



POLICY #1H510

In consideration of the statements set forth in the Schedule and in consideration of the payment of premium in accordance with the section entitled "Premium", **SSQ Insurance Company Inc.** (hereinafter called the "Insurer") agrees with:

Name: **Judo Canada**

(Hereinafter called the "Policyholder")

Address: 1725 St. Laurent
Ottawa, Ontario
K1G 3V4

to insure eligible persons of the Policyholder (hereinafter individually called the "Insured Person") for whom application is made for Loss resulting from Injury, to the extent herein provided and subject to all of the exceptions, limitations and provisions of this policy.

Schedule

Principal Sum \$ 10,000	Accident Reimbursement Expense \$ 10,000	Accidental Dental Expense \$ 5,000	Fracture Indemnity \$ 1,000
Emergency Taxi Benefit \$ 50	Rehabilitation Indemnity \$ 5,000	Tutorial Fees \$ 2,000	Sport Judo
Additional Benefits			Term Premium \$20,072.40
Dentures/Bridgework:	\$500		Minimum Retained Premium
Eyeglasses/Contact lenses:	\$100		\$500
Special Transportation:	\$1,050		Aggregate Limit \$500,000
Effective Date: January 26, 2013		Expiry Date: January 26, 2014	

Effective Date And Policy Term

As stated in the Schedule, this policy takes effect at 12:01 a.m., Standard Time, at the address of the Policyholder. It continues in force for the period for which premium has been paid and terminates at the address of the Policyholder at 12:01 a.m., Standard Time, on the Expiry Date stated in the Schedule.

Premium

This policy is issued in consideration of the payment in advance of the Term Premium and subject to the Minimum Retained Premium stated in the Schedule.

Renewal

This policy may be renewed subject to consent of the Insurer for further consecutive terms on payment of premium at the rate(s) and in the amount determined at the time of renewal.

The Insurer reserves the right to decline renewal of this policy by giving written notice to the Policyholder of such declination at least thirty (30) days prior to such date.

Definitions

Wherever used in this policy:

"Injury" 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, but in no event shall injury mean Sickness or Disease howsoever caused unless caused by an Accident and provided such injury is sustained by the Insured Person while and in consequence of:

1. With respect to players, managers and coaches:
 - (a) participating in a practice session or game or intermittent sanctioned program of the Sport(s) for which coverage is indicated in the Schedule, which session or game is approved by and under the supervision of proper authority of the team, club, or organization of the Policyholder of which the Insured Person is a member; or
 - (b) travelling directly to or from such practice session or game or intermittent sanctioned program with other Insured Persons, under the supervision of proper authority of the team, club, or organization of the Policyholder of which the Insured Person is a member.
2. With respect to officials:
 - (a) participating in a practice session or game or intermittent sanctioned program of the Sport(s) for which coverage is indicated in the Schedule, which session or game is approved by and under the supervision of proper authority of the team, club, or organization of the Policyholder of which the Insured Person is a member; or
 - (b) travelling directly to or from his Residence and the place of such practice session or game or intermittent sanctioned program along a normal or reasonable route, without delay or stop-over.

Definitions (Continued)

“Accident” means any unlooked for mishap or untoward event which is not expected or designed.

“Sickness” means an impairment of normal physiological function and includes illness and infections.

“Disease” means any unhealthy condition of the body or any part thereof.

"Residence" means both the dwelling of which an Insured Person is an occupant and the premises on which it is situated.

"Hospital" means an institution licensed as a hospital, which is open at all times for the care and treatment of sick and injured persons, has a staff of one (1) or more Physicians available at all times and which continuously provides twenty-four (24) hour nursing service by graduate registered Nurses. It provides organized facilities for diagnostics and surgery, is an active treatment hospital and not primarily a clinic, rest home, nursing home, convalescent hospital or similar establishment. For the purposes of this definition, Physicians and Nurses will not exclude an Immediate Family Member.

