time and whose occupation is related to the safety of passengers, the operation and/or the actual flying of the aircraft.

"**Member of the Immediate Family**" whenever used in this policy means a person at least 18 years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law (all of the above include natural, adopted or step relationships), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

"**Nurse**" whenever used in this policy means a graduate registered nurse (R.N.) or nurse who is licensed to practise nursing service by a governmental agency having jurisdiction over such licensing. The nurse is neither the Insured Person nor a Member of the Immediate Family and must not ordinarily reside in the Insured Person's Residence.

"**Physician**" whenever used in this policy means a doctor of medicine (other than the Insured Person or a Member of the Immediate Family) who is licensed to practise medicine by 1) a recognized medical licensing organization in the locale where the treatment is rendered, provided he is a member in good standing of such licensing organization, or 2) a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

"**Principal Sum**" whenever used in this policy means the amount of insurance for which the Insured Person is covered, as shown in the records of the Company and/or the Policyholder.

"**Regular Care and Attendance**" whenever used in this policy means medical treatment to the extent necessary under existing standards of medical practice for the condition causing disability, Hospital confinement or requiring such treatment.

"**Residence**" whenever used in this policy means the primary dwelling of which the Insured Person is an occupant and the premises on which it is situated.

"**Vehicle**" whenever used in this policy means a passenger car, station wagon, van, jeep-type automobile, or truck.

Whenever a reference to the masculine gender appears in this policy, it will also be construed to include the feminine gender.

ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY

If, within 12 months of the date of the Accident, Injury results in any of the following losses, the Company will pay for Loss of or permanent and total Loss of Use of:

Life	The Principal Sum
Both Hands	Two Times the Principal Sum
Both Feet	Two Times the Principal Sum
Entire Sight of Both Eyes	Two Times the Principal Sum
One Hand and One Foot	Two Times the Principal Sum
One Hand and the Entire Sight of One Eye	Two Times the Principal Sum
One Foot and the Entire Sight of One Eye	Two Times the Principal Sum
Speech and Hearing in Both Ears	Two Times the Principal Sum
One Arm	One and One-Half Times the Principal Sum
One Leg	One and One-Half Times the Principal Sum
One Hand	One and One-Third Times the Principal Sum
One Foot	One and One-Third Times the Principal Sum
Entire Sight of One Eye	One and One-Third Times the Principal Sum
Speech or Hearing in Both Ears	One and One-Third Times the Principal Sum
Thumb and Index Finger of Either Hand	Two-Thirds of the Principal Sum
Four Fingers of Either Hand	Two-Thirds of the Principal Sum
Hearing in One Ear	One-Third of the Principal Sum
All Toes of One Foot	One-Quarter of the Principal Sum

PARALYSIS BENEFITS

Quadriplegia (complete paralysis of both upper and lower limbs)	Two Times the Principal Sum
Paraplegia (complete paralysis of both lower limbs)	Two Times the Principal Sum
Hemiplegia (complete paralysis of upper and lower limbs of one side of body)	Two Times the Principal Sum

Indemnity provided under this Part will not be paid under any circumstances for more than one of the losses, the greatest, sustained by any one Insured Person as the result of any one Accident.

ACCIDENTAL DENTAL REIMBURSEMENT BENEFIT

When, as the result of Injury to whole or sound teeth (capped or crown teeth will be considered whole or sound) and due to a force or blow external to the mouth, the Insured Person requires treatment within 30 days from the date of the Accident by a legally qualified dentist or dental surgeon, the Company will pay the expenses actually incurred by the Insured Person for such treatment or service within 12 months of the date of the Accident. Payments under this part will be made in accordance with the current Fee Guide for General Practitioners published by the Dental Association in the province or territory of the Insured Person's residence in Canada or its equivalent, as determined by the Company. In no event will benefits exceed the amount stated in the Section 2 of the Schedule as the result of any one Accident.

