



Industrial Alliance Pacific Insurance and Financial Services Inc.

(hereinafter called the Company)

Issued to: NATIONAL SLO-PITCH ATHLETIC ENTERPRISES OF CANADA INC.

(hereinafter called the Policyholder)

Policy Number: 100009147

Effective Date: March 15, 2012

Expiry Date: March 15, 2013

In consideration of the payment in advance of the premium in the amount and in the manner set forth herein, the Company agrees to insure eligible persons of the Policyholder who are named or designated herein and for whom application is made by the Policyholder, for loss resulting from Injury to the extent herein provided and subject to all the exclusions, limitations and provisions of this policy.

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

This policy may be renewed only with the consent of the Company for further consecutive terms upon payment of the premium at the rate and in the amount determined by the Company at the time of renewal. The first day of each such term will be a premium due date.

The provisions set forth on the following pages together with this page constitute the policy.

In witness whereof, the Company has caused this policy to be executed by its President and Chief Operating Officer and Chief Executive Officer, but it will not be binding upon the Company until countersigned by the Company's Registrar.

Handwritten signature of Joan Christ in cursive.

CHIEF EXECUTIVE OFFICER

Handwritten signature of G. Horn in cursive.

PRESIDENT AND CHIEF OPERATING OFFICER

COUNTERSIGNED

Handwritten signature of the Registrar in cursive.

REGISTRAR

DEFINITIONS

“**Airworthiness Certificate**” whenever used in this policy means “Standard” Airworthiness Certificate issued by the Federal Aviation Agency of Canada or its foreign equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of its registry.

“**Flight Time**” whenever used in this policy means the total time from the moment the aircraft first moves under its own power for the purpose of take-off until the moment it comes to rest at the end of the flight.

“**Hospital**” whenever used in this policy means an institution operated pursuant to law for the care and treatment of sick and injured persons with organized facilities for diagnosis, major surgery and 24 hour nursing service. This does not include a convalescent or nursing home, or home for the aged, health spa, a facility for the treatment of alcoholism or drug addiction or rehabilitation centre.

“**Injury**” whenever used in this policy 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, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease, or treatment for the illness or disease.

“**Insured Person**” whenever used in this policy means persons or categories of persons as designated in Section 1 of the Schedule.

“**Loss**” whenever used in this policy with reference to hand or foot means complete severance at 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 at or above the elbow or knee joint; as used with reference to thumb and fingers means complete severance at or above the metacarpophalangeal joint; as used with reference to toes means complete severance at or above the metatarsophalangeal joint; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means the total and irrecoverable loss thereof; as used with reference to hearing means the total and irrecoverable loss thereof; and as used with reference to Quadriplegia, Paraplegia and Hemiplegia means the permanent and irrecoverable paralysis of such limbs.

“**Loss of Use**” whenever used in this policy means a loss which is permanent, total, irrecoverable and continuous for a period of 12 months from the date of the accident.

“**Member of the Crew**” whenever used in this policy means a person assigned to duty in an aircraft during Flight Time, and whose occupation is related to the safety of passengers, the operation and/or the actual flying of the aircraft.

“**Member of the Immediate Family**” whenever used in this policy means a person at least 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 relationships), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

“**Nurse**” whenever used in this policy means a graduate registered nurse (R.N.) or nurse who is licensed to practice nursing service by a governmental agency having jurisdiction over such licensing. The nurse is neither the Insured Person nor a Member of the Immediate Family and must not ordinarily reside in the Insured Person’s Residence.

Attached to and forming part of Policy Number 100009147

DEFINITIONS (Continued...)

“Physician” whenever used in this policy means a doctor of medicine (other than the Insured Person or a Member of the Immediate Family) who is licensed to practice medicine by (1) a recognized medical licensing organization in the locale where the treatment is rendered, provided he is a member in good standing of such licensing organization, or (2) a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

“Principal Sum” whenever used in this policy means the amount of insurance for which the Insured Person is covered, as shown in the records of the Company and/or the Policyholder.