"Physician" means a doctor of medicine (other than the Insured Person or an Immediate Family Member) 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 body, or
- 2) a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

"Nurse" 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. Nurse is neither the Insured Person himself nor an Immediate Family Member.

" Immediate Family Member " means a person at least eighteen (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 relationship), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

"Principal Sum" means the amount indicated in the Schedule as being applicable to the Insured Person.

The male pronoun will be construed as the feminine when the person is a female.

Eligibility For Insurance

All registered members (players, managers and coaches) of the Policyholder and all Officials, whose names are on file with the Policyholder, are eligible for insurance hereunder.

Specific Loss Accident Indemnity

When Injury results in any of the following losses within three hundred and sixty-five (365) days after the date of the Accident, the Insurer will pay:

For Loss of

Life.....	The Principal Sum
The Entire Sight of Both Eyes	Two Times the Principal Sum
Speech and Hearing in Both Ears	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
The Entire Sight of One Eye.....	One and One-Third Times the Principal Sum
Speech	One and One-Third Times the Principal Sum
Hearing in Both Ears	One and One-Third Times the Principal Sum
Hearing in One Ear.....	Two-Thirds of the Principal Sum
All Toes of One Foot	One-Half of the Principal Sum

For Loss or Loss of Use of

Both Hands.....	Two Times the Principal Sum
Both Feet.....	Two Times the Principal Sum
One Hand and One Foot.....	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
Thumb and Index Finger or at Least Four Fingers of One Hand.....	Two-Thirds of the Principal Sum

For Paralysis of

Both Upper and Lower Limbs (Quadriplegia)	Two Times the Principal Sum
Both Lower Limbs (Paraplegia)	Two Times the Principal Sum
Upper and Lower Limbs of One Side of Body (Hemiplegia)	Two Times the Principal Sum

“Loss of Life” means the death of the Insured Person.

"Loss" as above used with reference to hand or foot means complete severance through 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 through or above the elbow or knee joint; as used with reference to thumb means the complete severance of one (1) entire phalanx of the thumb; as used with reference to finger means the complete severance of two (2) entire phalanges of the finger; as used with reference to toe means the complete severance of one (1) entire phalanx of the big toe and all phalanges of the other toes; as used with reference to eye means the irrecoverable loss of the entire sight thereof.

Specific Loss Accident Indemnity (Continued)

"Loss" as above used with reference to speech means complete and irrecoverable loss of the ability to utter intelligible sounds; as used with reference to hearing means complete and irrecoverable loss of hearing.

"Paralysis" means the loss of ability to move all or part of the body.

"Quadriplegia" means the permanent Paralysis and functional loss of use of both upper and lower limbs.

"Paraplegia" means the permanent Paralysis and functional loss of use of both lower limbs.

"Hemiplegia" means the permanent Paralysis and functional loss of use of upper and lower limbs on the same side of the body.

"Loss" as above used with reference to loss of use means the total and irrecoverable loss of use, provided the loss is continuous for twelve (12) consecutive months and such loss of use is determined to be permanent at the end of such period.

Indemnity provided under this section will not be paid under any circumstances for more than one (1) of the Losses, the greatest, sustained by any one (1) Insured Person as the result of any one (1) Accident. In the event Loss of Life occurs within ninety (90) days after the date of the Accident, the maximum amount payable will be the Principal Sum.

Accident Reimbursement Expense

When by reason of Injury, an Insured Person requires and receives medical treatment within thirty (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 1 to 7:

- (1) 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);
- (2) expenses for the services of a Nurse ordered or prescribed by a Physician, provided such Nurse does not ordinarily reside in the Insured Person's Residence, subject to a maximum of five thousand dollars (\$5,000) per Accident;
- (3) expenses for prescription drugs, sera and vaccines, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician, but excluding any charges made for the administration of injectable drugs, sera and vaccines, subject to a dispensing maximum of a thirty (30) day supply;
- (4) expenses charged for the services of a licensed professional physiotherapist or certified athletic sports therapist ordered or prescribed by a Physician, provided such physiotherapist or sports therapist does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of five hundred dollars (\$500) per Accident;

