



## **2025 CAA-Quebec Product Summaries**

**Emergency Medical Insurance**

**Visitors to Canada**

**Annual Vacation Package**

**Single Trip Vacation Package**

**Trip Cancellation and Interruption**

**Non-Medical Vacation Package**

**Individual Medical Underwriting**

**Rental Vehicle Damage Insurance**

# Emergency Medical Insurance

Product Summary  
**SINGLE, SINGLE TRIP WITHIN  
CANADA, ANNUAL AND TOP-UP**



July 1, 2025



## How to Contact Us

|  |  |
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| <b>Insurer:</b>                          | <p>Echelon Insurance</p> <p>Registered with the Autorité des marchés financiers under client number 2000702152</p> <p>Attn: Orion Travel Insurance<br/>60 Commerce Valley Drive East<br/>Thornhill, Ontario L3T 7P9<br/>Phone: 905-747-4900<br/>Toll free: 1-855-674-6684<br/>Email: orioninfo@orionti.ca<br/>Website: www.oriontravelinsurance.ca</p> |
| <b>Distributor:</b>                      | <p>Agence de voyages de l'automobile et<br/>Touring club du Québec inc.</p> <p>444 Bouvier Street, Quebec (Quebec) G2J 1E3<br/>Phone: 1-800-686-9243<br/>Email: assurances@caaquebec.com<br/>Website: www.caaquebec.com/travel-insurance</p>   |
| <b>Autorité des marchés financiers :</b> | <p>The Autorité des marchés financiers can provide <i>you</i> with information about <i>your insurer's</i> or <i>your insurance distributor's</i> obligations.</p> <p>Website: www.lautorite.qc.ca</p>   |

## Things to Consider

**This is a summary.** Review the policy for complete details. *You* can get a copy from a CAA- Quebec Travel centre, on the website where *you* buy *your* insurance at <https://www.caaquebec.com/en/for-your-insurance/documentation/>.

If *you* have any questions, *you* may contact CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world).

**NOTE:** This product only covers emergency medical care. If *you* want protection for *trip* cancellation or *trip* interruption, consider other CAA-Quebec Travel Insurance products such as Package Plans or Trip Cancellation and Interruption Insurance.

**Benefit amounts stated on this summary are in Canadian Dollars, and deductibles are in U.S. Dollars.**

### Key Definitions

**Contract** means the insurance policy, any riders or amendments to the insurance policy, the application, any medical questionnaire(s) (if applicable), and the Confirmation of Coverage, all of which form the entire *contract* and must be read as a whole.

**Government health insurance plan (GHIP)** means a Canadian provincial or territorial *government health insurance plan*.

**Insurer** means Echelon Insurance.

**Medical treatment** means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a physician. *Medical treatment* includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the sickness, injury or symptom.

## Things to Consider

**Minor ailment** means any illness, injury or condition related to a medical condition which ends at least 30 days prior to the effective date of coverage and does not require:

- the use of medication for a period greater than 15 days; or
- more than one (1) follow-up visit to a physician; or
- a hospitalization; or
- a surgical intervention; or
- consultation with a medical specialist.

A chronic medical condition or the complication of a chronic medical condition is not a *minor ailment*.

**Pre-existing medical condition** means any medical condition(s) that exists prior to the departure date of *your trip* or effective date of *your contract* for which *you* have received a diagnosis and/or had *medical treatment* and/or been hospitalized and/or been prescribed or taken medication and/or had a change in medication and/or had a change in *medical treatment* and/or experienced new or more frequent symptoms and/or are requiring investigation (other than a routine check-up).

This exclusion will not apply if *you* purchase the *Pre-Existing Medical Condition* optional coverage.

**Trip** means travel outside *your* Canadian province or territory of residence and ends when *you* return to *your* Canadian province or territory of residence.

### ***Trips within the province of Quebec:***

An individual *trip* begins when *you* leave *your* permanent residence in Quebec and ends when *you* return to *your* permanent residence in Quebec.

For *trips* within Quebec, *you* must have at least a one-night stay with a travel supplier or private accommodation services.

### ***Trips outside of your province or territory of residence:***

An individual *trip* begins when *you* leave and ends when *you* return to *your* province or territory of residence. For non-Canadian residents, a *trip* means travel outside of *your* country of permanent residence.

### ***Trips inside Canada only:***

When *you* have a single *trip* within Canada and *your* destination shows Canada on *your* Confirmation of Coverage, *your* coverage is valid only in Canada.

**We, us or our** means the *Insurer*.

**You and your** means the *Insured*.

**WARNING:** The insurance *contract* will be issued on the basis of information in or provided in connection with *your* application, including answers to the medical questionnaire, if any. *Your* answers must be complete and accurate. If it is found that *you* have not answered any question asked in the medical questionnaire truthfully and accurately, *you* will be responsible for the first \$5,000 of any claim, in addition to any applicable deductible. *You* will also be required to pay the additional premium necessary based on true and accurate answers to the medical questionnaire, otherwise no future coverage will be provided under this *contract*.

*We* will not pay a claim if *you*, any person insured under this *contract* or anyone acting on *your* behalf, attempt to deceive *us* or makes a fraudulent, false or exaggerated statement or claim.

# Who is Eligible to Purchase This Insurance

## To be eligible *you* must:

- be a Canadian resident covered by a *government health insurance plan (GHIP)* for the full duration of the *trip*.

## *You* are not eligible for coverage if:

- *you* have been diagnosed with a terminal illness for which a physician has estimated that *you* have less than 6 months to live;
- *you* have been advised by a physician against travel at this time;
- *you* require kidney dialysis;
- *you* have ever received a bone marrow or organ transplant (except cornea or skin transplant);
- *you* have been diagnosed with and/or received *medical treatment* for metastatic cancer in the last 5 years; or
- *you* have been prescribed or taken home oxygen for a lung condition in the last 12 months.

**IMPORTANT:** A medical questionnaire, if required, must be completed within **6** months before the departure date or effective date so *we* can determine eligibility.

A new medical questionnaire may be required for an extension or Top-Up to determine eligibility and premium.

# What Does the Insurance Cover

This insurance provides coverage for a medical emergency. Benefits of **up to \$5 million** will be paid for reasonable charges incurred following an emergency resulting from a sudden accident, sickness or injury which occurs on a *trip*. It includes:

- hospitalization, medical, dental and paramedical expenses;
- transportation expenses, such as ambulances, taxis or repatriation costs;
- transportation costs for a family member or a close friend to visit *you*;
- return of vehicle, baggage and pet;
- child care;
- reimbursement of the cost of returning *your* remains or burial/cremation costs;
- subsistence costs, medical follow-up and domestic services in Canada.

Maximum of **\$25,000** if at time of claim:

- i. *your GHIP* coverage has lapsed; and/or
- ii *you* did not have *GHIP* authorization to cover *your trip* days exceeding the days *your government health insurance plan* covers outside *your* province or territory of residence.

This insurance can be purchased as:

- **Single Trip or Single Trip within Canada Plan:** Covers one (1) individual *trip* as shown on the Confirmation of Coverage. **Single Trip within Canada provides coverage within Canada only.**
- **Annual Plan:** The insurance provides coverage for several individual *trips* outside or within *your* province or territory of residence for a maximum of 4, 8, 15, 30, 60 or 90 days, depending on the option chosen.
- **Top-Up or Extension:** to extend *your trip* days beyond the duration covered under an Annual Plan, Annual Vacation Package Plan or another insurer's contract.

## What Does the Insurance Cover

- **Immediate family member coverage** is available for 3 or more immediate family members. All immediate family members must be insured under one *contract* and must be listed on *your* Confirmation of Coverage with the appropriate paid premium for this coverage. Refer to the definition of immediate family member in the policy.

Optional coverages can **only** be purchased in conjunction with products containing Emergency Medical Insurance coverage (except Single Trip within Canada, Canada Vacation Package and Visitors to Canada):

- **Pre-Existing Medical Condition Coverage:** for eligible hospital and medical related expenses for sickness or injury incurred as a result of a **pre-existing medical condition** that was not stable and existed prior to the departure date of *your trip* up to a maximum of \$200,000 per insured, per *trip*.
- **Adventurous Air Activities Rider:** where *you* will be **reimbursed** for expenses incurred as a result of an injury or sickness while participating in activities which include ballooning, parasailing and helicopter excursions.
- **Professional Sports and Participation in Speed Contests Coverage:** for expenses incurred as a result of an injury or sickness while participating in training, practicing or competing in a professional sport or motorized speed contest.

### OTHER COVERAGE DETAILS

|  |   |
|--|---|
| <b>Maximum Trip Days (Including Extension or Top-Up)</b> | <ul style="list-style-type: none"> <li>• Single Trip, Single Trip within Canada – 365 days with GHIP approval*</li> <li>• Annual Trip – from 4 to 90 days per <i>trip</i>, up to 365 days including extensions</li> </ul> |
| <b>Medical Questionnaire</b>                             | <ul style="list-style-type: none"> <li>• 60 years old and over</li> <li>• Also required for Top-Ups and extensions</li> <li>• Medical Questionnaire for Single Trip within Canada is not required</li> </ul>              |
| <b>Deductible Options</b>                                | <ul style="list-style-type: none"> <li>• \$0, \$300, \$500, \$1,000, \$3,000, \$5,000, \$10,000, \$25,000 or \$50,000</li> <li>• Applies per insured and per <i>trip</i></li> </ul>                                       |

\* Maximum *trip* days may not exceed the period for which *your* GHIP covers *you* or 365 days.

|                        |   |
|------------------------|---|
| <b>Coverage Starts</b> | <b>The latest of:</b> <ul style="list-style-type: none"> <li>• the date <i>you</i> leave <i>your</i> province or territory of residence; or</li> <li>• the departure date, start date or effective date shown on <i>your</i> Confirmation of Coverage.</li> </ul> |
| <b>Coverage Ends</b>   | <b>The earliest of:</b> <ul style="list-style-type: none"> <li>• the date <i>you</i> return to <i>your</i> province or territory of residence; or</li> <li>• the return date as shown on <i>your</i> Confirmation of Coverage.</li> </ul>                         |

- Coverage will be extended automatically without additional premium if *your* return is delayed beyond the return date as shown on *your* Confirmation of Coverage under certain conditions beyond *your* reasonable control.  
*You* must notify CAA Assistance of the delay prior to the return date.
- Coverage can be voluntarily extended provided that *you* apply prior to the return date as shown on *your* Confirmation of Coverage, *we* approve the extension, a supplemental premium is paid and that other conditions are met.

## Exclusions, Limitations and Conditions

The following are some of the main exclusions of the policy. Please consult the *contract* for a full list of all the exclusions and limitations which could impact *your* coverage.

### General Exclusions

There will be no coverage **and no payment will be made** for any claim resulting from:

1. Driving, operating, being a crew member or passenger on a commercial vehicle used to deliver goods or to carry a load;
2. Unless otherwise stated in this *contract*, *we* will not cover any loss resulting from a supplier's failure to perform its contractual obligations or deliver its services;
3. Failing to comply with *your* prescribed *medical treatment*, including taking prescribed medication;
4. Suicide, attempted suicide or self-inflicted injuries;
5. *Your* negligence or involvement in the commission of a criminal offence, or illegal act;
6. Expenses for which *you* are charged solely because *you* are insured;
7. An act of war;
8. Travelling to a destination where the Canadian government has issued an advisory to avoid all travel or non-essential travel (*you* can view the travel advisories on the Government of Canada travel website). This exclusion does not apply to claims for an emergency or a medical condition unrelated to the travel advisory;
9. Any services rendered by a family member.

### Emergency Medical Insurance Exclusions

In addition to the general exclusions, there are other exclusions or reductions of coverage. Refer to the policy for complete details.

There will be no coverage and no payment will be made for any claim if:

1. *You* have any sickness, injury or medical condition that has not been stable for at least 3 months prior to *your* departure (or 6 months if *you* are 70 years of age or older).

**Note: If *you* are under 60 years of age**, this exclusion applies if *you* have a lung condition in the 3 months prior to the departure date and required treatment with Prednisone.

**No *pre-existing medical condition* exclusion applies for *trips* within Canada.**

Any conditions or symptoms which appeared or worsened on the departure date or at any time within the 7 days prior to the departure date, other than a *minor ailment* for ***Pre-Existing Medical Condition Coverage only***.

2. *Medical treatment* is non-emergent, experimental or elective;
3. Child born during the *trip*;
4. Sickness or medical condition related to a birth defect for an insured child(ren) under two years of age;
5. *You* are pregnant and have any complications from pregnancy or delivery;
6. *You* participate in certain sports and high risk leisure activities;
7. *You* abuse alcohol, drugs or intoxicants;
8. *You* are travelling specifically to obtain *medical treatment*;
9. *You* are travelling when *medical treatment* has been planned or could be expected during the *trip*;

## Exclusions, Limitations and Conditions

10. *You* are a patient in a chronic care or convalescent home, nursing home or rehabilitation centre;
11. *You* receive *medical treatment* outside *your* province of permanent residence which *you* could have obtained in *your* province except for necessary *medical treatment* due to an accident or sudden illness;
12. *You* purchased certain products not approved in Canada, even when prescribed, including dietary or food supplements, over-the-counter medication, and processed food for infants or medication;
13. *You* had certain surgery and diagnostic testing, including cardiac catheterization, angioplasty and/or cardiovascular surgery (except as a medical emergency) or magnetic resonance imaging (MRIs), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies without pre-approval from CAA Assistance;
14. Services are for continuing / recurrent care or *medical treatment* after the initial medical emergency has ended;
15. Medical services rendered in *your* province of residence is related to a change in *your* health while on a temporary return in *your* Canadian province or territory of residence;
16. Accident, sickness or injury that occurred while *you* were covered by another insurer if, on the effective date of coverage of the CAA-Quebec Top-up Insurance *contract you*:
  - i. are hospitalized due to this accident, sickness or injury; or
  - ii. refused to be repatriated; or
  - iii. should have been hospitalized or repatriated to *your* province of residence.
17. *You* are travelling against the medical advice of a physician.

For more complete information, refer to the Emergency Medical Insurance section of the policy.

### OTHER IMPORTANT CONDITIONS

1. Application for an extension or Top-Up must be made prior to the expiry date of *your contract*.
2. *You* cannot receive more than 100% of *your* actual expenses by claiming from *us*. If *we* pay *your* health care provider or reimburse *you* for covered expenses, *we* will seek reimbursement from *your government health insurance plan* and from any other medical reimbursement plan under which *you* may have coverage.
3. If *you* undergo tests as part of a medical investigation, obtain treatment or surgery (including invasive testing) that is not pre-approved by CAA Assistance, *your* claim will not be paid except in extreme circumstances where it would delay surgery required to resolve a life-threatening crisis.
4. If *we* determine that *you* should transfer to another facility or return to *your* home province and *you* refuse, no further *medical treatment* will be paid.
5. *We* are not responsible for the availability, quality or results of *medical treatments* or transportation.
6. If the Medical Director of CAA Assistance determines that *your* emergency has ended, *we* will not cover the continued treatment, recurrence or complication of a medical condition after the emergency.



# How to File a Claim

## STEP 1: NOTIFYING CAA ASSISTANCE OF A CLAIM

You must contact CAA Assistance at 1-866-580-2999 in Canada & mainland United States, or from elsewhere at 1-519-251-5179 prior to obtaining emergency *medical treatment* so that *we* may:

- confirm coverage; and
- provide pre-approval of *medical treatment*.
- CAA Assistance will pay hospitals, physicians and other medical providers directly, whenever possible. Where direct payment cannot be arranged, *we* will reimburse eligible expenses.
- Some benefits are reimbursable on *your* return. If applicable, consult the policy under the Emergency Medical Insurance section.

**WARNING:** You must contact CAA Assistance before obtaining emergency *medical treatment*. If it is medically impossible for *you* to contact them prior to obtaining the *medical treatment*, contact them as soon as possible or have someone contact them on *your* behalf. **If you fail to contact CAA Assistance before you obtain medical treatment, your maximum benefit will be reduced to 80% of expenses up to a maximum of \$25,000.**

Also keep in mind that certain treatments, such as magnetic resonance imaging (MRI), CAT scans, sonograms, ultrasounds, cardiac catheterization, angioplasties, and cardiovascular surgery will not be covered unless pre-approved by CAA Assistance.

## STEP 2: SUBMITTING YOUR CLAIM

Submit, **within 90 days**, a claim form and all required documents (invoices, receipts and other back-up documentation) described in the applicable insurance coverage(s) in the policy (see section – How to File a Claim):

### Online Claim Submission

To avoid mail delays, submit *your* claim online at **orion.xodus.ca** and follow the instructions.

### Mail Claim Submission

You may also submit *your* claim by mail, sending *your* claim form completed and all requested documents at:

CAA Quebec Travel Insurance  
Xodus Travel Services Inc.  
PO Box 36, Station A  
WINDSOR, ON  
N9A 6J5

### Phone numbers to reach us:

From Canada & Mainland US: **1-866-580-2999**  
From Elsewhere: **1-519-251-5179**

## STEP 3: REIMBURSEMENT

All money payable under this *contract* shall be paid by *us* within **60 days** after *we* have received proof of claim and all required documentation.

# The Cost of This Insurance Product

Premiums for the Emergency Medical Insurance are personalized and are determined based on:

- *your* age upon purchase;
- type of plan (single or annual);

## The Cost of This Insurance Product

- the exact number of days of *your trip*;
- *pre-existing medical conditions*, if applicable;
- chosen deductible;
- the applicable rebates, if any.

Premiums are subject to change before purchase without notice.

## Your Right to Cancel

*You* may cancel a *contract* within **10 days of purchase** if *you* have not departed on *your trip* and there is no claim in progress.

By calling CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world), in person at any CAA-Quebec Travel centre (a list of locations is available online at <https://www.caaquebec.com/en/contact-us/> under Find a Service Outlet click on "Travel Centres") or by mailing the Notice of Recession found in Schedule I.

## Refunds

Premium refunds may be available provided no claim has been paid, incurred or reported under this *contract*.

### Emergency Medical Insurance (Single Trip, Single Trip within Canada or Top-up)

Full refunds:

- Eligible if requested and approved prior to the original departure or effective date of *trip*.

Partial refund of unused days if:

- *You* return to *your* Canadian province or territory of residence prior to *your* scheduled return date and *you* provide proof of *your* departure from *your* destination (airline ticket/boarding pass or customs/immigration entry stamp) and return to *your* Canadian province or territory of residence.

### Emergency Medical Insurance Annual plan

- Non-refundable after the effective date.

## Filing a Complaint

*Our* Customer Complaints office is in place to ensure the decision is fair, equitable and developed within company standards.

The *Insurer* is also a member of the General Insurance Ombudservice, an independent dispute resolution service. Customers are encouraged to first attempt to resolve their complaint directly with the *Insurer* before accessing the General Insurance Ombudservice.

*You* may contact *our* Customer Complaints Office by phone, fax, email or by regular post:

Attention: Customer Complaints Office  
Orion Travel Insurance  
60 Commerce Valley Drive East  
Thornhill, Ontario L3T 7P9

Phone: 905-747-4900  
Toll Free: 1-855-674-6684  
Email: [orioninfo@OrionTi.ca](mailto:orioninfo@OrionTi.ca)

More information on the Dispute Resolution process is available at [www.oriontravelinsurance.ca](http://www.oriontravelinsurance.ca).

# **SCHEDULE I**

## **Notice of Cancellation of an Insurance Contract**

### **NOTICE GIVEN BY DISTRIBUTOR**

Article 440 of the Act respecting the distribution of financial products and services.

### **THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS**

- The Act enables you to cancel the insurance contract you just signed at the same time as another contract, **without penalties, within 10 days of its signature**. To do so, you must send the insurer a notice by registered mail within this delay. You may use the enclosed model to that effect.
- Despite the cancellation of the insurance contract, the first contract entered into retains all its effects. Be careful, it is possible that you may incur the loss of favourable conditions extended upon signing this contract; please enquire from your distributor or consult your contract.
- After the expiry of the **10-day** delay, you have the option of cancelling your insurance at any time, but penalties may apply.

For further information, please contact the Autorité des marchés financiers at: (418) 525-0337 or 1-877-525-0337.

- Section 441 does not apply where the principal contract is for a period of 10 days or less and where it became effective at the time of the request for cancellation of the Trip Cancellation & Interruption Insurance.
- Section 441 does not apply where the Trip Cancellation is purchased within 11 days prior to the Trip.

### **NOTICE OF RECISSION OF AN INSURANCE CONTRACT**

To: Echelon Insurance  
Attn: Orion Travel Insurance  
60 Commerce Valley Drive East  
Thornhill, Ontario, L3T 7P9

Date: \_\_\_\_\_  
(Date of sending of this Notice)

Under Article 441 of the Act respecting the distribution of financial products and services, I hereby cancel insurance contract no. \_\_\_\_\_  
(Number of contract, if indicated)

entered into on: \_\_\_\_\_  
(Date of signature of contract)

at: \_\_\_\_\_  
(Place of signature of contract)

\_\_\_\_\_  
(Name of client)

\_\_\_\_\_  
(Signature of client)

The distributor must fill in this section beforehand.

**This notice must be sent by registered mail.**

The purpose of this fact sheet is to inform you of your rights.  
It does not relieve the insurer or the distributor of their obligations to you.

## LET'S TALK INSURANCE!

Name of distributor: Agence de voyages de l'automobile et Touring club du Québec inc

Name of insurer: Echelon Insurance

Name of insurance product: Emergency Medical Insurance – Single, Single Trip within Canada, Annual & Top-Up



### IT'S YOUR CHOICE

**You are never required to** purchase insurance:

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



### HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



### DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration.

The distributor **must** tell you when the remuneration exceeds 30% of that amount.



### RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

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**The *Autorité des marchés financiers* can provide you with unbiased, objective information.**

Visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca) or call the AMF at 1-877-525-0337.

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Reserved for use by the insurer:

This fact sheet cannot be modified



## Questions about your contract?

**1-833-861-0112** – Canada & United States

**+1-514-861-0112** – Elsewhere in the world, call collect

**caaquebec.com**

CAA-Quebec Travel Insurance, an Orion Travel Insurance product, is underwritten by Echelon Insurance. Terms and conditions apply.

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100% post-consumer recycled fibre

QC-20(07/25)

# Visitors to Canada Insurance

Product Summary



**Insurance**

July 1, 2025

## How to Contact Us

|  |   |
|--|---|
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| <b>Distributor:</b>                      | <p>Agence de voyages de l'automobile et<br/>Touring club du Québec inc.</p> <p>444 Bouvier Street, Quebec (Quebec) G2J 1E3<br/>Phone: 1-800-686-9243<br/>Email: assurances@caaquebec.com<br/>Website: www.caaquebec.com/travel-insurance</p>  |
| <b>Autorité des marchés financiers :</b> | <p>The Autorité des marchés financiers can provide <i>you</i> with information about <i>your insurer's</i> or <i>your</i> insurance distributor's obligations.</p> <p>Website: www.lautorite.qc.ca</p>  |

## Things To Consider

**This is a summary.** Review the policy for complete details. *You* can get a copy from a CAA-Quebec Travel centre, on the website where *you* buy *your* insurance at <https://www.caaquebec.com/en/for-your-insurance/documentation/>.

If *you* have any questions, *you* may contact CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world).

**NOTE:** This product is not for Canadian residents covered by a *government health insurance plan* and only covers losses arising from a medical emergency while *you* are in Canada; for additional coverage consider the Non-Medical Vacation package. If *you* are a Canadian resident, consider the Single or Annual Emergency Medical Insurance.

**All amounts stated on this summary are in Canadian Dollars, unless otherwise specified.**

### Key Definitions

**Contract** means the insurance policy, any riders or amendments to the insurance policy, any medical questionnaire(s) (if applicable), and the Confirmation of Coverage, all of which form the entire *contract* and must be read as a whole.

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**Insurer** means Echelon Insurance.

**Medical treatment** means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a physician. *Medical treatment* includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the sickness, injury or symptom.

**We, us or our** means the *Insurer*.

**You and your** means the *Insured*.

## Things to Consider

**WARNING:** The insurance *contract* will be issued on the basis of information in or provided in connection with *your* application. *Your* answers must be complete and accurate.

*We* will not pay a claim if *you*, any person insured under this *contract* or anyone acting on *your* behalf, attempt to deceive *us* or makes a fraudulent, false or exaggerated statement or claim.

## Who is Eligible to Purchase This Insurance

**To be eligible *you* must:**

- Be one (1) of the following:
  - a visitor to Canada;
  - the holder of a Canadian work visa or student visa;
  - an immigrant to Canada; or
  - a Canadian not covered by a *government health insurance plan (GHIP)*.
- be a maximum of 85 years old on the date of application.
- purchase prior to or within 30 days of arrival in Canada.

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

- *you* have been diagnosed with a terminal illness for which a physician has estimated *you* have less than 6 months to live;
- *you* have been advised by a physician against travel at this time;
- *you* require kidney dialysis;
- *you* have ever received a bone marrow or organ transplant (except cornea or skin transplant);
- *you* have been diagnosed with and/or received *medical treatment* for metastatic cancer in the last 5 years; or
- *you* have been prescribed or taken home oxygen for a lung condition in the last 12 months.

## What Does the Insurance Cover

This insurance provides coverage for the reasonable charges *you* incur for emergency *medical treatment* of an unforeseen sickness or injury while in Canada or during a visit to another country (excluding *your* country of permanent residence) as part of *your trip*.

The following types of expenses are covered, subject to a maximum of \$50,000, \$100,000, or \$150,000 (depending on *your* age and the amount selected) as shown on *your* Confirmation of Coverage **as long as *you* obtain the prior approval of CAA Assistance:**

- hospitalization, medical, dental and paramedical expenses;
- transportation expenses, such as ambulance and taxi services or repatriation costs;
- transportation costs for a family member or a close friend to visit *you*;
- reimbursement of the costs of returning *your* remains or burial/cremation costs;
- subsistence allowance for accommodation and meals of up to \$350 per day to a maximum of \$3,500.



# What Does the Insurance Cover

## OTHER COVERAGE DETAILS

|                                   |  |
|-----------------------------------|--|
| <b>Maximum Trip Days</b>          | <ul style="list-style-type: none"> <li>Up to 365 days</li> </ul>   |
| <b>Medical Questionnaire</b>      | <ul style="list-style-type: none"> <li>Not required</li> </ul>   |
| <b>Maximum Benefits as Chosen</b> | <ul style="list-style-type: none"> <li>Up to 69 years old – \$50,000, \$100,000 or \$150,000</li> <li>Between 70-85 years old – \$50,000 or \$100,000</li> </ul>   |
| <b>Deductible Options</b>         | <ul style="list-style-type: none"> <li>\$0, \$300, \$500, \$1,000, \$3,000, \$5,000, \$10,000, \$25,000 or \$50,000</li> <li>Applies per <i>insured</i> and per <i>trip</i>.</li> </ul>  |
| <b>Coverage Starts</b>            | <p><b>The latest of:</b></p> <ul style="list-style-type: none"> <li><i>your</i> arrival date in Canada;</li> <li>the departure date, start date or effective date shown on <i>your</i> Confirmation of Coverage; or</li> <li>the end of any similar coverage <i>you</i> had in Canada under another insurance contract. Proof of that other insurance coverage may be required.</li> </ul>                                 |
| <b>Coverage Ends</b>              | <p><b>The earliest of:</b></p> <ul style="list-style-type: none"> <li>For <b>non-Canadian residents</b>: the date <i>you</i> leave Canada to return to <i>your</i> country of permanent residence.</li> <li>The return date or expiry date as shown on <i>your</i> Confirmation of Coverage.</li> <li>For <b>Canadian residents</b> not covered by <i>GHIP</i>: the date when <i>your GHIP</i> coverage starts.</li> </ul> |

- Immediate family member coverage** is available for 3 or more immediate family members. All immediate family members must be insured under one *contract* and must be listed on *your* Confirmation of Coverage with the appropriate paid premium for this coverage. Refer to the definition of immediate family member in *your* policy.
- Coverage will be extended automatically without additional premium if *your* return is delayed beyond the return date as shown on *your* Confirmation of Coverage under certain conditions beyond *your* reasonable control.  
*You* must notify CAA Assistance of the delay prior to the return date.
- Coverage can be voluntarily extended provided that *you* apply prior to the return date as shown on *your* Confirmation of Coverage, *we* approve the extension, a supplemental premium is paid and that other conditions are met.

## Exclusions and Limitations

The following are some of the main exclusions in the *contract*. Please consult the policy for a complete list of all the exclusions and limitations which could impact *your* coverage.

### General Exclusions

There will be no coverage **and no payment will be made** for any claim resulting from:

- Driving, operating, being a crew member or passenger on a commercial vehicle used to deliver goods or to carry a load;

## Exclusions and Limitations

2. Unless otherwise stated in this *contract*, we will not cover any loss resulting from a supplier's failure to perform its contractual obligations or deliver its services;
3. Failing to comply with *your* prescribed *medical treatment*, including taking prescribed medication;
4. Suicide, attempted suicide or self-inflicted injuries;
5. *Your* negligence or involvement in the commission of a criminal offence, or illegal act;
6. Expenses for which *you* are charged solely because *you* are insured;
7. An act of war;
8. Travelling to a destination where the Canadian government has issued an advisory to avoid all travel or non-essential travel (*you* can view the travel advisories on the Government of Canada travel website). This exclusion does not apply to claims for an emergency or a medical condition unrelated to the travel advisory;
9. Any services rendered by a family member.

### Exclusions specific to Visitors to Canada Insurance

There will be no coverage **and no payment will be made** for any claim resulting from:

1. Any sickness, injury or medical condition which is not stable in the 120 days prior to *your* effective date;
2. Any sickness or onset of new symptoms that occur during the first 48 hours following the effective date, if *you* purchase this insurance after *you* arrived in Canada;
3. Child born during *trip*;
4. Any sickness or medical condition related to a birth defect for insured children under two years of age;
5. If *you* are pregnant and have any complications from pregnancy or delivery;
6. *Your* participation in certain sports and high risk leisure activities;
7. The abuse of alcohol, drugs or intoxicants;
8. Travelling specifically to receive *medical treatment*;
9. Travelling when *medical treatment* has been planned or could be expected during the *trip*;
10. *Your* status as a patient in a chronic care or convalescent home, a nursing home or for rehabilitation services;
11. Any care, *medical treatment*, products or services other than those declared by the appropriate authorities to be required for the *medical treatment* of the injury, disease or stabilization of the medical condition;
12. Custodial care or services rendered for *your* convenience;
13. Treatments received outside *your* country of permanent residence which:
  - i. *you* could have obtained in *your* country, with the exception of any treatment medically necessary as a result of an accident, injury, or sudden illness;
  - ii. are not covered under government programs where services were rendered.
14. Non-emergency, experimental or elective treatment;
15. Certain products, even when prescribed, such as dietary or food supplements, over-the-counter medication, processed food for infants or medication not approved in Canada;
16. Certain surgery and diagnostic testing, such as cardiac catheterization, angioplasty and/or cardiovascular surgery (except as a medical emergency) or

## Exclusions and Limitations

magnetic resonance imaging (MRIs), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies without pre-approval from CAA Assistance;

17. The continuing care and/or *medical treatment* after the initial medical emergency has ended;
18. Any medical condition that was diagnosed or for which *you* received *medical treatment* after the date of departure and before the date of an insurance extension or top-up if there was an extension;
19. Any act of terrorism;
20. Medical services rendered in *your* country of permanent residence (except for Canadians without *GHIP* returning to Canada);
21. Travel against the medical advice of a physician;
22. Damage to or loss of hearing devices, eyeglasses, sunglasses, contact lenses, or prosthetic teeth or limbs, and resulting prescription thereof.

Refer to the policy under the Visitors to Canada Insurance section for further details.

### OTHER CONDITIONS

1. A temporary visit to another country is permitted (other than *your* country of permanent residence – except for a Canadian not covered by a *government health insurance plan*) as part of *your trip* as long as it is not more than half of the *trip's* total duration.
2. If *we* determine that *you* should transfer to another facility or return to *your* home country and *you* refuse, no further *medical treatment* will be paid.
3. If the Medical Director of CAA Assistance determines that *your* emergency has ended, *we* will not cover the continued treatment, recurrence or complication of a medical condition after the emergency treatment.
4. *We* are not responsible for the availability, quality or results of any *medical treatment* or transportation.

## How to File a Claim

### STEP 1: NOTIFYING CAA ASSISTANCE OF A CLAIM

*You* must contact CAA Assistance at 1-866-580-2999 in Canada & mainland U.S., or from elsewhere at 1-519-251-5179 prior to obtaining emergency *medical treatment* so that *we* may:

- confirm coverage; and
- provide pre-approval of *medical treatment*.

CAA Assistance will pay hospitals, physicians and other medical providers directly, whenever possible. Where this cannot be arranged, eligible expenses will be reimbursed.

**WARNING:** *You* must contact CAA Assistance before obtaining emergency *medical treatment*. If it is medically impossible for *you* to contact them prior to obtaining the *medical treatment*, contact them as soon as possible or have someone contact them on *your* behalf. **If *you* fail to contact CAA Assistance before *you* obtain *medical treatment*, *your* maximum benefit will be reduced to 80% of expenses up to a maximum of \$25,000.**

CAA Assistance must approve in advance any surgery or invasive procedure (including cardiac catheterization). *You* must inform *your* attending physician to contact CAA Assistance for pre-approval, except in extreme circumstances where it would delay surgery required to resolve a life-threatening medical crisis.

## How to File a Claim

### STEP 2: SUBMITTING *YOUR* CLAIM

Submit, **within 90 days**, a claim form and all required documents (invoices, receipts and other back-up documentation) described in the applicable insurance coverage(s) in the policy (see section – How to File a Claim):

#### Online Claim Submission

To avoid mail delays, submit *your* claim online at **orion.xodus.ca** and follow the instructions.

#### Mail Claim Submission

*You* may also submit *your* claim by mail, sending *your* claim form completed and all requested documents at:

CAA Quebec Travel Insurance  
Xodus Travel Services Inc.  
PO Box 36, Station A  
WINDSOR, ON  
N9A 6J5

#### Phone numbers to reach us:

From Canada & Mainland US: **1-866-580-2999**  
From Elsewhere: **1-519-251-5179**

### STEP 3: REIMBURSEMENT

All money payable under this *contract* shall be paid by *us* within **60 days** after *we* have received proof of claim and all required documentation.

## The Cost of This Insurance Product

Premiums for the Visitors to Canada coverage are personalized and are determined based on:

- *your* age upon purchase;
- the exact number of days of *your trip*;
- chosen coverage amount;
- deductible chosen.

Premiums are subject to change without notice.

## *Your* Right to Cancel

*You* may cancel a *contract* within **10 days of purchase** if *you* have not departed on *your trip* and there is no claim in progress.

By calling CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world), in person at any CAA-Quebec Travel centre (a list of locations is available online at <https://www.caaquebec.com/en/contact-us/> under Find a Service Outlet click on “Travel Centres”) or by mailing the Notice of Recession found in Schedule I.

## Refunds

Premium refunds may be available provided no claim has been paid, incurred or reported under this *contract*.

Full Refund if:

- *you* request cancellation prior to the effective date;
- if this *contract* was purchased as a requirement to obtain or maintain a Super Visa, and *you* must provide proof from Citizenship and Immigration Canada that *your* Super Visa was denied.

Partial Refund if:

- *you* become eligible and/or covered under a *government health insurance plan* during *your contract* coverage period; or
- *you* return to *your* country of permanent residence prior to *your* scheduled return date.

*You* must provide:

- proof of the date *you* became eligible and/or covered under a *government health insurance plan*; or
- proof of *your* departure from Canada and return to *your* country of permanent residence (airline ticket/boarding pass or customs/immigration entry stamp); or
- proof of *your* early return to *your* country of permanent residence from Citizenship and Immigration Canada if this *contract* was purchased for a Super Visa.

## Filing a Complaint

*Our* Customer Complaints office is in place to ensure the decision is fair, equitable and developed within company standards.

The *Insurer* is also a member of the General Insurance Ombudservice, an independent dispute resolution service. Customers are encouraged to first attempt to resolve their complaint directly with the *Insurer* before accessing the General Insurance Ombudservice.

*You* may contact *our* Customer Complaints Office by phone, fax, email or by regular post:

Attention: Customer Complaints Office  
Orion Travel Insurance  
60 Commerce Valley Drive East  
Thornhill, Ontario L3T 7P9

Phone: 905-747-4900  
Toll Free: 1-855-674-6684  
Email: [orioninfo@OrionTi.ca](mailto:orioninfo@OrionTi.ca)

More information on the Dispute Resolution process is available at [www.oriontravelinsurance.ca](http://www.oriontravelinsurance.ca).

# **SCHEDULE I**

## **Notice of Cancellation of an Insurance Contract**

### **NOTICE GIVEN BY DISTRIBUTOR**

Article 440 of the Act respecting the distribution of financial products and services.

### **THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS**

- The Act enables you to cancel the insurance contract you just signed at the same time as another contract, **without penalties, within 10 days of its signature**. To do so, you must send the insurer a notice by registered mail within this delay. You may use the enclosed model to that effect.
- Despite the cancellation of the insurance contract, the first contract entered into retains all its effects. Be careful, it is possible that you may incur the loss of favourable conditions extended upon signing this contract; please enquire from your distributor or consult your contract.
- After the expiry of the **10-day** delay, you have the option of cancelling your insurance at any time, but penalties may apply.

For further information, please contact the Autorité des marchés financiers at: (418) 525-0337 or 1-877-525-0337.

- Section 441 does not apply where the principal contract is for a period of 10 days or less and where it became effective at the time of the request for cancellation of the Trip Cancellation & Interruption Insurance.
- Section 441 does not apply where the Trip Cancellation is purchased within 11 days prior to the Trip.

### **NOTICE OF RECISSION OF AN INSURANCE CONTRACT**

To: Echelon Insurance  
Attn.: Orion Travel Insurance  
60 Commerce Valley Drive East  
Thornhill, Ontario, L3T 7P9

Date: \_\_\_\_\_  
(Date of sending of this Notice)

Under Article 441 of the Act respecting the distribution of financial products and services, I hereby cancel insurance contract no. \_\_\_\_\_  
(Number of contract, if indicated)

entered into on: \_\_\_\_\_  
(Date of signature of contract)

at: \_\_\_\_\_  
(Place of signature of contract)

\_\_\_\_\_  
(Name of client)

\_\_\_\_\_  
(Signature of client)

The distributor must fill in this section beforehand.

**This notice must be sent by registered mail.**

## Notes

The purpose of this fact sheet is to inform you of your rights.  
It does not relieve the insurer or the distributor of their obligations to you.

## LET'S TALK INSURANCE!

Name of distributor: Agence de voyages de l'automobile et Touring club du Québec inc

Name of insurer: Echelon Insurance

Name of insurance product: Visitors to Canada Insurance



### IT'S YOUR CHOICE

**You are never required to purchase insurance:**

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



### HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



### DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration.

The distributor **must** tell you when the remuneration exceeds 30% of that amount.



### RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

---

**The *Autorité des marchés financiers* can provide you with unbiased, objective information.**

Visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca) or call the AMF at 1-877-525-0337.

---

Reserved for use by the insurer:

This fact sheet cannot be modified





## Questions about your contract?

**1-833-861-0112** – Canada & United States

**+1-514-861-0112** – Elsewhere in the world, call collect

**caaquebec.com**

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100% post-consumer recycled fibre

QC-26(07/25)

# Annual Vacation Package Plan

Product Summary



Insurance

July 1, 2025

## How to Contact Us

|  |   |
|--|---|
| <b>Insurer:</b>                          | <p>Echelon Insurance</p> <p>Registered with the Autorité des marchés financiers under client number 2000702152</p> <p>Attn.: Orion Travel Insurance<br/>60 Commerce Valley Drive East<br/>Thornhill, Ontario L3T 7P9<br/>Phone: 905-747-4900<br/>Toll free: 1-855-674-6684<br/>Email: orioninfo@orionti.ca<br/>Website: www.oriontravelinsurance.ca</p> |
| <b>Distributor:</b>                      | <p>Agence de voyages de l'automobile et<br/>Touring club du Québec inc.</p> <p>444 Bouvier Street, Quebec (Quebec) G2J 1E3<br/>Phone: 1-800-686-9243<br/>Email: assurances@caaquebec.com<br/>Website: www.caaquebec.com/travel-insurance</p>  |
| <b>Autorité des marchés financiers :</b> | <p>The Autorité des marchés financiers can provide <i>you</i> with information about <i>your insurer's</i> or <i>your insurance distributor's</i> obligations.</p> <p>Website: www.lautorite.qc.ca</p>  |

## Things to Consider

**This is a summary.** Review the policy for complete details. *You* can get a copy from a CAA-Quebec Travel centre or, on the website where *you* buy *your* insurance at <https://www.caaquebec.com/en/for-your-insurance/documentation/>.

