

Certificate Of Automobile Insurance

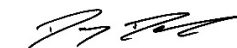
This Certificate is proof of a contract of insurance between the Named Insured and the Insurer, subject in all respects to the Ontario Automobile Policy (OAP 1). In return for the premium charged and the statements contained in the Application, the contract provides the coverage outlined in this Certificate. You only have a particular coverage for a specific automobile if this Certificate shows a premium for it, or shows the coverage is provided at no cost. All other terms of the Policy remain the same unless stated otherwise in this Certificate. Your Insurer will provide you with a copy of the Policy if you request it. This Certificate is only valid if it is signed by an authorized representative of the Insurer.

Intact Insurance Company,
(Hereinafter Called The Insurer)

Page 1 of 3

| | | | | | | | | | | |
|--|---|---|--------------------|--|----------------------|--|---|---|-----------------------------------|---------------------------------------|
| Broker | | No. 51580 | | Billing Method Direct | | Policy Number 7J8013172 | | Reason for Issuance | | |
| Name/Address of Insured Named Insureds as per Schedule 1 111 Sutter Street 13 th Floor San Francisco, California 94104 | | | | Lessor's Name and Address As per Lessors Schedule (For Carsharing-Ontario) Attached | | | | | | |
| Policy Period From 12:01 a.m. | | D M YR 19 04 2021 | | To 12:01 a.m. | | D M YR 19 06 2021 | | All times are local times at the Named Insured's primary address shown on this Certificate. | | |
| DESCRIBED AUTOMOBILES | | | | | | | | | | |
| Auto No. | Model Year | Trade Name/Model | | Body Type | V.I.N./Serial Number | # of Cyl | C.C. | Gross Vehicle Weight Rating | Price | |
| Described Automobiles as defined in Schedule 1 | | | | | | | | | | |
| Lienholders (to whom loss may be jointly payable) As per Lienholders (to whom loss may be jointly payable) Schedule (For Carsharing-Ontario) Attached | | | | | | | | | | |
| RATING INFORMATION | | | | | | | | | | |
| Auto No | Class | Driving Record BI FD/DCPD AB COLL/AP | | | Vehicle Code | Rate Group ACC. BEN DCPD COLL/AP COMP/SP | | Territory | Com. Co. Use | At Fault Claims/Convictions Surcharge |
| As per IPCF 21B1 – Blanket Fleet Coverage for Ontario Carsharing Endorsement Attached | | | | | | | | | | |
| INSURANCE COVERAGES: | | | LIABILITY | | | OPCF 44R | | ACCIDENT BENEFITS | | |
| Perils | Auto No. | Liability Limits | | Bodily Injury | Property Damage | Direct Compensation - Property Damage * | | Family Protection Endorsement | Standard Benefits | Uninsured Automobile |
| Limit | | \$2,000,000 | | | | *This policy contains a partial payment of recovery clause for property damage if a deductible is specified for direct compensation - property damage. | | Limits are the same as Liability Section unless Otherwise specified. | As stated in Section 4 of Policy. | As stated in Section 5 of Policy. |
| Deductible | As per IPCF 21B1 – Blanket Fleet Coverage for Ontario Carsharing Endorsement Attached | | | | | | | | | |
| Prem in Doll. | | | | INCL. | INCL. | INCL. | INCL. | INCL. | INCL. | |
| LOSS OR DAMAGE** | | | | | | POLICY CHANGE FORMS & OPTIONAL ACCIDENT BENEFITS TOTAL PER AUTOMOBILE | | TOTAL PREMIUM PER AUTOMOBILE | | |
| **This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy. | | | | | | See reverse side of document for details of Policy Change Forms & Optional Increased Accident Benefits. | | | | |
| Perils | Auto No. | All Perils | Collision or Upset | Excluding Collision or Upset Comprehensive | Specified Perils | Total Loss or Damage Premium | FORM # | | | |
| Deductible | As per IPCF 21B1 – Blanket Fleet Coverage for Ontario Carsharing Endorsement Attached | | | | | | As per IPCF 21B1 – Blanket Fleet Coverage for Ontario Carsharing Endorsement Attached | | | |
| Prem in Doll. | | | INCL. | INCL. | | | As per IPCF 21B1 – Blanket Fleet Coverage for Ontario Carsharing Endorsement Attached | | | |
| Remarks: | | | | | | TOTAL POLICY PREMIUM | | \$ INCL. | | |
| | | | | | | MINIMUM NON-REFUNDABLE PREMIUM | | \$ INCL. | | |
| Please read reverse side for additional information on the rating of your policy. This is your Certificate of Automobile Insurance. Contact your Broker/Agent with any questions or if you require clarification regarding your coverage choices. | | | | | | For 24/7 CLAIMS SERVICE 1-866-235-2425 | | | | |

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of the Insurer's insurance business in Canada.



AUTHORIZED REPRESENTATIVE

Processed Date:

| | | | | |
|---|----------------------|--|----------------------------|---|
| Broker | No. 51580 | Billing Method Direct | Policy Number 7J8013172 | Reason for Issuance |
| Named Insured and Primary Address Named Insureds as per Schedule 1 111 Sutter Street 13th Floor San Francisco, California 94104 | | Lessor's Name and Address As per Lessors Schedule (For Carsharing-Ontario) Attached | | |
| Policy Period From 12:01 a.m. | D M YR 19 04 2021 | To 12:01 a.m. | D M YR 19 06 2021 | All times are local times at the Named Insured's primary address shown on this Certificate. |

| Driver Information | | | | | |
|-------------------------|-------------|-----------------------|-----------|------------|-----------------------|
| Driver No. | Driver Name | Assignment To Vehicle | | | Territory Description |
| | | Principal | Secondary | Occasional | |
| As known to the insurer | | | | | |

With limits as stated in Section 4 of Policy, the following Optional Increased Accident Benefits will be listed if purchased: Caregiver, Housekeeping & Home Maintenance; Medical & Rehabilitation & Attendant Care (\$130,000/\$1,000,000); Optional Catastrophic Impairment (additional \$1,000,000 added to Standard Benefit or Optional Medical, Rehabilitation & Attendant Care Benefit); Death & Funeral; Dependant Care; Indexation Benefit (Consumer Price Index). Income Replacement (\$600/\$800/\$1000) will be listed with selected limit if purchased.

