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 Re			_				Code		Dilli				201:	ov Niur	nhar	1 -	<u> </u>	on for Inguironce
Aon Reed Stenhouse Inc. 03 - 0535								Billing Method Policy Number 41248843				nbei	Reason for Insurance Renewal					
Named Insured and Primary Address									Lessor's Name and Address									
Named Insureds as per Schedule 1									As per Lessor's Schedule (For Ridesharing-Ontario) Attached									
Policy Period D M YR To 12:01 D M YR From 12:01 a.m. 01 12 24 a.m. 01 12 25									All times are local times at the Named Insured's primary address shown on this Certificate.									
DESC	RIBED	AUTO	MOBII	.ES														
Auto No	. I	odel ear	Trad	e Nar	ne / Mod	el	Body Type		V.I.	.N.	/ Serial Nu	umber		# of Cyl	C.C	Gross Vehicle Weight Rating		Price
	•		d Auto	mob	iles, as	define	d in Schedule 1,	providir	ng tr	ans	sportatio	on serv			inating	· ·		of Ontario.
Lienho	lders (t	o whoi	n loss	may	be joint	ly payal	ble)											
			As per	Lien	holder	s (to wh	nom loss may be	jointly p	oaya	ble	e) Sched	ule (Fo	r R	idesh	aring –	Ontario) Atta	che	d
RATIN	G INFO	RMAT	ION															
Auto No	Class Driving Record		d Vehicle		Rate Group)			Torritor								
			D/ AB CPD	CC AP	OLL/ Code		ACC. DCPD BEN	CPD COLL/ AP			MP/	Territory		Com. Co. Use		At Fault Claims/Convictions Surch		Convictions Surcharge
							As	per AP	CF 2	21N	attache	d						
INSU	INSURANCE COVERAGES:			LIABILITY							OPCF 44R			ACCIDENT BENEFITS				
Perils	Auto No. Liability Limits			Bodily Injury				Compensation – Family Protection erty Damage * Endorsement			Standard Bene	efits	Uninsured Automobile					
LIMIT	\$1,000,000 Pre-Acceptance Period \$2,000,000 Post- Acceptance Period						partial parecovery property deductib direct co	y damage if a		Limits are the same as Liability Section unless Otherwise specified.		As stated in Section 4 of Policy.		As stated in Section 5 of Policy.				
Dedu- ctible		•			As p	er APCF	21N attached	•										
Prem In Doll.		INCL.				INCL.											INCL.	
LOSS	OR DA	MAGE	**					*			POLICY	CHANG	GE F	ORMS	8	TOT.	۸. ۵	DEMILIM DED
	*This policy contains a partial payment of loss clause. deducible applies for each claim except as stated in your policy.								OPTIONAL ACCIDENT BENEFITS TOTAL PER AUTOMOBILE					TOTAL PREMIUM PER AUTOMOBILE				
Perils	Auto No.	All Perils	Colli or U		Con	luding Co npre- sive	ollision or Upset Specified Perils	Total Lo or Dama Premiu	ige		details of I	se side of documents for Policy Change Forms & reased Accident Benefits.						
Dedu- ctible	As per APCF 21N attached								F O R As per APCF 21N attached M #									
	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.																•	APC	F 21N attached.
Remarks: Please read reverse side for additional information on the rating of your policy. This is your Certificate of Automobile Insurance. Contact your							TOTAL POLICY PREMIUM MINIMUM NON-REFUNDABLE PREMIUM				\$ INCL.							
	Agent wi				if you red	_	ification regarding yo	our							To	012116		

Authorized Signature of Insurer Corporate Secretary

President and Chief Executive Officer

Tollen

Broker Aon Reed Stenho	use Inc.	(Code 03 - 0535	Billing Method Policy Number 41248843		Reason for Insurance Renewal		
Named Insured ar	nd Primary Addre	ss		Lessor's Name and Address				
Named Insureds	as per Schedule	1		As per Lessor's Schedule (For Ridesharing-Ontario) Attached				
Policy Period From 12:01 a.m.	D M YR 01 12 24	To 12:01 a.m.	D M YR 01 12 25	All times are local times	at the Named Insured's primary addres	ss shown on this Certificate.		

Driver Information - AS KNOWN TO THE INSURER										
Driver	Driver Name		Territory Description							
No.	Driver Name	Principal Secondary		Occasional	Territory Description					

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: