



Values in the right place

1225 St-Charles Street West, Suite 200  
 Longueuil QC J4K 0B9

**POLICY #1NM95**

In consideration of the statements set forth in the Schedule and in consideration of the payment of premium in accordance with the section entitled "Premium", SSQ Insurance Company Inc. (hereinafter called the "Insurer") agrees with:

Name: **Curl BC**

(Hereinafter called the "Policyholder")

Address: 2001A – 3713 Kensington Ave.  
 Burnaby, British Columbia  
 V5B 0A7

to insure eligible persons of the Policyholder (hereinafter individually called the "Insured Person") for whom application is made for Loss resulting from Injury, to the extent herein provided and subject to all of the exceptions, limitations and provisions of this policy.

**Schedule**

<b>Principal Sum</b>	<b>Accident Reimbursement Expense</b>	<b>Accidental Dental Expense</b>	<b>Fracture Indemnity</b>
\$10,000	\$10,000	\$5,000	\$3,000
<b>Emergency Taxi Benefit</b>	<b>Rehabilitation Indemnity</b>	<b>Tutorial Fees</b>	<b>Sport</b>
\$50	\$5,000	\$2,000	Curling
<b>Term Premium</b>	<b>Minimum Retained Premium</b>	<b>Aggregate Limit</b>	
\$1,000	\$750	\$500,000	
<b>Effective Date: September 1, 2016</b>		<b>Expiry Date: September 1, 2017</b>	

### **Effective Date And Policy Term**

As stated in the Schedule, this policy takes effect at 12:01 a.m., Standard Time, at the address of the Policyholder. It continues in force for the period for which premium has been paid and terminates at the address of the Policyholder at 12:01 a.m., Standard Time, on the Expiry Date stated in the Schedule.

### **Premium**

This policy is issued in consideration of the payment in advance of a deposit premium of \$1,000 subject to a Minimum Retained Premium stated in the Schedule.

The Policyholder will report to the Insurer or its authorized agent, on the Effective Date and on each renewal date of this policy, and once the annual enrolment is completed, the number of persons to be insured.

This report will enable the Insurer to adjust the deposit premium at the following rates based on the Policyholder's registered membership enrolment.

<u>Enrollment (%)</u>	<u>Rate Per Person</u>
50% or more	\$1.00
25-49%	\$1.25
Less than 25%	\$1.50
Drop-In Players	\$1.00
Coaches, officials, volunteers and instructors	\$1.00

### **Renewal**

This policy may be renewed subject to consent of the Insurer for further consecutive terms on payment of premium at the rate(s) and in the amount determined at the time of renewal.

The Insurer reserves the right to decline renewal of this policy by giving written notice to the Policyholder of such declination at least thirty (30) days prior to such date.

### **Definitions**

Throughout the Policy, the male pronoun will be construed as the feminine when the person is a female.

"Accident" means a sudden and unexpected mishap or event in which an Insured Person is involved and which directly results in an Injury to the Insured Person.

"Hospital" means an institution licensed as a hospital within the jurisdiction in which it operates. To qualify under this definition, a hospital must be an active treatment hospital open at all times for

the care and treatment of sick and injured persons, have a staff of one (1) or more Physicians available at all times, provide twenty-four (24) hour nursing service by graduate registered nurses and have organized facilities for diagnostics and surgery. A facility which is primarily a clinic, rest home, nursing home, convalescent hospital or similar establishment is not a Hospital. For the purposes of this definition, a Hospital will include a facility or part of a facility used for rehabilitative care.

"Immediate Family Member" means a person at least eighteen (18) years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, aunt, nephew, niece, grandson, granddaughter, grandfather, grandmother (all of the above include natural, adopted or step relationships) or the spouse of an Insured Person.

"Injury" means bodily injury caused by an Accident occurring while this policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by this policy, but in no event shall injury mean Sickness or Disease howsoever caused unless caused by an Accident and provided such injury is sustained by the Insured Person while and in consequence of:

- (a) participating in a practice session, game or activity of the Sport(s) for which coverage is indicated in the Schedule, which session, game or activity is approved by and under the supervision of proper authority of the team, club, or organization of the Policyholder of which the Insured Person is a registered participant; or
- (b) travelling directly to or from such practice session, game or activity with other Insured Persons, under the supervision of proper authority of the team, club, or organization of the Policyholder of which the Insured Person is a registered participant.

