

GROUP INSURANCE FOR CREDITORS


RV -

GROUP POLICY N° 60120
This insurance is voluntary
Application for coverage and certificate of insurance

Effective date of the insurance: <input type="text"/> / <input type="text"/> / <input type="text"/> (D M Y)	Loan amount: <input type="text"/> \$ Interest rate: <input type="text"/> % Loan term: <input type="text"/> Amortization period: <input type="text"/> month MONTHLY PAYMENT <input type="text"/>
Duration of Life Insurance: <input type="text"/> DEBTOR / <input type="text"/> CO-DEBTOR Duration of Disability Insurance: <input type="text"/> DEBTOR / <input type="text"/> CO-DEBTOR	
NAME AND ADDRESS OF DEBTOR Email: <input type="text"/> Age: <input type="text"/> Telephone number: <input type="text"/> Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/> (D M Y)	NAME AND ADDRESS OF CO-DEBTOR Email: <input type="text"/> Age: <input type="text"/> Telephone number: <input type="text"/> Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/> (D M Y)
NAME AND ADDRESS OF CREDITOR Telephone number: <input type="text"/>	NAME AND ADDRESS OF DEALERSHIP Telephone number: <input type="text"/>

INSURANCE INFORMATION					
LIFE INSURANCE	Principal amount insured	Premiums	DISABILITY INSURANCE	Monthly amount insured	Premiums
Age 18 to 70 Maximum duration of coverage = 180 months	Max. amount = \$300,000	Minimum = \$75	Age 18 to 65 OR if 24 months per disability = 180 months	Maximum benefit = \$3,000 / month	Minimum = \$75
DEBTOR	Decreasing term	\$ <input type="text"/>	DEBTOR:	30 DAYS «RETROACTIVE» COVERAGE	\$ <input type="text"/>
	Residual value	\$ <input type="text"/>		«NON-RETROACTIVE» COVERAGE (30 DAYS)	\$ <input type="text"/>
CO-DEBTOR	Decreasing term	\$ <input type="text"/>			
	Residual value	\$ <input type="text"/>			
TOTAL LIFE INSURANCE PREMIUMS (A)				CO-DEBTOR:	
CRITICAL ILLNESS INSURANCE (available only with Life Insurance)					
Covered Conditions: <input type="checkbox"/> DEBTOR <input type="checkbox"/> CO-DEBTOR Cancer, Coronary Artery Bypass Surgery, Heart Attack, Stroke, Coma and Major Burns (See Certificate for Details)					
	Decreasing Term	\$ <input type="text"/>		30 DAYS «RETROACTIVE» COVERAGE	\$ <input type="text"/>
	Residual Value	\$ <input type="text"/>		«NON-RETROACTIVE» COVERAGE (30 DAYS)	\$ <input type="text"/>
	PREMIUM (C)	\$ <input type="text"/>			
INVOLUNTARY UNEMPLOYMENT INSURANCE (Waiting Period: 30-Day Non-Retroactive)					
Maximum Number of Monthly Benefit Payments: Six (6) Monthly Benefit Payments <input type="checkbox"/> DEBTOR <input type="checkbox"/> CO-DEBTOR					
	Monthly Insured Amount:	Insurance duration (max. 60 months)	PREMIUM (D)	TOTAL DISABILITY INSURANCE PREMIUMS (B)	
	Plan Maximum: Ages 18 to 60 \$750 / month		\$ <input type="text"/>	\$ <input type="text"/>	
				MAXIMUM NUMBER OF MONTHLY BENEFITS (PLEASE AFFIX YOUR INITIALS TO INDICATE YOUR CHOICE) <input checked="" type="checkbox"/> 24 MONTHS <input type="checkbox"/> LIFE OF THE LOAN X MAX.: 84 MONTHS	

