

THIS COMMERCIAL INSURANCE POLICY CONSISTS OF THIS (THESE) DECLARATIONS PAGE(S) ALONG WITH THE "GENERAL CONDITIONS" (OR "STATUTORY CONDITIONS"), AS WELL AS ALL COVERAGE WORDINGS, APPLICATIONS, RIDERS OR ENDORSEMENTS THAT ARE ATTACHED HERETO.

COMMERCIAL INSURANCE

Effectuated with certain underwriters at Lloyd's, London, England
(hereinafter called the insured) through



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

DECLARATIONS

Policy #: [Policy #]

INSURANCE IS PROVIDED ONLY FOR THOSE COVERAGES FOR WHICH A SPECIFIC LIMIT OF INSURANCE IS SHOWN ON TERMS AND CONDITIONS CONTAINED IN THE FORMS INDICATED.
ANY REFERENCE HEREIN TO THE "COMPANY" SHALL BE CONSTRUED AS "THE INSURER"

THIS DOCUMENT CONTAINS CLAUSES WHICH MAY LIMIT THE AMOUNT PAYABLE

PURPOSE OF THIS DOCUMENT

[Transaction]
[Corresponding text]

COVERHOLDER

Groupassur Inc.
219-4929 Jarry Est
Saint-Léonard (Québec) H1R 1Y1

SUB-BROKER

La Turquoise, cabinet en assurance de dommages et services financiers Inc.
1190 rue Lévis
Terrebonne (Québec) J6W 5S6
Téléphone : 1-800-470-2504

NAMED INSURED AND POSTAL ADDRESS

[Named Insured]
[Postal address]
[City] [Province] [Postal code]

PERIOD OF INSURANCE

From [Effective date] to [Expiring date]
(12:01 AM Standard time at the postal address shown above)

TRANSACTION EFFECTIVE DATE

[Transaction effective date]

TERRITORY LIMIT

All locations where the insured practice, Canada

DESCRIPTION OF OPERATIONS

[Activities]

The Insured is requested to read this policy, and if incorrect, return it immediately for alteration.

In the event of an occurrence likely to result in a claim under this insurance, immediate notice should be given to the Coverholder whose name and address appears above. All inquiries and disputes are also to be addressed to this Coverholder.

For the purpose of the Insurance Companies Act (Canada), this Canadian Policy was issued in the course of Lloyd's Underwriters' insurance business in Canada.

IN WITNESS WHERE OF THIS DOCUMENT HAS BEEN SIGNED, AS AUTHORIZED BY THE INSURER, BY
PER

Contract No.

[Lloyd's contract
number]

TOTAL ANNUAL PREMIUM [Annual premium]

TOTAL PAYABLE PREMIUM (OR REFUND) [Payable premium]

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DECLARATIONS

Policy #: [Policy #]

Wherever reference is made to the Insurer or Company, such reference shall be assumed to be made to each of the insurers shown below severally and not jointly. No insurer shall be liable for a greater share of any loss or damage than the Proportion Insured set against its name below.

Schedule of Subscribers

Insurer	Proportion Insured	Premium
Property and Crime		
ICPEI	100,0 %	[Property premium]
Commercial General Liability		
LLOYD'S CONTRACT B113517B00653, under Agreement No. 18B00653(01) B113518B00653	100,0 %	[CGL premium]
Professional Liability		
LLOYD'S CONTRACT B113517B00653, under Agreement No. 18B00653(01) B113518B00653	100,0 %	[E&O premium]
Total Policy Premium		[Payable premium]

IDENTIFICATION OF INSURER/ACTION AGAINST INSURER

This insurance has been effected in accordance with the authorization granted to the Coverholder by the Underwriting Members of the Syndicates whose definitive numbers and proportions are shown in the Table attached to Agreement No. P045522021 (hereinafter referred to as << the Underwriters >>). The Underwriters shall be liable hereunder each for his own part and not one for another in proportion to the several sums that each of them has subscribed to the said Agreement. In any action to enforce the obligations of the Underwriters they can be designated or named as << Lloyd's Underwriters >> and such designation shall be binding on the Underwriters as if they had each been individually named as defendant. Service of such proceedings may validly be made upon the Attorney In Fact in Canada for Lloyd's Underwriters, whose address for such service is 1155 rue Metcalfe, Suite 2220, Montreal, Quebec H3B 2V6.