“Regular Care and Attendance” whenever used in this policy means observation and treatment to the extent necessary under existing standards of medical practice for the condition causing the confinement.

“Residence” whenever used in this policy means the primary dwelling of which the Insured Person is an occupant and the premises on which it is situated.

Whenever a reference to the masculine gender appears in this policy, it will also be construed to include the feminine gender.

ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY

If, within 12 months of the date of the accident, Injury results in any of the following losses, the Company will pay for Loss of or permanent and total Loss of Use of:

Life	The Principal Sum
Both Hands	Two Times the Principal Sum
Both Feet.....	Two Times the Principal Sum
Entire Sight of Both Eyes	Two Times the Principal Sum
One Hand and One Foot	Two Times the Principal Sum
One Hand and the Entire Sight of One Eye	Two Times the Principal Sum
One Foot and the Entire Sight of One Eye	Two Times the Principal Sum
Speech and Hearing in Both Ears.....	Two Times the Principal Sum
One Arm	One and One-Half Times the Principal Sum
One Leg	One and One-Half Times the Principal Sum
One Hand.....	One and One-Third Times the Principal Sum
One Foot	One and One-Third Times the Principal Sum
Entire Sight of One Eye.....	One and One-Third Times the Principal Sum
Speech or Hearing in Both Ears.....	One and One-Third Times the Principal Sum
Thumb and Index Finger of Either Hand.....	Two-Thirds of the Principal Sum
Four Fingers of Either Hand	Two-Thirds of the Principal Sum
Hearing in One Ear.....	One-Third of the Principal Sum
All Toes of One Foot.....	One-Quarter of the Principal Sum

PARALYSIS BENEFITS

Quadriplegia (complete paralysis of both upper and lower limbs)	Two Times the Principal Sum
Paraplegia (complete paralysis of both lower limbs)	Two Times the Principal Sum
Hemiplegia (complete paralysis of upper and lower limbs of one side of body).....	Two Times the Principal Sum

Indemnity provided under this part will not be paid under any circumstances for more than one of the losses, the greatest, sustained by the Insured Person as the result of any one accident.

ACCIDENTAL DENTAL REIMBURSEMENT BENEFIT

When, as the result of Injury to whole or sound teeth (capped or crown teeth will be considered whole or sound) and due to a force or blow external to the mouth, the Insured Person requires treatment within 30 days from the date of the accident by a legally qualified dentist or dental surgeon, the Company will pay the expenses actually incurred by the Insured Person for such treatment or service within 12 months of the date of the accident. Payments under this part will be made 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 in Canada or its equivalent, as determined by the Company. In no event will benefits exceed the amount stated in the Section 2 of the Schedule as the result of any one accident.

ACCIDENTAL MEDICAL REIMBURSEMENT BENEFIT

When by reason of Injury, the Insured Person requires medical treatment by a Physician within 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 (a) to (h):

- (a) expenses for the services of a Nurse when recommended by a Physician, subject to a maximum of \$5,000.00 per any one accident;
- (b) 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 \$2,000.00 per any one accident;
- (c) 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);
- (d) 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 \$5,000.00 per any one accident;
- (e) fees for the services of a licensed physiotherapist or certified athletic sports therapist, when recommended by a Physician, subject to a maximum of \$500.00 per any one accident;
- (f) drugs and medicines which require the written prescription of a Physician and are dispensed by a registered pharmacist, subject to a maximum of \$150.00 per any one accident;
- (g) 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 \$750.00 per any one accident;
- (h) fees for the services of a licensed chiropractor, subject to a maximum of \$500.00 per any one accident.

The Company will pay the reasonable and customary expenses actually incurred by the Insured Person within 12 months after the date of the accident, not to exceed in the aggregate the amount stated in Section 2 of the Schedule as the result of any one accident.

