| Insurer | | | | Certi (Onta | | tomobile Ins | urance | | |
|------------------------------------------------------------------------------------|--------------|------------------|--------|-------------------------------------|--------------|--------------------|-------------------------------------|--|--|
| This is your Certificate of Automobile Inchoices. All times are local times at the | | | | | | arification regard | ing your coverage | | |
| Policy Number | | Policy Effective | e Date | Year Month Day | Policy Ex | piry Date Ye | ar Month Day | | |
| Date Prepared | Broker/Agent | | | | | Telephone | Telephone Number | | |
| Named Insured and Primary Address | | | Lessor | (if applicable) | | | | | |
| | | | | | | | | | |
| Described Automobiles | | Automol | bile 1 | | Automobile 2 | | | | |
| Model Year and Make | | | | | | | | | |
| Model and Body Type | | | | | | | | | |
| Serial No./V.I.N. | | | | | | | | | |
| Cylinders/C.C. | | | | | | | | | |
| Purchase Price/List Price New | | | | | | | | | |
| Insurance Coverages | | Automol | bile 1 | | Automobile 2 | | | | |
| Liability | Limit | Premi | um | Premium for Occasional Driver | Limit | Premium | Premium for Occasional Driver | | |
| Bodily Injury | | | | | | | | | |
| Property Damage | | | | | | | | | |

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| Insurance Coverages | | Automobile 1 | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------|-------------------------------------|-------------------------------------|---------|-------------------------------------|
| | Limit | Premium | Premium for Occasional Driver | Limit | Premium | Premium for Occasional Driver |
| Accident Benefits (Standard Benefits) | As stated in Section 4 of Policy | | | As stated in Section 4 of Policy | | |
| Optional Increased Accident Benefits | | | | | | |
| Income Replacement (\$600/\$800/\$1,000) | (up to \$ per week) | | | (up to \$ per week) | | |
| 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) | As stated in Section 4 of Policy | | | As stated in Section 4 of Policy | | |
| Caregiver, Housekeeping & Home Maintenance | | | | | | |
| Death & Funeral | | | | | | |
| Dependant Care | | | | | | |
| Indexation Benefit (Consumer Price Index) | | | | | | |
| Uninsured Automobile | As stated in Section 5 of Policy | | | As stated in Section 5 of Policy | | |
| | Deductible | Premium | Premium for Occasional Driver | Deductible | Premium | Premium for Occasional 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. | | | | | | |

| Insurance Coverages | | Automobile 1 | | Automobile 2 | | | |
|-------------------------------------------------|------------|--------------|-------------------------------------|--------------|---------|-------------------------------------|--|
| Loss or Damage** | Deductible | Premium | Premium for Occasional Driver | Deductible | Premium | Premium for Occasional Driver | |
| Specified Perils (excluding Collision or Upset) | | | | | | | |
| Comprehensive (excluding Collision or Upset) | | | | | | | |
| Collision or Upset | | | | | | | |
| All Perils | | | | | | | |

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

| | Automobile 1 | | | Automobile 2 | |
|----------------------------------------------------------------|---------------|-----------------------------|-----------------------------|---------------------------------------|-----------------------------|
| Policy Change Forms (Name, No., including limit if applicable) | Premium | Premium | | | |
| | | | | | |
| | | Occasional driver subtotals | | | Occasional driver subtotals |
| Premium Subtotals | | unver subtotals | | | unver subtotals |
| *Total Premium for *Premium Subtotal + Occasion | | | | | |
| | (Total Premiu | m for Automobile | Tota 1 + Total Premium t | I Policy Premium for Automobile 2) | |
| | | | Minimum Non-Ref | undable Premium | |
| | | | | Тах | |
| | | | | Total Policy Cost | |

Rating Information

| | | | | | | Assignment to Auto Convictions | | | | | | i | | | | |
|---------------|---------------------|-------------|-----------|---------|-------------------|----------------------------------|-------|----------------|-------------------|------------|------------|------------|------------------|-------------|--------|--------|
| Driver No. | Drive | er Name | | Age | Marital Status | Years Lic. | | | Pri | ncipal | Secondary | Occasional | Excluded | Serious | Major | Minor |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | Char | na abla i | Claima | | | | | | | Curabarra | | | Discounts | | |
| A t . | Diti | Char | geable | Claims | | | | | T | | Surcharges | • | | Dis | counts | |
| Auto No. | Date (yyyy/mm/do | d) BI | | PD | AB | COL | L/AF | 9 | 6 | | Descrip | otion | % | Description | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | , | | |
| | | | \perp | | | | | | | | | | | | | |
| | Kilome | etres Drive | en | | | | | | Class Description | | | | | | | |
| Auto No. | Annually | To W | ork (On | ie Way) | Rating | ehicle W (comme icles only | rcial | t | С | Class | | | Des | scription | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | Drivi | ng Reco | ord | | | | | | Rate Group | | | Rating Territory | | ry | |
| Auto No. | ВІ | PD | AE | 3 | DCPD | COLL/AF | | ehicle Code | | AB | DCPD | COLL/AP | COMP/SP | Terr. Code | Descr | iption |
| | | | | | | | | | | | | | | | | |
| | | | | | | _ | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | l | | | | | | <u> </u> | | | 1 | | 1 | | |

| Lienholders | | | | | | | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------|--|--|--|
| (to whom loss may be jointly pa | ayable) | (to whom loss | (to whom loss may be jointly payable) | | | | |
| Method of Payment | | | | | | | |
| Type of Payment Plan | Total Policy Premium | Tax | Interest | Total Payable | | | |
| Amount Paid with Application | Amount Still Due | No. of Remaining Instalments | Amount of Each Instalment | Instalment Due Date | | | |
| Remarks | | | | | | | |
| In return for the premium charge particular coverage for a specific | ed and the statements contai ic automobile if this Certificate otherwise in this Certificate. | ne Named Insured and the Insurer, sined in the Application, the contract pe shows a premium for it, or shows the Your Insurer will provide you with a co | provides the coverage outlined he coverage is provided at no c | n this Certificate. You only have a ost. All other terms of the Policy | | | |
| Authorized Signature of Insure | | s document was issued in the course | e of the Insurer's insurance bus | ness 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. 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 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.

This Certificate contains important information about your automobile insurance.