- (5) expenses for a licensed ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire, including air ambulance, to or from the nearest Hospital which is equipped to provide the required treatment, subject to a maximum of one thousand dollars (\$1,000) per Accident;
- (6) expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including replacement thereof; braces do not include dental braces and are subject to a maximum of seven hundred and fifty dollars (\$750) per policy term;
- (7) expenses for rental of a wheelchair, an iron lung and other durable equipment for temporary therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary, subject to a maximum of five thousand dollars (\$5,000) per Accident;
- (8) expenses for the services of a licensed chiropractor, provided such chiropractor does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of five hundred dollars (\$500) per Accident.

The Insurer will pay the reasonable and customary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the Accident, not to exceed the amount of Accident Reimbursement Expense stated in the Schedule as the result of any one (1) Accident.

"Regular Care and Attendance" means observation and treatment to the extent necessary under existing standards of medical practice for the condition requiring such treatment or causing Hospital confinement.

Accidental Dental Expense

When Injury to whole and sound teeth (capped or crowned teeth will, for the purposes of this policy, be considered whole and sound), due to a force or blow external to the mouth, requires treatment, replacement or x-rays by a legally qualified dentist or oral surgeon who does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, the Insurer will pay the reasonable and necessary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the Accident for such treatment or services, but not to exceed the Accidental Dental Expense maximum stated in the Schedule as the result of any one (1) Accident, provided the Insured Person consults with the dentist or oral surgeon within thirty (30) days from the date of the Accident.

Any payments made under this section will be 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, and reduced by any amount paid or payable under the section entitled "Dentures or Bridgework Benefit".

Dentures Or Bridgework Benefit

When, by reason of Injury, an Insured Person requires and receives medical treatment from a Physician or legally qualified dentist who does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, within thirty (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 Insurer will pay the reasonable and necessary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the Accident for the repair or replacement of such removable dentures, fixed bridgework and/or capped (crowned) tooth or teeth, not to exceed the amount of Dentures or Bridgework Benefit stated in the Schedule during any one (1) policy term for all such repairs or replacements.

Fracture, Dislocation, Tendon Severance And Miscellaneous Indemnity

When Injury results in any of the following fractures, dislocations, severances or miscellaneous conditions within three hundred and sixty-five (365) days after the date of the Accident, the Insurer will pay up to the Fracture Indemnity maximum stated in the Schedule in accordance with the percentages indicated below but not more than one (1) such indemnity, the largest, will be payable as the result of any one (1) Accident.

For complete fracture (including Greenstick type fracture):

	Percentage of Fracture Indemnity
Of the skull (depressed)	100%
Of the skull (not depressed)	33%
Of the spine (one or more vertebrae)	50%
Of the jawbone (mandible or maxilla)	33%
Of the thigh (femur)	33%
Of the pelvis.....	33%
Of the knee cap	27%
Of the lower leg	25%
Of the shoulder blade	25%
Of the ankle (small bones)	25%
Of the wrist (small bones).....	25%
Of the forearm (compound or comminuted)	23%
Of the forearm (not compound).....	12%
Of the sacrum or coccyx.....	17%
Of the sternum.....	17%
Of the arm, between elbow and shoulder.....	17%
Of the collarbone	12%
Of the nose.....	12%
Of two or more ribs.....	10%
Of one hand (one or more metacarpals)	8%
Of one foot (one or more metatarsals)	8%
Of the facial bones	8%
Of one rib.....	5%
Of any bone not specified above.....	3%

Fracture, Dislocation, Tendon Severance And Miscellaneous Indemnity (Continued)

For complete dislocation:

Of the hip	42%
Of the knee (with open primary repair)	33%
Of the shoulder (with open reduction)	25%
Of the wrist	17%
Of the ankle	17%
Of the elbow	12%
Of the bones of foot, other than toes	8%

Severance of tendon or tendons:

Heel (achilles)	22%
Ankle.....	20%
Knee	18%
Foot (not 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%

Emergency Taxi Benefit

When, due to Injury, an Insured Person requires immediate medical attention, the Insurer will pay the reasonable expenses actually incurred for a licensed taxi to transport the Insured Person to either a Physician's office or the nearest Hospital, subject to the maximum amount of Emergency Taxi Benefit stated in the Schedule as the result of any one (1) Accident.

