APPLICATION FOR INSURANCE

CERTIFICATE # :

Customer Service
1-877-307-7443

DUCATI EVER RED

1. APPLICANT INFORMATION

Last Name	First Name	Date of Birth (MM / DD / YYYY)	Age
CO-APPLICANT Last Name	First Name	Date of Birth (MM / DD / YYYY)	Age

Street Address or P.O. Box No.	City or Town	Province	Postal Code

Home Telephone	Work Telephone	E-mail Address

2. DEALERSHIP INFORMATION

Name	Telephone	Dealer No.

Street Address	City or Town	Province	Postal Code

3. CREDITOR AND LOAN INFORMATION

Creditor Name	Telephone

Street Address	City or Town	Province	Postal Code

Amount Financed	Residual Amount	Monthly Payment	Term of Loan (Months)	Interest Rate (%)
$	$	$		

4. INSURANCE COVERAGE DETAILS

❑ Finance ❑ Lease

	Effective Date of Insurance (MM / DD / YYYY)	Expiry Date of Insurance (MM / DD / YYYY)	Term of Insurance (in months)
			Life : Disability :

LIFE INSURANCE OR ACCIDENTAL DEATH INSURANCE Age: 18-69 Maximum Term: 180 Months	❑ Applicant ❑ Co-Applicant	❑ Life Insurance OR (May not choose both) ❑ Accidental Death Insurance		**AMOUNT OF INSURANCE** (Maximum Benefit $250,000) Principal Amount Insured $_____ Residual/Balloon Amount $_____	**FIRST YEAR PREMIUM** $_____ $_____
CRITICAL ILLNESS INSURANCE Age: 18-60 Maximum Term: 120 Months	❑ Applicant ❑ Co-Applicant	**SURVIVAL PERIOD** ■ 30 Days		**AMOUNT OF INSURANCE** (Maximum Benefit $250,000) Principal Amount Insured $_____ Residual/Balloon Amount $_____	**FIRST YEAR PREMIUM** $_____ $_____
TOTAL DISABILITY INSURANCE Age: 18-65 Maximum Term: 96 Months	❑ Applicant ❑ Co-Applicant	**WAITING PERIOD** ❑ 30-Day Retroactive ❑ 30-Day Non-Retroactive	**BENEFIT PERIOD** ❑ 12 Months Max. ❑ Term of Insurance	**AMOUNT OF INSURANCE** (Maximum Benefit $5,000 per month) Monthly Amount Insured $_____	**FIRST YEAR PREMIUM** $_____
ACCIDENTAL DISABILITY INSURANCE PLUS Age: 18-65 Maximum Term: 96 Months	❑ Applicant ❑ Co-Applicant	**WAITING PERIOD** ■ 30-Day Non-Retroactive	**BENEFIT PERIOD** ■ 6 Months Max.	**AMOUNT OF INSURANCE** (Maximum Benefit $5,000 per month) Monthly Amount Insured $_____	**FIRST YEAR PREMIUM** $_____

IMPORTANT:

This insurance is voluntary and not required as a condition of the loan or lease. It may be cancelled at any time by the Applicant or Co-Applicant with written notification to the Administration Office.

To maintain insurance coverage throughout the Term of Insurance, a Renewal Premium will be due on each anniversary of the Effective Date of Insurance for the duration of the Term of Insurance. Failure to pay the Renewal Premium will result in termination of coverage. Please refer to the Certificate for details.

Administration Office:
Reinsurance Management Associates, Inc.
170 University Ave, Suite 500, Toronto, ON, M5H 3B3

Total First Year Premium[1]	$_____
Tax (where applicable)	$_____
Total First Year Amount	$_____

First Renewal Date : _____
Number of Renewals : _____

Renewal Premium	Premium	Taxes	Total

[1] The First Year Premium includes a Policy Fee of $125; the Renewal Premium includes a Policy Fee of $20.

5. HEALTH QUESTIONS

If the Amount of Insurance exceeds $250,000 ($50,000 for Critical Illness Insurance) or $1,500 per month, the Health Questions must be answered. **If any answer is "Yes", please provide details.**

