

CERTIFICATE OF INSURANCE

CERTIFICATE No



CAR-

GROUP CONTRACT NO. 60100

A) IDENTIFICATION

This insurance is voluntary

INSURED			CO-INSURED		
Last name	First name		Last name	First name	
Mailing address	Street	Apt. No.	Mailing address	Street	Apt. No.
City	Province	Postal code	City	Province	Postal code
Telephone (home)	(work)		Telephone (home)	(work)	
( )	( )		( )	( )	
Date of birth	Date employment started		Date of birth	Date employment started	
Yr Mo Day	Yr Mo Day		Yr Mo Day	Yr Mo Day	
Name of employer	City		Name of employer	City	

DEALERSHIP			CREDITOR		
Name	Ref.		Name	Ref.	
Mailing address	Street		Mailing address	Street	
City	Province	Postal code	City	Province	Postal code
Telephone			Telephone		
( )			( )		

Type of financing:  Loan  Buyback loan  Lease (check the appropriate box)

B) FINANCIAL COMMITMENT

Loan amount	Residual value	Interest rate	Loan term	Ins. dur.	Monthly pmnt. incl. insur.
\$	\$	%	months		\$
Total obligation	Effective date	Payment before insurance	Date of first payment	Loan termination date	
\$	Yr Mo Day	\$	Yr Mo Day	Yr Mo Day	

C) INSURANCE REQUESTED (Check the appropriate boxes)

	Life	Disability 30 days Elimination period	30 days accident or hospitalization 90 days other disability causes Elimination period	Plan maximum life: ages 18 to 70. \$125,000. Plan maximum disability: ages 18 to 64. \$1,500/month.
Insured	<input type="checkbox"/>	<input type="checkbox"/>	Retro. <input type="checkbox"/>	Premium
Co-insured	<input type="checkbox"/>	<input type="checkbox"/>	Non-retro. <input type="checkbox"/>	Residual value (life insurance) (Compulsory if truncated)
Premiums				\$ Yes <input type="checkbox"/> No <input type="checkbox"/>

Disability duration:  12 months  18 months  Term of insurance

**GUARANTEED INSURABILITY YES  NO**

D) CRITICAL ILLNESS INSURANCE (available only with Life Insurance). Plan maximum: ages 18 to 64; \$125,000.

**Covered Conditions:** Cancer, Coronary Artery Bypass Surgery, Heart Attack, Stroke, Coma and Major Burns (See Certificate for Details)

INSURED  CO-INSURED

Decreasing Term	Residual Value	PREMIUM
\$	\$	\$

E) INVOLUNTARY UNEMPLOYMENT INSURANCE (waiting period: 30-Day Non-Retroactive)

Maximum Number of Monthly Benefit Payments: Six (6) Monthly Benefit Payments

INSURED  CO-INSURED

Monthly Insured Amount	PREMIUM
Plan Maximum: Ages 18 to 59 • \$750 / month	\$

F) DECLARATION AND CONSENT (Check the appropriate box) — The additional policy fee is \$100

**I hereby certify:**

- That I am a natural person residing in Canada and that I am capable of performing my regular duties.
- That I am 18 years of age or older, but less than 71 years of age for life insurance, less than 65 years of age for disability insurance and/or critical illness insurance, and less than 60 years of age for unemployment insurance.

**I declare:**

- That I am engaged in regular employment requiring being at work at least 20 hours per week;
- That I hold a seasonal job that requires being at work 25 hours per week. During any period of non-employment due to the seasonal nature of my work, I was able to perform the regular duties of my employment (you are not eligible for unemployment insurance);
- That I am unemployed or that I am engaged in employment that does not comply with the conditions set forth above (you are then not eligible for disability insurance nor unemployment insurance).

**In addition, for Critical Illness insurance, I declare:**

- In the past 5 years, I have not attended a medical facility for, consulted a physician for, taken prescribed medication for, received medical advice or treatment for, or been diagnosed with: cancer or tumour, chest pain, angina, heart attack, heart disorder, blood disorder, high blood pressure, stroke, diabetes, respiratory or lung disorder, circulatory disorder, kidney disorder, urinary disorder, hepatitis, cerebral or neurological disorder, anxiety, depression or any other psychiatric disorder, stomach disorder, ulcerative colitis, Crohn's disease, fibromyalgia, chronic fatigue syndrome, chronic pain, alcohol use, drug abuse, Acquired Immune Deficiency Syndrome (AIDS) or Aids related Complex (ARC);
- I never had an application for Life, Disability or critical illness insurance declined, rated or modified in any way;
- None of my parents, brothers or sisters had heart disease, kidney disease, stroke, diabetes, cancer or any hereditary disease diagnosed prior to age sixty-four (64).