DENTURES OR BRIDGEWORK BENEFIT

When, as the result of Injury, an Insured Person requires and receives medical treatment from a Physician or dentist within 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 Company will pay the reasonable and necessary expenses actually incurred by the Insured Person with 12 months after the date of the accident for the repair or replacement of such removable dentures, fixed bridgework and/or capped (crowned) tooth or teeth, subject to a maximum of \$1,000.00 during any one policy year for all such repairs or replacements.

Attached to and forming part of Policy Number 100009147

EMERGENCY TAXI BENEFIT

When an Injury requires immediate medical attention but does not necessitate an ambulance, the Company will pay the reasonable expense incurred to transport the Insured Person by taxi from the location of the accident to either a Physician's office or the nearest Hospital, including return to the Residence of the Insured Person, subject to a maximum of \$50.00 per any one accident.

EYEGLASSES AND CONTACT LENSES BENEFIT

If an Insured Person's Injury is treated by a Physician, dentist or Nurse within 30 days of the accident and results in broken eyeglasses or loss or breakage of a contact lens or lenses, the Company will pay the cost of repair or replacement, subject to a maximum of \$200.00, or if the Injury necessitates the purchase of eyeglasses or contact lenses (not previously required or worn) upon the advice of a Physician, the Company will pay the reasonable and necessary expense for the initial purchase, subject to a maximum of \$200.00.

FRACTURE, DISLOCATION, TENDON SEVERANCE AND MISCELLANEOUS INDEMNITY

If the Insured Person sustains an Injury requiring medical or surgical treatment which results in any of the fractures, dislocations, tendon severances or miscellaneous conditions listed in the following schedule, the Company will pay in accordance with the percentage indicated below up to a maximum of \$1,000.00 for any such occurrence, and not more than one such indemnity, the greatest, will be payable as the result of any one accident.

For complete fracture (including Greenstick type fracture) of:

The skull (depressed).....	100%
The skull (not depressed).....	33%
The spine (one or more vertebrae)	50%
The jawbone (mandible or maxilla)	33%
The thigh (femur).....	33%
The pelvis.....	33%
The knee cap	27%
The lower leg	25%
The shoulder blade	25%
The ankle (small bones).....	25%
The wrist (small bones)	25%
The forearm (compound or comminuted).....	23%
The forearm (not compound)	12%
The sacrum or coccyx.....	17%
The sternum	17%
The arm, between the elbow and shoulder.....	17%
The collarbone.....	12%
The nose.....	12%
Two or more ribs	10%
One hand (one or more metacarpal)	8%
One foot (one or more metatarsal)	8%
Facial bones	8%
One rib	5%
Any bone not specified above.....	3%



**FRACTURE, DISLOCATION, TENDON SEVERANCE AND MISCELLANEOUS INDEMNITY
(Continued...)**

For complete dislocation of the:

Hip	42%
Knee (with open primary repair)	33%
Shoulder (with open reduction)	25%
Wrist	17%
Ankle	17%
Elbow	12%
Bones of foot, other than toes	8%

Severance of tendon or tendons of the:

Heel (Achilles)	22%
Ankle	20%
Knee	18%
Foot (excluding 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%

PERMANENT TOTAL DISABILITY

If, within 12 months of the date of the accident, Injury totally and permanently disables an Insured Person, who is 18 years of age or over, and prevents him from engaging in any and every occupation or employment for compensation or profit, the Company will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and permanent at the end of this period, \$30,000.00, less any amount paid or payable under the part titled "Accidental Death, Dismemberment and Specific Loss Indemnity" as the result of the same accident.

PRIVATE TUITION EXPENSE

If, within 100 days from the date of the accident, an Injury disables and totally confines the Insured Person to Residence or Hospital for a period in excess of 40 consecutive school days, the Company will pay, from the first day, the expenses actually incurred by the parent or guardian of the Insured Person within 12 months immediately following the date of the accident, for the:



Attached to and forming part of Policy Number 100009147

PRIVATE TUITION EXPENSE (Continued...)

