



HABITATIONAL INSURANCE APPLICATION

BILLING
 COMPANY BROKER/AGENT

INSURANCE COMPANY: **Economical Mutual Insurance Co**

QUOTE NEW RENEWAL

POLICY NUMBER: _____ BINDER NUMBER: _____

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS: **Chelsea Purves**
29 4 ST SE

2. BROKERAGE/AGENCY INFORMATION: **Thomson Schindle Green Ins**
100 Chinook Place 623 4th St

Medicine Hat AB POSTAL CODE T1A 0J7

CONTACT NUMBER(S) TYPE NO. TYPE NO.
 TYPE Cellular Pho NO. 403-332-2033 TYPE NO.

Medicine Hat AB POSTAL CODE T1A 0L1

BROKER CODE 2869 CONTACT NAME Stuart Green
 PHONE NO. 403-526-3283 FAX NO.

PREFERRED DOCUMENT LANGUAGE ENGLISH FRENCH

CONTRACT NUMBER 2869 SUB-CONTRACT NUMBER

EMAIL ADDRESS chelsea.purves@gmail.com GROUP / PROGRAM NAME GROUP ID

WEBSITE ADDRESS BROKER CLIENT ID PURVC01 COMPANY CLIENT ID

3. POLICY PERIOD

EFFECTIVE DATE 2016/10/21 TIME 12:01 A.M. P.M. EXPIRY DATE 2017/10/21 AT 12:01 A.M.

ALL TIMES ARE LOCAL TIMES AT THE APPLICANTS POSTAL ADDRESS STATED HEREIN.

4. APPLICANT DATA

INSURED NAME Chelsea Purves CO-INSURED NAME

OCCUPATION Medical Specialist e.g. Anaesthetist, Chiropractor OCCUPATION

YEARS CONTINUOUSLY EMPLOYED DATE OF BIRTH 1989/06/13 YEARS CONTINUOUSLY EMPLOYED DATE OF BIRTH

OCCUPANCY DATE 2016/10/21 IF OCCUPANCY DATE IS LESS THAN 3 YEARS, PROVIDE PREVIOUS ADDRESS

81 Hamptons Close SE Medicine Hat AB POSTAL CODE T1B 0C7

5. LOSS HISTORY CLAIMS HISTORY REPORT DATE

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS? YES NO IF YES, COMPLETE THE CHART BELOW

LOSS DATE	LOC. #	CAUSE	CLAIM SETTLED (Y/N)	PAID AMOUNT	POLICY NUMBER	INSURANCE COMPANY

6(A). POLICY HISTORY FIRST TIME INSURED

HAS ANY INSURANCE COMPANY REFUSED TO PROVIDE INSURANCE IN THE PAST 5 YEARS? YES NO

IF YES, INDICATE INSURANCE REFUSAL TYPE CANCELLED DECLINED REFUSED RENEWAL RESTRICTED COVERAGE

BY WHICH INSURANCE COMPANY _____ REASON _____

PREVIOUS INSURANCE COMPANY Industrial General POLICY NUMBER 7v1231199 EXPIRY DATE 2016/10/29

SINCE WHAT DATE HAS THE APPLICANT HAD HABITATIONAL INSURANCE WITH ANY INSURANCE COMPANY? _____ HAS IT BEEN CONTINUOUS? YES NO If no, please provide details in remarks.

6(B). CROSS REFERENCE INFORMATION

LIST OTHER POLICIES WITH THIS INSURANCE COMPANY

LINE OF BUSINESS _____ POLICY NUMBER _____

LINE OF BUSINESS _____ POLICY NUMBER _____



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PREMIUM TABLE
TOWN ID CODE
NO. OF ATTACHMENTS

UNDERWRITING INFORMATION LOC # 1

7. RISK ADDRESS SAME AS POSTAL ADDRESS

29 4 ST SE

Medicine Hat

AB

T1A 0J7

ACCESS: EASY ACCESS ROAD DIFFICULT ACCESS ROAD ISLAND ISOLATED RURAL OTHER

8. MORTGAGEE / LOSS PAYEE(S)
Computershare Trust Company of Canada c/o First National
100 University Ave Suite 700 N
Toronto ON M5J 1V6
NATURE OF INTEREST

9. RATING INFORMATION

REPLACEMENT COST EVALUATOR PRODUCT **238,350** YEAR BUILT **1912** # OF STOREYS **1 Storey** # OF FAMILIES **1** # OF UNITS **1** TOTAL LIVING AREA (excluding basement) **1,170** SQ. FT. SQ. M.

