

Insurer

# Certificate of Automobile Insurance (Ontario)

*Use this Certificate for policies first issued or renewed between  
September 1, 2010 and August 31, 2011*

**This is your Certificate of Automobile Insurance. Contact your Broker/Agent  
with any questions or if you require clarification regarding your coverage choices.  
All times are local times at the Named Insured's postal address shown on this Certificate.**

|               |   |   |
|---------------|---|---|
| Policy Number | Policy Effective Date    year   month   day | Policy Expiry Date    year   month   day<br><b>12:01 a.m.</b> |
| Date Prepared | Broker/Agent                                | Telephone Number  |
| Named Insured |   | Lessor (if applicable)  |

| Described Automobiles         | Automobile # | Automobile # |
|-------------------------------|--------------|--------------|
| Model Year and Make           |              |              |
| Model and Body Type           |              |              |
| Serial No./V.I.N.             |              |              |
| Cylinders/C.C.                |              |              |
| Purchase Price/List Price New |              |              |

| Insurance Coverages  | Automobile #                     | Automobile #   |                                      |                                  |                |                                      |
|--|----------------------------------|----------------|--------------------------------------|----------------------------------|----------------|--------------------------------------|
| <b>Liability</b>   | <b>Limit</b>                     | <b>Premium</b> | <b>Premium for Occasional Driver</b> | <b>Limit</b>                     | <b>Premium</b> | <b>Premium for Occasional Driver</b> |
| Bodily Injury  |                                  |                |                                      |                                  |                |                                      |
| Property Damage  |                                  |                |                                      |                                  |                |                                      |
| <b>Accident Benefits (Standard Benefits)</b>   | As stated in Section 4 of Policy |                |                                      | As stated in Section 4 of Policy |                |                                      |
| <b>Optional Increased Accident Benefits</b>  | <b>Limit</b>                     | <b>Premium</b> | <b>Premium for Occasional Driver</b> | <b>Limit</b>                     | <b>Premium</b> | <b>Premium for Occasional Driver</b> |
| Income Replacement (\$600/\$800/\$1,000)   | (up to \$ per week)              |                |                                      | (up to \$ per week)              |                |                                      |
| Caregiver, Housekeeping & Home Maintenance   | As stated in Section 4 of Policy |                |                                      | As stated in Section 4 of Policy |                |                                      |
| Medical & Rehabilitation (\$100,000)   |                                  |                |                                      |                                  |                |                                      |
| Attendant Care (\$72,000)  |                                  |                |                                      |                                  |                |                                      |
| Medical, Rehabilitation (\$1,100,000) & Attendant Care (\$1,072,000)   |                                  |                |                                      |                                  |                |                                      |
| Death & Funeral  |                                  |                |                                      |                                  |                |                                      |
| Dependant Care   |                                  |                |                                      |                                  |                |                                      |
| Indexation Benefit (Consumer Price Index)  |                                  |                |                                      |                                  |                |                                      |
| <b>Uninsured Automobile</b>  | As stated in Section 5 of Policy |                |                                      | As stated in Section 5 of Policy |                |                                      |
| <b>Direct Compensation - Property Damage*</b>  | <b>Deductible</b>                | <b>Premium</b> | <b>Premium for Occasional Driver</b> | <b>Deductible</b>                | <b>Premium</b> | <b>Premium for Occasional Driver</b> |
| *This policy contains a partial payment of recovery clause for property damage if a deductible is specified for direct compensation-property damage. |                                  |                |                                      |                                  |                |                                      |
| <b>Loss or Damage**</b>  | <b>Deductible</b>                | <b>Premium</b> | <b>Premium for Occasional Driver</b> | <b>Deductible</b>                | <b>Premium</b> | <b>Premium for Occasional Driver</b> |
| Specified Perils (excluding Collision or Upset)  |                                  |                |                                      |                                  |                |                                      |
| Comprehensive (excluding Collision or Upset)   |                                  |                |                                      |                                  |                |                                      |
| Collision or Upset   |                                  |                |                                      |                                  |                |                                      |
| All Perils   |                                  |                |                                      |                                  |                |                                      |

| Insurance Coverages (continued)  | Automobile #  | Automobile #  |
|--|---|---|
| Policy Change Forms (Name, No., including limit if applicable)           | <b>Premium</b>  | <b>Premium</b>  |
| <input style="width:100%; height:20px;" type="text"/>                    | <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> |
| <input style="width:100%; height:20px;" type="text"/>                    | <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> |
|  | <b>Occasional driver subtotals</b>                    | <b>Occasional driver subtotals</b>                    |
| <b>Premium Subtotals</b>   | <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> |
| <b>*Total Premium for each Automobile</b>                                | <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> |
| <b>*Premium Subtotal + Occasional driver subtotal</b>                    | <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> |
|  | <b>Total Policy Premium</b>                           |   |
| <b>(Total Premium for Automobile 1 + Total Premium for Automobile 2)</b> | <input style="width:100%; height:20px;" type="text"/> |   |
| <b>Minimum Non-Refundable Premium</b>                                    | <input style="width:100%; height:20px;" type="text"/> | <b>Total Policy Cost</b>                              |
|  | <b>Tax</b>  | <input style="width:100%; height:20px;" type="text"/> |

| Rating Information |                   |                   |                |  |                   | Assignment to Auto |             |            |           | Convictions      |            |             |
|--------------------|-------------------|-------------------|----------------|--|-------------------|--------------------|-------------|------------|-----------|------------------|------------|-------------|
| Driver No.         | Driver Name       | Age               | Marital Status | Years Lic.   | Driver's Training | Principal          | Secondary   | Occasional | Excluded  | Serious          | Major      | Minor       |
|                    |                   |                   |                |  |                   |                    |             |            |           |                  |            |             |
|                    |                   |                   |                |  |                   |                    |             |            |           |                  |            |             |
|                    |                   |                   |                |  |                   |                    |             |            |           |                  |            |             |
| Chargeable Claims  |                   |                   |                |  | Surcharges        |                    |             |            | Discounts |                  |            |             |
| Auto No.           | Date (yyyy/mm/dd) | BI                | PD             | AB   | COLL/AP           | %                  | Description |            | %         | Description      |            |             |
|                    |                   |                   |                |  |                   |                    |             |            |           |                  |            |             |
|                    |                   |                   |                |  |                   |                    |             |            |           |                  |            |             |
|                    |                   |                   |                |  |                   |                    |             |            |           |                  |            |             |
| Kilometres Driven  |                   |                   |                | Gross Vehicle Weight Rating (commercial vehicles only) | Class Description |                    |             |            |           |                  |            |             |
| Auto No.           | Annually          | To Work (One Way) |                |  | Class             | Description        |             |            |           |                  |            |             |
|                    |                   |                   |                |  |                   |                    |             |            |           |                  |            |             |
|                    |                   |                   |                |  |                   |                    |             |            |           |                  |            |             |
|                    |                   |                   |                |  |                   |                    |             |            |           |                  |            |             |
| Driving Record     |                   |                   |                |  | Vehicle Code      | Rate Group         |             |            |           | Rating Territory |            |             |
| Auto No.           | BI                | PD                | AB             | DCPD   |                   | COLL/AP            | AB          | DCPD       | COLL/AP   | COMP/SP          | Terr. Code | Description |
|                    |                   |                   |                |  |                   |                    |             |            |           |                  |            |             |
|                    |                   |                   |                |  |                   |                    |             |            |           |                  |            |             |
|                    |                   |                   |                |  |                   |                    |             |            |           |                  |            |             |

| Lienholders                           |                                       |
|---------------------------------------|---------------------------------------|
| (to whom loss may be jointly payable) | (to whom loss may be jointly payable) |

| Method of Payment            |                      |                              |                           |                     |
|------------------------------|----------------------|------------------------------|---------------------------|---------------------|
| Type of Payment Plan         | Total Policy Premium | Tax                          | Interest                  | Total Payable       |
| Amount Paid with Application | Amount Still Due     | No. of Remaining Instalments | Amount of Each Instalment | Instalment Due Date |

| Remarks |
|---------|
|         |

This Certificate is proof of a contract of insurance between the Named Insured and the Insurer, subject in all respects to the Ontario Automobile Policy (OAP 1). In return for the premium charged and the statements contained in the Application, the contract provides the coverage outlined in this Certificate. You only have a particular coverage for a specific automobile if this Certificate shows a premium for it, or shows the coverage is provided at no cost. All other terms of the Policy remain the same unless stated otherwise in this Certificate. Your Insurer will provide you with a copy of the Policy if you request it. This Certificate is only valid if it is signed by an authorized representative of the Insurer.

|                                  |
|----------------------------------|
| Authorized Signature of Insurer: |
|----------------------------------|

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of the Insurer's insurance business in Canada.