	Applicant		Co-Applicant	
	Yes	No	Yes	No
1) Do you suffer, or have you suffered in the past 5 years from physical impairment or had any indication of heart, lung, liver, kidney or intestinal trouble, cancer, acquired immune deficiency disease (AIDS), AIDS related complex (ARC), diabetes or abnormal blood pressure, convulsions, fainting spells, alcohol or other substance abuse, nervous breakdown or any other disorder of the brain or nervous system, or consulted a physician for any of these or other physical impairments?	❑	❑	❑	❑
2) Have you ever been refused for insurance coverage or offered insurance coverage at substandard rates (charged a higher premium)?	❑	❑	❑	❑
3) Have you been under observation or receiving treatment for any disorder or do you have any reason to believe you will require medical or surgical treatment during the next 12 months?	❑	❑	❑	❑
Answer only if applying for Critical Illness Insurance: 4) Are there one or more members of your family who suffer or who have suffered, before the age of 65, cardiovascular disease, cancer, polycystic kidney disease, cerebrovascular disease or neurological disease?	❑	❑	❑	❑

Details:

6. ACKNOWLEDGEMENTS AND FORMAL APPLICATION FOR INSURANCE (*TO BE READ AND UNDERSTOOD BY THE APPLICANT AND CO-APPLICANT*)

1) I hereby apply for coverage under the Group Policy issued by Canadian Premier Life Insurance Company (Securian Canada) (the "Insurer") and have received, read and understood this Application of Insurance (the "Application") and the attached Certificate of Insurance (the "Certificate").
2) I am eligible to apply for this insurance and satisfy the Conditions of Eligibility outlined in the terms and conditions of the Certificate.
3) If the Amount of Insurance exceeds $250,000 ($50,000 for Critical Illness Insurance) or $1,500 per month, I must complete Section 5 - Health Questions. If I answer "Yes" to any of the questions, my Application will be evaluated for underwriting purposes by the Insurer. The Insurer may request a medical examination or tests which will be made at no expense to me. After reviewing my Application and/or the additional information provided, the Insurer may decline my Application by sending me a written notification by regular mail at the address shown on this Application. Any premiums paid will be fully refunded and sent to the Creditor. If my Application is approved, the Insurer will send me a written notification by regular mail. The Effective Date of Insurance will be the date my Application is approved.
4) I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, MIB LLC ("MIB") or other organization, institution or person, that has any records or knowledge of me or my health, to give to the Insurer, its Administrator or its reinsurers, any such information. I authorize the Insurer, its Administrator or its reinsurers, to make a brief report of my personal health information to MIB.
5) Benefits under the Group Policy are payable solely to the Creditor to reduce or extinguish the loan or lease referred to in this Application.
6) I understand that concealment, misrepresentation, or a false declaration on this Application could cause my insurance to be void.
7) A photographic copy of this Application shall be as valid as the original.
8) The parties have agreed for this Application and the Certificate to be drafted in English. Les parties ont convenu que cette demande ainsi que le certificat soit rédigés en anglais.
9) If I am a Quebec resident, I certify that I have received the Fact Sheet and Summary.
10) I hereby acknowledge and agree to the terms of the PRIVACY OF INFORMATION in the attached Certificate.
11) I hereby acknowledge and understand that if my loan or lease is discharged prior to its expiry date, it is solely my responsibility to notify the Insurer or the Administrator of such early discharge, in order to receive any refund of premium that is due to me. The amount of any such refund will be subject to the terms and conditions of the attached Certificate.

Initials: Applicant_____ **Co-Applicant** _____

Applicant Signature | Co-Applicant Signature | Date

1 – CUSTOMER COPY 2 – ADMINISTRATOR COPY 3 – DEALERSHIP COPY 4 – CREDITOR COPY

Canadian Premier Life Insurance Company (Securian Canada), 25 Sheppard Ave West, Suite 1400 Toronto, ON, M2N 6S6 www.securiancanada.ca DLPQ 20261101 E

Canadian Premier Life Insurance Company, which operates under the brand name Securian Canada (the "Insurer" and "Securian Canada"), has issued a Group Policy and agrees to provide insurance in accordance with and subject to the terms and conditions of the Group Policy. Insurance under the Group Policy is available on a voluntary basis. The important terms and conditions are summarized in the Application for Insurance ("Application") and this Certificate of Insurance ("Certificate"). In the case of a discrepancy between these documents and the Group Policy, the Group Policy shall prevail.

If, after reviewing this Certificate, the Applicant finds the insurance to be unsatisfactory and requests its rescission within 30 days after the insurance contract was signed, then the premium paid will be fully refunded to the Creditor provided no claims have been submitted.

In this document, "any disability insurance" refers to both the Total Disability Insurance and the Accidental Disability coverage of the Accidental Disability Insurance Plus.

SECTION 1 – DEFINITIONS

"**Accident**" means an unintentional, sudden, fortuitous and unforeseen event due exclusively to a violent external cause and resulting, directly and independently of any other cause, in bodily injury.

