INSURANCE PRODUCT SUMMARY

EF Educational Tours – Global Travel Protection Plan

Insurer	**Distributor**
Zurich Insurance Company Ltd (Canadian Branch) 100 King Street West, Suite 5500 P.O. Box 290 Toronto, Ontario M5X 1C9 Telephone: 1-800-387-5454 Autorité des marchés financiers Client Number: 2000698728	EF Institute for Cultural Exchange Ltd. (also operating as EF Educational Tours) 2 Bloor Street West, 16th Floor Toronto, Ontario, M4W 1A8 Telephone: 1-800-263-2806

Autorité des marchés financiers

Place de la Cité, tour Cominar 2640 boulevard Laurier, 4e étage
Québec (Québec) G1V 5C1

Québec City: 418 525-0337
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Toll Free: 1 877-525-0337
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Website: www.lautorite.qc.ca

What is the purpose of this document?

This Product Summary summarizes **Your** insurance coverage and is intended to help **You** decide whether this insurance meets **Your** needs.

This is not Your insurance policy. For complete details of insurance coverages, eligibility, conditions and exclusions, please refer to Your insurance certificate. You can find a specimen copy of **Your** insurance certificate here: www.eftours.ca/coverage or https://www.zurichcanada.com/en-ca/services/product-summaries. Please read it carefully.

Who is covered?

To be eligible for coverage under the Global Travel Protection Plan, **You** must meet the following conditions:

a) **You** are enrolled on an EF Tour;

b) **You** are a resident of Canada; and

c) **You** are travelling to any country worldwide except Iran, Syria, Sudan, North Korea, Cuba, Republic of Belarus, Russian Federation, and Ukraine (including the Crimean Peninsula and the Donetsk and Luhansk regions).

What is covered?

COVERAGES (including Exclusions, Limitations and Reduction of Benefits):

- General Information (pages 5 to 12 of the Certificate)
- Terms **You** Should Know - Definitions (pages 7 to 11 of the Certificate)
- Coverages and Exclusions (pages 12 to 21 of the Certificate)
- General Provisions, Limitations and Exclusions (pages 21 to 23 of the Certificate)
- Cancel For Any Reason (CFAR) Insurance Add-On (page 24 of the Certificate)

1) Illness and Accident Coverage (pages 12 to 15 of the Certificate)

The **Insurer** will pay the **Medically Necessary Reasonable Customary Charges You** incur during **Your EF Tour** for covered medical expenses to the maximum amounts provided in the Certificate (see page 4 of the Certificate) if: **You** have an **Accident** or **You** contract an **Illness** covered by the Certificate.

Warning: Limitations and exclusions apply (see the Certificate for full details).

1. Medical costs to the extent they can be indemnified by other means, another insurance policy, government sponsored program, are not covered by this insurance.
2. If **You** are not covered under a Canadian government health insurance plan on the date the claim is incurred, reimbursement for eligible expenses incurred will be limited to a maximum of $50,000.
3. No insurance coverage is provided for any expenses resulting from or relating to endemic diseases, epidemics or pandemics of infectious diseases when the Government of Canada has issued a Level 3 or Level 4 health-related travel advisory due to that specific infectious disease prior to departure for the country or a region of the country that is a destination on **Your EF Tour**. This exclusion does not apply to claims for an emergency or a **Medical Condition** unrelated to the travel advisory or to claims incurred for **COVID-19**.
4. **Pre-existing Medical Conditions** are not covered by this insurance.
5. Some medical, dental, travel and other expenses are not covered by this insurance.
6. Emergency Home Evacuation expenses are subject to pre-approval by the **Claims Agent**.
7. Emergency Family Travel and Accommodation Benefit expenses are subject to pre-approval by the **Claims Agent**.
8. No insurance coverage is provided for any losses resulting from i) circumstances that were known, foreseen or expected prior to applying for coverage; ii) pandemic diseases as declared by the World Health Organization, the Government of Canada or any local authority, provided this exclusion shall not apply to expenses otherwise covered under the Illness and Accident coverage where such declaration is made for the country or a region of the country that is a destination on **Your EF Tour** after travel has commenced; iii) a willful act, criminal act or gross negligence on Your part; iv) war, revolution or other disturbances of a similar nature; v) seizure, requisition or destruction by any government or public authorities; and vi) losses that can be paid by any other insurance policy.

