

J'atteste par la présente avoir reçu le Guide de distribution
(pour les résidents du Québec seulement) le _____

Signé par _____

Police no : FI-A-VIMG_CR (2018-12)

No : CR

000XXX

Renseignements sur l'emprunteur			
Nom (à la naissance)	Prénom	Tél. rés.	Date de naissance J M A
Rue	Ville	Province	Code postal
Nom de l'employeur		Téléphone de l'employeur	

Renseignements sur le coemprunteur (Peut être assuré même si l'emprunteur ne l'est pas.)			
Nom (à la naissance)	Prénom	Tél. rés.	Date de naissance J M A
Rue	Ville	Province	Code postal
Nom de l'employeur		Téléphone de l'employeur	

Renseignements sur le contrat de financement	
Nom et adresse du créancier	Téléphone

Prêt - achat <input type="checkbox"/>	Durée du prêt	Prêt total (montant assuré) initial	Mensualité (sans l'assurance)	Date d'entrée en vigueur (J-M-A)
Location <input type="checkbox"/>	Taux d'intérêt	Mensualité (assurance incluse)	Valeur résiduelle si assurée	Date d'expiration (J-M-A)
Prêt - rachat <input type="checkbox"/>				

Renseignements sur l'assurance						
Assurance prêt (assurance vie)			Assurance versement (assurance invalidité)			
<input type="checkbox"/> Emprunteur seul	<input type="checkbox"/> Coemprunteur seul	<input type="checkbox"/> Assurance conjointe	<input type="checkbox"/> Emprunteur seul	<input type="checkbox"/> Coemprunteur seul	<input type="checkbox"/> Assurance conjointe	<input type="checkbox"/> À cocher si travailleur saisonnier

Type d'assurance								
Assurance prêt (assurance vie)		Assurance versement (assurance invalidité)			Délai de carence			
<input type="checkbox"/> Décès par accident	<input type="checkbox"/> Décès toute cause	<input type="checkbox"/> 6 mois	<input type="checkbox"/> Accident seulement	<input type="checkbox"/> Accident et maladie	<input type="checkbox"/> 30 jours (non rétroactif)	<input type="checkbox"/> 60 jours (non rétroactif)	<input type="checkbox"/> 90 jours (non rétroactif)	<input type="checkbox"/> 30 jours (rétroactif)

Primes					
Assurance prêt décroissante	Assurance prêt résiduelle	Assurance versement	Frais de police	Taxe	Total
			50 \$		

Déclaration de l'assuré - Critères d'admissibilité

Veuillez lire et signer la déclaration ci-dessous.

Je soussigné, l'emprunteur et le coemprunteur s'il y a lieu, déclare être le propriétaire ou le locataire du véhicule et le contractant du prêt et être une personne physique qui désire souscrire à l'assurance crédit automobile, et je déclare respecter les limites relatives au **montant assuré maximum** (indiqué aux sections 1.2 et 2.3 du certificat) ainsi que les critères d'admissibilité énoncés ci-dessous.

POUR L'ASSURANCE PRÊT (ASSURANCE VIE) - DÉCÈS PAR ACCIDENT

- Je suis âgé de 17 ans ou plus et de moins de 73 ans;
- je n'ai jamais souffert du SIDA ou de toute affection qui y est liée, ni subi de traitement à ce sujet, et aucune épreuve subie n'a démontré avec résultat positif la présence d'anticorps au virus V.I.H.

POUR L'ASSURANCE PRÊT (ASSURANCE VIE) - DÉCÈS TOUTE CAUSE

- Je suis âgé de 17 ans ou plus et de moins de 70 ans;
- je n'ai jamais souffert du SIDA ou de toute affection qui y est liée, ni subi de traitement à ce sujet, et aucune épreuve subie n'a démontré avec résultat positif la présence d'anticorps au virus V.I.H.

Je confirme avoir été informé par mon concessionnaire automobile des critères d'admissibilité du présent certificat ainsi que de la définition de l'état de santé préexistant.