DATE EVALUATION COMPLETED (YYYY/MM/DD) **2016/10/17** SMOKER(S)? Y/N **N** DATE OF BIRTH OF ELDEST OCCUPANT (YYYY/MM/DD) RELATIONSHIP TO APPLICANT

OCCUPANCY		EXTERIOR WALL FRAMING		HEATING TYPE		SECURITY SYSTEM		Y/N	LOCAL	MONITORED
PRIMARY	<input checked="" type="checkbox"/>	WOOD FRAME	<input checked="" type="checkbox"/>	PRIMARY HEATING APPARATUS Furnace (Central)		FIRE		N		
SECONDARY		CONCRETE BLOCK / MASONRY FRAME		FUEL Natural Gas		BURGLAR		N		
SEASONAL		LOG		LOCATION Basement		SMOKE DETECTORS		Y		
RENTAL		FIRE RESISTIVE		AUXILIARY HEATING APPARATUS		DETECTOR TYPE		NO:		
VACANT				FUEL		MONITORED BY				
UNOCCUPIED		EXTERIOR WALL FINISH		LOCATION		ALARM CERTIFICATE ATTACHED		N		
UNDER CONSTRUCTION				NO. OF FACE CORDS PER YEAR		SPRINKLER		N		
		BRICK VENEER		HEATING UNIT PROFESSIONAL INSTALLATION				Y	SECURITY TYPE	
STRUCTURE TYPE/STYLE		VINYL SIDING	<input checked="" type="checkbox"/>	HEATING UNIT ULC, CSA, OR WH APPROVED		WATER MITIGATION MEASURES IN PLACE		N		
DETACHED	<input checked="" type="checkbox"/>	STUCCO		RADIANT HEATING AREA SQ.M.						
SEMI-DETACHED		STONE VENEER		MAKE _____ YEAR _____						
ROWHOUSE / TOWNHOUSE (END)		SOLID BRICK		OIL TANK		UPDATE YEAR		FULL (Y/Y)	PARTIAL (Y/Y)	
ROWHOUSE / TOWNHOUSE (INSIDE)		ALUMINUM/METAL SIDING		YEAR _____ <input type="checkbox"/> INSIDE <input type="checkbox"/> IN GROUND <input type="checkbox"/> OUTSIDE <input type="checkbox"/> ABOVE GROUND		HEATING		2015		
HIGHRISE		WOOD				ROOFING		2016		
MOBILE HOME						TYPE Asphalt Shingles				
MULTIPLEX				FIRE PROTECTION		ELECTRICAL _____ AMPS		2004		
				<input type="checkbox"/> UNPROTECTED <input type="checkbox"/> SUPERIOR SHUTTLE TANKER SERVICE		<input checked="" type="checkbox"/> BREAKERS <input type="checkbox"/> KNOB & TUBE <input type="checkbox"/> FUSES <input type="checkbox"/> ALUMINUM <input checked="" type="checkbox"/> COPPER				
FOUNDATION				Within 150 M. OF HYDRANT 10 kilometr KM. OF FIREHALL		PLUMBING		2004		
POURED CONCRETE		SLAB/CONCRETE SLAB		FIREHALL NAME: _____		COPPER 50 % PLASTIC 50 %				
CONCRETE BLOCK		STONE				GALVANIZED _____ %				
CRAWLSPACE		Basement	<input checked="" type="checkbox"/>							
FINISHED BASEMENT		20 %								