The Coverage, Specific and General Exclusions, Limitations and Reduction of Benefits are detailed in the sections: Terms You Should Know- Definitions, Illness and Accident Coverage and Specific Exclusions and General Exclusions of the Certificate.

2) Baggage and Property Coverage (pages 16 to 18 of the Certificate)

The **Insurer** will reimburse **You** for the loss, during **Your EF Tour**, of **Your** stolen or damaged baggage and/or other property to the maximum amounts provided in the Certificate (see page 4 of the Certificate).

Warning: Limitations and exclusions apply (see the Certificate for full details).

1. The insurance does not cover damage, loss or theft of any property left behind, left in an unlocked room, or damaged by wear and tear nor losses that can be paid by another insurance policy or by another responsible party such as the airline or bus carrier.
2. The insurance does not provide coverage for certain items of property including weapons, animals, vehicles and parts.
3. No insurance coverage is provided for any losses resulting from i) circumstances that were known, foreseen or expected prior to applying for coverage; ii) pandemic diseases as declared by the World Health Organization, the Government of Canada or any local authority, provided this exclusion shall not apply to expenses otherwise covered under the Illness and Accident coverage where such declaration is made for the country or a region of the country that is a destination on Your EF Tour after travel has commenced; iii) a willful act, criminal act or gross negligence on Your part; iv) war, revolution or other disturbances of a similar nature; v) seizure, requisition or destruction by any government or public authorities; vi) losses that can be paid by any other insurance policy; (vii) perishable items, bikes that are not checked as baggage with the Common Carrier; (viii) household items, furniture, artificial teeth or Limbs, hearing aids, eyeglasses of any type, contact lenses, securities, documents; and items related to Your occupation, antiques or collector items; (ix) items that are fragile, items that are obtained illegally, or articles that are insured on a valued basis by another insurer.

The Coverage, Specific and General Exclusions, Limitations and Reduction of Benefits are detailed in the sections: Baggage and Property Coverage, Specific Exclusions, and General Exclusions of the Certificate.

3) Delay Coverage (page 17 of the Certificate)

The **Insurer** will pay the necessary and reasonable expenses and costs **You** incur due to baggage delay associated with **Your EF Tour** flights to the maximum amounts provided in the Certificate (see page 4 of the Certificate) except the return flight to **Your** departure point. There is a 24-hour waiting period for this benefit.

Warning: Limitations and exclusions apply (see the Certificate for full details).

1. The insurance does not cover a claim that has been paid by another insurance policy.
2. The insurance does not cover losses that can be paid by another responsible party such as the airline or bus carrier.
3. No insurance coverage is provided for any losses resulting from i) circumstances that were known, foreseen or expected prior to applying for coverage; ii) pandemic diseases as declared by the World Health Organization, the Government of Canada or any local authority, provided this exclusion shall not apply to expenses otherwise covered under the Illness and Accident coverage where such declaration is made for the country or a region of the country that is a destination on **Your EF Tour** after travel has commenced; iii) a willful act, criminal act or gross negligence on Your part; iv) war, revolution or other disturbances of a similar nature; v) seizure, requisition or destruction by any government or public authorities; and vi) losses that can be paid by any other insurance policy.

The Coverage, Specific and General Exclusions, Limitations and Reduction of Benefits are detailed in the sections: Delay Coverage, Specific Exclusions, and General Exclusions of the Certificate.

4) Tour Cancellation Coverage (pages 18 to 21 of the Certificate)

The **Insurer** will pay **You** for the covered losses, to the maximum amounts provided in the Certificate (see page 4 of the Certificate, in the event **Your EF Tour** is cancelled due to any of the covered reasons, including cancellation by the **School Board or Association**. The event or **Accident** causing **You**, **Your School Board or Association** to cancel **Your EF Tour** must have occurred during **Your** period of coverage.

Warning: Limitations and exclusions apply (see the Certificate for full details).

1. Coverage is subject to notification of the need to cancel the tour within the time frame specified in the Certificate and in all cases, before **Your** departure.
2. The insurance does not cover the non-refundable insurance premium.
3. Events which are not covered by the insurance include but are not limited to: certain changes to travel plans such as carrier caused delays, changes caused by anxiety or fear, business or contractual obligations, inability to obtain necessary travel documents (passports, visas) and personal changes.
4. No insurance coverage is provided for any losses resulting from i) circumstances that were known, foreseen or expected prior to applying for coverage; ii) pandemic diseases as declared by the World Health Organization, the Government of Canada or any local authority, provided this exclusion shall not apply to expenses otherwise covered under the Illness and Accident coverage where such declaration is made for the country or a region of the country that is a destination on **Your EF Tour** after travel has commenced; iii) a willful act, criminal act or gross negligence on Your part; iv) war, revolution or other disturbances of a similar nature; v) seizure, requisition or destruction by any government or public authorities; and vi) losses that can be paid by any other insurance policy.