_____ initiales

POUR L'ASSURANCE VERSEMENT (ASSURANCE INVALIDITÉ)

- Je suis âgé de 17 ans ou plus et de moins de 65 ans;
- j'occupe activement un emploi contre rémunération ou profit d'au moins 22,5 heures rémunérées par semaine pendant un minimum de 30 semaines par année; sinon je suis **un travailleur saisonnier admissible** (selon la définition 13 des DISPOSITIONS GÉNÉRALES de la présente);
- si je suis un travailleur autonome, je réponds à la définition de **travailleur autonome admissible** (selon la définition 12 des DISPOSITIONS GÉNÉRALES de la présente);
- je ne suis pas actuellement invalide;
- je n'ai jamais souffert du SIDA ou de toute affection qui y est liée, ni subi de traitement à ce sujet, et aucune épreuve subie n'a démontré avec résultat positif la présence d'anticorps au virus V.I.H.

ASSURANCE PRÊT : Veuillez inscrire vos initiales selon ce que vous avez choisi.

_____ Je désire/Nous désirons une assurance prêt pour l'emprunteur seulement,
_____ initiales le coemprunteur seulement, l'emprunteur et le coemprunteur

OU

_____ Après avoir considéré les avantages offerts,
_____ initiales je refuse / nous refusons l'assurance prêt.

ASSURANCE VERSEMENT : Veuillez inscrire vos initiales selon ce que vous avez choisi.

_____ Je désire/Nous désirons une assurance versement pour l'emprunteur seulement,
_____ initiales le coemprunteur seulement, l'emprunteur et le coemprunteur

OU

_____ Après avoir considéré les avantages offerts,
_____ initiales je refuse/nous refusons l'assurance versement.

AVIS : L'assurance est facultative et n'est pas requise pour obtenir un contrat d'achat, de location ou de rachat. L'assurance peut être annulée en tout temps en envoyant un avis écrit à SSQ.

Je déclare que tous les renseignements fournis dans la présente proposition sont exacts et complets et il est entendu que toute déclaration inexacte ou incomplète de ma part relativement à l'assurance peut causer son annulation. Je reconnais que si des prestations d'assurance étaient versées par SSQ, elles le seraient directement au créancier et serviraient à réduire ou à acquitter le solde de ma dette. Aux fins de l'établissement de l'assurabilité, de gestion de mon dossier et d'étude des sinistres, j'autorise toute personne physique ou morale ou tout organisme public ou parapublic possédant des renseignements personnels à mon sujet concernant entre autre mon état de santé, mes antécédents médicaux ou mon admissibilité aux prestations, dont notamment tout médecin, dentiste ou autre praticien, hôpital, clinique médicale ou paramédicale, compagnie d'assurance ou de réassurance, le bureau de renseignements médicaux, les agences de renseignements personnels, les intermédiaires de marché, toute institution financière, le propriétaire, mon employeur ou mes ex-employeurs, la C.N.E.S.S.T., la R.R.Q., la S.A.A.Q., la R.A.M.Q. et le bureau des Ressources Humaines du Canada à les communiquer à SSQ. De même, j'autorise SSQ à communiquer lesdits renseignements aux tiers susmentionnés ainsi qu'à ses réassureurs. Pour les mêmes fins et pour recueillir le même type de renseignements, je consens également à ce que SSQ et ses réassureurs puissent demander un rapport d'enquête à mon sujet et utiliser les renseignements qu'ils détiennent dans d'autres dossiers dont l'objet est accompli. Dans l'éventualité où le consentement serait révoqué, l'assurance pourrait prendre fin. Une photocopie de la présente autorisation a la même valeur que l'original.

Tout renseignement relatif à votre assurabilité est traité de façon confidentielle. Toutefois SSQ pourra en transmettre un résumé au Bureau des renseignements médicaux. Le Bureau est un organisme sans but lucratif qui effectue un échange de renseignements au nom de ses compagnies membres. Si vous faites une demande d'assurance vie ou d'assurance invalidité ou si vous présentez une demande de prestations à une compagnie d'assurance membre, le Bureau fournit les renseignements qu'il possède sur vous à cette compagnie, à la demande de cette dernière. S'il reçoit une demande de votre part, le Bureau prendra des dispositions pour vous donner les renseignements contenus dans votre dossier. Si vous mettez en doute l'exactitude des renseignements du Bureau, vous pouvez lui demander une rectification à l'adresse suivante : 330, avenue University, bureau 403, Toronto (Ontario) M5G 1R7.

IMPORTANT : La présente assurance comporte des exclusions, limitations, réductions et autres restrictions. En signant la présente proposition d'assurance, je reconnais avoir pris connaissance de toutes les dispositions du présent document et je déclare avoir compris et accepté ces dispositions.

