

BAGGAGE INSURANCE PLAN SUMMARY

SUMMARY OF COVERAGE

THE PLAN

As an eligible Insured*, you are automatically eligible to receive reimbursement for amounts paid for direct physical loss or damage to Checked and/or Carry-On Baggage** and personal property contained therein. This coverage applies provided the full passage fare on the Common Carrier is charged or debited to your Account.

* **Insured** Global Dollar Card Members and membership rewards savings Accountholders of the Policyholder. **Card Member** means any authorized primary or additional card user who has been issued an Account card by the Policyholder. **Accountholder** means an individual who has an open and active Account with the Policyholder. **Account** includes credit card accounts, debit card accounts, checking accounts and savings accounts, as set forth in the policy.

** **Checked Baggage** means suitcases or other containers specifically designated for carrying personal property, for which a claim check has been issued to the Insured by a Common carrier. **Carry-On Baggage** means suitcases or other containers specifically designated for carrying personal property, which are carried on board a Common Carrier by the Insured.

*** **Common Carrier** means any land, water, or air conveyance operated under a license for the transportation of passengers for hire.

ELIGIBILITY

This Common Carrier Baggage reimbursement is provided to you, as an Insured, automatically when the full passage fare is charged or debited to your Account. It is not necessary for you to notify the Insurance Company or Plan Administrator at the time the passage fee is charged or debited to your Account.

THE COST

This coverage is provided at no additional cost to eligible Insureds under the master policy issued to American Express Travel Related Services Company, Inc. (the Policyholder) by Chubb Insurance Company of Canada (the Company).

AMOUNT OF INSURANCE

The Company's liability will be for a maximum reimbursement of \$500 US per Insured for Checked Baggage, and \$1,250 US per Insured for Carry-On Baggage, of which no more than \$250 US will be for all jewelry and fur. Payment will be on a reimbursement basis without deduction for depreciation, provided the article is actually replaced. If the article is not replaced, the claim will be adjusted on the Actual Cash Value* at the time of the loss. Coverage under this plan will be excess over all other insurance or indemnity available to the Insured.

* Actual Cash Value means the cost to replace the lost or damaged personal property at the time of loss, less depreciation.

EXCLUSIONS

Coverage does not apply to loss resulting from:

(1) any dishonest, fraudulent or criminal act of the Insured; (2) forgery by the Insured; (3) loss due to war or confiscation by authorities; (4) loss due to radioactive contamination. Coverage also does not apply to: (1) sporting equipment, unless checked with the Common Carrier and for which a claim check has been provided

by the Common Carrier. (2) animals, perishables; cameras and accessory equipment; eye glasses and contact lenses; prosthetic devices including dentures and hearing aids; tickets, valuable papers and documents; credit cards and debit cards; securities; money; art objects; electronic equipment; business items; bullion or precious or semi-precious metals, stones or gems other than that contained in items of personal jewelry owned by the Insured; household furniture; motor vehicles, boats or watercraft or aircraft or parts for such conveyances. This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

EFFECTIVE DATE

This plan is effective the date you become an eligible Card Member and will cease on the date the master policy terminates (in which case you will be notified by the Policyholder), on the date your Account ceases to be in good standing, or on the date you no longer qualify as an eligible Insured or on the expiration date of any applicable period of coverage for any Insured, whichever occurs first.

MISREPRESENTATION AND FRAUD

Coverage of the Insured will be void if, at any time, the Insured has concealed or misrepresented any material fact or circumstance concerning this coverage or the subject thereof or the interest of the Insured herein, or in case of any fraud or false swearing by the Insured relating thereto.

Coverage for an Insured will be void if, whether before or after a loss, the Policyholder or its subscribing organization(s) has concealed or misrepresented any material fact or circumstance concerning this coverage or the subject thereof or the interest of the Insured therein, or in case of any fraud or false swearing by the Policyholder or its subscribing organization(s) relating hereto.

CLAIM PROCEDURE

For general inquiries regarding your Card Member benefits, please contact American Express Customer Service at 1-800-545-1171.

For questions regarding baggage insurance unrelated to claims, please email Aon.Amex.Benefitinquiry@aon.com

For claims related matters ONLY, contact:

Crawford & Company (Canada) Inc.
National Claims Management Centre
400-90 Matheson Boulevard West
Mississauga, Ontario L5R 2R3

Call Toll Free - 855-897-8512

Fax - 905-602-0185

Email: newhumanriskclaims@crawco.ca

The Insured must send the Company written notice of a claim, including the Insured's name and policy number, within 45 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. The Insured must submit the following to the Insurance Company: (1) a copy of the Account statement showing the Common Carrier fare charged; (2) a copy of the initial claim report submitted to the Common Carrier; (3) proof of submission of the loss to and the results of any settlement by the Common Carrier; (4) proof of submission of the loss to and the results of any settlement or denial by the Insured's personal insurance carrier(s); (5) if no other insurance is applicable, a

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notarized statement from the Insured to that effect; and (6) evidence that the personal property has actually been replaced.

ACCESS TO DOCUMENTS

The Insured, and any claimant under the insurance, may request a copy of the Policy, subject to certain access restrictions.

LIMITATION OF ACTIONS

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) in the Card Member's province or territory of residence.

PRIVACY

At Chubb, we are committed to protecting our customers' privacy. Chubb's policy is to limit access to customer information to those who need it to serve customers' insurance needs and to maintain and improve customer service. The information provided by customers is required by us, our reinsurers and authorized administrators to assess customers' entitlement to benefits, including but not limited to determining if coverage is in effect, investigating the applicability of exclusions and coordinating coverage with other insurers. For these purposes, We, Our reinsurers and authorized administrators consult existing insurance files about customers, collect additional information about and from customers, and where required, collect information from and exchange information with, third parties. We do not disclose customer information to third parties other than our agents and brokers, except as necessary to conduct business, e.g., processing claims or as required by law. We advise customers that, in some instances, employees, service providers, agents, reinsurers, and any of their providers, of Chubb may be located in jurisdictions outside Canada and that customers' personal information may thus be subject to the laws of those foreign jurisdictions.

The Privacy Officer; Chubb Insurance Company of Canada, 199 Bay Street, 25th Floor, Toronto, Ontario, M5L 1E2. For more information on privacy at Chubb, visit Chubb.com/ca

COMPLAINTS PROCEDURES

If an Insured has a complaint or inquiry about any aspect of this insurance coverage, please call 1-877-534-3655 between 8:00 a.m. and 8:00 p.m. (ET), Monday to Friday.

If for some reason the Insured is not satisfied with the resolution to their complaint or inquiry, the Insured may communicate their complaint or inquiry in writing to our complaints officer:

Chubb Insurance Company of Canada
199 Bay Street, Suite 2500
P.O. Box 139 Commerce Court Postal Station
Toronto, ON M5L 1E2
Email: complaintscanada@chubb.com

If the Insured is still not satisfied with the resolution to their complaint or inquiry, the Insured may communicate their complaint or inquiry to:

General Insurance OmbudService
1-877-225-0446
<https://www.giocanada.org/complaint-form/>

As a handy reference guide, please read this document and keep it in a safe place with your other insurance documents. This Summary of Coverage is not a contract of insurance but is simply an informative statement to eligible Insureds of the principal provisions of the insurance while in effect. Complete provisions pertaining to this plan of insurance are contained in the master policy #9907-74-76 on file with the Policyholder. If a statement in this Summary of Coverage and any provision in the policy differ, the policy will govern.

PLAN UNDERWRITTEN BY
Chubb Insurance Company of Canada
199 Bay Street, Suite 2500
P.O. Box 139, Commerce Court Postal Station
Toronto, Ontario M5L 1E2

CHUBB