**Furthermore, for Involuntary unemployment insurance, I declare:**

- I am gainfully employed at least 40 weeks per year;
- I am eligible for coverage under the Employment Insurance act;
- I am not self-employed;
- I am employed by a corporation with which I am dealing at arms' length.

**I hereby confirm that the foregoing 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 organization holding personal information about me concerning 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 agents, 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 or 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 the 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, by contacting the MIB at the following address: 330 University Avenue, Suite 501, Toronto, Ontario M5G 1R7. To learn more about MIB, visit www.mib.com.

**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.**

<p><b>SALES TAX</b></p> <p>\$</p>	
<p><b>TOTAL PREMIUM</b> (including \$100 policy fee)</p> <p>\$</p>	

Email : \_\_\_\_\_

Date: Yr Mo Day

Signature of the Insured **X**

Signature of the Co-insured **X**

G) WITNESS' DECLARATION - DEALERSHIP

I hereby declare to having been present when this proposal was completed and to have witnessed all the signatures affixed hereto. I have submitted a copy of the proposal and the certificate of insurance to the applicant or applicants.

Date: Yr Mo Day

Signature of the witness **X**

**YOUR CERTIFICATE OF INSURANCE**

**NOTE:** The provisions contained in this SUMMARY are provided for informational purposes only. The text of the Group Policy constitutes the complete description of your creditor insurance and governs the payment of benefits.

**SUMMARY OF COVERAGE****DEFINITIONS**

**ACCIDENT:** An event that is not intentional and that is sudden, fortuitous and unforeseeable. This event must be due solely to external means of a violent nature and result directly and independently of all other causes in bodily injury. This event must occur while the insurance is in force.

**CO-INSURED:** Person whose name is cited in the certificate of insurance as being the Co-insured who is the co-borrower, co-lessee, co-signatory, co-debtor and for whom the additional required premium has been paid.

**COVERED CONDITION:** for Critical Illness means each of Cancer, Coronary Artery Bypass Surgery, Heart Attack, Stroke, Coma and Major Burns as each of these conditions are defined in this Certificate:

**"Cancer** (Life threatening)" means a malignant tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This excludes Chronic Lymphocytic Leukemia less than RAI Stage 3 and Hodgkin's disease less than Stage 3. Also excluded from coverage are: carcinoma-in-situ, malignant melanoma to a depth less than 0.75mm, Stage A Prostate Cancer and Kaposi's Sarcoma and tumours which result from HIV infection.

**"Coronary Artery Bypass Surgery"** means the undergoing of open -heart surgery to correct a narrowing or blockage of one or more coronary arteries with bypass grafts but excluding non-surgical techniques such as balloon angioplasty or laser relief of an obstruction.

**"Heart Attack** (Myocardial Infarction)" means the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area as evidenced by all three of the following: an episode of typical chest pain, new electrocardiograph changes indicative of myocardial infarction and the elevation of cardiac enzymes.

**"Stroke"** means a cerebrovascular incident, excluding transient ischemic attack (TIA), producing infarction of brain tissue due to thrombosis, hemorrhage from an intracranial vessel or embolization caused by an extracranial source. There must be evidence of permanent neurological deficit persisting for 30 consecutive days, supported by evidence that the deficit is resulting from the Stroke, confirmed in writing by a Physician who is certified as a neurologist. Diagnosis needs to be confirmed with reliable and clinically accepted imaging techniques such as Brain CT Scan, MRI, PET Scan and cerebrospinal fluid analysis.

**"Coma"** means a state of unconsciousness with no reaction to external stimuli or response to internal needs, for a continuous period of seven days. The use of life support systems must be required throughout the period of unconsciousness.

**"Major Burns"** means third degree burns over at least 20% of the body surface.

**CREDITOR:** Any financial institution to whom you owe a debt regarding your vehicle or the lessor of the vehicle to whom are payable the sums provided for in the long-term lease or the person to whom the financial institution or the lessor has assigned its rights as creditor.