- (a) private tutorial services of a qualified teacher, other than a Member of the Immediate Family living in the same Residence, holding a current provincial department of education teaching certificate for the grade attained by the Insured Person, at a rate not to exceed \$20.00 per hour; and
- (b) labour charges, wiring and rental of communication equipment to provide a tutorial service from the school to the Residence or the Hospital.

Benefits payable under this part will not exceed the maximum amount of \$2,000.00 as the result of any one accident.

PROSTHETIC APPLIANCES BENEFIT

If an Injury sustained by an Insured Person results in a Loss payable under the part titled "Accidental Death, Dismemberment and Specific Loss Indemnity", the Company will pay the reasonable and necessary expense actually incurred for the purchase of a hearing aid, an artificial limb or eye or any other prosthetic appliance prescribed by a Physician and required as a result of such Injury, within 12 months from the date of the accident, subject to a maximum of \$3,000.00 as the result of any one accident. This does not include repairs, adjustments or replacement of same.

REHABILITATION BENEFIT

If an Injury sustained by an Insured Person results in a Loss payable under the part titled "Accidental Death, Dismemberment and Specific Loss Indemnity", and such Injury requires that the Insured Person undergo special training in order to be qualified to engage in a special occupation in which he would not have engaged except for such Injury, the Company will pay the reasonable and necessary expense incurred for such training by the Insured Person within three years of the date of the accident, subject to a maximum of \$5,000.00 as the result of any one accident.

Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

SPECIAL TREATMENT TRAVEL

When by reason of Injury, an Insured Person requires medical treatment within 30 days from the date of the accident, is referred by a Physician to a medical specialist located at least 150 kilometers from the Insured Person's normal place of Residence and within the Insured Person's province of Residence, the Company 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 within 12 months after the date of the accident, subject to a maximum of \$1,050.00:

- (a) transportation by the most direct route, up to \$150.00 per round trip and subject to a maximum of five trips during any one 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.
- (b) hotel accommodation in the vicinity of the specialist's office, up to \$80.00 per day and subject to a maximum of six days during any one policy term.

Attached to and forming part of Policy Number 100009147

COORDINATION OF BENEFITS

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 "Accidental Dental Reimbursement Benefit" and the "Accidental Medical Reimbursement Benefit" parts of this policy by any amount paid or payable under any other policy providing similar reimbursement expense benefits.

AGGREGATE LIMIT OF INDEMNITY

The aggregate limit of indemnity stated in Section 3 of the Schedule is the limit of indemnity for which the Company will be liable under this policy for all losses arising out of any one accident. In the event said limit of indemnity for any one accident is insufficient to pay the full amount of indemnity for each Insured Person, then the amount payable for each Insured Person will be in the proportion that the limit of indemnity for any one accident bears to the total amount of insurance that would have been payable except for such limit of indemnity.

EXCLUSIONS AND LIMITATIONS

This policy does not cover loss, fatal or non-fatal, caused by or resulting from:

- (a) declared or undeclared war or any act thereof;
- (b) suicide or any attempt thereat or intentionally self-inflicted Injury, while sane or insane;
- (c) Injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in Section 5 of the Schedule;
- (d) participation in any sport where an Insured Person earns the major portion of his income;
- (e) sickness or disease, either as a cause or effect.

Nor will the Company pay benefits for the following expenses:

- (f) the repair or replacement of eyeglasses or contact lenses or prescriptions therefor, except as provided in the part titled "Eyeglasses or Contact Lenses Benefit";
- (g) the services of a masseur;
- (h) x-rays, repair or replacement of pre-existing dentures, fillings or crowns, except as provided in the parts titled "Accidental Dental Reimbursement Benefit" and "Dentures or Bridgework Benefit";
- (i) experimental drugs not approved by Drugs Directorate, Health Protection Branch of Health and Welfare Canada or patent medicines;
- (j) experimental medical treatments;
- (k) the expense of a brace or similar device used for non-therapeutic purposes or solely for the purpose of participating in sports or other leisure activities;
- (l) medical services rendered by Nurses, physiotherapists, certified athletic sports therapists and chiropractors employed or engaged by the Policyholder; or

Attached to and forming part of Policy Number 100009147

EXCLUSIONS AND LIMITATIONS (Continued...)

(m) expenses incurred by an Insured Person which are insured services or basic health services under the medical care or hospital plan of the province in which the Insured Person is resident, whether or not the Insured Person is covered thereunder.

EXPOSURE AND DISAPPEARANCE

If, as the result of an accident, an Insured Person is unavoidably exposed to the elements and if, as a result of such exposure and within 12 months after the date of the accident, the Insured Person suffers a loss for which indemnity would otherwise have been payable hereunder, such loss will be deemed to be the result of Injury.

Where, due to the accidental wrecking, sinking or disappearance of a conveyance in which an Insured Person was riding, the Insured Person disappears, and if the body of the Insured Person is not found within 12 months after the date of such wrecking, sinking or disappearance, it will be presumed, subject to there being no evidence to the contrary and subject to all other terms and conditions of the policy, that the Insured Person suffered loss of life as a result of Injury.

TERMINATION OF POLICY

This policy may be terminated by the Company or by the Policyholder by one giving to the other 30 days notice in writing of such intention to terminate, delivered personally or sent by registered mail to the latest address of the Company or the Policyholder, as the case may be and thereupon, the policy will cease on the expiration of such 30 days. This policy may be terminated by the Company forthwith provided such cancellation is given in writing, delivered personally or sent by registered mail to the latest address of the Policyholder in the event of failure by the Policyholder to remit premiums to the Company as and when due.

TERMINATION OF INSURANCE OF AN INSURED PERSON

Insurance with respect to each Insured Person will immediately terminate on the earliest of the following dates:

- (a) the date this policy is terminated;
- (b) on the premium due date if the Policyholder fails to pay the required premium for an Insured Person, except as the result of an inadvertent error;
- (c) the date an Insured Person reaches 70 years of age;
- (d) on the date an Insured Person ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder.

INADVERTENT ERROR

The insurance of an Insured Person will not be prejudiced by the failure on the part of the Policyholder to transmit reports or comply with any of the provisions of this policy when such failure is due to inadvertent error or clerical mistake.

Attached to and forming part of Policy Number 100009147

GENERAL PROVISIONS

THE CONTRACT

This policy, including the endorsements, insertions, riders or attachments, if any, and the application for the contract if attached to the policy, constitutes the entire contract and no agent has authority to change the contract or waive any of its provisions.

CONFIDENTIALITY OF INFORMATION

The Policyholder acknowledges that all information provided to the Company in connection with an application for insurance or insurance coverage of a person will be treated as confidential.

The Company and the Policyholder are obliged by law to adopt procedures ("Privacy Procedures") which relate to privacy legislation regarding the collection, retention, use and disclosure of personal information about policyholders, certificate holders and personnel. The Policyholder acknowledges receipt of the Company's Privacy Policy attached as Appendix 1, setting out the principles governing such procedures and agrees to manage any personal information held by it in a manner consistent with such principles. Additionally, the Policyholder agrees to abide by any Privacy Procedures relevant to it provided by the Company from time to time. Such procedures are intended to implement the principles set out in the Privacy Policy.

WAIVER

The Company will be deemed not to have waived any conditions of this contract, either in whole or in part, unless the waiver is clearly expressed in writing and signed by a duly authorized officer of the Company.

NOTICE AND PROOF OF CLAIM

The Insured Person or his agent, or a beneficiary entitled to make a claim or his agent, will

- (a) give written notice of claim to the Company,
 - (i) by delivery thereof, or by sending it by registered mail to the Head Office or chief agency of the Company in the province; or
 - (ii) by delivery thereof to an authorized agent of the Company in the province,not later than 30 days from the date of the accident,
- (b) within 90 days from the date of the accident for which the claim is made, furnish to the Company such proof of claim as is reasonably possible in the circumstances of the happening of the accident, and the loss occasioned thereby, and
- (c) if so required by the Company, furnish a satisfactory certificate as to the cause or nature of the accident for which the claim may be made under the contract.