"Nurse" means a graduate registered nurse (R.N.) or nurse who is licensed to practise nursing service by a governmental agency having jurisdiction over such licensing. Nurse is neither the Insured Person himself nor an Immediate Family Member.

"Physician" means an individual who is legally licensed to practice medicine and provide treatment within the scope of his licence by:

- (a) a recognized medical licensing organization in the jurisdiction where the treatment is rendered, provided he is a member in good standing of such licensing body, or
- (b) a governmental agency having jurisdiction over such licensing where the treatment was rendered.

The Physician must not ordinarily reside in the Insured Person's residence. The Physician must not be an Insured Person, an Immediate Family Member or business associate of an Insured Person.

"Policy" means Policy #1NM95 any endorsements and attached papers.

"Principal Sum" means the amount indicated in the Schedule of Benefits.

"Regular Care and Attendance" means observation and treatment to the extent necessary under existing and recognized standards of medical practice.

"Residence" means both the dwelling of which an Insured Person is an occupant and the premises on which it is situated.

"Sickness or Disease" means the alteration of a person's state of health resulting from internal or external cause(s), creating objectively verifiable symptoms and/or signs, and revealing itself by the impairment of physiological or mental functions.

"Spouse" means an individual under the age of seventy (70):

- (a) who is legally married to or in a civil union with the Insured Person; or
- (b) with whom the Insured Person has continuously cohabited in a conjugal relationship for a minimum of one (1) year immediately before the date of the event insured against.

However, if an individual is the biological or adoptive mother or father of at least one of the children of the Insured Person and is cohabitating with the Insured Person, the individual shall be deemed to be a Spouse from the date of birth or adoption of that child, if that date precedes the end of the period of one (1) year of cohabitation.

Only one (1) individual qualifies as the Spouse of any Insured Person. If the Insured Person is legally married or in a civil union but is also cohabiting with an individual as described under Item (b) above, the Insured Person may elect in writing which one of the individuals will qualify as a Spouse under the Policy. This election must be filed with the Policyholder. The Insurer will not be bound by an election not filed before the occurrence of the event insured against. If an election is not filed, the Spouse will be the individual to whom the Insured Person is legally married or in a civil union.

"Transportation" means conveyance from one place to another by private or public Motorized Vehicle, bus, train, boat, ferry, airplane or helicopter.

**Eligibility For Insurance**

All registered members, coaches, officials, volunteers and instructors of the Policyholder including Drop-In Players who have registered with the Policyholder and whose names are on file with the Policyholder, are eligible for insurance hereunder.

**Specific Loss Accident Indemnity**

When Injury results in any of the following losses within three hundred and sixty-five (365) days after the date of the Accident, the Insurer will pay:

For Loss of

Life.....	The Principal Sum
The Entire Sight of Both Eyes .....	Two Times the Principal Sum
Speech and Hearing in Both Ears .....	Two Times the Principal Sum
One Hand and the Entire Sight of One Eye .....	Two Times the Principal Sum
One Foot and the Entire Sight of One Eye.....	Two Times the Principal Sum

The Entire Sight of One Eye.....	One and One-Third Times the Principal Sum
Speech .....	One and One-Third Times the Principal Sum
Hearing in Both Ears .....	One and One-Third Times the Principal Sum
Hearing in One Ear.....	Two-Thirds of the Principal Sum
All Toes of One Foot .....	One-Half of the Principal Sum

For Loss or Loss of Use of

Both Hands.....	Two Times the Principal Sum
Both Feet.....	Two Times the Principal Sum
One Hand and One Foot.....	Two Times the Principal Sum
One Arm .....	One and One-Half Times the Principal Sum
One Leg.....	One and One-Half Times the Principal Sum
One Hand .....	One and One-Third Times the Principal Sum
One Foot .....	One and One-Third Times the Principal Sum
Thumb and Index Finger or at Least Four Fingers of One Hand.....	Two-Thirds of the Principal Sum

For Paralysis of

Both Upper and Lower Limbs (Quadriplegia) .....	Two Times the Principal Sum
Both Lower Limbs (Paraplegia) .....	Two Times the Principal Sum
Upper and Lower Limbs of One Side of Body (Hemiplegia) .....	Two Times the Principal Sum

“Loss of Life” means the death of the Insured Person.

