



**OUT OF CANADA
MEDICAL INSURANCE
PROPOSAL FORM**

INSURANCE POLICY

This is **Your** travel insurance **Policy** and it contains full details of the cover provided plus the conditions and exclusions which apply for each **Insured Person**. **You** must read the insurance **Policy** and attaching **Risk Details** carefully. **Your Policy** wording sets out in full details of the cover provided and is only valid if attached to a **Risk Details** showing the sums insured and limits of the insurance provided and detailing the premium, **Geographical Area, Period of Insurance** cover and **Insured Person(s)**.

Your Risk Details is a very important document and **You** should check that all the information contained therein is correct before **You** travel and take it with **You** when travelling.

The **Policy** covers all persons named on the **Risk Details** for whom the premium has been paid.

You are required to take reasonable care to ensure **You** tell **Us** of any facts **We** ask for and which could affect this insurance. If **You** do not, **You** may not be fully covered and this may result in **Us** refusing a claim, or only paying part of a claim, or **We** may cancel **Your** insurance **Policy**. If **You** are unsure whether **We** need to know a particular fact, please contact Don Sinclair at don_sinclair@ajg.com.

ELIGIBILITY

This insurance **Policy** is only valid for **Trips** commencing in and returning to **Canada**. Cover cannot be purchased once **Your Trip** has commenced.

CONDITIONS, EXCLUSIONS AND WARRANTIES

There are general conditions, exclusions and warranties which apply to the whole **Policy**.

FRAUDULENT CLAIMS

The making of a fraudulent claim is a criminal offence. If **You** make a fraudulent claim under this insurance **Policy** then:

- **We** may void **Your** insurance **Policy**
- **We** may be entitled to recover the amount of any claim already paid under **Your** insurance **Policy**
- **We** will not return any premium paid
- **We** may inform the Police of the circumstances.

POLICY EXCESSES

There is an **Excess** on this **Policy**, and any claims will be subject to an **Excess**. This means that **You** will be responsible for paying the first part of the claim. The amount **You** have to pay is the **Excess**.

REASONABLE CARE

You need to take all reasonable care to protect **Yourself** as **You** would if **You** were not insured.

HAZARDOUS SPORTS AND ACTIVITIES

Your Policy contains conditions and exclusions relating to dangerous activities, sports or pastimes where there is a risk of injury, or can be expected to aggravate an existing infirmity. Please see the list of **Hazardous Pursuits** in **Your** **Policy** under Important Information and Conditions Applying to All Sections.

GOVERNING LAW

The Law and Jurisdiction applying to **Your** **Policy** is Canada.

HEALTH/MEDICAL CONDITIONS

Your **Policy** contains conditions related to the health of performers listed on the Schedule of ACTRA Members to be insured.

If the **Insured Person** has any Pre-existing defect, infirmity or condition for which the **Insured Person** is receiving medical treatment, advice or consultation at the time of travelling or at the time of arranging travel will not be covered.

Important notice

BEFORE ANY QUESTION IS ANSWERED READ CAREFULLY THE DELARATION AT THE END OF THIS PROPOSAL WHICH MUST BE SIGNED.

EVERY QUESTION MUST BE ANSWERED IN FULL AND CORRECTLY BY THE PERSON TO BE INSURED OR ON HIS / HER BEHALF BY THE PROPOSER.

1. Name and address in full of the Agency (if other than the Person to be Insured)

Name of Agency:
Address:
Phone Number:
Email:

Only Applicable to Proposers & Proposed Insureds Resident in Canada

Is your agency a signatory under the ACTRA National Commercial Agreement (NCA)?

Yes No

If 'Yes' please include your ACTRA engager ID:

Are you the engager of the performers noted below for the duration of the period of this insurance? Please tick as appropriate.

Yes No

If 'No' please explain fully your relationship to the insured.

Continued overleaf

ALL THE FOLLOWING QUESTIONS RELATE TO THE PERSON TO BE INSURED

2. Nature of Business or Occupation in which you are engaged (if more than one, state all).

3. State period of insurance and commencement date required

From

To

4. If the Insured Person intends to travel by air during the period of insurance other than as a fair paying passenger owned and certified by a commercial concern please state hereunder.

Continued overleaf

Stunt Risk Declaration

Title of production:

Production Company:

Filming Locations:

Approximate Number of Persons Engaging in Stunts or Hazardous Activities:

General Description of Stunts or Hazardous Activities (please check all that apply):

Please note, this is a general list and coverage is not limited to items checked. Underwriters understand that productions evolve and changes occur.

Activity	Yes	No
Fight Sequence/Aggressive Physical Contact/Physical Gags Involved		
Weapons, Common Objects Being Used as Weapons, Falling Debris & Glass		
Sword Fighting		
Gun Use		
Motorcycle Riding		
Falls from any Elevated Height		
Wire Work		
Horseback Riding		
Animal Work Involving Wild Animals or Animals being used in an Aggressive Role		
Water Work <i>Water work includes but is not limited to swimming, surfing, jet skiing, snorkelling, scuba diving, wake boarding and parasailing</i>		
Pyros		
Shooting on a Rooftop		
Autos Involved in Racing, Chase Scenes, Stunts or Precision Driving		
Climbing Objects that are Higher than 7 feet		
Skin diving involving the use of breathing apparatus		
Rock climbing or mountaineering normally involving the use of ropes or guides?		
Potholing		
Hang-gliding or Parachuting		
Hunting or riding on horseback		
Driving or riding in any kind of race or competition		
Riding Motor Cycles or Motor Scooters? If "YES" state cc:		
Air Travel other than as described in question 4?		
Winter sports, or any other occupation, sport, pastime or activity which is likely to involve extra risk of accident?		

This information provided in this Proposal will be treated confidentially although we will of course share this with interested Underwriters.

Declaration

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to avoid this Insurance. (A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below).

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made in it and the information provided in connection with it will be relied on by the underwriters in deciding whether to accept this insurance.

Signature of the person to be insured

Date

(if other than the proposer)

Signature of proposer

Date

You should keep a record (including copies of any letters) of all information supplied to Underwriters for the purpose of entering into this insurance. A copy of your completed proposal will be available on request. You must inform us of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your insurance agent.

Please return the completed form:

Don Sinclair

don_sinclair@ajg.com

902-422-2672

