

LINA VALADAO INSURANCE AGENCY INC
218 CENTRE ST N
OSHAWA ON L1G 4C5

Auto Insurance Policy No. 4001771431

BENJAMIN LANGHAMMER
JEANINE LANGHAMMER
122-280 WENTWORTH ST W
OSHAWA ON L1J 1N2



Call.

LINA VALADAO INSURANCE AGENCY INC at
905-720-4646



Click.

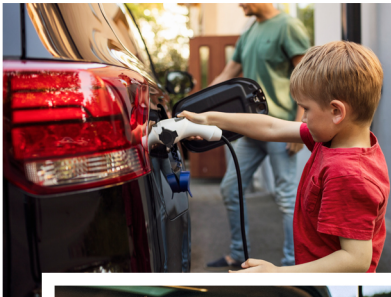
cooperators.ca



Come in.

LINA VALADAO INSURANCE AGENCY INC
218 CENTRE ST N
OSHAWA, ON L1G 4C5

Your updated auto insurance policy



Your pink slips (motor vehicle liability cards)	Page 3
Your certificate of automobile insurance	Page 5
Explanation of your Insurance	Page 10
Your coverages	Page 11

Thank you for continuing to choose Co-operators for your insurance needs. Your most recent policy changes have been updated in these documents. If you have any questions, please contact us.

Want on-the-go access to an electronic liability slip? Download the Co-operators Mobile App from the App Store or Google Play. All you need is an Online Services account.

Quick. Easy. Secure. Visit cooperators.ca/onlineservices to sign up for online services and gain access to your policy information.

Is your recreational vehicle protected?

Whether you prefer forested trails, snow-covered terrain, or the open road, our country has no shortage of picturesque routes to explore. Recreational Vehicle insurance from Co-operators gives you the protection you need, so you can keep discovering new ground.

Why ride with us?

Many recreational vehicles – like ATVs – are uninsured, which leaves drivers and passengers at risk, especially on your own property. That's why we've designed coverage to meet the specific needs of recreational vehicle owners, including:

- **Third-Party Liability** to cover your obligations for causing injuries or property damage.
- **Accident Benefits** to provide medical-expense and loss-of-income payments, regardless of who was at fault in a collision.
- **Uninsured Auto** to cover your expenses if you're injured by a fleeing or uninsured driver.
- **Direct Compensation Property Damage** to compensate you for damages for which you are not at fault.
- **Collision coverage** to repair or replace your vehicle if it is damaged in a collision.
- **Comprehensive coverage** to protect against non-collision-related losses, like from theft, hail or flying objects.

Contact your representative for more information, or to add a recreational vehicle to your policy.

Go paperless to make more time for you



**Scan to access
Online Services
today!**

This easy-to-use portal offers secure, 24/7 access to your Co-operators account. Which means you can easily get a quote,* submit claims, make payments, and more, whenever it's convenient for you.

For added convenience, go paperless by visiting "Profile and Preferences." You'll receive timely email notifications around policy updates and billing.

*Some quotes and policies are not available through your Online Services account.



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Your motor vehicle liability cards



CO-OPERATORS GENERAL INSURANCE COMPANY

POLICY NUMBER / POLICE NUMÉRO
4001771431

NAME AND ADDRESS OF INSURED / NOM ET ADRESSE DE L'ASSURÉ
JEANINE LANGHAMMER
122-280 WENTWORTH ST W
OSHAWA ON L1J 1N2

EFFECTIVE DATE / DATE D'ENTRÉE EN VIGUEUR
Feb 15 2024

EXPIRY DATE / DATE D'EXPIRATION
Feb 2 2025

INSURED VEHICLE / VÉHICULE ASSURÉ (YEAR, MAKE & SERIAL NO. / ANNÉE, MARQUE, SÉRIE)
2014 DODGE/RAM, GRAND CARAVAN SE, 2C4RDGBG0ER226843

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

P100016279908

Contact us at:

905-720-4646

24-hour emergency claims service



Call our Claims Reporting Centre
1-877-NU-CLAIM (1-877-682-5246)



Use Online Services
Sign in at cooperators.ca/aclickaway



Use our Mobile App
Download your iOS or Android app to get started



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Download your iOS or Android app to get started

If you're in an accident, remember...

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.

- (1) **STOP** – Never flee the scene.
- (2) Ensure everyone is well clear of the accident site.
- (3) Check if anyone needs medical assistance.
- (4) Move your car to the roadside or set up warning signals to prevent further accidents.
- (5) Call the police if injury or death has occurred, if you suspect criminal activity or if combined damage exceeds \$2,000.
- (6) Record all necessary information, such as automobile make and model, license number and telephone numbers.
- (7) **Contact our 24-hr Claims Reporting Centre at 1-877-NU-CLAIM (1-877-682-5246) or your Financial Advisor LINA VALADAO INSURANCE AGENCY INC at 905-720-4646**

This certificate is subject to the terms and conditions of the insurer's standard automobile policy.

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 issues or produces a card to show that there is 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 his licence may be suspended.

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

Le présent certificat est assujéti aux dispositions et conditions de la police d'assurance automobile de l'Assureur.