"Loss" as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint, but below the elbow or knee joint; as used with reference to arm or leg means complete severance through or above the elbow or knee joint; as used with reference to thumb means the complete severance of one (1) entire phalanx of the thumb; as used with reference to finger means the complete severance of two (2) entire phalanges of the finger; as used with reference to toe means the complete severance of one (1) entire phalanx of the big toe and all phalanges of the other toes; as used with reference to eye means the irrecoverable loss of the entire sight thereof.

"Loss" as above used with reference to speech means complete and irrecoverable loss of the ability to utter intelligible sounds; as used with reference to hearing means complete and irrecoverable loss of hearing.

“Paralysis” means the loss of ability to move all or part of the body.

“Quadriplegia” means the permanent Paralysis and functional loss of use of both upper and lower limbs.

“Paraplegia” means the permanent Paralysis and functional loss of use of both lower limbs.

“Hemiplegia” means the permanent Paralysis and functional loss of use of upper and lower limbs on the same side of the body.

"Loss" as above used with reference to loss of use means the total and irrecoverable loss of use, provided the loss is continuous for twelve (12) consecutive months and such loss of use is determined to be permanent at the end of such period.

Indemnity provided under this section will not be paid under any circumstances for more than one (1) of the Losses, the greatest, sustained by any one (1) Insured Person as the result of any one (1) Accident. In the event Loss of Life occurs within ninety (90) days after the date of the Accident, the maximum amount payable will be the Principal Sum.

### **Accident Reimbursement Expense**

When by reason of Injury, an Insured Person requires and receives medical treatment within thirty (30) days from the date of the Accident and incurs expenses for any of the following services or supplies, while under the Regular Care and Attendance of a Physician with respect to Items 1 to 7:

- (1) Hospital charges for the difference between the public ward allowance under the Insured Person's Provincial Hospital Plan and the semi-private accommodation charge (private accommodation charge if recommended by a Physician);
- (2) expenses for the services of a Nurse ordered or prescribed by a Physician, provided such Nurse does not ordinarily reside in the Insured Person's Residence, subject to a maximum of five thousand dollars (\$5,000) per Accident;
- (3) expenses for prescription drugs, sera and vaccines, obtainable only upon a written prescription by a Physician or legally qualified dentist and dispensed by a registered pharmacist or Physician, but excluding any charges made for the administration of injectable drugs, sera and vaccines, subject to a dispensing maximum of a thirty (30) day supply;
- (4) expenses charged for the services of a licensed professional physiotherapist or certified athletic sports therapist ordered or prescribed by a Physician, provided such physiotherapist or sports therapist does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of five hundred dollars (\$500) per Accident;
- (5) expenses for a licensed ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire, including air ambulance, to or from the nearest Hospital which is equipped to provide the required treatment, subject to a maximum of one thousand dollars (\$1,000) per Accident;
- (6) expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including replacement thereof; braces do not include dental braces and are subject to a maximum of seven hundred and fifty dollars (\$750) per policy term;
- (7) expenses for rental of a wheelchair, an iron lung and other durable equipment for temporary therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary, subject to a maximum of five thousand dollars (\$5,000) per Accident;

- (8) expenses for the services of a licensed chiropractor, provided such chiropractor does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, subject to a maximum of five hundred dollars (\$500) per Accident.

The Insurer will pay the reasonable and customary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the Accident, not to exceed the amount of Accident Reimbursement Expense stated in the Schedule as the result of any one (1) Accident.

### **Accidental Dental Expense**

When Injury to whole and sound teeth (capped or crowned teeth will, for the purposes of this policy, be considered whole and sound), due to a force or blow external to the mouth, requires treatment, replacement or x-rays by a legally qualified dentist or oral surgeon who does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, the Insurer will pay the reasonable and necessary expenses actually incurred by the Insured Person within fifty-two (52) weeks after the date of the Accident for such treatment or services, but not to exceed the Accidental Dental Expense maximum stated in the Schedule as the result of any one (1) Accident, provided the Insured Person consults with the dentist or oral surgeon within thirty (30) days from the date of the Accident.

Any payments made under this section will be in accordance with the current Fee Guide for General Practitioners published by the Dental Association in the province or territory of the Insured Person's Residence.

### **Fracture, Dislocation, Tendon Severance And Miscellaneous Indemnity**

When Injury results in any of the following fractures, dislocations, severances or miscellaneous conditions within three hundred and sixty-five (365) days after the date of the Accident, the Insurer will pay up to the Fracture Indemnity maximum stated in the Schedule in accordance with the percentages indicated below but not more than one (1) such indemnity, the largest, will be payable as the result of any one (1) Accident.

For complete fracture (including Greenstick type fracture):

	Percentage of Fracture Indemnity
Of the skull (depressed) .....	100%
Of the skull (not depressed) .....	33%
Of the spine (one or more vertebrae) .....	50%
Of the jawbone (mandible or maxilla) .....	33%
Of the thigh (femur) .....	33%
Of the pelvis.....	33%
Of the knee cap .....	27%
Of the lower leg .....	25%
Of the shoulder blade .....	25%
Of the ankle (small bones) .....	25%
Of the wrist (small bones).....	25%
Of the forearm (compound or comminuted) .....	23%
Of the forearm (not compound).....	12%

Of the sacrum or coccyx.....	17%
Of the sternum.....	17%
Of the arm, between elbow and shoulder.....	17%
Of the collarbone.....	12%
Of the nose.....	12%
Of two or more ribs.....	10%
Of one hand (one or more metacarpals).....	8%
Of one foot (one or more metatarsals).....	8%
Of the facial bones.....	8%
Of one rib.....	5%
Of any bone not specified above.....	3%

For complete dislocation:

Of the hip.....	42%
Of the knee (with open primary repair).....	33%
Of the shoulder (with open reduction).....	25%
Of the wrist.....	17%
Of the ankle.....	17%
Of the elbow.....	12%
Of the bones of foot, other than toes.....	8%

Severance of tendon or tendons:

Heel (achilles).....	22%
Ankle.....	20%
Knee.....	18%
Foot (not toes).....	17%
Elbow.....	17%
Wrist.....	12%
Hand (including fingers).....	12%

Miscellaneous:

Ruptured kidney (operative).....	27%
Ruptured liver (operative).....	27%
Ruptured spleen (operative).....	27%
Punctured lung-with open surgery.....	23%
Burns-requiring one or more skin grafts.....	22%
Knee-injured and requiring surgery (when there is no fracture or dislocation).....	22%
Bone operation-injured portion removed (when there is no fracture or dislocation).....	20%

**Emergency Taxi Benefit**

When, due to Injury, an Insured Person requires immediate medical attention, the Insurer will pay the reasonable expenses actually incurred for a licensed taxi to transport the Insured Person to either a Physician's office or the nearest Hospital, subject to the maximum amount of Emergency Taxi Benefit stated in the Schedule as the result of any one (1) Accident.



### **Rehabilitation Indemnity**

In the event an Insured Person sustains an Injury which results in a Loss payable under the section entitled "Specific Loss Accident Indemnity" of this policy, and such Injury requires that the Insured Person participate in a rehabilitation program in order to be qualified to engage in an occupation in which he would not have engaged except for such Injury, the Insurer will pay the reasonable and necessary expenses actually incurred within three (3) years from the date of Loss by the Insured Person for such program.

Payment by the Insurer for the total of all expenses incurred by any Insured Person will not exceed the amount of Rehabilitation Indemnity stated in the Schedule as the result of any one (1) Accident. Payment will not be made for room, board or other ordinary living, travelling or clothing expenses.

### **Tutorial Fees**

When, within thirty (30) days from the date of the Accident, Injury totally confines an Insured Person to Residence or Hospital for a period in excess of forty (40) consecutive school days, the Insurer will pay the expenses incurred, within twelve (12) months immediately following the date of the Accident, for the tutorial services of a qualified teacher, who does not ordinarily reside in the Insured Person's Residence and is not an Immediate Family Member, holding a current Provincial

Department of Education Teaching Certificate for the grade attained by the Insured Person, up to a maximum rate of twenty dollars (\$20) per hour, but not to exceed the amount of Tutorial Fees stated in the Schedule as the result of any one (1) Accident.