NOTICE

Any notice to the Underwriters may be validly given to the Coverholder.

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Form No.	Type of Coverage	Deductible (\$)	Co-Insurance	Limit/Amount (\$)
Property				
PMA Property 07/21	Building, Equipment and Stock (Broad Form)			
	Loc. 1 ([Location address 1])			
	Contents	1,000	90%	[Property limit]
	Replacement Cost Endorsement			
	Sewer Backup Endorsement	2,500		10,000
	GUS – Post-disaster Emergency Services – 1-800-361-0911			
	Extended Business Income (Broad Form)		100%	
	Loc. 1 ([Location address 1])			
	Maximum indemnity period in months : 12			[BI limit]
	Article 3. "CO-INSURANCE" of Extended Business income			
	Interruption insurance is cancelled			
Crime				
PMA Property 07/21	Comprehensive Dishonesty, Disappearance and Destruction			
	Claims Preparation Costs			2,500
	Computer Theft & Funds Transfer Fraud	250		2,500
	Customers Interest	250		2,500
	Employee Theft - Per Occurrence	250		5,000
	Forgery or Alteration	250		5,000
	Money and Securities	250		5,000
	Money Orders and Commercial Paper	250		5,000
	Telephone Fraud	500		2,500
	Unauthorized Access and Use	250		2,500
Liability				
PMA CGL 07/21	Commercial General Liability (Occurrence Form)			
	Products-completed operations limit			[CGL limit]
	Property Damage Deductible Endorsement	1,000		
	Products-completed operations aggregate limit			[CGL limit]
	Products-completed operations included			
	Products-completed operations aggregate limit			[CGL limit]
	Personal and Advertising injury limit - Any one person or organization			[CGL limit]
	Tenants' legal liability limit - Any one premises			250,000
	Medical payments limit			2,500
	Employee Benefits Insurance Endorsement	1,000		500,000
	QPF 6 – Quebec Automobile Insurance – Non-owned automobile			[CGL limit]
	QEF 6-99 - Exclusion Long term leased vehicle			
PMA E&O 07/21	Professional Liability (Malpractice insurance)			

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Form No.	Type of Coverage	Deductible (\$)	Co-Insurance	Limit/Amount (\$)
	Each claim limit	1,000		[E&O limit]
	Aggregate limit	1,000		[E&O limit]
	Retroactive date: <i>the date of the first insurance or serie of insurance policy, similar to the present, purchased without interruption of coverage before the present, but limited to March 1st, 1999, on presentation of justification documents.</i>			
	Penal defence cost reimbursement			
EWDD1995	Each claim limit	500		20,000
	Aggregate limit	500		40,000

SPECIMEN

THIS COMMERCIAL INSURANCE POLICY CONSISTS OF THIS (THESE) DECLARATIONS PAGE(S) ALONG WITH THE "GENERAL CONDITIONS" (OR "STATUTORY CONDITIONS"), AS WELL AS ALL COVERAGE WORDINGS, APPLICATIONS, RIDERS OR ENDORSEMENTS THAT ARE ATTACHED HERETO.

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DECLARATIONS

Policy #: [Policy #]

We, the undersigned, do hereby request cancellation of the document bearing number [Policy #] and acknowledge that the Insurer is hereby relieved from all liability as from the cancellation date. (together with any renewal certificates related thereto).

As of: _____

Veillez indiquer ci-dessous la raison de cette demande de résiliation :

Name of the Insured

Signature

Date

Wordings
PMA E&O 07/21

It is understood and agreed that the wording group named PMA E&O 07/21 includes the following forms:

WDD-1995M	Professional Liability Insurance
LMA3100	Sanction Limitation and Exclusion Clause
LMA5396	Communicable Disease Exclusion - Liability
LSW1001	Several Liability Notice
LSW1542F	Complaint Protocol
LSW1543	Notice concerning personal information
LSW1550	Identification of insurer/Action against the insurer
LSW1565-C	Code of Consumer Right and Responsibilities

MALPRACTICE INSURANCE

Note: This is a « claims made » insurance policy covering only claims first made during the Period of Insurance in the Declarations.

