

MEMBERSHIP APPLICATION — Please conserve this document, which serves as your insurance confirmation.

Certificate Number:

LOAN INFORMATION				<i>This insurance is voluntary</i>	
Effective Date of Insurance (mm/dd/yyyy)	Term of Loan months	Monthly Payment \$		<input type="checkbox"/> Heavy-duty truck <input type="checkbox"/> Other	
Date Insurance Ends (mm/dd/yyyy)	Term of Insurance months	Loan Amount \$	Amortization Period months	Residual Value \$	
INSURED AND CO-INSURED INFORMATION					
Insured's Name (First, Middle, Last)			Date of Birth (mm/dd/yyyy)		Telephone - Daytime () ()
Address (No., Street, City, Province, Postal Code)			Sex:	Telephone - Home () ()	
Co-Insured's Name (First, Middle, Last)			Date of Birth (mm/dd/yyyy)		Telephone - Daytime () ()
Address (No., Street, City, Province, Postal Code)			Sex:	Telephone - Home () ()	
CREDITOR INFORMATION			DEALER INFORMATION		
Name and Address (Number, Street, City, Province, Postal Code)			Name and Address (Number, Street, City, Province, Postal Code)		

DECLARATION AND CONSENT — ELIGIBILITY CRITERIA

I declare that, at the effective date of insurance:

- If applying for life insurance under this certificate, I am a Canadian resident, I am at least 18 years of age but under 70, I am able to perform my regular work duties, and I am personally responsible for the repayment of the Loan.
- If applying for Total Disability Insurance under this certificate, I am a Canadian resident, I am at least 18 years of age but under 66; I am able to perform all the duties of my principal occupation; I am gainfully employed and actively working at least 25 hours a week for a minimum of 12 weeks immediately prior to the effective date of insurance; I am personally responsible for the repayment of the Loan, and if the heavy equipment is a vehicle, my principal occupation is the operation of the vehicle to which the Loan applies.
- **The information given in this Enrollment form is true and accurate and I understand that any misrepresentation shall render my insurance void.**

I have read and I understand that:

- The Term of Insurance may be equal to or less than the Term of Loan, but not greater than 84 months.
- The Principal Amount Insured is not greater than the Loan amount or the Plan Maximum.
- Where there are two Insureds responsible for the repayment of the Loan and both Insureds' principal occupation involves the operation of the vehicle to which the Loan applies, both Insureds must have selected the Total Disability option and must be eligible for Total Disability Insurance.
- If the Loan amount is greater than the Principal Amount Insured, the total amount of Life benefit payable will be less than the full outstanding balance of this Loan.
- If the Term of Insurance is less than the Term of Loan, then the Residual Value/Balloon Payment insurance is compulsory with the Life Insurance.
- The Enrolment form and any other forms submitted by me in connection with this insurance form part of the Certificate issued hereunder.
- The Effective Date of Insurance is the later of the date my loan or lease funds are advanced or the date this Enrolment form is signed. If a health questionnaire is completed, the Effective Date of Insurance is the date the Enrolment form is accepted by the Insurer.
- Benefits under the Group Policy are payable only to the Creditor to reduce or extinguish the Loan.
- **If I am not eligible for coverage or if my Enrolment form is declined, the Insurer's only obligation in such case is to return any premium paid by the Insured to the Creditor.**
- Plan definitions, including details about the Risks Not Covered, limitations for Pre-Existing Conditions, claims, benefits, and other Terms and Conditions about your insurance, are explained on the reverse of this form.

I understand that insurance benefits payable under this certificate are subject to the general conditions as well as the EXCLUSIONS AND LIMITATIONS and that PRE-EXISTING CONDITIONS are not covered. I acknowledge that if insurance benefits were paid by the Insurer, they would be paid directly to the Creditor.

DECLARATION OF HEALTH

The answers to the following Questionnaire allow the Insurer to assess my insurability under this certificate.

I understand and agree that in the event the Questionnaire is not fully completed, my Enrollment form is declined and the Insurer's only obligation in such case will be to return any premium paid by the Borrower.

Insured		Co-Insured	
Yes	No	Yes	No

Instructions

- If your Loan amount is greater than \$200,000; OR your monthly disability benefit is greater than \$3,000:
 - If applying for Life Insurance (Injury and Sickness Coverage) OR Extra life protection, answer questions Q1 and Q2.
 - If applying for Total Disability Insurance (Injury and Sickness Coverage) answer questions Q1, Q2 and Q3.

