Commercial General Liability

Coverage's

Each Occurrence	\$15,000,000
Annual Aggregate (Products & Completed Operations)	\$15,000,000
Personal Injury	\$15,000,000
Advertising Injury Limit	\$5,000,000
Limited Abuse Liability	\$1,000,000
Medical Payment (Per Person)	\$2,500
Tenants Legal Liability	\$5,000,000
Non-Owned Automobile SPF#6 (Liability)	\$5,000,000
Employee Benefits Liability	\$1,000,000
Legal Liability for Damage to Hired Automobiles	\$50,000

This Quote is Subject to:

Each Occurrence Deductible	\$1,000
Tenants Legal Liability Deductible	\$1,000

Policy Form:

- **Products/Completed Operations**
- Contingent Employers Liability
- Employees as Additional Insureds
- Cross Liability, Severability of Insureds
- Incidental Malpractice
- Host Liquor Liability
- Occurrence Property Damage
- Personal Injury
- Blanket Contractual
- **Broad Form Property Damage**
- **Medical Payments**

Endorsements:

- Worldwide Liability
- Fireworks Exclusion
- **Total Asbestos Exclusion**
- Data Exclusion
- Terrorism Exclusion
- Limited Fungi and Fungal Derivatives Coverage
- Participants Limitation Endorsement (Waiver Requirements)
- **Human Rights Tribunal Coverage**

The information set forth herein is of a general nature. Specific reference to the policies, schedules, endorsements, etc. is required for actual determination of coverage.



This aummary has been prepared for the sole purpose of setting forth the general scope of coverage as afforded by your various policies, it is not Intended to supplement or supplent the actual policy contracts, nor is it intended to nor should it be used to interpret the policies.

Director's & Officers Liability (Wrongful Acts)

\$5,000,000.

Employment Practices Liability

\$5,000,000.

including: * wrongful dismissal, discharge, termination of employment

* employment related misrepresentation

* wrongful failure to employ of promote or grant tenure

* sexual or workplace harassment of any kind

* failure to create or enforce adequate workplace or employment policies or procedures

* wrongful discipline, denial of training, deprivation of career opportunity

* employment related libel, slander, defamation, humilization or invasion of privacy

* breach of employment agreement whether written or oral

Participants Sport Accident Coverage (see attached schedule)

\$2,000,000 Aggregate

Including:

Accidental Death & Dismemberment Accident Reimbursement Expense

Accident Dental Expense
Fracture Indemnity

Fracture Indemnity Repatriation Benefit

Family Transportation Benefit Emergency Transportation Out of Province Excess Medical

Prosthetic Appliances Dentures, Hearing Aids

Eyeglass & Contact Lens Expense Special Treatment Travel Expense

Rehabilitation Benefit

Babysitting Tuition Benefit

Part Time Youth Wage Loss

Home Alteration and/or Vehicle Modification Benefit

This summary has been prepared for the sole purpose of setting forth the general scope of coverage as afforded by your various policies. It is not intended to supplement or supplement the soluei policies.

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PARTICIPANTS SPORTS & LEISURE PERSONAL ACCIDENT INSURANCE

Effected with certain Lloyd's Underwriters ("The Insurer") through Lloyd's approved Coverholder ("The Coverholder")

K&K Insurance Brokers, Inc. Canada,

5800 Explorer Drive, Suite 101, Mississauga, ON L4W 5K9

DECLARATIONS PAGE

Policy Number: CSP 00XXX27912

Section 1: Schedule

Named Insured:				
Address:				
Period of Insurance: (both days at 12:01 a.m. Standard Time at Address of the Insured).	From:		To:	
Number of participants:				
Number of Owners & Hired Employees:			<u> </u>	
Premium:	CAD \$			
Section 2: Schedule of Benef		d		
Accidental Death & Dismemberment	CAD \$ 10,000			
Accident Reimbursement Expense	CAD \$ 10,000	Deductib	le: CAD \$ 100	
Accident Dental Expenses	CAD \$ 2,500	Deductibl	e: CAD \$ 100	
Fracture Indemnity	CAD \$ 2,500	Deductible: CAD \$ 100		
Aggregate Limit of Indemnity	CAD \$ 2,000,000			
Weekly Accident Indemnity	CAD \$ Not Covered			
No. of weeks payable Waiting period				
Wording Attached	Insuring Agreement and	notices - 24	nanes	
The insurance contract consists of this Declarations page as well as all coverage wordings, riders, or endorsements that are attached hereto.				
IDENTIFICATION OF INSURER / ACTION AGAINST INSURER This insurance has been effected in accordance with the authorization granted to the Coverholder by the Underwriting Members of the Syndicate whose definitive numbers and proportions are shown in the Table attached to Agreement No. CSPXXXX27912 (hereinafter referred to as "the Underwriters"). The Underwriters shall be liable hereunder each for his own part and not one for another in proportion to the several sums that each of them has subscribed to the said Agreement.				
In any action to enforce the obligations of the Underwriters they can be designated or named as "Lloyd's Underwriters" and such designation shall be binding on the Underwriters as if they had each been individually named as defendant. Service of such proceedings may validly be made upon the Attorney In Fact in Canada for Lloyd's Underwriters, whose address for such service is 1155 rue Metcaife, Suite 2220, Montreal, Quebec, H3B 2V8.				
NOTICE Any notice to the Underwriters may be validly given to the Coverholder. In witness whereof this policy has been signed as authorized by the Underwriters, by K&K Insurance Brokers, Inc. Canada				
Per				
The insured is requested to read this policy,	and if incorrect, return it imr	mediately for a	alteration. In the event of an occurrence likely to	

The Insured is requested to read this policy, and if incorrect, return it immediately for alteration. In the event of an occurrence likely to result in a claim under this insurance, immediate notice should be given to the office designated above. All inquiries and disputes are also to be addressed to this Coverholder.

THIS POLICY CONTAINS A CLAUSE THAT MAY LIMIT THE AMOUNT PAYABLE.

"FOR PURPOSES OF THE INSURANCE COMPANIES ACT (CANADA), THIS DOCUMENT WAS ISSUED IN THE COURSE OF LLOYD'S UNDERWRITERS' INSURANCE BUSINESS IN CANADA."

INSURING AGREEMENT

In consideration of the payment in advance of the premium stated on the Declarations Page of this policy, the Insurer agrees to insure the Participants of the Named Insured for loss resulting from Injury to the extent herein provided and subject to all of the exclusions, limitations and provisions of this policy.

Section 3: Definitions

In this Insurance:

- 1. INJURY means identifiable physical Injury which:
 - a) is caused by an Accident, and
 - b) solely and independently of any other cause, except Illness directly resulting from, or medical or surgical treatment rendered necessary by such Injury, occasions the death or dismemberment of the Participant and/or medical/Hospital expenses in respect of the Participant within one hundred and eighty (180) days from the date of the Accident.
- 2. ACCIDENT means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place during the Period of Insurance

Accident shall also include

- exposure resulting from unavoidable exposure to the elements if, as a result of such exposure and within one hundred and eighty (180) days after the date of the Accident the Participant suffers a loss for which indemnity would have otherwise been payable hereunder, such loss shall be deemed to be the result of Injury;
- b) Disappearance: If the Participant is not found within (12) twelve months of disappearing, and sufficient evidence is produced satisfactory to the Insurer that leads them inevitably to the conclusion that the Participant has sustained Injury and that such Injury has caused the Participant's death, the Insurer shall forthwith pay any death benefit, where applicable, under this Insurance, provided that the person or persons to whom such sum is paid shall sign an undertaking to refund such sum to the Insurer if the Participant is subsequently found to be living.
- 3. ACTIVITIES OF DAILY LIVING means the following daily activities.

<u>Feeding/Eating</u> - Cutting meat, buttering bread, getting food and drink to the mouth using fingers or utensils

<u>Dressing</u> - <u>Dressing</u> oneself, including fastening zips and buttons, getting clothes from wardrobes and drawers

<u>Bathing/Grooming</u> - Turning on taps, getting in and out of bath/shower, washing face/hands etc., drying oneself, combing hair

<u>Toileting/Continence</u> - Moving into and out of the bathroom, getting on and off the toilet unaided, recognising the need or urge to void bladder and bowel in time to get to the toilet

<u>Mobility/Transfer</u> - Getting into and out of bed, transferring from one place to another e.g. chair to bed, chair to standing, chair to chair

Walking - Moving from one location to another - walking or wheeling or using frame

