

Insurance Company (hereinafter called the Insurer)

This is your Garage Certificate of Automobile Insurance. Contact your Broker/Agent with any questions or if you require clarification regarding your coverage choices.

Policy Number	<input type="checkbox"/> New Policy <input type="checkbox"/> Renewal <input type="checkbox"/> Replacing Policy No. _____	Date Prepared
Broker/Agent	Telephone Number	

THIS CERTIFICATE IS EVIDENCE OF A CONTRACT OF INSURANCE BETWEEN THE INSURED AND THE INSURER SUBJECT IN ALL RESPECTS TO THE GARAGE AUTOMOBILE POLICY (OAP4) APPROVED FOR THE PROVINCE OF ONTARIO.

UPON REQUEST THE INSURER WILL PROVIDE TO THE INSURED A COPY OF THE ONTARIO GARAGE AUTOMOBILE POLICY.

AN APPLICATION HAS BEEN MADE BY THE APPLICANT (HEREINAFTER CALLED THE INSURED) TO THE INSURER FOR A CONTRACT OF AUTOMOBILE INSURANCE AND THE SAID APPLICATION FORMS PART OF THIS CONTRACT OF INSURANCE.

ITEM		PART 1														
1.	FULL NAME OF THE INSURED											INDICATE				
	FULL BUSINESS ADDRESS (ALSO PROVIDE POSTAL ADDRESS IF DIFFERENT)	(A)											BLDG	LOT		
	LOCATION OF OTHER PREMISES WHERE BUSINESS IS CONDUCTED (SHOW EACH BUILDING AND LOT SEPARATELY.)	(C)														
		(D)														
2.	POLICY PERIOD	FROM TIME	<input type="checkbox"/> AM	Year	Month	Day	TO	12:01 AM	Year	Month	Day	<input type="checkbox"/> PM			ALL TIMES ARE LOCAL AT THE INSURED'S POSTAL ADDRESS.	
3.	THE AUTOMOBILES IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED ARE THOSE USED IN CONNECTION WITH THE INSURED'S BUSINESS OF: (SPECIFY)															
(SPECIFY WHETHER AUTOMOBILE DEALER, REPAIR GARAGE, SERVICE STATION, STORAGE GARAGE OR PARKING LOT AND DESCRIBE ALL OTHER BUSINESS, IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED, CONDUCTED BY THE INSURED AT THE LOCATIONS SPECIFIED IN ITEM 1). <i>NOTE: THIS FORM SHOULD NOT BE USED FOR RENTAL OR LEASING EXPOSURES.</i>																
4.	THE BASIS OF RATING AND CALCULATION OF THE PREMIUM PAYABLE SHALL BE IN ACCORDANCE WITH THE PREMIUM COMPUTATION STATEMENT ATTACHED HERETO.										Full Time	Part Time				
ESTIMATED TOTAL PAYROLL FOR POLICY PERIOD \$ _____ NUMBER OF EMPLOYEES INCLUDING PROPRIETORS, PARTNERS AND EXECUTIVE OFFICERS AT THE EFFECTIVE DATE OF THE POLICY. _____																
5.	THIS POLICY PROVIDES FOR INSURANCE AGAINST ONE OR MORE OF THE PERILS MENTIONED IN THIS ITEM BUT ONLY FOR INSURANCE UNDER THE SECTION(S) OR SUBSECTION(S) FOR WHICH A PREMIUM IS SPECIFIED IN THIS ITEM AND NO OTHER AND UPON THE TERMS, CONDITIONS, PROVISIONS, DEFINITIONS AND EXCLUSIONS OF THE CORRESPONDING ONTARIO GARAGE AUTOMOBILE POLICY 4, FOR THE FOLLOWING SPECIFIED LIMITS AND AMOUNTS.															
INSURANCE COVERAGES				PREMIUM				COMPANY USE ONLY		ADVANCE PREMIUM						
Section 1 THIRD PARTY LIABILITY	THIRD PARTY INCLUSIVE LIMIT \$			Bodily Injury \$						\$						
				Property Damage \$												
Section 2 ACCIDENT BENEFITS	STANDARD BENEFITS									\$						
	OPTIONAL INCREASED ACCIDENT BENEFITS	Income Replacement: up to (\$600/\$800/\$1,000) (\$_____ per week)									\$					
		Caregiver , Housekeeping & Home Maintenance									\$					
		Medical & Rehabilitation (\$100,000)									\$					
		Attendant Care (\$72,000)									\$					
		Medical, Rehabilitation (\$1,100,000) & Attendant Care (\$1,072,000)									\$					
		Death & Funeral									\$					
Dependant Care									\$							
Indexation (Consumer Price Index)									\$							
Section 3 UNINSURED AUTOMOBILE COVERAGE	As Stated in Section 3 of the Policy.												\$			
Section 4* DIRECT COMPENSATION PROPERTY DAMAGE	DIRECT COMPENSATION – PROPERTY DAMAGE DEDUCTIBLE APPLICABLE TO EACH SEPARATE AUTOMOBILE \$.....												\$			
*This policy contains a partial payment of recovery clause for property damage if a deductible is specified for Direct Compensation – Property Damage.																

