

CERTIFICATE OF AUTOMOBILE INSURANCE (ONTARIO) COVER PAGE

NAMED INSURED A	ND PRIMARY ADDRESS	BROKER OFFICE	BROKER OFFICE		
ALBERT CHALACH BANIA ASSY 3990 MAYLA DR MISSISSAUGA ON L5M 7Y9		2-12993 STEELES AVE HORNBY ON LOP 1E0 Telephone: 905-821-1999 B Fax: 855-552-7329	HORNBY ON LOP 1E0 Telephone: 905-821-1999 Broker Number: 0782647		
Policy Number 26516560	Account Number 22518931	Policy Period From Feb 05, 2020 to Feb 05, 2021 12:01 A.M.	All times are local at the Named Insured's postal address as stated herein		

Thank you for your continued business with The Wawanesa Mutual Insurance Company ("Wawanesa Insurance"). We appreciate the opportunity to partner with your Broker to provide you with quality coverage and peace of mind knowing that we strive to provide the most dependable coverage at the lowest price possible.

Please review the enclosed Renewal Policy package which includes your Certificate of Automobile Insurance outlining your coverages and limits as well as providing a list of Drivers covered under this policy and the information that is used to rate your vehicles.

If you are responsible for the payments due on this policy, please refer to the MAC (Monthly Automatic Chequing) Payment Notice (enclosed or sent separately). To maintain your insurance coverage, no additional action is required. If you decide not to renew your insurance policy, please contact your Broker at least ten (10) business days prior to Feb 05, 2020 to ensure cancellation of your automated recurring payments.

Important Information:

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

We have redesigned our documents to ensure they are easier to read and understand.

Questions? Your knowledgeable Broker will be happy to answer any questions regarding your coverage, the premium charged, or to assist you if you need to make changes to your policy.

Did you know? We're available online 24/7! To report a claim visit our website at wawanesa.com or for more information regarding Wawanesa Insurance including our available products and services.

This policy contains a partial payment of loss clause.

"Wawanesa Insurance" is The Wawanesa Mutual Insurance Company and is the licensed insurer of this policy. Jan 6, 2020 13:17 CT



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Renewal Certificate effective Feb 05, 2020 Supersedes any previous declaration bearing the same policy number

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NOTICE CONCERNING PERSONAL INFORMATION: By purchasing insurance from Wawanesa, you are providing Wawanesa with the consent of all individuals insured under this policy to the collection, use and disclosure of their personal information for the purposes of communicating with them, underwriting risks on a prudent basis, investigating and paying claims, detecting and preventing fraud, offering and providing property and casualty insurance products and services to them, compiling statistics and analyzing business results, and acting as required or authorized by law. This consent applies to personal information previously collected by Wawanesa and to personal information which it may collect in the future for the purposes identified above. Wawanesa may at times use third party service providers to process or store personal information on its behalf. In these circumstances, the service providers are provided with only the information necessary to perform such services. In addition, Wawanesa requires them to protect the information in a manner that is consistent with its Personal Information Protection Policy and security practices. In the event that a service provider is located in a foreign jurisdiction, it is bound by the laws of that jurisdiction, which may require it to disclose personal information to the courts, law enforcement agencies, or national security authorities of the jurisdiction. You can obtain further information about Wawanesa's Personal Information Protection Policy at wawanesa.com or from one of the Wawanesa branches listed below.

400 - 1985 West Broadway	107 4th St, Box 40
Vancouver, BC V6J 4Y3	Wawanesa, MB R0K 2G0
100 - 8657 51st Ave	Suite 100 - 4110 Yonge St
Edmonton, AB T6E 6A8	Toronto, ON M2P 2B7
600 - 708 11th Ave SW	8585 boul. Décarie
Calgary, AB T2R 0E4	Mont-Royal, QC H4P 2J4
202 - 600 Empress St	1010 St. George Blvd
Winnipeg, MB R3G 0R5	Moncton, NB E1E 4R5

For questions regarding your coverage, the premium charged, or for any changes to your policy contact your Broker.

