

**IMPORTANT – PLEASE READ**

When you purchase a trip from a travel agency that holds a licence issued by the Office de la protection du consommateur, you automatically benefit from financial protection through the Compensation Fund for Customers of Travel Agents (FICAV), and you may be eligible for a refund. In the event that your insurer accepts your claim and issues benefit payments, it wishes, on your behalf and in your stead, to file a claim for compensation with the FICAV. Therefore, below are listed the steps to follow, so we may resume processing your claim and issue a payment for your benefits (if applicable):

- Complete and sign the section "Transfer et subrogation" (by the policyholder and **all** travelers)
- Scan the document and return it to us by email at [claims@canassistance.com](mailto:claims@canassistance.com) or by mail at the following address: 1981 McGill College Avenue, suite 400, Montreal, Quebec, H3A 2W9

**TRANSFER AND SUBROGATION**

I, the undersigned, \_\_\_\_\_,  
(First and last name of the policyholder)  
 in consideration of the benefits to be paid as per my policy, hereby assign and subrogate to my insurer, my rights and remedies against anyone and any person who may be responsible or liable for amounts, damage, loss and/or injuries suffered by me and/or one or more of my family members, covered under my contract # \_\_\_\_\_ issued by \_\_\_\_\_ on or  
(Insurance policy/certificate/contract number) (Name of the insurance company)  
 about \_\_\_\_\_, up to all the amounts that will be paid by my insurer and thus hereby subrogate  
(Date of the event that led to the claim)  
 my insurer in all my rights and remedies for the said amounts.

I agree to accept no settlement without the prior approval of my insurer, failing which all amounts paid by my insurer will be reimbursed to it without delay, and I agree and accept to reimburse my insurer any amount that I receive from anyone and any person who may be responsible or liable for such amounts, damage, loss and/or injury or from any person liable for it, up to the amount paid by my insurer.

\_\_\_\_\_  
 Signature (Policyholder)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature (Traveler)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 First and last name of the traveler

\_\_\_\_\_  
 Signature (Traveler)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 First and last name of the traveler

\_\_\_\_\_  
 Signature (Traveler)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 First and last name of the traveler