ACCIDENTAL MEDICAL REIMBURSEMENT BENEFIT

When by reason of Injury, the Insured Person requires medical treatment within 30 days from the date of the Accident and incurs expenses for any of the following services or supplies, while under the Regular Care and Attendance of a Physician with respect to Items (a) to (g):

(a) expenses for the services of a Nurse, when recommended by a Physician and subject to a maximum of $5,000.00 per any one Accident;

(b) transportation by a licensed ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire to or from the nearest Hospital which is equipped to provide the required treatment, subject to a maximum of $2,000.00 per any one Accident;

(c) Hospital charges for the difference between the public ward allowance under the Insured Person's Provincial Hospital Plan and the semi-private accommodation charge (private accommodation charge if recommended by a Physician);

(d) rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary, subject to a maximum of $5,000.00 per any one Accident;

(e) fees for the services of a licensed physiotherapist or certified athletic sports therapist, when recommended by a Physician, subject to a maximum reimbursement of $500.00 per any one Accident;

(f) drugs and medicines which require the written prescription of a Physician and are dispensed by a registered pharmacist, subject to a maximum of $150.00 per any one Accident;

(g) miscellaneous expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including replacement thereof; braces do not include dental braces, are subject to a maximum of $750.00 per any one Accident;

(h) fees for the services of a licensed chiropractor, subject to a maximum reimbursement of $500.00 per any one Accident,

the Company will pay the reasonable and customary expenses actually incurred by the Insured Person within 52 weeks after the date of the Accident, not to exceed in the aggregate the amount stated in Section 2 of the Schedule as the result of any one Accident.

DENTURES OR BRIDGEWORK BENEFIT

If as the result of Injury, an Insured Person requires and receives medical treatment from a Physician or dentist within 30 days from the date of the Accident and damage to or breakage of removable dentures, fixed bridgework and/or capped (crowned) tooth or teeth occurs as the result of such Injury, the Company will pay the reasonable and necessary expenses actually incurred by the Insured Person within 12 months after the date of the Accident for the repair or replacement of such removable dentures, fixed bridgework and/or capped (crowned) tooth or teeth, subject to a maximum of $500.00 during any one policy year for all such repairs or replacements.

EMERGENCY TRANSPORTATION BENEFIT

When an Injury requires immediate medical attention but does not necessitate an ambulance, the Company will pay the reasonable expense incurred to transport the Insured Person by private vehicle/taxi from the location of the Accident to either a Physician's office or the nearest Hospital, including return to the Residence of the Insured Person, subject to a maximum of $50.00 per any one Accident.

EYEGLASSES OR CONTACT LENSES BENEFIT

If, as the result of an Injury, an Insured Person requires and receives medical treatment from a Physician or ophthalmologist within 30 days from the date of the Accident and, upon advise of the Physician or ophthalmologist, incurs expenses for the purchase of eyeglasses or contact lenses when neither of which were previously required or worn, the Company will pay the reasonable and customary expenses actually incurred by the Insured Person within 12 months after the date of the Accident, subject to a maximum of $100.00.

FRACTURE, DISLOCATION, TENDON SEVERANCE AND MISCELLANEOUS INDEMNITY

If the Insured Person sustains an Injury which results in any of the fractures, dislocations, tendon severances or miscellaneous conditions listed in the following schedule, the Company will pay in accordance with the percentage indicated below up to a maximum of $500.00 for any such occurrence, and not more than one such indemnity, the greatest, will be payable as the result of any one Accident. In the event of compound, comminuted or bi-lateral fractures, the amount payable will be doubled.