I hereby request the cancellation of this policy as of

Effective Date of the cancellation:

Signature of Named Insured:

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Policy Number 26516560	Account Number 22518931	Policy Period From Feb 05, 2020 to Feb 05, 2021 12:01 A.M.	All times are local at the Named Insured's postal address as stated herein		

Named Insured(s): ALBERT CHALACH, BANIA ASSY

Insured Automobile(s)

Vehicle Number	Year	Make	Model	Serial Number / V.I.N.	Premium Subtotal
1	2007	TOYOTA TRUCK/VAN	4RUNNER SR5 V6 4DR 4WD	JTEBU14RX70118350	\$2,036.00
2	2011	BMW	335is 2DR	WBAKG1C52BE617856	\$3,496.00
3	2006	BMW	750i 4DR	WBAHL83546DT01952	\$2,623.00
Premium Subtotal for Vehicles			\$8,155.00		
			Premium Subtotal for Policy Le	vel Policy Change Forms	\$150.00

Total Policy Premium \$8,305.00

Additional Policy Documents Included with this package

, Declaration of Insurance (PADEC), Financial Responsibility Card (FRC 1), Accident Waiver Endorsement (Ontario Only) (Form 39W 06 2016), Coverage for Transportation Replacement (OPCF 20 08 2018), Legal Liability for Damage to Non-Owned Automobiles Endorsement (OPCF 27 09 2010)

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Policy Number	Account Number	Policy Period	All times are local at the Named Insured's
26516560	22518931	From Feb 05, 2020 to Feb 05, 2021 12:01 A.M.	postal address as stated herein

Described Automobiles - Particulars of the Described Automobile(s)

Vehicle Number	Year	Make	Model	Serial Number / V.I.N.	Body Type	Cylinders / CC	Purchased by Insured	List Price New	Purchase Price (including equipment)
1	2007	TOYOTA TRUCK/VAN	4RUNNER SR5 V6 4DR 4WD	JTEBU14RX70118350	Small Hard Top / Medium SUV	6	Nov 2012 Used		
2	2011	BMW	335is 2DR	WBAKG1C52BE617856	2 Door Coupe/ Sedan	6	Aug 2018 Used		
3	2006	BMW	750i 4DR	WBAHL83546DT01952	4 Door Sedan	8	Sep 2017 Used		

Insurance is provided only where a Premium is shown for the Coverage, subject to all conditions of the policy.

	Premiums per venicle			
Insurance Coverages See Policy for Coverage Details	1	2	3	
Liability \$1,000,000 Inclusive Limits Bodily Injury Property Damage	\$700.00 \$9.00	\$1,122.00 \$18.00	\$616.00 \$10.00	
Accident Benefits (Standard Benefits) List as stated in Section 4 of policy	\$713.00	\$687.00	\$619.00	
Uninsured Automobile Limit as stated in Section 5 of the policy	\$25.00	\$25.00	\$25.00	
Direct Compensation - Property Damage* *This policy contains a partial payment of Recovery clause for Property Damage if a deductible is specified for Direct Compensation-Property Damage: No deductible	\$252.00	\$791.00	\$636.00	
Loss or Damage** **This policy contains a partial payment of Loss clause. A deductible applies for each Claim except as stated in your policy. All Perils \$1,000 deductible	\$291.00	\$807.00	\$671.00	

Premiums per Vehicle



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	Premiums per Vehicle			
Policy Change Forms See Endorsement Form for Coverage Details	1	2	3	
OPCF 20 08 2018 Coverage for Transportation Replacement \$1,500 maximum limit per occurrence	\$30.00	\$30.00	\$30.00	
OPCF 44R Family Protection Coverage	\$16.00	\$16.00	\$16.00	
Premium Subtotal	\$2,036.00	\$3,496.00	\$2,623.00	