**DISABILITY OR TOTAL DISABILITY:** A disability occurring as a result of an accident or illness and which continues uninterrupted for a period covering at least the elimination period. The disability must require the normal and continuous care of a physician (other than the Insured or the Co-insured) acting within the scope of his or her professional licence. The disability must prevent you, during the first 12 months, from performing the duties of the occupation you held when the disability began and subsequently, any remunerated work for which you are qualified by education, training or experience. For any person studying or without employment when the disability began, **total disability** means the Insured's or Co-insured's inability, resulting directly and independently of any other cause, from an illness or accident which prevents him from performing his regular daily functions, as well as any task for which he is reasonably qualified by education or experience.

The unavailability of work in the professional sector in which you are qualified by education, training or experience does not automatically confer the total disability status.

**ELIMINATION PERIOD:****1. 30-day option for any cause of disability:**

An uninterrupted period of 30 days beginning on the first day of an accident, hospitalization or any other cause of disability.

**Non-retroactive protection:** You become eligible to receive benefits as of the 31<sup>st</sup> day following the disability, but not retroactively.

**Retroactive protection:** You become eligible to receive benefits as of the 31<sup>st</sup> day following the disability, retroactively to the first day of the accident, hospitalization or any other cause of disability.

**2. 30-day option for accident or hospitalization and 90-day for any other cause of disability:**

An uninterrupted period of 30 days beginning on the first day of an accident or hospitalization. You become eligible to receive benefits as of the 31<sup>st</sup> day following the accident or hospitalization, but not retroactively.

An uninterrupted period of 90 days beginning on the first day of any other cause of disability. You become eligible to receive benefits as of the 91<sup>st</sup> day following the disability, but not retroactively.

**3. The elimination period is 30 days for the involuntary unemployment insurance.**

**HOSPITALIZATION:** The occupation of a hospital room as a bedridden inpatient, if an invoice is issued by a government health insurance plan.

**ILLNESS:** Health deterioration or bodily disorder certified by a physician other than you. Pregnancy is not considered an illness, except for complications arising from such pregnancy.

**INSURED:** The person whose name is cited in the certificate of insurance as being the Insured, who has a debt with the creditor for a loan or a long-term lease and who has paid the required premium.

**INSURER:** Humania Assurance — 1555, rue Girouard Ouest, CP 10000, Saint-Hyacinthe (Québec) J2S 7C8

**INVOLUNTARY UNEMPLOYMENT:** means involuntary job loss or layoff which is not attributable to your action, inaction, option or desire and which had not been announced by the employer prior to the effective date of insurance. This is a contract of indemnity; you have a duty to mitigate by using your best efforts to find new employment.

**JOINT INSURANCE:** The insurance is joint when an Insured and a Co-insured are covered by the same contract, but only one benefit is paid by the Insurer if both insured suffer a loss at the same time.

**RECURRENCE:** A disability for which the elimination period does not apply. To be considered a recurrence, a disability period must meet all the following conditions:

- It follows an **initial** period of total disability for which the elimination period has been completed and benefits have been paid by the Insurer;
- The new period of total disability is of indeterminate duration and arises from the same or a related cause;
- This period is separated from the **initial** period of total disability by your return to work for a period of less than 30 consecutive days.

However, no payment is made for the period during which you returned to your employment between the periods of total disability.

**TREATMENT:** Consultation, care or services provided by a physician, including diagnostic procedures and prescription drugs.

**LIFE INSURANCE and CRITICAL ILLNESS BENEFIT**

**For a loan:** The amount of the benefit corresponds to the unpaid balance of the insured loan at death or when the critical illness is suffered, subject to a maximum of \$ 125,000.

For a long-term lease: The amount of the benefit corresponds (subject to a maximum of \$125,000) to the total monthly insured payments payable from the date of death or the date the critical illness is suffered until the end of the long-term lease + the residual value of the vehicle at the end of the long-term lease if this option was selected.

If the duration of insurance is less than the duration of the loan, it is compulsory to take the residual value insurance.