Rehabilitation Indemnity

In the event an Insured Person sustains an Injury which results in a Loss payable under the section entitled "Specific Loss Accident Indemnity" of this policy, and such Injury requires that the Insured Person participate in a rehabilitation program in order to be qualified to engage in an occupation in which he would not have engaged except for such Injury, the Insurer will pay the reasonable and necessary expenses actually incurred within three (3) years from the date of Loss by the Insured Person for such program.

Rehabilitation Indemnity (Continued)

Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed the amount of Rehabilitation Indemnity stated in the Schedule as the result of any one (1) Accident. Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

Tutorial Fees

(not applicable to members in Quebec)

When, within thirty (30) days from the date of the Accident, Injury totally confines an Insured Person to Residence or Hospital for a period in excess of forty (40) consecutive school days, the Insurer will pay the expenses incurred, within twelve (12) months immediately following the date of the Accident, for the tutorial services of a qualified teacher, who does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, holding a current Provincial Department of Education Teaching Certificate for the grade attained by the Insured Person, up to a maximum rate of twenty dollars (\$20) per hour, but not to exceed the amount of Tutorial Fees stated in the Schedule as the result of any one (1) Accident.

Eyeglasses Or Contact Lenses Benefit

When, by reason of Injury, an Insured Person requires and receives medical treatment from a Physician or ophthalmologist within thirty (30) days from the date of the Accident and, upon advice 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 Insurer will pay the reasonable and customary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the Accident, not to exceed the amount of Eyeglasses or Contact Lenses Benefit stated in the Schedule as the result of any one (1) Accident.

Special Transportation Benefit

When, by reason of Injury, an Insured Person, who requires medical treatment within thirty (30) days from the date of the Accident, is referred by a Physician to a medical specialist located at least one hundred and fifty (150) kilometres from the Insured Person's normal place of Residence and within the Insured Person's province of Residence, the Insurer 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 Person within fifty-two (52) weeks after the date of the Accident:

- (1) Transportation by the most direct route, up to one hundred and fifty dollars (\$150) per round trip and subject to a maximum of five (5) trips during any one (1) 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.
- (2) Hotel accommodation in the vicinity of the specialist's office, up to fifty dollars (\$50) per day and subject to a maximum of six (6) days during any one (1) policy term.

List Of Companies

Judo Alberta
Judo British Columbia
Judo New Brunswick
Judo North-West Territories
Judo Saskatchewan
Judo Yukon
Judo Quebec/Nunavut
Judo Nova Scotia

Coverage provided under this policy will extend to eligible persons of any company becoming an affiliate of, a subsidiary of, controlled by, partially or fully owned by the Policyholder during the term of this policy, provided written notice is given to the Insurer or its authorized agent, with all underwriting information pertaining to the exposure of the company, within thirty (30) days of the effective date of coverage or as soon as it is reasonably possible thereafter.

If any such addition to this policy constitutes a material change in the risk assumed herein, the Insurer reserves the right to adjust the premium rates accordingly.

Aircraft Coverage

Insurance provided under this policy includes Injury sustained while and in consequence of:

- (a) riding as a passenger, and not as a pilot, operator or member of the crew in or on any aircraft operated on a regular, special or chartered flight by a domestic or international scheduled air carrier, licensed by the Department of Transport of Canada or the governmental authority having jurisdiction over such air carrier in the country of its registry.
- (b) riding as a passenger, and not as a pilot, operator or member of the crew in or on any aircraft operated by the Canadian Armed Forces or by a similar military service of any duly constituted governmental authority of any other recognized country.
- (c) boarding or alighting from or being struck by any aircraft.