"**Administrator**" means Reinsurance Management Associates, Inc. at 170 University Avenue, Suite 500, Toronto, Ontario M5H 3B3, the administrator appointed by the Insurer to administer the Group Policy on their behalf.

"**Applicant**" means a customer(s) of the Policyholder who has enrolled for coverage under the Group Policy and who satisfies the Conditions of Eligibility.

"**Creditor**" means a lending institution or organization who has granted a Loan to an Applicant. For all purposes, a reference to Policyholder shall include the Creditor.

"Critical Illness" means any one of the following:

(a) **Acute Heart Attack**, which means the death of a portion of the heart muscle resulting from inadequate blood supply for which all of the following test results are confirmed:
   i. new elevations of ST segments, with or without the development of Q waves, in the involved electrocardiographic (ECG) leads considered diagnostic for an acute myocardial infarction; and
   ii. an increase of cardiac bio-markers found in the blood stream, the result of damaged heart muscle tissue, and/or enzymes to levels considered diagnostic for an acute myocardial infarction.

   Exclusions

   Acute Heart Attack does not include:
   i. an incidental finding of ECG changes suggesting a prior myocardial infarction with no corroborating event; or
   ii. an increase of cardiac bio-markers and/or enzymes due to coronary angioplasty (a medical procedure involving the ballooning of a narrowed coronary artery) unless there are new elevations of ST segments in the involved ECG leads considered diagnostic for an acute myocardial infarction.

(b) **Life Threatening Cancer**, which means a definite diagnosis, made by a Specialist, of a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

   Exclusions

   Conditions not covered by this definition are:
   i. carcinoma in situ;
   ii. Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion);
   iii. any non-melanoma skin cancer that has not metastasized;
   iv. Stage A (T1a or T1b) prostate cancer; and
   v. any HIV-related cancer.

   Moratorium period exclusion

   No benefit will be payable under the Life Threatening Cancer condition if the Insured has a diagnosis of cancer (covered or excluded under this Certificate) or signs, symptoms or investigations that lead to a diagnosis of cancer (covered or excluded under this Certificate, regardless of when the diagnosis is made), within the first 90 days following the later of:
   i. the Effective Date of Insurance; and
   ii. the most recent date this insurance was reinstated.

   The information described above must be reported to the Insurer within 6 months of the Date of Diagnosis. Otherwise, the Insurer has the right to deny any claim for Critical Illnesses due to any cancer or its treatment.

(c) **Stroke**, which means a definite diagnosis, made by a Specialist, of an acute cerebrovascular event caused by intra-cranial thrombosis or hemorrhage, or embolism from an extra-cranial source, with:
   i. acute onset of new neurological symptoms; and
   ii. new objective neurological deficits on clinical examination, persisting for more than 30 days following the Date of Diagnosis and corroborated by diagnostic imaging testing.

   Exclusions

   No benefit will be payable under a Stroke Condition for:
   i. transient ischemic attacks;
   ii. intracerebral vascular events due to trauma;
   iii. lacunar infarcts which do not meet the definition of Stroke as described above; or
   iv. Stroke, caused or contributed to by, or associated with amateur or professional boxing, bungee jumping, cliff diving, mountain climbing, motor vehicle race and/or speed competition on land and/or water, parachuting or underwater activities including scuba diving.

(d) **Coronary Artery Bypass Surgery**, which means the undergoing of heart surgery, determined to be medically necessary by a Specialist, to correct narrowing or blockage of one or more coronary arteries with bypass graft(s), excluding any non-surgical or trans-catheter techniques such as balloon angioplasty or laser relief of an obstruction.

"**Date of Diagnosis**" means the date on which a Specialist first diagnosed the Insured with a covered Critical Illness.

"**Effective Date of Insurance**" means the latest of:
(a) the date the Loan funds are advanced;
(b) the date the Application is signed, if no medical underwriting is required; or
(c) the date the Application is approved by the Insurer, if medical underwriting is required.

"**First Year Premium**" **means** the First Year Premium indicated on the Application.

"**Group Policy**" means the Group Life, Accidental Death, Disability and Involuntary Unemployment Insurance Policy issued by the Insurer to the Policyholder.

"**Indebtedness**" means either the balance of the Loan or the remaining payments under a lease agreement. However, any amount in default, or any amount paid by the Applicant, Creditor or other insurance providers to reduce the balance of the Loan, is not part of the Indebtedness and is therefore not covered by the insurance.

"**Indebtedness Insured**" equals to the Indebtedness multiplied by a fraction. This fraction is equal to Life/Accidental Death Amount Insured divided by the amount financed.

"**Injury**" means bodily injury which is caused solely by an Accident and which causes an Applicant to be Totally Disabled.