WHEREAS the Insured as defined herein has made to Insurers, underwriting members of Lloyd's of London who have hereunto subscribed their names (hereinafter referred to as « Insured » or « Underwriters »), a written Application and Declaration bearing the date stated in the Declarations, containing particulars and statements which it is hereby agrees are the basis of this insurance policy and are to be considered as incorporated herein, and has paid the Premium stated in the Declarations;

INSURING CLAUSES

WE, the Insurers, subject to the terms, conditions and exclusions set out herein, hereby agree:

- A. To indemnify the Insured up to the Limit of Indemnity stated in the Declarations against all sums in excess of the amount of the Retention which the Insured shall become legally liable to pay as damages (including claimants' costs) as the result of a claim or claims first made against the Insured during the Period of Insurance stated in the Declarations arising from any negligent act, error or omission committed by the Insured or by any employee of the Insured or by any person or organisation acting on behalf of the Insured, when so acting in the course of services rendered, or which should have been rendered, or contractual obligations undertaken by the Insured to a patient or patients in the course of his Profession as stated in the Declarations.

Insurers' total aggregate liability during the Period of Insurance under this Insuring Clause A. for damages shall not exceed the limit of Indemnity stated in the Declarations, notwithstanding the number of claims made.

- B. To appoint counsel of Insurer's choosing to take the defence of Insured with respect to claims made against it which are covered under Insuring Clause A. above and which seek an award of compensatory damages. Insurers further agree to appoint counsel to represent the Insured with respect to any disciplinary matters which might give rise to a claim that would be covered under Insuring Clause A. above. When such counsel is appointed by Insurers, the costs so incurred (fees and disbursements) in the defence of covered allegations will be paid for by Insurers.

Notwithstanding anything contained herein to the contrary, it is understood and agreed that Insurers shall not be liable in respect of claims made against the Insured arising from services rendered, or which should have been rendered, prior to the Retroactive Date stated in the Declarations.

DEFINITIONS

1. « The Company » means the company or other firm, partnership or individual stated in item 3. of the Declarations.
2. « The Insured » means:
 - a) The Company;
 - b) Any individual who is, has been or may, during the Period of Insurance become a principal, partner or director of the Company, but only in respect of claims arising out of work carried out by or on behalf of the Company; and / or
 - c) Where the Company is a partnership, any predecessor in business of the Company, but only to the extent of the liability attaching to the partnership.

RETENTION

In the event of a claim covering under this insurance policy, the Insurers shall be liable only for the amount by which the claim exceeds the amount of the Retention stated in the Declarations. The Insured shall bear the amount of the Retention uninsured. The Limit of Indemnity stated in the Declarations shall not be reduced by the application of the Retention.

EXCLUSIONS

Insurers shall not be liable for:

1. Any claim directly or indirectly caused or contributed to be any malicious, dishonest, fraudulent or criminal act or omission of the Insured and / or any director, officer or employee of the Insured, but nothing in this exclusion.
 - a) Shall prevent any person (within the definition of the « Insured ») who is not concerned in such malicious, dishonest, fraudulent or criminal act or omission being indemnified in accordance with the terms of this insurance policy in respect of any loss arising out of any claim in respect of any malicious, dishonest, fraudulent or criminal act or omission by any other person; or,
 - b) Shall prevent the Insured being indemnified against costs and expenses reasonably incurred in successfully defending an action which arises out of an allegation of a malicious, dishonest, fraudulent or criminal act or omission.
2. Any taxes, fines, penalties or punitive, exemplary or other non-compensatory damages of any kind.
3. Any claim made or actions instituted:
 - a) Within the United States of America or any territories which come within the jurisdiction of the United States of America;
 - b) For the enforcement of a judgment obtained in any court of the United States of America or any territories which come within the jurisdiction of the United States of America; and / or
 - c) Arising from work carried out in offices of the Insured situated in the United States of America.
4. Any claim made by the Insured, or by any parent, subsidiary or associated company, or by any director or officer of any such company, unless the original claim emanates from an independent third party. For purposes of this policy:
 - a) « parent » means a company which owns 50% or more of the voting rights of the Insured and includes a parent of a parent;
 - b) « subsidiary » means a company of which the Insured is a parent and includes a subsidiary of a subsidiary; and,
 - c) « associated company » means any company which shares a common parent or subsidiary with the Insured, or in which the Insured has a financial interest, which includes, without limitation, holding directly or indirectly 10% or more of the company' equity.
5. Any claim arising out of, or relating directly or indirectly to, the insolvency or bankruptcy of the Insured.
6. Any claim in respect of which the Insured is, or but for the existence of this insurance policy would be, entitled to indemnity under any other insurance policy, except in respect of any amount above and beyond the amount which would have been payable under such insurance policy had this insurance policy not been effected.
7. Any claim which arises out of circumstances known by the Insured prior to the inception of this Policy and which the Insured at such time knew, or should have reasonably expected, would result in a future claim.
8. Any claim which arises under any express indemnity, warranty (except warranty or authority) or guarantee, save insofar as such liability would have arisen but for such express indemnity, warranty or guarantee.
9. Any claim arising from any act, error or omission occurring prior to the Retroactive Date stated in the Declarations.
10. Any claim arising out of the manufacture, construction, alteration, repair, servicing or treating of any goods or products sold, supplied or distributed by the Insured.

11. Any claim for breach of any duty owed by the Insured as an employer, including any claim by any employee for bodily injury, mental injury, illness, disease or death or loss of or damage to tangible property, incurred, contracted or occurring whilst under a contract of service or apprenticeship with the Insured.
12. Any claim alleging sexual harassment and / or sexual molestation and / or sexual and / or racial discrimination.
13. Any claim directly or indirectly caused by or contributed to by the performance of professional services whilst under the influence of intoxicants or narcotics.
14. Any claim directly or indirectly arising from the use by the Insured or by any employee of the Insured, or any aircraft, vessel, automobile or any other vehicle or mechanically propelled mobile machinery.
15. Any claim for breach of any duty owned by the Insured as occupier or owner of land or buildings.
16. Any claim arising from damage to any property in the Insured's care, custody or control other than clothing or personal effects (for the purpose of this Exclusion, personal effects shall not include money or jewellery.)
17. Any claim or loss directly or indirectly caused by or contributed to by or arising from seepage, pollution or contamination of the kind.
18. Any claim or loss directly or indirectly caused by or contributed to by or arising from terrorism, war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition or destruction of or damage to property by or under the order of any Government or Public or Local Authority.
19. Any claim arising out of an alleged breach of legislation concerning
 - a) Access to information;
 - b) A person's right to correct data maintained by the Insured about that person; or
 - c) A person's right to privacy.
20. Any claim arising out of the failure and / or non-performance of computer software and / or hardware.
21. Any claim for libel or slander or passing-off or breach of any copyright, patent or other intellectual property right.
22. Any claim arising out of the failure to arrange / maintain insurance.
23. Any claim or liability arising from Hepatitis or any condition directly or indirectly caused by or association with Human T-Cell Lymphotropic Virus type III (HTLV III) or Lymphadenopathy Associated Virus (LAV) or the mutants, derivatives or variations thereof or in any way related to Acquired Immune Deficiency Syndrome or any syndrome or condition of a similar kind, howsoever it may be named.
24. Any claim or claims made against any surgeon, physician or doctor alleging error, negligence or mistake committed in the course of their duties as licensing or qualified medical practitioners.

CONDITIONS

1. Except as required by law, the Insured shall not disclose to any person without Insurer's written consent the existence, nature and / or terms of this Insurance and no liability shall be admitted or costs or expenses incurred and no admission, arrangement, offer, promise or payment shall be made by the Insured without the written consent of the Insurers. In the event of any payment under this policy, Insurers shall be subrogated to all the Insured's rights or recovery therefore against any person and shall be entitled at their own choice to prosecute in their own name or in the name of the Insured for their own benefit any claim for indemnity or damage or otherwise against any third party and shall have full discretion in the conduct of any negotiations or proceedings or the settlement of any claim. The Insured shall do whatever is necessary to secure such rights and shall do nothing after the loss to prejudice them.