### **Aircraft Coverage**

Insurance provided under this policy includes Injury sustained while and in consequence of:

- (a) riding as a passenger, and not as a pilot, operator or member of the crew in or on any aircraft operated on a regular, special or chartered flight by a domestic or international scheduled air carrier, licensed by the Department of Transport of Canada or the governmental authority having jurisdiction over such air carrier in the country of its registry.
- (b) riding as a passenger, and not as a pilot, operator or member of the crew in or on any aircraft operated by the Canadian Armed Forces or by a similar military service of any duly constituted governmental authority of any other recognized country.
- (c) boarding or alighting from or being struck by any aircraft.

Notwithstanding (a) and (b) above, this policy excludes Injury sustained while and in consequence of riding in or on any aircraft owned, operated, leased or chartered by or on behalf of the Policyholder.

### **Exposure And Disappearance**

If, by reason of an Accident covered by this policy, an Insured Person is unavoidably exposed to the elements and, as the result of such exposure, suffers a loss for which indemnity is otherwise payable hereunder, such loss will be covered under the terms of this policy.

If the Insured Person is not found within one (1) year after the date of the disappearance, sinking or wrecking of the conveyance in which the Insured Person was riding at the time of the Accident and under such circumstances as would otherwise be covered hereunder, it will be presumed the Insured Person suffered Loss of Life resulting from bodily Injury caused by an Accident at the time of such disappearance, sinking or wrecking.

### **Aggregate Limit Of Indemnity**

The Insurer's aggregate limit of indemnity for all losses arising out of any one (1) Accident, for which coverage is provided hereunder, is as stated in the Schedule. In the event said limit of indemnity for any one (1) Accident is insufficient to pay the full amount of indemnity for each Insured Person, then the amount payable for each Insured Person will be in the proportion that the limit of indemnity for any one (1) Accident bears to the total amount of insurance that would have been payable, except for such limit of indemnity.

This section only applies to losses payable under the section entitled "Specific Loss Accident Indemnity".

### **Indemnity Payments**

In the event the Insured Person is a minor, all indemnities payable hereunder will be payable to the custodial parent, or if there is none, to the Insured Person's guardian who has been legally appointed to manage the person of the child.

If the Insured Person is not a minor, indemnity payable in the event of the Loss of Life of the Insured Person will be payable to the surviving Spouse or, if there is no Spouse, to the estate of the Insured Person. All other indemnities payable will be payable to the Insured Person.

### **Effective Date Of Individual Insurance**

Insurance as to each person will take effect on the date such person becomes eligible, but in no event prior to the effective date of the policy.

### **Individual Terminations**

The insurance of an Insured Person will immediately terminate on the earliest of the following dates:

- (1) on the date this policy is terminated;
- (2) on the Term Premium due date if the Policyholder fails to pay the required premium for the Insured Person; or

- (3) on the date the Insured Person ceases to be associated with the Policyholder in a capacity making such person eligible for insurance hereunder.

### **Exclusions**

This policy does not cover loss, fatal or non-fatal, caused or contributed to by:

- (1) suicide or intentionally self-inflicted Injury;
- (2) war, whether declared or not;
- (3) participation in a riot, insurrection, civil commotion or disturbance;
- (4) active full-time, part-time or temporary service in the armed forces of any country;
- (5) riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in the section entitled "Aircraft Coverage".
- (6) medical treatment or surgery, except if the medical treatment or surgery was needed because of an Accident.

Nor does this policy cover expenses incurred:

- (7) for the purchase, repair or replacement of eyeglasses or contact lenses, or prescriptions therefor;
- (8) for charges of a masseur;
- (9) for x-rays, repair or replacement of pre-existing dentures, fillings or crowns, except as provided in the section entitled "Accidental Dental Expense";
- (10) for Sickness or Disease, either as a cause or effect;
- (11) for experimental drugs not approved by the governing authority having jurisdiction over the matter in the country where such drugs are prescribed and dispensed;
- (12) charges for any experimental medical treatments;
- (13) charges for medical services rendered by nurses, physiotherapists, certified athletic sports therapists and chiropractors employed or engaged by the Policyholder;
- (14) expenses incurred by an Insured Person who is not covered under any Federal or Provincial Hospital or Medical Plan.

This policy is subject to and will not contravene any Federal or Provincial statutory requirement with respect to Hospital and/or Medical plans. Benefits will be reduced under the sections of this policy entitled "Accident Reimbursement Expense" and "Accidental Dental Expense" by any amount (paid or not) of eligible expenses covered under the Federal or Provincial Hospital and/or Medical plans and/or any other policy providing similar reimbursement expenses.