If *you* have any questions, *you* may contact CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world).

**NOTE:** This plan provides coverage for multiple individual *trips* outside or within *your* province / territory of residence.

**All amounts stated on this summary are in Canadian Dollars, unless otherwise specified.**

### Key Definitions

**Contract** means the insurance policy, any riders or amendments to the insurance policy, the application, any medical questionnaire (s) (if applicable), and the Confirmation of Coverage, all of which form the entire *contract* and must be read as a whole.

**Government health insurance plan (GHIP)** means a Canadian provincial or territorial *government health insurance plan*.

**Insurer** means Echelon Insurance.

**Medical treatment** means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a physician. *Medical treatment* includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the sickness, injury or symptom.

## Things to Consider

**Minor ailment** means any illness, injury or condition related to a medical condition which ends at least 30 days prior to the effective date of coverage and does not require:

- the use of medication for a period greater than 15 days; or
- more than one (1) follow-up visit to a physician; or
- a hospitalization; or
- a surgical intervention; or
- consultation with a medical specialist.

A chronic medical condition or the complication of a chronic medical condition is not a *minor ailment*.

**Pre-existing medical condition** means any medical condition(s) that exists prior to the departure date of *your trip* or effective date of *your contract* for which *you* have received a diagnosis and/or had *medical treatment* and/or been hospitalized and/or been prescribed or taken medication and/or had a change in medication and/or had a change in *medical treatment* and/or experienced new or more frequent symptoms and/or are requiring investigation (other than a routine check-up).

This exclusion will not apply if *you* purchase the *Pre-Existing Medical Condition* optional coverage.

**Travel companion** means a person accompanying *you* on the *trip*, who shares accommodation or transportation with *you* and who has paid such accommodation or transportation in advance of departure. A maximum of 6 persons will be considered *travel companions* (including *you*).

**Trip** means travel outside *your* Canadian province or territory of residence and ends when *you* return to *your* Canadian province or territory of residence.

### ***Trips within the province of Quebec:***

An individual *trip* begins when *you* leave *your* permanent residence in Quebec and ends when *you* return to *your* permanent residence in Quebec.

For *trips* within Quebec, *you* must have at least a one-night stay with a travel supplier or private accommodation services.

### ***Trips outside of your province or territory of residence:***

An individual *trip* begins when *you* leave and ends when *you* return to *your* province or territory of residence. For non-Canadian residents, a *trip* means travel outside of *your* country of permanent residence.

**We, us or our** means the *Insurer*.

**You and your** means the *Insured*.

**WARNING:** The insurance *contract* will be issued on the basis of information in or provided in connection with *your* application, including answers to the medical questionnaire, if any. *Your* answers must be complete and accurate. In the event of a claim, *we* will review *your* medical history. If any of *your* answers are incomplete or inaccurate *you* will be responsible for the first \$5,000 of any claim, in addition to any applicable deductible. *You* will also be required to pay the additional premium necessary based on true and accurate answers to the medical questionnaire, otherwise no future coverage will be provided under this *contract*.

*We* will not pay a claim if *you*, any person insured under this *contract* or anyone acting on *your* behalf, attempt to deceive *us* or makes a fraudulent, false or exaggerated statement or claim.

# Who is Eligible to Purchase This Insurance

## To be eligible *you* must:

- be a Canadian resident covered by a *government health insurance plan (GHIP)* for the full duration of the *trip*;
- be a maximum of 84 years old on the date of application;
- complete a medical questionnaire no more than 6 months before *you* leave, if *you* are between the ages of 60-69 and *your trip* is 18 days or more;
- complete a medical questionnaire no more than 6 months before *you* leave regardless of the length of *your trip* if *you* are between the ages of 70-84.

## *You* are not eligible for coverage if:

- *you* have been diagnosed with a terminal illness for which a physician has estimated that *you* have less than 6 months to live;
- *you* have been advised by a physician against travel at this time;
- *you* require kidney dialysis;
- *you* have ever received a bone marrow or organ transplant (except cornea or skin transplant);
- *you* have been diagnosed with and/or received *medical treatment* for metastatic cancer in the last 5 years; or
- *you* have been prescribed or taken home oxygen for a lung condition in the last 12 months.

**WARNING:** If at the time *you* purchase the insurance, *you* know of an event or condition that would prevent *you* or *your travel companion* from starting and/or completing *your trip* as booked, coverage will be denied and there will be no payment for a claim.

# What Does the Insurance Cover

- Provides protection for multiple individual *trips* outside and within *your* province or territory of residence for up to 4, 8, 15 or 30 days, based on the option that *you* select.
- The maximum benefits for Trip Cancellation applies per insured, per *trip*.
- Baggage delay benefits of up to \$500 per *trip* and baggage damage or loss is payable up to a maximum of \$1,500 per *trip* and \$3,000 per *contract* year.
- *Trips* within Canada and Quebec, see definition of *trip*.
- **Immediate family member coverage**, is available for 3 or more immediate family members. All immediate family members must be insured under one *contract* and must be listed on *your* Confirmation of Coverage with the appropriate paid premium for immediate family member coverage. Refer to the definition of immediate family member in *your* policy.

Optional coverages can **only** be purchased in conjunction with products containing Emergency Medical Insurance coverage (except Single Trip within Canada, Canada Vacation Package and Visitors to Canada):

- **Pre-Existing Medical Condition Coverage:** for eligible hospital and medical related expenses for sickness or injury incurred as a result of a **pre-existing medical condition** that was not stable and existed prior to the departure date of *your trip* up to a maximum of \$200,000 per insured, per *trip*.

## What Does the Insurance Cover

- **Adventurous Air Activities Rider:** where *you* will be **reimbursed** for expenses incurred as a result of an injury or sickness while participating in activities which include ballooning, parasailing and helicopter excursions.
- **Professional Sports and Participation in Speed Contests Coverage:** for expenses incurred as a result of an injury or sickness while participating in: training, practicing or competing in a professional sport or motorized speed contest.

| COVERAGE   | MAXIMUM BENEFIT   |
|--|---|
| Emergency Medical Insurance                                | Up to <b>\$5 million</b>  |
| Trip Cancellation and Trip Interruption (per <i>trip</i> ) | <b>Before departure:</b> \$2,000, \$3,000, \$4,000 or \$5,000 per <i>trip</i> (depending on <i>your</i> choice) and \$10,000 per <i>contract</i> year.<br><b>After departure:</b> Up to unlimited |
| Travel Accident Insurance                                  | Up to <b>\$100,000</b> Flight Accident<br>Up to <b>\$50,000</b> Travel Accident   |
| Baggage Insurance  | Up to <b>\$1,500</b> per <i>trip</i> / <b>\$3,000</b> per <i>contract</i> year  |
| • Baggage Delay  | Up to <b>\$500</b>  |
| • Lost Documents   | Up to <b>\$250</b>  |
| Infant Protection  | Up to <b>\$5 million:</b> Emergency Medical Insurance   |
| Holiday Protection   | Up to <b>\$750</b>  |

Maximum of **\$25,000** if at time of claim:

- your government health insurance plan* coverage has lapsed; or
- you* did not have authorization from *your government health insurance plan* to cover *your trip* days exceeding the days *GHIP* covers outside *your* province or territory of residence.

### OTHER COVERAGE DETAILS

|                                     |  |
|-------------------------------------|--|
| Maximum Trip Days including Top-ups | <ul style="list-style-type: none"> <li>• Up to 59 years old – from 4 to 30 days per <i>trip</i>, up to 365 days including extensions*</li> <li>• Between ages 60 and 84 – from 4 to 30 days per <i>trip</i>, up to 63 days including extensions</li> </ul> |
| Medical Questionnaire               | <ul style="list-style-type: none"> <li>• Up to age 59 - not required</li> <li>• 60-84 years of age - required for all <i>trips</i></li> </ul>  |
| Deductible Options                  | Not applicable   |

\* Maximum *trip* days means the period for which *your GHIP* covers *you* up to 365 days. Coverage cannot extend beyond 365 days from departure date or effective date.

## What Does the Insurance Cover

|                        |  |
|------------------------|--|
| <b>Coverage Starts</b> | <p><b>Trip Cancellation:</b></p> <ul style="list-style-type: none"> <li>The date and time the insurance is purchased.</li> </ul> <p><b>For all other coverages</b></p> <p><b>The first of the following dates:</b></p> <ul style="list-style-type: none"> <li>The date that <i>you</i> left <i>your</i> province or territory of residence;</li> <li>The departure date, start date or effective date shown on <i>your</i> Confirmation of Coverage.</li> </ul> <p>For full details, refer to the policy under “Coverage Starts” in Emergency Medical, Trip Cancellation and Interruption, Travel Accident or Baggage Insurance sections.</p>  |
| <b>Coverage Ends</b>   | <p><b>Trip Cancellation and Interruption:</b></p> <ul style="list-style-type: none"> <li>The date on which there was a cause for cancellation prior to departure;</li> <li>The date on which an interruption occurred after the departure.</li> </ul> <p><b>For all other coverages</b></p> <p><b>The first of the following:</b></p> <ul style="list-style-type: none"> <li>The date <i>you</i> return to <i>your</i> permanent residence; or</li> <li>The return date as shown on <i>your</i> Confirmation of Coverage.</li> </ul> <p>For full details, refer to the policy under “Coverage Ends” in Emergency Medical Insurance, Trip Cancellation and Interruption, Travel Accident or Baggage Insurance sections.</p> |

- Coverage will be extended automatically without additional premium if *your* return is delayed beyond the return date as shown on *your* Confirmation of Coverage under certain conditions beyond *your* reasonable control.  
*You* must notify CAA Assistance of the delay prior to the return date.
- Coverage can be voluntarily extended provided that *you* apply prior to the return date as shown on *your* Confirmation of Coverage, *we* approve the extension, a supplemental premium is paid and that other conditions are met.

### TRIP CANCELLATION & TRIP INTERRUPTION SUMMARY OF COVERAGE

Trip Cancellation and Trip Interruption Insurance coverage includes 37 insured risks for canceling or interrupting *your trip*.

**For the full list of insured risks, benefits, conditions and exclusions please see the *contract*.**

### Trip Cancellation Covered Expenses

#### Covered Expenses

This is an overview of covered expenses. For a complete list, please refer to the *contract*.

Benefits paid up to 100% of the:

- Prepaid, nonrefundable portion of *your* travel arrangements including cancellation fees and service fees;
- Rebooking and/or amendment fees;
- Difference in price for next occupancy charges if *your travel companion* cancels their *trip* and *you* decide to continue with the *trip* as planned;

## What Does the Insurance Cover

- Prepaid, nonrefundable portion of *your* travel arrangements including cancellation fees and service fees, when booked through an approved online platform.

### CANCEL FOR ANY OTHER REASON

*You* may cancel *your trip* within 3 hours of *your* departure date for any reason other than the 37 insured risks listed in *your contract* which are subject only to the General Conditions and General Exclusions.

#### To qualify for the Cancel for Any Other Reason Benefit

- *You* must purchase *your* insurance within 72 hours of making an initial payment on ***your* travel arrangements or before cancellation penalties come into effect.**
- *You* must cancel *your trip* at least 3 hours or more before *your* departure date.

### Covered Expenses

- 75% of any prepaid, nonrefundable portion of *your* fully prepaid travel arrangements when booked through CAA - Quebec Travel; or
- 50% of any prepaid, nonrefundable portion of *your* fully prepaid travel arrangements when booked elsewhere.

### Trip Interruption Covered Expenses

This is an overview of covered expenses. For a complete list, please refer to the *contract*.

Benefits paid up to 100% of the:

- Extra cost of a one-way economy fare to the departure point or to the *trip* destination point.
- Unused nonrefundable prepaid travel arrangements excluding the cost of the original ticket (arranged at the time of application for insurance) will be refunded up to a maximum amount indicated as the sum insured prior to departure on *your* Confirmation of Coverage.
- Extra cost of accommodation and other expenses (such as meals, taxis, phone calls) up to \$400 per day, to a maximum of \$4,000.
- Additional fees incurred to change the dates of *your* original return ticket.

### INTERRUPTION FOR ANY OTHER REASON

After being at *your trip* destination for at least 48 hours, *you* may use this benefit to interrupt *your trip* for any reason other than the 37 insured risks listed in *your contract*. The interruption for any other reason is subject only to the General Conditions and General Exclusions provided for in the *contract*.

### Covered Expenses

- 75% of any prepaid, nonrefundable portion of *your* fully prepaid travel arrangements up to \$2,500, when booked through CAA - Quebec Travel; or
- 50% of any prepaid, nonrefundable portion of *your* fully prepaid travel arrangements up to \$2,500, when booked elsewhere.
- up to \$1,000 for the extra cost of a one-way economy airfare via the most cost effective route to return *you* to *your* home or any additional fees incurred to change the dates of *your* original return ticket when such an option is available to *you*.



## Exclusions and Limitations

The following are some of the main exclusions of the *contract*. Please consult the policy for a full list of all the exclusions and limitations which could impact *your* coverage.

### General Exclusions

There will be no coverage **and no payment will be made** for any claim resulting from:

1. Driving, operating, being a crew member or passenger on a commercial vehicle used to deliver goods or to carry a load;
2. Unless otherwise stated in this *contract*, we will not cover any loss resulting from a supplier's failure to perform its contractual obligations or deliver its services;
3. Failing to comply with *your* prescribed *medical treatment*, including taking prescribed medication;
4. Suicide, attempted suicide or self-inflicted injuries;
5. *Your* negligence or involvement in the commission of a criminal offence, or illegal act;
6. Expenses for which *you* are charged solely because *you* are insured;
7. An act of war;
8. Travelling to a destination where the Canadian government has issued an advisory to avoid all travel or non-essential travel (*you* can view the travel advisories on the Government of Canada travel website at). This exclusion does not apply to claims for an emergency or a medical condition unrelated to the travel advisory (applies to Emergency Medical Insurance claims only);
9. Any services rendered by a family member.

### Emergency Medical Insurance Exclusions

In addition to the general exclusions, there is no coverage if:

1. *You* have any sickness, injury or medical condition that has not been stable for at least 3 months prior to *your* departure (or 6 months if *you* are 70 years old or older).

Note: If ***you* are under 60** years of age, this exclusions applies if *you* have a lung condition and in the 3 months prior to the departure date, *you* required treatment with Prednisone.

**No *pre-existing medical condition* exclusion applies for *trips* within Canada.**

Any conditions or symptoms which appeared or worsened on the departure date or at any time within the 7 days prior to the departure date, other than a *minor ailment* for ***Pre-Existing Medical Condition Coverage* only.**

2. Treatment is non-emergent, experimental or elective.

### Trip Cancellation and Interruption Insurance Exclusions

There will be no coverage and **no payment will be made** for a claim:

1. If *you* are taking a *trip* to visit a sick or injured person when the *trip* is cancelled, interrupted or delayed due to such person's medical condition or death.
2. If *you* fail or neglect to perform all actions required by government authorities for entry at customs, or security checkpoints.
3. For any nonrefundable prepaid *travel services* when the *trip* was paid for through a points or rewards program.

## Exclusions and Limitations

### Additional Emergency Medical Insurance, Travel Accident Insurance, and/or Trip Cancellation and Interruption Insurance Exclusions

There are exclusions or reductions of coverage:

1. If *you* are pregnant and have any complications from pregnancy or delivery;
2. For any child born during *trip*;
3. For the renewal or replacement of dietary or food supplements, over-the-counter medication, processed food for infants or medication not approved in Canada;
4. If *you participate* in certain sports and high risk leisure activities;
5. For any continuing care and/or *medical treatment* after the initial medical emergency has ended;
6. For the abuse of alcohol, drugs or intoxicants;
7. For travelling against the medical advice of *your* physician;
8. For travelling specifically to receive *medical treatment*;
9. For claims of patients in chronic care or convalescent homes;
10. For any event that was known at the purchase of insurance that could give rise to a claim.

Refer to the policy for a complete list of exclusions.

## How to File a Claim

### STEP 1: NOTIFYING CAA ASSISTANCE OF A CLAIM

*You* must contact CAA Assistance at 1-866-580-2999 in Canada & mainland U.S., or from elsewhere at 1-519-251-5179:

- prior to obtaining emergency *medical treatment*;
- **immediately** in the case of a Trip Interruption;
- **within 1 business day** in the event of a Trip Cancellation or Baggage Insurance claim. If *you* do not call, *your* benefits may be reduced due to cancellation penalties that are imposed by the travel supplier.

CAA Assistance will pay hospitals, physicians and other medical providers directly, whenever possible. Where direct payment cannot be arranged, *we* will reimburse eligible expenses.

Some benefits are reimbursable on *your* return. Check the benefits section for the insurance coverage(s) *you* have purchased to see if this applies.

**WARNING:** *You* must contact CAA Assistance before obtaining emergency *medical treatment*. If it is medically impossible for *you* to contact them prior to obtaining the *medical treatment*, call them as soon as possible or have someone contact them on *your* behalf. **If *you* fail to contact CAA Assistance before *you* obtain the *medical treatment*, *your* maximum benefit will be reduced to 80% of expenses up to a maximum of \$25,000.**

Also keep in mind that certain treatments, such as magnetic resonance imaging (MRI), CAT scans, sonograms, ultrasounds, cardiac catheterization, angioplasties, and cardiovascular surgery will not be covered unless pre-approved by CAA Assistance.

## How to File a Claim

### STEP 2: SUBMITTING *YOUR* CLAIM

Submit, **within 90 days**, a claim form and all required documents (invoices receipts, police reports and other back-up documentation) described in the applicable insurance coverage(s) in the policy (see section – How to File a Claim):

#### Online Claim Submission

To avoid mail delays, submit *your* claim online at **orion.xodus.ca** and follow the instructions.

#### Mail Claim Submission

*You* may also submit *your* claim by mail, sending *your* claim form completed and all requested documents at:

CAA Quebec Travel Insurance  
Xodus Travel Services Inc.  
PO Box 36, Station A  
WINDSOR, ON  
N9A 6J5

#### Phone numbers to reach us:

From Canada & Mainland US: **1-866-580-2999**

From Elsewhere: **1-519-251-5179**

If a travel supplier ceases operations, written notice of claim must be submitted **within 60 days** of when the travel supplier announces that it is in default along with receipts, proof of payment and other supporting documents (see section – How to File a Claim).

### STEP 3: REIMBURSEMENT

- All money payable under this *contract* shall be paid by *us* within **60 days** after *we* have received proof of claim and all required documentation.
- Benefits under Trip Cancellation and Interruption Insurance coverage are payable to *you* unless *you* authorize *us*, in writing, to pay a third party directly.

## The Cost of This Insurance Product

Premiums for the Annual Vacation Package Plan are personalized and are determined based on:

- *your* age at the time of purchase;
- the exact number of days of *your* plan;
- sum insured;
- *pre-existing medical conditions*, if applicable;
- the applicable rebates, if any.

Premiums are subject to change before purchase without notice.

## ***Your Right to Cancel***

*You* may cancel a *contract* within **10 days of purchase** if:

- i. *you* have not departed on *your trip* and there is no claim in progress;
- ii. *your contract* is purchased 11 days or more before *your* departure date.

By calling CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world), in person at any CAA-Quebec Travel centre (a list of locations is available online at <https://www.caaquebec.com/en/contact-us/> under Find a Service Outlet, click on "Travel Centres") or by mailing the Notice of Recession found in Schedule I.

## **Refunds**

### **Annual Vacation Package Plan**

Nonrefundable after the effective date.