Notwithstanding (a) and (b) above, this policy excludes Injury sustained while and in consequence of riding in or on any aircraft owned, operated, leased or chartered by or on behalf of the Policyholder.

Exposure And Disappearance

If, by reason of an Accident covered by this policy, an Insured Person is unavoidably exposed to the elements and, as the result of such exposure, suffers a loss for which indemnity is otherwise payable hereunder, such loss will be covered under the terms of this policy.

If the Insured Person is not found within one (1) year after the date of the disappearance, sinking or wrecking of the conveyance in which the Insured Person was riding at the time of the Accident and under such circumstances as would otherwise be covered hereunder, it will be presumed the Insured Person suffered Loss of Life resulting from bodily Injury caused by an Accident at the time of such disappearance, sinking or wrecking.

Aggregate Limit Of Indemnity

The Insurer's aggregate limit of indemnity for all losses arising out of any one (1) Accident, for which coverage is provided hereunder, is as stated in the Schedule. In the event said limit of indemnity for any one (1) 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 (1) Accident bears to the total amount of insurance that would have been payable, except for such limit of indemnity.

This section only applies to losses payable under the section entitled "Specific Loss Accident Indemnity".

Indemnity Payments

In the event the Insured Person is a minor, all indemnities payable hereunder will be payable to the custodial parent, or if there is none, to the Insured Person's guardian who has been legally appointed to manage the person of the child.

If the Insured Person is not a minor, indemnity payable in the event of the Loss of Life of the Insured Person will be payable to the surviving Spouse or, if there is no Spouse, to the estate of the Insured Person. All other indemnities payable will be payable to the Insured Person.

"Spouse" means an individual

- (a) to whom the Insured Person is legally married, or
- (b) with whom the Insured Person has continuously cohabited in a conjugal relationship one (1) year immediately before a Loss is incurred under the policy.

Only one (1) individual will qualify as a spouse.

If the Insured Person is legally married but is also cohabiting with an individual as described under section (b) above, the spouse will be the individual to whom the Insured Person is legally married.

Effective Date Of Individual Insurance

Insurance as to each person will take effect on the date such person becomes eligible, but in no event prior to the effective date of the policy.

Individual Terminations

The insurance of an Insured Person will immediately terminate on the earliest of the following dates:

- (1) on the date this policy is terminated;
- (2) on the Term Premium due date if the Policyholder fails to pay the required premium for the Insured Person; or

Individual Terminations (Continued)

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

Exclusions

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

- (1) suicide or intentionally self-inflicted Injury;
- (2) war, whether declared or not;
- (3) participation in a riot, insurrection, civil commotion or disturbance;
- (4) active full-time, part-time or temporary service in the armed forces of any country;
- (5) riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in the section entitled "Aircraft Coverage".
- (6) medical treatment or surgery, except if the medical treatment or surgery was needed because of an Accident.

Nor does this policy cover expenses incurred:

- (7) for the purchase, repair or replacement of eyeglasses or contact lenses, or prescriptions therefor, except as provided in the section entitled "Eyeglasses or Contact Lenses Benefit";
- (8) for charges of a masseur;
- (9) for x-rays, repair or replacement of pre-existing dentures, fillings or crowns, except as provided in the section entitled "Accidental Dental Expense" and/or "Dentures or Bridgework Benefit";
- (10) for Sickness or Disease, either as a cause or effect;
- (11) for experimental drugs not approved by the governing authority having jurisdiction over the matter in the country where such drugs are prescribed and dispensed;
- (12) charges for any experimental medical treatments;
- (13) charges for medical services rendered by nurses, physiotherapists, certified athletic sports therapists and chiropractors employed or engaged by the Policyholder;
- (14) expenses incurred by an Insured Person who is not covered under any Federal or Provincial Hospital or Medical Plan.