"**Life Support**" means the Insured is under the regular care of a licensed physician for nutritional, respiratory and/or cardiovascular support when irreversible cessation of all functions of the brain has occurred.

"**Loan**" means the loan or lease contract issued to the Applicant by the Creditor as specified on the Application.

"**Non-Retroactive**" means the benefit period begins after the 30 day Waiting Period from the date of Total Disability or the date of involuntary unemployment, as applicable.

"**Physician**" means a person who is licensed and practicing in Canada within the scope of his license as a doctor of medicine (M.D.) and is not an Applicant or his legal/common law spouse, or a member of the family of the Applicant or his legal/common law spouse, or in a business relationship with an Applicant.

"**Policyholder**" means an organization that has been issued a Group Policy and is authorized by the Insurer to offer coverage to Applicants. For all purposes, a reference to Creditor shall include the Policyholder.

"**Pre-Existing Condition**" means any illness, disease, or physical condition for which medical advice, consultation, diagnosis or treatment was required or recommended during the 12 months prior to the Effective Date of Insurance, and where such condition caused, directly or indirectly, death, Critical Illness, or any disability to occur within 12 months following the Effective Date of Insurance.

"**Renewal Premium**" means the Renewal Premium indicated on the Application.

"**Residual Amount**" means a lump sum payment due at the end of the term of the Loan.

"**Retroactive**" means the benefit period begins on the date of Total Disability provided that the 30 day Waiting Period has expired.

"**Sickness**" means any illness or disease which occurs and which causes an Applicant to be Totally Disabled.

"**Specialist**" means a physician registered and licensed to practice in Canada whose practice is limited to the appropriate branch of medicine relating to the applicable Critical Illness.

"**Survival Period**" means the period starting on the Date of Diagnosis of a Critical Illness and ending 30 days following the Date of Diagnosis of that Critical Illness, except where modified elsewhere under the Certificate. The Survival Period does not include the number of days on Life Support.

"Total Disability" or "Totally Disabled" means:
(a) That condition resulting from Injury or Sickness for which the Applicant is under continuous care of a physician during the first 12 months, and is prevented from performing the main duties of his/her own occupation; and during any period after the initial 12 months, is prevented from performing the main duties of any occupation for which he is reasonably suited by reason of education, training or experience, regardless of the availability of employment; or
(b) If the Applicant does not have an occupation when the disability occurs, a condition resulting from Injury or Sickness for which the Applicant is under the continuous care of a Physician, and is prevented from performing the main duties of any occupation for which he is reasonably suited by reason of education, training or experience, regardless of the availability of employment;

"Treatment Program" means a reasonable, customary and systematic treatment program that is performed or prescribed by a Physician, and is of the nature and frequency customarily required by the condition being treated. In addition, where the Insurer deems necessary due to the severity of the condition, such Treatment Program must be performed or supervised by a certified specialist for the condition being treated.

"**Waiting Period**" means the number of days an Applicant must remain continuously Totally Disabled or involuntary unemployed in order to qualify for benefits.

SECTION 2 – CONDITIONS OF ELIGIBILITY

To be eligible for any insurance under the Group Policy, the Applicant, on the Effective Date of Insurance shown on the Application, must:
(a) be a natural person (partnerships, corporations or other forms of business entities are not eligible for insurance);
(b) be a Canadian resident;
(c) be at least 18 years of age;
(d) be under 70 years of age for Life or Accidental Death Insurance;
(e) be under 61 years of age for Critical Illness Insurance; and
(f) be under 66 years of age for any disability insurance or Involuntary Unemployment Insurance.

In addition, to be eligible for any disability insurance, the Applicant:
(a) must be employed and actively at work for wages or profit for at least 25 hours per week for 30 consecutive working days immediately prior to the Effective Date of Insurance; or
(b) if self-employed, or whose normal employment is subject to seasonal conditions and layoff or work suspension, is a regular and anticipated part of the work schedule must:
   i. be employed for a minimum of 25 hours per week in the working season;
   ii. have been so employed for 13 consecutive weeks during the 12 month period immediately preceding the Effective Date of Insurance;
   iii. be capable of performing the regular duties of his or her occupation; and
   iv. have worked the last season with proven work history.

In addition, to be eligible for involuntary unemployment insurance the Applicant must:
(a) be employed and actively at work for wages or profit for at least 25 hours per week and have been so for 30 consecutive working days immediately prior to the Effective Date of Insurance; and
(b) not be any of the following:
   i. engaged in seasonal work;
   ii. an independent contractor;
   iii. self-employed;
   iv. a controlling stock holder of their company; or
   v. employed by a member of his or her immediate family.

