

YOUR POLICY NUMBER: D4307934

EFFECTIVE FROM 2020-02-28 TO 2021-02-28

TWIEN EUGENE
2035, UNIVERSITY AVE W UNIT 407
WINDSOR ON N9B 1E1

THANK YOU FOR TRUSTING US WITH YOUR AUTO INSURANCE



We are pleased to enclose your auto renewal insurance policy.

Our goal is to ensure your total satisfaction. We make every effort to bring you competitive coverage and rates that meet your needs along with top-notch service, both online and over the phone.

Please take a few minutes to review your policy information to ensure its accuracy. If you wish to make any changes, we invite you to contact one of our licensed insurance advisors or take advantage of our Online Services.

We look forward to serving you for many years to come.

The Desjardins Insurance Team

NEW! Because we care about sustainable development and cost control, **we now print the cover pages of your insurance documents in black and white.** This helps us reduce our carbon footprint and keep our premium low. *The colour version is available through Online Services.*

SERVING YOU IS A PLEASURE!

Thanks to Online Services,
also available in our mobile
app, you can:

- ▶ View or modify your insurance file
- ▶ Add a driver or vehicle
- ▶ Store a vehicle or change your storage dates
- ▶ File a claim and more!

ONLINE SERVICES

✓ Fast, easy and secure!

 OVER THE PHONE	 ANYTIME	 ANYWHERE
1-800-794-0008 CLAIMS 24/7 INSURANCE AND BILLING Monday to Friday from 8 a.m. to 8 p.m. Saturday from 8 a.m. to 4 p.m.	desjardinsgeneralinsurance.com/online	Download the Desjardins Insurance Home-Auto app 

P.O. Box 7065, Station A, Mississauga ON L5A 4K7

DESJARDINS INSURANCE OFFERS 24/7 CLAIMS SERVICE – WE TAKE CARE OF EVERYTHING FOR YOU



We know how stressful an accident or a loss can be. You can count on us to act fast. We'll put your mind at ease and support you every step of the way until your claim is settled.

Damage to your vehicle?

You can now file your **auto insurance claim online!**

Visit our website to learn more about the steps involved in filing a claim for:

- Auto glass breakage.
- Accident with collision.
- Accident involving injuries.
- Fire, theft or vandalism.
- Natural disaster (e.g., windstorm, hail).
- Incident involving your liability.
- Other incident resulting in damage to your vehicle (e.g., a tree falls on your vehicle).



desjardinsgeneralinsurance.com/claims

ONLINE OR OVER THE PHONE: WHEN TO CONTACT US



Keeping your policy up-to-date is the best way to make sure you always have the right coverage for your changing needs. Remember to report any vehicle-related changes. Some examples:

- You change jobs and are driving your vehicle to work or you're retired and no longer drive to work.
- There's a new driver in your household.
- You modify your vehicle to improve performance.
- You change your address.

TOWING AND REPAIRS



WHERE SHOULD YOU GET YOUR CAR TOWED?

In the event of an accident, we will have your vehicle towed to the nearest garage of your choice or one recommended by us. Towing expenses will be reimbursed provided your claim is covered.

4 GOOD REASONS TO CHOOSE ONE OF OUR CERTIFIED REPAIR SHOPS

You have the option of choosing your own repair shop. However we can also recommend a number of certified quality repair shops where you can expect:

1. Quality service that meets our standards.
2. A full guarantee on parts and labour for as long as you own your vehicle.
3. Your vehicle will be returned to you much faster because our customers receive priority treatment.
4. Reduced repair costs, which helps to keep our claims costs and premiums down.

TAKE CARE OF YOUR WINDSHIELD

A chip-free windshield helps keep you safe on the road.

Chipped windshield? Take care of it!

If you have glass breakage coverage, you won't pay for glass repairs. It's quick, easy and will help keep your windshield in good condition. You don't even need to call us! Just go to your nearest UniglassPlus, CARSTAR, Speedy Glass, Apple Auto Glass or one of our other certified shops and show them your certificate of insurance.