- 4. **DEDUCTIBLE** means the amount the Participant must pay before any benefits are payable and is indicated as such in the Schedule of Benefits.
- 5. PHYSICIAN means any practitioner (who is not a Participant or an Immediate Family Member of the Participant) licensed by proper authority to use the term Doctor of Medicine (M.D.) and acting within the scope of his or her license.
 - 6. NURSING or NURSE means private duty nursing service furnished in a Hospital or elsewhere by a licensed and registered person who is entitled to use the suffix 'R.N.' after his or her name, provided in any case that such a person is one who does not ordinarily reside in the home of the Participant requiring nursing care and is not an Immediate Family Member.
 - 7. **IMMEDIATE FAMILY MEMBER** includes the Participant, the Participant's spouse, and the children, brothers, sisters and parents of the Participant and of the Participant's spouse.
 - 8. HOSPITAL means an institution licensed by proper authority and having facilities for major surgery, and twenty-four (24) hour registered nursing service and full-time attendance of a Physician; and it must not be, other than incidentally, a place of rest, a place for the aged, a place for treatment of drug addiction, a place for alcoholics, or a nursing or convalescent home.
 - 9. **REASONABLE AND CUSTOMARY** means the reasonable and customary fees in the geographic area in which the expense is incurred.
 - 10. PARTICIPANT means any person, including Volunteers working on behalf of the Named Insured only while participating in a practice session, game or activity approved by and under the supervision of proper authority of the team, club, organization or the Named Insured and for which coverage has been declared and purchased.
 - 11. **RESIDENCE** means both the dwelling of which a Participant is an occupant and the premises on which it is situated.
- 12. **OWNER OR HIRED EMPLOYEE** means the business owner and individuals hired for compensation by such owner and designated by the Insured for coverage under this Policy, including individuals hired on a part-time or contractual basis, while acting within their scope of employment by the Named Insured.

Coverage for newly hired employees extends until the thirtieth (30^{th)} day after date of hire or the end of the policy period, whichever is earlier. The additional premium to add the new employee to the Policy must be paid within thirty (30) days after the date of hire.

Section 4. Benefits

1) ACCIDENTAL DEATH & DISMEMBERMENT

If a covered Injury to the Participant results in any of the following losses within one hundred and eighty (180) days of the date of the Accident causing such Injury, the Insurer will pay the following percentages of the Sum Insured as listed in the Schedule of Benefits for loss of or permanent and total loss of use of:

Life100%	Speech and Hearing200%
Both Hands or Both Feet200%	One (1) Hand or One (1) Foot 100%
Entire Sight of Both Eyes200%	Speech or Hearing100%
One (1) Hand and One (1) Foot133%	Entire Sight of One (1) Eye100%
All Toes in One (1) Foot66%	
humb and Index Finger or at least four (4) Finge	ers of One (1) Hand66%
One (1) Hand or One (1) Foot and the Entire Sigi	nt of One (1) Eye200%
Total Paralysis (Quadriplegia, Paraplegia or Hem	iplegia)200%

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

"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.

"Loss" as above used with reference to quadriplegia, paraplegia and hemiplegia means the complete and irreversible paralysis of the respective limbs.

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

Indemnity provided under this Section will not be paid under any circumstances for more than one (1) of the losses, the greatest, sustained by any one (1) Participant as the result of any one (1) Accident.

If Loss of Life occurs within ninety (90) days from the date of the Accident, the maximum payable is the Sum Insured.

2) PERMANENT TOTAL DISABILITY INDEMNITY

When, as the result of Injury and within one hundred and eighty (180) days of the date of the Accident, a Participant is prevented on a Permanent Basis from engaging in at least three (3) of the six (6) Activities of Daily Living, the Insurer will pay in one (1) sum an amount equal to two hundred percent (200%) of the Accidental Death & Dismemberment benefit, less any other amount paid or payable under the Accidental Death & Dismemberment section of this policy as the result of the same Accident. Permanent Basis as used herein means that the inability to engage in at least three (3) out of six (6) Activities of Daily Living continued for a period of twelve (12) consecutive months and is permanent at the end of this period.