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Policy Number 26516560	Account Number 22518931		are local at the Named Insured's dress as stated herein			
Policy Change F See Endorsement Form f	orms (Policy Level)		Premiums			
OPCF 27 09 2010 \$50,000 maximum \$300 deductible		age to Non-Owned Automobiles	\$50.00			
Form 39W 06 2016 Accident Waiver (for Specified Drivers) 2 Driver(s) - Accident Waiver Purchased			\$100.00			
		Premium Subtotal for Policy Coverage	es \$150.00			



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Rating Information

Driver(s)

	Principal	Occasional	Accident Waiver			N	D I	Co	onvicti	ons
Driver Name	Driver of Vehicle Number	Driver of Vehicle Number	Status (See Definitions Below)	Age	Marital Status	Years Licensed	Driver's Training	Minor	Major	Serious
BANIA ASSY	1		Purchased	54	Married	24		0	0	0
ALBERT CHALACH	3		Purchased	54	Married	28		0	0	0
MARK CHALACH	2		Ineligible	25	Single	7		2	0	0

Accident Waiver Status Definitions

Purchased: The next chargeable private passenger accident will be waived

A chargeable private passenger accident is being waived In Use:

Eligible: Contact your broker if you are interested in purchasing the Accident Waiver Endorsement

Ineligible: The Driver is not currently eligible to purchase the Accident Waiver Endorsement

On Hold: The driver had previously Purchased or had an In Use Waiver, but is not currently assigned to an eligible vehicle type. In Use Waiver will resume when driver is reassigned to a private passenger vehicle. All eligibility requirements must be met to repurchase Accident Waiver.

Vehicle Rating Information

Vehicle 1

Territory (see Descriptions)	G2	Type (see Descriptions)	1	Use (see Descriptions)	3
Car Code	083900	Rate Group (see Descriptions)	31 27 41	Class (see Description)	02
Kilometers Driven - Annually	15000	Kilometers Driven - To Work (One Way)	10	Years of Loyalty (with Wawanesa Insurance)	1
Driving Record - Section 3 Liability (BI/PD) (see Descriptions)	6	Driving Record - Section 4 Accident Benefits (AB) (see Descriptions)	6	Driving Record - Section 6 Direct Compensation - Property Damage(DCPD) (see Descriptions)	6
Driving Record - Section 7 Loss or Damage Coverages (Coll/ AP) (see Descriptions)	6	Discounts Applied (See Definitions)	3, 7, 8, 9, 10	Surcharges Applied (See Definitions Below)	

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Vehicle Rating Information

Vehicle 2

Territory (see Descriptions)	G2	Type (see Descriptions)	1	Use (see Descriptions)	3
Car Code	898600	Rate Group (see Descriptions)	Rate Group (see Descriptions) 29 42 39		02
Kilometers Driven - Annually	15000	Kilometers Driven - To Work (One Way)	10	Years of Loyalty (with Wawanesa Insurance)	1
Driving Record - Section 3 Liability (BI/PD) (see Descriptions)	6	Driving Record - Section 4 Accident Benefits (AB) (see Descriptions)	6	Driving Record - Section 6 Direct Compensation - Property Damage(DCPD) (see Descriptions)	6
Driving Record - Section 7 Loss or Damage Coverages (Coll/ AP) (see Descriptions)	6	Discounts Applied (See Definitions)	3, 8, 9	Surcharges Applied (See Definitions Below)	2

Vehicle 3

Territory (see Descriptions)	G2	Type (see Descriptions)	1	Use (see Descriptions)	3
Car Code	908500	Rate Group (see Descriptions)	Rate Group (see Descriptions) 31 54 62 C		02
Kilometers Driven - Annually	15000	Kilometers Driven - To Work (One Way)	10	Years of Loyalty (with Wawanesa Insurance)	1
Driving Record - Section 3 Liability (BI/PD) (see Descriptions)	6	Driving Record - Section 4 Accident Benefits (AB) (see Descriptions)	6	Driving Record - Section 6 Direct Compensation - Property Damage(DCPD) (see Descriptions)	6
Driving Record - Section 7 Loss or Damage Coverages (Coll/ AP) (see Descriptions)	6	Discounts Applied (See Definitions)	3, 7, 8, 9, 10	Surcharges Applied (See Definitions Below)	