To find a recommended provider, body shop or auto glass facility, use the search tool on our website.

WE TAKE GOOD CARE OF YOUR PERSONAL INFORMATION

An important part of our commitment to provide you with service excellence is our respect for your privacy.

For more information as to how we collect, use and disclose your personal information, please consult our *Privacy Code* and *Conditions of Use* available at desjardinsgeneralinsurance.com.

You may also receive a copy by mail by contacting us at 1-800-794-0008.



Desjardins
Insurance
1 800 794-0008

Underwritten by Certas Direct
Insurance Company
P.O. Box 7065, Mississauga, Ontario L5A 4K7

POLICY NO. / POLICE N°	INSURED / ASSURÉ(S)
D4307934	TWIEN EUGENE 2035, UNIVERSITY AVE W UNIT 407 WINDSOR ON N9B 1E1
EFFECTIVE DATE / ENTRÉE EN VIGUEUR YR/AN MO DAY/JR	
2020-02-28	
EXPIRY DATE / EXPIRATION YR/AN MO DAY/JR	
2021-02-28	
VEHICLE(S): YEAR, MAKE, MODEL, SERIAL / VÉHICULE(S): ANNÉE, MARQUE, MODÈLE, N° DE SÉRIE	
1 2008 MITSUBISHI LANCER	J43AU26J08LJ06769

This certificate is subject to the terms, conditions and coverages of the policy of insurance and conditions of the policy of automobile insurance.

This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein in an amount not less than the statutory minimum requirements in any area of Canada.

WARNING - Any person who uses or produces a card to show that they are in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and this licence may be suspended.

This card should be carried in the insured vehicle for production as proof of insurance when demanded by police.

CANADA INTER PROVINCE MOTOR VEHICLE LIABILITY INSURANCE
CARD APPLICABLE WITHIN CANADA AND THE UNITED STATES OF AMERICA
CERTIFICAT D'ASSURANCE-AUTOMOBILE RESPONSABILITÉ EN VIGUEUR
AU CANADA ET AUX ÉTATS-UNIS D'AMÉRIQUE.

D35 101 (2008-01)



Desjardins
Insurance
1 800 794-0008

Underwritten by Certas Direct
Insurance Company
P.O. Box 7065, Mississauga, Ontario L5A 4K7

POLICY NO. / POLICE N°	INSURED / ASSURÉ(S)
D4307934	TWIEN EUGENE 2035, UNIVERSITY AVE W UNIT 407 WINDSOR ON N9B 1E1
EFFECTIVE DATE / ENTRÉE EN VIGUEUR YR/AN MO DAY/JR	
2020-02-28	
EXPIRY DATE / EXPIRATION YR/AN MO DAY/JR	
2021-02-28	
VEHICLE(S): YEAR, MAKE, MODEL, SERIAL / VÉHICULE(S): ANNÉE, MARQUE, MODÈLE, N° DE SÉRIE	
1 2008 MITSUBISHI LANCER	J43AU26J08LJ06769

This certificate is subject to the terms, conditions and coverages of the policy of insurance and conditions of the policy of automobile insurance.

This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein in an amount not less than the statutory minimum requirements in any area of Canada.

WARNING - Any person who uses or produces a card to show that they are in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and this licence may be suspended.

This card should be carried in the insured vehicle for production as proof of insurance when demanded by police.

CANADA INTER PROVINCE MOTOR VEHICLE LIABILITY INSURANCE
CARD APPLICABLE WITHIN CANADA AND THE UNITED STATES OF AMERICA
CERTIFICAT D'ASSURANCE-AUTOMOBILE RESPONSABILITÉ EN VIGUEUR
AU CANADA ET AUX ÉTATS-UNIS D'AMÉRIQUE.