For complete fracture (including Greenstick type fracture) of:

Skull (depressed)	100%
Skull (not depressed)	33%
Spine (one or more vertebrae)	50%
Jawbone (mandible or maxilla)	33%
Thigh (femur)	33%
Pelvis	33%
Knee cap	27%
Lower leg	25%
Shoulder blade	25%
Ankle (small bones)	25%
Wrist (small bones)	25%
Sacrum or coccyx	17%
Sternum	17%
Arm, between the elbow and shoulder	17%
Forearm	12%
Collarbone	12%
Nose	12%
Two or more ribs	10%
One hand (one or more metacarpal)	10%
One foot (one or more metatarsal)	10%
Facial bones	10%
One rib	10%
Any bone not specified above	10%

For complete dislocation of:

Hip	42%
Knee (with open primary repair)	33%
Shoulder (with open reduction)	25%
Wrist	17%
Ankle	17%
Elbow	12%
Bones of foot, other than toes	10%

FRACTURE, DISLOCATION, TENDON SEVERANCE AND MISCELLANEOUS INDEMNITY (Continued…)

Severance of tendon or tendons of:

Heel (Achilles)	22%
Ankle	20%
Knee	18%
Foot (excluding toes)	17%
Elbow	17%
Wrist	12%
Hand (including fingers)	12%

Miscellaneous:

Ruptured kidney (operative)	27%
Ruptured liver (operative)	27%
Ruptured spleen (operative)	27%
Punctured lung (with open surgery)	23%
Burns (requiring one or more skin grafts)	22%
Knee (injured and requiring surgery when there is no fracture or dislocation)	22%
Bone operation (injured portion removed when there is no fracture or dislocation)	20%
Eye surgery	20%
Emergency surgery requiring general anaesthetic (excluding dental surgery)	20%

PERMANENT TOTAL DISABILITY

If, within 12 months of the date of the Accident, Injury totally and permanently disables an Insured Person, who is 18 years of age or over but under age 65, and prevents him from engaging in any and every occupation or employment for compensation or profit, the Company will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and permanent at the end of this period, the Principal Sum, less any amount paid or payable under the part titled “Accidental Death, Dismemberment and Specific Loss Indemnity ” as the result of the same Accident.

PROSTHETIC APPLIANCES BENEFIT

If an Injury sustained by an Insured Person results in a Loss payable under the part titled “Accidental Death, Dismemberment and Specific Loss Indemnity”, the Company will pay the reasonable and necessary expense actually incurred for the purchase of a hearing aid, an artificial limb or eye or any other prosthetic appliance prescribed by a Physician and required as a result of such Injury, within 12 months from the date of the Accident subject to a maximum of $5,000.00 as the result of any one Accident. This does not include repairs, adjustments or replacement of same.

REHABILITATION BENEFIT

If an Injury sustained by an Insured Person results in a Loss payable under the part titled “Accidental Death, Dismemberment and Specific Loss Indemnity”, and such Injury requires that the Insured Person undergo special training in order to be qualified to engage in a special occupation in which he would not have engaged except for such Injury, the Company will pay the reasonable and necessary expense incurred for such training by the Insured Person within three years of the date of the Accident, subject to a maximum of $5,000.00 as the result of any one Accident.

Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

SPECIAL TRANSPORTATION BENEFIT

When by reason of Injury, an Insured Person requires medical treatment within 30 days from the date of the Accident, is referred by a Physician to a medical specialist located at least 150 kilometres from the Insured Person’s normal place of Residence and within the Insured Person’s province of Residence, the Company will pay, provided such specialist's services are not available in the vicinity of the Insured Person's Residence and subject to receipt of satisfactory proof other than for automobile transportation, the following reasonable expenses actually incurred by the Insured within 12 months after the date of the Accident, subject to a maximum of $1,000.00:

(a) transportation by the most direct route, up to $150.00 per round trip and subject to a maximum of five trips during any one policy term. If transportation occurs in a vehicle or device other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to the equivalent cost of bus fare.

(b) hotel accommodation in the vicinity of the specialist's office, up to $50.00 per day and subject to a maximum of six days during any one policy term.

EXPOSURE AND DISAPPEARANCE

If, as the result of an Accident, an Insured Person is unavoidably exposed to the elements and if, as a result of such exposure and within 365 days after the date of the Accident, the Insured Person suffers a loss for which indemnity would otherwise have been payable hereunder, such loss will be deemed to be the result of Injury.