## **Filing a Complaint**

*Our* Customer Complaints office is in place to ensure the decision is fair, equitable and developed within company standards.

The *Insurer* is also a member of the General Insurance Ombudservice, an independent dispute resolution service. Customers are encouraged to first attempt to resolve their complaint directly with the *Insurer* before accessing the General Insurance Ombudservice.

*You* may contact *our* Customer Complaints Office by phone, fax, email or by regular post:

Attention: Customer Complaints Office

Orion Travel Insurance

60 Commerce Valley Drive East

Thornhill, Ontario L3T 7P9

Phone: 905-747-4900

Toll Free: 1-855-674-6684

Email: [orioninfo@OrionTi.ca](mailto:orioninfo@OrionTi.ca)

More information on the Dispute Resolution process is available at [www.oriontravelinsurance.ca](http://www.oriontravelinsurance.ca).

# SCHEDULE I

## Notice of Cancellation of an Insurance Contract

### NOTICE GIVEN BY DISTRIBUTOR

Article 440 of the Act respecting the distribution of financial products and services.

### THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS

- The Act enables you to cancel the insurance contract you just signed at the same time as another contract, **without penalties, within 10 days of its signature**. To do so, you must send the insurer a notice by registered mail within this delay. You may use the enclosed model to that effect.
- Despite the cancellation of the insurance contract, the first contract entered into retains all its effects. Be careful, it is possible that you may incur the loss of favourable conditions extended upon signing this contract; please enquire from your distributor or consult your contract.
- After the expiry of the **10-day** delay, you have the option of cancelling your insurance at any time, but penalties may apply.

For further information, please contact the Autorité des marchés financiers at: (418) 525-0337 or 1-877-525- 0337.

- Section 441 does not apply where the principal contract is for a period of 10 days or less and where it became effective at the time of the request for cancellation of the Trip Cancellation & Interruption Insurance.
- Section 441 does not apply where the Trip Cancellation is purchased within 11 days prior to the Trip.

### NOTICE OF RECISSION OF AN INSURANCE CONTRACT

To: Echelon Insurance  
Attn.: Orion Travel Insurance  
60 Commerce Valley Dr. East  
Thornhill, ON, L3T 7P9

Date: \_\_\_\_\_  
(Date of sending of this Notice)

Under Article 441 of the Act respecting the distribution of financial products and services, I hereby cancel insurance contract no. \_\_\_\_\_  
(Number of contract, if indicated)

entered into on: \_\_\_\_\_  
(Date of signature of contract)

at: \_\_\_\_\_  
(Place of signature of contract)

\_\_\_\_\_  
(Name of client) (Signature of client)

The distributor must fill in this section beforehand.

**This notice must be sent by registered mail.**

## Notes

## Notes

The purpose of this fact sheet is to inform you of your rights.  
It does not relieve the insurer or the distributor of their obligations to you.

## LET'S TALK INSURANCE!

Name of distributor: Agence de voyages de l'automobile et Touring club du Québec inc

Name of insurer: Echelon Insurance

Name of insurance product: Annual Vacation Package Plan



### IT'S YOUR CHOICE

**You are never required to purchase insurance:**

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



### HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



### DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration.

The distributor **must** tell you when the remuneration exceeds 30% of that amount.



### RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

---

**The *Autorité des marchés financiers* can provide you with unbiased, objective information.**

Visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca) or call the AMF at 1-877-525-0337.

---

Reserved for use by the insurer:

This fact sheet cannot be modified





## Questions about your contract?

**1-833-861-0112** – Canada & United States

**+1-514-861-0112** – Elsewhere in the world, call collect

**caaquebec.com**

CAA-Quebec Travel Insurance, an Orion Travel Insurance product, is underwritten by Echelon Insurance. Terms and conditions apply.

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100% post-consumer recycled fibre

QC-24(07/25)

# Single Trip Vacation Package Plan, Canada Vacation Package Plan

Product Summary



Insurance

July 1, 2025

## How to Contact Us

|  |   |
|--|---|
| <b>Insurer:</b>                          | <p>Echelon Insurance</p> <p>Registered with the Autorité des marchés financiers under client number 2000702152</p> <p>Attn.: Orion Travel Insurance<br/>60 Commerce Valley Drive East<br/>Thornhill, Ontario L3T 7P9<br/>Phone: 905-747-4900<br/>Toll free: 1-855-674-6684<br/>Email: orioninfo@orionti.ca<br/>Website: www.oriontravelinsurance.ca</p> |
| <b>Distributor:</b>                      | <p>Agence de voyages de l'automobile et<br/>Touring club du Québec inc.</p> <p>444 Bouvier Street, Quebec (Quebec) G2J 1E3<br/>Phone: 1-800-686-9243<br/>Email: assurances@caaquebec.com<br/>Website: www.caaquebec.com/travel-insurance</p>  |
| <b>Autorité des marchés financiers :</b> | <p>The Autorité des marchés financiers can provide <i>you</i> with information about <i>your insurer's</i> or <i>your insurance distributor's</i> obligations.</p> <p>Website: www.lautorite.qc.ca</p>  |

## Things to Consider

**This is a summary.** Review the policy for complete details. *You* can get a copy from a CAA-Quebec Travel centre or, on the website where *you* buy *your* insurance at <https://www.caaquebec.com/en/for-your-insurance/documentation/>.

If *you* have any questions, *you* may contact CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world).

**NOTE:** This plan provides coverage for a single *trip* outside or within *your* province / territory of residence. If *you* would like coverage for multiple *trips*, consider a Multi-Trip Package.

**All amounts stated on this summary are in Canadian Dollars, unless otherwise specified.**

### Key Definitions

**Contract** means the insurance policy, any riders or amendments to the insurance policy, the application, any medical questionnaire(s) (if applicable), and the Confirmation of Coverage, all of which form the entire *contract* and must be read as a whole.

**Insurer** means Echelon Insurance.

**Government health insurance plan (GHIP)** means a Canadian provincial or territorial *government health insurance plan*.

**Medical treatment** means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a physician. *Medical treatment* includes hospitalization, basic investigative

## Things to Consider

testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the sickness, injury or symptom.

**Minor ailment** means any illness, injury or condition related to a medical condition which ends at least 30 days prior to the effective date of coverage and does not require:

- the use of medication for a period greater than 15 days; or
- more than one (1) follow-up visit to a physician; or
- a hospitalization; or
- a surgical intervention; or
- consultation with a medical specialist.

A chronic medical condition or the complication of a chronic medical condition is not a *minor ailment*.

**Pre-existing medical condition** means any medical condition(s) that exists prior to the departure date of *your trip* or effective date of *your contract* for which *you* have received a diagnosis and/or had *medical treatment* and/or been hospitalized and/or been prescribed or taken medication and/or had a change in medication and/or had a change in *medical treatment* and/or experienced new or more frequent symptoms and/or are requiring investigation (other than a routine check-up).

This exclusion will not apply if *you* purchase the *Pre-Existing Medical Condition* optional coverage.

**Travel companion** means a person accompanying *you* on the *trip*, who shares accommodation or transportation with *you* and who has paid such accommodation or transportation in advance of departure. A maximum of 6 persons will be considered *travel companions* (including *you*).

**Trip** means travel outside *your* Canadian province or territory of residence and ends when *you* return to *your* Canadian province or territory of residence.

### ***Trips within the province of Quebec:***

An individual *trip* begins when *you* leave *your* permanent residence in Quebec and ends when *you* return to *your* permanent residence in Quebec.

For *trips* within Quebec, *you* must have at least a one-night stay with a travel supplier or private accommodation services.

### ***Trips outside of your province or territory of residence:***

An individual *trip* begins when *you* leave and ends when *you* return to *your* province or territory of residence. For non-Canadian residents, a *trip* means travel outside of *your* country of permanent residence.

**We, us or our** means the *Insurer*.

**You and your** means the *Insured*.

**WARNING:** The insurance *contract* will be issued on the basis of information in or provided in connection with *your* application. *Your* answers must be complete and accurate.

*We* will not pay a claim if *you*, any person insured under this *contract* or anyone acting on *your* behalf, attempt to deceive *us* or makes a fraudulent, false or exaggerated statement or claim.

# Who is Eligible to Purchase This Insurance

To be eligible *you* must be a:

- Canadian resident covered by a *government health insurance plan (GHIP)* for the full duration of the *trip*;
- maximum of 84 years old for Single Trip Vacation Package;

**No age limit** for Canada Vacation Package Plan.

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

- *you* have been diagnosed with a terminal illness for which a physician has estimated that *you* have less than 6 months to live;
- *you* have been advised by a physician against travel at this time;
- *you* require kidney dialysis;
- *you* have ever received a bone marrow or organ transplant (except cornea or skin transplant);
- *you* have been diagnosed with and/or received *medical treatment* for metastatic cancer in the last 5 years; or
- *you* have been prescribed or taken home oxygen for a lung condition in the last 12 months.

**WARNING:** If at the time *you* purchase the insurance, *you* know of an event or condition that would prevent *you* or *your travel companion* from starting and/or completing *your trip* as booked, coverage will be denied and there will be no payment for a claim.

## What Does the Insurance Cover

| COVERAGE                                | MAXIMUM BENEFIT  |
|---|--|
| Emergency Medical Insurance             | Up to <b>\$5 million</b>   |
| Trip Cancellation and Trip Interruption | <b>Prior to departure:</b> Up to the selected sum insured                          |
|   | <b>After departure:</b> Up to unlimited  |
| Travel Accident Insurance               | Flight Accident : Up to <b>\$100,000</b><br>Travel Accident: Up to <b>\$50,000</b> |
| Baggage Insurance                       | Up to <b>\$1,500</b>   |
| • Baggage Delay                         | Up to <b>\$500</b>   |
| • Lost Documents                        | Up to <b>\$250</b>   |
| Infant Protection                       | Up to <b>\$5 million:</b> Emergency Medical Insurance                              |
| Holiday Protection                      | Up to <b>\$750</b>   |

# What Does the Insurance Cover

Maximum of **\$25,000** if at time of claim:

- i. *your government health insurance plan* coverage has lapsed; and/or
- ii. *you* did not have authorization from *your government health insurance plan* to cover *your trip* days exceeding the days *GHIP* covers outside *your* province or territory of residence.

## OTHER COVERAGE DETAILS

|                              |  |
|------------------------------|--|
| <b>Maximum Trip Days</b>     | <ul style="list-style-type: none"> <li>Up to 59 years old – 365 Days with <i>GHIP</i> approval *</li> <li>Between ages 60 and 84 – 63 days</li> <li>All ages for Canada Vacation Package Plan – 365 days with <i>GHIP</i></li> </ul> |
| <b>Medical Questionnaire</b> | Not required   |
| <b>Deductible Options</b>    | Not applicable   |

\* Maximum *trip* days means the period for which *your government health insurance plan* covers *you* up to 365 days. Coverage cannot extend beyond 365 days from departure date or effective date.

|                        |   |
|------------------------|---|
| <b>Coverage Starts</b> | <p><b>Trip Cancellation:</b></p> <ul style="list-style-type: none"> <li>The date and time the insurance is purchased.</li> </ul> <p><b>For all other coverages</b></p> <p><b>The earliest of:</b></p> <ul style="list-style-type: none"> <li>The date that <i>you</i> left <i>your</i> province or territory of residence;</li> <li>The departure date, start date or effective date shown on <i>your</i> Confirmation of Coverage.</li> </ul> <p>(For full details, refer to the policy under “Coverage Starts” in Emergency Medical, Trip Cancellation and Interruption, Travel Accident or Baggage Insurance sections).</p>  |
| <b>Coverage Ends</b>   | <p><b>Trip Cancellation and Interruption:</b></p> <ul style="list-style-type: none"> <li>The date on which there was a cause for cancellation prior to departure;</li> <li>The date on which an interruption occurred after the departure.</li> </ul> <p><b>For all other coverages</b></p> <p><b>The earliest of:</b></p> <ul style="list-style-type: none"> <li>The date <i>you</i> return to <i>your</i> Canadian province or territory of residence; or</li> <li>The return date as shown on <i>your</i> Confirmation of Coverage.</li> </ul> <p>(For full details, refer to the policy under “Coverage Ends” in Emergency Medical, Trip Cancellation and Interruption, Travel Accident or Baggage Insurance sections).</p> |

## What Does the Insurance Cover

- **Immediate family member coverage** is available for 3 or more immediate family members. All immediate family members must be insured under one *contract* and must be listed on *your* Confirmation of Coverage with the appropriate paid premium for immediate family member coverage. Refer to the definition of immediate family member in *your* policy.
- Coverage will be extended automatically without additional premium if *your* return is delayed beyond the return date as shown on *your* Confirmation of Coverage under certain conditions beyond *your* reasonable control.  
*You* must notify CAA Assistance of the delay prior to the return date.
- Coverage can be voluntarily extended provided that *you* apply prior to the return date as shown on *your* Confirmation of Coverage, *we* approve the extension, a supplemental premium is paid and that other conditions are met.

### Canada Vacation Package Plan provides coverage within Canada only.

Optional coverages can **only** be purchased in conjunction with products containing Emergency Medical Insurance coverage (except Single Trip within Canada, Canada Vacation Package, and Visitors to Canada):

- **Pre-Existing Medical Condition Coverage:** for eligible hospital and medical related expenses for sickness or injury incurred as a result of a **pre-existing medical condition** that was not stable and existed prior to the departure date of *your trip* up to a maximum of \$200,000 per insured, per *trip*.
- **Adventurous Air Activities Rider:** where *you* will be **reimbursed** for expenses incurred as a result of an injury or sickness while participating in activities which include ballooning, parasailing and helicopter excursions.
- **Professional Sports and Participation in Speed Contests Coverage:** for expenses incurred as a result of an injury or sickness while participating in training, practicing or competing in a professional sport or motorized speed contest.

## TRIP CANCELLATION & TRIP INTERRUPTION SUMMARY OF COVERAGE

Trip Cancellation and Trip Interruption Insurance coverage includes 37 insured risks for canceling or interrupting *your trip*.

**For the full list of insured risks, benefits, conditions and exclusions please see the *contract*.**

### Trip Cancellation Covered Expenses

#### Covered Expenses

This is an overview of covered expenses. For a complete list, please refer to the *contract*.

Benefits paid up to 100% of the:

- Prepaid, nonrefundable portion of *your* travel arrangements including cancellation fees and service fees;
- Rebooking and/or amendment fees;
- Difference in price for next occupancy charges if *your travel companion* cancels their *trip* and *you* decide to continue with the *trip* as planned;
- Prepaid, nonrefundable portion of *your* travel arrangements including cancellation fees and service fees, when booked through an approved online platform.

# What Does the Insurance Cover

## CANCEL FOR ANY OTHER REASON

*You* may cancel *your trip* within 3 hours of *your* departure date for any reason other than the 37 insured risks listed in *your contract* which are subject only to the General Conditions and Exclusions.

### To Qualify for the Cancel for Any Other Reason Benefit:

- *You* must purchase *your* insurance within 72 hours of making an initial payment on ***your* travel arrangements or before cancellation penalties come into effect.**
- *You* must cancel *your trip* at least 3 hours or more before *your* departure date.

## Covered Expenses

- 75% of any prepaid, nonrefundable portion of *your* fully prepaid travel arrangements when booked through CAA - Quebec Travel; or
- 50% of any prepaid, nonrefundable portion of *your* fully prepaid travel arrangements when booked elsewhere.

## Trip Interruption Covered Expenses

This is an overview of covered expenses. For a complete list, please refer to the *contract*.

Benefits paid up to 100% of the:

- Extra cost of a one-way economy fare to the departure point or to the *trip* destination point.
- Unused nonrefundable prepaid travel arrangements excluding the cost of the original ticket (arranged at the time of application for insurance) will be refunded up to a maximum amount indicated as the sum insured prior to departure on *your* Confirmation of Coverage.
- Extra cost of accommodation and other expenses (such as meals, taxis, phone calls) up to \$400 per day, to a maximum of \$4,000.
- Additional fees incurred to change the dates of *your* original return ticket.

## INTERRUPTION FOR ANY OTHER REASON

After being at *your trip* destination for at least 48 hours, *you* may use this benefit to interrupt *your trip* for any reason other than the 37 insured risks listed in *your contract*. The interruption for any other reason is subject only to the General Conditions and General Exclusions provided for in the *contract*.

## Covered Expenses

- 75% of any prepaid, nonrefundable portion of *your* fully prepaid travel arrangements up to \$2,500, when booked through CAA - Quebec Travel; or
- 50% of any prepaid, nonrefundable portion of *your* fully prepaid travel arrangements up to \$2,500, when booked elsewhere.
- Up to \$1,000 for the extra cost of a one-way economy airfare via the most cost effective route to return *you* to *your* home or any additional fees incurred to change the dates of *your* original return ticket when such an option is available to *you*.



# Exclusions and Limitations

The following are some of the main exclusions of the *contract*. Please consult the policy for a full list of all the exclusions and limitations which could impact *your* coverage.

## General Exclusions

There will be no coverage **and no payment will be made** for any claim resulting from:

1. Driving, operating, being a crew member or passenger on a commercial vehicle used to deliver goods or to carry a load;
2. Unless otherwise stated in this *contract*, we will not cover any loss resulting from a supplier's failure to perform its contractual obligations or deliver its services;
3. Failing to comply with *your* prescribed *medical treatment*, including taking prescribed medication;
4. Suicide, attempted suicide or self-inflicted injuries;
5. *Your* negligence or involvement in the commission of a criminal offence, or illegal act;
6. Expenses for which *you* are charged solely because *you* are insured;
7. An act of war;
8. Travelling to a destination where the Canadian government has issued an advisory to avoid all travel or non-essential travel (*you* can view the travel advisories on the Government of Canada travel website). This exclusion does not apply to claims for an emergency or a medical condition unrelated to the travel advisory (applies to Emergency Medical Insurance only);
9. Any services rendered by a family member.

## Emergency Medical Insurance Exclusions

In addition to general exclusions, there is no coverage if:

1. *You* are under 60 and:
  - a. *You* have any sickness, injury or medical condition that has not been stable for at least 3 months prior to *your* departure;
  - b. *You* have a lung condition that required *you* to be treated with Prednisone during the 3 months prior to the departure date.
2. *You* are between ages 60 to 84 and:
  - a. *You* have a sickness, injury or medical condition that has not been stable for at least 6 months prior to *your* departure;
  - b. *You* have a lung condition that required *you* to be treated with Prednisone during the 6 months prior to the departure date;
  - c. A heart condition if:
    - *you* had heart bypass or heart valve surgery more than 8 years prior to the departure date;
    - during the 6 months prior to the departure date, *you* were prescribed or taking 3 or more medications for *your* heart; or
    - *you* were diagnosed or treated for **ALL 3** of the following: any heart condition, diabetes (treated with oral medication or insulin) and high blood pressure; or
    - *you* were prescribed or taking medication for heart failure.
3. Any conditions or symptoms which appeared or worsened on the departure date or at any time within the 7 days prior to the departure date, other than a *minor ailment* for **Pre-Existing Medical Condition Coverage only**.

**No pre-existing medical condition exclusion applies for trips within Canada.**

## Exclusions and Limitations

### Trip Cancellation and Interruption Insurance Exclusions

There will be no coverage and no payment will be made for a claim:

1. If *you* are taking a *trip* to visit a sick or injured person when the *trip* is cancelled, interrupted or delayed due to such person's medical condition or death.
2. If *you* fail or neglect to perform all actions required by government authorities for entry at customs, or security checkpoints.
3. For any nonrefundable prepaid *travel services* when the *trip* was paid for through a points or rewards program.

### Other Exclusions Applicable to Emergency Medical, Travel Accident and Trip Cancellation and Interruption Insurance:

There will be no coverage and no payment will be made for a claim if:

1. *You* are pregnant and have any complications from pregnancy or delivery;
2. Child born during the *trip*;
3. *You* participate in certain sports and high risk leisure activities;
4. There is anything resulting from the abuse of alcohol, drugs, or other toxic substances;
5. *You* are travelling specifically to receive *medical treatment*;
6. Claims are made for patients in chronic care or convalescent homes;
7. The renewal or replacement of food supplements, over-the-counter drugs, processed food for infants, and drugs not approved in Canada;
8. The continuing care and/or *medical treatment* after the initial medical emergency has ended;
9. *You* are travelling against the medical advice of *your* physician;
10. Any event that was of *your* knowledge at the purchase of insurance that could give rise to a claim.

