



POLICY #9229078

AXA Assurances Inc. (hereinafter called the "Insurer") agrees with the Policyholder named below (hereinafter called the "Policyholder") to insure eligible persons specified herein (hereinafter individually called the "Insured Person") and promises to pay for loss resulting from Injury; to the extent herein limited and provided.

Name and Address of Policyholder:

The Pacific Streamkeepers Federation and all Additional Insureds
 1858 Beaulynn Place
 North Vancouver, British Columbia
 V7J 2T1

This policy is issued in consideration of the payment in advance of a deposit premium of **five thousand two hundred dollars (\$5,200)**, subject to a minimum retained premium of five hundred dollars (\$500), for the term beginning **April 15, 2009** and ending **April 15, 2010**.

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

Renewal

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

Definitions

Wherever used in this policy:

"Injury" means bodily injury caused by an Accident occurring while this policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by this policy, provided such injury is sustained under the circumstances and in the manner described in the "Description of Hazards", but in no event shall injury mean Sickness or Disease howsoever caused unless caused by an Accident.

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

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

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

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

Eligibility

For the purposes of this policy Insured Persons shall be considered as all authorized volunteer workers of the Policyholder under age eighty-five (85).

Schedule Of Benefits

The insurance afforded under this policy is only with respect to such and so many of the indemnities as are indicated by a specific amount set below each such indemnity listed in this Schedule, and is only with respect to Insured Persons in the classes designated herein.

Class	Principal Sum	Weekly Accident Indemnity	Accident Reimbursement Expense
-	\$25,000	\$250	\$10,000

Description Of Hazards

The hazards against which insurance is provided under this policy are Injury sustained by an Insured Person while performing volunteer duties as assigned and authorized by the Policyholder.

Travel to and from the Insured Person's ordinary residence or ordinary place of employment and the Policyholder's volunteer activity work site is excluded. Direct travel along a normal or reasonable route, without delay or stopover, as assigned and authorized by the Policyholder between volunteer activity work sites is included.

Specific Loss Accident Indemnity

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

For Loss of

Life The Principal Sum

The Entire Sight of Both Eyes The Principal Sum
 Speech and Hearing in Both Ears..... The Principal Sum
 One Hand and the
 Entire Sight of One Eye The Principal Sum
 One Foot and the
 Entire Sight of One Eye The Principal Sum
 The Entire Sight of
 One Eye Three-Fourths of the Principal Sum
 Speech..... Three-Fourths of the Principal Sum
 Hearing in
 Both Ears Three-Fourths of the Principal Sum
 Hearing in One Ear..... Two-Fifths of the Principal Sum
 All Toes of One Foot One-Third of the Principal Sum

For Loss or Loss of Use of

Both Hands The Principal Sum
 Both Feet The Principal Sum
 One Hand and One Foot..... The Principal Sum
 One Arm Four-Fifths of the Principal Sum
 One Leg Four-Fifths of the Principal Sum
 One Hand Three-Fourths of the Principal Sum
 One Foot..... Three-Fourths of the Principal Sum
 Thumb and Index Finger
 or at Least Four Fingers of
 One Hand Two-Fifths of the Principal Sum

For Paralysis of

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

"Loss of Life" means the death of the Insured Person.

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

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

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

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

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

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

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

Indemnity provided under this section for all Losses sustained by any one (1) Insured Person as the result of any one (1) Accident will not exceed the following:

- (a) with the exception of Quadriplegia, Paraplegia and Hemiplegia, the Principal Sum.
- (b) with respect to Quadriplegia, Paraplegia and Hemiplegia, Two Times the Principal Sum, or the Principal Sum if Loss of Life occurs within ninety (90) days after the date of the Accident.

In no event will indemnity payable for all Losses under this section exceed, in the aggregate, Two Times the Principal Sum as the result of the same Accident.

Weekly Accident Indemnity

This Indemnity is applicable only to those Insured Persons under age sixty-five (65), who are gainfully employed on a full-time basis.