**DISABILITY or INVOLUNTARY UNEMPLOYMENT INSURANCE BENEFIT**

For each month of total disability or involuntary unemployment, the monthly benefit corresponds to the monthly insured payment payable to the creditor, subject to a maximum of \$1,500 for disability insurance and \$750 for involuntary unemployment insurance. The total **maximum benefit payable for all periods of total disability or involuntary unemployment can never** exceed the balance of the loan or, in the case of a long-term lease, the balance of monthly payments still payable to the creditor.

**EXCLUSIONS AND LIMITATIONS****NOTICE**

Expenses not covered by this insurance include (but are not restricted to): Charges for excess kilometres, insurance, registration fees, administrative costs, monthly instalments in arrears, interest or any other charges and the residual value if this option was not selected with regard to the life insurance.

In addition to the specific exclusions set forth below, no insurance benefit will be payable if the death, disability, critical illness or involuntary unemployment arises from or is caused by the following:

- A **pre-existing condition**, as defined below;
- War, declared or not, any act of war, riot, insurrection or revolution;
- A criminal act or any attempt to commit a criminal act;
- Flight or attempt to fly aboard an aircraft if the Insured or Co-insured participates in a capacity other than as a passenger;
- Operating a motorized vehicle while under the influence of drugs or with a blood alcohol level in excess of the legal limit;
- Service in the Armed Forces.

**Pre-existing condition means:**

Any pathological condition, illness or affliction, diagnosed or not, that the Insured or the Co-insured has suffered from or for which the Insured or Co-insured has received treatment or treatment recommendations within the 12 months immediately preceding the effective date of the insurance, unless the Insured or Co-insured received neither treatment nor treatment recommendation nor diagnostic tests nor medication for this condition, illness or affliction during a continuous period of 12 months following the effective date of the insurance. This provision becomes invalid if the Insured's or Co-insured's coverage has been in effect for at least 24 months.

**Life insurance:****Suicide restriction**

If the Insured commits suicide, whether he is of sound mind or otherwise, within 2 years of the effective date of the insurance, the Insurer's responsibility will be limited to reimbursing the life insurance premiums paid.

If the Co-insured commits suicide, whether he is of sound mind or otherwise, within 2 years of the effective date of the insurance, the Insurer's responsibility will be limited to reimbursing the life insurance premiums paid for the Co-insured while the life insurance on the Insured's life will remain in force.

**Cancer restriction**

No benefit will be paid if death results from a cancer first diagnosed in the 180-day period immediately following the effective date of insurance.

**Exclusions, reductions and limitations relating to disability insurance****No benefit will be paid if the total disability results from:**

- Childbirth, abortion, miscarriage or pregnancy existing as of the effective date of the certificate or occurring later, except in the case of complications arising from such pregnancy; or
- Lumbago or back pain whose existence can only be attested subjectively by the sole presence of pain felt by the Insured's (or Co-insured); or
- Self-inflicted injury or attempted suicide, whatever the state of mind of the Insured or Co-insured; or
- Cosmetic or non medically required surgery; or
- Any period of detention in a penitentiary or other similar institution; or
- Any period during which the individual fails to participate in a medical care program deemed reasonable and consistent with standard practice; or

- Mental illness or nervous disorders including anxiety, depression, emotional disorders and behavioural problems, if the Insured or Co-insured is not participating actively in therapy sessions supervised by a physician specializing in such disorders; or
- Alcoholism or drug addiction, unless the Insured or Co-insured enters an in-house detoxification program; or
- An accident or illness that occurs after the Insured or Co-insured has retired.

**Exclusions, reductions and limitations relating to Critical illness insurance**

**No Critical Illness insurance benefit will be payable if it results from:**

1. A Pre-existing Condition (see also No. 3 and 4 of this Section).
2. a. attempted suicide or self-inflicted injury, while sane or insane; or  
b. pregnancy, abortion, miscarriage or childbirth or due to parental leave as a result thereof; or  
c. cosmetic or elective surgery; or  
d. drug or alcohol use unless maintaining satisfactory participation in a rehabilitation program approved and monitored by a Physician.
3. A Covered Condition: i) unless you survive for 30 days, without artificial support, following the first diagnosis of a Covered Condition; or ii) relating to Cancer first diagnosed in the 180-day period immediately following the effective date of insurance.
4. A Pre-existing Covered Condition:  
(if one of the following events occurs within the first two years immediately following the effective date of insurance)
  - For Cancer, if you had any form of cancer prior to the effective date of insurance, a subsequent recurrence of Cancer will not qualify for a Critical Illness benefit, even if the location or type of Cancer differs from the first occurrence; or
  - For a Heart Attack, if you had Coronary Artery Disease requiring surgery on or prior to the effective date of insurance; or
  - For Coronary Artery Disease if you had a Heart Attack prior to the effective date of insurance.