3) ACCIDENT REIMBURSEMENT EXPENSE

Reasonable and Customary Expenses for any of the following services or supplies will be reimbursed by the Insurer up to the amount stated in the Schedule of Benefits, subject to the deductible stated in the Schedule of Benefits, if a Participant receives medical treatment within thirty (30) days from the date of the Accident and is under the regular care and attendance of a Physician:

- (1) Hospital charges for the difference between the public ward allowance under the Participant's Provincial Hospital Plan and the semi-private accommodation charge (private accommodation charge if recommended by a Physician);
- (2) expenses for the services of a Nurse ordered or prescribed by a Physician, provided such Nurse does not ordinarily reside in the Participant's Residence and is not an Immediate Family Member, subject to a maximum of five thousand dollars (\$5,000) per Accident;
- (3) expenses for prescription drugs, sera and vaccines, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician, but excluding any charges made for the administration of injectable drugs, sera and vaccines, subject to a dispensing maximum of a thirty (30) day supply;

- (4) expenses charged for the services of a licensed professional physiotherapist or certified athletic sports therapist ordered or prescribed by a Physician, provided such physiotherapist or sports therapist does not ordinarily reside in the Participant's Residence and is not an Immediate Family Member; up to fifty dollars (\$50) per treatment, subject to a maximum reimbursement of five hundred dollars (\$500) as the result of any one (1) Accident and one thousand dollars (\$1,000) during any one (1) policy term.
- (5) expenses for rental of a wheelchair, an iron lung and other durable equipment for temporary therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary, subject to a maximum of five thousand dollars (\$5,000) per Accident;
- (6) expenses for the services of a licensed chiropractor ordered or prescribed by a Physician, provided such chiropractor does not ordinarily reside in the Participant's Residence and is not an immediate Family Member; up to twenty-five dollars (\$25) per treatment, subject to a maximum reimbursement of two hundred and fifty dollars (\$250) as the result of any one (1) Accident and five hundred dollars (\$500) during any one (1) policy term.

The Reasonable and Customary Expenses must be incurred within one hundred and eighty (180) days after the date of the Accident and the total amount payable is subject to the maximum amount stated in the Schedule of Benefits as the result of any one (1) Accident.

It is understood that should there be non-Canadian residents to be insured under this section, benefits shall only be reimbursed if incurred in Canada.

4) ACCIDENT DENTAL EXPENSES

When, as a result of injury to whole or sound teeth including filled or restored teeth, a Participant requires and receives dental treatment commencing within thirty (30) days of the date of the Accident the Insurer shall pay for the necessary expenses for such treatment rendered within one hundred and eighty (180) days of the Accident. Payments for all treatment rendered shall be limited to the amount stated in the Schedule of Benefits and any deductible amount indicated in the Schedule of Benefits will apply. The following provisions also apply:

- a) any payments made under this section shall not exceed the amount specified in the schedule of fees in effect at the time of the Accident as published by the dental association of the province in which this policy is issued;
- b) capped or crowned teeth shall be deemed as whole or sound teeth;
- c) no benefit will be payable for expense of dental treatment incurred for the cost of replacement; adjustment or repair of artificial teeth or dentures (except as otherwise provided herein), any orthodontic treatment; any dental treatment provided solely for cosmetic or esthetic reasons.

5) FRACTURE, DISLOCATION, TENDON SEVERANCE AND MISCELLANEOUS INDEMNITY

When injury results in any of the following fractures, dislocations, severances or miscellaneous conditions within one hundred and eighty (180) days after the date of the Accident, the Insurer will pay up to the Fracture Indemnity maximum stated in the Schedule in accordance with the percentages indicated below but not more than one (1) such indemnity, the largest, will be payable as the result of any one (1) Accident.

For complete fracture (Including Greenstick type fracture):

	Percentage of Fracture Indemnity
Of the skull (depressed)	100%
Of the skull (not depressed)	33%
Of the spine (one (1) 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 (1) hand (one (1) or more metacarpals)	8%
Of one (1) foot (one (1) or more metatarsals)	8%
Of the facial bones	8%
Of one (1) rib	5%
Of any bone not specified above	3%
For complete dislocation:	- 70
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%
of the belief of loof, other titell tools	076
Severance of tendon or tendons:	
Heel (Achilles)	22%
Ankle	20%
Foot (not toes)	17%
Elbow	17%
Wrist	12%
Hand (including fingers)	12%
The financial of the second	1270
Miscellaneous:	
Ruptured kidney (operative)	27%
Ruptured liver (operative)	27%
Ruptured spleen (operative)	27%
Punctured lung-with open surgery	23%
Burns-requiring one (1) or more skin grafts	22%
Knee-injured and requiring surgery	44 /0
(when there is no fracture or dislocation)	22%
Jone operation-injured portion removed	227 0
(when there is no fracture or dislocation)	20%
(when there is no inacture or dislocation)	2070