Veuillez examiner le texte du certificat. SSQ accorde à l'assuré en vertu de cette assurance un délai de 20 jours à compter de la date de sa délivrance, pour en prendre connaissance. Durant cette période, l'assuré peut mettre fin à l'assurance en faisant parvenir un avis écrit à cet effet à SSQ et en retournant le certificat au siège social. SSQ remboursera alors toute prime versée.

Date	Signature de l'emprunteur
Signature de la personne autorisée par le concessionnaire	Signature du coemprunteur
Renseignements sur le concessionnaire	

I hereby acknowledge having received the Distribution Guide (for Quebec Residents only) on _____

Signed by _____

Group Policy no.: FI-A-VIMG_CR (2018-12)

No: CR

000XXX

Borrower Information			
Last Name (at birth)	First Name	Home Tel.	Date of Birth D M Y
Street	City	Province	Postal Code
Employer's Name		Employer's Phone	

Co-Borrower Information (may be insured, even if the borrower is not)			
Last Name (at birth)	First Name	Home Tel.	Date of Birth D M Y
Street	City	Province	Postal Code
Employer's Name		Employer's Phone	

Financing Contract Information	
Creditor's Name And Address	Creditor's Telephone No.

Loan <input type="checkbox"/>	Term of the Loan	Total Initial Loan (Insured Amount)	Monthly payment (excluding insurance)	Effective date (D-M-Y)
Lease <input type="checkbox"/>	Interest Rate	Monthly payment (including insurance)	Residual value if insured	Expiry date (D-M-Y)
Buyback Loan <input type="checkbox"/>				

Coverage Information						
Life Insurance			Disability Insurance			
<input type="checkbox"/> Borrower only	<input type="checkbox"/> Co-Borrower only	<input type="checkbox"/> Joint Insurance	<input type="checkbox"/> Borrower only	<input type="checkbox"/> Co-Borrower only	<input type="checkbox"/> Joint Insurance	<input type="checkbox"/> Tick here if seasonal worker

Type of Insurance								
Life Insurance		Disability Insurance		Waiting Period				
<input type="checkbox"/> Accidental Death	<input type="checkbox"/> All Cause Death	<input type="checkbox"/> 6 months	<input type="checkbox"/> Accident only	<input type="checkbox"/> Accident and Sickness	<input type="checkbox"/> 30 days (non retroactive)	<input type="checkbox"/> 60 days (non retroactive)	<input type="checkbox"/> 90 days (non retroactive)	<input type="checkbox"/> 30 days (retroactive)

Premiums					
Decreasing Life Insurance	Residual Life Insurance	Disability Insurance	Policy Fee	Tax	Total
			\$50		

Insured's Declaration - Eligibility Requirements

Please read and sign the declaration below.

I hereby declare as borrower and/or co-borrower that I own the vehicle and that I took out the loan or that I leased the automobile. I also declare that I am a physical person and that I wish to purchase the Automobile Credit Insurance and that I do comply with the limits of the **maximum insured amount** (specified in sections 1.2 and 2.3 of the certificate) as well as with the following eligibility requirements.

FOR LIFE INSURANCE (ACCIDENTAL DEATH)

- I am 17 years of age or older but less than 73 years of age;
- I never had or was treated for AIDS or any AIDS related illness, and I have never tested positive for HIV.

FOR LIFE INSURANCE (ALL CAUSE DEATH)

- I am 17 years of age or older but less than 70 years of age;
- I never had or was treated for AIDS or any AIDS related illness, and I have never tested positive for HIV.

I hereby confirm that my car dealer has informed me about the eligibility requirements under this policy and the pre-existing condition definition.

_____ initials

FOR DISABILITY INSURANCE

- I am 17 years of age or older but less than 65 years of age;
- I am actively working a minimum of 22.5 hours a week for wages or profit, for a minimum of 30 weeks per year; if not, I am an **eligible seasonal worker** (according to definition 4 of the GENERAL PROVISIONS of this document);
- if I am an independent worker, I qualify as an **eligible self-employed worker** (according to definition 5 of the GENERAL PROVISIONS of this document);
- I am not currently disabled;
- I never had or was treated for AIDS or any AIDS related illness and I have never tested positive for HIV.