Ce certificat atteste que la personne susnommée est assurée contre la responsabilité pour blessures et dommages aux biens découlant de l'usage du véhicule ci-décrit, conformément aux limites minimales exigées par les lois d'assurance en vigueur partout au Canada.

AVERTISSEMENT—Quiconque émet ou présente un tel certificat comme preuve d'une police d'assurance-responsabilité qui effectivement n'est pas en vigueur, est coupable d'une infraction passible d'une forte amende et/ou d'emprisonnement et suspension de son permis.

Ce certificat doit être laissé dans le véhicule assuré afin d'être présenté comme preuve d'assurance lorsque la police l'exige.

If you're in an accident, remember...

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.

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Ce certificat doit être laissé dans le véhicule assuré afin d'être présenté comme preuve d'assurance lorsque la police l'exige.

Certificate of Automobile Insurance (Ontario)

NAME AND ADDRESS OF INSURED

BENJAMIN LANGHAMMER
JEANINE LANGHAMMER
122-280 WENTWORTH ST W
OSHAWA ON L1J 1N2

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

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.

Auto Insurance Policy No. 4001771431

Underwritten by Co-operators General Insurance Company
(Hereinafter called the Insurer)

EFFECTIVE DATE

February 15, 2024 at 03:41 PM

EXPIRY DATE

February 2, 2025 at 12:01 AM

All times are local times at the Named Insured's primary address shown on this Certificate.

Questions?

LINA VALADAO INSURANCE AGENCY INC at
905-720-4646
218 CENTRE ST N
OSHAWA, ON L1G 4C5

Summary of Insured Automobiles

DESCRIPTION	PRINCIPAL DRIVER	OCCASIONAL DRIVER
1: 2012 DODGE/RAM GRAND CARAVAN SE	BENJAMIN LANGHAMMER	
3: 2014 DODGE/RAM GRAND CARAVAN SE	BENJAMIN LANGHAMMER	
Total cost of your change		\$3,707.00

Minimum non-refundable premium is \$40.00.

For information on Method of Payment, please see your Invoice or Payment Schedule.

Described Automobiles

Vehicle No. 1 2012 DODGE/RAM GRAND CARAVAN SE

Registered owner JEANINE LANGHAMMER
Serial number / V.I.N. 2C4RDGBG1CR424036
Body type
Cylinders / C.C.
Gross vehicle weight (kg)
Purchase or list price new including equipment \$11,000

Rating Information / Remarks

Vehicle use	Commute	Driver	
Commute frequency	5 days per week	Principal driver	BENJAMIN LANGHAMMER
Kilometres driven	5 km driven to work 12,000 km driven each year		35 years old 6 years licensed 1 years claims free
Territory	33		Married
Rate group		Convictions	1 minor
Direct Compensation - Property Damage	28	Discounts	
Accident Benefits	37	Multi-Vehicle	
Comprehensive/Specified Perils	21	Snow Tire	
		Multi-Product	
		More Vehicles Than Drivers	

Insurance Coverages

	LIMIT/ DEDUCTIBLE	PREMIUM	OCCASIONAL DRIVER PREMIUM	TOTAL PREMIUM
Liability	\$2,000,000			
Bodily Injury		\$548		\$548.00
Property Damage		\$19		\$19.00
Accident Benefits (Standard Benefits)	As stated in Section 4 of Policy	\$935		\$935.00
Optional Increased Accident Benefits				
Income Replacement (\$600/\$800/\$1,000)	up to \$ per week			This coverage declined
Medical, Rehabilitation & Attendant Care (\$130,000/\$1,000,000)				This coverage declined

(continued)

Insurance Coverages (continued)

	LIMIT/ DEDUCTIBLE	PREMIUM	OCCASIONAL DRIVER PREMIUM	TOTAL PREMIUM
Optional Catastrophic Impairment (additional \$1,000,000 added to Standard Benefit or Optional Medical, Rehabilitation & Attendant Care Benefit)	As stated in Section 4 of Policy			This coverage declined
Caregiver, Housekeeping & Home Maintenance	As stated in Section 4 of Policy			This coverage declined
Death & Funeral	As stated in Section 4 of Policy			This coverage declined
Dependant Care	As stated in Section 4 of Policy			This coverage declined
Indexation Benefit (Consumer Price Index)	As stated in Section 4 of Policy			This coverage declined
<hr/>				
Uninsured Automobile	As stated in Section 5 of Policy	\$10		\$10.00
Direct Compensation - Property Damage*	\$0	\$395		\$395.00
*This policy contains a partial payment of recovery clause for property damage if a deductible is specified for direct compensation - property damage.				
<hr/>				
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				
Collision or Upset				This coverage declined
Comprehensive (excluding Collision or Upset)	\$500	\$114		\$114.00
Specified Perils (excluding Collision or Upset)				
<hr/>				
Policy Change Forms				
OPCF 44R Family Protection Coverage	\$2,000,000	\$21		\$21.00
OPCF 20 Coverage for Transportation Replacement	\$1,200	\$48		\$48.00
Total premium for automobile 1				\$2,090.00