- Q1. In the past five (5) years, have you been hospitalized for, consulted a physician for, received medical advice or treatment for (including medication), or been diagnosed with: cancer or tumor, chest pain, angina, heart attack, heart disorder, blood disorder, high blood pressure, stroke, diabetes, respiratory or lung disorder, circulatory disorder, kidney disorder, urinary disorder, liver disorder, hepatitis, cerebral or neurological disorder, anxiety, depression or any other psychiatric or nervous disorder, stomach disorder, ulcerative colitis, Crohn's disease, fibromyalgia, chronic fatigue syndrome, chronic pain, alcohol or drug abuse, Acquired Immune Deficiency Syndrome (AIDS) or Aids Related Complex (ARC)?
- Q2. In the past five (5) years, have you had an application for Life, Disability, or Critical Illness insurance declined, rated or accepted with exclusions?
- Q3. In the past 24 months, have you been hospitalized for, consulted a physician for, received medical advice or treatment for (including medication), taken prescribed medication for, or been diagnosed with: fibromyalgia, fibrositis, osteoarthritis, chronic fatigue syndrome, strains or other disorders of the back, neck, shoulders, elbows, knees, hips or other joints, muscles, ligaments or tendons?

Q1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanations: For each YES answer, please explain on a separate sheet, by indicating the question number, along with the illness, operation, exam, consultation, date, duration, physician, location and address as well as the type of treatment.

IMPORTANT

If required to complete the declaration of health, I understand that the coverage will start on the Effective Date of Insurance above if I truthfully answer NO to the above questions. If not, the application must be submitted to the Insurer and, if accepted, coverage will start on the day the Insurer accepts the risk, but retroactive to the Effective Date of Insurance above. However, if the application is declined, this certificate will be deemed null and void. In all cases, I understand that any false statements or omissions may result in the cancellation of the insurance or the refusal to pay insurance benefits.

TYPE OF INSURANCE REQUESTED

Life Insurance

- Coverage
PLAN MAXIMUM
 Age 18-59: \$400,000
 Age 60-69: \$150,000
- Insured only Co-Insured only Jointly

PRINCIPAL AMOUNT INSURED
 Decreasing Term Residual Value/Balloon Payment

\$	\$
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PREMIUM

\$

Total Disability Insurance

- Accident and Sickness Coverage
PLAN MAXIMUM
 Age 18-59: \$4,000 per month
 Age 60-65: \$1,800 per month
- Insured only Co-Insured only Jointly

Waiting Period
 30-Day Retroactive
 30-Day Elimination

Maximum Number of Monthly Benefit Payments
 24 months
 12 months

MONTHLY BENEFIT INSURED

\$

PREMIUM

\$

Extra Life Protection (if life insurance or Total Disability insurance have not been chosen)

- Life insurance **AND** 12 months of disability insurance (accident coverage only)
PLAN MAXIMUM
 Age 18-59: \$400,000
 Age 60-69: \$150,000
- Insured only Co-Insured only Jointly
- Waiting period: 30 days, non retroactive**
PLAN MAXIMUM
 Age 18-59: \$4,000 per month
 Age 60-65: \$1,800 per month

PRINCIPAL AMOUNT INSURED
 Decreasing Term Residual Value/Balloon Payment

\$	\$
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PREMIUM

\$

MONTHLY BENEFIT INSURED

\$

PREMIUM

\$

I hereby confirm that the above information is accurate and I understand that any omission or misrepresentation could lead to this certificate being cancelled.

For the purposes of establishing my insurability, managing my file and assessing my claims, I authorize any person or legal entity or any public or para-public agency holding personal information about me concerning, among others, my state of health, my medical history or my eligibility for benefits, including any physician, dentist or other practitioner, hospital, medical or paramedical clinic, insurance or reinsurance company, personal information agencies, market intermediaries, any financial institution, my employer or former employer and the Office of Human Resources of Canada to provide such information to Humania Assurance. I consent to the medical examinations, electrocardiograms, blood, urine or investigation report, as may be required to assess my application or claims. I further consent to Humania Assurance releasing the results of these tests to a third party or its reinsurer, if required, to my attending physician and to MIB, Inc (MIB). I authorize Humania Assurance, its reinsurers, to make a brief report of my personal health information to MIB. No modification or alteration of this consent will affect its content nor bind the Insurer. A photocopy of this authorization is as valid as the original.