Where, due to the accidental wrecking, sinking or disappearance of a conveyance in which an Insured Person was riding, the Insured Person disappears, and if the body of the Insured Person is not found within 365 days after the date of such wrecking, sinking or disappearance, it will be presumed, subject to there being no evidence to the contrary and subject to all other terms and conditions of the policy, that the Insured Person suffered loss of life as a result of Injury.

AGGREGATE LIMIT OF INDEMNITY

The aggregate limit of indemnity stated in Section 3 of the Schedule is the limit of indemnity for which the Company will be liable under this policy for all losses arising out of any one Accident. In the event said limit of indemnity for any one Accident is insufficient to pay the full amount of indemnity for each Insured Person, then the amount payable for each Insured Person will be in the proportion that the limit of indemnity for any one Accident bears to the total amount of insurance that would have been payable except for such limit of indemnity.

EXCLUSIONS AND LIMITATIONS

This policy does not cover loss, fatal or non-fatal, caused by or resulting from:

(o) declared or undeclared war or any act thereof;

(p) suicide or any attempt thereat or intentionally self-inflicted Injury, while sane or insane;

(q) Injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in Section 5 of the Schedule;

(r) participation in any sport where an Insured Person earns the major portion of his income;

(s) sickness or disease, either as a cause or effect.

Nor will the Company pay benefits for the following expenses:

(t) the purchase, repair or replacement of eyeglasses or contact lenses or prescriptions therefor;

(u) the services of a masseur;

(v) x-rays, repair or replacement of pre-existing dentures, fillings or crowns, except as provided in the parts titled “Accidental Dental Reimbursement Benefit” and “Denture or Bridgework Benefit”;

(w) experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada or patent medicines;

(x) experimental medical treatments;

(y) the expense of a brace or similar device used for non-therapeutic purposes or solely for the purpose of participating in sports or other leisure activities;

(z) medical services rendered by Nurses, physiotherapists, certified athletic sports therapists and chiropractors employed or engaged by the Policyholder; or

(aa) expenses incurred by an Insured Person which are insured services or basic health services under the medical care or hospital plan of the province in which the Insured Person is resident, whether or not the Insured Person is covered thereunder.

PROVISION REGARDING QUEBEC RESIDENTS

This policy does not provide coverage to those persons who reside and are employed in the province of Quebec and to whom the Policyholder does not offer a drug plan as required by the Quebec Act respecting prescription drug insurance.

COORDINATION OF BENEFITS

This policy is subject to and will not contravene any Federal or Provincial statutory requirement with respect to Hospital and/or Medical plans. Benefits will be reduced under the Accidental Dental Reimbursement Benefit and the Accidental Medical Reimbursement Benefit parts of this policy by any amount paid or payable under any other policy providing similar reimbursement expense benefits.

TERMINATION OF INSURANCE OF AN INSURED PERSON

Insurance with respect to each Insured Person will immediately terminate on the earliest of the following dates:

(a) the date this policy is terminated;

(b) on the premium due date if the Policyholder fails to pay the required premium for an Insured Person, except as the result of an inadvertent error;

(c) on the date an Insured Person reaches 99 years of age;

(d) on the date an Insured Person ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder.

TERMINATION OF POLICY

This policy may be terminated by the Company or by the Policyholder by one giving to the other 30 days' notice in writing of such intention to terminate, delivered personally or sent by registered mail to the latest address of the Company or the Policyholder, as the case may be and thereupon, the policy will cease on the expiration of such 30 days. This policy may be terminated by the Company forthwith provided such cancellation is given in writing, delivered personally or sent by registered mail to the latest address of the Policyholder in the event of failure by the Policyholder to remit premiums to the Company as and when due.

