DEFINITY INSURANCE COMPANY HEAD OFFICE: WATERLOO, ONTARIO PAGE 1



(HEREINAFTER CALLED THE INSURER)

## This is your Certificate of Automobile Insurance. Contact your Broker/Agent with any questions or if you require clarification regarding your coverage choices.

BROKE	ER .	AON REED STE	ED STENHOUSE (5827) TEL:						AR	Replacing Policy No.		Policy No. 6962431				
			ARSHARE CANAE SCRIBED IN SCH		ITIONAL INSURED	OS AS	AUTO NO. (A) Le Code			ssor(s) (OPCF 5) (B) Lienholder(s) (OPCF 23A) to whom loss may be jointly payable. Name, Address						
NAME INSURE PRIMARY ADD							AS PER LIENHO			ENHOLDERS (TO W	SORS SCHEDULE (FOR CARSHARING-ONTARIO) ATTACHED  HOLDERS (TO WHOM LOSS MAY BE JOINTLY PAYABLE) SCHEDULE (FOR IG-ONTARIO) ATTACHED					
POLICY EFFECTIVE DATE: DAY/MONTH/YEAR 01/03/2025			POLI DAY 01/03		1			All times a	re local times at the Named Insured's primary address shown on this Certificate.							
AUTO VEHICLE <b>DESCRIBED</b> No. CODE MODEL, YEA				MODEL		. (SERIA			C.C.	NO. OF CYLINDERS	PURCHASE P LIST PRICE N					
INSURANCE COVERAGES			bed Automobile(s) as definition		in Sched	AUTOMOE				ices	AUTOMOBILE#					
			Limit	Premium	Premium for	Lim		Pren		Premium for	Limit	Premium	Premium for			
Liability Bodily Injury		\$2,000,000	INCL	Occ. Driver				Occ. Driver				Occ. Driver				
Property Damage																
Accident Benefits (Standard Benefits)			As stated in Section 4 of Policy	INCL.		As stat Section Poli	on 4 of				As stated Section 4 Policy					
Optional Increased Accident Benefits			Limit	Premium	Premium for Occ. Driver	Lim	nit	Prer	mium	Premium for Occ. Driver	Limit	Premium	Premium for Occ. Driver			
Income Replac (\$600/\$800/\$1,			up to \$ per week			up to \$ per week As stated in					up to \$ per week As stated ii	2				
Caregiver, Hou Maintenance	usekeeping	& Home				Section	1 4 of				Section 4 o					
Medical, Rehal (\$130,000)	abilitation &	Attendant Care														
Medical, Rehabilitation & Attendant Care (\$1,000,000)		Attendant Care	As stated in Section 4 of Policy													
Optional Catas (additional \$1,0 Standard Bene Rehabilitation a	,000,000 ad efit or Optio	lded to nal Medical,														
Death & Funeral Dependant Care Indexation Benefit (Consumer Price Index)																
Uninsured Automobile		As stated in Section 5 of Policy	INCL.		As stat Section Poli	n 5 of				As stated Section 5						
Damage*		n – Property	Deductible	Premium	Premium for Occ. Driver	Deduc	ctible	Prer	mium	Premium for Occ. Driver	Deductible	e Premium	Premium for Occ. Driver			
*This policy co of recovery cla a deductible is compensation-	ause for pro	perty damage if	As per EPCF 21A1 Attached.	INCL.												
Loss or Damage**			Deductible	Premium	Premium for Occ. Driver	Deductible		Premiu		Premium for Occ. Driver	Deductible	Premium	Premium for Occ. Driver			
Specified Peril: Upset)	ls (excluding	g Collision or														
Comprehensive (excluding Collision or Upset)		g Collision or	As per EPCF 21A1 Attached													
Collision or Upset		As per EPCF 21A1 Attached														
All Perils						I										
OPCF 44R F	Family Pro	otection	\$2,000,000	INCL.												
Subtotals			Premium	INCL	Occ Driver	Premi	ium			Occ Driver	Premium		Occ Driver			
					<u> </u>						•					
	Auto No		EDOE 0444		nge Forms (EPC						le)		PCF Premium			
				onthly Reporting E haring Endorseme	Basis Fleet Covera	age for Ont	ano Ca	isnaring	⊏⊓uorseme	ait		INCL INCL				
					for Carsharing (re	nted or lea	ased aut	omobiles	)			INCL				



p.m.

Effective date of cancellation

## CERTIFICATE OF AUTOMOBILE INSURANCE (ONTARIO)

DEFINITY INSURANCE COMPANY
HEAD OFFICE: WATERLOO, ONTARIO
Page 2

(HEREINAFTER CALLED THE INSURER)

Moth	otar i ono,	/ Premiur	n		INCL.		Т	ax			JKEK)			Total I	Policy Cos	t	INC	L
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