Refer to the policy for a complete list of exclusions.

## How to File a Claim

### STEP 1: NOTIFYING CAA ASSISTANCE OF A CLAIM

*You* must contact CAA Assistance at 1-866-580-2999 in Canada & mainland U.S., or from elsewhere at 1-519-251-5179:

- prior to obtaining emergency *medical treatment*;
- **immediately** in the case of a Trip Interruption;
- **within 1 business day** in the event of a Trip Cancellation or Baggage Insurance claim. If *you* do not call, *your* benefits may be reduced due to cancellation penalties that are imposed by the travel supplier.

CAA Assistance will pay hospitals, physicians and other medical providers directly, whenever possible. Where direct payment cannot be arranged, *we* will reimburse eligible expenses.

Some benefits are reimbursable on *your* return. Check the benefits section for the insurance coverage(s) *you* have purchased to see if this applies.

## How to File a Claim

**WARNING:** *You must contact CAA Assistance before obtaining emergency medical treatment. If it is medically impossible for you to contact them prior to obtaining the medical treatment, contact them as soon as possible or have someone contact them on your behalf. If you fail to contact CAA Assistance before you obtain the medical treatment, your maximum benefit will be reduced to 80% of expenses up to a maximum of \$25,000.*

Also keep in mind that certain treatments, such as magnetic resonance imaging (MRI), CAT scans, sonograms, ultrasounds, cardiac catheterization, angioplasties, and cardiovascular surgery will not be covered unless pre-approved by CAA Assistance.

### STEP 2: SUBMITTING YOUR CLAIM

Submit, **within 90 days**, a claim form and all required documents (invoices receipts, police reports and other back-up documentation) described in the applicable insurance coverage(s) in the policy (see section – How to File a Claim):

#### Online Claim Submission

To avoid mail delays, submit *your* claim online at **orion.xodus.ca** and follow the instructions.

#### Mail Claim Submission

*You* may also submit *your* claim by mail, sending *your* claim form completed and all requested documents at:

CAA Quebec Travel Insurance  
Xodus Travel Services Inc.  
PO Box 36, Station A  
WINDSOR, ON  
N9A 6J5

#### Phone numbers to reach us:

From Canada & Mainland US: **1-866-580-2999**  
From Elsewhere: **1-519-251-5179**

If a travel supplier ceases operations, written notice of claim must be submitted **within 60 days** of when the travel supplier announces that it is in default along with receipts, proof of payments and other supporting documents (see section – How to File a Claim).

### STEP 3: REIMBURSEMENT

- All money payable under this *contract* shall be paid by *us* within **60 days** after *we* have received proof of claim and all required documentation.
- Benefits are payable to *you* unless *you* authorize *us*, in writing, to pay a third party directly.

## The Cost of This Insurance Product

Premiums for the Single Trip Vacation Package are personalized and are determined based on:

- *your* age at the time of purchase;
- the exact number of days of *your trip*;
- sum insured;
- the applicable rebates, if any.

Premiums are subject to change before purchase without notice.

## Your Right to Cancel

*You* may cancel a *contract* within **10 days of purchase** if:

- i. *you* have not departed on *your trip* and there is no claim in progress;
- ii. *your contract* is purchased 11 days or more before *your* departure date.

By calling CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world), in person at any CAA-Quebec Travel centre (a list of locations is available online at <https://www.caaquebec.com/en/contact-us/> under Find a Service Outlet, click on "Travel Centres") or by mailing the Notice of Recession found in Schedule I.

## Refunds

Premium refunds may be available provided no claim has been paid, incurred or reported under this *contract*.

Full refund if:

- a. *you* cancel *your trip* before any cancellation penalties are in effect; or
- b. the carrier/travel supplier issues a full refund to *you* (in currency or in a travel credit) when they cancel the entire *trip* and all penalties are waived. *You* must provide a travel supplier invoice showing a full refund or stating all penalties are waived; or
- c. the carrier/travel supplier changes *your trip* dates and *you* are not able to travel and all penalties are waived. *You* must provide a travel supplier invoice showing a full refund or stating all penalties are waived; or
- d. client financing through travel supplier is declined; or
- e. if the sum insured prior to departure as shown on *your* Confirmation of Coverage, is \$0, a full refund may be issued prior to the departure date.

## Filing a Complaint

*Our* Customer Complaints office is in place to ensure the decision is fair, equitable and developed within company standards.

The *Insurer* is also a member of the General Insurance Ombudservice, an independent dispute resolution service. Customers are encouraged to first attempt to resolve their complaint directly with the *Insurer* before accessing the General Insurance Ombudservice.

*You* may contact *our* Customer Complaints Office by phone, fax, email or by regular post:

Attention: Customer Complaints Office  
Orion Travel Insurance  
60 Commerce Valley Drive East  
Thornhill, Ontario L3T 7P9  
Phone: 905-747-4900  
Toll Free: 1-855-674-6684  
Email: [orioninfo@OrionTi.ca](mailto:orioninfo@OrionTi.ca)

More information on the Dispute Resolution process is available at [www.oriontravelinsurance.ca](http://www.oriontravelinsurance.ca).

# **SCHEDULE I**

## **Notice of Cancellation of an Insurance Contract**

### **NOTICE GIVEN BY DISTRIBUTOR**

Article 440 of the Act respecting the distribution of financial products and services.

### **THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS**

- The Act enables you to cancel the insurance contract you just signed at the same time as another contract, **without penalties, within 10 days of its signature**. To do so, you must send the insurer a notice by registered mail within this delay. You may use the enclosed model to that effect.
- Despite the cancellation of the insurance contract, the first contract entered into retains all its effects. Be careful, it is possible that you may incur the loss of favourable conditions extended upon signing this contract; please enquire from your distributor or consult your contract.
- After the expiry of the **10-day** delay, you have the option of cancelling your insurance at any time, but penalties may apply.

For further information, please contact the Autorité des marchés financiers at: (418) 525-0337 or 1-877-525- 0337.

- Section 441 does not apply where the principal contract is for a period of 10 days or less and where it became effective at the time of the request for cancellation of the Trip Cancellation & Interruption Insurance.
- Section 441 does not apply where the Trip Cancellation is purchased within 11 days prior to the Trip.

### **NOTICE OF RECISSION OF AN INSURANCE CONTRACT**

To: Echelon Insurance  
Attn.: Orion Travel Insurance  
60 Commerce Valley Dr. East  
Thornhill, ON, L3T 7P9

Date: \_\_\_\_\_  
(Date of sending of this Notice)

Under Article 441 of the Act respecting the distribution of financial products and services, I hereby cancel insurance contract no. \_\_\_\_\_  
(Number of contract, if indicated)

entered into on: \_\_\_\_\_  
(Date of signature of contract)

at: \_\_\_\_\_  
(Place of signature of contract)

\_\_\_\_\_  
(Name of client)

\_\_\_\_\_  
(Signature of client)

The distributor must fill in this section beforehand.

**This notice must be sent by registered mail.**

## Notes

## Notes

The purpose of this fact sheet is to inform you of your rights.  
It does not relieve the insurer or the distributor of their obligations to you.

## LET'S TALK INSURANCE!

Name of distributor: Agence de voyages de l'automobile et Touring club du Québec inc

Name of insurer: Echelon Insurance

Name of insurance product: Single Trip Vacation Package Plan and Canada Vacation Package Plan



### IT'S YOUR CHOICE

**You are never required to** purchase insurance:

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



### HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



### DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration.

The distributor **must** tell you when the remuneration exceeds 30% of that amount.



### RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

---

**The *Autorité des marchés financiers* can provide you with unbiased, objective information.**

Visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca) or call the AMF at 1-877-525-0337.

---

Reserved for use by the insurer:

This fact sheet cannot be modified





## Questions about your contract?

**1-833-861-0112** – Canada & United States

**+1-514-861-0112** – Elsewhere in the world, call collect

**caaquebec.com**

CAA-Quebec Travel Insurance, an Orion Travel Insurance product, is underwritten by Echelon Insurance. Terms and conditions apply.

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100% post-consumer recycled fibre

QC-25(07/25)

# Trip Cancellation and Interruption Insurance

Product Summary



Insurance

July 1, 2025

## How to Contact Us

|  |   |
|--|---|
| <b>Insurer:</b>                          | <p>Echelon Insurance</p> <p>Registered with the Autorité des marchés financiers under client number 2000702152</p> <p>Attn.: Orion Travel Insurance<br/>60 Commerce Valley Drive East<br/>Thornhill, Ontario L3T 7P9<br/>Phone: 905-747-4900<br/>Toll free: 1-855-674-6684<br/>Email: orioninfo@orionti.ca<br/>Website: www.oriontravelinsurance.ca</p> |
| <b>Distributor:</b>                      | <p>Agence de voyages de l'automobile et<br/>Touring club du Québec inc.</p> <p>444 Bouvier Street, Quebec (Quebec) G2J 1E3<br/>Phone: 1-800-686-9243<br/>Email: assurances@caaquebec.com<br/>Website: www.caaquebec.com/travel-insurance</p>  |
| <b>Autorité des marchés financiers :</b> | <p>The Autorité des marchés financiers can provide <i>you</i> with information about <i>your insurer's</i> or <i>your insurance distributor's</i> obligations.</p> <p>Website: www.lautorite.qc.ca</p>  |

## Things to Consider

**This is a summary.** Review the policy for complete details. *You* can get a copy from a CAA-Quebec Travel centre or, on the website where *you* buy *your* insurance at <https://www.caaquebec.com/en/for-your-insurance/documentation/>.

If *you* have any questions, *you* may contact CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world).

**NOTE:** This plan does not cover emergency *medical treatment*. If *you* also want protection for emergency *medical treatment*, consider the Single and Annual Emergency Medical Insurance, Single Trip Vacation Package or Annual Vacation Package.

**All amounts stated on this summary are in Canadian Dollars, unless otherwise specified.**

### Key Definitions

**Contract** means the insurance policy, any riders or amendments to the insurance policy, the application, any medical questionnaire(s) (if applicable), and the Confirmation of Coverage, all of which form the entire *contract* and must be read as a whole.

**Insurer** means Echelon Insurance.

**Medical treatment** means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a physician. *Medical treatment* includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the sickness, injury or symptom.

**Travel companion** means a person accompanying *you* on the *trip*, who shares accommodation or transportation with *you* and who has paid such accommodation

## Things to Consider

or transportation in advance of departure. A maximum of 6 persons will be considered *travel companions* (including *you*).

**Trip** means travel outside *your* Canadian province or territory of residence and ends when *you* return to *your* Canadian province or territory of residence.

### ***Trips within the province of Quebec:***

An individual *trip* begins when *you* leave *your* permanent residence in Quebec and ends when *you* return to *your* permanent residence in Quebec.

For *trips* within Quebec, *you* must have at least a one-night stay with a travel supplier or private accommodation services.

### ***Trips outside of your province or territory of residence:***

An individual *trip* begins when *you* leave and ends when *you* return to *your* province or territory of residence.

**We, us or our** means the *Insurer*.

**You and your** means the Insured.

**WARNING:** The insurance *contract* will be issued on the basis of information in or in connection with *your* application. *Your* answers must be complete and accurate.

*We* will not pay a claim if *you*, any person insured under this *contract* or anyone acting on *your* behalf attempt to deceive *us* or makes a fraudulent, false or exaggerated statement or claim.

## Who is Eligible to Purchase This Insurance

To be eligible *you* must be a:

- Canadian resident; or
- Non-Canadian resident living in, travelling through or visiting Canada during *your trip*. Some insured risks and benefits are limited to Canadian residents only.

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

- *you* have been diagnosed with a terminal illness for which a physician has estimated that *you* have less than 6 months to live;
- *you* have been advised by a physician against travel at this time;
- *you* require kidney dialysis;
- *you* have ever received a bone marrow or organ transplant (except cornea or skin transplant);
- *you* have been diagnosed with and/or received *medical treatment* for metastatic cancer in the last 5 years; or
- *you* have been prescribed or taken home oxygen for a lung condition in the last 12 months.

**WARNING:** If at the time *you* purchase the insurance, *you* know of an event or condition that would prevent *you* or *your travel companion* from starting and/or completing *your trip* as booked, coverage will be denied and there will be no payment for a claim.

# What Does the Insurance Cover

| COVERAGE   | MAXIMUM BENEFIT   |
|--|---|
| <b>Trip Cancellation &amp; Trip Interruption</b> | <b>Prior to departure:</b> Up to the selected sum insured   |
|  | <b>After departure:</b> Up to unlimited   |
| <b>Maximum Trip Days</b>                         | Up to 365 days  |
| <b>Medical Questionnaire</b>                     | Not required  |
| <b>Deductible Options</b>                        | Not applicable  |
| <b>Coverage Starts</b>                           | <b>Trip Cancellation:</b> <ul style="list-style-type: none"> <li>on the date and time of purchase of the insurance.</li> </ul> <b>Trip Interruption:</b> <ul style="list-style-type: none"> <li>on the date that <i>you</i> leave <i>your</i> province/territory of residence or the departure date shown on <i>your</i> Certificate of Insurance.</li> </ul>   |
| <b>Coverage Ends</b>                             | <b>Trip Cancellation:</b> <ul style="list-style-type: none"> <li>the date on which there was a cause for cancellation prior to departure.</li> </ul> <b>Trip Interruption:</b><br><b>The earliest of:</b> <ul style="list-style-type: none"> <li>the date on which there was a cause for interruption after departure;</li> <li>the return date as shown on <i>your</i> Confirmation of Coverage; or</li> <li>for non-Canadian residents, the date <i>you</i> leave Canada to return to <i>your</i> permanent residence.</li> </ul> |

- Coverage will be extended automatically without additional premium if *your* return is delayed beyond the return date as shown on *your* Confirmation of Coverage under certain conditions beyond *your* reasonable control.

*You* must notify CAA Assistance of the delay prior to the return date.

- Coverage can be voluntarily extended provided that *you* apply prior to the return date as shown on *your* Confirmation of Coverage, *we* approve the extension, a supplemental premium is paid and that other conditions are met.

## TRIP CANCELLATION & TRIP INTERRUPTION SUMMARY OF COVERAGE

Trip Cancellation and Trip Interruption Insurance coverage includes 37 insured risks for canceling or interrupting *your trip*.

**For the full list of insured risks, benefits, conditions and exclusions please see the *contract*.**

## Trip Cancellation Covered Expenses

### Covered Expenses

This is an overview of covered expenses. For a complete list, please refer to the *contract*.

Benefits paid up to 100% of the:

- Prepaid, nonrefundable portion of *your* travel arrangements including cancellation fees and service fees.

## What Does the Insurance Cover

- Rebooking and/or amendment fees.
- Difference in price for next occupancy charges if *your travel companion* cancels their *trip* and *you* decide to continue with the *trip* as planned;
- Prepaid, nonrefundable portion of *your* travel arrangements including cancellation fees and service fees, when booked through an approved online platform.

### CANCEL FOR ANY OTHER REASON

*You* may cancel *your trip* within 3 hours of *your* departure date for any reason other than the 37 insured risks listed in *your contract* which are subject only to the General Conditions and General Exclusions.

#### To Qualify for the Cancel for Any Other Reason Benefit:

- *You* must purchase *your* insurance within 72 hours of making an initial payment on ***your* travel arrangements or before cancellation penalties come into effect.**
- *You* must cancel *your trip* 3 hours or more before *your* departure date.

### Covered Expenses

- 75% of any prepaid, nonrefundable portion of *your* fully prepaid travel arrangements when booked through CAA - Quebec Travel; or
- 50% of any prepaid, nonrefundable portion of *your* fully prepaid travel arrangements when booked elsewhere.

### Trip Interruption Covered Expenses

This is an overview of covered expenses. For a complete list, please refer to the *contract*.

Benefits paid up to 100% of the:

- Extra cost of a one-way economy fare to the departure point or to the *trip* destination point.
- Unused nonrefundable prepaid travel arrangements excluding the cost of the original ticket (arranged at the time of application for insurance) will be refunded up to a maximum amount indicated as the sum insured prior to departure on *your* Confirmation of Coverage.
- Extra cost of accommodation and other expenses (such as meals, taxis, phone calls) up to \$400 per day, to a maximum of \$4,000.
- Additional fees incurred to change the dates of *your* original return ticket.

### INTERRUPTION FOR ANY OTHER REASON

After being at *your trip* destination for at least 48 hours, *you* may use this benefit to interrupt *your trip* for any reason other than the 37 insured risks listed in *your contract*. The interruption for any other reason is subject only to the General Conditions and General Exclusions provided for in the *contract*.

### Covered Expenses

- 75% of any prepaid, nonrefundable portion of *your* fully prepaid travel arrangements up to \$2,500, when booked through CAA - Quebec Travel; or
- 50% of any prepaid, nonrefundable portion of *your* fully prepaid travel arrangements up to \$2,500, when booked elsewhere;
- Up to \$1,000 for the extra cost of a one-way economy airfare via the most cost effective route to return *you* to *your* home or any additional fees incurred to change the dates of *your* original return ticket when such an option is available to *you*.

## Exclusions and Limitations

The following are some of the main exclusions of the *contract*. Please consult the policy for a full list of all the exclusions and limitations which could impact *your* coverage.

### General Exclusions

There will be no coverage **and no payment will be made** for any claim resulting from:

1. Driving, operating, being a crew member or passenger on a commercial vehicle used to deliver goods or to carry a load;
2. Unless otherwise stated in this *contract*, *we* will not cover any loss resulting from a supplier's failure to perform its contractual obligations or deliver its services;
3. Failing to comply with *your* prescribed *medical treatment*, including taking prescribed medication;
4. Suicide, attempted suicide or self-inflicted injuries;
5. *Your* negligence or involvement in the commission of a criminal offence, or illegal act;
6. Expenses for which *you* are charged solely because *you* are insured;
7. An act of war;
8. Travelling to a destination where the Canadian government has issued an advisory to avoid all travel or non-essential travel (*you* can view the travel advisories on the Government of Canada travel website);
9. Any services rendered by a family member.

### Specific Exclusions for Trip Cancellation and Interruption Insurance

There will be no coverage and no payment will be made for a claim:

1. If *you* are taking a *trip* to visit a sick or injured person when the *trip* is cancelled, interrupted or delayed due to such person's medical condition or death.
2. If *you* fail or neglect to perform all actions required by government authorities for entry at customs, or security checkpoints.
3. For any nonrefundable prepaid travel services when the *trip* was paid for through a points or rewards program.

**Refer to the policy for a complete list of the specific exclusions.**

## How to File a Claim

### STEP 1: NOTIFYING CAA ASSISTANCE OF A CLAIM

*You* must contact CAA Assistance at 1-866-580-2999 in Canada & mainland U.S. or from elsewhere at 1-519-251-5179:

- **immediately** in the case of a Trip Interruption claim; and
- **within 1 business day** of the event causing the cancellation when there is a claim for Trip Cancellation.

If *you* do not call, *your* benefits may be reduced due to cancellation penalties that are imposed by the travel supplier.

## How to File a Claim

### STEP 2: SUBMITTING *YOUR* CLAIM

Submit, **within 90 days**, a claim form and all required documents (invoices receipts, police reports and other back-up documentation) described in the applicable insurance coverage(s) in the policy (see section – How to File a Claim):

#### Online Claim Submission

To avoid mail delays, submit *your* claim online at **orion.xodus.ca** and follow the instructions.

#### Mail Claim Submission

*You* may also submit *your* claim by mail, sending *your* claim form completed and all requested documents at:

CAA Quebec Travel Insurance  
Xodus Travel Services Inc.  
PO Box 36, Station A  
WINDSOR, ON  
N9A 6J5

#### Phone numbers to reach us:

From Canada & Mainland US: **1-866-580-2999**  
From Elsewhere: **1-519-251-5179**

If a travel supplier ceases operations, written notice of claim must be submitted **within 60 days** of when the travel supplier announces that it is in default along with receipts, proof of payments and other supporting documents (see section – How to File a Claim).