**This is a brief explanation of the insurance outlined in this Certificate.**

### **Liability**

Provides coverage for you or other insured persons if someone else is killed or injured or their property is damaged in an automobile incident. It will pay for legitimate claims against you or other insured persons up to the limit of your coverage, and the cost of settling claims.

### **Accident Benefits**

Your insurance company is obligated to explain details of Accident Benefits coverage to you.

Provides benefits that you and other insured persons are entitled to receive if injured or killed in an automobile accident. These benefits may include: income replacement for persons who have lost income; payments to non-earners who suffer complete inability to carry on a normal life; payment of medical, rehabilitation and attendant care expenses; payment of certain other expenses; payment of funeral expenses and payments to survivors of a person who is killed. You may also purchase optional benefits to increase the standard level of benefits provided in the policy. The optional benefits your insurance company must offer are: increased income replacement; caregiver, housekeeping and home maintenance; increased medical and rehabilitation; increased attendant care; increased medical, rehabilitation and attendant care; increased death and funeral; dependant care; and an indexation benefit.

### **Uninsured Automobile**

Provides coverage if you or other insured persons are injured or killed by an uninsured motorist or by a hit-and-run driver. It covers damage to your automobile and its contents caused by an identified uninsured motorist.

### **Direct Compensation - Property Damage**

Provides coverage in Ontario, under certain conditions, for damage to your automobile and to property it is carrying, when another motorist is responsible. It is called Direct Compensation because you will collect from us, your insurance company, even though you are not at fault for the accident. There may be a deductible amount, and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium.

### **Loss or Damage**

Provides a selection of optional coverages for your own automobile. Payments cover direct and accidental loss of, or damage to, a described automobile and its equipment. There is usually a deductible amount indicated for each coverage and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium. There are four types of coverages:

- **Specified Perils:** Covers the described automobile against loss or damage caused by certain specific perils. They are: fire; theft or attempted theft; lightning; windstorm; hail or rising water; earthquake; explosion; riot or civil disturbance; falling or forced landing of aircraft or parts of aircraft; or the stranding, sinking, burning, derailment or collision of any kind of transport in or upon which the described automobile is being transported.
- **Comprehensive:** Covers a described automobile against loss or damage other than those covered by Collision or Upset, including perils listed under Specified Perils, falling or flying objects, missiles and vandalism.
- **Collision or Upset:** Covers damage when a described automobile is involved in a collision with another object or tips over.
- **All Perils:** Combines the Collision or Upset and Comprehensive coverages.

**Warning: The Insurance Act provides that where (a) an Applicant for a contract, (i) gives false particulars of the described automobile to be insured to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured wilfully makes a false statement in respect of a claim under the contract, a claim by the Insured, for other than such statutory accident benefits as are set out in the Statutory Accident Benefits Schedule, is invalid and the right of the Insured to recover indemnity is forfeited.**

#### **Warning – Offences**

It is an offence under the Insurance Act to knowingly make a false or misleading statement or representation to an Insurer in connection with the person's entitlement to a benefit under a contract of insurance, or to wilfully fail to inform the Insurer of a material change in circumstances within 14 days, in connection with such entitlement. The offence is punishable on conviction by a maximum fine of \$100,000 for the first offence and a maximum fine of \$200,000 for any subsequent conviction.

It is an offence under the federal Criminal Code for anyone to knowingly make or use a false document with the intent it be acted on as genuine and the offence is punishable, on conviction, by a maximum of 10 years imprisonment.

It is an offence under the federal Criminal Code for anyone, by deceit, falsehood or other dishonest act, to defraud or to attempt to defraud an insurance company. The offence is punishable, on conviction, by a maximum of 10 years imprisonment for cases involving an amount over \$5,000 or otherwise a maximum of 2 years imprisonment.

This Certificate contains important information about your automobile insurance.