Described Automobiles

Vehicle No. 3 2014 DODGE/RAM GRAND CARAVAN SE

Registered owner	JEANINE LANGHAMMER
Serial number / V.I.N.	2C4RDGBG0ER226843
Body type	PASSENGER VAN
Cylinders / C.C.	
Gross vehicle weight (kg)	
Purchase or list price new including equipment	\$10,000

(continued)

Rating Information / Remarks

Vehicle use	Commute	Driver	
Commute frequency	5 days per week	Principal driver	BENJAMIN LANGHAMMER
Kilometres driven	5 km driven to work 10,000 km driven each year		35 years old 6 years licensed 1 years claims free
Territory	33		Married
Rate group		Convictions	1 minor
Direct Compensation - Property Damage	31	Discounts	
Accident Benefits	35	Snow Tire	
Collision or Upset	28	Multi-Vehicle	
Comprehensive/Specified Perils	21	Multi-Product	

Insurance Coverages

	LIMIT/ DEDUCTIBLE	PREMIUM	OCCASIONAL DRIVER PREMIUM	TOTAL PREMIUM
Liability	\$2,000,000			
Bodily Injury		\$801		\$801.00
Property Damage		\$19		\$19.00
Accident Benefits (Standard Benefits)	As stated in Section 4 of Policy	\$1,793		\$1,793.00
Optional Increased Accident Benefits				
Income Replacement (\$600/\$800/\$1,000)	up to \$ per week			This coverage declined
Medical, Rehabilitation & Attendant Care (\$130,000/\$1,000,000)				This coverage declined
Optional Catastrophic Impairment (additional \$1,000,000 added to Standard Benefit or Optional Medical, Rehabilitation & Attendant Care Benefit)	As stated in Section 4 of Policy			This coverage declined
Caregiver, Housekeeping & Home Maintenance	As stated in Section 4 of Policy			This coverage declined
Death & Funeral	As stated in Section 4 of Policy			This coverage declined
Dependant Care	As stated in Section 4 of Policy			This coverage declined
Indexation Benefit (Consumer Price Index)	As stated in Section 4 of Policy			This coverage declined
Uninsured Automobile	As stated in Section 5 of Policy	\$10		\$10.00
Direct Compensation - Property Damage*	\$0	\$760		\$760.00

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

(continued)

Insurance Coverages (continued)

	LIMIT/ DEDUCTIBLE	PREMIUM	OCCASIONAL DRIVER PREMIUM	TOTAL PREMIUM
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				
Collision or Upset	\$500	\$801		\$801.00
Comprehensive (excluding Collision or Upset)	\$500	\$159		\$159.00
Specified Perils (excluding Collision or Upset)				
Policy Change Forms				
OPCF 44R Family Protection Coverage	\$2,000,000	\$20		\$20.00
OPCF 20 Coverage for Transportation Replacement	\$1,500	\$60		\$60.00
Total premium for automobile 3				\$4,423.00



Discounts

You have saved \$2,794.00 because of your discounts.



Robert Wesseling
President and Chief Executive Officer
Authorized Signature of Insurer

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

(continued)

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. If you elect not to recover damages from your insurance company under this coverage, you may make such an election by providing written confirmation to your insurance company of this election.

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 willfully 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 willfully 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.

This Certificate contains important information about your automobile insurance.

O.P.C.F. No. 20

Coverage for Transportation Replacement

See your Certificate of Automobile Insurance for which automobile(s) this change applies to. The additional premium for this change is as indicated on your Certificate of Automobile Insurance.

Specified Perils	- refer to Certificate of Insurance -
Comprehensive	- refer to Certificate of Insurance -
Collision	- refer to Certificate of Insurance -
All Perils	- refer to Certificate of Insurance -

1. Purpose Of This Change

This change is part of your policy. It provides coverage for you when you need to pay for other means of transportation because of loss or damage to your automobile caused by a peril for which you are insured. It replaces coverage by section 7.4.4 of your policy, "Loss of Use Due to Theft."

2. What We Will Pay

- 2.1 In return for the premium charged, we will reimburse you for the reasonable expenses of renting a similar substitute automobile. This includes the reasonable expenses of taxicabs or public transportation.
- 2.2 The most we will pay is - not applicable - per day and - refer to Certificate of Insurance - per occurrence.
- 2.3 If the loss of use is because of theft of your entire automobile, this change replaces section 7.4.4 of your policy, "Loss of Use Due To Theft." But, we will not pay less than the limits described in that section.

3. Limitations On Your Coverage

- 3.1 We will only pay if the costs for loss or damage to your automobile exceed any applicable deductible amount shown on your Certificate of Automobile Insurance.
- 3.2 We will reimburse you from:
 - the time the loss or damage occurs if your automobile cannot be operated under its own power; or
 - 12:01 a.m. of the day following your report to us or the police that your automobile has been stolen.In all other cases, we will reimburse you from the time your automobile is delivered for repair due to loss or damage.
- 3.3 Your coverage ends on the date that:
 - your automobile is repaired or replaced; or
 - we offer you a payment to settle the claim.

All other terms and conditions of your policy remain the same.