When as the result of Injury and commencing within thirty (30) days of the date of the Accident an Insured Person is wholly and continuously disabled and prevented from performing the substantial and material duties pertaining to his occupation, the Insurer will pay the Weekly Accident Indemnity stated in the Schedule of Benefits for the period the Insured Person is so disabled and under the Regular Care and Attendance of a Physician, commencing on the first (1st) day of disability, not to exceed twenty-six (26) consecutive weeks as the result of any one Accident.

Any benefits payable hereunder, either alone or in concert with any of the benefits outlined below, which exceed seventy-five percent (75%) of the Insured Person's pre-disability earnings, will be reduced by any amount exceeding said percentage.

The indemnity payable to the Insured Person will take into account any of the benefits payable under the following plans, but will not include any amounts payable on account of eligible dependents, if any:

- (a) the disability or retirement provisions of the Canada/Quebec Pension Plans;

- (b) the benefits payable in accordance with the Workers' Compensation or Occupational Disease Act or Law, or any other law which provides compensation for an occupational injury;
- (c) the income benefits provided by or through any Government Plan of automobile insurance or similar legislation;
- (d) the amounts paid or payable under a group insured or non-insured disability plan (including association group).
- (e) the Employment Insurance Act if the Employment Insurance benefit does not include the amounts paid or payable under this policy as earnings in determining the benefits payable under the Act.

Any subsequent changes to the amounts payable under any of the above stated benefits which are specifically designated as cost-of-living adjustments will neither reduce nor increase the amount of Weekly Accident Indemnity payable hereunder.

If benefits have become payable for total disability and such disability recurs as the result of the same or related cause(s), it will be considered a continuation of the prior period of total disability unless an intervening period of One (1) Month has elapsed during which period, the Insured Person is Actively at Work. After the said period of being Actively at Work, no further Weekly Accident Indemnity payments will be made under this policy, with respect to the same Accident.

"His Occupation" means the occupation engaged in by the Insured Person on a full-time basis for wage or profit immediately prior to the occurrence of any Injury covered under this policy.

"Regular Care and Attendance" means observation and treatment to the extent necessary under existing standards of medical practice for the condition causing disability.

"Physician" means a doctor of medicine, other than the Insured Person or an Immediate Family Member, who is licensed to practise medicine by:

- (1) a recognized medical licensing organization, in the locale where the treatment was rendered, provided he is a member in good standing of such licensing body, or
- (2) a governmental agency having jurisdiction over such licensing, in the locale where the treatment was rendered.

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

"One Month" means thirty (30) consecutive days.

"Earnings" means:

- (1) with respect to an Insured Person who is employed on a full-time basis, the weekly rate of wage or salary the Insured Person was receiving from his employer(s) as of the date of the Injury, exclusive of overtime pay or other remuneration;
- (2) with respect to an Insured Person who is self-employed, the weekly rate of earnings based on the three (3) years average of the Insured Person's earnings received for duties performed (excluding other income which does not depend on the Insured Person's ability to engage in an occupation or employment) less any business expenses which are deductible for income tax purposes but before deduction of any personal income taxes for the full taxation year immediately prior to the date of the Injury.

Accident Reimbursement Expense

When by reason of Injury, an Insured Person requires and receives medical treatment within thirty (30) days from the date of the Accident and incurs expenses for any of the following services or supplies, while under the Regular Care and Attendance of a Physician with respect to Items 1 to 7:

- (1) private duty nursing by a licensed graduate nurse (R.N.) who does not ordinarily reside in the Insured Person's Residence or is not an Immediate Family Member, subject to a maximum of five thousand dollars (\$5,000) per Accident;
- (2) transportation by a licensed ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire to or from the nearest Hospital which is equipped to provide the required treatment, subject to a maximum of one thousand dollars (\$1,000) per Accident;
- (3) Hospital charges for the difference between the public ward allowance under the Insured Person's Provincial Hospital Plan and the semi-private accommodation charge (private accommodation charge if recommended by a Physician);
- (4) rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary, subject to a maximum of five thousand dollars (\$5,000) per Accident;
- (5) fees of a licensed physiotherapist or certified athletic sports therapist, subject to a maximum of five hundred dollars (\$500) per Accident;

- (6) drugs and medicines which require the written prescription of a Physician and are dispensed by a registered pharmacist or Physician, subject to a dispensing maximum of a thirty (30) day supply;
- (7) miscellaneous expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including replacement thereof; braces do not include dental braces and are subject to a maximum of seven hundred and fifty dollars (\$750) per policy term;
- (8) fees of a licensed chiropractor, subject to a maximum of five hundred dollars (\$500) per Accident.