**This policy contains a partial payment of loss clause.

Section 5** LOSS OF OR DAMAGE TO OWNED AUTOMOBILES	5.1.1	COLLISION OR UPSET	DEDUCTIBLE APPLICABLE TO EACH SEPARATE AUTOMOBILE \$				\$
		THE PREMIUM UNDER SUBSECTIONS 5.1.2; 5.1.3 AND 5.1.4 SHALL BE CALCULATED ON A MONTHLY AVERAGE BASIS <input type="checkbox"/> OR CO-INSURANCE BASIS OR <input type="checkbox"/> OTHER					
			LOCATION AS PER ITEM 1	SUBSECTIONS INSURED	LIMIT OF LIABILITY*	A DEDUCTIBLE APPLIES FOR EACH OCCURRENCE EXCEPT AS STATED IN YOUR POLICY	COMPANY USE ONLY
	5.1.2	COMPREHENSIVE (EXCLUDING COLLISION OR UPSET AND OPEN LOT THEFT)	(A)		\$	\$	\$
	5.1.3	SPECIFIED PERILS (EXCLUDING OPEN LOT THEFT)	(B)		\$	\$	\$
	5.1.4	SPECIFIED PERILS EXCLUDING THEFT	(C)		\$	\$	\$
			(D)		\$	\$	\$
*THE LIMIT OF LIABILITY FOR EACH AUTOMOBILE IS THE ACTUAL CASH VALUE AT THE TIME OF LOSS NOT EXCEEDING THE ACTUAL COST TO THE INSURED AND IS SUBJECT TO THE STATED LIMIT AND APPROPRIATE CO-INSURANCE CONDITIONS APPLICABLE TO THE MONTHLY AVERAGE BASIS OR CO-INSURANCE BASIS OF RATING.							
Section 6** LIABILITY FOR DAMAGE TO A CUSTOMER'S AUTOMOBILE WHILE IN THE CARE, CUSTODY OR CONTROL OF THE INSURED	6.1	COLLISION OR UPSET	LIMIT APPLICABLE TO ANY ONE CUSTOMER'S AUTOMOBILE \$		DEDUCTIBLE APPLICABLE TO EACH SEPARATE OCCURRENCE \$		\$
	6.4	SPECIFIED PERILS (EXCLUDING OPEN LOT THEFT)	LOCATION AS PER ITEM 1	MAXIMUM NUMBER OF CUSTOMERS AUTOMOBILES	LIMIT OF LIABILITY ANY ONE OCCURRENCE	A DEDUCTIBLE APPLIES FOR EACH OCCURRENCE EXCEPT AS STATED IN YOUR POLICY	COMPANY USE ONLY
			(A)				\$
			(B)		\$	\$	\$
			(C)		\$	\$	\$
		(D)		\$	\$	\$	
ENDORSEMENTS O.E.F. 81 – Garage Family Protection Endorsement					Limit Limits are the same as Section 1, or \$		\$
OTHER ENDORSEMENTS							\$
NAME AND ADDRESS OF LIENHOLDER OR MORTGAGEE TO WHOM, JOINTLY WITH THE INSURED, LOSS UNDER SECTION 4 & 5 IS PAYABLE.					MINIMUM RETAINED PREMIUM \$	TOTAL ADVANCE PREMIUM ▶	\$
						THE ADVANCE PREMIUMS ARE SUBJECT TO THE ADJUSTABLE PREMIUM COMPUTATION PROVISION IN THE POLICY.	