## Summary of Important Changes to Your Policy

### YOU NOW HAVE MORE CHOICE

Recent reforms introduced by the Ontario government will give you more choice over the coverages and price you pay for auto insurance. The new changes to Ontario's Auto Insurance Policy will provide you with more options that allow you to customize your policy to suit your needs.

| New Auto Policy coverage – effective as of your renewal date and included in the attached renewal.   | New options now available – If you want to increase your benefits, here are some of your new options.                                   |
|--|---|
| <ul style="list-style-type: none"> <li>Medical &amp; Rehabilitation expenses to a limit of \$50,000 for non-catastrophic injuries.</li> </ul> <p><b><i>This type of coverage is in your expiring policy but the limit has been reduced from \$100,000 to \$50,000 in your renewal policy.</i></b></p>  | <ul style="list-style-type: none"> <li>You have the option to increase the limit to \$100,000 for non-catastrophic injuries.</li> </ul> |
| <ul style="list-style-type: none"> <li>Attendant Care expenses to a limit of \$36,000 for non-catastrophic injuries.</li> </ul> <p><b><i>This type of coverage is in your expiring policy but the limit has been reduced from \$72,000 to \$36,000 in your renewal policy.</i></b></p>   | <ul style="list-style-type: none"> <li>You have the option to increase the limit to \$72,000 for non-catastrophic injuries.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Caregiver, Housekeeping &amp; Home Maintenance expenses only available for catastrophic injuries.</li> </ul> <p><b><i>This type of coverage is in your expiring policy for both catastrophic and non-catastrophic injuries. It is not in your renewal policy for non-catastrophic injuries.</i></b></p> | <ul style="list-style-type: none"> <li>You have the option to purchase this coverage for non-catastrophic injuries.</li> </ul>          |
| <ul style="list-style-type: none"> <li>Deductible of \$30,000 when suing for pain and suffering.</li> </ul> <p><b><i>This continues to be the standard deductible provided for by law.</i></b></p>   | <ul style="list-style-type: none"> <li>You have the option to reduce the deductible to \$20,000.</li> </ul>                             |

For more information on the new choices, or to modify these coverages, contact your insurance representative.

### Other Optional Accident Benefits Coverages

If you have previously purchased the following optional features, they have not changed in your renewal:

- An additional \$1,000,000 for Medical, Rehabilitation and Attendant Care expenses
- \$600, \$800 or \$1,000 maximum per week to cover lost income
- \$50,000 for the loss of a spouse; \$20,000 for the loss of each dependant; \$8,000 for funeral expenses
- Dependant Care expenses to a limit of \$150 per week
- Annual indexation of your benefits to inflation

If you have not previously purchased these optional features, you may wish to do so.

## Other Features of the Policy

The following coverages are included in your expiring policy and they are not changed in your renewal:

- Direct Compensation-Property Damage
- Third Party Liability

If the following coverages are included in your expiring policy, they will not change in your renewal policy:

- Collision or Upset
- Comprehensive
- Specified Perils
- All Perils

### ***Injured in a Motor Vehicle Accident?***

- A number of rules governing accident benefit claims change September 1, 2010. For updates on these changes, please contact your insurance company.
- Many injuries received in an auto accident are minor. If you have a minor injury due to an auto accident, your medical and rehabilitation accident benefits are limited to \$3,500 regardless of the coverage level you have selected.

**If you would like to make changes to any of your coverages, or purchase additional coverages, contact your insurance representative.**

***For more information on your coverage choices, or to modify your policy, contact your insurance representative as shown on the enclosed insurance renewal certificate.***

OPTIONAL: *{For example contact information could include a dedicated phone line, an email address and/or contact information for a company's insurance representative.}*

LOGO

Company/broker/intermediary

Address

Telephone

www.xxxxx.xx

***For general information about changes to auto insurance in Ontario, contact:***



Consumer Information Centre  
www.ibc.ca  
Telephone (416) 362-9528  
Toll-free 1-800-387-2880



Financial Services Commission of Ontario  
www.fsco.gov.on.ca  
Telephone (416) 250-7250  
Toll-free 1-800-668-0128  
TTY (416) 590-7108, 1-800-387-0584

## **Providing More Choice to Consumers:** **What you need to know about changes to auto insurance in Ontario**

The Ontario government is introducing significant reforms to the auto insurance system, in order to provide you, the consumer, more choice over the coverages and price you pay for insurance. These additional accident benefit choices will allow you to customize your policy to suit your needs.

### **Standard Auto Insurance Policy**

In Ontario, the Insurance Act determines the standard coverage that consumers must purchase. As a result of the reforms, some of the features under the Standard Auto Insurance Policy have changed. Beginning September 1, 2010, if you are either buying a new auto insurance policy or renewing an existing one, you will have more options to purchase a level of coverage that is right for you.