<p>LIFE INSURANCE: Please initial your choice.</p> <p>_____ initials I wish/We wish life insurance for <input type="checkbox"/> borrower only, <input type="checkbox"/> co-borrower only, <input type="checkbox"/> borrower and co-borrower</p> <p style="text-align: center;">OR</p> <p>_____ initials After considering the advantages of this offer, I decline/we decline life insurance.</p>
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<p>DISABILITY INSURANCE: Please initial your choice.</p> <p>_____ initials I wish/We wish disability insurance for <input type="checkbox"/> borrower only, <input type="checkbox"/> co-borrower only, <input type="checkbox"/> borrower and co-borrower</p> <p style="text-align: center;">OR</p> <p>_____ initials After considering the advantages of this offer, I decline/we decline disability insurance.</p>
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NOTE: Insurance is voluntary and not required as a condition of the loan, lease or buyback loan. It may be cancelled at any time by the applicant with written notification to SSQ.

I understand that any misrepresentation in disclosures made by me in respect of this coverage may cause my insurance to be voided. I understand that any insurance benefits which may be payable by SSQ will be paid directly to the creditor and will be used to pay-off or reduce the outstanding balance of my loan. I hereby authorise any person or organization having information on my health or habits, including physician, hospitals, dentists, medical clinics, insurance companies, the Medical Information Bureau, personal information agencies, market intermediaries, financial institutions, present and former employers, the C.N.E.S.S.T., the S.A.A.Q., the R.A.M.Q., the R.R.Q. and the Human Resources Office of Canada to communicate these informations to SSQ. I also authorise SSQ and its reinsurers to request a report on me and my habits and to use information they may have on me under another contract. Insurance may be cancelled if this authorisation is revoked. A photocopy of this authorisation is as valid as the original.

Any information on you is treated confidentially. However SSQ may supply that information to the Medical Information Bureau (MIB). The MIB is a non-profit organization sharing information for its member insurance companies. If you apply for life or disability insurance with a member insurance company, MIB, upon request, provides the information it has on you to the member insurance company. You may ask MIB to provide you with the information it has on you and if you disagree with this information, you may ask that it be corrected by writing to MIB at 330 University Avenue, Suite 403, Toronto, Ontario M5G 1R7.

IMPORTANT: This insurance contains exclusions, limitations, reductions and other restrictions. By signing this application form, I agree that I have read all the terms and conditions included in this document and I hereby declare that I understand and accept those conditions.

Please read this document carefully. SSQ gives the insured of this certificate 20 days from the delivery date to do so. During this 20-day period, the insured may cancel this insurance by providing a written notice to SSQ and sending it along with the certificate to the head office of the company. Any premium paid will then be refunded by SSQ.

Date	Borrower's Signature
Dealer's Authorized Signature	Co-Borrower's Signature
Car Dealer Information	

AUTOMOBILE CREDIT INSURANCE CERTIFICATE

SSQ, Life Insurance Company Inc. (the insurer), has issued a group insurance policy whereby borrowers and co-borrowers may be insured.

GENERAL PROVISIONS

(applicable to Life Insurance and Disability Insurance)

Words used in this Certificate have the defined meaning or value as set out below. All of the terms and conditions governing coverage are set out in this Certificate. In consideration of the payment of all required premiums, and as soon as the insurance proposal is approved, if applicable, the insured's coverage will be as stated in this certificate. Any amounts payable under this Certificate will be paid to the Creditor to reduce or pay-off the financial obligation of the insured with respect to the financed amount. This certificate is not assignable.

If the borrower and/or the co-borrower have entered into an loan or lease contract and have paid the required premium for the insurance coverage described in the application form, it is then understood and agreed that the borrower and/or the co-borrower has read and understood the terms and conditions, exclusions, limitations, reductions and other restrictions listed in this document.

The effective date of the insurance is the later of the date shown on the application form or on the loan or lease agreement, provided the premium is paid. In order to be eligible for a coverage, a borrower and/or co-borrower must complete the declarations stated in the application form. Any misrepresentation may result in the voiding of the insurance.

If an insured is not eligible for one of the types of coverage offered under the policy, the insurer's liability will be limited to a refund of any premium paid for said coverage, which will be considered void. Where the amount indicated in the application form exceeds the maximum insured amount (specified in sections 1.2 and 2.3 of this certificate), the insurer will refund the excess premium.

DEFINITIONS

- ACCIDENT:** An unintentional, sudden, unforeseen and unpredictable event due to a violent external cause and resulting, directly and independently of any other cause, in bodily injury.
- ADMINISTRATOR:** SSQ, Life Insurance Company Inc., a company located at 2525 Laurier Blvd, P.O. Box 10500, Station Sainte-Foy, Quebec, Quebec G1V 4H6, which administers the group policy.
- CREDITOR:** Lending institution or organization that has granted a loan, lease or buyback loan agreement to the insured.
- ELIGIBLE SEASONAL WORKER:** A worker who, for at least the last 2 years, has held a seasonal job more than 8 weeks per year but less than 30 weeks, and who has worked, in the last 12 months, the minimum number of hours required by the Canada Employment Insurance Commission for his/her region of residence and has made contributions to the Employment Insurance account.
- ELIGIBLE SELF-EMPLOYED WORKER:** A self employed worker or business owner, who works actively and regularly no less than 27 hours a week – with a regular income – and has been in the same business or profession for the past 12 months before the issue of the insurance. In addition, in the last fiscal year, the person must have earned a minimum of \$17,000, including salary, dividends from his business and other work-related independent revenue. Housekeeping is not considered an eligible employment.
- INJURY OR ACCIDENTAL BODILY INJURY:** Bodily injury caused by an accident occurring while this policy is in force.
- INSURED:** The borrower and/or the co-borrower, as of the date SSQ approves their application form.
- INSURER:** SSQ, Life Insurance Company Inc.
- LOAN:** Amount granted to the insured by the creditor for buying or leasing a car on the effective date of the coverage, excluding any late monthly payments and any accrued interest thereon.
- MEDICAL ADVICE:** Medical consultation, treatment, care or services, including diagnostic tests and the use of drugs prescribed by a physician.
- PHYSICIAN:** Doctor of medicine, other than the insured or an immediate family member, who is licensed to practise medicine in Canada.
- PRE-EXISTING CONDITION:** Any physical or medical condition, illness or disease suffered by an insured for which the person received medical advice within the 12-month period prior to the effective date of the coverage.
- SICKNESS OR DISEASE:** Alteration of the state of health, resulting from internal or external causes, creating symptoms and signs and revealing itself by the impairment of physiological functions or an injury.

INCONTESTABILITY

Once this insurance has been in force for 2 consecutive years while the insured is alive, and subject to any legislation governing this policy, the statements made in the application are accepted as true and incontestable, in the absence of fraudulent statements or erroneous statements relating to age.

EXCLUSIONS, LIMITATIONS AND REDUCTIONS

No benefit shall be payable if Death or Total Disability directly or indirectly results:

- from a pre-existing condition (the effect of this exclusion is no longer applicable to an insured once his/her coverage has been in force for a period of 12 months or more; however this exclusion applies for the whole duration of the insurance if the insured is disabled at issue of the insurance);
- in the case of life insurance only, from suicide, whether or not the insured was sane or insane, during the 2-year period immediately following the effective date of the insurance;
- in the case of disability insurance only, from self-inflicted injury or attempted suicide, whether the insured is sane or in sane;
- from war, any act of war, whether war be declared or not, insurrection or a criminal act or attempted criminal act by the insured;
- from the operation of an aircraft, watercraft or land vehicle, while the insured's blood alcohol level exceeds the legal limit or while he or she is under the influence of narcotics;
- from the insured's service, whether as a combatant or non-combatant, in the armed forces of any country;
- in the case of disability insurance only, from alcoholism, drug use or medication abuse, other than as prescribed and administered by or in accordance with the instruction of a physician;
- in the case of disability insurance only, birth defects, organ donation, plastic or elective surgery, uncomplicated pregnancy, child birth or abortion.

RESTRICTIONS

- If the borrower and co-borrower are both insured and die simultaneously, only one death benefit will be paid. Similarly, if the borrower and co-borrower are both insured and are disabled at the same time, each will be assessed separately but the total benefit payable will at no time exceed the insured amount.
- Late monthly payments, accrued interest thereon, as well as financing charges are not covered under the policy.
- Other restrictions are specified in the benefit description to which they apply.

TERMINATION OF INSURANCE

The insurance will terminate on the earliest of the following dates:

- the date the loan is fully paid off;
- the date the collateral property is sold, repossessed or a court judgement is rendered in connection with such collateral property;
- the date the loan, lease or buyback loan agreement is terminated, cancelled, amended or renegotiated;
- the expiry date shown on the insurance application;
- the day the insured or either of the insureds die;
- in the case of life insurance, the day the insured turns 73;
- in the case of disability insurance, the day the insured turns 65;
- the date a request for cancellation is received from the insured;
- the date on which a 15-year period from the effective date of the insurance has elapsed.