Attached to and forming part of Policy Number 100009147

GENERAL PROVISIONS (Continued...)

FAILURE TO GIVE NOTICE OR PROOF

Failure to give notice of claim or furnish proof of claim within the time prescribed does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than 12 months from the date of the accident, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

CLAIM FORMS

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

TIME OF PAYMENT OF CLAIMS

Indemnities payable under this policy for any loss other than loss for which this policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which this policy provides periodic payment will be paid at the expiration of each four weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof.

PAYMENT OF CLAIMS

All monies payable under this policy by the Company will be paid in the currency in which premiums are paid.

PHYSICAL EXAMINATION AND AUTOPSY

The Company at its own expense will have the right and opportunity to examine the person of any individual whose Injury is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

INSPECTION OF RECORDS

The Policyholder will, from time to time, whenever requested by the Company during the term of this policy and for 12 months after its expiration, permit the Company to inspect all records of the Policyholder relating to this policy and all persons insured hereunder.

LEGAL ACTION

No action at law or in equity will be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action will be brought after the expiration of 12 months (three years in Quebec) after the time written proof of loss is required to be furnished.

APPENDIX 1

PRIVACY POLICY

The Industrial Alliance Group is composed of Industrial Alliance Insurance and Financial Services Inc. and its subsidiaries (the "Company"). The Company is committed to protecting the Company's clients', employees' and representatives' (the "Individual/s") privacy, and to ensuring the confidentiality of the personal information provided to it in the course of the Company's business.

The Company's Privacy Policy sets out the Company's standards for collecting, using, disclosing and storing the Individual's personal information. The Company's Privacy Policy also explains how the Company safeguards the Individual's personal information and the Individual's right to access that information.

PERSONAL INFORMATION

Personal Information is any information about an individual that identifies him or her, such as financial, lifestyle or health information, but not their name, title or business address, telephone or email. Personal information has to be protected regardless of its characteristics or its form, whether written, graphic, audio, visual, computerized or any other form.

PURPOSE OF INFORMATION COLLECTION

Collecting information about the Individual is necessary in order for the Company to provide the Individual with high quality services. The nature and sensitivity of the information the Company collects about the Individual varies according to the services the Company provides the Individual, and to legal requirements imposed on it (such as the Individual's social insurance number, where investment income is generated by a chosen product).

The purposes for which the Company collects personal information about the Individual are identified at or before the time of collection. For example, information may be collected while submitting an application, opening an account, or submitting a claim. Purposes for collecting information generally include providing products or services requested, confirming the Individual's identity, protecting against fraud, or dealing with matters concerning the relationship between the Company and the Individual.

Any questions and concerns the Individual may have regarding the purposes for collecting information may be directed to us at the address provided below.

CONSENT

When the Company collects personal information from the Individual, the Company obtains the Individual's consent to use the information for the purposes collected. The Company will obtain the Individual's consent for any additional use or collection, or if the purpose of using the information is changed.

The Company generally seeks the Individual's express written consent in order to collect, use or disclose personal information. Where appropriate, for less sensitive information, the Company may accept the Individual's verbal consent. Occasionally, the Company may imply consent where the Company can infer consent from the Individual's action or inaction.

Consent must be given by the Individual or the Individual's authorized representative such as a legal guardian or a person having power of attorney.

APPENDIX 1 (Continued...)

PRIVACY POLICY (Continued...)

CONSENT (Continued...)

The Individual may withdraw the Individual's consent at any time, subject to legal or contractual restrictions (for example, the Individual's right to withdraw consent is necessarily limited where the Company needs information to extend a loan against the value of a policy issued by it). The Company will inform the Individual of the consequences of such withdrawal, including the possibility that the Company may not be able to provide a product or process a request. If the Individual chooses not to consent, the Company will record the decision in the Company's file.