SECTION 3 – LIFE INSURANCE OR ACCIDENTAL DEATH INSURANCE

Life Insurance or Accidental Death Insurance will only be in effect for an Applicant if the Applicant satisfies the Conditions of Eligibility and has paid the required insurance premium as stated in the Application.

Benefits

The payment of any benefit provided for under Life Insurance or Accidental Death Insurance is subject to the terms and conditions of this Certificate and the Group Policy.

Life Insurance

Upon receipt of satisfactory proof of the death of an Applicant, the Insurer shall pay a Life Insurance benefit to the Creditor. This benefit shall be equal to the Indebtedness Insured as of the date of death, plus the Residual Amount Insured, if any. This benefit shall not exceed the lesser of (i) the Principal Amount Insured, plus Residual Amount Insured, if any, as shown on the Application or (ii) $250,000.

Accidental Death Insurance

Upon receipt of satisfactory proof of the death of an Applicant **as a result of an Accident only**, the Insurer shall pay an Accidental Death Insurance benefit to the Creditor. This benefit shall be equal to the Indebtedness Insured as of the date of death, plus the Residual Amount Insured, if any. This benefit shall not exceed the lesser of (i) the Principal Amount Insured, plus Residual Amount Insured, if any, as shown on the Application or (ii) $250,000.

Limitations

(a) In no event shall any benefit exceed a maximum amount of $250,000.
(b) If joint coverage was purchased and there is death of both Applicants, the Insurer shall pay only one benefit.

Exclusions

No benefit shall be paid for a loss that results directly or indirectly from:
(a) a Pre-Existing Condition;

(b) war or act of war, whether declared or undeclared;
(c) suicide or attempted suicide or self-inflicted injury within 2 years of the Effective Date of Insurance, while sane or insane;
(d) flight in a non-scheduled aircraft;
(e) poisoning, intoxication, abuse of any alcohol or drug; or
(f) commission or attempted commission of a criminal offence.

SECTION 4 – CRITICAL ILLNESS INSURANCE

Critical Illness Insurance will only be in effect for an Applicant if the Applicant satisfies the Conditions of Eligibility in SECTION 2 and has paid the required insurance premium as stated in the Application.

Benefits

The payment of any benefit provided for under Critical Illness Insurance is subject to the terms and conditions of this Certificate and the Group Policy.

Critical Illness Insurance

Upon receipt of satisfactory proof of a Critical Illness suffered by the Insured, the Insurer shall pay a benefit to the Creditor, provided that such Critical Illness is diagnosed unequivocally and definitely for the first time while the Insured is covered under the Group Policy. The Insured so diagnosed must also be alive at the end of the Survival Period and must not have experienced irreversible cessation of all functions of the brain. This benefit shall be equal to the Indebtedness Insured as of the Date of Diagnosis, plus the Residual Amount Insured, if any. This benefit shall not exceed the lesser of (i) the Principal Amount Insured, plus Residual Amount Insured, if any, as shown on the Application or (ii) $250,000.

Limitations

(a) In no event shall any benefit exceed a maximum aggregate amount of $250,000 when combined with all other benefits paid hereunder.
(b) If joint coverage was purchased and both Insureds provide proof of a Critical Illness, the Insurer shall pay only one benefit.

Exclusions

In addition to the exclusions listed under the definition of Critical Illness, no benefit shall be paid for a Critical Illness that results directly or indirectly from any of the Exclusions listed in SECTION 3 above.

SECTION 5 – TOTAL DISABILITY INSURANCE

Total Disability Insurance will only be in effect for an Applicant if the Applicant satisfies the Conditions of Eligibility and has paid the required insurance premium as stated in the Application.

Benefits

The payment of any benefit provided for under Total Disability Insurance is subject to the terms and conditions of this Certificate and the Group Policy.

Total Disability Insurance

The Insurer shall pay a benefit to the Creditor equal to 1/30th of the Monthly Amount Insured, for each day of continuous Total Disability upon receipt of proof satisfactory that an Applicant is Totally Disabled. This benefit shall be paid monthly.

Benefit Period

The beginning of the benefit period depends on the Waiting Period option selected on the Application. Please refer to "Non-Retroactive" and "Retroactive" definitions under SECTION 1.