6) WEEKLY ACCIDENT INDEMNITY

When Injury to a Owner or Hired Employee shall commence within one hundred and eighty (180) days after the date of the Accident and wholly and continuously disable and prevent the Owner or Hired Employee from engaging in the major duties of his/her occupation and/or any gainful employment for which he/she is reasonably fitted by training, education and experience, the Insurer will pay the Weekly Indemnity Benefit as stated in the Schedule of Benefits for the period the Owner or Hired Employee shall be so disabled, commencing with the thirtieth (30^{th)} day of such disability but not to exceed the number of consecutive weeks indicated in the Schedule of Benefits as a result of any one (1) Accident to any one (1) Owner or Hired Employee.

The Owner or Hired Employee will not be eligible for indemnity under this benefit provision unless gainfully employed either:

- (a) For an average of at least twenty-five (25) hours per week over the three (3) consecutive months prior to the Injury; or
- (b) For an average of at least twenty-five (25) hours per week over three (3) months commencing twelve (12) months prior to the date of the Accident.

When the Weekly Accident Indemnity in combination with amounts for which the Owner or Hired Employee qualifies to receive under Workers' Compensation or Social Security (including payments to eligible dependants), and any disability, retirement or other income benefits personally provided or provided through his/her employer exceeds one hundred percent (100%) of the salary, the amount which is in excess shall be deducted from the Weekly Indemnity payable hereunder.

7) REPATRIATION BENEFIT - \$5,000

When injuries covered by this policy result in loss of life of a Participant outside of two hundred (200) KM from their permanent city of Residence and within one hundred and eighty (180) days of the date of the Accident, the Insurer shall pay the actual expenses incurred for preparing the deceased for burial and shipment of the body to the Residence of the deceased but not to exceed the amount of five thousand dollars (\$5,000).

8) FAMILY TRANSPORTATION - \$5,000

When injuries covered by this policy result in loss of life of a Participant outside of two hundred (200) KM from their permanent city of Residence and within one hundred and eighty (180) days of the date of the Accident and the attending Physician recommends the personal attendance of an Immediate Family Member, the Insurer shall pay the actual expenses incurred by the immediate family member for transportation by the most direct route by a licensed common carrier to the confined Participant but not to exceed the amount of five thousand dollars (\$5,000).

9) EMERGENCY TRANSPORTATION - \$100

When Injury to a Participant necessitates immediate medical attention, the Insurer will pay the reasonable expense incurred to transport the Participant to and from a Physician's office or nearest Hospital by ambulance or by any conveyance licensed to carry passengers for hire, not to exceed the amount of one hundred dollars (\$100). When such transportation must be made in a privately-owned inotor vehicle, the Insurer will pay the expense incurred at a rate of thirty-five cents (\$.35) per kilometer.

10) OUT OF PROVINCE EXCESS SURGICAL AND MEDICAL ACCIDENT BENEFITS - \$10,000

If bodily injury is sustained by a Participant outside the province in which he/she is normally domiciled, but inside Canada, and he/she shall within thirty (30) days from the date of an Accident necessitate the services of a licensed Physician, Osteopath or Chiropractor, and incur additional expenses such as surgical operations, Hospital expenses, taking of x-rays, laboratory services or anaesthetist fees, the Insurer will pay for such charges for services outside the province of Residence up to a maximum of ten thousand dollars (\$10,000) excess of the benefits available under any Canadian federal or provincial hospital and/or medical plan regardless of whether or not the Participant is enrolled in such a plan.

11) PROSTHETIC APPLIANCES - \$3,000

When prescribed by a Physician or surgeon and purchased within one hundred and eighty (180) days of the date of Accident, the Insurer will pay benefits for expenses incurred for artificial limbs and/or eyes up to a maximum of three thousand dollars (\$3,000) for each injury resulting in a loss requiring such an appliance. This does not include repairs, adjustments or replacement of same.

12) DENTURES, HEARING AIDS AND REMOVABLE TEETH EXPENSE (INJURY ONLY) - \$2,500

If injury requires treatment by Physician or dentist within thirty (30) days of the date of the Accident and results in the breakage of dentures, hearing aids, or a removable artificial tooth or teeth of the Participant, the Insurer shall pay the actual cost of repair or replacement of said dentures, hearing aid or artificial tooth up to a maximum of two thousand five hundred dollars (\$2,500) in respect to all such repairs pr replacements during the term of this policy and a deductible of one hundred dollars (\$100) will apply.

13) EYEGLASS AND CONTACT LENS EXPENSE (RESULTING FROM INJURY) - \$200

If injury requires and the Participant receives treatment by a Physician or dentist

- a) and also results in the breakage of eyeglasses or loss or breakage of a contact lens or lenses of the Participant, the Insurer will pay the actual cost of repair or replacement of the eyeglasses or contact lens or lenses up to a maximum of two hundred dollars (\$200) in respect to all such replacements or repairs during the term of this policy; or
- b) results in the purchase of eyeglasses upon the advice of a Physician when they were not required nor worn previously the Insurer will pay the reasonable and necessary expense thereof up to a maximum of two hundred dollars (\$200).

14) SPECIAL TREATMENT TRAVEL EXPENSE BENEFIT - \$1,000

If within one hundred and eighty (180) days of the date of the Accident an injury requires special treatment that cannot be obtained in the municipality of the Participant's Residence the Insurer will pay up to a maximum of \$250.00 per Participant per day for travel expense incurred away from home to a maximum of one thousand dollars (\$1,000).

15) REHABILITATION BENEFIT - \$3,000

If an Accident causes injury to a Participant which requires that the Participant undergo special training in order to be qualified to engage in a special occupation in which he/she would not have engaged except for such injury, the Insurer will pay the reasonable and necessary expense actually incurred by any Participant but shall not exceed the amount of three thousand dollars (\$3,000), nor shall payment be made for any expense incurred more than three (3) years after the date of the Accident, nor shall payment be made for room, board or other ordinary living, travelling or clothing expense.

16) BABYSITTING - \$500

If a youth Participant requires and receives treatment for an injury by a Physician and is confined to home following an Accident, the Insurer will pay for a babysitter to tend to the youth Participant during normal school hours or during the parent's workday if the parent is unable to do so, subject to an hourly maximum equal to the provincial minimum wage and subject to a maximum of five hundred dollars (\$500).

17) TUITION BENEFIT - \$2,000

When, after thirty (30) days from the date of the Accident, an injury shall disable totally and confine the Participant to his or her Residence the Insurer shall pay the expense incurred within one hundred and eighty (180) days from the date of the Accident for tutorial services of a qualified teacher holding a current Provincial Ministry of Education Teaching Certificate at a rate not to exceed twenty dollars (\$20.00) per hour. In addition, the Insurer shall pay for rental of necessary equipment and required program software as suggested and approved by the Board of Education in which the Participant is in attendance. All benefits payable under this section are subject to a two thousand dollars (\$2,000) limit.

18) PART TIME YOUTH WAGE LOSS - \$1,000

A youth Participant actively employed by a business for wages on a part time basis who suffers an injury, is under the regular care of a Physician, and is unable to perform all the duties of the job, the Insurer will reimburse up to seventy-five percent (75%) of the youth member's hourly wage during the disability, to a maximum of one thousand dollars (\$1,000).

19) HOME ALTERATION AND/OR VEHICLE MODIFICATION BENEFIT - \$10,000

In the event a Participant sustains the Loss of or Loss of Use of Both Feet or Legs or becomes Quadriplegic, Paraplegic or Hemiplegic, for which indemnity is payable in accordance with the terms of this policy, and he subsequently requires the use of a wheelchair to be ambulatory, the Insurer will pay the reasonable and necessary expenses actually incurred within three (3) years of the date of Loss for:

- (1) the cost of alterations to the Participant's principal residence for the purpose of making it accessible, and/or
- the cost of modifications to one (1) motor vehicle utilized by the Participant, when such modifications are approved by licensing authorities where required for the purpose of adapting it to the needs of the Participant.

Payment by the Insurer for the total of all expenses incurred by or for any Participant will not exceed ten thousand dollars (\$10,000) as the result of any one (1) accident. The amount payable under this section will be coordinated with any amount paid or payable under any other insurance plan providing the same or similar benefit.