

<b>Certificate Of Automobile Insurance (For Carsharing - Ontario)</b> <small>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.</small>						 <b>Northbridge General Insurance Corporation</b> <small>(Hereinafter called the Insurer)</small>					
Broker Westland Insurance Group Ltd.		No. 6700504		Billing Method		Policy Number 0669340		Reason for Issuance Renewal			
Named Insured and Primary Address  <b>Named Insureds as per Schedule 1</b> <b>9131 Keele St., Suite A4</b> <b>Vaughan, ON L4K 0G7</b>						Lessor's Name and Address  <b>As per Lessors Schedule (For Carsharing - Ontario) Attached</b>					
Policy Period From 12:01 a.m.		D 15	M 09	YR 2023	To 12:01 a.m.	D 15	M 09	YR 2024	All times are local times at the Named Insured's primary address shown on this Certificate.		
<b>DESCRIBED AUTOMOBILES</b>											
Auto No.	Model Year	Trade Name/Model		Body Type		V.I.N./Serial Number		# of Cyl	C.C.	Gross Vehicle Weight Rating	
<b>Described Automobiles, as defined in Schedule 1</b>											
Lienholders (to whom loss may be jointly payable)											
<b>As per Lienholders (to whom loss may be jointly payable) Schedule (For Carsharing - Ontario) Attached.</b>											
<b>RATING INFORMATION</b>											
Auto No	Class	Driving Record BI PD/DCPD AB COLL/AP			Vehicle Code	Rate Group ACC.BEN DCPD COLL/AP COMP/SP		Territory	Com. Co. Use	At Fault Claims/Convictions Surcharge	
<b>As per OE 21C – Reporting Basis Fleet For Carsharing Attached</b>											
<b>INSURANCE COVERAGES:</b>			<b>LIABILITY</b>					<b>OPCF 44R</b>	<b>ACCIDENT BENEFITS</b>		
Perils	Auto No.	Liability Limits		Bodily Injury	Property Damage	Direct Compensation - Property Damage *		Family Protection Endorsement	Standard Benefits	Uninsured Automobile	
Limit		\$ 2,000,000				*This policy contains a partial payment of recovery clause for property damage if a deductible is specified for direct compensation - property damage.		Limits are the same as Liability Section unless Otherwise specified.	As stated in Section 4 of Policy.	As stated in Section 5 of Policy.	
Deductible	<b>As per OE 21C – Reporting Basis Fleet For Carsharing Attached</b>										
Prem. In Doll.				INCL.	INCL.	INCL.		INCL.	INCL.	INCL.	
<b>LOSS OR DAMAGE**</b>						<b>POLICY CHANGE FORMS &amp; OPTIONAL ACCIDENT BENEFITS TOTAL PER AUTOMOBILE</b>  See reverse side of document for details of Policy Change Forms & Optional Increased Accident Benefits.		<b>TOTAL PREMIUM PER AUTOMOBILE</b>			
<small>**This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.</small>											
Perils	Auto No.	All Perils	Collision or Upset	Excluding Collision or Upset Comprehensive	Specified Perils	Total Loss or Damage Premium	F O R M #  <b>As per OE 21C – Reporting Basis Fleet For Carsharing Attached</b>				
Deductible	<b>As per OE 21C – Reporting Basis Fleet For Carsharing Attached</b>										
Prem in Doll.		INCL.				INCL.			<b>As Per OE 21C – Reporting Basis Fleet For Carsharing Attached</b>		
<b>Remarks:</b>  Please read reverse side for additional information on the rating of your policy. This is your Certificate of Automobile Insurance (For Carsharing – Ontario). Contact your Broker/Agent with any questions or if you require clarification regarding your coverage choices.						<b>TOTAL POLICY PREMIUM</b>		\$ INCL			
						<b>MINIMUM NON-REFUNDABLE PREMIUM</b>		\$ INCL			

Silvy Wright  
 President & CEO  
 Northbridge

Authorized Representative

Broker Westland Insurance Group Ltd.				No. 6700504				Billing Method				Policy Number 0669340				Reason for Issuance Renewal					
Named Insured and Primary Address <b>Named Insureds as per Schedule 1</b> 9131 Keele St., Suite A4 Vaughan, ON L4K 0G7												Lessor's Name and Address  <b>As per Lessors Schedule (For Carsharing - Ontario) Attached</b>									
Policy Period		D		M		YR		D		M		YR		All times are local times at the Named Insured's primary address shown on this Certificate.							
From 12:01 a.m.		15		09		2023		To 12:01 a.m.		15		09									

Driver Information					
Driver No.	Driver Name	Assignment To Vehicle			Territory Description
		Principal	Secondary	Occasional	
	As	Known	To	The	Insurer

With limits as stated in Section 4 of Policy, the following Optional Increased Accident Benefits will be listed if purchased: Caregiver, Housekeeping & Home Maintenance; Medical & Rehabilitation & Attendant Care (\$130,000/\$1,000,000); Optional Catastrophic Impairment (additional \$1,000,000 added to Standard Benefit or Optional Medical, Rehabilitation & Attendant Care Benefit); Death & Funeral; Dependant Care; Indexation Benefit (Consumer Price Index). Income Replacement (\$600/\$800/\$1000) will be listed with selected limit if purchased.

Policy Change Forms, Surcharges, Discounts, Other Messages:

Type of Use or Description of Automobiles	Form No.	Limit	Premium per Automobile
As defined in Schedule 1.	OPCF 44R FAMILY PROTECTION COVERAGE	\$2,000,000	INCLUDED
	OE 5C CARSHARING ENDORSEMENT	As per OE 5C endorsement attached	INCLUDED
	OPCF 43 REMOVING DEPRECIATION DEDUCTION	As per OPCF 43 endorsement attached	INCLUDED
	OPCF 20 COVERAGE FOR TRANSPORTATION REPLACEMENT	\$1500 LIMIT/OCCURRENCE	INCLUDED
	OE 5D CONVERSION COVERAGE FOR CARSHARING (RENTED OR LEASED AUTOMOBILES) ENDORSEMENT	As per OE 5D endorsement attached	INCLUDED
	OE 21C REPORTING BASIS FLEET FOR CARSHARING ENDORSEMENT	As per OE 21C endorsement attached	INCLUDED

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**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: income replacement; medical, rehabilitation and attendant care; optional catastrophic impairment; caregiver, housekeeping and home maintenance; 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.

**THIS CERTIFICATE CONTAINS IMPORTANT INFORMATION ABOUT YOUR AUTOMOBILE INSURANCE.**

**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 willfully 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 willfully 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 \$250,000 for the first offence and a maximum fine of \$500,000 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 14 years imprisonment for cases involving an amount over \$5,000 or otherwise a maximum of 2 years imprisonment.

**Cancellation Request** (To be filled out and sign in the event of cancellation).

In consideration of the return of unearned premium, to follow if any, this policy is hereby cancelled surrendered, and the interim and renewal certificate, if any, for same, acknowledged to be of no effect.

Time \_\_\_\_\_ a.m.

\_\_\_\_\_ p.m.

Effective Date of Cancellation

Signature of Insured

Signature of Leinholder/Mortgagee/Lessor