**Exclusions, reductions and limitations relating to Involuntary unemployment insurance**

**No involuntary unemployment insurance benefit will be payable for:**

1. A period of detention in a penitentiary or other similar institution;
2. If the Involuntary Unemployment results directly or indirectly from:
  - i) attempted suicide or self-inflicted injury, while sane or insane; or
  - ii) pregnancy, abortion, miscarriage or childbirth or due to parental leave as a result thereof; or
  - iii) cosmetic or elective surgery; or
  - iv) drug or alcohol use unless maintaining satisfactory participation in a rehabilitation program approved and monitored by a Physician; or
  - v) sickness or Injury; or
  - vi) bodily or mental infirmity or disease of any kind; or
  - vii) unemployment that occurs within the 90-day period immediately following the effective date of insurance; or
  - viii) voluntary unemployment; or
  - ix) early or normal retirement; or
  - x) dismissal with cause including, but not limited to, misconduct, personality conflict, inability to perform or refusal to perform; or
  - xi) from your employer ceasing operations at your place of employment, or from lay-offs, or lock out at your place of employment, but only if prior to the effective date of insurance, your employer had announced its intention to lay-off personnel or cease operations at that location; or
  - xii) strike or labour dispute at your place of employment; or
  - xiii) the loss of your job which is seasonal, self-employment, or employment by a corporation with which you are not dealing at arm's length or if you have not worked 20 hours per week for a period of six (6) consecutive months; or
  - xiv) operating a motor vehicle or boat while your blood alcohol level exceeds 80 milligrams of alcohol per 100 milliliters of blood or the legal limit in the province or state where you are operating such motor vehicle or boat.

Reduction of monthly benefit

In addition, the monthly benefit is reduced by any amount that the Insured or the Co-insured receives from the rental of his/her vehicle to a third party during his disability or unemployment, as well as any business income generated by the vehicle during the disability or unemployment.

Medical exam

If applicable, when requested by the Insurer for the purpose of settling a claim, the Insured must undergo a medical examination by a physician designated by the Insurer.

9. Date of the Insured's (or Co-insured's, if applicable) written notice cancelling the insurance, which takes effect on the latest of the following dates, i.e.:
  - The date the notice is received at the Insurer's office;
  - The effective date of the cancellation indicated in the notice;
10. With regard to unemployment insurance, the date 6 monthly benefit payments have been paid;
11. With regard to unemployment insurance, 60 months after the effective date of insurance.

A request for insurance cancellation by the Co-insured will not result in the cancellation of the Insured's insurance.

**Disability insurance benefits will cease as of the earliest of the following events:**

- You die ;
- You cease to be totally disabled;
- You are unable or you refuse to provide the Insurer with satisfactory proof of your total disability;
- The date the maximum duration of disability coverage of 12 or 18 months is reached, if one of these options was selected on the certificate;
- The loan termination date indicated on the certificate of insurance is reached;
- You return to work;
- You reach 71 years of age;
- You retire;
- You refuse or fail to undergo the medical exam requested by the Insurer;
- You cease, according to the Insurer's criteria, to receive regular care from a physician;
- You refuse to engage in rehabilitative employment that the Insurer and its consulting physicians consider reasonably appropriate.

**GUARANTEED INSURABILITY**

While insured under this certificate, you can obtain, in the event of the total loss or theft of your vehicle, an insurance guarantee, without proof of insurability, for the replacement vehicle, within 60 days of the total loss or theft of the original vehicle.

The effective date of the new insurance constitutes the beginning of the two-year period applicable to the suicide exclusion. Furthermore, the pre-existing conditions clause is deferred and applies from the effective date of the new insurance.

The maximum amount insured without proof of insurability is equal to the initial amount increased by 8% annually for each year elapsed between the effective date of the insurance and the date of the total loss or theft. The term of this new loan or new lease must be equal to the term of the initial loan or initial lease.