INADVERTENT ERROR

The insurance of an Insured Person will not be prejudiced by the failure on the part of the Policyholder to transmit reports or comply with any of the provisions of this policy when such failure is due to inadvertent error or clerical mistake. This clause does not apply to claims reporting. Claims must be reported within the time frame specified in "Notice and Proof of Claim" under the part titled "General Provisions".

GENERAL PROVISIONS

THE CONTRACT

This policy, including the endorsements, insertions, riders or attachments, if any, and the application for the contract if attached to the policy, constitutes the entire contract and no agent has authority to change the contract or waive any of its provisions.

GENERAL PROVISIONS (Continued…)

CONFIDENTIALITY OF INFORMATION

The Policyholder acknowledges that all information provided to the Company in connection with an application for insurance or insurance coverage of a person will be treated as confidential.

The Company and the Policyholder are obliged to comply with legislation relating to the collection, retention, use and disclosure of personal information about policyholders, certificate holders and personnel. The Policyholder acknowledges receipt of the Company's Privacy Policy ("the Privacy Policy") attached as Appendix 1, setting out the Company's standards in dealing with personal information and agrees to manage any personal information held by it on behalf of the Company in a manner consistent with the Privacy Policy. Additionally, the Policyholder agrees to abide by any privacy procedures relevant to it provided by the Company from time to time. Such procedures are intended to implement the principles set out in the Privacy Policy.

WAIVER

The Company will be deemed not to have waived any conditions of this contract, either in whole or in part, unless the conduct of its employees or authorized representative reasonably causes the Insured Person to believe a requirement is excused, or the waiver is clearly expressed in writing and signed by a duly authorized officer of the Company.

POLICY REPLACEMENT – BENEFICIARY

In the situation where this policy replaces an existing policy issued to the Policyholder, the beneficiary designation recorded under the replaced policy will be deemed to be valid and of full force and effect under this policy until changed in writing by the Insured Person.

NOTICE AND PROOF OF CLAIM

The Insured Person or his agent, or a beneficiary entitled to make a claim, or his agent will

(a) give written notice of claim to the Company,

  (i) by delivery thereof, or by sending it by registered mail to the Division Headquarters or chief agency of the Company in the province; or

  (ii) by delivery thereof to an authorized agent of the Company in the province,

  not later than 30 days from the date of the Accident,

(b) within 90 days from the date of the Accident for which the claim is made, furnish to the Company such proof of claim as is reasonably possible in the circumstances of the happening of the Accident, and the loss occasioned thereby, and

(c) if so required by the Company, furnish a satisfactory certificate as to the cause or nature of the Accident for which the claim may be made under the contract.

GENERAL PROVISIONS (Continued…)

FAILURE TO GIVE NOTICE OR PROOF

Failure to give notice of claim or furnish proof of claim within the time prescribed does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of the Accident, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

CLAIM FORMS

The Company, upon receipt of a written notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant will be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in this policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

TIME OF PAYMENT OF CLAIMS

Indemnities payable under this policy for any loss other than loss for which this policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which this policy provides periodic payment will be paid at the expiration of each four weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof.

PAYMENT OF CLAIMS

All monies payable under this policy by the Company will be paid in the currency in which premiums are paid.

PHYSICAL EXAMINATION AND AUTOPSY

The Company at its own expense will have the right and opportunity to examine the person of any individual whose Injury is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

INSPECTION OF RECORDS

The Policyholder will, from time to time, whenever requested by the Company during the term of this policy and for 12 months after its expiration, permit the Company to inspect all records of the Policyholder relating to this policy and all persons insured hereunder.

GENERAL PROVISIONS (Continued…)

LEGAL ACTION

No action at law or in equity will be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action will be brought after the expiration of 12 months (two years in Alberta and British Columbia, and three years in Quebec) after the time written proof of loss is required to be furnished.

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 other applicable legislation.

SCHEDULE

Section 1 - Insured Persons - The following persons or categories of persons are Insured Persons under this policy.

