



2020-10-20

AMARSHI HAFEEZ AND
MAWANI TASLIM
90, WOODBINE AVE
TORONTO ON M4L 2A2

Policy number: K7893464

Following is a copy of your insurance policy documents.

Lawyers Financial Home and Auto Insurance Program (the "Program") is underwritten by The Personal General Insurance Inc. in Quebec and by The Personal Insurance Company in all other provinces and territories (collectively "The Personal").

Should you have any questions, please do not hesitate to call **The Personal at 1-877-314-6274**.

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thePersonal

The Personal Insurance Company
P.O. Box 7065, Miss. ON L5A 4K7
1 888 277-6481

POLICY NO. / POLICE N°	INSURED / ASSURÉ(S)
K7893464	AMARSHI HAFEEZ AND MAWANI TASLIM AND AUDI FINANCE/VW CREDIT CANADA 90, WOODBINE AVE TORONTO ON M4L 2A2
EFFECTIVE DATE / ENTRÉE EN VIGUEUR YR/AN MO DAY/JR	
2020-12-18	
EXPIRY DATE / EXPIRATION YR/AN MO DAY/JR	
2021-12-18	

VEHICLE(S): YEAR, MAKE, MODEL, SERIAL	VEHICULE(S): ANNÉE, MARQUE, MODÈLE, N° DE SÉRIE
1 2016 HONDA CR-V	2HKRM4H51G0120342
2 2017 AUDI A4 2.0T quattro	WAUCAF5XHN051788

This certificate is subject to the terms and conditions of the insurer's standard automobile policy. Ce présent certificat est soumis aux dispositions et conditions de la police d'assurance automobile de l'Assureur.

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

WARNING - Any person who issues 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. **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.

This card should be carried in the insured vehicle for production as proof of insurance when demanded by police. Ce certificat doit être laissé dans le véhicule assuré afin d'être présenté comme preuve d'assurance lorsque la police l'exige.

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. 735 101 (2002-09)



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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.
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Notice date: 2020-10-19 01:02

AMARSHI HAFEEZ
MAWANI TASLIM
90, WOODBINE AVE
TORONTO ON M4L 2A2

Billing Account Number: 1281492

Method of payment: preauthorized withdrawals

Amount(s) will be debited from/credited to:

CANADIAN IMPERIAL BANK OF COMMERCE

Account No.: 0010-00132-****331

Bank Accountholder(s):

AMARSHI HAFEEZ

Transactions	Effective Date	Amount	Tax	Total
Previous Billing Account Balance				\$862.38
Renewal of Auto Policy K7893464	2020-12-18	\$3,028.00	\$0.00	\$3,028.00
Billing Account Balance* :				\$3,890.38

*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 ***
K7893464	Auto 2016 HONDA CR-V 2017 AUDI A4	2019-12-18 to 2020-12-18	Monthly	\$266.84
H5637876	Property 90, WOODBINE AVE TORONTO 219, FORT YORK BLVD UNIT	2019-12-18 to 2020-12-18	Monthly	\$164.35
K7893464	Auto 2016 HONDA CR-V 2017 AUDI A4	2020-12-18 to 2021-12-18	Monthly	\$252.34

** 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 <input checked="" type="checkbox"/> Business <input type="checkbox"/>			
2020-11-15	\$431.19	2020-12-15	\$431.19	2021-01-15	\$252.26	2021-02-15	\$252.34
2021-03-15	\$252.34	2021-04-15	\$252.34	2021-05-15	\$252.34	2021-06-15	\$252.34
2021-07-15	\$252.34	2021-08-15	\$252.34	2021-09-15	\$252.34	2021-10-15	\$252.34
2021-11-15	\$252.34	2021-12-15	\$252.34				

Total: \$3,890.38

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. If you currently have multiple policies where your single payment is automatically withdrawn from your account, your bank statement may temporarily begin to reflect two debits. Rest assured! These withdrawals will merge back into one single payment for the policies once all of them have been renewed on your new billing account.

TERMS AND CONDITIONS OF PAYMENT BY PREAUTHORIZED DEBIT

Under these Terms and Conditions "you" and "your" refers to the person identified as the bank account holder indicated on the front of this document. "We" refers to The Personal Insurance Company.

Authorization

In choosing to pay by preauthorized debit, you authorize The Personal Insurance Company to make one or more debits from your account at the financial institution indicated on the front of this document, on the dates and in the amounts specified and you also agree to all the terms and conditions set out herein. Please note that you do not have to give any other authorization to your financial institution.