Nevertheless, Insurers shall not exercise their subrogated rights of recovery against any person who has been or may be under a contract of service or apprenticeship with the Insured unless the payment giving rise to such right has been brought about or contributed to by the dishonest, fraudulent, criminal or malicious act or omission of such persons.

2. Notwithstanding the Retention stated in the Declarations, the Insured shall as a condition precedent to his right to be indemnified under this insurance policy give to Insurers immediate notice in writing:

- a) Of any claim made against him;
- b) Of the receipt of notice from any person of an intention to make a claim against him.

Insurers shall be entitled to deny coverage for any claim not notified in accordance herewith, where prejudice has been suffered by Insurers as a result thereof.

3. Notwithstanding the Retention stated in the Declarations, the Insured shall give to the Insurers immediate notice in writing of any circumstances of which he shall become aware during the Policy period hereof, which may give rise to a claim against him. Such notice having been given, any claim, to which that circumstance has given rise, which may be made after the expiration of the Period of Insurance stated in the Declarations shall be deemed for the purpose of this insurance to have been made during the Policy period hereof.

Insurer shall be entitled to deny coverage for any claim not notified in accordance herewith, where prejudice has been suffered by Insurers as a result thereof.

4. The Insured shall at all times do and concur in doing all things reasonable and practicable to avoid or minimise loss hereunder. Further, the Insured must cooperate with Insurers or Insurers' representatives and, at the request of the latter, furnish written statements, submit to examinations and investigations, help to achieve settlements, gather evidence, testify and generally offer to Insurers or Insurers, representatives all reasonable assistance which the latter deem necessary. The Insured shall offer such co-operation and assistance at his own cost.

5. If the Insured shall present any claim knowing the same to be false or fraudulent, as regards amount or otherwise, this insurance shall become void and all claims hereunder forfeited.

6. This insurance may be cancelled at any time by or on behalf of Insurers by fifteen (15) days' notice given in writing to the Insured at his last known address and the Premium hereon shall be adjusted on the basis that Insurers retain pro rata premium. The first named Insured indicated in the Declarations warrants that he has the mandate from all other named Insured's indicated in the Declarations and from any other Insured to receive notice of cancellation on behalf of such other Insured's in accordance herewith.

7. The Insured shall maintain such records as will enable him to supply at any time when requested the total amount of the Gross Income earned by him and agreed that such records may be inspected at any time by Insurers or their duly authorized representatives, should they so require.

8. Any surgeon, physician or doctor (whether he be the Insured, an employee of the Insured or any sub-contractor of the Insured) shall belong to and shall subscribe to the Canadian Medical Protection Association (CMPA) or shall purchase and maintain insurance which meets the minimum requirements set out by Quebec law.

9. In the event of the claim which is being defended in accordance with Insuring Clause B. of this insurance policy, Insurers will not settle the claim without the Insured's consent. However, if the sole impediment to a settlement in the Insured's decision to withhold his consent, Insurers will no longer be obliged to instruct or pay for the defence of the claim, which the Insured shall continue at his sole expense. Further, the liability of Insurers under Insuring Clause A. of this Insurance shall not exceed the amount for which the claim could have been settled.

10. If during the Period of Insurance:

- a) More than 50% of the Company's directors resign or are removed from office within any 90 day period; or
- b) Any person or entity, whether or not an existing shareholder, acquires a controlling interest in the Company,

Then this insurance shall be restricted (unless Insurers agree in writing to the contrary) so as to apply only to negligent acts, errors or omissions committed prior to the date of the first of such resignations or removals or such change or control.

« Controlling interest » means shares conferring in the aggregate 50% or more of the total voting rights conferred by all the issued shares in the capital of the Company for the time being in issue and conferring the right to vote at general meetings, and shall include shares held by all persons or entities who in relation to each other are associates.