Any information regarding your insurability will be treated confidentially. However, Humania Assurance is entitled to provide a brief report to MIB, which is a not-for-profit membership organization that operates an information exchange on behalf of its members. The MIB will, upon request, provide the information in your file to any member company to which you submit a claim or apply for life or accident and sickness insurance. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Should you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction.

The Insurer reserves the right to correct or to reject any certificate of insurance deemed non-compliant, within a maximum of 15 days following the date of receipt of the certificate at the insurer's office.

SALES TAX
\$
TOTAL PREMIUM
\$

Email : _____ Email: _____
 Date mm / dd / yyyy Signature - Insured X Signature - Co-Insured X

DECLARATION OF WITNESS AT DEALERSHIP

I confirm having been present when this application was completed and having witnessed all signatures herein. I have given a copy of the application form and of the certificate to the insureds.

Date mm / dd / yyyy Dealership X Signature X

NOTICE: The provisions contained in this SUMMARY are for information purposes only. The text of the group insurance policy issued by the Insurer to the participating distributor is the full description of your creditor insurance and governs the payment of benefits.

COVERAGE SUMMARY

DEFINITIONS

ACCIDENT: A sudden, violent and unforeseeable event causing bodily injuries, directly and independently of all other causes. This event must be due solely to external means of a violent nature and unintended by the Insured and require regular and continuous medical care from a physician. If a disability begins more than ninety (90) days after the date the accident occurred, this disability is considered to be an illness. Drowning is considered to be an accident.

CO-INSURED: The person named on the insurance certificate as the Co-insured who is a co-borrower, co-lessee, co-signer or co-debtor, and for whom the additional premium has been paid.

CREDITOR: Any financial institution to which you owe money related to your vehicle or other heavy equipment OR the lessee of the vehicle or equipment to whom the amounts under the long-term lease are payable OR the person to whom the financial institution or lessee gave up the rights as creditor. The creditor is as specified on the insurance certificate.

DEBT: The balance of a loan or the current value of the remaining payments in the case of a lease agreement.

DISABILITY OR TOTAL DISABILITY: A disability resulting from an Accident or illness that continues uninterrupted for at least the **waiting period**. The disability must require standard, ongoing care by a physician other than yourself who is acting within the scope of his or her license to practice. It is a requirement that the disability prevents you, over the initial **12 months**, from performing the work you were doing at the onset of the disability and, subsequently, any gainful occupation for which you are qualified based on your education, training and experience.

If you are unemployed or in school at the onset of the disability, **Total Disability** means your inability, resulting directly from and independently of all other causes, from an accident or illness, which prevents you from carrying out the usual duties of your main occupation, as well as any other duties for which you are reasonably qualified through your education or experience.

A lack of work in the occupational area in which you are qualified based on your education, training and experience does not mean that you will automatically be deemed totally disabled.

DISTRIBUTOR (OR DEALER): A distributor that, in the course of its activities, offers as an accessory an insurance product that relates only to a vehicle or other heavy equipment it sells or leases under a long-term lease agreement.

EMPLOYMENT OR EMPLOYEE: To be actively at work, for a salary or any other form of compensation, for a minimum of 25 hours per week for a minimum of 12 weeks immediately preceding the Effective Date of Insurance.

Taking care of the home is not considered employment.

EQUIPMENT (OR HEAVY EQUIPMENT): Heavy machinery, vehicles or other heavy motorized equipment, or non-motorized equipment such as attachments, containers and trailers.

INSURED: The person named on the insurance certificate as the Insured, who owes a debt to the Creditor in regard to a loan or long-term lease whose required premium has been paid.

INSURER: Humania Assurance: 1555, Girouard St. West, PO Box 10000, St-Hyacinthe (QC) J2S 7C8

JOINT INSURANCE or JOINTLY INSURED: The Insured and the Co-insured are jointly insured when they are covered under the same contract. When the Insured and the Co-insured are eligible for benefits at the same time, these are **only payable once**.

RECURRENCE: A disability to which the Waiting Period does not apply. In order to be considered a recurrence, a disability period must meet all of the following conditions:

- Follow the initial period of Total Disability for which the Waiting Period has ended and benefits have been paid by the Insurer;
- Be a new indeterminate period of Total Disability arising from the same or a related cause;
- Be separated from the initial period of Total Disability by your return to work for a period of less than thirty (30) consecutive days.

However, no payment is made for the period during which you returned to work between the periods of Total Disability.

RESIDUAL VALUE: Value of the equipment at the end of the long-term lease agreement.

SICKNESS: Deterioration in health or disorder of the organism certified by a physician other than yourself. Under this plan, sickness does not include pregnancy, abortion, miscarriage or childbirth as a result thereof.

TREATMENT: Consultation, care or services provided by a licensed physician. This includes diagnostic measures and prescribed drugs.

WAITING PERIOD: The period of 30 consecutive days required between the commencement of Total Disability and the start date of benefit payments. You must be disabled throughout the waiting period.

- Non-retroactive coverage: You become eligible for benefits at the end of the waiting period indicated on the certificate. Your eligibility is not retroactive under this coverage.
- Retroactive coverage: You become eligible for benefits at the end of the

waiting period indicated on the certificate retroactive to the first day of the disability.

There is no waiting period if the same disability recurs.

LIFE INSURANCE BENEFIT

SUM INSURED

Regular life

In the case of a loan: The benefit amount is the balance of the insured loan at the time of death, up to the insurable maximum defined below.

In the case of a long-term lease: Subject to the insurable maximum defined below, the benefit amount is the present value of insured monthly payments payable as of the date of death, to the end of the long-term lease plus the residual value of the equipment at the end of the long-term lease indicated on this certificate, if the lease is insured and the required additional premium has been paid.

Insurable maximum: The insurable maximum is as follows:

- ⇒ \$400,000: if you are between 18 and 59 years of age at the Effective Date of Insurance indicated on the certificate, or
- ⇒ \$150,000: if you are between 60 and 69 years of age at the Effective Date of Insurance indicated on the certificate.

However, if your loan amount is over \$200,000 (18 to 59 years of age), a declaration of health is required.

DISABILITY INSURANCE

SUM INSURED

For each month of Total Disability, the monthly benefit is equal to the insured monthly payment (including the insurance premium, if it is financed) payable to the creditor, subject to the waiting period and any maximum payable.

Disability – 24 months: The monthly benefit will be limited to a cumulative maximum of **24 months**.

Disability – 12 months: The monthly benefit will be limited to a cumulative maximum of **12 months**.

Insurable maximum: The insurable maximum is as follows:

- ⇒ \$4,000: if you are between 18 and 59 years of age at the Effective Date of Insurance indicated on the certificate, or
- ⇒ \$1,800: if you are between 60 and 65 years of age at the Effective Date of Insurance indicated on the certificate.

However, if your monthly payments are over \$3,000 (18 to 59 years of age), a declaration of health is required.

Benefits are payable after the waiting period.

Any amount due at the end of the lease agreement is excluded.

EXCLUSIONS AND LIMITATIONS

PLEASE NOTE

In addition to the specific exclusions indicated below, no life insurance or disability benefit will be paid if death or disability results from or is caused by any of the following:

- A **pre-existing condition**, as defined below.
- War, whether declared or not, or any act of war, a riot, insurrection or revolution.
- While committing or attempting to commit or provoke an assault or criminal offence.
- Your operation of any motor vehicle or vessel having consumed alcohol in such a quantity that the concentration thereof in your blood exceeds the legal limit.
- Flying or attempting to fly aboard an aircraft if the Insured or Co-insured participates in a capacity other than as a passenger.

Pre-existing Condition means any physical or medical condition, illness, or disease, whether diagnosed or undiagnosed, suffered by the Insured or Co-insured for which they received treatment or advice within the twelve (12)-month period immediately preceding the Effective Date of Insurance.

A Pre-existing Condition does not include any physical or medical condition, illness, or disease that existed in the twelve (12)-month period immediately preceding the Effective Date of Insurance if they had been free of Treatment or advice for such condition(s) for a period of twelve (12) consecutive months following the Effective Date of Insurance.

The following expenses are not included in the life insurance or disability benefit:

Expenses for excess mileage, insurance, registration fees, administrative fees, arrears in monthly payments, interest, or other miscellaneous expenses as well as the Residual Value if this option was not selected with regard to life insurance.