The benefit period for an Applicant ends on the earliest of the following dates:

the date this Applicant is no longer Totally Disabled or returns to partial or full time work or is no longer available to work in Canada, whichever is earlier;
(a) the date that the maximum number of benefit payments allowed, as indicated on the Application, has been paid;
(b) the date the Insurer requires this Applicant to submit proof of continued Total Disability and such proof is not provided within 30 days;
(c) the date the Insurer requires this Applicant to be examined by a Physician or other practitioner named by the Insurer and the Applicant does not submit to such examination within 30 days;
(d) the date the Loan has been paid in full;
(e) the date the Term of Insurance applicable to the Total Disability Insurance for this Applicant is expired;
(f) the date on which this Applicant turns 70 years of age;
(g) the date the Applicant does not participate in, and cooperate with, a Treatment Program; or
(h) the date the Applicant retires for any reason, including but not limited to voluntary, mandatory or disability retirement.

Limitations

(a) The Monthly Amount Insured as shown in the Application shall not exceed $5,000 per month.
(b) A recurrent Total Disability occurring within 180 days of a previous period of Total Disability for which an Applicant has received benefit payments and resulting from the same cause will be considered a continuation of the previous period and any benefits remaining unused from the first period will not be subject to a second Waiting Period.
(c) If joint coverage was purchased and both Applicants are Totally Disabled at the same time, the Insurer shall pay benefits with respect to one Applicant only.
(d) No benefit will be paid under the Total Disability Insurance while benefits are being paid under the Accidental Disability Insurance Plus.
(e) If Total Disability results directly or indirectly from any back or neck injury or disorder including but not limited to lumbar, thoracic or cervical spine, the Applicant must be under the care of a licensed specialist such as a neurologist, a neurosurgeon, a physiatrist, an orthopedic surgeon or a rheumatologist. For such Total Disability, the benefit period will never exceed 6 months.
(f) If Total Disability results directly or indirectly from any mental, nervous, psychological, emotional, behavioral disorder, disease or condition, the Applicant must be under the continuing care of a specialist in psychiatry. Applicants on a waiting list do not qualify for benefits. For such Total Disability, the benefit period will never exceed 6 months.

Exclusions

No benefit shall be paid for a Total Disability that results directly or indirectly from:
(a) a Pre-Existing Condition;
(b) war or act of war, whether declared or undeclared;
(c) attempted suicide or self-inflicted injury, while sane or insane;
(d) flight in a non-scheduled aircraft;
(e) abuse of any alcohol or drug other than as legally prescribed by a Physician;
(f) commission or attempted commission of a criminal offence; or
(g) childbirth, abortion, pregnancy, complication of pregnancy, or miscarriage.

SECTION 6 – ACCIDENTAL DISABILITY INSURANCE PLUS

Accidental Disability Insurance including Involuntary Unemployment Insurance will only be in effect for an Applicant if the Applicant satisfies the Conditions of Eligibility and has paid the required insurance premium as stated in the Application.

Benefits

The payment of any benefit provided for under Accidental Disability and Involuntary Unemployment Insurance is subject to the terms and conditions of this Certificate and the Group Policy.

Accidental Disability Insurance *Plus*

The Insurer shall pay a benefit to the Creditor equal to 1/30th of the Monthly Amount Insured for each day of continuous Total Disability or involuntary unemployment upon receipt of proof satisfactory that an Applicant is Totally Disabled due to an Injury or an Applicant is involuntarily unemployed. This benefit shall be paid monthly.

Benefit Period

The benefit period begins on the date following a 30 day Non-Retroactive Waiting Period.

The benefit period for an Applicant ends on the earliest of the following dates:
(a) the date this Applicant is no longer Totally Disabled or returns to partial or full time work or is no longer available to work in Canada, whichever is earlier;
(b) the date that 6 benefit payments have been paid;
(c) the date the Insurer requires this Applicant to submit proof of continued Total Disability or unemployment and such proof is not provided within 30 days;
(d) the date the Insurer requires this Applicant to be examined by a Physician or other practitioner named by the Insurer and the Applicant does not submit to such examination within 30 days;
(e) the date the Loan has been paid in full;
(f) the date the Term of Insurance applicable to the Accidental Disability Insurance *Plus* for this Applicant is expired;
(g) the date on which this Applicant turns 70 years of age:
(h) the date the Applicant does not participate in, and cooperate with, a Treatment Program; or
(i) the date the Applicant retires for any reason, including but not limited to voluntary, mandatory or disability retirement.

Additional Conditions

As a condition of payment of involuntary unemployment benefits, the Applicant must:
(a) provide proof of Government of Canada Employment Insurance Benefits within 10 days of receipt of each payment;
(b) provide a copy of the written notice of termination of employment (Record of Employment) received by the Applicant from the Applicant's employer; and
(c) provide a copy of any notice, correspondence or document received by the Applicant from any government department or agency having jurisdiction over the Employment Insurance Act (Canada) or its successor, within 10 days of receipt of same by the Applicant.