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 sections of this policy entitled "Accident Reimbursement Expense" and "Accidental Dental Expense" by any amount (paid or

not) of eligible expenses covered under the Federal or Provincial Hospital and/or Medical plans and/or any other policy providing similar reimbursement expenses.

General Provisions

Written notice of Injury on which claim may be based must be given to the Insurer within thirty (30) days after the date of the Accident causing such Injury. Such notice given by or on behalf of the Insured Person or beneficiary, as the case may be, to the Insurer at its Head Office, 2020 University Street, Suite 1800, Montréal (Québec), H3A 2A5 or to any Regional Office of the Insurer or to any authorized agent of the Insurer, with particulars sufficient to identify the Insured Person, will be deemed to be notice to the Insurer. Failure to give notice within the time provided in this policy will not invalidate any claim, if it is shown not to have been reasonably possible to give such notice during such time and that notice was given as soon as was reasonably possible, but in no event later than one (1) year after the date of the Accident.

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

Written proof of loss must be furnished to the Insurer within ninety (90) days after the date of such loss. Failure to furnish such proof within such time will not invalidate nor reduce any claim, if it is shown not to have been reasonably possible to furnish such proof during such time and that such proof was furnished as soon as was reasonably possible, but in no event later than one (1) year after the date of the Accident.

The Insurer will have the right and opportunity to examine the person of the Insured Person when and so often as it may reasonably require during the pendency of claim hereunder, and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.

All indemnities provided in this policy for loss will be paid immediately after receipt of due proof.

All moneys payable under this policy are payable in the lawful money of Canada.

This policy includes the endorsements and attached papers, if any, and contains the entire contract of insurance. No statement made by the applicant for insurance will void the insurance or reduce benefits hereunder unless contained in a written application signed by the applicant. No agent has authority to change this policy or to waive any of its provisions. No change in this policy will be valid unless approved by an officer of the Insurer and such approval be endorsed hereon or attached hereto.

All statements contained in any such application for insurance will be deemed representations and not warranties.

Legal action will not be taken to recover benefits under this policy until sixty (60) days after proof of loss has been submitted to the Insurer. The claimant will be limited to a one (1) year period (three (3) years in the province of Quebec) from the expiration of the time within which proof of loss is required by the policy during which legal action may be taken.

General Provisions (Continued)

If any time limitation specified in this policy for giving notice of claim, or submitting proof of loss, or undertaking legal action is less than that permitted by law of the province in which the claimant is residing at the time of loss, then the time limitation will not be less than that provided for by provincial law.

This policy may be cancelled by the Policyholder by mailing to the Insurer written notice stating when thereafter such cancellation will be effective. This policy may be cancelled by the Insurer by mailing to the Policyholder at the address shown in this policy written notice stating when, not less than thirty (30) days thereafter, such cancellation will be effective. The mailing of such notice as aforesaid will be sufficient proof of notice and the effective date of cancellation stated in the notice will become the end of the policy period. Delivery of such written notice either by the Policyholder or by the Insurer will be equivalent to mailing.

Unless otherwise provided in the Schedule, if the Policyholder cancels, earned premiums will be computed in accordance with the customary short rate table and procedures. If the Insurer cancels, earned premiums will be computed pro rata. Premium adjustment may be made at the time cancellation is effected, and if not then made, will be made as soon as practicable after cancellation becomes effective. The Insurer's cheque or the cheque of its representative mailed or delivered as aforesaid will be sufficient tender of any refund of premium due the Policyholder.

The Insurer will be permitted to examine the Policyholder's records relating to this policy at any reasonable time, and from time to time until two (2) years after expiration of this policy or until final adjustment and settlement of all claims hereunder, whichever is the later.

IN WITNESS WHEREOF, SSQ Insurance Company Inc.. has caused this policy to be signed by its Chief Executive Officer and Senior Vice-President; but the same will not be binding upon the Insurer unless countersigned by its duly authorized Policy Writer.



René Hamel
Chief Executive Officer



Bernard Tanguay
Senior Vice-President



Countersigned by _____
Policy Writer

Date January 17, 2012