DEBTOR'S AND CO-DEBTOR'S DECLARATION AND AUTHORIZATION	SALES TAX (E) \$ <input type="text"/>
1. ELIGIBILITY: I hereby certify that I am at least eighteen (18) years of age, but under the age of seventy-one (71) on the effective date of the life insurance (65 years old for critical illness insurance) and will be less than seventy-three (73) years of age on the expected expiry date of the insurance. Moreover, to be eligible for disability insurance, if required, I must be less than sixty-six (66) years of age on both the effective date and the expected expiry date of the insurance and, in the last twenty four (24) months, I have held a full time job (minimum of thirty (30) hours per week) during at least forty (40) weeks. I am eligible to apply for Involuntary Unemployment Insurance only if, at the effective date of insurance: - I am resident in Canada and at least 18 but not yet 60 years of age; - I am applying to either the life or disability insurance under the present insurance certificate; - I subscribed a loan not exceeding this insurance program maximum amount and not exceeding 60 months; - I am gainfully employed and actively working at least 30 hours per week for a minimum of 40 weeks per year; - I am eligible for coverage under the Employment Insurance Act; - I am employed by a corporation with which I am dealing at arms length; and - my normal work is not subject to seasonal conditions wherein a lay-off or work suspension is a regular and anticipated part of the work schedule (Seasonal Employee). 2. In the past twelve (12) months, have you consulted or been treated by a Physician or health professional, undergone a medical examination or follow up, suffered from an illness or a bodily injury? If any of the persons answered «YES», no benefit is payable if the death or disability of this person, as a direct or indirect result of this illness or injury, occurs within 24 months after the Effective date of the insurance.	TOTAL PREMIUMS (A+B+C+D+E) \$ <input type="text"/>

TO BE COMPLETED IF YOU APPLY FOR CRITICAL ILLNESS INSURANCE OR IF YOUR FINANCIAL COMMITMENT EXCEEDS \$100,000 OR IF YOUR MONTHLY AMOUNT INSURED IS HIGHER THAN \$2,000

3. MEDICAL QUESTIONNAIRE:

A. Height and weight: Debtor: Height: ft./in./cm Weight: lb/kg Co-Debtor: Height: ft./in./cm Weight: lb/kg

IN THE LAST FIVE (5) YEARS:

B. Have you had any symptoms or been treated for any of the following disorders or diseases: cancer, tumor, diabetes, high blood pressure, heart disease or blood vessel disorders, drug abuse or alcoholism, mental or nervous disorders, pulmonary or respiratory diseases or disorders, kidney or genito-urinary diseases or disorders, cerebral or neurological disorders, musculoskeletal disorders, gastrointestinal diseases, auto-immune disorders or any other serious illness?

C. Have you been confined to a hospital or other health care facility for a period of over seven (7) consecutive days, excluding for childbirth?

D. Have you applied for a life or health insurance policy which was declined, deferred, rated-up or issued with restrictions?

E. Is there a medical reason currently preventing you from performing your regular duties?

F. Have your parents, brothers or sisters had heart disease, kidney disease, stroke, diabetes, cancer or any hereditary disease diagnosed prior to age sixty-four (64)?

Explanation

G. For each positive answer, please clarify by indicating on a separate signed form the question number, the disease, surgery, examination, consultation, date, duration, physician, location and address as well as the nature of treatment received.

4. IMPORTANT:
If a medical questionnaire is to be completed, I understand and agree that if all the answers to the above questions are negative and truthful, the insurance comes into effect on the date the finance contract is approved. If not, the request must be submitted to the Insurer and, if it is accepted, the insurance will come into force on the date of acceptance by the Insurer. I further acknowledge that, in all cases, any omission or misrepresentation could lead to cancellation of this insurance or to the refusal of insurance benefit payments.

5. AUTHORIZATION:
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, the Medical Information Bureau, 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 hereby also authorize Humania Assurance to communicate said information to third parties aforementioned as well as to its reinsurers. For the same purposes and to gather the same type of information, I also authorize Humania Assurance or its reinsurers to request an investigation report about me and to use the information in their possession in other files, the object of which has been achieved. This consent is also valid for the gathering, use and transmission of personal information concerning my minor children. No modification or alteration of this consent will affect its content nor bind the Insurer. I authorize Humania Assurance to use or communicate my Social Insurance Number for tax purposes or administrative purposes. 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 Medical Information Bureau, which is a not-for-profit membership organization that operates an information exchange on behalf of its members. The MB will, upon request, provide the information in your file to any member company to which you submit a claim or apply for health or life insurance coverage. 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.

6. ATTESTATION:
I hereby certify that: - the information provided above is true, accurate and exact; - I acknowledge having read the provisions of said application for coverage; - I have obtained a copy of this application for coverage which represents my certificate of insurance.

I acknowledge that any declaration made to any person and which would go against said application for coverage would not bind the Insurer.

Signed at _____ ON _____ DAY OF _____

Signature of Debtor _____ Signature of Co-Debtor _____

PROVISIONS OF THE GROUP INSURANCE PROGRAM FOR CREDITORS

Humania Assurance has issued a group insurance policy and agrees to provide insurance that complies with and is subject to the terms and conditions of the group insurance policy. The coverage provided by the group insurance policy is offered on an optional basis. The important terms and conditions of the policy are summarized in this certificate of insurance (“the Certificate”).