### STEP 3: REIMBURSEMENT

- All money payable under this *contract* shall be paid by *us* within **60 days** after *we* have received proof of claim and all required documentation.
- Benefits are payable to *you* unless *you* authorize *us*, in writing, to pay a third party directly.

## The Cost of This Insurance Product

Premiums for the Trip Cancellation and Interruption coverage are personalized and are determined based on:

- *your* age upon purchase;
- the sum insured;
- the applicable rebates, if any.

Premiums are subject to change before purchase without notice.

## Your Right to Cancel

*You* may cancel *your contract* within **10 days of purchase** if:

- you* have not departed on *your trip* and there is no claim in progress;
- your contract* is purchased 11 days or more before *your* departure date.

By calling CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world), in person at any CAA-Quebec Travel centre (a list of locations is available online at <https://www.caaquebec.com/en/contact-us/> under Find a Service Outlet, click on “Travel Centres”) or by mailing the Notice of Recession found in Schedule I.



## Refunds

Premium refunds may be available provided no claim has been paid, incurred or reported under this *contract*.

Full refund if:

- a. *you* cancel *your trip* before any cancellation penalties are in effect; or
- b. the carrier/travel supplier issues a full refund to *you* (in currency or in a travel credit) when they cancel the entire *trip* and all penalties are waived. *You* must provide a travel supplier invoice showing a full refund or stating all penalties are waived; or
- c. the carrier/travel supplier changes *your trip* dates and *you* are not able to travel and all penalties are waived. *You* must provide a travel supplier invoice showing a full refund or stating all penalties are waived; or
- d. client financing through the travel supplier is declined;
- e. If the sum insured prior to departure as shown on *your* Confirmation of Coverage, is \$0, a full refund may be issued prior to the departure date.

## Filing a Complaint

*Our* Customer Complaints office is in place to ensure the decision is fair, equitable and developed within company standards.

The *Insurer* is also a member of the General Insurance Ombudservice, an independent dispute resolution service. Customers are encouraged to first attempt to resolve their complaint directly with the *Insurer* before accessing the General Insurance Ombudservice.

*You* may contact *our* Customer Complaints Office by phone, fax, email or by regular post:

Attention: Customer Complaints Office  
Orion Travel Insurance  
60 Commerce Valley Drive East  
Thornhill, Ontario L3T 7P9

Phone: 905-747-4900

Toll Free: 1-855-674-6684

Email: [orioninfo@OrionTi.ca](mailto:orioninfo@OrionTi.ca)

More information on the Dispute Resolution process is available at [www.oriontravelinsurance.ca](http://www.oriontravelinsurance.ca).

# SCHEDULE I

## Notice of Cancellation of an Insurance Contract

### NOTICE GIVEN BY DISTRIBUTOR

Article 440 of the Act respecting the distribution of financial products and services.

### THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS

- The Act enables you to cancel the insurance contract you just signed at the same time as another contract, **without penalties, within 10 days of its signature**. To do so, you must send the insurer a notice by registered mail within this delay. You may use the enclosed model to that effect.
- Despite the cancellation of the insurance contract, the first contract entered into retains all its effects. Be careful, it is possible that you may incur the loss of favourable conditions extended upon signing this contract; please enquire from your distributor or consult your contract.
- After the expiry of the **10-day** delay, you have the option of cancelling your insurance at any time, but penalties may apply.

For further information, please contact the Autorité des marchés financiers at: (418) 525-0337 or 1-877-525-0337.

- Section 441 does not apply where the principal contract is for a period of 10 days or less and where it became effective at the time of the request for cancellation of the Trip Cancellation & Interruption Insurance.
- Section 441 does not apply where the Trip Cancellation is purchased within 11 days prior to the Trip.

### NOTICE OF RECISSION OF AN INSURANCE CONTRACT

To: Echelon Insurance  
Attn.: Orion Travel Insurance  
60 Commerce Valley Drive East  
Thornhill, Ontario, L3T 7P9

Date: \_\_\_\_\_  
(Date of sending of this Notice)

Under Article 441 of the Act respecting the distribution of financial products and services, I hereby cancel insurance contract no. \_\_\_\_\_  
(Number of contract, if indicated)

entered into on: \_\_\_\_\_  
(Date of signature of contract)

at: \_\_\_\_\_  
(Place of signature of contract)

\_\_\_\_\_  
(Name of client)

\_\_\_\_\_  
(Signature of client)

The distributor must fill in this section beforehand.

**This notice must be sent by registered mail.**

## Notes

The purpose of this fact sheet is to inform you of your rights.  
It does not relieve the insurer or the distributor of their obligations to you.

## LET'S TALK INSURANCE!

Name of distributor: Agence de voyages de l'automobile et Touring club du Québec inc

Name of insurer: Echelon Insurance

Name of insurance product: Trip Cancellation and Interruption Insurance



### IT'S YOUR CHOICE

**You are never required to purchase insurance:**

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



### HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



### DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration.

The distributor **must** tell you when the remuneration exceeds 30% of that amount.



### RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

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**The *Autorité des marchés financiers* can provide you with unbiased, objective information.**

Visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca) or call the AMF at 1-877-525-0337.

---

Reserved for use by the insurer:

This fact sheet cannot be modified



## Questions about your contract?

**1-833-861-0112** – Canada & United States

**+1-514-861-0112** – Elsewhere in the world, call collect

**caaquebec.com**

CAA-Quebec Travel Insurance, an Orion Travel Insurance product, is underwritten by Echelon Insurance. Terms and conditions apply.

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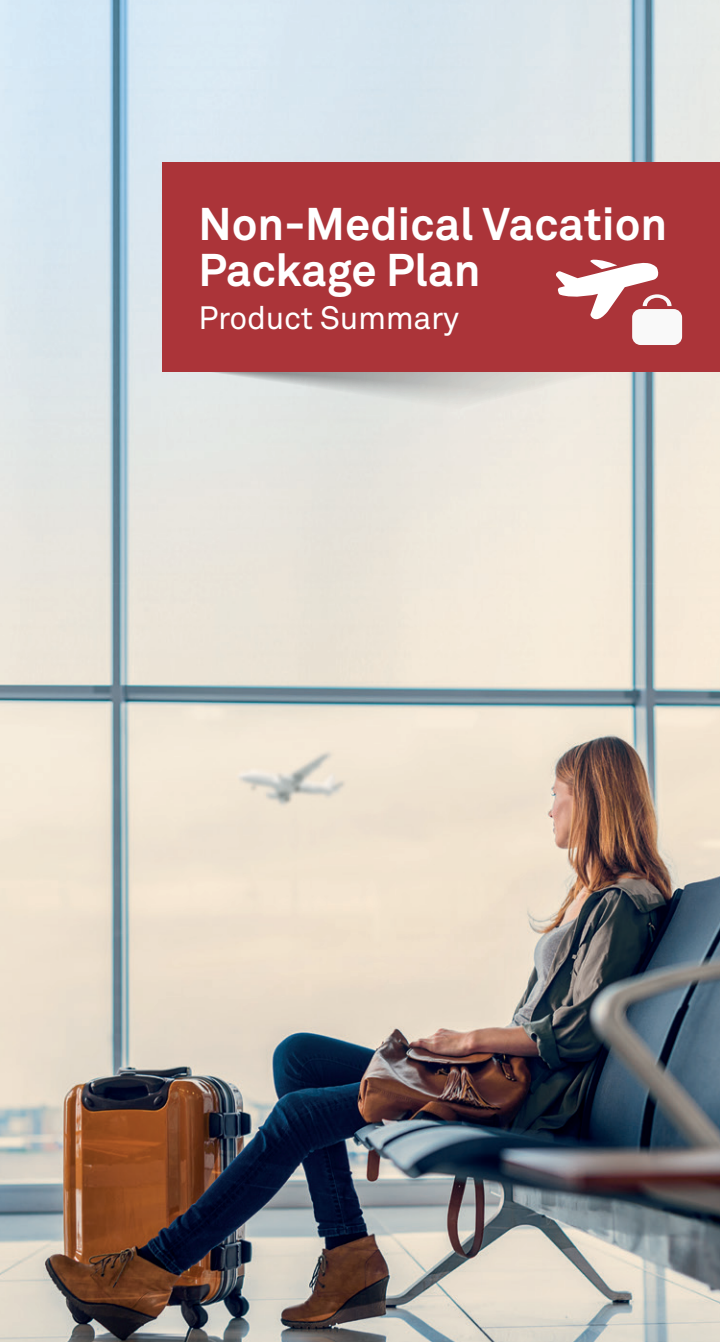


100% post-consumer recycled fibre

QC-21(07/25)

# Non-Medical Vacation Package Plan

Product Summary



Insurance

July 1, 2025

## How to Contact Us

|  |  |
|--|--|
| <b>Insurer:</b>                          | <p>Echelon Insurance</p> <p>Registered with the Autorité des marchés financiers under client number 2000702152</p> <p>Attn.: Orion Travel Insurance<br/>60 Commerce Valley Drive East<br/>Thornhill, Ontario L3T 7P9<br/>Phone: 905-747-4900<br/>Toll free: 1-855-674-6684<br/>Email: <a href="mailto:orioninfo@orionti.ca">orioninfo@orionti.ca</a><br/>Website: <a href="http://www.oriontravelinsurance.ca">www.oriontravelinsurance.ca</a></p> |
| <b>Distributor:</b>                      | <p>Agence de voyages de l'automobile et<br/>Touring club du Québec inc.</p> <p>444 Bouvier Street, Quebec (Quebec) G2J 1E3<br/>Phone: 1-800-686-9243<br/>Email: <a href="mailto:assurances@caaquebec.com">assurances@caaquebec.com</a><br/>Website: <a href="http://www.caaquebec.com/travel-insurance">www.caaquebec.com/travel-insurance</a></p>   |
| <b>Autorité des marchés financiers :</b> | <p>The Autorité des marchés financiers can provide <i>you</i> with information about <i>your insurer's</i> or <i>your insurance distributor's</i> obligations.</p> <p>Website: <a href="http://www.lautorite.qc.ca">www.lautorite.qc.ca</a></p>  |

## Things to Consider

**This is a summary.** Review the policy for complete details. *You* can get a copy from a CAA-Quebec Travel centre or, on the website where *you* buy *your* insurance at <https://www.caaquebec.com/en/for-your-insurance/documentation/>.

If *you* have any questions, *you* may contact CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world).

**NOTE:** This plan does not cover emergency *medical treatment*. If *you* also want protection for emergency *medical treatment*, consider the Single and Annual Emergency Medical Insurance, Single Trip Vacation Package, Single Trip Canada Vacation Package or Annual Vacation Package.

**All amounts stated on this summary are in Canadian Dollars, unless otherwise specified.**

### Key Definitions

**Contract** means the insurance policy, any riders or amendments to the insurance policy, the application, any medical questionnaire(s) (if applicable), and the Confirmation of Coverage, all of which form the entire *contract* and must be read as a whole.

**Insurer** means Echelon Insurance.

**Medical treatment** means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a physician. *Medical treatment* includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the sickness, injury or symptom.

**Travel companion** means a person accompanying *you* on the *trip*, who shares accommodation or transportation with *you* and who has paid such accommodation or transportation in advance of departure. A maximum of 6 persons will be considered *travel companions* (including *you*).

## Things to Consider

**Trip** means travel outside *your* Canadian province or territory of residence and ends when *you* return to *your* Canadian province or territory of residence.

### ***Trips within the province of Quebec:***

An individual *trip* begins when *you* leave *your* permanent residence in Quebec and ends when *you* return to *your* permanent residence in Quebec.

For *trips* within Quebec, *you* must have at least a one-night stay with a travel supplier or private accommodation services.

### ***Trips outside of your province or territory of residence:***

An individual *trip* begins when *you* leave and ends when *you* return to *your* province or territory of residence.

**We, us** or **our** means the *Insurer*.

**You** and **your** means the *Insured*.

**WARNING:** The insurance *contract* will be issued on the basis of information in or in connection with *your* application. *Your* answers must be complete and accurate.

*We* will not pay a claim if *you*, any person insured under this *contract* or anyone acting on *your* behalf attempt to deceive *us* or makes a fraudulent, false or exaggerated statement or claim.

## Who is Eligible to Purchase This Insurance

To be eligible *you* must be a:

- Canadian resident; or
- Non-Canadian resident living in, travelling through or visiting Canada during *your trip*. Some insured risks and benefits are limited to Canadian residents only.

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

- *you* have been diagnosed with a terminal illness for which a physician has estimated that *you* have less than 6 months to live;
- *you* have been advised by a physician against travel at this time;
- *you* require kidney dialysis;
- *you* have ever received a bone marrow or organ transplant (except cornea or skin transplant);
- *you* have been diagnosed with and/or received *medical treatment* for metastatic cancer in the last 5 years; or
- *you* have been prescribed or taken home oxygen for a lung condition in the last 12 months.

**WARNING:** If at the time *you* purchase the insurance, *you* know of an event or condition that would prevent *you* or *your travel companion* from starting and/or completing *your trip* as booked, coverage will be denied and there will be no payment for a claim.



## What Does the Insurance Cover

| COVERAGE                              | MAXIMUM BENEFIT  |
|---------------------------------------|--|
| Trip Cancellation & Trip Interruption | <b>Prior to departure:</b> Up to the selected sum insured                          |
|                                       | <b>After departure:</b> Up to unlimited  |
| Travel Accident Insurance             | Flight Accident : Up to <b>\$100,000</b><br>Travel Accident: Up to <b>\$50,000</b> |
| Baggage Insurance                     | Up to <b>\$1,500</b>   |
| • Baggage Delay                       | Up to <b>\$500</b>   |
| • Lost Documents                      | Up to <b>\$250</b>   |
| Holiday Protection                    | Up to <b>\$750</b>   |

### OTHER COVERAGE DETAILS

|                          |   |
|--------------------------|---|
| Maximum <i>Trip</i> Days | Up to 365 days  |
| Medical Questionnaire    | Not required  |
| Deductible Options       | Not applicable  |
| Coverage Starts          | <p><b>Trip Cancellation:</b></p> <ul style="list-style-type: none"> <li>the date and time the insurance is purchased.</li> </ul> <p><b>For all other coverages:</b></p> <p><b>The earliest of:</b></p> <ul style="list-style-type: none"> <li>the date <i>you</i> leave <i>your</i> Canadian province or territory of residence; or</li> <li>on the departure date as shown on <i>your</i> Confirmation of Coverage.</li> </ul> <p>(For full details, refer to the policy under “Coverage Starts” in Trip Cancellation and Interruption, Travel Accident or Baggage Insurance sections).</p>  |
| Coverage Ends            | <p><b>Trip Cancellation and Interruption:</b></p> <ul style="list-style-type: none"> <li>the date on which there was a cause for cancellation prior to departure;</li> <li>the date on which an interruption occurred after the departure.</li> </ul> <p><b>For all other coverages:</b></p> <p><b>The earliest of:</b></p> <ul style="list-style-type: none"> <li>the date <i>you</i> return to <i>your</i> permanent residence; or</li> <li>the return date as shown on <i>your</i> Confirmation of Coverage;</li> <li>for non-Canadian residents, the date <i>you</i> leave Canada to return to <i>your</i> permanent residence.</li> </ul> <p>(For full details, refer to the policy under “Coverage Ends” in Trip Cancellation and Interruption, Travel Accident or Baggage Insurance sections).</p> |

## What Does the Insurance Cover

- **Immediate family member coverage** is available for 3 or more immediate family members. All immediate family members must be insured under one *contract* and must be listed on *your* Confirmation of Coverage with the appropriate paid premium for immediate family member coverage. Refer to the definition of immediate family member in the policy.
- Coverage will be extended automatically without additional premium if *your* return is delayed beyond the return date as shown on *your* Confirmation of Coverage under certain conditions beyond *your* reasonable control.  
*You* must notify CAA Assistance of the delay prior to the return date.
- Coverage can be voluntarily extended provided that *you* apply prior to the return date as shown on *your* Confirmation of Coverage, *we* approve the extension, a supplemental premium is paid and that other conditions are met.

### TRIP CANCELLATION & TRIP INTERRUPTION SUMMARY OF COVERAGE

Trip Cancellation and Trip Interruption Insurance coverage includes 37 eligible reasons for canceling or interrupting *your trip*.

**For the full list of insured risks, benefits, conditions and exclusions please see the *contract*.**

#### Trip Cancellation Covered Expenses

##### Covered Expenses

The following is an overview of covered expenses. For a complete list, please refer to the *contract*.

Benefits paid up to 100% of the:

- Prepaid, nonrefundable portion of *your* travel arrangements including cancellation fees and service fees;
- Rebooking and/or amendment fees;
- Difference in price for next occupancy charges if *your travel companion* cancels their *trip* and *you* decide to continue with the *trip* as planned;
- Prepaid, nonrefundable portion of *your* travel arrangements including cancellation fees and service fees, when booked through an approved online platform.

### CANCEL FOR ANY OTHER REASON

*You* may cancel *your trip* within 3 hours of *your* departure date for any reason other than the 37 insured risks listed in *your contract* and are subject only to the general conditions and exclusions.

#### To qualify for the Cancel for Any Other Reason Benefit:

- *You* must purchase *your* insurance within 72 hours of making an initial payment on ***your travel arrangements or before cancellation penalties come into effect.***
- *You* must cancel *your trip* 3 hours or more before *your* departure date.

##### Covered Expenses

- 75% of any prepaid, nonrefundable portion of *your* fully prepaid travel arrangements when booked through CAA - Quebec Travel; or
- 50% of any prepaid, nonrefundable portion of *your* fully prepaid travel arrangements when booked elsewhere.

#### Trip Interruption Covered Expenses

The following is an overview of covered expenses. For a complete list, please refer to the *contract*.

## What Does the Insurance Cover

Benefits paid up to 100% of the:

- extra cost of a one-way economy fare to the departure point or to the *trip* destination point;
- unused nonrefundable prepaid travel arrangements excluding the cost of the original ticket (arranged at the time of application for insurance) will be refunded up to a maximum amount indicated as the sum insured prior to departure on *your* Confirmation of Coverage;
- extra cost of accommodation and other expenses (such as meals, taxis, phone calls) up to \$400 per day, to a maximum of \$4,000;
- additional fees incurred to change the dates of *your* original return ticket.

### INTERRUPTION FOR ANY OTHER REASON

After being at *your trip* destination for at least 48 hours, *you* may use this benefit to interrupt *your trip* for any reason other than the 37 insured risks listed in *your contract*. The interruption for any other reason is subject only to the General Conditions and General Exclusions provided for in the *contract*.

### Covered Expenses

- 75% of any prepaid, nonrefundable portion of *your* fully prepaid travel arrangements up to \$2,500, when booked through CAA - Quebec Travel; or
- 50% of any prepaid, nonrefundable portion of *your* fully prepaid travel arrangements up to \$2,500, when booked elsewhere.
- Up to \$1,000 for the extra cost of a one-way economy airfare via the most cost effective route to return *you* to *your* home or any additional fees incurred to change the dates of *your* original return ticket when such an option is available to *you*.

## Exclusions and Limitations

The following are some of the main exclusions of the *contract*. Please consult the policy for a full list of all the exclusions and limitations which could impact *your* coverage.

### General Exclusions

There will be no coverage and no payment will be made for any claim resulting from:

1. Driving, operating, being a crew member or passenger on a commercial vehicle used to deliver goods or to carry a load;
2. Unless otherwise stated in this *contract*, *we* will not cover any loss resulting from a supplier's failure to perform its contractual obligations or deliver its services;
3. Failing to comply with *your* prescribed *medical treatment*, including taking prescribed medication;
4. Suicide, attempted suicide or self-inflicted injuries;
5. *Your* negligence or involvement in the commission of a criminal offence, or illegal act;
6. Expenses for which *you* are charged solely because *you* are insured;
7. An act of war;
8. Travelling to a destination where the Canadian government has issued an advisory to avoid all travel or non-essential travel (*you* can view the travel advisories on the Government of Canada travel website);
9. Any services rendered by a family member.

## Exclusions and Limitations

### For Trip Cancellation and Interruption Insurance

Refer to the policy for a complete list of specific exclusions.