## **General Provisions**

Written notice of Injury on which claim may be based must be given to the Insurer within thirty (30) days after the date of the Accident causing such Injury. Such notice given by or on behalf of the Insured Person or beneficiary, as the case may be, to the Insurer at its Head Office, 2020 University Street, Suite 1800, Montréal (Québec), H3A 2A5 or to any Regional Office of the Insurer or to any authorized agent of the Insurer, with particulars sufficient to identify the Insured Person, will be deemed to be notice to the Insurer. Failure to give notice within the time provided in this policy will not invalidate any claim, if it is shown not to have been reasonably possible to

give such notice during such time and that notice was given as soon as was reasonably possible, but in no event later than one (1) year after the date of the Accident.

The Insurer, upon receipt of such notice, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not so furnished within fifteen (15) days after the receipt of such notice, the claimant will be deemed to have complied with the requirements of this policy as to proof of such loss upon submitting, within the time fixed in this policy for filing proofs of loss, written proof covering the occurrence, character and extent of the loss for which claim is made.

Written proof of loss must be furnished to the Insurer within ninety (90) days after the date of such loss. Failure to furnish such proof within such time will not invalidate nor reduce any claim, if it is shown not to have been reasonably possible to furnish such proof during such time and that such proof was furnished as soon as was reasonably possible, but in no event later than one (1) year after the date of the Accident.

The Insurer will have the right and opportunity to examine the person of the Insured Person when and so often as it may reasonably require during the pendency of claim hereunder, and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.

All indemnities provided in this policy for loss will be paid immediately after receipt of due proof.

All moneys payable under this policy are payable in the lawful money of Canada.

This policy includes the endorsements and attached papers, if any, and contains the entire contract of insurance. No statement made by the applicant for insurance will void the insurance or reduce benefits hereunder unless contained in a written application signed by the applicant. No agent has authority to change this policy or to waive any of its provisions. No change in this policy will be valid unless approved by an officer of the Insurer and such approval be endorsed hereon or attached hereto.

All statements contained in any such application for insurance will be deemed representations and not warranties.

Legal action will not be taken to recover benefits under this policy until sixty (60) days after proof of loss has been submitted to the Insurer. The claimant will be limited to a one (1) year period (three (3) years in the province of Quebec) from the expiration of the time within which proof of loss is required by the policy during which legal action may be taken.

If any time limitation specified in this policy for giving notice of claim, or submitting proof of loss, or undertaking legal action is less than that permitted by law of the province in which the claimant is residing at the time of loss, then the time limitation will not be less than that provided for by provincial law.

This policy may be cancelled by the Policyholder by mailing to the Insurer written notice stating when thereafter such cancellation will be effective. This policy may be cancelled by the Insurer by mailing to the Policyholder at the address shown in this policy written notice stating when, not less than thirty (30) days thereafter, such cancellation will be effective. The mailing of such notice as aforesaid will be sufficient proof of notice and the effective date of cancellation stated in the notice

will become the end of the policy period. Delivery of such written notice either by the Policyholder or by the Insurer will be equivalent to mailing.

Unless otherwise provided in the Schedule, if the Policyholder cancels, earned premiums will be computed in accordance with the customary short rate table and procedures. If the Insurer cancels, earned premiums will be computed pro rata. Premium adjustment may be made at the time cancellation is effected, and if not then made, will be made as soon as practicable after cancellation becomes effective. The Insurer's cheque or the cheque of its representative mailed or delivered as aforesaid will be sufficient tender of any refund of premium due the Policyholder.

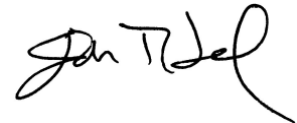
The Insurer will be permitted to examine the Policyholder's records relating to this policy at any reasonable time, and from time to time until two (2) years after expiration of this policy or until final adjustment and settlement of all claims hereunder, whichever is the later.

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**IN WITNESS WHEREOF, SSQ Insurance Company Inc.** by its Chief Executive Officer and Senior Vice-President; but the same will not be binding upon the Insurer unless countersigned by its duly authorized Policy Writer.



Chief Executive Officer



Senior Vice-President

Countersigned by \_\_\_\_\_



Gabrielle D'Aoust  
Policy Writer

Date: August 24, 2016