D35 101 (2008-01)



Desjardins
Insurance
1 800 794-0008

Underwritten by Certas Direct
Insurance Company
P.O. Box 7065, Mississauga, Ontario L5A 4K7

POLICY NO. / POLICE N°	INSURED / ASSURÉ(S)
D4307934	TWIEN EUGENE 2035, UNIVERSITY AVE W UNIT 407 WINDSOR ON N9B 1E1
EFFECTIVE DATE / ENTRÉE EN VIGUEUR YR/AN MO DAY/JR	
2020-02-28	
EXPIRY DATE / EXPIRATION YR/AN MO DAY/JR	
2021-02-28	
VEHICLE(S): YEAR, MAKE, MODEL, SERIAL / VÉHICULE(S): ANNÉE, MARQUE, MODÈLE, N° DE SÉRIE	
1 2008 MITSUBISHI LANCER	J43AU26J08LJ06769

This certificate is subject to the terms, conditions and coverages of the policy of insurance and conditions of the policy of automobile insurance.

This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein in an amount not less than the statutory minimum requirements in any area of Canada.

WARNING - Any person who uses or produces a card to show that they are in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and this licence may be suspended.

This card should be carried in the insured vehicle for production as proof of insurance when demanded by police.

CANADA INTER PROVINCE MOTOR VEHICLE LIABILITY INSURANCE
CARD APPLICABLE WITHIN CANADA AND THE UNITED STATES OF AMERICA
CERTIFICAT D'ASSURANCE-AUTOMOBILE RESPONSABILITÉ EN VIGUEUR
AU CANADA ET AUX ÉTATS-UNIS D'AMÉRIQUE.

D35 101 (2008-01)



Desjardins
Insurance
1 800 794-0008

Underwritten by Certas Direct
Insurance Company
P.O. Box 7065, Mississauga, Ontario L5A 4K7

POLICY NO. / POLICE N°	INSURED / ASSURÉ(S)
D4307934	TWIEN EUGENE 2035, UNIVERSITY AVE W UNIT 407 WINDSOR ON N9B 1E1
EFFECTIVE DATE / ENTRÉE EN VIGUEUR YR/AN MO DAY/JR	
2020-02-28	
EXPIRY DATE / EXPIRATION YR/AN MO DAY/JR	
2021-02-28	
VEHICLE(S): YEAR, MAKE, MODEL, SERIAL / VÉHICULE(S): ANNÉE, MARQUE, MODÈLE, N° DE SÉRIE	
1 2008 MITSUBISHI LANCER	J43AU26J08LJ06769

This certificate is subject to the terms, conditions and coverages of the policy of insurance and conditions of the policy of automobile insurance.

This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein in an amount not less than the statutory minimum requirements in any area of Canada.

WARNING - Any person who uses or produces a card to show that they are in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and this licence may be suspended.

This card should be carried in the insured vehicle for production as proof of insurance when demanded by police.

CANADA INTER PROVINCE MOTOR VEHICLE LIABILITY INSURANCE
CARD APPLICABLE WITHIN CANADA AND THE UNITED STATES OF AMERICA
CERTIFICAT D'ASSURANCE-AUTOMOBILE RESPONSABILITÉ EN VIGUEUR
AU CANADA ET AUX ÉTATS-UNIS D'AMÉRIQUE.

D35 101 (2008-01)

IN CASE OF AN ACCIDENT

1. Stay calm. Make sure you and your passengers are OK.
2. Call the police and an ambulance, if necessary.
3. Record details of the accident. Record other drivers information along with their vehicle information, insurance company and policy number. It will help you later.
4. Call us right away. Claims professionals are available to help you 24 hours a day, 7 days a week.