INTERIOR DETAILS	TYPE	%	TYPE	%	TYPE	%
INTERIOR WALL CONSTRUCTION						
INTERIOR FLOOR FINISH						
CEILING CONSTRUCTION						

ADDITIONAL INTERIOR DETAILS

WALL HEIGHT Ft. M. %

NUMBER OF KITCHENS: _____ NUMBER OF BATHROOMS: FULL _____ HALF _____

NO. QUALITY

_____ BUILDER'S GRADE CUSTOM _____

_____ BUILDER'S GRADE CUSTOM _____

SWIMMING POOL

YEAR _____ ABOVE GROUND WITH FENCE INDOOR IN GROUND WITHOUT FENCE

GARAGE / CARPORT

ATTACHED GARAGE? Y/N **N** SIZE - # OF CARS _____ BUILT-IN BASEMENT

ATTACHED CARPORT? Y/N **N** SIZE - # OF CARS _____

DETACHED OUTBUILDING(S)/OTHER STRUCTURE(S) (Additional limits required or any heated outbuildings)

STRUCTURE NO.	YEAR BUILT	STRUCTURE TYPE	EXTERIOR WALL FRAMING	HEATING APPARATUS	FUEL	TOTAL AREA <input type="checkbox"/> SQ. FT. <input type="checkbox"/> SQ. M.	VALUE (Included in detached private structure limit)



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COVERAGE AND LIABILITY EXTENSIONS LOC # 1

10. COVERAGE: FORMS, LIMITS & DEDUCTIBLES

PACKAGE FORM AND TYPE **Homeowners Comprehensive Form**

RATING PLAN **Standard**

DED. \$ **1,000**

DED. TYPE **Flat**

DWELLING BUILDING	DETACHED PRIVATE STRUCTURE	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENTS	VOLUNTARY PROPERTY DAMAGE	ESTIMATED BASE PREMIUM
\$ 238,350	\$ 23,835	\$ 166,845	\$ 47,670	\$ 1,000,000	\$ 5,000	\$ 1,000	\$ 1,112.00

11. ADDITIONAL COVERAGE (Specify rating information, limits, deductibles, etc.)

CODE	COVERAGE DESCRIPTION	COVERAGE REQUESTED Y/N	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					PREMIUM	
						1	2	3	4	5		
GUARR	GUARANTEED REPLACEMENT COST-BUILDING											
GRCE	REPLACEMENT COST ON CONTENTS											
	UNIT OWNERS BUILDING IMPROVEMENTS AND BETTERMENTS	<input type="checkbox"/> ALL RISK <input type="checkbox"/> NAMED PERILS										
	LOSS ASSESSMENT	<input type="checkbox"/> ALL RISK <input type="checkbox"/> NAMED PERILS										
CCLA	CONDOMINIUM CONTINGENT LEGAL LIABILITY											
HSL	SINGLE LIMIT											
SEWER	SEWER BACK-UP	Y	476700	1000	Flat							313.00
IDTFT	IDENTITY THEFT	Y	10000									
RENT	RENTAL INCOME											
BYLAW	BYLAWS ENDORSEMENT	Y	10000									
ERQK	EARTHQUAKE											
ERQKF	POST-EARTHQUAKE DAMAGE											
PERLI	PERSONAL LIABILITY (UMBRELLA)											
PAKRC	Replacement Cost Package											
OVERL	Overland	Y	476700	1000	Flat							
FDC	Fire Department Service Charge	Y	238350									
PREMIUM FOR THIS SECTION \$											313.00	

12(A). LIABILITY EXPOSURES (Yes answers require liability extension coverage or remarks explaining coverage declined.)