Warning: The *Insurance Act* provides that where (a) an Applicant for a contract, (i) gives false particular of the described automobile to be insured to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim under the contract, a claim by the Insured, for other than such statutory accident benefits as are set out in the Statutory Accident Benefits Schedule, is invalid and the right of the insured to recover indemnity is forfeited.

Warning – Offences

It is an offence under the *Insurance Act* to knowingly make a false or misleading statement or representation to an Insurer in connection with the person's entitlement to a benefit under a contract of insurance, or to willfully fail to inform the Insurer of a material change in circumstances within 14 days, in connection with such entitlement. The offence is punishable on conviction by a maximum fine of \$250,000 for the first offence and a maximum fine of \$500,000 for any subsequent conviction.

It is an offence under the federal *Criminal Code* for anyone to knowingly make or use a false document with the intent to be acted on as genuine and the offence is punishable, on conviction, by a maximum of 10 years imprisonment.

It is an offence under the federal *Criminal Code* for anyone, by deceit, falsehood or other dishonest act, to defraud or to attempt to defraud an insurance company. The offence is punishable, on conviction, by a maximum of 10 years imprisonment for cases involving an amount over \$5,000 or otherwise a maximum of 2 years imprisonment.

**CERTIFICATE OF INSURANCE – PART 2
PREMIUM COMPUTATION STATEMENT**

Issued to	Effective Date of Change Year Month Day	Policy Number
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It is agreed that the basis of rating applicable to arrive at the Advance Premiums identified in Item 5 of this Certificate of Insurance is outlined below for each applicable coverage. The Advance Premiums are subject to adjustment at the end of the Policy period.

INSURANCE COVERAGES (as per Item 5 of this Policy)	BASIS OF RATING	ADVANCE PREMIUM
<p align="center">SECTION 1 Third Party Liability</p>		
<p align="center">SECTION 2 Accident Benefits STANDARD BENEFITS Optional Increased Accident Benefits</p>	<input type="checkbox"/> Income Replacement (\$600/\$800/\$1,000) (up to \$_____ per week) <input type="checkbox"/> Caregiver, Housekeeping & Home Maintenance <input type="checkbox"/> Medical & Rehabilitation (\$100,000) <input type="checkbox"/> Attendant Care (\$72,000) <input type="checkbox"/> Medical, Rehabilitation (\$1,100,000) & Attendant Care (\$1,072,000) <input type="checkbox"/> Death & Funeral <input type="checkbox"/> Dependant Care <input type="checkbox"/> Indexation Benefit (Consumer Price Index)	
<p align="center">SECTION 3 Uninsured Automobile Coverage</p>		
<p align="center">SECTION 4 Direct Compensation – Property Damage</p>		
<p align="center">SECTION 5 Loss of or Damage to Owned Automobiles</p> <p>SUBSECTION 5.1.1 Collision or Upset</p> <p>SUBSECTION 5.1.2 Comprehensive</p> <p>SUBSECTION 5.1.3 Specified Perils</p> <p>SUBSECTION 5.1.4 Specified Perils Excluding Theft</p>		
<p align="center">SECTION 6 Liability for Damage to a Customer's Automobile while in the care, custody or control of the Insured.</p> <p>SUBSECTION 6.1 Collision or Upset</p> <p>SUBSECTION 6.4 Specified Perils (Excluding Open Lot Theft)</p>		
<p>O.E.F. 81 GARAGE FAMILY PROTECTION ENDORSEMENT ENDORSEMENTS:</p>		

This certificate is only valid if it is signed by an authorized representative of the Insurer.

Authorized Representative