EN CAS D'ACCIDENT

1. Restez calme. Assurez-vous que ni vos passagers ni vous-même n'êtes blessés.
2. Appelez la police et une ambulance, au besoin.
3. Consignez les détails de l'accident, ainsi que les renseignements sur les autres conducteurs et leur véhicule, les noms des compagnies d'assurance et les numéros de police. Ces renseignements vous seront utiles plus tard.
4. Appelez-nous sans tarder. Du personnel spécialisé est à votre disposition 24 heures sur 24, 7 jours sur 7.

IN CASE OF AN ACCIDENT

1. Stay calm. Make sure you and your passengers are OK.
2. Call the police and an ambulance, if necessary.
3. Record details of the accident. Record other drivers information along with their vehicle information, insurance company and policy number. It will help you later.
4. Call us right away. Claims professionals are available to help you 24 hours a day, 7 days a week.

EN CAS D'ACCIDENT

1. Restez calme. Assurez-vous que ni vos passagers ni vous-même n'êtes blessés.
2. Appelez la police et une ambulance, au besoin.
3. Consignez les détails de l'accident, ainsi que les renseignements sur les autres conducteurs et leur véhicule, les noms des compagnies d'assurance et les numéros de police. Ces renseignements vous seront utiles plus tard.
4. Appelez-nous sans tarder. Du personnel spécialisé est à votre disposition 24 heures sur 24, 7 jours sur 7.

IN CASE OF AN ACCIDENT

1. Stay calm. Make sure you and your passengers are OK.
2. Call the police and an ambulance, if necessary.
3. Record details of the accident. Record other drivers information along with their vehicle information, insurance company and policy number. It will help you later.
4. Call us right away. Claims professionals are available to help you 24 hours a day, 7 days a week.

EN CAS D'ACCIDENT

1. Restez calme. Assurez-vous que ni vos passagers ni vous-même n'êtes blessés.
2. Appelez la police et une ambulance, au besoin.
3. Consignez les détails de l'accident, ainsi que les renseignements sur les autres conducteurs et leur véhicule, les noms des compagnies d'assurance et les numéros de police. Ces renseignements vous seront utiles plus tard.
4. Appelez-nous sans tarder. Du personnel spécialisé est à votre disposition 24 heures sur 24, 7 jours sur 7.

IN CASE OF AN ACCIDENT

1. Stay calm. Make sure you and your passengers are OK.
2. Call the police and an ambulance, if necessary.
3. Record details of the accident. Record other drivers information along with their vehicle information, insurance company and policy number. It will help you later.
4. Call us right away. Claims professionals are available to help you 24 hours a day, 7 days a week.

EN CAS D'ACCIDENT

1. Restez calme. Assurez-vous que ni vos passagers ni vous-même n'êtes blessés.
2. Appelez la police et une ambulance, au besoin.
3. Consignez les détails de l'accident, ainsi que les renseignements sur les autres conducteurs et leur véhicule, les noms des compagnies d'assurance et les numéros de police. Ces renseignements vous seront utiles plus tard.
4. Appelez-nous sans tarder. Du personnel spécialisé est à votre disposition 24 heures sur 24, 7 jours sur 7.

Certas Direct
Insurance Company

PREAUTHORIZED PAYMENT AGREEMENT

Notice date: 2019-12-30 09:10

TWIEN EUGENE
2035, UNIVERSITY AVE W UNIT 407
WINDSOR ON N9B 1E1

Billing Account Number: 1922707

Method of payment: credit card

Amount(s) will be charged/credited to:
MasterCard xxxx xxxx xxxx 0372 exp. 06/21
Cardholder Name:
TWIEN EUGENE

Transactions	Effective Date	Amount	Tax	Total
Previous Billing Account Balance				\$0.00
Renewal of Auto Policy D4307934	2020-02-28	\$3,624.00	\$0.00	\$3,624.00

Billing Account Balance* : \$3,624.00

*This is the total amount due for all policies under this Billing Account

Billing Account Details following the above Transactions

Policy Number	Description	Policy effective from **	Installment Frequency	Installment Amount *** Starting 2020-02-28
D4307934	Auto 2008 MITSUBISHI LANCER	2020-02-28 to 2021-02-28	Annual	\$3,624.00

** Effective as of 12:01 am local time at the postal address stated herein.

*** If you have chosen to pay by installment, the first payment for each insured item may vary for rounding purposes. The amount(s) shown are for information only. Please refer to the Payment(s) Schedule which shows the exact amount, including taxes (if applicable).

