Equipment Payment Protection Plan

Group Policy GC96oNL

SUMMARY

Sections 22, 28 and 29 of the Regulation respecting Alternative Distribution Methods (A.M., 2019-05)

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

199 Bay Street, Suite 2500, PO Box 139, Toronto, Ontario M5L 1E2

AMF Register-Insurer's Number: 2000737552

Distributor: Name

Address

Group Policyholder: CWB National Leasing

1525 Buffalo Place, Winnipeg, MB R3T 1L9

Claims Agent: Unity Managing Underwriters Limited

Customer Service Center

P O Box 1097, Station B, Willowdale, Ontario M2K 3A2

Telephone: 1888 561-1101 416 221-1685 Fax: Policy Inquiry: adminSP@umu.net claims@umu.net Claims:

For additional information regarding the Insurer's and the Distributor's obligations to you, please contact the Autorité des marchés financiers

Autorité des marchés financiers

Place de la Cité, tour Cominar 2640 boulevard Laurier, 4e étage Québec (Québec) G1V 5C1

Québec City: 418 525-0337 Montreal: 514 395-0337 Toll Free: 1877-525-0337 Fax: 418 525-9512

www.lautorite.qc.ca Website:

This Summary helps you make an informed decision when an insurance product is offered to you by a Distributor. <u>This is not your Certificate of Insurance</u>. The Distributor must also provide you with a fact sheet "Let's Talk Insurance!" which is to inform you of your rights.

The Policy is available by clicking the following link:

https://www.chubb.com/ca-en/ assets/documents/gc96onl-equipment-payment-protection-plan.pdf

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What is this insurance for? And what are the benefits?

Purchasing a vehicle or equipment and financing it has an important influence on your financial security. When you arrange to finance your vehicle or equipment purchase from the Distributor, you may choose to purchase insurance offered to you. If you choose to do so, the Insurer will pay benefits to your creditor to reduce your loan balance if you have an unexpected total disability due to injury or sickness or you die.

You can apply for coverage if, on the date you apply for insurance, you are:

- · resident in Canada; and
- personably responsible for the payment of the loan or lease arranged by the Distributor or the Group Policyholder, and the loan term is not greater than 84 months;

and in addition

If applying for Life Insurance,	• You are 18 but not yet 70 years old;		
	You are able to perform the usual duties of your livelihood.		
If applying for Total Disability Insurance,	• No more than 2 borrowers are responsible for the repayment of the loan (if there are 3 or more borrowers responsible for the loan, all borrowers can apply for Life Insurance only);		
	You are 18 but not yet 66 years old;		
	• You are gainfully employed and actively working at least 25 hours a week for a minimum of 12 weeks immediately prior to the date insurance begins;		
	You are able to perform the duties of your principal occupation;		
	• If the equipment is a vehicle, your principal occupation must be the operation of the vehicle;		
	• If there are 2 borrowers responsible for the loan and both borrowers' principal occupations involve the operation of the vehicle; both borrowers must apply Total Disability coverage and both applications must be must be accepted by the Insurer.		

The Equipment Payment Protection Plan, Group Policy GC960NL, provides the following coverages:

Life Insurance	Life insurance is a way to protect your survivors and dependents against financial hardship by reducing the balance of your loan.
	• If your death occurs, the Insurer will pay your outstanding loan or lease up to a maximum of \$500,000 if you are age 18 to 59; \$150,000 if you are age 60 to 69.
	Coverage expires on your 70th birthday.
Total Disability Insurance	When you are disabled due to a covered illness or injury, your loan payments don't stop.
	If you select <u>Total Disability Insurance – Injury and Sickness Coverage</u> , Equipment Payment Protection Plan will pay the Monthly Amount Insured to your creditor for the remaining Term of Insurance or until you are no longer totally disabled.
	• Maximum Insured Amount is \$5,000 per month if you are age 18 to 59, \$1,800 per month if you are age 60 to 65, on the date insurance begins.
	If you select <u>Total Disability Insurance – Injury Only Coverage</u> , Equipment Payment Protection Plan will pay the Monthly Amount Insured to your creditor for the remaining Term of Insurance, or until you are no longer totally disabled, or to a maximum of 12 months, whichever is less.
	• Maximum Insured Amount is \$5,000 per month if you are age 18 to 65 on the date insurance begins.
	You must wait 30 days after you become disabled before your benefits begin; and you must remain totally disabled throughout this 30-day waiting period.
	Coverage expires on your 66th birthday or the date you retire, whichever is earlier.

Determine the type of insurance you need Premiums and other fees including applicable taxes

Equipment Payment Protection Plan is to protect your ability to meet your financial obligations by providing a benefit in the event of your death or disability. You determine the type of insurance based on your needs and financial means; below are the options:

Coverage	Option 1	Option 2	Option 3	Option 4
Life Insurance - Injury and Sickness Coverage			■	
Total Disability Insurance - Injury and Sickness Coverage		■		
Total Disability Insurance - Injury Only Coverage				

If your loan amount is greater than \$200,000, you will need to complete a maximum of 3 medical questions to determine if you are eligible to apply for insurance, or the type of insurance you are eligible to apply.

Premium amount is calculated based on the amount insured, term of insurance, the type of coverage selected. Age, gender, health and occupation do not affect your insurance premium. Premium is fixed and will not change over time. Applicable provincial sales tax on insurance premiums will be added to the cost of your insurance.