SECTION 1 - DEFINITIONS

ACCIDENT means 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.

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.

DEBT means the unpaid balance of the Loan amount or the current value of the remaining payments in the case of a lease agreement.

DEBTOR means a client (or clients) of an authorized dealer who has undertaken a financial obligation and has asked to be insured under the terms of the Group policy and who meets all of the eligibility requirements. For the purposes of this agreement, a Co-Debtor who has asked to be insured is also considered a Debtor.

DIAGNOSIS means a diagnosis made by a physician licensed to practice in Canada.

EFFECTIVE DATE OF INSURANCE means the latest of the following dates:

- the date on which the certificate is signed; or
- the date on which the premium is paid; or
- the date on which the Debtor becomes eligible for the insurance provided in said policy.

NON-RETROACTIVE means that no benefits are paid during the first thirty (30) days of a total disability.

ELIMINATION PERIOD means the number of uninterrupted days, i.e. thirty (30) days, for which the Debtor must be totally disabled in order to be eligible for benefits.

GROUP POLICY means the group insurance policy issued to the policyholder by the Insurer.

ILLNESS means a disease, a medical condition or a pathological state which occurs for the first time after the insurance takes effect and which causes the Debtor's total disability.

INJURY means a bodily injury caused solely by an accident and which results in the total disability of the Debtor.

INSURER means Humania Assurance - 1555, Girouard St. West, P.O. Box 10000, Saint-Hyacinthe (Quebec) 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.

PHYSICIAN means a person duly qualified to practice medicine in Canada as a Doctor of Medicine (M.D.). The physician is not the Debtor nor is he related to him by blood or by marriage and has no business relationship with the Debtor.

POLICYHOLDER means an organization which was authorized by the Administrator to have a group insurance policy and is also authorized by the Insurer to offer insurance to the Debtors.

PRE-EXISTING CONDITION means an illness or disease, injury or physical condition which occurs within the first twenty-four (24) months of the coverage and for which treatment or treatment recommendations in the form of medical advice, consultation, diagnostic or treatment by a physician were received within the twelve (12) month period immediately preceding the Effective date of the insurance.

pre-existing condition means an illness or disease, injury or physical condition for which treatment or treatment recommendations in the form of medical advice, consultation, diagnostic or treatment by a physician were received within the twelve (12) month-period immediately preceding the Effective date of the insurance.

For critical illness insurances, **pre-existing covered condition** means a covered condition, whether diagnosed or undiagnosed, suffered by you for which you received treatment prior to the effective date of insurance.

RETROACTIVE means that the benefit period starts at the total disability date, provided the elimination period has ended.

TOTAL DISABILITY or TOTALLY DISABLED means any state of incapacity resulting from an accident or illness and for which the Debtor or Co-Debtor is under the care of a physician and which prevents him, during the first twelve (12) months, from performing all the duties of his own occupation, and thereafter, total disability means a state of continuous incapacity, which wholly prevents the Debtor or Co-Debtor from performing the regular duties of another paid occupation compatible with his training, education or experience. Should an Insured be unemployed at the beginning of a total disability, it will mean the inability to perform the regular duties of a person of the same age, sex and condition.

SECTION 2 – ELIGIBILITY REQUIREMENTS

To be eligible for coverage provided by the Group policy, the Debtor must meet the following requirements at the Effective date of the insurance as indicated on the certificate:

- be a natural person (partnerships, corporations or other business entities are not eligible for insurance);
- reside in Canada;
- be at least 18 years of age, but under the age of 71 with regard to life insurance, 65 for critical illness insurance or under the age of 66 for disability insurance or 60 for unemployment insurance.

Furthermore, in order to be eligible for the total disability or unemployment coverage provided for by the Group policy, the Debtor must be engaged in a permanent remunerative employment and actively at work for a minimum of 30 hours per week for 40 weeks, during the 12 months immediately preceding the Effective date of the insurance.

SECTION 3 – LIFE INSURANCE

The Debtor's life insurance will be effective on the condition that the Debtor meets the eligibility requirements and has paid the required insurance premium as indicated on the certificate.

Life Insurance Benefit

Subject to the terms and conditions of this certificate and of the Group policy, the Insurer will pay, upon receipt of satisfactory proof of the Debtor's death, a life

insurance benefit to the Creditor equal to the Principal amount insured at the date of death, provided the life insurance benefit does not exceed the lesser of these two amounts: the Principal amount insured indicated on the certificate or \$300,000.

If the principal amount initially insured indicated on the certificate is less than the initial amount actually financed, the life insurance benefit will then be equal to the amount of the debt to be reimbursed at the date of death, multiplied by a fraction, the numerator of this fraction being the principal amount initially insured and the denominator being the initial Loan amount.

In the case of a lease contract, the benefit is equal to the discounted value at the interest rate of the lease contract, of the remaining payments, including the residual value indicated in the application for insurance if applicable, provided the required premium was paid.

Restrictions

- Under no circumstances will the life insurance benefit exceed a maximum benefit of \$300,000 per loan or per Debtor for the duration of the certificate, for all the certificates held by the same Debtor.
- As regards to a loan granted to Co-debtors, each Debtor may be insured for an amount of up to \$300,000; however, under no circumstances will the Insurer pay a benefit greater than \$300,000 per loan.

Exclusions

No life insurance benefit will be payable for:

- a pre-existing condition;
- war, whether declared or not;
- a suicide, whether the Insured is sane or not, within two (2) years of the Effective date of the insurance;
- flying or attempting to fly aboard an aircraft if the Insured participates in a capacity other than as a passenger on a chartered flight piloted by a duly authorized pilot;
- a cancer first diagnosed in the 180-day period immediately following the effective date of insurance.

SECTION 4 – DISABILITY INSURANCE

The Debtor's disability insurance will be effective on the condition that the Debtor meets the eligibility requirements and has paid the required insurance premium as indicated on the certificate.

Total Disability Insurance Benefit

Subject to the maximum, terms and conditions of this certificate and of the Group policy, the Insurer will pay the Creditor, upon receipt of satisfactory proof of the Debtor's total disability, the lesser of the following amounts:

- the monthly payment insured required in accordance with the financial commitment described on the front page of this application;
- the monthly payment as established by the Creditor, excluding all arrears, if applicable.

The Debtor is responsible for the first payment following the beginning of his disability. However this payment will be reimbursed to the Debtor by the Insurer if his disability is approved and if the 30-DAY RETROACTIVE COVERAGE was selected and the required premium paid.

Benefit period

The benefit period begins on the date following the expiration of the elimination period. The benefit period will terminate on the first of the following dates:

- the date the Debtor is no longer totally disabled or returns to work on a part-time or full-time basis;
- the date on which total disability ceases;
- the date the maximum number of benefit payments allowed has been attained, as indicated on the certificate;
- the date the Insurer requests proof of continuous total disability and the Debtor does not submit this proof within 30 days of the request;
- the date the full amount of the loan is reimbursed;
- the date of death of the Debtor or the date a critical illness benefit is paid;
- the date of termination of the insurance as indicated on the certificate.

Restrictions

- The monthly amount insured, as indicated on the certificate, will under no circumstances exceed \$3,000 per month, for all the certificates held by one Debtor.
- After the elimination period, a total disability is considered recurrent if it is due to the same or related cause and it reoccurs within 30 days following the end of the preceding total disability period.
- If a joint insurance has been taken and both Debtors are totally disabled at the same time, the Insurer will pay only one benefit.

Exclusions

No disability insurance benefit will be payable if it results from:

- a pre-existing condition;
- a criminal act;
- war, whether declared or not;
- any period of detention in a penitentiary or other similar institution;
- any period during which the person does not take part or cooperate in a reasonable and customary medical treatment program;
- a self-inflicted injury, whether the Debtor is sane or not;
- flying or attempting to fly aboard an aircraft if the Insured participates in a capacity other than as a passenger on a chartered flight piloted by a duly authorized pilot.

SECTION 5 – CRITICAL ILLNESS INSURANCE

The debtor's Critical Illness insurance will be effective on the condition that the debtor meets the eligibility requirements and has paid the required insurance premium as indicated on the certificate.

Critical Illness insurance benefit

Subject to the terms and conditions of this certificate and the Group policy, the insurer will pay, upon receipt of satisfactory proof of the Debtor's suffering a covered critical illness, a Critical Illness insurance benefit to the Creditor equal to the Principal amount insured (outstanding amount of debt) at the date of suffering a covered critical illness, provided the Critical Illness benefit does not exceed the lesser of these two amounts: the Principal amount insured indicated on the certificate or 300 000 \$.

If the Principal amount initially insured indicated on the certificate is less than the initial amount actually financed, the critical illness insurance benefit will then be equal to the amount of the debt to be reimbursed at the date the Critical Illness covered condition is suffered, multiplied by a fraction, the numerator of this fraction being the Principal amount initially insured and the denominator being the initial Loan amount.