Limitations

(a) The Monthly Amount Insured as shown in the Application shall not exceed $5,000 per month.
(b) A recurrent Total Disability occurring within 180 days of a previous period of Total Disability for which an Applicant has received benefit payments and resulting from the same cause will be considered a continuation of the previous period and any benefits remaining unused from the first period will not be subject to a second Waiting Period.
(c) A period of involuntary unemployment occurring within 180 days of a previous period of involuntary unemployment for which an Applicant has received benefit payments will be considered a continuation of the previous period and any benefits remaining unused from the first period will not be subject to a second Waiting Period.
(d) If joint coverage was purchased and both Applicants are Totally Disabled or involuntarily unemployed at the same time, the Insurer shall pay benefits with respect to one Applicant only.
(e) No Involuntary Unemployment Insurance benefit will be paid while benefits are being paid under any disability insurance.
(f) No benefit will be paid under the Accidental Disability Insurance *Plus* while benefits are being paid under Total Disability Insurance.

Exclusions

No Accidental Disability Insurance benefit shall be paid if such Total Disability results directly or indirectly from any of the Exclusions listed in SECTION 5 above.

No Involuntary Unemployment Insurance benefit shall be paid for:
(a) involuntary unemployment beginning within a period of 90 days following the Effective Date of Insurance;
(b) loss of self-employment;
(c) involuntary unemployment resulting directly or indirectly from:
  i. seasonal layoff;
  ii. expiry of a contract of employment for a fixed term;
  iii. termination of employment with cause;
  iv. voluntary resignation;
  v. voluntary or mandatory retirement;
  vi. maternity leave or parental leave;
  vii. deception, fraud, criminal conduct, conflict of interest, willful misconduct or refusal to perform one's own position;
  viii. lock-out or strike;
  ix. any layoff or staff reduction program announced by an employer prior to the Effective Date of Insurance;
  x. any Total Disability occurring while insurance is in force and for which a valid claim may be made under any disability insurance; or
  xi. expiry of a contract of employment with a temporary employment agency.

SECTION 7 – CLAIMS

To claim benefits under the Group Policy, the Applicant, his/her agent or the Creditor must request a claim form from the Administrator within 90 days of the happening of the event giving rise to the claim. Notice of claim may be given in writing or by telephone. Claim forms will be furnished within 15 days of receipt of notice of claim.

Within one year of the death, for a life or accidental death claim, and 90 days of the onset of any disability or involuntary unemployment, for a disability or involuntary unemployment claim, or 90 days of the Date of Diagnosis of any Critical Illness, for a Critical Illness Insurance claim, the Applicant, his/her agent or the Creditor must furnish the Administrator with proof of the death, disability, involuntary unemployment or Critical Illness satisfactory to the Insurer.

Failure to give notice of claim within the time set out above will not invalidate a claim if the notice is given as soon as reasonably possible and no later than one year from the date of the event giving rise to the claim if it is shown that it was not reasonably possible to give notice within such time.

Failure by an Applicant to perform any actions required by the Insurer, or to provide the Insurer with such information or documentation as may be required, shall release the Insurer from making any payment for benefits. In the case of such a failure the Creditor may, to the extent it is able, perform any actions or provide any information to the Insurer that the Applicant is required to do. Until such failure has been remedied by the Applicant or the Creditor, the Applicant shall be solely responsible for making the required payments for the Indebtedness.

When an Application does not need to be underwritten, failure by the Policyholder to submit the Application and/or the Premium to the Insurer will not prejudice or abrogate the Applicant's rights provided that:

(a) the failure results from an inadvertent error or omission;
(b) the Policyholder is in possession of a completed and signed Application; and
(c) upon becoming aware of the error or omission, the Policyholder promptly forwards to the Insurer the Application and/or the Premium, as the case may be.

SECTION 8 – TERMINATION

Insurance in respect of an Applicant shall automatically terminate on the earliest of the following dates:
(a) the date the Loan is paid in full or discharged;
(b) the date of repossession by the Creditor of the property which constitutes security for the Loan;
(c) the date the Administrator receives the Applicant's written request to terminate insurance;
(d) the date the Loan is renegotiated, transferred to another creditor or assumed by another debtor;
(e) in the case of any disability insurance or Involuntary Unemployment Insurance, the date this Applicant retires for any reason, including but not limited to voluntary, mandatory or disability retirement;
(f) the date a Critical Illness Insurance benefit, or a Life or Accidental Death Insurance benefit, is paid;
(g) the date on which this Applicant turns 75 years of age for Life or Accidental Death Insurance, or 70 years of age for any disability insurance or Involuntary Unemployment Insurance, or 66 years of age for Critical Illness Insurance; or
(h) for a specific coverage: the date the Term of Insurance applicable to this coverage for this Applicant is expired.

