

## APPLICATION TO ENROLL

Group Policy Number GC960

Equipment Owner Payment Protection Plan (Monthly Premium Option)

The "Insurer": Chubb Life Insurance Company of Canada ("Chubb Life")

Toll Free: 1 888 561-1101

Print Date:

LOAN INFORMATION			Certificate Number:	
Date Loan Begins (mm/dd/yyyy)	Term of Loan months	Monthly Payment	A0217E(960M.V8)(202101)	
First Payment Date (mm/dd/yyyy)	Amortization Period months	Residual Value/Balloon Payment	Interest Rate %	Loan Amount
Creditor Name and Address (Suite No., Street, City, Province, Postal Code)				Telephone
Dealer (Group Policyholder)				Telephone

BORROWER AND CO-BORROWER INFORMATION (Complete only if applying for Insurance)		
Borrower Name (First, Middle, Last)	Date of Birth (mm/dd/yyyy)	Sex
Borrower Address (Apt No., Street, City, Province, Postal Code)	Telephone - Day Time	Telephone - Home
Co-Borrower Name (First, Middle, Last)	Date of Birth (mm/dd/yyyy)	Sex
Co-Borrower Address (Apt No., Street, City, Province, Postal Code)	Telephone - Day Time	Telephone - Home

TYPE OF INSURANCE APPLIED FOR	Who is Covered	Amount Insured	Term of Insurance	Monthly Premium
			months	
			months	
			months	

APPLICATION	Applicable Sales Tax
<p><b>I have read and understand that:</b></p> <ul style="list-style-type: none"> <li>If there are three or more natural persons responsible for the repayment of the Loan, I may only apply for Life Insurance.</li> <li>The Term of Insurance may be less than or equal to the Term of Loan, but not greater than 84 months.</li> <li>The Amount Insured is not greater than the Loan amount or the Plan Maximum.</li> <li>Where there are two Borrowers responsible for the repayment of the Loan and both Borrowers have principal occupations that involve the operation of the vehicle to which the Loan applies; to be eligible for Total Disability Insurance, both Borrowers must have selected and must be eligible for Total Disability Insurance, and both Applications to Enroll must be accepted by the Insurer.</li> <li>If the Loan amount is greater than the Amount Insured, and/or the Term of Insurance is shorter than the Term of Loan, and/or the Residual Value/Balloon Payment is not stated on the Application to Enroll, and the separate premium has not been paid; the total amount of Life or Critical Illness Benefits payable, may not pay the full outstanding balance of this Loan.</li> <li>If I am applying for Critical Illness Insurance or for any Injury and Sickness Coverage for Life and Total Disability Insurance, and my loan payments plus residual value or balloon payments, less insurance premiums, is greater than \$240,000, I must complete and attach the Questionnaire to this Application to Enroll for the Insurer to assess my insurability for Insurance under this Group Policy.</li> <li>The Date Insurance Begins is the later of the Date Loan Begins or the date this Application to Enroll is signed, provided the first Monthly Premium payment has been paid when due.</li> <li>Benefits under the Group Policy are payable to the Creditor to reduce or extinguish the Loan.</li> <li>No Benefits are payable if death, Total Disability or Critical Illness results from any Pre-existing Condition(s) or other Risks Not Covered as defined in the Certificate of Insurance.</li> <li><b>If I am not eligible for coverage or if my Application to Enroll is not accepted, the Insurer's only obligation in such case is to return any premium paid by the Borrower to the Creditor.</b></li> <li>Plan definitions, including details about the Risks Not Covered, limitations for Pre-existing Conditions, claims, Benefits, and other Terms and Conditions about my insurance, are explained in my Certificate of Insurance.</li> <li>The Dealer offering this insurance product to you receives remuneration for performing administrative duties in respect of the Group Policy.</li> <li>The Application to Enroll and any other forms submitted by me in connection with this insurance form part of the Certificate of Insurance issued hereunder. The Certificate of Insurance is valid only with the completed, dated and signed Application to Enroll.</li> <li>This coverage is optional and my enrollment is voluntary and its purchase is not a condition to obtain the Loan.</li> <li>I have 30 days from the Date Insurance Begins to cancel coverage for a full refund; thereafter I may cancel coverage at any time.</li> </ul> <p><b>I declare that, at the Date Insurance Begins:</b></p> <ul style="list-style-type: none"> <li>If applying for Life Insurance under this Certificate, I am resident in Canada, 18 but not yet 70 years of age, I am able to perform the usual duties of my livelihood, and I am personally responsible for the repayment of the Loan.</li> <li>If applying for Total Disability Insurance under this Certificate, I am resident in Canada, 18 but not yet 66 years of age, I am able to perform the duties of my principal occupation, I am gainfully employed and actively working at least 25 hours a week for a minimum of 12 weeks immediately prior to the Date Insurance Begins, and I am personally responsible for the repayment of the Loan. If the equipment is a vehicle, my principal occupation is the operation of the vehicle to which the Loan applies.</li> <li>If applying for Critical Illness Insurance under this Certificate, I am resident in Canada, 18 but not yet 65 years of age, I am able to perform the usual duties of my livelihood, I am personally responsible for the repayment of the Loan, and I am also applying for Life Insurance.</li> <li><b>The information given in this Application to Enroll is true and accurate and I understand that any misrepresentation may render my insurance void.</b></li> </ul>	<p>Total Monthly Premium</p>

**Plan Maximums:**

**In the case of Joint coverage, Plan Maximums are based on the age of the older Borrower**

**Life Insurance**  
Insurance terminates at age 70

**Injury and Sickness Coverage**  
Age 18-59: \$500,000  
Age 60-69: \$150,000

**Injury Only Coverage**  
Age 18-69: \$500,000

**Total Disability Insurance**  
Insurance terminates at age 66

**Injury and Sickness Coverage**  
Age 18-59: \$5,000 per month  
Age 60-65: \$1,800 per month

**Injury Only Coverage**  
Age 18-65: \$5,000 per month

**Critical Illness Insurance**  
Insurance terminates at age 70  
Age 18-59: \$400,000  
Age 60-64: \$150,000

I, the undersigned Borrower, hereby apply for coverage and acknowledge that I have received the Application to Enroll containing the Personal Information Notice on page 2 and a specimen of the Certificate of Insurance, and in the province of Québec, the Summary and Fact Sheet. I understand that I will receive the Certificate of Insurance by mail. I agree to the terms for the collection of premiums described in the PAD Agreement on page 3. I authorize any licensed physician, medical practitioner, hospital, pharmacy, clinic or other medically related facility, insurance company, the group policy administrator, the insurance plan sponsor, any investigative and security agency, any agent, broker or market intermediary, any government agency or other organization or person that has any records or knowledge of me or my health to provide to Chubb Life or its reinsurers any such information for the purpose of this contract and any subsequent claim. I authorize Chubb Life to consult its existing files for this purpose. A photocopy of this authorization shall be valid as the original.

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature - Borrower Date (mm/dd/yyyy) Signature - Co-Borrower Date (mm/dd/yyyy)