Payment(s) Schedule Category: Personal ☒ Business ☐

2020-02-28 \$3,624.00

Total: \$3,624.00

Important Messages

We are improving to better serve you! The view of your policies and payments will be consolidated (if applicable). As your policies renew, they will be moved into a new billing account platform that allows you to see all your auto and/or personal property policies at a glance. Your withdrawals will merge into one single payment for the policies you have when they share the same due date.

TERMS AND CONDITIONS OF PAYMENT BY CREDIT CARD

Under these Terms and Conditions "you" and "your" refers to the person identified as the credit card holder indicated on the front of this document. "We" refers to Certas Direct Insurance Company.

Authorization

In choosing to pay by credit card, you authorize Certas Direct Insurance Company to charge the credit card as indicated on the front of this document, on the date and the amount specified and you also agree to all the terms and conditions set out herein.

When the policy is renewed, we shall assume that you will continue to pay by credit card unless you inform us otherwise **at least 5 days** before the date the next charge is processed.

Modifications

To change your payment conditions or to revoke your authorization, you must advise us **at least 5 days** before the date of the transaction.

If we make changes to your current payment conditions, we will give you 5 days notice before the date the next charge is processed on your credit card.

Unpaid amounts

You authorize Certas Direct Insurance Company to charge a fee if a transaction cannot be carried out as outlined in this agreement. As legislated, we reserve the right to cancel the policy if the payment agreement is not respected.

Refund

If an amount is charged to your credit card in error due to a revocation of the authorization, you must contact us to request a refund (see below for contact information).

Questions? Need to modify your payment terms?

Contact our Billing Services from Monday to Friday from 8 a.m. to 8 p.m. ET and on Saturday from 8 a.m. to 4 p.m. ET at **1-800-794-0008**.

You can modify your payment method anywhere and anytime with our online services at **desjardinsgeneralinsurance.com/online**

IMPORTANT NOTICE

ONTARIO OPTIONAL ACCIDENT BENEFITS

You may be interested in purchasing increased limits to standard coverages for you, your spouse, dependant or driver on your policy. Please take the time to review this information to better understand the coverage you have and whether or not you need to increase your limits. If you already have or will be purchasing private health or disability insurance, the coverages on your automobile policy are considered secondary to those. **Please contact us if you wish to purchase optional coverage.**