**MISSTATEMENT OF AGE**

If there is an error regarding the age declared by the Insured or the Co-insured, the benefits and premiums are determined according to the actual age at the time of application. If, on the effective date of the insurance, the age of the Insured or Co-insured does not meet the minimum or maximum eligibility age requirements, the insurance under this certificate will be null and void for the Insured or Co-insured, and the Insurer's responsibility will be limited to the reimbursement of all premiums paid with regard to this policy less \$75 cancellation fee.

**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.

**CLAIMS**

Any claim must be submitted in writing to the Insurer within 90 days of the date of the death or disability which gives rise to the claim. Failure to submit this proof within the time provided will not invalidate the claim if it is submitted as soon as reasonably possible but no later than 12 months of the date the disability, critical illness or unemployment claim should have been submitted.

You can find the Insurer's complaint process at [www.humania.ca](http://www.humania.ca)

The claim forms are available at the following address:

**Humania Assurance**  
202-3720, de Chenonceau  
Laval (Québec) H7T 0B2  
Tel. 1-855-217-2774 / Fax 1-866-860-5565  
[info@eirm.ca](mailto:info@eirm.ca)

**CANCELLATION**

You may request cancellation of the insurance, **without penalty**, by sending a written notice to the Insurer by registered mail within **20 days of the effective date of the insurance**.

After expiry of this 20-day period, you may request cancellation of the coverage **at any time** by sending a written notice to the Insurer. *The policy fee is then fully acquired by the Insurer and is not reimbursed.*

If the insurance is cancelled on a ground provided in the TERMINATION OF INSURANCE section:

- **Paragraphs 1, 2, 3, 10 and 11:** No premium will be reimbursed;
- **Paragraphs 4, 5, 7, 8 and 9:** The Insurer will reimburse: Any unearned premium calculated using the "0.8 X Rule of 78" **less** the \$75 cancellation fee;
- **In Paragraph 6,** the Insurer will reimburse: All the premiums paid **less** the \$75 cancellation fee.

If the insurance is a joint insurance and the Co-insured's coverage is cancelled, the insurance on the Insured will remain in force, but will terminate for the Co-insured. The Insurer will reimburse the unearned premium relating to the Co-insured.

If **written notice is sent to the Insurer** within **20 days** following the effective date of the insurance, any premium paid will be reimbursed in full and the insurance will be considered to never have been in force.

If **the Insurer rejects the insurance application**, the certificate will be considered null and void and no benefit will be paid by the Insurer for any loss that would otherwise have been covered.

The insurance may not be assigned or transferred without the prior written consent of the Insurer, as prescribed by law.

**EFFECTIVE DATE OF THE INSURANCE**

The insurance takes effect on the latest of the following dates:

1. The effective date of the financial commitment indicated on the insurance proposal;
2. The date the amount of the loan or lease is disbursed;
3. The date the premium is paid by the creditor.

However, 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.

**TERMINATION OF INSURANCE**

The insurance terminates automatically on the first of the following events:

1. The loan termination date specified on the certificate of insurance;
2. The date of death of the Insured (or the Co-insured, if applicable) or the date a covered critical illness is suffered;
3. The 74<sup>th</sup> birthday of the Insured or Co-insured for life insurance, the 71<sup>st</sup> birthday for Critical Illness insurance, the 71<sup>st</sup> birthday for disability insurance and the 65<sup>th</sup> birthday for involuntary unemployment insurance;
4. Date of anticipated repayment\* of the loan, in full, or cancellation of the loan or long-term lease;
  - \* Anticipated repayment means that the unpaid balance of the loan is repaid before its scheduled expiry date.
5. Date of seizure of the vehicle used in guarantee of the loan or repossession of the vehicle by the creditor on any ground under the long-term lease or subsequent to an order of the court;
6. Date you receive a written notice of cancellation of the insurance by the Insurer on any ground provided by law, in particular in the case of false declarations;
7. Date of loan refinancing.; You must notify the Insurer in writing of any changes to the loan or long-term lease, within 10 days of the changes;
8. In the case of disability and unemployment insurance, the date you retire;

**INSURER**

**ADMINISTRATOR**

**DEALER**

**FINANCIAL INSTITUTION**

**INSURED AND CO-INSURED**