Discount Code Definitions

1: Autonomous Braking 2: Away at School 3: Client Multi-Policy Recreation Vehicle 4: Farm 5: Good Student 6: Graduated Licensing 7: Minor Conviction Free 8: Multi-Product 9: Multi-Vehicle 10: New Business 11: Retiree 12: Winter Tire 13: Motorcycle and Home 14: Anti-Theft 15: Radius of Operations

Surcharge Code Definitions

1: Accident 2: Minor Conviction 3: Major Conviction 4: Serious Conviction 5: Tow Truck 6: Commercial Use 7: Mobile Canteen 8: Experienced Operator Factor

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Vehicle Rating Descriptions

22518931

Territory

26516560

G2 Mississauga

Type

Passenger Vehicle 1

Use

Commuting 3

Rate Group

For Private Passenger vehicles, rate groups can vary by the coverages purchased and are determined based on the vehicle model, claims and repair costs, engine size, and safety features. Private Passenger vehicles rate groups are displayed in the vehicle table with three sets of numbers. The first number pertains to the rate group used for Accident Benefits. The second number pertains to the rate group used for Collision and DCPD. The third number pertains to the rate group used for Comprehensive.

For all other types of vehicles the rate group is determined from the Manufacturers List Price or the Market Value.

Manufacturers List Price means the retail price new (including taxes and equipment permanently attached thereto) at the location where the automobile is chiefly kept.

Market Value means the present worth of a particular automobile in its current condition (including taxes and equipment permanently attached thereto) at the location where the automobile is chiefly used and usually kept.

Class

02 Pleasure, Commute (up to 20 km one way), or Business Use (up to 1,000 km annually), Principal Driver is age 25 or over, no occasional driver under age 25 unless 3 years licensed, or has driver training, or is rated class 06.

Driving Record

6 Principal Driver Licensed and accident free for 6 years; Or the vehicle (or a prior vehicle): No accident(s) in the past 6 years; Or other drivers: No accident(s) in the past 6 years

Method of Payment: Direct Bill - If you are responsible for the payments due on this policy, please refer to the MAC (Monthly Automatic Chequing) Payment Notice (enclosed or sent separately). The notice will show you the withdrawal dates and amounts of your automated recurring payments, as well as other information.

Remarks:

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CODE OF CONSUMER RIGHTS AND RESPONSIBILITIES

Insurance companies, along with the brokers and agents who sell home, auto and business insurance, are committed to safeguarding your rights when you shop for insurance and when you submit a claim following a loss. Your rights Include the right to be informed fully, to be treated fairly, to timely complaint resolution. and to privacy. These rights are grounded in the contract between you and your insurer and the Insurance laws of your province. With rights, however, come responsibilities including, for example, the expectation that you will provide complete and accurate information to your insurer. Your policy outlines other important responsibilities. Insurers and their distribution networks, and governments also have important roles to play in ensuring that your rights are protected.

RIGHT TO BE INFORMED

You can expect to access clear information about your policy, your coverage, and the claims settlement process. You have the right to an easy-tounderstand explanation of how insurance works and how It will meet your needs. You also have a right to know how insurers calculate price based on relevant facts.

You have the right to ask who is providing compensation to your broker or agent for the sale of your insurance. Your broker or agent will provide information detailing for you how he or she is paid, by whom, and in what ways.

Insurance companies will disclose their compensation arrangements with their distribution networks. Brokers and agents are committed to providing information relating to ownership, financing, and other relevant facts.

