

(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.

BROKER		AON REED STENHOUSE (5827)			TEL:		Date Prepared DAY/MONTH/YEAR 01/03/2025		Replacing Policy No.		Policy No. 6962431	
NAME INSURED AND PRIMARY ADDRESS		UBERTECH CARSHARE CANADA INC. AND ADDITIONAL INSUREDS AS FURTHER DESCRIBED IN SCHEDULE 1			AUTO NO.		(A) Lessor(s) (OPCF 5) (B) Lienholder(s) (OPCF 23A) to whom loss may be jointly payable. Name, Address & Postal Code					
							AS PER LESSORS SCHEDULE (FOR CARSHARING-ONTARIO) ATTACHED AS PER LIENHOLDERS (TO WHOM LOSS MAY BE JOINTLY PAYABLE) SCHEDULE (FOR CARSHARING-ONTARIO) ATTACHED					
POLICY EFFECTIVE DATE: DAY/MONTH/YEAR 01/03/2025				POLICY EXPIRY DATE: DAY/MONTH/YEAR 01/03/2026				12:01 A.M.		All times are local times at the Named Insured's primary address shown on this Certificate.		
AUTO No.	VEHICLE CODE	DESCRIBED AUTOMOBILES MODEL, YEAR AND MAKE		MODEL/ BODY TYPE		V.I.N. (SERIAL NO.)		C.C.	NO. OF CYLINDERS		PURCHASE PRICE/ LIST PRICE NEW	
Described Automobile(s) as defined in Schedule 1 providing Transportation Services												
INSURANCE COVERAGES		AUTOMOBILE #			AUTOMOBILE #			AUTOMOBILE #				
Liability		Limit	Premium	Premium for Occ. Driver	Limit	Premium	Premium for Occ. Driver	Limit	Premium	Premium for Occ. Driver		
Bodily Injury		\$2,000,000	INCL.									
Property Damage												
Accident Benefits (Standard Benefits)		As stated in Section 4 of Policy	INCL.		As stated in Section 4 of Policy				As stated in Section 4 of Policy			
Optional Increased Accident Benefits		Limit	Premium	Premium for Occ. Driver	Limit	Premium	Premium for Occ. Driver	Limit	Premium	Premium for Occ. Driver		
Income Replacement (\$600/\$800/\$1,000)		up to \$ per week			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			As stated in Section 4 of Policy				
Medical, Rehabilitation & Attendant Care (\$130,000)												
Medical, Rehabilitation & Attendant Care (\$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)												
Uninsured Automobile		As stated in Section 5 of Policy	INCL.		As stated in Section 5 of Policy				As stated in Section 5 of Policy			
Direct Compensation – Property Damage*		Deductible	Premium	Premium for Occ. Driver	Deductible	Premium	Premium for Occ. Driver	Deductible	Premium	Premium for Occ. Driver		
*This policy contains a partial payment of recovery clause for property damage if a deductible is specified for direct compensation-property damage.		As per EPCF 21A1 Attached.	INCL.									
Loss or Damage**		Deductible	Premium	Premium for Occ. Driver	Deductible	Premium	Premium for Occ. Driver	Deductible	Premium	Premium for Occ. Driver		
Specified Perils (excluding Collision or Upset)												
Comprehensive (excluding Collision or Upset)		As per EPCF 21A1 Attached										
Collision or Upset		As per EPCF 21A1 Attached										
All Perils												
OPCF 44R Family Protection Coverage		\$2,000,000	INCL.									
Subtotals		Premium	INCL.		Premium			Premium				
Auto No		Policy Change Forms (EPCF/OPCF No. and Name, including limit if applicable)									EPCF/OPCF Premium	
		EPCF 21A1 Monthly Reporting Basis Fleet Coverage for Ontario Carsharing Endorsement									INCL	
		EPCF 5C Carsharing Endorsement									INCL	
		EPCF 5D Conversion Coverage for Carsharing (rented or leased automobiles)									INCL	

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Total Policy Premium	INCL.	Tax	Total Policy Cost	INCL.
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Method of Payment	See Attached Invoice	Minimum Non-Refundable Premium
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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

RATING INFORMATION

Driver No.	Driver Name					Age	Marital Status	Years Lic.	Driver's Training	Assignment to Auto				Convictions		
										Principal	Secondary	Occasional	Excluded	Serious	Major	Minor
	AS KNOWN TO THE INSURER															
Auto No.	Chargeable Claims									Surcharges			Discounts			
	Date of Loss (yyyy/mm/dd)		BI	PD	AB		COLL/AP		%	Description		%	Description			
	AS PER EPCF 21A1 ATTACHED															
Auto No.	Kilometres Driven					Gross Vehicle Weight Rating (Commercial Vehicles Only)				Class Description						
	Annually		To Work (One Way)							Class		Description				
	AS PER EPCF 21A1 ATTACHED															
Auto No.	Driving Record					Rate Group					Rating Territory					
	BI	PD	AB	DCPD	COLL/AP	Vehicle Code	AB	DCPD	COLL/AP	COMP/SP	Terr Code		Description			
	AS PER EPCF 21A1 ATTACHED															

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

President and Chief Executive Officer

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 accident. 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. If you elect not to recover damages from your insurance company under this coverage, you may make such an election by providing written confirmation to your insurance company of this election.

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 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.

This Certificate contains important information about your automobile insurance.

CANCELLATION REQUEST

(Fill out and sign when you cancel your policy)

In return for the unearned portion of the premium, if any, this policy is cancelled. Any interim and renewal certificates are no longer valid.

Policy No.

Signature of Named Insured

a.m.

Time

p.m.

Effective date of cancellation

Signature of Lienholder/Mortgagee/Lessor