Exclusions and limitations in regard to life insurance:

Cancer

No benefit is payable if death results from a cancer that was first diagnosed in the 180-day period immediately following the Effective Date of Insurance.

Suicide

If the Insured commits suicide, whether or not he or she is of sound mind, within 2 years of the Effective Date of Insurance, the Insurer's responsibility is limited to the reimbursement of the premium paid for the Insured's life insurance, and the Co-Insured's life insurance shall remain in force.

If the Co-insured commits suicide, whether or not he or she is of sound mind, within 2 years of the Effective Date of Insurance, the Insurer's responsibility is limited to the reimbursement of the premium paid for the Co-insured's life insurance, and the Insured's life insurance shall remain in force.

Exclusions, reductions and limitations in regard to disability insurance

No benefit is payable if Total Disability results from any of the following:

- Attempted suicide or a self-inflicted injury, whether or not the Insured or Co-insured is of sound mind;
 - Pregnancy, abortion, miscarriage, or childbirth;
 - Disability that began before the Effective Date of Insurance;
 - Cosmetic or elective surgery; or
 - Drug or alcohol use unless while the Insured or Co-insured was maintaining satisfactory participation in a rehabilitation program approved and monitored by a physician; and
- In the case of Total Disability (Accident Only Coverage):
- Sickness;
 - Injuries that have no visible wound or contusion except for internal injuries revealed by an X-ray or autopsy; or
 - Injuries that result in muscle strains or sprains of the neck and back, including but not limited to lumbar, thoracic, or cervical spine.

Medical exam

The Insurer reserves the right to have the Insured or, if applicable, the Co-insured examined by a physician of its choice when and as often as reasonably required while the claim is being settled.

EFFECTIVE DATE OF INSURANCE

The insurance begins on the Effective Date of Insurance indicated on the insurance certificate (If the application must first be submitted to the Insurer, the insurance will become effective on the date the Insurer accepts the risk, but will be retroactive to the Effective Date of Insurance indicated on the certificate).

However, it is understood that the insurance cannot become effective prior to the last of the following dates:

1. The date of acceptance or disbursement of your loan or lease contract;
2. The date your certificate is completed and signed;
3. The date the premium is paid by the creditor.

However, the Insurer reserves the right to correct or refuse any insurance certificate deemed non-compliant, within a maximum period of 15 days following receipt of the certificate at the Insurer's office.

TERMINATION OF INSURANCE

Insurance will terminate on the earliest of the following:

1. The date the Insurance Term ends as indicated on the Certificate;
2. Upon the death of the Insured (or Co-insured, if applicable);
3. In the case of life insurance, the date the Insured or Co-insured attains age 70; in the case of disability insurance, the date the Insured or Co-insured attains age 66;
4. Date of early reimbursement* of the entire loan or date insurance or long-term lease terminates or is cancelled;
* Early reimbursement means that the balance of the loan is paid before the scheduled maturity date.
5. The date the equipment serving as security for the Loan is seized, or the date the equipment is repossessed by the creditor of the long-term lease, for any reason, or becomes the subject of a court judgement;
6. The date you receive written notice from the Insurer that your insurance is cancelled for any legal reason, particularly as regards false declarations;
7. The date the loan is renegotiated. You must notify the Insurer in writing of any changes to the loan or to the long-term lease within 10 days of these changes;
8. In the case of a long-term disability, the effective retirement date of the Insured or Co-insured;
9. Written notice to cancel insurance by the Insured (or the Co-insured, if applicable), which becomes effective on the later of the following dates:
 - The date notice is received at the Insurer's office;
 - The effective cancellation date specified in the notice.

The Co-insured's insurance cancellation request will not cancel the Insured's insurance.

Disability insurance benefits terminate on the earliest of the following:

- Upon your death;
- The date your Total Disability ceases;
- In the case of mental, nervous, psychological, emotional or behavioural disorders, disease or conditions, the date three (3) monthly benefit payments have been made. If you are under the regular care and attendance of a licensed psychiatrist, a licensed psychologist or a licensed neurologist, the date twelve (12) monthly benefit payments have been made;
- In the case of disease or disorder of the neck or back including, but not limited to, lumbar, thoracic or cervical spine, the date two (2) monthly benefit payments have been made. If you are under the regular care and attendance of a licensed medical specialist such as a neurologist, a neurosurgeon, a physiatrist, an orthopaedic surgeon or a rheumatologist, the date twelve (12) monthly benefit payments have been made;
- The date the Insurer asks you to be examined by a physician or other practitioner named by the Insurer and you do not submit to such an examination within the period prescribed by the Insurer;