DO YOU OWN/ RENT MORE THAN ONE LOCATION?	N	DO YOU OWN ANY WATERCRAFT?	N
NUMBER OF WEEKS LOCATION RENTED TO OTHERS?		NUMBER OF FULL TIME RESIDENCE EMPLOYEES	
NUMBER OF ROOMS RENTED TO OTHERS?		IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE?	N
DAYCARE OPERATION - NUMBER OF CHILDREN		CO-OCCUPANT NAME	
DO YOU OWN A TRAMPOLINE?	N	IS THERE ANY KIND OF BUSINESS OPERATION?	N
DO YOU HAVE A GARDEN TRACTOR?	N	IF YES, DESCRIBE BUSINESS	
DO YOU HAVE A GOLF CART?	N	NUMBER OF DOGS IN THE HOUSEHOLD	
NUMBER OF SADDLE / DRAFT ANIMALS?		BREED(S) OF DOGS	
DO YOU HAVE ANY UNLICENSED RECREATIONAL VEHICLES?	N	OTHER EXPOSURES	
RENEWABLE ENERGY INSTALLATION ON PREMISES?	N		

12(B). LIABILITY EXTENSIONS FROM PRIMARY LOCATION

CODE	LIABILITY COVERAGE DESCRIPTION	AMOUNT OF INSURANCE	DEDUCTIBLE	DEDUCTIBLE TYPE	TYPE OF					PREMIUM	
					1	2	3	4	5		
PREMIUM FOR THIS SECTION \$											

13. DISCOUNTS AND SURCHARGES

DISCOUNTS AND SURCHARGES continued

CODE	DISCOUNTS AND SURCHARGES DESCRIPTION	%	APPLIED TO PREMIUM Y/N	PREMIUM	CODE	DISCOUNTS AND SURCHARGES DESCRIPTION	%	APPLIED TO PREMIUM Y/N	PREMIUM
PREMIUM FOR THIS SECTION \$									

TOTAL ESTIMATED PREMIUM THIS PAGE \$ 313.00

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14. PREMIUM INFORMATION					
TOTAL ESTIMATED POLICY PREMIUM	PROVINCIAL SALES TAX (if applicable)	PAYMENT PLAN	ESTIMATED INSTALLMENT AMOUNT	\$ / % ADDITIONAL CHARGES	TOTAL ESTIMATED COST
1,425.00		Monthly		<input type="checkbox"/> \$ <input type="checkbox"/> %	1,425.00

15. ATTACHMENTS					
ATTACHMENTS	DESCRIPTION	DATE COMPLETED	ATTACHMENTS	DESCRIPTION	DATE COMPLETED

16. REMARKS
<p>Comp Homeowners eff Oct 21/16 first time buyer. Chelsea is a Kinesiology technical advisor. Spoke with Mike Case number #319644. Home built in 1912 and 1947 addition. Roof Asphalt 2016. Electrical 2004, there is one place in attic with Knob & tube that is being replaced at time of purchase. Furnace 2015, Hot water tank 2015. Monthly pay 1st of the month. EZity attached. mortgage with Computershare Trust Company of Canada c/o First National LP, 100 University Ave Suite 700 North Tower Toronto ONT M5J 1V6</p>

17(A). FULL DISCLOSURE
<p>I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:</p>

<p>For all provinces and territories except Quebec: If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.</p>	<p>For Quebec: I am bound to represent all the facts known to me which are likely to materially influence an insurer in the settling of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.</p>
<p>For all provinces and territories: Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.</p>	

17(B). PERSONAL INFORMATION CONSENT
<p>For app provinces and territories except Newfoundland and Labrador: I have provided personal information in this document and otherwise (e.g., by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or the Insurer to collect, use and disclose any of this personal information, subject to my broker's or the Insurer's policy regarding personal information and claims history. I authorize my broker or the Insurer to collect, use and disclose any of this personal information, subject to my broker's or the Insurer's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, analyzing my information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is contained in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.</p>
<p>For Newfoundland and Labrador: I have provided personal information in this document and otherwise (e.g., by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to, my claims history. I authorize my broker or the Insurer to collect, use and disclose any of this personal information, subject to my broker's or the Insurer's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is contained in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.</p>
<p>Les Parties ont convenu que cette proposition et les documents connexes soient rédigés en anglais. The Parties have specifically agreed that this application and any attachments to this application be drawn in the English language.</p>