Coverage is optional and voluntary; and purchasing the coverage is not a condition for you to obtain your loan.

Please note that Equipment Payment Protection Plan may not pay your full outstanding balance of your loan or lease:

- If the loan amount is greater than the amount insured;
- If term of insurance is shorter than your term of loan.

What you should know

Below is a summary of exclusions and limitations; please refer to the Certificate of Insurance for details.

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Exclusions and Limitations				
General Exclusions - applies to all coverages	The Insurer will not pay your claim results from: • Suicide within first 2 years of the coverage • Criminal offence • Alcohol consumption while operating any motor vehicle beyond legal limit • War or any act of war or insurrection • Travelling in any aircraft except as a commercial flight passenger			
General Limitations - applies to all coverages	• Loan payments in arrears, any accrued interest, balloon payments, floating rate adjustments or any payments of residual value are not covered.			
Life Insurance	The Insurer will not pay your claim results from: • a Pre-existing Condition			
Total Disability Insurance	 The Insurer will not pay your claim results from: A Pre-existing Condition unless Total Disability begins after your coverage remains in force for the first 24 months Attempted suicide or self-inflicted injury Pregnancy, abortion, miscarriage or childbirth or parental leave Cosmetic or elective surgery Drug or alcohol use unless under an approved rehabilitation program In addition to the above, if you selected Total Disability Injury Only Coverage, the Insurer will not pay your claim results from Sickness Injuries that have no visible wound or contusion except for internal injuries revealed by an x-ray or autopsy Injuries which results in muscle strains or sprains of the neck and back Limitations: If you selected Total Disability Injury Only Coverage, maximum Monthly Benefit payments is 12 months in total for the full term of your policy. Your Total Disability coverage will terminate on the date the Maximum Monthly Benefit Payments have been made. For claims resulting from mental, nervous, psychological, emotional or behavioural conditions, maximum 12 Monthly Benefit payments in total for the full term of your policy will be made if you are under regular care of a licensed psychiatrist/psychologist/ neurologist; otherwise, maximum 3 Monthly Benefit payments. For neck or back disease or disorder, maximum 2 Monthly Benefit payments in total for the full term of your policy unless you are under the regular care of a licensed medical specialist. 			

What is a "Pre-existing Condition"?

A Pre-existing Condition is a health condition that you had before your insurance coverage begins. If you have a medical condition(s) and you received Treatment or Advice during 12-month period before your insurance begins, any Total Disability or death related to this condition that arise after you take out the policy will not be covered.

However, if you are free of Treatment or Advice for such medical condition(s) for any period of 12 consecutive months after your coverage begins, such medical condition(s) will no longer be considered a Pre-existing Condition; and will be covered under the Policy. Pre-existing Condition for Life and Total Disability Insurance

The date you purchase the coverage



You received Treatment or Advice for any medical condition(s) during 12 months immediately before your insurance begins, you had a Pre-existing Condition

If you are free of Treatment or Advice for any period of 12 <u>consecutive</u> months after your coverage begins, this will no longer be considered a Pre-existing Condition

Filing a claim

You or someone acting on your behalf should call the customer service, toll free at 1 888-561-1101 to obtain a claim form. A customer service representative will go through the procedures with you. You must return the completed claim forms and required documents within 90 days after the date of loss.

You will receive claim decision in writing. When your claim is approved, you will receive a letter indicating the benefit paid to your creditor. If your claim is denied, you will receive a letter indicating the reason for the denial; which you can appeal our decision in writing. While the Insurer is processing your claim, you are responsible for all scheduled loan payments.

Misrepresentation or failure to disclose

Any misrepresentation, inaccurate representation or failure to disclose could lead to the Policy being cancel ab *initio*, coverage being denied or benefits being refused or reduced. Should you have any questions, please contact the Distributor or the Insurer.

Complaint to the Insurer and complaint resolution process

To make a complaint and access the Insurer's policy on handling complaints, please go to:

 $\underline{\text{https://www.chubb.com/ca-en/complaint-resolution-process.aspx}}$

Cancellation of Insurance

If you change your mind, there is a Satisfaction Review Period after all - If you find the insurance to be unsatisfactory, you may cancel coverage within 30 days of purchase; any premium you have paid will be refunded. To do this, you must contact customer service, toll free at 1 888-561-1101 to obtain a cancellation request form.

After the Satisfaction Review Period - You may cancel coverage at any time by calling the customer service to obtain a cancellation request form. The Insurer will issue a refund if (a) no benefit has been paid under the Certificate and (b) the refund amount is greater than \$5. If you provide proof that the loan was paid, the Insurer will issue the premium refund to you, otherwise, the Insurer will issue the refund to the creditor for credit to your account.

Refund amount is calculated using the following formula:

([$(R \times (R+1)) / (T \times (T+1))$] x Premium x 80%) less cancellation fee \$75.00 per Certificate Where R = number of remaining months left on insurance and T = Term of Insurance in full months

Example:

Term of Insurance is 60 months T = 60You decided to cancel the coverage after 10 months R = 50Premium \$2,000($[(50 \times (50+1)) / (60 \times (60+1))] \times $2,000 \times 80\%$) less \$75 cancellation fee = \$1,039.75

If the Insurer declined your application to enroll or the Insurer determined that you were not eligible for coverage when you purchase the coverage, the Insurer will refund full premium as if your insurance has never been in force.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used to shorten the financing period.