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

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

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

Accidental Dental Expense

When Injury to whole and sound teeth (capped or crowned teeth will, for the purposes of this policy, be considered whole and sound), due to a force or blow external to the mouth, requires treatment, replacement or x-rays by a legally qualified dentist or oral surgeon who does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, the Insurer will pay the reasonable and necessary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the Accident for such treatment or services, but not to exceed in the aggregate the amount of one thousand dollars (\$1,000) as the result of any one (1) Accident, provided the Insured Person consults with the dentist or oral surgeon within thirty (30) days from the date of the Accident.

Any payments made under this section will be in accordance with the current Fee Guide for General Practitioners published by the Dental Association in the province or territory of the Insured Person's Residence.

Rehabilitation Benefit

(applicable to Insured Persons under age 70)

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

Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed five thousand dollars (\$ 5,000) as the result of any one (1) Accident. Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

Permanent Total Disability Indemnity

When, as the result of Injury occurring prior to age sixty-five (65), an Insured Person, who is eighteen (18) years of age or over and gainfully employed on a full-time, permanent part-time or seasonal basis immediately before the date of the Injury, becomes totally disabled within three hundred and sixty-five (365) days of the date of the Accident and is prevented from engaging in each and every occupation or employment for compensation or profit for which he is or may become reasonably qualified by reason of his education, training or experience, the Insurer will pay in one (1) sum, provided such disability has continued for a period of twelve (12) consecutive months and is total and permanent at the end of this period, the amount of Permanent Total Disability Indemnity stated in the Schedule, less any other amount paid or payable under the section entitled "Specific Loss Accident Indemnity" of this policy as the result of the same Accident.

Dentures Or Bridgework Benefit

When, by reason of Injury, an Insured Person requires and receives medical treatment from a Physician or legally qualified dentist who does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, within thirty (30) days from the date of the Accident and damage to or breakage of removable dentures, fixed bridgework and/or capped (crowned) tooth or teeth occurs as the result of such Injury, the Insurer will pay the reasonable and necessary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the Accident for the repair or replacement of such removable dentures, fixed bridgework and/or capped (crowned) tooth or teeth, not to exceed the amount of one thousand dollars

(\$1,000) during any one (1) policy term for all such repairs or replacements.

Fracture, Dislocation, Tendon Severance And Miscellaneous Indemnity

When Injury results in any of the following fractures, dislocations, severances or miscellaneous conditions within three hundred and sixty-five (365) days after the date of the Accident, the Insurer will pay up to one thousand dollars (\$1,000) in accordance with the percentages indicated below but not more than one (1) such indemnity, the largest, will be payable as the result of any one (1) Accident.

For complete fracture (including Greenstick type fracture):

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

For complete dislocation:

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

Severance of tendon or tendons:

Heel (achilles).....	22%
Ankle.....	20%
Knee	18%
Foot (not toes)	17%
Elbow	17%
Wrist	12%

Hand (including fingers) 12%

Miscellaneous:

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

Prosthetic Appliances

When the Insured, due to Injury, shall receive treatment within thirty (30) days after the date of the Accident which caused such Injury and such Injury shall result in loss necessitating replacement by one or more prosthetic appliances, the Insurer will pay the reasonable and necessary expense incurred by the Insured for such appliances within one hundred fifty-six (156) weeks after the date of such Accident, to a maximum amount payable of three thousand dollars (\$3,000) as the result of any one Accident.

Tutorial Fees

When, within thirty (30) days from the date of the Accident, Injury totally confines an Insured Person to Residence or Hospital for a period in excess of forty (40) consecutive school days, the Insurer will pay the expenses incurred, within twelve (12) months immediately following the date of the Accident, for the tutorial services of a qualified teacher, who does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, holding a current Provincial Department of Education Teaching Certificate for the grade attained by the Insured Person, up to a maximum rate of twenty dollars (\$20) per hour, but not to exceed the amount of two thousand dollars (\$2,000) as the result of any one (1) Accident.