<p>SIGNATURE OF APPLICANT (Authorized for this purpose)</p>	DATE	SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE
X		X	

18. BROKER / AGENT QUESTIONNAIRE			
IS THIS BUSINESS NEW TO YOUR OFFICE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT?	2016/10/17
HAVE YOU BOUND THIS RISK?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS IN REMARKS	
HAVE YOU SEEN THE PRIMARY LOCATION?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN	
CONDITION OF PROPERTY		<input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	
BROKER / AGENT NAME (Please print)	SIGNATURE OF BROKER / AGENT		DATE
Stuart Green	Stuart Green <i>Stuart Green</i>		Oct 17/16



PAYMENT AUTHORIZATION AND PRE-AUTHORIZED DEBIT AGREEMENT

NEW REQUEST
 CHANGE OF EXISTING INFORMATION

INSURANCE COMPANY NAME AND POSTAL ADDRESS Economical Mutual Insurance Co		POLICY NUMBER	
1. APPLICANT'S FULL NAME AND POSTAL ADDRESS		2. BROKERAGE/AGENCY INFORMATION	
Chelsea Purves 29 4 ST SE Medicine Hat, AB POSTAL CODE T1A 0J7		Thomson Schindle Green Ins 100 Chinook Place 623 4th St & Financial Services Medicine Hat, AB POSTAL CODE T1A 0L1	
CONTACT NUMBER(S) TYPE HOME NO. TYPE FAX NO. TYPE BUSINESS NO. NO. 403-332-2033		BROKER CODE 2869 PHONE NO. 403-526-3283 CONTACT NAME Stuart Green	
PREFERRED DOCUMENT LANGUAGE <input checked="" type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH		CONTRACT NUMBER 2869 SUB-CONTRACT NUMBER	
EMAIL ADDRESS chelsea.purves@gmail.com		GROUP / PROGRAM NAME	
WEBSITE ADDRESS		BROKER CLIENT ID PURVC01	
COMPANY CLIENT ID			
3. POLICY PREMIUM DATA			
TOTAL ESTIMATED POLICY PREMIUM	PROVINCIAL SALES TAX (if applicable)	INSTALLMENT FEE	% (optional)
1425.00			
			TOTAL ESTIMATED COST
			1425.00
4. METHOD OF PAYMENT <input type="checkbox"/> SINGLE PAYMENT <input checked="" type="checkbox"/> PAYMENT PLAN PLAN TYPE Monthly			
5(A). CREDIT CARD INFORMATION - All credit cards listed below and/or credit card payment options may not be supported by the insurance company. Please refer to your broker and/or comp			
<input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DINERS CLUB <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> VISA			
CARD NUMBER		EXPIRY DATE	
NAME AS SHOWN ON CREDIT CARD		CARDHOLDER'S SIGNATURE (if different from authorized signature below)	
YOUR PREMIUM WILL BE CHARGED TO YOUR CREDIT CARD AND WILL APPEAR ON YOUR STATEMENT AS _____			
<input type="checkbox"/> FOR DOWNPAYMENT ONLY			
5(B). BANK ACCOUNT INFORMATION (NAME AND POSTAL ADDRESS)			
FINANCIAL INSTITUTION		ACCOUNT HOLDER	
ACCOUNT INFORMATION (Account must provide chequing privileges)		TRANSIT NUMBER	ACCOUNT NUMBER
ATTACH VOID CHEQUE		INSTITUTION NUMBER	POSTAL CODE
ACCOUNT HOLDER'S SIGNATURE (if different from authorized signature below)		ACCOUNT HOLDER'S SIGNATURE (if different from authorized signature below)	DATE
6. PAYMENT DETAILS			
DOWNPAYMENT AMOUNT (IF APPLICABLE) \$	INSURANCE COMPANY ADDITIONAL CHARGES \$	TYPE OF CHARGES	
<input checked="" type="checkbox"/> PERSONAL <input type="checkbox"/> BUSINESS	BROKER ADDITIONAL CHARGES \$	TYPE OF CHARGES	
FULL PAYMENT AMOUNT \$	INSTALLMENT AMOUNT (Estimated amount) \$	NEXT PAYMENT DATE (PREFERRED WITHDRAWAL DATE) 2016/11/01	
<small>(If date is not applicable, payment will be defaulted to Insurer's closest standard withdrawal date)</small>			
7. CONSENT AND DISCLOSURE			
MY / OUR SIGNATURE CONFIRMS THAT:			
1) I/We have been provided with details of and understand the terms and conditions of the payment plan by automatic withdrawals from my/our financial institution account and/or credit card.			
2) I/We hereby authorize the named financial institution above to debit my/our account for all payments payable to: _____ in payment of the insurance premiums and any applicable charges and taxes.			
3) I/We understand that this authorization may be cancelled by me/us upon written notice, subject to a period which shall not exceed 30 days. I/We may obtain a sample cancellation form, or further information on my/our right to cancel a payment authorization agreement, at my/our financial institution or by visiting www.cdnpay.ca.			
4) I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this payment authorization agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.			
5) I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this authorization.			
6) I/We agree that, if there is a change in premium due to a change in coverage, rate, or upon renewal, the amount of the monthly withdrawal will automatically be changed.			
7) I/We will ensure that funds are available on each due date and understand that Dishonoured Funds transactions may result in one or all of the following:			
1. A second presentation or attempt to withdraw funds			
2. A second withdrawal notice			
3. Cancellation of the policy			