Coverage	Standard Coverage	Optional Coverage
Medical, Rehabilitation and Attendant Care (non-minor / non-catastrophic injuries)	Up to \$65,000 for medical, rehabilitation and attendant care benefits, including assessment costs, for a maximum duration of 5 years	If you do not have access to any or sufficient private health insurance or otherwise feel the standard coverage is not enough coverage for you, you may want to consider increasing your maximum limit to \$130,000 , for a maximum duration of 5 years.
Medical, Rehabilitation and Attendant Care (catastrophic injuries)	Up to \$1,000,000 for medical, rehabilitation and attendant care benefits, including assessment costs, for a lifetime duration	If you do not have access to any or sufficient private health insurance or otherwise feel this is not enough coverage for you, you may want to consider an additional \$1,000,000 for catastrophic injuries. If purchased, your total coverage for catastrophic injuries is \$2,000,000 or if purchased in addition to the optional coverage listed below, your total coverage for catastrophic injuries is \$3,000,000 .
Medical, Rehabilitation and Attendant Care (all non-minor injuries)	\$65,000 as above and \$1,000,000 as above	If you would like to increase the benefit limits for all non-minor injuries, you have access to an optional benefit which will allow an increase as follows: <u>Non-minor / non-catastrophic</u> : \$1,000,000 , for a lifetime duration; <u>Catastrophic</u> : \$2,000,000 , for a lifetime duration.
Income Replacement	70% of gross income up to \$400 per week if you are unable to work due to an automobile accident	If you do not have access to any or sufficient private disability insurance or if the standard coverage is otherwise not enough coverage for you, you may want to consider increasing your maximum weekly limit to \$600, \$800 or \$1,000 per week .
Caregiver	Available only if you sustain catastrophic injuries. Up to \$250 per week for the first dependant plus \$50 for each additional dependant	If you are currently providing primary care to dependants, you may want to consider purchasing optional coverage, as a result of which you may be eligible for these benefits for <u>all</u> injuries.
Housekeeping and Home Maintenance	Available only if you sustain catastrophic injuries. Up to \$100 per week	If you are currently responsible for housekeeping and home maintenance tasks, you may want to consider purchasing optional coverage, as a result of which you may be eligible for these benefits for <u>all</u> injuries.
Death and Funeral Benefits	This benefit pays a lump sum of \$25,000 to your eligible spouse, a lump sum of \$10,000 for each dependant and a maximum of \$6,000 for funeral expenses should you die as result of an automobile accident	If this is not enough coverage for you, you can increase your limits to \$50,000 (spouse), \$20,000 (each dependant) and \$8,000 (funeral expenses).
Dependant Care Benefit	Not provided	If you were employed at the time of the accident and you are not eligible for a caregiver benefit and have to pay childcare expenses, you may want to consider purchasing optional coverage to be eligible for up to \$75 per week for the first dependant and \$25 per week for each additional dependant up to a maximum of \$150 per week .
Indexation Benefit	Not provided	If you purchase this optional coverage, many of the benefits will be adjusted annually for inflation in accordance with the Consumer Price Index for Canada.

2020-01-01

TWIEN EUGENE
2035, UNIVERSITY AVE W UNIT 407
WINDSOR ON N9B 1E1

Your policy number: D4307934

Applicable to: 2008 MITSUBISHI LANCER ES/LTD/SE 4D

IMPORTANT NOTICE

CONCERNING AJUSTO™

Please be advised that your enrollment in the AJUSTO program has been cancelled for the above described vehicle.

You will find attached your auto insurance policy which has been updated accordingly and any discount related to the program has been removed.

Consequently, the Ajusto tab can be deactivated by any enrolled driver to prevent further information from being collected and submitted to us.

Do not hesitate to contact us for more information at 1-866-710-4760.

This is your Certificate of Automobile Insurance. Contact your Broker/Agent with any questions or if you require clarification regarding your coverage choices.

Name and Address of Insured

TWIEN EUGENE
2035, UNIVERSITY AVE W UNIT 407
WINDSOR ON N9B 1E1

Policy renewal
Policy Number **D4307934**

Policy Period: from 2020-02-28 * to 2021-02-28 *
Year Month Day Year Month Day

(*12:01 a.m. all times are local times at the Named Insured's primary address shown on this Certificate.)

Registered Owner

TWIEN EUGENE

Lessor (if applicable)
Lienholders (if applicable)

(to whom loss may be jointly payable)

Described Automobile(s)

Year 2008
Make and Model MITSUBISHI LANCER ES/LTD/SE 4D
Serial No. / V.I.N. JA3AU26U08U606769

Insurance Coverages
Liability

Bodily Injury
Property Damage (5% of Bodily Injury premium)

Accident Benefits (Standard Benefits)
Optional Increased Accident Benefits

Income Replacement (\$600/\$800/\$1,000)

Medical, Rehabilitation & Attendant Care
(\$130,000/\$1,000,000)

Optional Catastrophic Impairment (additional
\$1,000,000 added to Standard Benefit or Optional
Medical, Rehabilitation & Attendant Care Benefit)