Eyeglasses Or Contact Lenses Benefit

When, by reason of Injury, an Insured Person requires and receives medical treatment from a Physician or ophthalmologist within thirty (30) days from the date of the Accident and, upon advice of the Physician or ophthalmologist, incurs expenses for the purchase of eyeglasses or contact lenses when neither of which were previously required or worn, the Insurer will pay the reasonable and customary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the Accident, not to exceed the amount of one hundred dollars (\$100) as the result of any one (1) Accident.

Special Transportation Benefit

When, by reason of Injury, an Insured Person, who requires medical treatment within thirty (30) days from the date of the Accident, is referred by a Physician to a medical specialist located at least one hundred and fifty (150) kilometres from the Insured Person's normal place of Residence and within the Insured Person's province of Residence, the Insurer will pay, provided such specialist's services are not available in the vicinity of the Insured Person's Residence and subject to receipt of satisfactory proof other than for automobile transportation, the following reasonable expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the Accident:

- (1) Transportation by the most direct route, up to one hundred and fifty dollars (\$150) per round trip and subject to a maximum of five (5) trips during any one (1) policy term. If transportation occurs in a vehicle or device other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to the equivalent cost of bus fare.
- (2) Hotel accommodation in the vicinity of the specialist's office, up to fifty dollars (\$50) per day and subject to a maximum of six (6) days during any one (1) policy term.

Hospital Indemnity

A Daily Benefit will be payable to the Insured Person when the Insured Person is in a Hospital and under the Regular Care and Attendance of a Physician, but only if such Period of Hospitalization is necessary for the treatment of an Injury which results in a Loss payable under the section entitled "Specific Loss Accident Indemnity" of this policy. Such Daily Benefit will be paid from the first (1st) Day of Hospitalization, but in no event for more than three hundred and sixty five (365) days per Accident.

Notwithstanding anything contained to the contrary in this policy, a Period of Hospitalization which becomes necessary for the treatment of an Injury other than for a specific Loss will be covered in accordance with the terms of this section, provided such Period of Hospitalization commences:

- (1) within three hundred and sixty-five (365) days of the date of the Accident causing such Injury, and
- (2) while insurance under this policy is in force as to that Insured Person.

Such Daily Benefit will be paid from the fifth (5th) Day of Hospitalization.

Only one (1) Period of Hospitalization will be payable for all Injuries sustained by the Insured Person as the result of the same Accident.

"Daily Benefit" means one-thirtieth of one percent (1/30 of 1%) of the Insured Person's Principal Sum, to a maximum monthly benefit of two thousand and five hundred dollars (\$ 2,500), which maximum is in combination with the Hospital Indemnity maximum provided under any other policy issued to the Policyholder by the Insurer.

"Period of Hospitalization" means a single uninterrupted confinement in a Hospital or several successive confinements in a Hospital as a result of the same Accident, provided each such confinement is separated by a period of less than ninety (90) consecutive days and all such confinements occur within seven hundred and thirty (730) days of the date of the Accident.

"Day of Hospitalization" means a necessary Period of Hospitalization in a Hospital as an inpatient for which a full day's room and board is charged.

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

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

"Physician" means a doctor of medicine (other than the Insured Person or an Immediate Family Member) who is licensed to practise medicine by:

- (1) a recognized medical licensing organization in the locale where the treatment was rendered, provided he is a member in good standing of such licensing body, or
- (2) a governmental agency having jurisdiction over such licensing in the locale where the treatment was rendered.

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

Aircraft Coverage

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

- (a) riding as a passenger, and not as a pilot, operator or member of the crew in or on any aircraft having a current and valid certificate of airworthiness and piloted by a person who then holds a current and valid pilot's license of a rating authorizing him to pilot such aircraft.
- (b) riding as a passenger, and not as a pilot, operator or member of the crew in or on any aircraft operated by the Canadian Armed Forces or by a similar military service of any duly constituted governmental authority of any other recognized country.
- (c) boarding or alighting from or being struck by any aircraft.

