

**Certificate Of Automobile Insurance (For Ridesharing - Ontario)**

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.



(Hereinafter Called The Insurer)

Broker Aon Reed Stenhouse Inc.		Code 03 - 0535		Billing Method		Policy Number 41248843		Reason for Insurance Renewal		
Named Insured and Primary Address  <b>Named Insureds as per Schedule 1</b>				Lessor's Name and Address  <b>As per Lessor's Schedule (For Ridesharing-Ontario) Attached</b>						
Policy Period From 12:01 a.m.		D M YR 01 12 25		To 12:01 a.m.		D M YR 01 12 26		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	Price	
<b>Described Automobiles, as defined in Schedule 1, providing transportation services originating in the province of Ontario.</b>										
Lienholders (to whom loss may be jointly payable) <b>As per Lienholders (to whom loss may be jointly payable) Schedule (For Ridesharing – Ontario) Attached</b>										
<b>RATING INFORMATION</b>										
Auto No	Class	Driving Record		Vehicle Code	Rate Group				Territory	Com. Co. Use
		BI	PD/ DCPD		AB	COLL/ AP	ACC. BEN	DCPD		
<b>As per APCF 21N 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	
LIMIT		\$1,000,000 Pre-Acceptance Period  \$2,000,000 Post- Acceptance Period			*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.	
Dedu- ctible	<b>As per APCF 21N attached</b>									
Prem In Doll.				INCL.					INCL.	
<b>LOSS OR DAMAGE**</b>					<b>POLICY CHANGE FORMS &amp; OPTIONAL ACCIDENT BENEFITS TOTAL PER AUTOMOBILE</b>			<b>TOTAL PREMIUM PER AUTOMOBILE</b>		
**This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.										
Perils	Auto No.	All Perils	Collision or Upset	Excluding Collision or Upset Compre- hensive	Specified Perils	Total Loss or Damage Premium	See reverse side of documents for details of Policy Change Forms & optional Increased Accident Benefits.			
Dedu- ctible	<b>As per APCF 21N attached</b>					F O R M #	<b>As per APCF 21N attached</b>			
	It is a condition precedent to coverage under this policy for collision and comprehensive coverages that the Rideshare Driver, as defined in the APCF 6T, has collision and comprehensive coverages on their underlying personal owner's policy for the vehicle used by the Rideshare Driver.									
Prem In Doll.							<b>As per APCF 21N 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. 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.		

Authorized Signature of Insurer  
Corporate Secretary

President and Chief Executive Officer

Broker Aon Reed Stenhouse Inc.				Code 03 - 0535		Billing Method		Policy Number 41248843		Reason for Insurance Renewal	
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Driver Information - <b>AS KNOWN TO THE INSURER</b>					
Driver No.	Driver Name	Principal	Assignment to Vehicle		Territory Description
			Secondary	Occasional	

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.

Surcharges, Discounts, Other Messages: