CANCELLATION PROTECTION INSURANCE FOR THE 2026-2027 SEASON

INSURANCE SUMMARY

Mont SUTTON (Ski Sutton inc.) promises to reimburse the amount of the season pass according to the settlement table herein and under reserve of the exclusions, limitations and other stipulations indicated below. The insurance takes effect on the date of payment of the agreement fee and terminates at the end of the applicable season. The insurance covers illnesses, injuries and professional transfers.

GUARANTEE

Mont SUTTON assumes the non-refundable season pass cost such as stipulated in the settlement table below after the following occurrences:

1. The death or the injury or illness that prevents the member from skiing or riding;
2. The employer transfers the member requiring him to move to another location more than 200 kilometres from the station.

SETTLEMENT TABLE

Established from the first day of the ski season Ski Sutton inc. will reimburse the cost of the season pass at:

a) 75% if the non-participation occurs within 30 days;
b) 50% if the non-participation occurs within the 31st to the 60th day;
c) 25% if the non-participation occurs within the 61st to the 90th day;
d) No reimbursement after the 90th day.

Example: a member is injured on the 45th day of the season: Ski Sutton inc. reimburses him for 50% of the cost of his season pass.

EXCLUSIONS

Losses from the following are excluded from the guarantee:

1. Injuries that are self inflicted;
2. Emotional problems or pre-existing pathological states, except if the member is to be hospitalized;
3. A normal pregnancy;
4. An illness or injury that does not prevent the member from skiing or riding.

CONDITIONS

1. Insurance must be purchased at the time of the season pass purchase or no later than the start of the season covered by the insurance;
2. The non-participant must contact customer service immediately; this will be the date taken into account for the refund;
3. As soon as the request is received, the season pass will be inactive;
4. Mont SUTTON will require a certificate from the attending physician or an attestation of transfer from the employer and, notwithstanding these requirements, Mont SUTTON reserves the right not to accept the request if it deems that the client does not meet the requirements.

FEE

Individual:	**$50.00 + taxes**
Family:	**$90.00 + taxes**

WHAT TO DO IN CASE OF A CLAIM

The insurance applicant must advise Mont SUTTON at sutton@montsutton.com.