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

Exposure and Disappearance

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

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

Aggregate Limit Of Indemnity

The Limit of Indemnity for which the Insurer shall be liable for all losses arising out of any one (1) Accident is two million dollars (\$2,000,000). In the event said Limit of Indemnity for any one (1) Accident is insufficient to pay the full amount of indemnity for each Insured Person then the amount payable for each Insured Person shall be in the proportion that the Limit of Indemnity for any one (1) Accident bears to the total amount of insurance that would have been payable except for such Limit of Indemnity.

This section only applies to losses payable under the following sections:

Specific Loss Accident Indemnity
Permanent Total Disability Indemnity

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Individual Terminations

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

- (1) on the date this policy is terminated;
- (2) on the Term Premium due date if the Policyholder fails to pay the required premium for the Insured Person; or
- (3) on the date the Insured Person ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder.

Beneficiary

Indemnity payable in the event of the Loss of Life of an Insured Person is payable to the Estate of the Insured Person. All other indemnities payable are payable to the Insured Person.

Territorial Limits

British Columbia

Exclusions

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

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

Nor does this policy cover expenses incurred:

7. for the purchase, repair or replacement of eyeglasses or contact lenses, or prescriptions therefor, except as provided in the section entitled "Eyeglasses or Contact Lenses";
8. for charges of a masseur;

9. for x-rays, repair or replacement of pre-existing dentures, fillings or crowns, except as provided in the section entitled "Accidental Dental Expense" or "Dentures or Bridgework Benefit";
10. for Sickness or Disease, either as a cause or effect;
11. for experimental drugs not approved by the governing authority having jurisdiction over the matter in the country where such drugs are prescribed and dispensed.

This policy is subject to and will not contravene any Federal or Provincial statutory requirement with respect to Hospital and/or Medical plans. Benefits will be reduced under the sections of this policy entitled "Accident Reimbursement Expense" and "Accidental Dental Expense" by any amount (paid or not) of eligible expenses covered under the Federal or Provincial Hospital and/or Medical plans and/or any other policy providing similar reimbursement expenses.

General Provisions

Written notice of Injury on which claim may be based must be given to the Insurer within thirty (30) days after the date of the Accident causing such Injury. Such notice given by or on behalf of the Insured Person or beneficiary, as the case may be, to the Insurer at its Head Office, 2020 University Street, Suite 700, Montréal (Québec), H3A 2A5, or to any Regional Office of the Insurer or to any authorized agent of the Insurer, with particulars sufficient to identify the Insured Person, will be deemed to be notice to the Insurer. Failure to give notice within the time provided in this policy will not invalidate any claim, if it is shown not to have been reasonably possible to give such notice during such time and that notice was given as soon as was reasonably possible, but in no event later than one (1) year after the date of the Accident.

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

In the case of claim for loss of time from Disability, written proof of such loss must be furnished to the Insurer within ninety (90) days after the commencement of the period for which the Insurer is liable. Subsequent written proofs of the continuance of such Disability must be furnished to the Insurer at such intervals as the Insurer may reasonably require. In the case of claim for any other loss, written proof of such loss must be furnished to the Insurer within ninety (90) days after the date of such loss. Failure to furnish

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

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

All indemnities provided in this policy for loss other than that of time on account of Disability will be paid immediately after receipt of due proof.

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

Upon request of the Insured Person and subject to due proof of loss, all of the accrued indemnity for loss of time on account of Disability will be paid at the expiration of each four (4) weeks during the continuance of the period for which the Insurer is liable, and any balance remaining unpaid at the termination of such period will be paid immediately upon receipt of due proof.

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

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

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

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

This policy may be cancelled by the Policyholder by mailing to the Insurer written notice stating when thereafter such cancellation will be effective. This policy may be cancelled by the Insurer by mailing to the Policyholder at the address shown in this policy

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

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

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

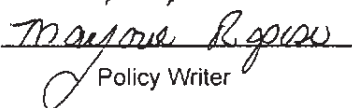
IN WITNESS WHEREOF, AXA Assurances Inc. has caused this policy to be signed by its President and Chief Executive Officer and Chairman of the Board; but the same will not be binding upon the Insurer unless countersigned by its duly authorized Policy Writer.



Jean-Denis Talon
Chairman of the Board



Jean-François Blais
President and
Chief Executive Officer

Countersigned by 
Policy Writer

Date April 17, 2009