The Coverage, Specific and General Exclusions, Limitations and Reduction of Benefits are detailed in the sections: Tour Cancellation and Interruption Coverage, Specific Exclusions, and General Exclusions of the Certificate.

5) Tour Interruption Coverage (pages 19 to 21 of the Certificate)

The **Insurer** will reimburse **You** for the covered losses **You** incur to the maximum amounts provided in the Certificate (see page 4 of the Certificate), should **You** or a family member die or **You** be forced to interrupt **Your EF Tour** due to any of the covered reasons.

Warning: Limitations and exclusions apply (see the Certificate for full details).

1. Interruption benefits are subject to pre-approval by the **Claims Agent**.
2. The insurance does not cover losses **You** incur should **You** be forced to interrupt **Your EF Tour** due to mental or psychological health disorders or eating disorders.
3. Events which are not covered by the insurance include, but are not limited to: certain changes to travel plans such as carrier caused delays, changes caused by anxiety or fear, business or contractual obligations, inability to obtain necessary travel documents (passports, visas) and personal changes.

4. No insurance coverage is provided for any losses resulting from i) circumstances that were known, foreseen or expected prior to applying for coverage; ii) pandemic diseases as declared by the World Health Organization, the Government of Canada or any local authority, provided this exclusion shall not apply to expenses otherwise covered under the Illness and Accident coverage where such declaration is made for the country or a region of the country that is a destination on **Your EF Tour** after travel has commenced; iii) a willful act, criminal act or gross negligence on **Your** part; iv) war, revolution or other disturbances of a similar nature; v) seizure, requisition or destruction by any government or public authorities; and vi) losses that can be paid by any other insurance policy or by any other responsible party.

The Coverage, Specific and General Exclusions, Limitations and Reduction of Benefits are detailed in the sections: Terms of Coverage, Tour Interruption and Specific Exclusions and General Exclusions of the Certificate.

6) Cancel For Any Reason (CFAR) Insurance Add-On (page 24 of the Certificate)

Eligibility:

To be eligible for the Cancel For Any Reason (CFAR) Insurance Add-On, **You must purchase this coverage for an additional cost with your enrollment under the Group Policy**. If **You** enroll on **Your EF Tour** 70 days prior to departure, **You** will be enrolled in the Global Travel Protection Plan and CFAR Insurance Add-On. Premiums must be paid within 30 days after **You** enroll under the Group Policy. The CFAR Insurance Add-On cannot be purchased within 69 days prior to the date of **Your** departure on **Your EF Tour**.

Cancellation:

You can cancel the additional CFAR Insurance Add-On from **Your EF Tours** account up to 30 days after **You** enroll under the Group Policy or provide payment of the premium, whichever day is the latest, unless **You** have submitted a claim. After this time the premium paid by **You** for the CFAR Insurance Add-On is not refundable.

Terms of Coverage:

You may cancel **Your EF Tour** up to 24 hours or more before the date (and time) of **Your** departure on **Your EF Tour**, and **You** will be reimbursed 80% of the **Non-Refundable Tour Payments**.

Payment of Claim:

If **You** make a claim to cancel **Your EF Tour** under the CFAR Insurance Add-On, **We** will be the primary payor in excess of any amounts refunded by the travel supplier.

Exclusions:

The **Insurance Company** will not pay the CFAR Insurance Add-On benefit for cancellations if the **EF Tour** operator is or becomes bankrupt, insolvent, in receivership or has sought protection from creditors under any bankruptcy, insolvency or similar legislation, or completely or substantially fails or defaults to supply its services or carry on business.

How to file a claim

If a loss occurs, **You** should file a claim promptly by contacting the **Claims Agent**:

Crawford & Company (Canada) Inc
420-55 Standish Court
Mississauga, Ontario L5R 4H1
Attention: Zurich A&H Claim
Tel: 1 (855) 897-8512
Fax: 1 (905) 602-0185
Email: ZurichGroup@crawco.ca

If You require emergency assistance while on Your EF Tour, contact:

Zurich Travel Assist
1 (888) 253-1627 toll-free within USA & Canada
1 (416) 250-2301 worldwide; collect calls accepted

You should respond to all inquiries and follow any instructions provided by the **Insurance Company** or **Claims Agent**. In addition:

1. Take the necessary steps to prevent or minimize a further loss.
2. Document the claim details by outlining the time, place and circumstances, the extent of the loss and the names and addresses of available witnesses.