All auto insurance policies will continue to include the following:

- Third-Party Liability
- Uninsured Auto coverage
- Direct Compensation-Property Damage
- Statutory Accident Benefits

In addition, if you previously purchased Collision and/or Comprehensive coverage, it will still be included in your policy.

### **Beginning September 1, 2010, if you are buying a new policy or renewing an existing one, you have the following options with respect to Statutory Accident Benefits:\***

| <b>Coverage</b>  | <b>Coverage under your existing auto insurance policy</b>   | <b>Coverage under New Standard Auto Insurance Policy</b>  | <b>Options available to increase your benefits</b>   |
|--|---|---|--|
| Medical, Rehabilitation and Attendant Care benefits<br>- for non-catastrophic injuries | \$100,000 for medical and rehabilitation benefits;<br>\$72,000 for attendant care benefits.                       | \$50,000 for medical and rehabilitation benefits, including assessment costs;<br>\$36,000 for attendant care benefits.          | \$100,000 or \$1,100,000 for medical and rehabilitation benefits including assessment costs;<br>\$72,000 or \$1,072,000 for attendant care benefits. |
| Medical, Rehabilitation and Attendant Care benefits<br>- for catastrophic injuries     | \$1,000,000 for medical and rehabilitation benefits; \$1,000,000 for attendant care benefits.                     | \$1,000,000 for medical and rehabilitation benefits including assessment costs;<br>\$1,000,000 for attendant care benefits.     | An additional \$1,000,000 for medical, rehabilitation and attendant care benefits including assessment costs.  |
| Caregiver benefit  | Up to \$250 per week for the first dependant plus \$50 for each additional dependant; available for all injuries. | Up to \$250 per week for the first dependant plus \$50 for each additional dependant; available only for catastrophic injuries. | Up to \$250 per week for the first dependant plus \$50 for each additional dependant; available for all injuries.                                    |
| Housekeeping and Home Maintenance expenses   | Up to \$100 per week, available for all injuries.   | Up to \$100 per week, available only for catastrophic injuries.   | Up to \$100 per week, available for all injuries.  |

**\*Statutory Accident Benefits are benefits you receive if you are injured in an auto accident, regardless of who was at fault. Most of the new reforms affect these benefits.**

| Coverage   | Coverage under your existing auto insurance policy  | Coverage under New Standard Auto Insurance Policy   | Options available to increase your benefits   |
|--|---|---|---|
| Income Replacement benefit   | 80 per cent of net income up to \$400 per week.   | 70 per cent of gross income up to \$400 per week.   | Weekly limit can be increased to \$600, \$800 or \$1000 per week.   |
| Dependant Care benefit   | Not provided.   | Not provided.   | Up to \$75 per week for the first dependant and \$25 per week for each additional dependant to a maximum of \$150 per week. |
| Death and Funeral benefits   | \$25,000 lump sum to an eligible spouse; \$10,000 lump sum to each dependant; maximum \$6,000 funeral benefits. | \$25,000 lump sum to an eligible spouse; \$10,000 lump sum to each dependant; maximum \$6,000 funeral benefits. | \$50,000 lump sum to an eligible spouse; \$20,000 lump sum to each dependant; maximum \$8,000 for funeral benefits.         |
| Indexation benefit – applicable to income replacement benefit, non-earner benefit, caregiver benefit, attendant care benefit or medical and rehabilitation benefit | Not provided.   | Not provided.   | Annual adjustment according to the Consumer Price Index for Canada.   |

**You also have new choices to customize your deductibles – the portion of a loss that you are required to pay.**

- Tort deductible – You have the option to reduce the deductible associated with court awarded compensation for pain and suffering to \$20,000 from \$30,000, and for Family Law Act claims to \$10,000 from \$15,000.
- Direct Compensation – Property Damage Coverage – You have the option of a \$500, \$300 or no deductible at all on coverage to repair the auto of the driver who is not-at-fault.