Policy Change Forms, Surcharges, Discounts, Other Messages

The premium for Uninsured Automobile is included and accounts for 5% of the Accident Benefits (Standard Benefits) premium indicated.

The premium for Liability - Property Damage is included and accounts for 5% of the Bodily Injury premium indicated.

| Type of Use or Description of Automobiles | Form No. | Limit | Premium per Automobile |
|---|---|--|------------------------|
| As defined in Schedule 1. | OPCF 44R FAMILY PROTECTION COVERAGE | \$2,000,000 | INCLUDED |
| | IPCF 5C CARSHARING ENDORSEMENT | As per IPCF 5C endorsement attached. | INCLUDED |
| | OPCF 43 REMOVING DEPRECIATION DEDUCTION | As per OPCF 43 endorsement attached. | INCLUDED |
| | OPCF 20 COVERAGE FOR TRANSPORTATION REPLACEMENT | \$75 LIMIT/DAY, \$500 LIMIT/OCCURANCE | INCLUDED |
| | IPCF 5D CONVERSION COVERAGE FOR CARSHARING (RENTED OR LEASED AUTOMOBILES) | As per IPCF 5D endorsement attached. | INCLUDED |
| | IPCF 21B1 BLANKET FLEET COVERAGE FOR ONTARIO CARSHARING ENDORSEMENT | As per IPCF 21B1 endorsement attached. | INCLUDED |

| | | | | |
|---|--------------|--|----------------------------|--|
| Broker | No. 51580 | Billing Method Direct | Policy Number 7J8013172 | Reason for Issuance |
| Named Insured and Primary Address Named Insureds as per Schedule 1 111 Sutter Street 13th Floor San Francisco, California 94104 | | Lessor's Name and Address As per Lessors Schedule (For Carsharing-Ontario) Attached | | |
| Policy Period From 12:01 a.m. | D 19 | M 04 | YR 2021 | To 12:01 a.m. D 19 M 06 YR 2021 |
| All times are local times at the Named Insured's postal address shown on this Certificate. | | | | |

This is a brief explanation of the insurance outlined in this Certificate.

Liability - Provides coverage for you or other insured persons if someone else is killed or injured or their property is damaged in an automobile incident. It will pay for legitimate claims against you or other insured persons up to the limit of your coverage, and the cost of settling claims.

Accident Benefits - Your insurance company is obligated to explain details of Accident Benefits coverage to you.

Provides benefits that you and other insured persons are entitled to receive if injured or killed in an automobile accident. These benefits may include: income replacement for persons who have lost income; payments to non-earners who suffer complete inability to carry on a normal life; payment of medical, rehabilitation and attendant care expenses; payment of certain other expenses; payment of funeral expenses and payments to survivors of a person who is killed. You may also purchase optional benefits to increase the standard level of benefits provided in the policy. The optional benefits your insurance company must offer are: income replacement; medical, rehabilitation and attendant care; optional catastrophic impairment; caregiver, housekeeping and home maintenance; death and funeral; dependant care; and an indexing benefit.

Uninsured Automobile - Provides coverage if you or other insured persons are injured or killed by an uninsured motorist or by a hit-and-run driver. It covers damage to your automobile and its contents caused by an identified uninsured motorist.

Direct Compensation - Property Damage - Provides coverage in Ontario, under certain conditions, for damage to your automobile and to property it is carrying, when another motorist is responsible. It is called Direct Compensation because you will collect from us, your insurance company, even though you are not at fault for the accident. There may be a deductible amount, and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium.

Loss or Damage - Provides a selection of optional coverages for your own automobile. Payments cover direct and accidental loss of, or damage to, a described automobile and its equipment. There is usually a deductible amount indicated for each coverage and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium. There are four types of coverages:

Specified Perils: Covers the described automobile against loss or damage caused by certain specific perils. They are fire; theft or attempted theft; lightning; windstorm; hail or rising water; earthquake; explosion; riot or civil disturbance; falling or forced landing of aircraft or parts of aircraft; or the stranding, sinking, burning, derailment or collision of any kind of transport in or upon which the described automobile is being transported.

Comprehensive: Covers a described automobile against loss or damage other than those covered by Collision or Upset, including perils listed under Specified Perils, falling or flying objects, missiles and vandalism.

Collision or Upset: Covers damage when a described automobile is involved in a collision with another object or tips over.

All Perils: Combines the Collision or Upset and Comprehensive coverages.

THIS CERTIFICATE CONTAINS IMPORTANT INFORMATION ABOUT YOUR AUTOMOBILE INSURANCE.

Warning: *The Insurance Act* provides that where (a) an Applicant for a contract, (i) gives false particulars 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 wilfully 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 wilfully 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 it 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 14 years imprisonment for cases involving an amount over \$5,000 or otherwise a maximum of 2 years imprisonment.

Cancellation Request (To be filled out and sign in the event of cancellation).

In consideration of the return of unearned premium, to follow if any, this policy is hereby cancelled and surrendered, and the interim and renewal certificate, if any, for same, acknowledged to be of no effect.

Time _____ a.m.

_____ p.m.

Effective Date of Cancellation

Signature of Insured

Signature of Lienholder/Mortgagee/Lessor