In limited circumstances, the Company has the right (or obligation) to collect, use or disclose personal information without the Individual's knowledge and consent. This occurs when legal, medical, or security reasons may make it impossible or impractical to seek consent. When information is being collected for the investigation of a potential breach of contract, the prevention or detection of fraud, or for law enforcement purposes, seeking consent might defeat the purpose of the information collection. Similarly, seeking consent may be impossible or inappropriate when the Individual is a minor, seriously ill or otherwise incapacitated.

LIMITS TO COLLECTION, USE AND DISCLOSURE

The Company limits the collection of the Individual's personal information to what the Company needs in relation to the purposes identified to the Individual.

The Company collects the information directly from the Individual unless the Individual allows the Company to collect information from a third party or in accordance with the law.

The Company limits the use of the Individual's personal information to the purposes the Company has identified to the Individual. This means that the Company cannot use the Individual's personal information for other purposes without the Individual's consent, except as required by law. The Company cannot disclose the Individual's personal information to anyone except with the Individual's consent or as required by law.

The Individual's personal information is only accessible to certain authorized persons, and only to the extent necessary to perform their duties. The Individual has the right to know, on request to whom the information was disclosed. Only in rare instances is the Company prevented by law from making such disclosure. The Company maintains accurate records, recording to whom it discloses personal information and in what circumstances the information was disclosed.

The Company will occasionally share the Individual's personal information with service providers or agents to ensure the proper administration of products or to provide an Individual with the services the Individual requires. These service providers or agents must agree to comply with privacy legislation before receiving any personal information.

In certain circumstances, the Company may use service providers outside Canada, including the United States. The Company is responsible for the service provider's compliance with the Company's Privacy Policy and will ensure that the level of protection of personal information is comparable to that provided by the Company. Any questions concerning the collection, transfer or use of personal information outside Canada can be forwarded to the Privacy Officer at the address provided below.

APPENDIX 1 (Continued...)

PRIVACY POLICY (Continued...)

RETENTION

The Company only retains the Individual's personal information for as long as needed for the purpose it was collected. The Company must destroy this information in accordance with the law and the Company's file retention guidelines. When the Company destroys the Individual's personal information, the Company makes sure that confidentiality is secured and that no unauthorized person can access the information during the destruction process.

CLIENT LIST

The Company may establish a list of clients (names, addresses and telephone numbers) and share this list with other companies of the Industrial Alliance Group. The purpose of this list is to allow us to better serve the Individual by offering relevant and available products and services. The Individual may request that the Individual's name be removed from such a list by writing to the Privacy Officer at the address provided below.

The Company does not sell client lists to third parties.

ACCURACY

The Company makes every possible effort to ensure that the Individual's personal information is as accurate and complete as necessary for the purposes it is collected, used, or disclosed.

ACCOUNTABILITY

The Company is responsible for the Individual's personal information in the Company's possession or control, including information that may be transferred by the Company to third parties for processing. The Company requires such third parties to keep personal information under strict standards of privacy and protection.

The Company adheres to legislated and self-imposed rules, aimed to safeguard the Individual's privacy. The rules are established by this Privacy Policy, the Code of Business Conduct (applicable to directors, officers and employees), Market Conduct Standards (applicable to agents and brokers) as well as insurance industry guidelines and applicable law.

The Company's staff is trained on these processes and procedures and is provided with information about privacy laws.

SAFEGUARDS

The Company has implemented and continues to implement rigorous safeguards so that the Individual's personal information remains strictly confidential and is protected against loss or theft, as well as unauthorized access, disclosure, copying, use, or modification.

Protection methods include organizational measures such as requiring security clearances and limiting access to a "need-to-know" basis, physical measures (e.g. building access cards for employees, visitor registration and identification cards, off-site backups and archiving), and technological measures such as the use of password and encryption (e.g. the use of routinely changing passwords, firewalls and segmented operator access).

Attached to and forming part of Policy Number 100009147

APPENDIX 1 (Continued...)

PRIVACY POLICY (Continued...)