In the case of a lease contract, the benefit is equal to the discounted value at the interest rate of the lease contract, of the remaining payments, including the residual value indicated in the application for insurance, if applicable, provided the required premium was paid.

Restrictions

- Under no circumstances will the Critical Illness insurance benefit exceeds a maximum benefit of 300 000 \$ per Loan or per Debtor for the duration of the certificate, for all the certificates held by the same Debtor.
- As regards to a Loan granted to Co-debtors, each Debtor may be insured for an amount of up to 300 000 \$; however, under no circumstances will the insurer pay a benefit greater than 300 000 \$ per loan.

Exclusions

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

- A Pre-existing Condition (see also g) and h) of this Section).
- While you are in the course of 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 80 milligrams of alcohol in 100 millilitres of blood or the legal limit stipulated in the Province or State where you are operating a motor vehicle or vessel.
- War, whether declared or not, or any act of war or insurrection.
- Travel in or descent from any aircraft in which you are travelling (except as a passenger on a commercial flight).
- From:
 - attempted suicide or self-inflicted injury, while sane or insane;
 - pregnancy, abortion, miscarriage or childbirth or due to parental leave as a result thereof;
 - cosmetic or elective surgery; or
 - drug or alcohol use unless maintaining satisfactory participation in a rehabilitation program approved and monitored by a Physician.
- A Covered Condition unless you survive for 30 days following the first diagnosis of a Covered Condition.
- A Covered Condition relating to cancer first diagnosed in the 180-day period immediately following the effective date of insurance.
- A Pre-existing Covered Condition: i) occurring during the 24 consecutive months immediately following the effective date of insurance; ii) For Cancer, this means that 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; iii) from a Heart Attack occurring after the effective date of insurance, if you had Coronary Artery Disease requiring surgery on, or prior to, the effective date of insurance; or iv) from Coronary Artery Disease occurring after the effective date of insurance, if you had a Heart Attack prior to the effective date of insurance.

SECTION 6 – INVOLUNTARY UNEMPLOYMENT INSURANCE

The debtor's involuntary unemployment insurance will be effective on the condition that the debtor meets the eligibility requirements and has paid the required insurance premium as indicated on the certificate.

Involuntary unemployment benefit

Subject to the maximum, terms and conditions of this certificate and the Group policy, the insurer will pay the Creditor, upon receipt of satisfactory proof of the Debtor's involuntary unemployment, the lesser of the following amounts:

- the monthly payment insured required in accordance with the financial commitment described on the front page of this application;
- the monthly payment as established by the Creditor, excluding all arrears, if applicable.

The Debtor is responsible for the first payment following the occurrence of unemployment.

Benefit period

The benefit period begins on the date following the expiration of the elimination period. The benefit period will terminate on the first of the following dates:

- The date on which all scheduled Loan payments have been made excluding any payments in arrears and any accrued interest thereon;
- The date the six Monthly Benefit Payments have been made;
- The date you return to partial or full-time employment or are no longer available for work in Canada, whichever is earlier;
- The date of death of the Debtor; or the date a critical illness benefit is paid;
- The Date Insurance Terminates; or
- The date you cease receiving benefits under the Employment Insurance Act.

Restrictions

- The monthly amount insured, as indicated on the certificate, will under no circumstances exceed 750 \$ per month, for all the certificates held by one Debtor.
- If a joint insurance has been taken and both Debtors are unemployed at the same time, the insurer will pay only one benefit.

Exclusions

No involuntary unemployment insurance benefit will be payable if loss of revenue results from:

- While you are in the course of 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 80 milligrams of alcohol in 100 millilitres of blood or the legal limit stipulated in the Province or State where you are operating a motor vehicle or vessel.
- War, whether declared or not, or any act of war or insurrection.
- Travel in or descent from any aircraft in which you are travelling (except as a passenger on a commercial flight).
- a period of detention in a penitentiary or other similar institution;
- If the Involuntary Unemployment results directly or indirectly from:
 - attempted suicide or self-inflicted injury, while sane or insane;
 - pregnancy, abortion, miscarriage or childbirth or due to parental leave as a result thereof;
 - cosmetic or elective surgery; or
 - drug or alcohol use unless maintaining satisfactory participation in a rehabilitation program approved and monitored by a Physician.
- Sickness or Injury;
- bodily or mental infirmity or disease of any kind;
- unemployment that occurs within the 90-day period immediately following the Date Insurance Begins;
- voluntary unemployment;
- early or normal retirement;
- dismissal with cause including, but not limited to, misconduct, personality conflict, inability to perform or refusal to perform;
- 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 Date Insurance Begins, your employer had announced its intention to lay-off personnel or cease operations at that location;
- strike or labour dispute at your place of employment;
- 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 30 hours per week for a period of six (6) consecutive months.