RESPONSIBILITY TO ASK QUESTIONS AND SHARE INFORMATION

To safeguard your right to purchase appropriate coverage at a competitive price, you should ask questions about your policy so that you understand what It covers and what your obligations are under it. You can access information through brochures and websites, as well as through one-on-one meetings with your broker, agent, or company representative. You have the option to shop the marketplace for the combination of coverages and service levels that best suits your insurance needs. To maintain your protection against loss, you must promptly inform your insurance company or broker or agent of any change in your circumstances.

RIGHT TO COMPLAINT RESOLUTION

Insurance companies, their brokers and agents are committed to high standards of customer service. if you have a complaint about the service you have received, you have a right to access your company's complaint resolution process. Your Insurer, agent or broker can provide you with Information about how you can ensure that your complaint Is heard and promptly handled. Disputes Involving claims settlement matters may be handled by the Independent General Insurance OmbudService www.gio-scad.org where your complaint may be referred to an Independent mediator.

RESPONSIBILITY TO RESOLVE DISPUTES

You should always enter into the dispute resolution process in good faith, provide required Information in a timely manner, and remain open to recommendations made by independent observers as part of that process.

RIGHT TO PROFESSIONAL SERVICE

You have the right to deal with insurance professionals who exhibit a high ethical standard, which includes acting with honesty, integrity, fairness and skill. Brokers and agents must exhibit extensive knowledge of the product, its coverages and its limitations in order to best serve you. These standards are outlined In a Consumer's Guide to Property and Casualty Insurance Transactions, supported by members of the Insurance Brokers Association of Canada.

RIGHT TO PRIVACY

Because It Is Important for you to disclose any and all Information required by an Insurer to provide the insurance coverage that best suits you, you have the right to know that your information will be used for the purpose set out in the privacy statement made available to you by your broker, agent or insurance representative. This information will not be disclosed to anyone except as permitted by law. You should know that insurers are subject to Canada's privacy laws.

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Policy Number	Account Number	Policy Period		All times are local at the Named Insured's

 26516560
 22518931
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 postal address as stated herein

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

PRESIDENT & CEO

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; dependent care; and an indexation benefit.

Uninsured Automobiles

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.

Driver 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 automobiles against loss of 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; of the standing; sinking; gurning; derailment or collision of any kind of transport in; or upon which the described automobile is being transported.

Comprehensive: Covers a describe 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 t he 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 max imum 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 attempt to defraud an insurance company. The offence is punishable, on convict ion, 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.

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Renewal Certificate effective Feb 05, 2020 Supersedes any previous declaration bearing the same policy number

NAMED INSURED A	ND PRIMARY ADDRESS	RESS BROKER OFFICE		
ALBERT CHALACH BANIA ASSY 3990 MAYLA DR MISSISSAUGA ON L	.5M 7Y9	ALL-RISKS INSURANCE BROKE 2-12993 STEELES AVE HORNBY ON LOP 1E0 Telephone: 905-821-1999 Br Fax: 855-552-7329 Website: http://www.all-risks.con	roker Number: 0782647	
Policy Number 26516560	Account Number 22518931	Policy Period From Feb 05, 2020 to Feb 05, 2021 12:01 A.M.	All times are local at the Named Insured's postal address as stated herein	

POLICYHOLDER NOTIFICATION

All holders of policies which are in good standing have the right to attend and to vote in person or by proxy at the meetings of the policyholders of the Company. If you want to receive notice of those meetings at your address above, please indicate by providing your signature and the date, and mail this entire page to:

Secretary The Wawanesa Mutual Insurance Company 191 Broadway, 9th Floor Winnipeg, MB R3C 3P1

Yes, I want to receive notice of meetings of the policyholders of The Wawanesa Mutual Insurance Company at my address shown above.

Named Insured Signature:



PERSONAL UMBRELLA COVERAGE

Additional liability coverage that goes beyond your current policy

Available as a separate insurance policy, you can receive additional liability coverage for homes, automobiles and watercraft, with base premiums starting as low as \$120 per year.

Please contact your insurance broker to learn about restrictions that may apply.



wawanesa.com

This policy contains a partial payment of loss clause.