3. For property loss, obtain a police report, receipts, warranty documents or any notes from authorities. If **Your** property was lost or damaged while registered with an airline or other carrier, hotel, travel agency, spa or sports establishment, **You** must immediately notify that entity and obtain a report.
4. Do whatever is necessary to secure or enforce any right of recovery of any expenses or the property from those involved in causing or creating a loss of or damage to the property.
5. For medical expenses or a claim arising from an **Accident**, obtain medical care receipts and reports showing the diagnosis and **Treatment** periods, and other relevant information about the **Illness** or **Injury**. **You** must notify the **Claims Agent** in the event of an **Accident, Injury** or **Illness** as soon as possible and no later than 30 days after **Your** initial **Treatment**, or, if **You** are a Quebec resident, within the year of the **Accident**, **Injury** or **Illness** if **You** prove **Your** impossibility to act within 30 days after **Your** initial **Treatment**.
6. In the event that **You** need to cancel or interrupt **Your EF Tour**, contact **EF** and the **Claims Agent** as soon as reasonably possible after the event which causes the Tour Cancellation or Tour Interruption. **You** will need to provide the following information:
    a. **Your** name, address and telephone number;
    b. proof of method of payment;
    c. **EF Tour** number and **EF Tour** account number;
    d. documentation detailing the reason for the cancellation or interruption of **Your EF Tour**;
    e. original itemized bills, receipts, and proof of other insurance payments;
    f. copies of invoices, proof of payments, and other documents that substantiate the cost of the trip;
    g. copies of invoices, account statement, and other documentation of refunds received and/or the non-refundable amounts of the trip costs from the **Group Policyholder**;
    h. copy of the booking conditions;
    i. any other document requested by the **Claims Agent**.
7. Complete a Claim Form and attach all the documentation (including but not limited to bills, medical reports, death certificate, police or insurance reports, receipts, etc.).
8. Send the Claim Form to the **Claims Agent** as soon as possible. Please note that all claims forms must be received within one year of the time of the loss. If **You** wait longer than one year, **Your** claim may not be paid.

For more information about what to do if a loss occurs, how to file a claim, claim payment, or what to do if You do not agree with the outcome of Your claim, refer to pages 11 to 12 of the Certificate.

Schedule of Coverage

For full details, refer to the Schedule of Coverage on page 4 of the Certificate.

COVERAGE	MAXIMUM COMPENSATION PAYABLE*
ILLNESS & ACCIDENT	
A. Medical Expenses	Up to $1,000,000*
B. Emergency Home Evacuation	Up to $50,000**
C. Emergency Family Travel and Accommodation Benefit	Up to $50,000**
D. Repatriation of Remains	Up to $50,000**
• Local burial	Up to $10,000
E. Accidental Death	Up to $35,000***
F. Accidental Disability	Up to $35,000***
BAGGAGE AND PROPERTY	
G. Baggage and Property	Up to $2,800
• **Valuable Property**	Up to $1,400
H. Cash	Up to $400
I. **Valuable Documents**	Up to $700
BAGGAGE DELAY	
J. Baggage Delay	Up to $75 every 24 hours or part thereof, up to a maximum of $225 (24 hour waiting period for Baggage Delay)

TOUR CANCELLATION AND INTERRUPTION

K. Tour Cancellation.....**EF Tour** price

L. Tour Interruption .....Unused part of **EF Tour** price****

- Transportation extra cost.....Up to $1,400

M. School Board Tour Cancellation..... **EF Tour** price

N. Additional Costs for Return Home due to Violent Outbreak.....Up to $2,500

O. Accommodation Extra Cost.....Up to $140 per day, up to a max of $840

P. Delay due to Theft of Valuable Documents.....Up to a maximum of $100 every 24 hours or part thereof, up to a maximum of $500

** If **You** are not covered under a Canadian government health insurance plan on the date the claim is incurred, reimbursement for eligible Medical Expenses incurred will be limited to a maximum compensation of $50,000.*

*** $50,000 is the combined maximum compensation for B) Emergency Home Evacuation, C) Emergency Family Travel and Accommodation Benefit and D) Repatriation of Remains.*

**** Payments available under E) Accidental Death and F) Accidental Disability are not subject to a combined limit of coverage per **Accident** or **Injury** and each provide separate limits of coverage.*

***** "Unused" means the **Participant's** financial loss of any whole, partial or prorated prepaid "*Non-Refundable Tour Payments."

Consequences of misrepresentation and concealment

Any misrepresentation, inaccurate representation or failure to disclose could lead to the Certificate being cancelled, coverage being denied, or benefits being refused or reduced. Should **You** have any questions, please contact **EF** or the **Insurer.**

Privacy

Zurich is committed to protecting the privacy and confidentiality of information provided. **Your** personal information may be processed by and is securely stored within the offices of Zurich and authorized third parties, both in domestic and foreign jurisdictions outside Canada and is subject to applicable laws.

Zurich may retain **Your** personal information as needed for any of the above-stated purposes or as necessary to comply with Zurich's legal and regulatory obligations, resolve disputes, and enforce Zurich's agreements. **You** may request to review the personal information Zurich maintains about **You** and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9 or by emailing privacy.zurich.canada@zurich.com.

You may refuse to consent or withdraw **Your** consent to the collection, storage, use, disclosure or processing of **Your** personal information; however, **Your** refusal to provide consent may result in Zurich being unable to offer and administer insurance coverage or prevent Zurich from being able to pay claim benefits.

Please contact the Zurich Privacy Officer if **You** require further information regarding the collection, use, disclosure, processing and storage of **Your** personal information or if **You** have any complaints via email at privacy.zurich.canada@zurich.com. **You** can also review **Our** Privacy Policy at https://www.zurichcanada.com/en-ca/about-zurich/privacy-statement.

Other important information

Cost of insurance:

Premium is as per the table below which includes all applicable taxes and is per **EF Tour** per person:

Coverage	International	Domestic Flight	Domestic Bus
Global Travel Protection Plan	$199	$149	$20/day
Medical Only	$109	$89	n/a
Baggage Only	$109	$89	n/a
Cancellation Only	$159	$109	n/a
Cancel For Any Reason Add-On	$149	$149	$149

Cancellation:

You can cancel the insurance from **Your EF Tours** account up to 30 days after **You** are enrolled under the Group Policy or provide payment of the premium, whichever day is the latest, unless **You** have submitted a claim for the **EF Tour.**
After this time the premium paid by You for the insurance is not refundable. The cost of the insurance is set out in **Your EF Tours** invoice.

How to make a complaint:

To make a complaint and access the Insurer's complaint handling procedures, please visit:
https://www.zurichcanada.com/en-ca/about-zurich/complaint

You may also send your complaint by a letter, e-mail or phone call using the contact information below:

Ombudsman
Zurich Insurance Company Ltd (Canadian Branch)
100 King Street West
Suite 5500
P.O. Box 290
Toronto ON M5X 1C9

Office: 416-586-6773
Toll Free: -1(800)387-5454 ext.6773
E-mail: ombudsman.zurich.canada@zurich.com

AUTORITÉ DES MARCHÉS FINANCIERS

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: EF Institute for Cultural Exchange Ltd. (also operating as EF Educational Tours)

Name of insurer: Zurich Insurance Company Ltd (Canadian Branch)

Name of insurance product: EF Educational Tours – Global Travel Protection 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 or call the AMF at 1-877-525-0337.

Reserved for use by the insurer:

This fact sheet cannot be modified

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

NOTICE GIVEN BY A DISTRIBUTOR

Section 440 of the Act respecting the distribution of financial products and services (chapter D-9.2)

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

The Act allows you to rescind an insurance contract, without penalty, within 10 days of the date on which it is signed. However, the insurer may grant you a longer period.

To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.

Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.

After the expiry of the applicable time, you may rescind the insurance contract at any time; however, penalties may apply. For further information, contact the Autorité des marchés financiers at 1-877-525-0337 or visit www.lautorite.qc.ca.

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To:

_____

(name of insurer)

_____

(address of insurer)

_____ _____

Date: (date of sending of notice)

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby rescind insurance contract

no.: _____(number of contract, if indicated)

Entered into on:

_____ (date of signature of contract)

_____ (place of signature of contract)

In: (name of client)

_____ (signature of client)

Confidential \ No3n63P4e97so36n.s] Data