

Insurer

# Certificate of Automobile Insurance (Ontario)

**(All times are local times at the Named Insured's postal address shown on this Certificate)**

Policy No.	Policy Effective Date    year    month    day	Policy Expiry Date    year    month    day 12:01 a.m.
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Date Prepared	Broker/Agent	Telephone Number
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Named Insured	Lessor (if applicable)
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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 (Basic 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	up to \$ per week			up to \$ per week		
Caregiver & Dependant Care						
Medical, Rehabilitation & Attendant Care						
Death & Funeral						
Indexation Benefit						
<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>
<small>*This policy contains a partial payment of recovery clause for property damage if a deductible is specified for direct compensation-property damage.</small>						
<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						

\*\* This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.

**Insurance Coverages (cont'd)**

Automobile #

Automobile #

Policy Change Forms (Name, No., including limit if applicable)

Premium

Premium

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Premium Subtotals

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Total Premium for Each Automobile

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Total Policy Premium

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Minimum Non-Refundable Premium

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Provincial Sales Tax

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Total Policy Cost

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**Rating Information**

Driver No.	Driver Name	Age	Marital or Same-Sex Partner Status	Years Lic.	Driver's Training	Assignment to Auto				Convictions		
						Principal	Secondary	Occasional	Excluded	Serious	Major	Minor

Auto No.	Chargeable Claims						%	Surcharges Description	%	Discounts Description
	Date year	Date month	Date day	BI	PD	AB				

Auto No.	Kilometres Driven		GVW (commercial vehicles only)	Class Description	
	Annually	To Work 1-Way		Class	Description

Auto No.	Driving Record					Vehicle Code	Rate Group			Rating Territory	
	BI	PD	AB	DCPD	COLL/AP		AB	DCPD/COLL/AP	COMP/SP	Terr. Code	Description

**Lienholders**

(to whom loss may be jointly payable)

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(to whom loss may be jointly payable)

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**Method of Payment**

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

**Remarks**

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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

**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 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 care expenses to persons who cannot continue to act as a primary caregiver for a member of their household; 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 basic level of benefits provided in the policy. The optional benefits your insurance company must offer are: increased income replacement; increased caregiver and dependent care; increased medical, rehabilitation and attendant care; increased death and funeral; 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, subject to a deductible.

**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.