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INSURANCE COMPANY NAME AND POSTAL ADDRESS

Economic Mutual Insurance Co

POLICY NUMBER

7. CONSENT AND DISCLOSURE (continued)

- 8) I/We acknowledge that the rights and obligations provided in accordance with the Canadian Payments Association Rule H1 concerns only pre-authorized debits, not recurring charges to credit cards.
- 9) I/We agree that, for pre-authorized debits, only the insured shall receive written notice from the Insurer of the amount to be debited and the due date, at least 10 calendar days prior to the date of the first payment, and any change in the amount or date of the payment.
- 10) I/We waive the right to obtain written notice from Insurer, of the amount to be debited and the due date(s) of debiting, at least 10 calendar days prior to the date of the payment, even when there is a change in the amount or payment date(s).
- 11) I/We undertake to inform the Insurer, in writing, of any change in the account information provided in this authorization 10 calendar days prior to the next payment due date.
- 12) The account that my/our financial institution is authorized to draw upon is indicated above. A specimen cheque marked "void" or bank issued account information form is attached to this authorization.
- 13) I/We acknowledge that the Insurer is not required to verify that the pre-authorized debit was issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.
- 14) I/We understand that this authorization is continuous and will automatically apply to the renewal terms, unless instructed differently.
- 15) I/We authorize the Insurer to collect or use my/our personal information for the purpose of this authorization for automatic withdrawals for payment of the insurance premiums. I/We authorize the Insurer to disclose any personal information contained in this authorization form to its financial institution to the extent disclosure is directly related to and necessary for the proper execution of the pre-authorized debit transaction for the policy number noted above.
- 16) I/We may obtain a copy of or ask questions about the broker's and the Insurer's personal information policies by contacting their respective privacy officers.
- 17) I/We may withdraw my/our consent to collect, use or disclose my/our personal information for the purpose of this authorization for automatic withdrawals for payment of the insurance premiums. Withdrawal of my/our consent will result in cancellation of this authorization for automatic withdrawals for payment of the insurance premiums, in which case the insured must make other arrangements for payment of the insurance premiums.
- 18) I/We have received a copy of this authorization and have read and understand these terms and conditions.

Please note that a transaction fee may apply to any "Dishonoured Funds".

 AUTHORIZED SIGNATURE

DATE

 AUTHORIZED SIGNATURE

DATE

1st of the month.