REQUEST FOR ACCESS TO INFORMATION AND AMENDMENTS

The Individual has the right to be informed whether the Company holds personal information about the Individual and to see that information. The Individual also has the right to enquire as to how the Company collected the Individual's information, how the Company used it and to whom it may have been disclosed.

This information will be provided to the Individual within a reasonable time from the date the Company receives the Individual's written request. The Company may charge a reasonable fee for processing the Individual's request.

In certain limited and specific circumstances, the Company may refuse to provide to the Individual the requested information. Exceptions to the Individual's access right can include information that is prohibitively costly to provide, information that contains references to other individuals, information that cannot be disclosed for legal, security or commercial proprietary reasons, information that has been obtained in the course of an investigation of a potential breach of contract or fraud, and information that is subject to solicitor-client or litigation privilege.

In cases where the Company holds medical information about the Individual, the Company may refuse to provide the Individual with direct access to this information and may instead request that a health care professional be designated to provide the information to the Individual.

The Individual may challenge the accuracy and completeness of the Individual's personal information. The Company will respond to an amendment request within a reasonable time.

Any request for access to information or request for amendment must be sent to the following address:

Privacy Officer
Industrial Alliance Pacific Insurance and Financial Services Inc.
2165 Broadway West, PO Box 5900, Vancouver, BC, V6B 5H6
Toll free number: 1-855-737-7887
Email: privacyofficer@iapacific.com

COMPLAINTS AND CONCERNS

The Company's employees and representatives are trained to respond to the Individual's questions or concerns about personal information. Should the Individual be unsatisfied with the Company's employee's or representative's response, the Individual may contact the Privacy Officer at the address mentioned above.

A complaint concerning the protection of personal information should be addressed to the Privacy Officer at the address provided above.

Attached to and forming part of Policy Number 100009147

SCHEDULE

Section 1 - Insured Persons - The following persons or categories of persons are Insured Persons under this policy:

Classification of Insured Persons	Name or Category of Insured Persons
Class 1	Players, coaches, officials and administrators of the Policyholder under age 70.

Section 2 - Benefits

Classification of Insured Persons		
Class 1	Principal Sum	\$15,000.00
	Accidental Dental Reimbursement Benefit	\$ 5,000.00
	Accidental Medical Reimbursement Benefit	\$15,000.00

Section 3 - Aggregate Limit of Indemnity - \$1,000,000.00 per any one accident.

Section 4 - Premium - The premium for the initial term of this policy is \$50,400.00, subject to a minimum retained policy premium of \$500.00.

Section 5 - Description of Hazards - The hazards against which insurance is provided under and subject to the provisions of this policy for each classification of Insured Persons are defined as follows:

- | | |
|---------|--|
| Class 1 | Injury sustained by the Insured Person while and in consequence of: <ul style="list-style-type: none">(a) participating as an Insured Person of the Policyholder in practice or competition in the sport of slo-pitch, which practice or competition is approved by and under the supervision of proper authority of the team, club, organization or the Policyholder of which the Insured Person is a member; or(b) being transported with other Insured Persons directly to or from such practice or competition under the supervision of proper authority of the team, club, organization or the Policyholder of which the Insured Person is a member. |
|---------|--|

SCHEDULE (Continued...)

Section 5 - Description of Hazards (Continued...)

Class 1

Continued...

Air travel coverage is limited. It only applies while the Insured Person is riding as a passenger and not as a pilot, operator or Member of the Crew in or on, boarding or alighting from any aircraft operated on a regular flight by a domestic or international scheduled air carrier. The aircraft must be operated by a duly licensed pilot and have a current unrestricted Airworthiness Certificate.

Section 6 - Indemnity Payments

In the event the Insured Person is a minor, all indemnities payable will be payable to the custodial guardian, parent or, if there is none, to the legally appointed guardian of the Insured Person.

If the Insured Person is not a minor, accidental loss of life benefits will be paid in accordance with the beneficiary designation in effect at the time of payment. If there is no designation, the Company will pay to the estate of the Insured Person. All other benefits will be paid to the Insured Person.