When the policy is renewed, we shall assume that you will continue to pay by preauthorized debit unless you inform us otherwise **5 days** before the date of the first debit after renewal.

Modifications

You can pay the insurance premium in one lump sum or in installments over several months without paying any fees or interest. Certain conditions apply.

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

If we make changes to your current payment conditions, we will give you 5 days notice before the date of your next debit.

Unpaid amounts

You authorize The Personal Insurance Company to charge and debit a fee if a debit cannot be carried out as outlined in this agreement. You will be notified of any changes made to your next debit amount.

As legislated, we reserve the right to cancel the policy if the payment agreement is not respected.

Recourse

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Preauthorized payment agreement.

To obtain more information on your recourse rights, or to obtain a sample cancellation form, or for more information on your rights under this agreement, including your right to cancel this agreement, contact your financial institution or visit payments.ca.

Cancellation

As indicated in your insurance contract, if you choose to cancel it before the end of the term, we will calculate the premium owed using the short-term rate.

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 **1-888-476-8737**.

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

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.

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

AMARSHI HAFEEZ AND
MAWANI TASLIM
90, WOODBINE AVE
TORONTO ON M4L 2A2

Policy renewal
Policy Number **K7893464**
Policy Period: from **2020-12-18** * to **2021-12-18** *
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

AMARSHI HAFEEZ

Vehicle 02

MAWANI TASLIM

Lessor (if applicable)

AUDI FINANCE/VW CREDIT CANADA
INSURANCE SERVICE CENTRE
PO BOX 9815, STATION T
OTTAWA ON

Lienholders (if applicable)

(to whom loss may be jointly payable)

BMW FINANCIAL SERVICES
55 BLOOR ST W 12TH FLOOR
TORONTO ON

Described Automobile(s)

Year
Make and Model
Serial No. / V.I.N.

2016
HONDA CR-V /EX-/L/LE/LX/SE/SP/TR AWD
2HKRM4H51GH120342

2017
AUDI A4 2.0T/K/PR/TEC /S QUAT 4D
WAUCNAF4XHN051788

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	234	

Included

As stated in Section 4 of Policy 345

Up to \$
per week Not included

Not included

As stated in Section 4 of Policy Not included

Not included

Not included

Not included

Not included

As stated in Section 5 of Policy Included

Deductible \$	Premium \$	Premium for Occ. Driver \$
0	343	

Limit \$	Premium \$	Premium for Occ. Driver \$
1,000,000	192	

Included

As stated in Section 4 of Policy 238

Up to \$
per week Not included

Not included

As stated in Section 4 of Policy Not included

Not included

Not included

Not included

Not included

As stated in Section 5 of Policy Included

Deductible \$	Premium \$	Premium for Occ. Driver \$
0	531	

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

500 178

Comprehensive (excluding Collision or Upset)

500 163

Specified Perils (excluding Collision or Upset)

Included 0

Included 0

500 419

500 143

Included 0

Premium Subtotals \$

1,263

1,523

Policy renewal

Policy Number **K7893464**

Insurance Coverages (cont'd)

Policy Change Forms

Veh. No.	End. No.	Name	Limit \$	Premium \$
01	Worry-Free	The "Worry-Free Option" is applicable to this vehicle.		53
01	OPCF 20	Coverage for Transportation Replacement	1,500	Included
01	OPCF 35	Coverage for Emergency Road Service		Included
02	Worry-Free	The "Worry-Free Option" is applicable to this vehicle.		53
02	Accident-Free	The "Accident-Free Protection" will apply to this vehicle in the event of a chargeable accident		85
02	OPCF 5	Permission to Rent or Lease Automobiles and Extending Coverage to the Specified Lessee(s)		0
02	OPCF 20	Coverage for Transportation Replacement	1,500	Included
02	OPCF 35	Coverage for Emergency Road Service		Included
Additional agreements applicable to the policy:				
OPCF 3	Drive Government Automobiles	Limit of Liability:	1,000,000	36
		Limit for Loss or Damage:	30,000	
Deductible amount for each claim: Collision or Upset - \$500, Comprehensive - \$500 (Including all applicable policy change forms on this Certificate of Automobile Insurance)				
OPCF 27	Liability for Damage to Non-Owned Automobile(s) and Providing Other Coverages When Insured Persons Drive, Rent or Lease Other Automobiles - Limit for Loss/Damage:		100,000	Included
Deductible amount for each claim: Collision/Upset - \$500, Comprehensive - \$500				
OPCF 44R	Family Protection Coverage		1,000,000	15
Total Endorsement Premium \$				242
Total Policy Premium \$ (excluding retail sales tax)				3,028

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)
MAWANI TASLIM	1982-01-02	F	M	S P	2001-01	N	Minor Major Serious
AMARSHI HAFEEZ	1973-06-10	M	M	P S	1989-12	N	

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

Chargeable Claim(s)

Date	Type of Loss
2016-04-20	Collision

Policy renewal

Policy Number **K7893464**

Rating Information (cont'd)

Vehicle Information

Veh. No.	Approximate Kms		Driving Record	Rate Group					Vehicle Code	
	Annual	Business		TPL	AB	DCPD	COL	CMP/SP		
01	5,000		5	35	89	46	32	54	0271	Territory: 755 Winter Tires Loyalty
02	5,000		10	35	59	59	59	33	9573	Territory: 755 VICC Approved Immobilizer Winter Tires Loyalty

Discount(s)

Veh. No.	%	Type
01	7.5	Multi-Vehicle
01	5	Multi-line
02	7.5	Multi-Vehicle
02	5	Multi-line

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: 2020-10-20

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 indensation 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: K7893464

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



thePersonal

The Personal Insurance Company

Certificate of Automobile Insurance (Ontario)

Page 1 of 3

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

AMARSHI HAFEEZ AND
MAWANI TASLIM
90, WOODBINE AVE
TORONTO ON M4L 2A2

Policy renewal

Policy Number **K7893464**

Policy Period: from 2020-12-18 * to 2021-12-18 *
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.)

Copy to be delivered to the Lienholder

Registered Owner

AMARSHI HAFEEZ

Lessor (if applicable)

Lienholders (if applicable)

(to whom loss may be jointly payable)

BMW FINANCIAL SERVICES
55 BLOOR ST W 12TH FLOOR
TORONTO ON

Described Automobile(s)

Year
Make and Model
Serial No. / V.I.N.

2016
HONDA CR-V /EX/-L/LE/LX/SE/SP/TR AWD
2HKRM4H51GH120342

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		

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		

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 \$

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

Collision or Upset

Comprehensive (excluding Collision or Upset)

Specified Perils (excluding Collision or Upset)

Included

500

500

Included

Premium Subtotals \$

NOTICE: "Not included" MEANS THIS COVERAGE IS NOT PROVIDED.

733 161 (2016-11)

Policy renewal

Policy Number **K7893464**

Insurance Coverages (cont'd)

Policy Change Forms

Veh. No.	End. No.	Name	Limit \$	Premium \$
01	Worry-Free	The "Worry-Free Option" is applicable to this vehicle.		
01	OPCF 20	Coverage for Transportation Replacement	1,500	
01	OPCF 35	Coverage for Emergency Road Service		
		Additional agreements applicable to the policy:		
	OPCF 3	Drive Government Automobiles	Limit of Liability: Limit for Loss or Damage:	1,000,000 30,000
		Deductible amount for each claim: Collision or Upset - \$500, Comprehensive - \$500 (Including all applicable policy change forms on this Certificate of Automobile Insurance)		
	OPCF 27	Liability for Damage to Non-Owned Automobile(s) and Providing Other Coverages 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	

Policy renewal

Policy Number **K7893464****OPCF 23A - Lienholder Protection****1. Purpose of This Change**

1.1 This change is part of your policy. It protects the Lienholder's interest in your automobile if you have a claim for a loss covered under Section 6, "Direct Compensation – Property Damage", and Section 7 of your policy, "Loss or Damage Coverages (Optional)".

1.2 This change applies to the automobile(s) described on this Certificate of Automobile Insurance and for which a Lienholder is named.

2. Joint Payment

If we are settling a claim with you and your automobile is not repaired or the lost or damaged parts are not replaced, we will jointly pay you and the Lienholder for any loss covered under Section 6 of your policy, "Direct Compensation – Property Damage", and Section 7 of your policy, "Loss or Damage Coverages (Optional)".

3. Notifying the Lienholder

If any coverage in Section 6 and/or in a subsection of Section 7 of your policy is cancelled, we must notify the Lienholder in writing at least fifteen days before the cancellation. However, for this policy change form, this obligation ends on the expiry date shown on this form.

If you have purchased any coverage under Section 7 but do not cooperate with any reasonable arrangements we make to inspect your automobile, we must notify the Lienholder in writing. The Lienholder's rights under the coverage will not be affected except after 15 days following the date of mailing such notice.

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

Remarks

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