If insurance terminates for any of the reasons specified from a) to e) above, any unearned First Year Premium less any policy fee and any benefits already paid will be refunded to the Creditor. Such refund will be calculated using the Rule of 78 formula and will be subject to a processing fee of $150.00, which will be deducted from the refund. Refunds of less than $10.00 shall not be made.

If insurance is terminated or cancelled during the term, in a year in which a Renewal Premium was paid, any unearned Renewal Premium less any policy fee will be refunded to the Applicant. Such refund will be calculated using the Rule of 78 formula. Refunds of less than $10.00 shall not be made.

Claims submitted for any event that occurred prior to the termination date as determined above will be processed in accordance with the terms of the insurance even if the termination date has passed.

SECTION 9 – GENERAL

The Application, Certificate and Group Policy constitute the entire policy of insurance. Any concealment, misrepresentation or false declaration made by the Applicant during the application process that may affect his or her insurability may result in the coverage being void.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act*, *Limitations Act* or other applicable legislation in the Applicant's province or territory.

The Applicant has the right to obtain a copy of the Application for Insurance, any written statement or other record, not otherwise part of the application, provided to the insurer as evidence of the insurability of the Applicant insured under the contract, and, on request and on reasonable notice, the Applicant insured has the right to examine and to obtain a copy of the policy of creditor's group insurance.

The Insurer has the right to conduct necessary investigations relating to applications or claims, and to obtain independent medical or vocational assessments if required.

Only the Creditor may assign or transfer any rights or benefits provided by the insurance to another person. No assignment or transfer will be effective until such written notice is received by the Administrator.

PRIVACY OF INFORMATION

The Insurer, the Administrator and the Creditor only collect, use and disclose personal information from the Applicant, in particular through this Application and the Certificate, that is necessary to consider the Application, confirm the accuracy of the information collected, assess your creditworthiness, handle claims, or otherwise administer the Group Policy, this Certificate and any loan, lease or other financing agreement with the Creditor. Each of the Insurer, the Administrator and the Creditor uses physical, electronic and procedural security measures to protect the Applicant's personal information. The Applicant's personal information will be stored only for the time necessary to achieve the above purposes, and to the extent permitted or required by law, on the Insurer's, the Administrator's and/or the Creditor's secure servers located in Canada, which may be outside of Quebec, and/or on their respective secure servers in the United States of America or the secure servers in the United States of America of their respective affiliates. Governments, regulatory authorities, law enforcement agencies or courts of such other country(ies) could obtain access to the Applicant's information under the laws of such country(ies). The Applicant's personal information will only be accessible to personnel of those entities who require access to such personal information in order to perform the Insurer's, the Administrator's and/or the Creditor's obligations hereunder, and to their service providers for technical reasons. The Applicant's personal information will also be disclosed to third parties who require it to provide services or in connection with the sale, financing or administration of this Certificate (including, without limitation, to validate a claim and for risk management purpose). If the Applicant refuses to provide the required information at the time of the Application, then the Insurer, the Administrator and/or the Creditor will not be able to provide coverage and/or financing or leasing arrangements under the terms of the Group Policy or this Certificate. The Applicant has the right to access and to correct any of the Applicant's personal information. The Applicant may withdraw consent to the use and disclosure of the Applicant's your personal information, but the Insurer, the Administrator and/or the Creditor may not be able to provide the Applicant with coverage under the Certificate or financing arrangements, as applicable. The Insurer, the Administrator and the Creditor may be required to use the Applicant's personal information in the normal course of business, such as contacting the Applicant in the event of a claim. The Applicant may contact the Insurer's Personal Information Protection Officer at the following address: Securian Canada, 25 Sheppard Ave West, Suite 1400, Toronto, Ontario, M2N 6S6, and the Applicant may contact the Creditor's Privacy Officer at 500-1340 Pickering Pky, Pickering, ON L1V 0C4, to obtain information and address questions about the privacy policies and practices of the Insurer or the Creditor with respect to the Applicant's personal information, including any questions regarding the use, protection and disclosure of such information, or if the Applicant would like to access, update or correct such information contained in the Applicant's file with either the Insurer or the Creditor. The Insurer's privacy policy may be viewed at www.securiancanada.ca/privacy-code, the Administrator's privacy policy may be viewed at www.rmacan.com/privacy.