Caregiver, Housekeeping & Home Maintenance

Death & Funeral

Dependant Care

Indexation Benefit (Consumer Price Index)

Uninsured Automobile (3% of Accident Benefits (Standard Benefits) premium)

Limit \$	Premium \$	Premium for Occ. Driver \$
1,000,000	1,267	
	Included	
As stated in Section 4 of Policy	841	
Up to \$		
per week	Not included	
	Not included	
As stated in Section 4 of Policy	Not included	
	Not included	
	Not included	
	Not included	
As stated in Section 5 of Policy	Included	

Limit \$	Premium \$	Premium for Occ. Driver \$
As stated in Section 4 of Policy		
Up to \$		
per week		
As stated in Section 4 of Policy		
As stated in Section 5 of Policy		

Deductible \$	Premium \$	Premium for Occ. Driver \$
0	533	

Deductible \$	Premium \$	Premium for Occ. Driver \$

Direct Compensation - Property Damage*

* This policy contains a partial payment of recovery clause for property damage if a deductible is specified for direct compensation - property damage.

Loss or Damage**

**This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.

All Perils

Included 0

Collision or Upset

500 719

Comprehensive (excluding Collision or Upset)

500 169

Specified Perils (excluding Collision or Upset)

Included 0

Premium Subtotals \$

3,529

Policy renewal

Policy Number **D4307934**

Insurance Coverages (cont'd)

Policy Change Forms

Veh. No.	End. No.	Name	Limit \$	Premium \$
01	Trouble-Free	The "Trouble-Free Option" is applicable to this vehicle.		75
01	OPCF 20	Coverage for Transportation Replacement	1,500	Included
01	OPCF 35	Coverage for Emergency Road Service		Included
Additional agreements applicable to the policy:				
	OPCF 27	Liability for Damage to Non-Owned Automobile(s) and Providing Other Coverages		Included
		When Insured Persons Drive, Rent or Lease Other Automobiles - Limit for Loss/Damage:	100,000	
		Deductible amount for each claim: Collision/Upset - \$500, Comprehensive - \$500		
	OPCF 44R	Family Protection Coverage	1,000,000	20
Total Endorsement Premium \$				95
Total Policy Premium \$ (excluding retail sales tax)				3,624

Rating Information

Driver Information

Driver Name	Date of Birth	M/F	Marital Status*	Vehicle Number**	Private Passenger Vehicle Date Licenced	Vehicle DTC***	Convictions (Past 3 yrs)
TWIEN EUGENE	1996-12-03	M	S	P	2017-02	Y	Minor Major Serious

*U: Unknown **P: Principal driver S: Secondary driver ***DTC: Driver Training Certificate

Chargeable Claim(s)

Date	Type of Loss
------	--------------

Vehicle Information

Veh. No.	Approximate Kms Annual Business	Driving Record	Rate Group	Vehicle Code	
01	20,000	6	TPL AB DCPD COL CMP/SP	7927	
					Territory: 715
					Student
					Preferred Parking
					Winter Tires

Remarks

This Certificate is proof of a contract of insurance between the Named Insured and the Insurer, subject in all respects to the Ontario Automobile Policy (OAP 1). In return for the premium charged and the statements contained in the application, the contract provides the coverage outlined in this Certificate. You only have a particular coverage for a specific automobile if this Certificate shows a premium for it, or shows the coverage is provided at no cost. All other terms of the Policy remain the same unless stated otherwise in this Certificate. Your Insurer will provide you with a copy of the Policy if you request it. This Certificate is only valid if it is signed by an authorized representative of the Insurer. This Certificate contains important information about your automobile insurance.



Valérie Lavoie
Chief Executive Officer

Produced on: 2020-01-01

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of the Insurer's insurance business in Canada.

This is a brief explanation of the insurance outlined in this Certificate.**Liability**

Provides coverage for you or other insured persons if someone else is killed or injured or their property is damaged in an automobile incident. It will pay for legitimate claims against you or other insured persons up to the limit of your coverage, and the cost of settling claims.