**What else is new?**

The government’s reforms lay the foundation for an auto insurance system with greater price stability, and more protection for you, the consumer. Other key changes include:

- Many injuries received in an auto accident are minor. If you have a minor injury due to an auto accident, your medical and rehabilitation accident benefits are limited to \$3,500 regardless of the coverage level you have selected.
- Accidents where you are 25 per cent or less at-fault will no longer affect your premium.
- The deductible that is applied to court awards for fatal accidents has been eliminated.
- A new requirement that insurance companies send out benefit statements to their claimants, advising how much has been paid to date, and the additional amounts remaining for medical, rehabilitation and attendant care benefits.
- If your auto has been damaged or written off after an accident and you don’t agree with the value you have been offered or your degree of fault for the accident, you can choose the appraisal process outlined in the Ontario Auto Policy to settle the dispute, and the insurer must agree to participate.

- Coverage is extended to rented autos with a Gross Vehicle Weight Rating (GVWR) of more than 4,500 kilograms, if for personal use and rented for up to 7 days.
- Prohibiting use of credit scores in giving quotations for your auto insurance rates.

### What do the coverages mean?

**Third Party Liability:** Claims made by a driver against another driver who causes an accident.

**Uninsured Auto coverage:** Protects you and your family if you are injured or killed by a hit-and-run driver or by an uninsured motorist. It also covers damage to your vehicle caused by an identified uninsured driver.

**Direct Compensation-Property Damage (DC-PD):** Covers damage to your vehicle or its contents if another person was at fault for the accident. It is called direct compensation because even though someone else causes the damage, you collect directly from your own insurer. The accident must also occur in Ontario and both drivers must be insured by an insurance company licensed in the province.

**Collision or Upset coverage:** Pays for losses caused when your vehicle is involved in a collision with another object, including another vehicle, or rolls over.

**Comprehensive coverage:** Pays for losses for certain perils, such as falling or flying objects, and vandalism.

**Medical and Rehabilitation Benefit:** Covers the cost of reasonable and necessary medical and rehabilitation expenses (e.g., physiotherapy, prescriptions) that are not covered by OHIP or your disability insurance plan.

**Attendant Care Benefit:** Pays for an aide or attendant to look after you if you have been seriously injured in an accident.

**Catastrophic injury:** If you suffer an injury in an accident, you can apply for a determination of whether your injury qualifies as “catastrophic” (e.g. loss of a limb, paraplegia). If the injury qualifies as “catastrophic,” you are eligible for an increased level of benefits.

**Caregiver Benefit:** If you are providing full-time care to dependants and can no longer provide that care as the result of an auto accident, you may be eligible for caregiver benefits to reimburse you for your expenses to hire someone to care for your dependants.

**Housekeeping and Home Maintenance expenses:** If you are unable to perform your usual duties due to your injuries, this benefit pays for reasonable and necessary additional expenses for someone to complete your usual duties.

**Income Replacement Benefit:** If you cannot work as the result of an auto accident, you may be eligible for basic weekly income replacement benefits of up to \$400. This benefit commences after one week.

**Dependant Care Benefit:** Pays for additional expenses incurred to care for your dependants if you are employed and are injured in an auto accident.

**Death and Funeral Benefit:** If you die as a result of an auto accident, the death benefit provides a lump sum payout to your spouse and your dependant; the funeral benefit provides a lump sum payout to cover the cost of your funeral expenses.

**Indexation Benefit:** The automatic adjustment of the income replacement benefit, non-earner benefit, attendant care benefit or medical and rehabilitation benefit according to the Consumer Price Index for Canada to compensate for inflation.

**Tort Deductible:** The amount that is deducted from a settlement or court award for pain and suffering.

**OPCF 44R:** Covers you for the difference between the at-fault driver’s Third Party Liability limit and your own Third Party Liability limit if someone with less liability coverage than you injures you in an accident.

### Still have questions?

***For more information on your coverage choices, or to modify your policy, contact your insurance representative as shown on the enclosed insurance renewal certificate.***

OPTIONAL: *{For example contact information could include a dedicated phone line, an email address and/or contact information for a company’s insurance representative.}*

LOGO

Company/broker/intermediary

Address

Telephone

www.xxxxx.xx

***For general information about changes to auto insurance in Ontario, contact:***



Financial Services Commission of Ontario  
 (416) 250-7250  
 Toll-free 1-800-668-0128  
 TTY (416) 590-7108; 1-800-387-0584  
 www.fSCO.gov.on.ca



Insurance Bureau of Canada  
 Consumer Information Centre  
 Telephone (416) 362-9528  
 Toll-free 1-800-387-2880  
 www.ibc.ca