SECTION 7 – CLAIM APPLICATION

In order to claim benefits under the group insurance policy, the Debtor or his beneficiary must obtain a claim form from the Insurer at the address on the first page. The notice of claim must be given in writing or by telephone. The Debtor or his beneficiary must provide the Insurer, within ninety (90) days from the date of disability, critical illness or unemployment satisfactory proof that is reasonable to provide describing the circumstances giving rise to the claim, the loss resulting from it and the Creditor's right to receive applicable benefits.

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

Failure of the Debtor to accomplish any action required by the Insurer or to provide the Insurer with the necessary information or documents will discharge the Insurer from any liability regarding benefit payments. Until the Debtor has corrected said fault, the Debtor will have sole responsibility for the required loan reimbursements.

SECTION 8 – TERMINATION

The insurance in reference to the Debtor will automatically terminate on the first of the following dates:

- The date the full amount of the loan is reimbursed or the date of discharge of the loan;
- The date of seizure by the Creditor of the property used in guarantee of the loan;
- The date the Debtor reaches his 73rd birthday for Life Insurance or 71st birthday for critical illness insurance;
- The date the Debtor reaches his 66th birthday for Disability Insurance or 65th birthday for unemployment insurance;
- The date the Administrator receives a written notice of cancellation of the Debtor's insurance;
- The date the debt is transferred to another Creditor or assumed by another Debtor;
- The date the payment of the premium due is late by more than 31 days;
- The date of death of the Debtor;
- The date on which a life insurance or a critical illness benefit is paid;
- The date the loan is renegotiated (except for renewal during the term of the loan/lease);
- With regard to disability and unemployment insurance, the effective retirement date of the Debtor;
- With regard to unemployment insurance, the date 6 monthly benefit payments have been paid;
- With regard to unemployment insurance, 60 months after the effective date of insurance.

Should the insurance terminate for one of the reasons indicated above prior to the termination date of the insurance, the unearned premium, minus any benefit paid, will be reimbursed to the Creditor. The reimbursement will be calculated using the "Rule of 78 multiplied by 0.8" and will be subject to processing fees of \$100 which will be deducted from the amount to be reimbursed. Reimbursement for amounts under ten dollars (\$10) will not be made.

SECTION 9 – GENERAL PROVISIONS

The certificate of insurance and the group insurance policy constitute the contract between the Insurer and the Debtor. Any declaration, other than a fraudulent misrepresentation, made by the Debtor regarding his insurability in accordance with the group insurance policy may be used to challenge the validity of the Debtor's insurance during the first two (2) years of the insurance or an increase of insurance is in effect during the lifetime of the Debtor. However the Insurer reserves the right to contest the contract at any time in regard to disability benefits, if applicable, subject to legal limitations. Any fraudulent misrepresentation may be used at any time to challenge the validity of the insurance. If after having examined the certificate, the Debtor is not satisfied with the insurance and asks that it be cancelled within twenty (20) days from receipt of the certificate, the full amount of the premium paid will be reimbursed.

The Insurer has the right to proceed with any necessary investigation relating to insurance applications or insurance claims or to obtain independent medical or professional assessments, if required.

Only the Creditor may assign or transfer the rights or benefits provided by the insurance to another person. No such assignment or transfer will take effect before the written notice of assignment or transfer is received by the Insurer. The Insurer, however, will assume no responsibility as to the validity of the assignment or transfer.

The Insurer recognizes and respects the right to privacy of each Debtor. When a person submits an application for insurance, a confidential file is created and kept either in the Insurer's offices or those of an organization duly authorized by the Insurer. Access to the information contained in the file is restricted to the Insurer or to persons authorized by the Insurer who need the information to be able to perform their work or to those who have been granted access by the Debtor and to legally authorized persons. The information is used to provide financial services to the Debtor and to manage the group insurance plan.

IMPORTANT

This insurance is optional and is not required to obtain a loan or a lease contract. It may be cancelled at any time by sending a written notice to the Insurer's office.

Please keep these documents in a safe place.

INSURER

DISTRIBUTOR

CLIENT

CREDITOR

DEALERSHIP