Classification of Insured Persons	**Name or Category of Insured Persons**
Class 1	Members of the Policyholder (Canadian Residents Only), under age 99.

Section 2 - Benefits

Class 1	Principal Sum	$10,000.00
	Accidental Dental Reimbursement Benefit	$ 3,500.00
	Accidental Medical Reimbursement Benefit	$10,000.00

Section 3 - Aggregate Limit – $2,000,000.00 per any one Accident.

Section 4 – Premium – The annual premium is $3.00 per member subject to a minimum annual policy premium of $1,000.00.

Section 5 - Description of Hazards

The hazards against which insurance is provided under and subject to the provisions of this policy for each classification of Insured Persons are defined as follows:

Injury sustained by the Insured Person while and in consequence of:

(a) participating as an Insured Person of the Policyholder in practice or competition in the Covered Sports* activities offered by the Policyholder, which practice or competition is approved by and under the supervision of proper authority of the team, club, organization or the Policyholder of which the Insured Person is a member; or

***"Covered Sports" as listed on Policyholder`s website**

(b) being transported with other Insured Persons directly to or from such practice or competition under the supervision of proper authority of the team, club, organization or the Policyholder of which the Insured Person is a member.

Air travel coverage is limited. It only applies while the Insured Person is riding as a passenger and not as a pilot, operator or Member of the Crew in or on, boarding or alighting from any aircraft operated on a regular flight by a domestic or international scheduled air carrier. The aircraft must be operated by a duly licensed pilot and have a current unrestricted Airworthiness Certificate.

SCHEDULE

Section 6 - Indemnity Payments

In the event the Insured Person is a minor, all indemnities payable will be payable to the custodial guardian parent or, if there is none, to the legally appointed guardian of the Insured Person.

If the Insured Person is not a minor, accidental loss of life benefits will be paid in accordance with the beneficiary designation in effect at the time of payment. If there is no designation, the Company will pay to the estate of the Insured Person. All other benefits will be paid to the Insured Person.

Appendix 1

PRIVACY POLICY FOR iA FINANCIAL GROUP

iA Financial Group is composed of Industrial Alliance Insurance and Financial Services Inc. and its subsidiaries ("we/us"). Together, we are committed to protecting our clients', employees' and representatives' ("you/your") privacy, and to ensuring the confidentiality of the personal information provided to us in the course of our business.

Our Privacy Policy sets out our standards for collecting, using, disclosing and storing your personal information. Our Privacy Policy also explains how we safeguard your personal information and your right to access that information.

PERSONAL INFORMATION

Personal Information is any information about an individual that identifies him or her, such as financial, lifestyle or health information, but not their name, or business title, address, telephone and email.

Personal information has to be protected regardless of its characteristics or its form, whether written, graphic, audio, visual, computerized or any other form.

PURPOSE OF INFORMATION COLLECTION

Collecting information about you is necessary in order for us to provide you with high quality services. The nature and sensitivity of the information we collect about you varies according to the services we provide you and to legal requirements imposed on us (such as information required for tax purposes).

The purposes for which we collect personal information about you are identified at or before the time of collection. For example, information may be collected while submitting an application, opening an account, or submitting a claim.

Purposes for collecting information generally include providing products or services requested, confirming your identity, protecting against fraud, or dealing with matters concerning the relationship between us.

CONSENT

When we obtain personal information from you, we initially require your consent to collect, use or disclose the information for the purposes specified. We will obtain your consent for any additional use, disclosure or collection, or if the purpose is changed.

We generally seek your express written consent in order to collect, use or disclose personal information. Where appropriate, we may accept your verbal consent. Occasionally, we may imply consent where we can infer consent from your action or inaction.
Consent must be given by you or your authorized representative such as a legal guardian or a person having a power of attorney.

You may withdraw your consent at any time, subject to legal or contractual restrictions. We will inform you of the consequences of such withdrawal, including the possibility that we may not be able to provide