There will be no coverage and no payment will be made for a claim if:

1. *You* are taking a *trip* to visit a sick or injured person when the *trip* is cancelled, interrupted or delayed due to such person's medical condition or death.
2. *You* fail or neglect to perform all actions required by government authorities for entry at customs, or security checkpoints.
3. Any nonrefundable prepaid travel services when the *trip* was paid for through a points or rewards program.

### For Travel Accident Insurance

There will be no coverage and no payment will be made for a claim if:

1. *You* are pregnant and have any complications from pregnancy or delivery;
2. *You* participate in certain sports and high risk leisure activities;
3. *You* abuse alcohol, drugs or intoxicants.

Refer to the policy for a complete list of exclusions.

The request for an extension must be made prior to the return date as shown on *your* Confirmation of Coverage.

## How to File a Claim

### STEP 1: NOTIFYING CAA ASSISTANCE OF A CLAIM

*You* must contact CAA Assistance at 1-866-580-2999 in Canada & mainland U.S. or from elsewhere at 1-519-251-5179:

- **immediately** in the case of a Trip Interruption or Holiday Protection claim; and
- **within 1 business day** of the event causing the cancellation in the event of a claim for Trip Cancellation;
- **within 1 business day** in the case of a Baggage Insurance claim.

If *you* do not call, *your* benefits may be reduced due to cancellation penalties that are imposed by the travel supplier.

### STEP 2: SUBMITTING *YOUR* CLAIM

Submit, **within 90 days**, a claim form and all required documents (invoices receipts, police reports and other back-up documentation) described in the applicable insurance coverage(s) in the policy (see section – How to File a Claim):

#### Online Claim Submission

To avoid mail delays, submit *your* claim online at **orion.xodus.ca** and follow the instructions.

#### Mail Claim Submission

*You* may also submit *your* claim by mail, sending *your* claim form completed and all requested documents at:

CAA Quebec Travel Insurance  
Xodus Travel Services Inc.  
PO Box 36, Station A  
WINDSOR, ON  
N9A 6J5

#### Phone numbers to reach us:

From Canada & Mainland US: **1-866-580-2999**  
From Elsewhere: **1-519-251-5179**

## How to File a Claim

If a travel supplier ceases operations, written notice of claim must be submitted **within 60 days** of when the travel supplier announces that it is in default along with receipts, proof of payments and other supporting documents (see section – How to File a Claim).

### STEP 3: REIMBURSEMENT

- All money payable under this *contract* shall be paid by *us* within **60 days** after *we* have received proof of claim and all required documentation.
- Benefits under Trip Cancellation and Interruption Insurance coverage are payable to *you* unless *you* authorize *us*, in writing, to pay a third party directly.

## The Cost of this Insurance Product

Premiums for the Non-Medical Vacation Package Plan are personalized and are determined based on:

- *your* age upon purchase;
- the sum insured;
- the exact number of days of *your trip*;
- applicable rebates, if any.

Premiums are subject to change before purchase without notice.

## Your Right to Cancel

*You* may cancel a *contract* within **10 days of purchase** if:

- you* have not departed on *your trip* and there is no claim in progress;
- if *your contract* is purchased 11 days or more before *your* departure date.

By calling CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world), in person at any CAA-Quebec Travel centre (a list of locations is available online at <https://www.caaquebec.com/en/contact-us/> under Find a Service Outlet click on “Travel Centres”) or by mailing the Notice of Recession found in Schedule I.

## Refunds

Premium refunds may be available provided no claim has been paid, incurred or reported under this *contract*.

### Non-Medical Vacation Package

Full refund if:

- you* cancel *your trip* before any cancellation penalties are in effect; or
- the carrier/travel supplier issues a full refund to *you* (in currency or in a travel credit) when they cancel the entire *trip* and all penalties are waived. *You* must provide a travel supplier invoice showing a full refund or stating all penalties are waived; or
- the carrier/travel supplier changes *your trip* dates and *you* are not able to travel and all penalties are waived. *You* must provide a travel supplier invoice showing a full refund or stating all penalties are waived; or
- client financing through travel supplier is declined; or
- the sum insured prior to departure as shown on *your* Confirmation of Coverage, is \$0, a full refund may be issued prior to the departure date.

## Filing a Complaint

*Our* Customer Complaints office is in place to ensure the decision is fair, equitable and developed within company standards.

The *Insurer* is also a member of the General Insurance Ombudservice, an independent dispute resolution service. Customers are encouraged to first attempt to resolve their complaint directly with the *Insurer* before accessing the General Insurance Ombudservice.

*You* may contact *our* Customer Complaints Office by phone, fax, email or by regular post:

Attention: Customer Complaints Office

Orion Travel Insurance

60 Commerce Valley Drive East

Thornhill, Ontario L3T 7P9

Phone: 905-747-4900

Toll Free: 1-855-674-6684

Email: [orioninfo@OrionTi.ca](mailto:orioninfo@OrionTi.ca)

More information on the Dispute Resolution process is available at [www.oriontravelinsurance.ca](http://www.oriontravelinsurance.ca).

# **SCHEDULE I**

## **Notice of Cancellation of an Insurance Contract**

### **NOTICE GIVEN BY DISTRIBUTOR**

Article 440 of the Act respecting the distribution of financial products and services.

### **THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS**

- The Act enables you to cancel the insurance contract you just signed at the same time as another contract, **without penalties, within 10 days of its signature**. To do so, you must send the insurer a notice by registered mail within this delay. You may use the enclosed model to that effect.
- Despite the cancellation of the insurance contract, the first contract entered into retains all its effects. Be careful, it is possible that you may incur the loss of favourable conditions extended upon signing this contract; please enquire from your distributor or consult your contract.
- After the expiry of the **10-day** delay, you have the option of cancelling your insurance at any time, but penalties may apply.

For further information, please contact the Autorité des marchés financiers at: (418) 525-0337 or 1-877-525-0337.

- Section 441 does not apply where the principal contract is for a period of 10 days or less and where it became effective at the time of the request for cancellation of the Trip Cancellation & Interruption Insurance.
- Section 441 does not apply where the Trip Cancellation is purchased within 11 days prior to the Trip.

### **NOTICE OF RECISSION OF AN INSURANCE CONTRACT**

To: Echelon Insurance  
Attn.: Orion Travel Insurance  
60 Commerce Valley Drive East  
Thornhill, Ontario, L3T 7P9

Date: \_\_\_\_\_  
(Date of sending of this Notice)

Under Article 441 of the Act respecting the distribution of financial products and services, I hereby cancel insurance contract no. \_\_\_\_\_  
(Number of contract, if indicated)

entered into on: \_\_\_\_\_  
(Date of signature of contract)

at: \_\_\_\_\_  
(Place of signature of contract)

\_\_\_\_\_  
(Name of client)

\_\_\_\_\_  
(Signature of client)

The distributor must fill in this section beforehand.

**This notice must be sent by registered mail.**

The purpose of this fact sheet is to inform you of your rights.  
It does not relieve the insurer or the distributor of their obligations to you.

## LET'S TALK INSURANCE!

Name of distributor: Agence de voyages de l'automobile et Touring club du Québec inc

Name of insurer: Echelon Insurance

Name of insurance product: Non-Medical Vacation Package Plan



### IT'S YOUR CHOICE

**You are never required to purchase insurance:**

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



### HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



### DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration.

The distributor **must** tell you when the remuneration exceeds 30% of that amount.



### RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

---

**The *Autorité des marchés financiers* can provide you with unbiased, objective information.**

Visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca) or call the AMF at 1-877-525-0337.

---

Reserved for use by the insurer:

This fact sheet cannot be modified





## Questions about your contract?

**1-833-861-0112** – Canada & United States

**+1-514-861-0112** – Elsewhere in the world, call collect

**caaquebec.com**

CAA-Quebec Travel Insurance, an Orion Travel Insurance product, is underwritten by Echelon Insurance. Terms and conditions apply.

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100% post-consumer recycled fibre

QC-22(07/25)

# Individual Medical Underwriting Plan

Product Summary



Insurance

July 1, 2025

## How to Contact Us

|  |  |
|--|--|
| <b>Insurer:</b>                          | <p>Echelon Insurance</p> <p>Registered with the Autorité des marchés financiers under client number 2000702152</p> <p>Attn: Orion Travel Insurance<br/>60 Commerce Valley Drive East<br/>Thornhill, Ontario L3T 7P9<br/>Phone: 905-747-4900<br/>Toll free: 1-855-674-6684<br/>Email: orioninfo@orionti.ca<br/>Website: www.oriontravelinsurance.ca</p> |
| <b>Distributor:</b>                      | <p>Agence de voyages de l'automobile et<br/>Touring club du Québec inc.</p> <p>444 Bouvier Street, Quebec (Quebec) G2J 1E3<br/>Phone: 1-800-686-9243<br/>Email: assurances@caaquebec.com<br/>Website: www.caaquebec.com/travel-insurance</p>   |
| <b>Autorité des marchés financiers :</b> | <p>The Autorité des marchés financiers can provide <i>you</i> with information about <i>your insurer's</i> or <i>your insurance distributor's</i> obligations.</p> <p>Website: www.lautorite.qc.ca</p>   |

## Things to Consider

**This is a summary.** Review the policy for complete details. *You* can get a copy from a CAA-Quebec Travel centre, or on the website where *you* buy *your* insurance at <https://www.caaquebec.com/en/for-your-insurance/documentation/>.

If *you* have any questions, *you* may contact CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world).

**NOTE:** This product only covers emergency medical care. If *you* want protection for *trip* cancellation or *trip* interruption, consider other CAA-Quebec Travel Insurance Products such as Non-Medical Package or Trip Cancellation and Interruption Insurance.

**Benefit amounts stated on this summary are in Canadian Dollars, and deductible amounts are in U.S. Dollars.**

### Key Definitions

**Contract** means the insurance policy, any riders or amendments to the insurance policy, the application, any medical questionnaire(s) (if applicable), and the Confirmation of Coverage, all of which form the entire *contract* and must be read as a whole.

**Insurer** means Echelon Insurance.

**Government health insurance plan (GHIP)** means a Canadian provincial or territorial *government health insurance plan*.

**Medical treatment** means any reasonable procedure which is medical, therapeutic or diagnostic in nature, which is medically necessary and which is prescribed by a physician. *Medical treatment* includes hospitalization, basic investigative testing, surgery, prescription medication (including prescribed as needed) or other treatment directly related to the sickness, injury or symptom.

**Trip** means travel outside *your* Canadian province or territory of residence and ends when *you* return to *your* Canadian province or territory of residence.

## Things To Consider

### ***Trips within the province of Quebec:***

An individual *trip* begins when *you* leave *your* permanent residence in Quebec and ends when *you* return to *your* permanent residence in Quebec.

For *trips* within Quebec, *you* must have at least a one-night stay with a travel supplier or private accommodation services.

### ***Trips outside of your province or territory of residence:***

An individual *trip* begins when *you* leave and ends when *you* return to *your* province or territory of residence.

***We, us*** or ***our*** means the *Insurer*.

***You*** and ***your*** means the Insured.

**WARNING:** The insurance *contract* will be issued on the basis of information in or provided in connection with *your* application, including answers to the medical questionnaire, if any. *Your* answers must be complete and accurate. If it is found that *you* have not answered any question asked in the medical questionnaire truthfully and accurately, *you* will be responsible for the first \$5,000 of any claim, in addition to any applicable deductible. *You* will also be required to pay the additional premium necessary based on true and accurate answers to the medical questionnaire, otherwise no future coverage will be provided under this *contract*.

*We* will not pay a claim if *you*, any person insured under this *contract* or anyone acting on *your* behalf, attempt to deceive *us* or makes a fraudulent, false or exaggerated statement or claim.

## Who is Eligible to Purchase This Insurance

### **To be eligible *you* must:**

- be a Canadian resident covered by a *government health insurance plan (GHIP)* for the full duration of the *trip*;
- purchase this insurance not more than 90 days before *your* departure date.

### ***You* are not eligible for coverage if:**

- *you* have been diagnosed with a terminal illness for which a physician has estimated that *you* have less than 6 months to live;
- *you* have been advised by a physician against travel at this time;
- *you* require kidney dialysis;
- *you* have ever received a bone marrow or organ transplant (except cornea or skin transplant);
- *you* have been diagnosed with and/or received *medical treatment* for metastatic cancer in the last 5 years; or
- *you* have been prescribed or taken home oxygen for a lung condition in the last 12 months.

**IMPORTANT:** A medical questionnaire must be completed as part of *your* application for this insurance coverage.

A new medical questionnaire may be required for an extension to determine eligibility and premium.

## What Does the Insurance Cover

This insurance provides coverage for a medical emergency. Benefits of **up to \$5 million** will be paid for reasonable charges incurred following an emergency resulting from a sudden accident, sickness or injury which occurs on a *trip*. It includes:

- hospitalization, medical, dental and paramedical expenses;
- transportation expenses, such as ambulances, taxis or repatriation costs;
- transportation costs for a family member or a close friend to visit *you*;
- return of vehicle, baggage and pet;
- child care;
- reimbursement of the cost of returning *your* remains or burial/cremation costs;
- subsistence costs, medical follow-up and domestic services in Canada.

Maximum of **\$25,000** if at time of claim:

- your GHIP* coverage has lapsed; and/or
- you* did not have *GHIP* authorization to cover *your trip* days exceeding the days *your government health insurance plan* covers outside *your* province or territory of residence.

### OTHER COVERAGE DETAILS

|  |   |
|--|---|
| <b>Maximum Trip Days (Including Extension or Top-Up)</b> | <ul style="list-style-type: none"> <li>• 365 days with <i>GHIP</i> approval *</li> </ul>  |
| <b>Medical Questionnaire</b>                             | <ul style="list-style-type: none"> <li>• Required</li> <li>• A new medical questionnaire may be required for extensions</li> </ul>  |
| <b>Deductible Options</b>                                | <ul style="list-style-type: none"> <li>• \$0, \$300, \$500, \$1,000, \$3,000, \$5,000, \$10,000, \$25,000 or \$50,000</li> <li>• Applies per insured and per <i>trip</i></li> </ul> |

\* Maximum *trip* days may not exceed the period for which *your GHIP* covers *you* or 365 days.

|                        |  |
|------------------------|--|
| <b>Coverage Starts</b> | <b>The latest of:</b> <ul style="list-style-type: none"> <li>• the date <i>you</i> leave <i>your</i> Canadian province or territory of residence; or</li> <li>• the departure date or effective date shown on <i>your</i> Confirmation of Coverage.</li> </ul> |
| <b>Coverage Ends</b>   | <b>The earliest of:</b> <ul style="list-style-type: none"> <li>• the date <i>you</i> return to <i>your</i> Canadian province or territory of residence; or</li> <li>• the return date as shown on <i>your</i> Confirmation of Coverage.</li> </ul>             |

- Coverage will be extended automatically without additional premium if *your* return is delayed beyond the return date as shown on *your* Confirmation of Coverage under certain conditions beyond *your* reasonable control.  
*You* must notify CAA Assistance of the delay prior to the return date.
- Coverage can be voluntarily extended provided that *you* apply prior to the return date as shown on *your* Confirmation of Coverage, *we* approve the extension, a supplemental premium is paid and that other conditions are met.

## Exclusions, Limitations and Conditions

The following are some of the main exclusions of the *contract*. Please consult the policy for a full list of all the exclusions and limitations which could impact *your* coverage.

### Emergency Medical Insurance Exclusions

There will be no coverage **and no payment will be made** for any claim resulting from:

1. A pre-existing medical condition that *you* did not disclose to *us* when *you* applied for this insurance or a change in *your* health status/medication *you* did not report to *us* before *your trip*;
2. If *you* are pregnant and have any complications from pregnancy or delivery;
3. *Your* participation in certain sports and high risk leisure activities;
4. The abuse of alcohol, drugs or intoxicants;
5. Suicide or self-inflicted injury;
6. *Your* negligence or involvement in the commission of a criminal act;
7. Travelling specifically to receive *medical treatment*;
8. Travelling when *medical treatment* has been planned or could be expected during the *trip*;
9. *Your* status as patient in a chronic care or convalescent home, a nursing home or for rehabilitation services;
10. *Medical treatment* received outside *your* province of permanent residence which *you* could have obtained in *your* province except for necessary emergency *medical treatment* due to an accident or sudden illness;
11. Non-emergent, experimental or elective *medical treatment*;
12. Certain products, even when prescribed, such as dietary or food supplements, over-the-counter medication, processed food for infants or medication not approved in Canada;
13. Certain surgery and diagnostic testing, such as cardiac catheterization, angioplasty and/or cardiovascular surgery if they are not approved in advance by CAA Assistance (except as a medical emergency) or magnetic resonance imaging (MRIs), computerized axial tomography (CAT) scans, sonograms, ultrasounds or biopsies;
14. Continuing/recurrent care or *medical treatment* after the initial medical emergency has ended;
15. Medical services rendered in *your* province of residence or related to a change in *your* health while on a *trip break*;
16. Travelling against the medical advice of a physician;
17. *Your* medical condition is the result of *you* not following *your* prescribed *medical treatment*;
18. Expenses for which *you* are charged solely because *you* are insured;
19. Travelling to a destination where the Canadian government has issued an advisory to avoid all travel or non-essential travel (*you* can view the travel advisories on the Government of Canada travel website). This exclusion does not apply to claims for an emergency or a medical condition unrelated to the travel advisory;
20. Professional or other services rendered by a family member.

Refer to the Individual Medical Underwriting Plan policy under the section Emergency Medical Insurance – Exclusions for complete details.

# Exclusions, Limitations and Conditions

## OTHER IMPORTANT CONDITIONS

1. Must be issued in Canada and purchased prior to the departure date or effective date.
2. If *you* are applying for an extension prior to the return date of *your contract*, a new medical questionnaire may be required.
3. *You* cannot receive more than 100% of *your* actual expenses by claiming from *us*. If *we* pay *your* health care provider or reimburse *you* for covered expenses, *we* will seek reimbursement from *your government health insurance plan* and from any other medical reimbursement plan under which *you* may have coverage.
4. If *you* undergo tests as part of a medical investigation, obtain treatment or surgery (including invasive testing) that is not pre-approved by CAA Assistance, *your* claim will not be paid except in extreme circumstances where it would delay surgery required to resolve a life-threatening crisis.
5. If *we* determine that *you* should transfer to another facility or return to *your* home province and *you* refuse, no further *medical treatment* will be paid.
6. *We* are not responsible for the availability, quality or results of *medical treatments* or transportation.
7. If CAA Assistance determines that *your* emergency has ended, *we* will not cover the continued treatment, recurrence or complication after the emergency.

Refer to the policy for a complete list of conditions.

## How to File a Claim

### STEP 1: NOTIFYING CAA ASSISTANCE OF A CLAIM

*You* must contact CAA Assistance at 1-866-580-2999 in Canada & mainland U.S., or from elsewhere at 1-519-251-5179 prior to obtaining emergency *medical treatment* so that *we* may:

- confirm coverage; and
- provide pre-approval of *medical treatment*.
- CAA Assistance will pay hospitals, physicians and other medical providers directly, whenever possible. Where direct payment cannot be arranged, *we* will reimburse eligible expenses.
- Some benefits are reimbursable on *your* return. Check the Benefits and Services Offered section in the policy to see if this applies.

**WARNING:** *You* must contact CAA Assistance before obtaining emergency *medical treatment*. If it is medically impossible for *you* to contact them prior to obtaining the *medical treatment*, contact them as soon as possible or have someone contact them on *your* behalf. **If *you* fail to contact CAA Assistance before *you* obtain *medical treatment*, *your* maximum benefit will be reduced to 80% of expenses up to a maximum of \$25,000.**

Also keep in mind that certain treatments, such as magnetic resonance imaging (MRI), CAT scans, sonograms, ultrasounds, cardiac catheterization, angioplasties, and cardiovascular surgery will not be covered unless pre-approved by CAA Assistance.

## How to File a Claim

### STEP 2: SUBMITTING *YOUR* CLAIM

Submit, **within 90 days**, a claim form and all required documents (invoices, receipts and other back-up documentation) described in the applicable insurance coverage(s) in the policy (see section – How to File a Claim):

#### Online Claim Submission

To avoid mail delays, submit *your* claim online at **orion.xodus.ca** and follow the instructions.