CANCELLATION RIGHT

If the insured submits a request for cancellation before his/her insurance terminates, a premium refund may be payable, according to the following provisions:

- If the request for cancellation is received by the insurer within 20 days after the effective date of insurance, the entire insurance premium will be refunded and the insurance will be deemed never in force;
- if the insurance terminates for any reason other than those outlined in a) of this provision, SSQ will calculate a premium refund provided that the Certificate of Insurance and the written request for a refund are received by SSQ within 30 days of termination; otherwise, the date of receipt shall be the date used to determine the refund (a premium credit will be calculated using a formula known as "the Rule of 78", a cancellation fee of \$125 will be deducted from the premium credit and the balance, if in excess of \$5.00, will be refunded - the cancellation fee will be charged only once per Certificate). Pro-rata refunds will be issued and no cancellation fee will be deducted from the premium credit if the creditor is one of the following: Ford Credit Canada; Lincoln Automotive Financial Services; Volkswagen Credit Canada; Toyota Credit Canada; Financial Services Nissan Canada; Honda Canada Finance; Credit Linx. If the insurance terminates on the date the security for the Loan is repossessed, is sold or becomes the subject of a court judgement and the creditor is Ford Credit, Pro-rata refunds will be issued, and no cancellation fee will be deducted from the premium credit.
- if the insurance terminates and a benefit has previously been paid, SSQ will calculate a Premium Refund using a formula known as "the Rule of 78" (total claims paid under this Insurance as well as a cancellation fee of \$125 will be deducted from the premium credit and the balance, if in excess of \$5.00, will be refunded). Pro-rata refunds will be issued and no cancellation fee will be deducted from the premium credit if the creditor is one of the following: Ford Credit Canada; Lincoln Automotive Financial Services; Volkswagen Credit Canada; Toyota Credit Canada; Financial Services Nissan Canada; Honda Canada Finance; Credit Linx. If the insurance terminates on the date the security for the Loan is repossessed, is sold or becomes the subject of a court judgement and the creditor is Ford Credit, Pro-rata refunds will be issued and total claims paid under this insurance as well as the applicable cancellation fee will not be deducted from the premium credit.

If SSQ receives proof from the creditor that the loan has been paid off, the premium refund will be paid directly to the insured, otherwise the premium refund will be paid to the creditor to be applied to reduce or pay off the insured's loan.

HOW TO CLAIM A BENEFIT

To claim a benefit, it is necessary to obtain the appropriate claim form by calling 1-877-451-3888. The form and documents supporting the claim must be completed and returned to SSQ, in the case of a Death claim, within one year after the date of death or in the case of a Disability claim, within 90 days after Total Disability commenced. Failure to file the claim within the time period specified may result in benefits not being paid, unless the individual filing the claim proves that he/she was unable to submit the documents earlier.

FILE AND PERSONAL INFORMATION

In order to maintain the confidentiality of information concerning the persons it insures, SSQ opens an insurance file to hold personal information about the application form and any insurance claims made. With the exception of certain cases provided for by law, access to insured persons' files is restricted to those employees, legal agents and services providers who must consult these files for the purpose of contract management, inquiries or underwriting, in addition to any other person the insured may authorize. SSQ keeps these insurance files in its offices. All persons insured with SSQ have the right to consult the information contained in their file and, if necessary, to have any errors and inaccuracies corrected, free of charge, by making a written request to the attention of SSQ's Personal Information Protection Officer at the following address: 2525 Laurier Boulevard, P.O. Box 10500, Station Sainte-Foy, Quebec QC G1V 4H6. However, SSQ may charge fees for transcribing, reproducing or sending this information. The person making the request for information will be informed beforehand of the approximate amount that will be charged.

1. LIFE INSURANCE

1.1 BENEFIT

All Cause Death: In accordance with the provisions of this certificate, the insurer will pay a death benefit to the the creditor upon receipt of satisfactory proof that death occurred while the insurance was in force. The amount of the death benefit will be the lesser of:

- in the case of a loan agreement, the loan balance on the day the insured dies, less any late payment and any accrued interest thereon;
- in the case of a lease agreement, the present value of the outstanding lease payments, including the residual value if this amount is covered as stated in the application form;
- the maximum insured amount.