Accident Benefits

Your insurance company is obligated to explain details of Accident Benefits coverage to you. Provides benefits that you and other insured persons are entitled to receive if injured or killed in an automobile accident. These benefits may include: income replacement for persons who have lost income; payments to non-earners who suffer complete inability to carry on a normal life; payment of medical, rehabilitation and attendant care expenses; payment of certain other expenses; payment of funeral expenses and payments to survivors of a person who is killed. You may also purchase optional benefits to increase the standard level of benefits provided in the policy. The optional benefits your insurance company must offer are: income replacement; medical, rehabilitation and attendant care; optional catastrophic impairment; caregiver, housekeeping and home maintenance; death and funeral; dependant care; and an indexation benefit.

Uninsured Automobile

Provides coverage if you or other insured persons are injured or killed by an uninsured motorist or by a hit-and-run driver. It covers damage to your automobile and its contents caused by an identified uninsured motorist.

Direct Compensation - Property Damage

Provides coverage in Ontario, under certain conditions, for damage to your automobile and to property it is carrying, when another motorist is responsible. It is called Direct Compensation because you will collect from us, your insurance company, even though you are not at fault for the accident. There may be a deductible amount, and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium.

Loss or Damage

Provides a selection of optional coverages for your own automobile. Payments cover direct and accidental loss of, or damage to, a Described Automobile and its equipment. There is usually a deductible amount indicated for each coverage and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium.

There are four types of coverages:

Specified Perils:

Covers the Described Automobile against loss or damage caused by certain specific perils. They are: fire; theft or attempted theft; lightning; windstorm; hail or rising water; earthquake; explosion; riot or civil disturbance; falling or forced landing of aircraft or parts of aircraft; or the stranding, sinking, burning, derailment or collision of any kind of transport in or upon which the Described Automobile is being transported.

Comprehensive:

Covers a Described Automobile against loss or damage other than those covered by Collision or Upset, including perils listed under Specified Perils, falling or flying objects, missiles and vandalism.

Collision or Upset:

Covers damage when a Described Automobile is involved in a collision with another object or tips over.

All Perils:

Combines the Collision or Upset and Comprehensive coverages.

Warning: The Insurance Act provides that where (a) an Applicant for a contract, (i) gives false particulars of the Described Automobile to be insured to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured wilfully makes a false statement in respect of a claim under the contract, a claim by the Insured, for other than such statutory accident benefits as are set out in the Statutory Accident Benefits Schedule, is invalid and the right of the Insured to recover indemnity is forfeited.

Warning – Offences: It is an offence under the Insurance Act to knowingly make a false or misleading statement or representation to an Insurer in connection with the person's entitlement to a benefit under a contract of insurance, or to wilfully fail to inform the Insurer of a material change in circumstances within 14 days, in connection with such entitlement. The offence is punishable on conviction by a maximum fine of \$250,000 for the first offence and a maximum fine of \$500,000 for any subsequent conviction.

It is an offence under the federal Criminal Code for anyone to knowingly make or use a false document with the intent it be acted on as genuine and the offence is punishable, on conviction, by a maximum of 10 years imprisonment.

It is an offence under the federal Criminal Code for anyone, by deceit, falsehood or other dishonest act, to defraud or to attempt to defraud an insurance company. The offence is punishable, on conviction by a maximum of 14 years imprisonment for cases involving an amount over \$5,000 or otherwise a maximum of 2 years imprisonment.

Cancellation Request (Fill out and sign when you cancel your policy)

Policy Number: D4307934

In return for the unearned portion of the premium, if any, this policy is cancelled. Any interim and renewal certificates are no longer valid.

Effective Date of Cancellation Day Month Year

Time of Cancellation ☐ am ☐ pm

Signature of Named Insured

Signature of Lienholder / Lessor