#### Mail Claim Submission

*You* may also submit *your* claim by mail, sending *your* claim form completed and all requested documents at:

CAA Quebec Travel Insurance  
Xodus Travel Services Inc.  
PO Box 36, Station A  
WINDSOR, ON  
N9A 6J5

#### Phone numbers to reach us:

From Canada & Mainland US: **1-866-580-2999**  
From Elsewhere: **1-519-251-5179**

### STEP 3: REIMBURSEMENT

All money payable under this *contract* shall be paid by *us* within **60 days** after *we* have received proof of claim and all required documentation.

## The Cost of This Insurance Product

Premiums for the Emergency Medical Insurance (Individual Medical Underwriting Plan) are personalized and are determined based on:

- *your* age upon purchase;
- the exact number of days of *your trip*;
- pre-existing medical condition;
- the applicable rebates, if any;
- the deductible chosen.

Premiums are subject to change before purchase without notice.

## Your Right To Cancel

*You* may cancel a *contract* within **10 days of purchase** if *you* have not departed on *your trip* and there is no claim in progress.

By calling CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world), in person at any CAA-Quebec Travel centre (a list of locations is available online at <https://www.caaquebec.com/en/contact-us/> under Find a Service Outlet click on “Travel Centres”) or by mailing the Notice of Recession found in Schedule I.



## Refunds

Premium refunds may be available provided no claim has been paid, incurred or reported under this *contract*.

Full refunds:

- Eligible if requested and approved prior to the original departure or effective date of the *trip*.

Partial refund of unused days:

- Must be requested and approved by *us* prior to the expiry date of the *trip*. Proof of early return (for example, customs or immigration stamp, gas receipts) is required. Any refund is calculated from the postmarked date of written request, the actual date *you* visited or called CAA Quebec Travel Centre to request the refund, or the date shown on *your* proof of early return, whichever occurs first.

## Filing a Complaint

*Our* Customer Complaints office is in place to ensure the decision is fair, equitable and developed within company standards.

The *Insurer* is also a member of the General Insurance Ombudservice, an independent dispute resolution service. Customers are encouraged to first attempt to resolve their complaint directly with the *Insurer* before accessing the General Insurance Ombudservice.

*You* may contact *our* Customer Complaints Office by phone, fax, email or by regular post:

Attention: Customer Complaints Office  
Orion Travel Insurance  
60 Commerce Valley Drive East  
Thornhill, Ontario L3T 7P9  
Phone: 905-747-4900  
Toll Free: 1-855-674-6684  
Email: [orioninfo@OrionTi.ca](mailto:orioninfo@OrionTi.ca)

More information on the Dispute Resolution process is available at [www.oriontravelinsurance.ca](http://www.oriontravelinsurance.ca).

# **SCHEDULE I**

## **Notice of Cancellation of an Insurance Contract**

### **NOTICE GIVEN BY DISTRIBUTOR**

Article 440 of the Act respecting the distribution of financial products and services.

### **THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS**

- The Act enables you to cancel the insurance contract you just signed at the same time as another contract, **without penalties, within 10 days of its signature**. To do so, you must send the insurer a notice by registered mail within this delay. You may use the enclosed model to that effect.
- Despite the cancellation of the insurance contract, the first contract entered into retains all its effects. Be careful, it is possible that you may incur the loss of favourable conditions extended upon signing this contract; please enquire from your distributor or consult your contract.
- After the expiry of the **10-day** delay, you have the option of cancelling your insurance at any time, but penalties may apply.

For further information, please contact the Autorité des marchés financiers at: (418) 525-0337 or 1-877-525-0337.

- Section 441 does not apply where the principal contract is for a period of 10 days or less and where it became effective at the time of the request for cancellation of the Trip Cancellation & Interruption Insurance.
- Section 441 does not apply where the Trip Cancellation is purchased within 11 days prior to the Trip.

### **NOTICE OF RECISSION OF AN INSURANCE CONTRACT**

To: Echelon Insurance  
Attn.: Orion Travel Insurance  
60 Commerce Valley Drive East  
Thornhill, Ontario, L3T 7P9

Date: \_\_\_\_\_  
(Date of sending of this Notice)

Under Article 441 of the Act respecting the distribution of financial products and services, I hereby cancel insurance contract no. \_\_\_\_\_  
(Number of contract, if indicated)

entered into on: \_\_\_\_\_  
(Date of signature of contract)

at: \_\_\_\_\_  
(Place of signature of contract)

\_\_\_\_\_  
(Name of client)

\_\_\_\_\_  
(Signature of client)

The distributor must fill in this section beforehand.

**This notice must be sent by registered mail.**

## Notes

The purpose of this fact sheet is to inform you of your rights.  
It does not relieve the insurer or the distributor of their obligations to you.

## LET'S TALK INSURANCE!

Name of distributor: Agence de voyages de l'automobile et Touring club du Québec inc

Name of insurer: Echelon Insurance

Name of insurance product: Individual Medical Underwriting Plan



### IT'S YOUR CHOICE

**You are never required to purchase insurance:**

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



### HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



### DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration.

The distributor **must** tell you when the remuneration exceeds 30% of that amount.



### RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

---

**The *Autorité des marchés financiers* can provide you with unbiased, objective information.**

Visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca) or call the AMF at 1-877-525-0337.

---

Reserved for use by the insurer:

This fact sheet cannot be modified



## Questions about your contract?

**1-833-861-0112** – Canada & United States

**+1-514-861-0112** – Elsewhere in the world, call collect

**caaquebec.com**

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100% post-consumer recycled fibre

QC-28(07/25)

# Rental Vehicle Damage Insurance

Product Summary



**Insurance**

July 1, 2025

## How to Contact Us

|  |   |
|--|---|
| <b>Insurer:</b>                          | <p>Echelon Insurance</p> <p>Registered with the Autorité des marchés financiers under client number 2000702152</p> <p>Attn.: Orion Travel Insurance<br/>60 Commerce Valley Drive East<br/>Thornhill, Ontario L3T 7P9<br/>Phone: 905-747-4900<br/>Toll free: 1-855-674-6684<br/>Email: orioninfo@orionti.ca<br/>Website: www.oriontravelinsurance.ca</p> |
| <b>Distributor:</b>                      | <p>Agence de voyages de l'automobile et<br/>Touring club du Québec inc.</p> <p>444 Bouvier Street, Quebec (Quebec) G2J 1E3<br/>Phone: 1-800-686-9243<br/>Email: assurances@caaquebec.com<br/>Website: www.caaquebec.com/travel-insurance</p>  |
| <b>Autorité des marchés financiers :</b> | <p>The Autorité des marchés financiers can provide <i>you</i> with information about <i>your insurer's</i> or <i>your insurance</i> distributor's obligations.</p> <p>Website: www.lautorite.qc.ca</p>  |

## Things to Consider

**This is a summary.** Review the policy for complete details. *You* can get a copy from a CAA-Quebec Travel centre or, on the website where *you* buy *your* insurance at <https://www.caaquebec.com/en/for-your-insurance/documentation/>.

If *you* have any questions, *you* may contact CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world).

**NOTE:** This coverage does not provide any form of third party automobile property damage or personal injury liability insurance.

**All amounts stated on this summary are in Canadian Dollars, unless otherwise specified.**

### Key Definitions

**Commercial rental agency** means a licensed *vehicle* rental agency licensed under the law of its jurisdiction. *Commercial rental agency* does not include peer-to-peer car sharing programs.

**Contract** means the insurance policy, any riders or amendments to the insurance policy, any medical questionnaire(s) (if applicable), and the Confirmation of Coverage, all of which form the entire *contract* and must be read as a whole.

**Insurer** means Echelon Insurance.

**Physical damage or loss** means damage or loss to a rental *vehicle* for which *you* are liable as a result of collision, fire, theft, hail, windstorm, earthquake, flood, mischief, riot or civil commotion. Loss or damage to tires is not considered *physical damage or loss* unless resulting from other loss or damage covered herein.

**Vehicle** means a private passenger vehicle, mini-van, recreational vehicle, self-propelled mobile home, camper truck or trailer, station wagon, or on-road sports utility vehicle that *you* use or rent.

## Things to Consider

Vehicles not included are:

- i) any off-road vehicle;
- ii) motorcycle, moped or motorbike;
- iii) all-terrain vehicle;
- iv) vehicles not licensed for road use;
- v) recreational vehicle camper, trailer or automobile which is over 20 years old;
- vi) limousine; or
- vii) exotic vehicle which includes but is not limited to: Aston Martin, Bentley, Ferrari, Porsche or Rolls Royce.

**We, us or our** means the *Insurer*.

**You and your** means the Insured.

**WARNING:** The insurance *contract* will be issued on the basis of information in *your* application or provided in connection with *your* application. *Your* answers must be complete and accurate.

*We* will not pay a claim if *you*, any person insured under this *contract* or anyone acting on *your* behalf, attempt to deceive *us* or makes a fraudulent, false or exaggerated statement or claim.

## Who is Eligible to Purchase this Insurance

To be eligible *you* must:

- be a Canadian resident;
- purchase this coverage for the full duration *you* are in possession of the rental *vehicle*;
- hold a valid driver's license;
- meet the age requirements of the rental agreement.

## What are the Conditions for Coverage

**You must:**

- examine the rental *vehicle*, and file a written report of existing damages with the *commercial rental agency* prior to accepting it.
- take reasonable steps to protect the rental *vehicle* and prevent damage to it.
- file a written report with the *commercial rental agency* detailing all physical damage which has occurred during the term of the rental agreement, when *you* return the *vehicle*.
- immediately file a report of *physical damage or loss* for which *you* may be liable with CAA Assistance.
- not remove any evidence of *physical damage* nor can *you* carry out any repairs other than those necessary to protect the *vehicle* from further damage without the prior consent of CAA Assistance.



## What Does the Insurance Cover

This insurance provides coverage in the event of collision, theft, fire or vandalism of a *vehicle* rented by *you* from a *commercial rental agency*.

*You* will be indemnified for **up to a maximum of \$80,000** for:

1. *Physical damage or loss* of a *vehicle* operated by *you* or someone else authorized under the rental agreement, and while covered under this *contract*, while this insurance is in effect, but limited to the amount which would have been waived had *you* purchased a collision damage waiver from the *commercial rental agency*, less any amount:
  - a. assumed, waived or paid by the *commercial rental agency* or its insurer; and
  - b. payable by *your* personal, business or other vehicle insurer.
2. Reasonable costs of towing expenses, general average salvage, fire department charges, customs duties and loss of use of the rental *vehicle*.
3. Unused days under *your* rental agreement if the rental *vehicle* is damaged and cannot be used during the rest of *your* rental agreement.
4. The cost of defending a civil action brought against *you* due to the loss or damage to the rental *vehicle*.
5. *Our* payment of costs assessed against *you* in a civil action *we* defend plus interest upon that part of the judgment that is within the limit of *our* liability.

### OTHER COVERAGE DETAILS

|                       |   |
|-----------------------|---|
| Maximum Trip Days     | <ul style="list-style-type: none"><li>• 60 days</li></ul>   |
| Medical Questionnaire | <ul style="list-style-type: none"><li>• Not required</li></ul>  |
| Deductible Options    | <ul style="list-style-type: none"><li>• Not applicable</li></ul>  |
| Maximum Age           | <ul style="list-style-type: none"><li>• None</li></ul>  |
| Coverage Starts       | <b>The latest of:</b> <ul style="list-style-type: none"><li>• the time <i>you</i> take control of the rental <i>vehicle</i>; or</li><li>• the departure date or effective date shown on <i>your</i> Confirmation of Coverage.</li></ul>   |
| Coverage Ends         | <b>The earliest of:</b> <ul style="list-style-type: none"><li>• when the rental <i>vehicle</i> is returned to the <i>commercial rental agency</i>;</li><li>• the expiry or termination of the <i>vehicle</i> rental agreement; or</li><li>• the return date as shown on <i>your</i> Confirmation of Coverage.</li></ul> |

# Exclusions and Limitations

The following are some of the main exclusions of the *contract*. Please consult the policy for a full list of all the exclusions and limitations which could impact *your* coverage.

## General Exclusions

There will be no coverage **and no payment will be made** for any claim resulting from:

1. Driving, operating, being a crew member or passenger on a commercial *vehicle* used to deliver goods or to carry a load;
2. Unless otherwise stated in this *contract*, we will not cover any loss resulting from a supplier's failure to perform its contractual obligations or deliver its services;
3. Failing to comply with *your* prescribed medical treatment, including taking prescribed medication;
4. Suicide, attempted suicide or self-inflicted injuries;
5. *Your* negligence or involvement in the commission of a criminal offence, or illegal act;
6. Expenses for which *you* are charged solely because *you* are insured;
7. An act of war;
8. Travelling to a destination where the Canadian government has issued an advisory to avoid all travel or non-essential travel (*you* can view the travel advisories on the Government of Canada travel website);
9. Any services rendered by a family member.

## Exclusions Specific to the Rental Vehicle Damage Insurance

**No payment will be made** for a claim resulting from:

1. *Physical damage or loss* of the rental *vehicle* when:
  - a. *you* have abused alcohol or any other toxic substance (including cannabis), or have driven while impaired by a drug or with a blood alcohol level over 80 mg of alcohol / 100 ml of blood;
  - b. *you* are engaged in the business of renting *vehicles* in any manner whatsoever;
  - c. any amount is waived or paid by the *commercial rental agency* or its insurers;
  - d. operating the *vehicle* is in violation of the terms of the car rental agreement;
  - e. the *vehicle* is used to transport passengers for compensation or hire or for commercial delivery, transporting contraband or illegal trade;
  - f. the *vehicle* is rented from anyone except a duly authorized *commercial rental agency* (e.g. peer-to-peer car sharing programs); or
  - g. more than one rental *vehicle* is in *your* possession or that of an authorized driver;
  - h. *you* have taken out a collision damage waiver with no deductible with the *commercial rental agency*.
2. Any form of third-party vehicle liability or personal accidental injury.
3. Mechanical breakdown, rusting, corrosion, wear and tear, gradual deterioration or inherent defect.
4. A loss in any jurisdiction where such insurance coverage is prohibited by law.
5. *Your* failure to preserve or protect the rental *vehicle* or *your* neglect or abuse of the rental *vehicle*.
6. *Physical damage or loss* sustained while *you* participate in a speed event or contest.
7. *Physical damage or loss* which is covered by *your* personal or business vehicle insurer.
8. Any act of terrorism.

Refer to the the Rental Vehicle Damage Insurance Exclusions section of the policy for further details.

## How to File a Claim

### STEP 1: NOTIFYING CAA ASSISTANCE OF A CLAIM

- *You* must contact CAA Assistance **immediately** at 1-866-580-2999 in Canada & mainland U.S. or from elsewhere at +1-519-251-5179 to file a report of *physical damage or loss* for which *you* may be liable.

### STEP 2: SUBMITTING *YOUR* CLAIM

Submit, **within 90 days**, a claim form and all required documents (invoices receipts, open and close rental *vehicle* agreement, rental *vehicle* damage report, police reports and other back-up documentation):

#### Online Claim Submission

To avoid mail delays, submit *your* claim online at **orion.xodus.ca** and follow the instructions.

#### Mail Claim Submission

*You* may also submit *your* claim by mail, sending *your* claim form completed and all requested documents at:

CAA Quebec Travel Insurance  
Xodus Travel Services Inc.  
PO Box 36, Station A  
WINDSOR, ON  
N9A 6J5

#### Phone numbers to reach us:

From Canada & Mainland US: **1-866-580-2999**  
From Elsewhere: **1-519-251-5179**

### STEP 3: REIMBURSEMENT

All money payable under this *contract* shall be paid by *us* within **60 days** after *we* have received proof of claim and all required documentation.

## The Cost of this Insurance Product

Premiums for Rental Vehicle Damage Insurance are personalized and are determined based on:

- the exact number of days *you* rent the *vehicle*;
- the applicable rebates, if any.

Premiums are subject to change without notice.

## Your Right to Cancel

*You* may cancel a *contract* within **10 days of purchase** if *you* have not departed on *your* trip and there is no claim in progress.

By calling CAA-Quebec at 1-833-861-0112 (in Canada & United States) or +1-514-861-0112 (call collect elsewhere in the world), in person at any CAA-Quebec Travel centre (a list of locations is available online at <https://www.caaquebec.com/en/contact-us/> under Find a Service Outlet, click on "Travel Centres") or by mailing the Notice of Recession found in Schedule I.

## Refunds

### Rental Vehicle Damage Insurance

Full refunds can be made before the effective date. A full refund will be made with proof of duplicate car rental insurance if this insurance is rejected by the *commercial rental agency* at trip destination.

## Filing a Complaint

*Our* Customer Complaints office is in place to ensure the decision is fair, equitable and developed within company standards.

The *Insurer* is also a member of the General Insurance Ombudservice, an independent dispute resolution service. Customers are encouraged to first attempt to resolve their complaint directly with the *Insurer* before accessing the General Insurance Ombudservice.

*You* may contact *our* Customer Complaints Office by phone, fax, email or by regular post:

Attention: Customer Complaints Office  
Orion Travel Insurance  
60 Commerce Valley Drive East  
Thornhill, Ontario L3T 7P9

Phone: 905-747-4900

Toll Free: 1-855-674-6684

Email: [orioninfo@OrionTi.ca](mailto:orioninfo@OrionTi.ca)

More information on the Dispute Resolution process is available at [www.oriontravelinsurance.ca](http://www.oriontravelinsurance.ca).

# **SCHEDULE I**

## **Notice of Cancellation of an Insurance Contract**

### **NOTICE GIVEN BY DISTRIBUTOR**

Article 440 of the Act respecting the distribution of financial products and services.

### **THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS**

- The Act enables you to cancel the insurance contract you just signed at the same time as another contract, **without penalties, within 10 days of its signature**. To do so, you must send the insurer a notice by registered mail within this delay. You may use the enclosed model to that effect.
- Despite the cancellation of the insurance contract, the first contract entered into retains all its effects. Be careful, it is possible that you may incur the loss of favourable conditions extended upon signing this contract; please enquire from your distributor or consult your contract.
- After the expiry of the **10-day** delay, you have the option of cancelling your insurance at any time, but penalties may apply.

For further information, please contact the Autorité des marchés financiers at: (418) 525-0337 or 1-877-525-0337.

- Section 441 does not apply where the principal contract is for a period of 10 days or less and where it became effective at the time of the request for cancellation of the Trip Cancellation & Interruption Insurance.
- Section 441 does not apply where the Trip Cancellation is purchased within 11 days prior to the Trip.

### **NOTICE OF RECISSION OF AN INSURANCE CONTRACT**

To: Echelon Insurance  
Attn.: Orion Travel Insurance  
60 Commerce Valley Drive East  
Thornhill, Ontario, L3T 7P9

Date: \_\_\_\_\_  
(Date of sending of this Notice)

Under Article 441 of the Act respecting the distribution of financial products and services, I hereby cancel insurance contract no. \_\_\_\_\_  
(Number of contract, if indicated)

entered into on: \_\_\_\_\_  
(Date of signature of contract)

at: \_\_\_\_\_  
(Place of signature of contract)

\_\_\_\_\_  
(Name of client)

\_\_\_\_\_  
(Signature of client)

The distributor must fill in this section beforehand.

**This notice must be sent by registered mail.**

## Notes

## Notes

The purpose of this fact sheet is to inform you of your rights.  
It does not relieve the insurer or the distributor of their obligations to you.

## LET'S TALK INSURANCE!

Name of distributor: Agence de voyages de l'automobile et Touring club du Québec inc

Name of insurer: Echelon Insurance

Name of insurance product: Rental Vehicle Damage Insurance



### IT'S YOUR CHOICE

**You are never required to purchase insurance:**

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



### HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



### DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration.

The distributor **must** tell you when the remuneration exceeds 30% of that amount.



### RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

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**The *Autorité des marchés financiers* can provide you with unbiased, objective information.**

Visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca) or call the AMF at 1-877-525-0337.

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Reserved for use by the insurer:

This fact sheet cannot be modified





## Questions about your contract?

**1-833-861-0112** – Canada & United States

**+1-514-861-0112** – Elsewhere in the world, call collect

**caaquebec.com**

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QC-27(07/25)