Accidental Death: The insurer will pay a death benefit to the the creditor upon receipt of satisfactory proof that death directly results from an accident and occurred while the insurance was in force, in accordance with the provisions of this certificate. The amount of the death benefit will be the same as for all cause death insurance.

Restriction

A death will be considered accidental only if it occurs within 90 days of the accident.

1.2 MAXIMUM INSURED AMOUNT

The maximum insured amount is \$75,000. If the insured can, at his/her own expense, provide medical evidence at issue and the insurer accepts this medical evidence, the insured amount may reach \$150,000.

2. DISABILITY INSURANCE

2.1 DEFINITIONS

Total disability (accident and sickness)

A continuous state of incapacity, resulting from a sickness or disease, including when related to pregnancy, an injury or an accident that prevents the insured during the first 12 months of total disability, from performing all of the usual and customary duties of his/her own occupation; and thereafter, from performing any gainful occupation for which the insured is reasonably qualified by training, education or experience. For a total disability to be recognized, the condition of the insured must require regular and continuous medical care provided by a physician or an appropriate specialist and considered satisfactory by the insurer.

Accidental total disability (accident only)

Total disability as a result of an accident.

Waiting period

The number of consecutive days following the date the total disability commenced and before monthly benefits become payable, as indicated on the front of this form. The Waiting Period is waived for periods of recurring total disability.

Recurring total disability

Where disability results from the same cause as a previous disability, it will be considered as the continuation of the previous disability and will not require a new elimination period unless a period of 6 consecutive months has elapsed since the end of the previous disability.

2.2 BENEFIT

Accident and sickness: In accordance with the provisions of this certificate, the insurer will pay monthly benefits to the the creditor upon receipt of satisfactory proof that total disability occurred while the insurance was in force and continued throughout the waiting period. For each full month that falls within the benefit period, the amount payable will be the lesser of:

- the monthly payment payable under the loan, lease or buyback loan agreement;
- the maximum insured amount.

Accident only: In accordance with the provisions of this certificate, the insurer will pay monthly benefits to the the creditor upon receipt of satisfactory proof that accidental total disability occurred while the insurance was in force and continued throughout the waiting period. The amount of the benefit will be the same as for total disability resulting from accident and sickness above.

Restriction

The balance due at the end of a leasing contract is not covered.

2.3 MAXIMUM INSURED AMOUNT

The maximum insured amount is \$1,500 (\$750 for eligible seasonal worker) of monthly payment. However the amount can be increased to \$2,500 (except for eligible seasonal worker) on request, provided acceptable medical evidence, at the insured's expense, is accepted by the insurer and provided life insurance coverage has also been taken.

2.4 BENEFIT PERIOD

In the case of a retroactive waiting period, provided the insured has satisfied the waiting period and continues to be totally disabled, the benefit period begins on the date the insured became totally disabled and continues until the date his/her total disability ceases.

In the case of a non-retroactive waiting period, the benefit period begins on the date following the end of the waiting period and continues until the date the insured's total disability ceases.

Any benefit payment that covers a period of less than 30 days will be made at a daily rate of one-thirtieth of the monthly benefit.

Six months: If the insured has chosen the option "6 months", all the terms and conditions for this coverage apply. However, benefits will only be payable for a maximum cumulative period of 6 months for the same cause of disability.

Restriction

No benefit is payable for any period of time when the insured is not in Canada or in the United States of America.

2.5 PROOF OF TOTAL DISABILITY

Written proof that the total disability persists must be provided to the insurer at intervals that the insurer may reasonably prescribe. Furthermore, the insurer may, when deemed appropriate, require additional proof of total disability and its continuance, and have the insured examined by a physician chosen by the insurer. If the insured refuses or does not provide proof within 45 days following such request by the insurer, the disability will be deemed to have ended.

2.6 TERMINATION OF THE BENEFIT PERIOD

Notwithstanding the above, the total disability benefits will cease on the earliest of the following dates:

- the date on which the insurance is cancelled;
- the date 84 monthly benefit payments have been made;
- the date on which the insured ceases to provide written proof that he or she is still totally disabled;
- the date on which the insured refuses to be examined by a physician chosen by the insurer;
- the date on which the insured is no longer totally disabled;
- the date on which the insured has resumed actively working for wages or profit;
- the date on which the insured retires and receives a pension amount.