- The date the Insurer requires proof of your Total Disability, and you do not provide such proof within the required period;
- The date you cease, according to the Insurer's criteria, being under the regular care of a physician;
- The date you refuse a partial or modified return to work as deemed reasonable by the Insurer and its medical consultants;
- The date on which all scheduled Loan payments have been made excluding any payments in arrears and any accrued interest thereon;
- The date the maximum number of monthly benefit payments as shown on your Certificate have been made;
- Your return to work;
- You reach age 66;
- Your retirement date.

MISSTATEMENT OF AGE

In the event of an untrue statement about the age of the Insured such that the Insured would not be eligible for the insurance if his or her real age had been provided, the Insurer may cancel the Insured's insurance by paying the difference between the premiums for single and joint insurance or by not paying any claims for the Insured, in accordance with the legislation in place.

In the event of an untrue statement about the age of the Co-insured such that the Co-insured would not be eligible for the insurance if his or her real age had been provided, the Insurer may cancel the Co-insured's insurance by paying the difference between the premiums for single and joint insurance or by not paying any claims for the Co-insured, in accordance with the legislation in place.

A cancellation fee of \$100 will apply if the insurance is cancelled by the Insurer for misstatement of age of the Insured or Co-insured.

INCONTESTABILITY

Except in the case of fraud, we will not contest the policy for misrepresentation or failure to inform us of all material facts in connection with the insurance after the contract has been in force during the debtor's lifetime for a period of two years from the effective date of insurance.

However, the Insurer reserves the right to contest the contract at any time in regard to disability benefits, if applicable, subject to legal limitations.

TO CLAIM A BENEFIT

In case of death, the Insured's estate (or, if applicable, the Co-insured's estate) must notify the Insurer of the Insured's (or, if applicable, the Co-insured's) death and complete the claim form.

In case of Total Disability, all claims must be submitted in writing to the Insurer within 90 days following commencement of Total Disability. Failure to provide proof of claim within the time set out above will not invalidate a claim if proof is given as soon as reasonably possible and in no event later than **12 months** from the date the claim form should have been submitted.

You can find the Insurer's complaint process at www.humania.ca

Claim forms are available at the following address:

Humania Assurance

202-3720 de Chenonceau, Laval, Quebec H7T 0B2
Tel. 1-855-217-2774 / Fax 1-866-860-5565
info@eirm.ca

CANCELLATION OF INSURANCE

You can request that the insurance be cancelled, **without penalty**, by sending a written notice to the Insurer by registered mail within **20 days** of the effective date of insurance. If the insurance is cancelled as such by the Insured and Co-insured, the certificate will be deemed null and void. No benefits will be paid by the Insurer with regard to any loss that would have otherwise been covered and the premium will be fully refunded.

After the **20-day period**, you can request that your coverage be terminated **at any time** by sending a written notice to the Insurer.

If insurance is cancelled for one of the reasons listed in the **Termination of Insurance** section:

- Paragraphs 1, 2 and 3: No reimbursement of premiums;
- Paragraphs 4, 5, 7, 8 and 9: The Insurer will reimburse any unearned premium using the "Rule of 78 multiplied by 0.8" minus the cancellation fee of \$100;
- Paragraph 6: The Insurer will reimburse total premiums paid minus the cancellation fee of \$100.

If the Insured's coverage is cancelled, the Co-insured's insurance will remain in force, but the Insured's insurance will be cancelled and the Insurer will reimburse the premiums applicable to this insurance coverage, in accordance with the above procedure.

Similarly, if the Co-insured's coverage is cancelled, the Insured's insurance will remain in force, but the Co-insured's insurance will be cancelled and the Insurer will reimburse the premiums applicable to this insurance coverage, in accordance with the above procedure.

If the Insured's or Co-insured's insurance application is declined by the Insurer, their insurance, as applicable, is deemed null and void. No benefit will be paid by the Insurer in regard to any loss that would otherwise have been covered, and the applicable insurance premiums will be reimbursed in full.

The insurance cannot be assigned or transferred without the Insurer's written consent, in accordance with legal provisions.