« Associate » within the meaning of the above definition means;

- a) A body corporate of which that person or entity beneficially owns or controls, directly or indirectly, shares or securities currently convertible into shares carrying more than ten per cent of the voting rights under all circumstances or by reason of the occurrence of an event that has occurred and is continuing or a currently exercisable option or right to purchase such shares or such convertible securities;
- b) A partner of that person or entity acting on behalf of the partnership of which they are partners;
- c) A trust or estate of which that person or entity has a substantial beneficial interest or in respect of which he serves as a trustee or in a similar capacity.
- d) A spouse or child of that person; and,
- e) A relative of that person or of his spouse if that relative has the same residence as that person.

11. No action shall lie against Insurers unless all of the terms and conditions of this insurance policy have been met.

SANCTION LIMITATION AND EXCLUSION CLAUSE

The Insurer shall not provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the insurer or any member of the insurer's group to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of any country.

COMMUNICABLE DISEASE EXCLUSION

This exclusion modifies coverage provided by the Liability form, but only if indicated on the Declarations Page for the form.

1. Notwithstanding any provision to the contrary within this policy, this policy does not cover all actual or alleged loss, liability, damage, compensation, injury, sickness, disease, death, medical payment, defence cost, cost, expense or any other amount, directly or indirectly and regardless of any other cause contributing concurrently or in any sequence, originating from, caused by, arising out of, contributed to by, resulting from, or otherwise in connection with a Communicable Disease or the fear or threat (whether actual or perceived) of a Communicable Disease.
2. For the purposes of this endorsement, loss, liability, damage, compensation, injury, sickness, disease, death, medical payment, defence cost, cost, expense or any other amount, includes, but is not limited to, any cost to clean-up, detoxify, remove, monitor or test for a Communicable Disease.
3. As used herein, a Communicable Disease means any disease which can be transmitted by means of any substance or agent from any organism to another organism where:
 - 3.1. the substance or agent includes, but is not limited to, a virus, bacterium, parasite or other organism or any variation thereof, whether deemed living or not, and
 - 3.2. the method of transmission, whether direct or indirect, includes but is not limited to, airborne transmission, bodily fluid transmission, transmission from or to any surface or object, solid, liquid or gas or between organisms, and
 - 3.3. the disease, substance or agent can cause or threaten bodily injury, illness, emotional distress, damage to human health, human welfare or property damage.

SEVERAL LIABILITY NOTICE

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions.

The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations

LLOYD'S UNDERWRITERS' POLICYHOLDERS' COMPLAINT PROTOCOL

Lloyd's strives to enhance your customer experience with us through superior service and innovative insurance products.

We have developed a formal complaint handling protocol in accordance with the Insurance Companies Act of Canada to ensure your concerns as our valued customer are addressed expeditiously by our representatives. This protocol will assist you in understanding the steps we will undertake to help resolve any dispute which may arise with our product or service. All complaints will be handled in a professional manner. All complaints will be investigated, acted upon, and responded to in writing or by telephone by a Lloyd's representative promptly after the receipt of the complaint. If you are not satisfied with our products or services, you can take the following steps to address the issue:

- Firstly, please contact the broker who arranged the insurance on your behalf about your concerns so that he or she may have the opportunity to help resolve the situation.
- If your broker is unable to help resolve your concerns, we ask that you provide us in writing an outline of your complaint along with the name of your broker and your policy number.

Please forward your complaint to:

Lloyd's Underwriters

Attention: Complaints Officer:

1155 rue Metcalfe, Suite 2220, Montréal (Québec) H3B 2V6

Tel: 1-877-455-6937 - Fax: (514) 861-0470

E-mail: info@lloyds.ca

Your complaint will be directed to the appropriate business contact for handling. They will write to you within two business days to acknowledge receipt of your complaint and to let you know when you can expect a full response. If need be, we will also engage internal staff in Lloyd's Policyholder and Market Assistance Department in London, England, who will respond directly to you, and in the last stages, they will issue a final letter of position on your complaint.

In the event that your concerns are still not addressed to your satisfaction, you have the right to continue your pursuit to have your complaint reviewed by the following organizations:

General Insurance OmbudService (GIO) assists in the resolution of conflicts between insurance customers and their insurance companies. The GIO can be reached at:

Toll free number: 1-877-225-0446

www.giocanada.org

For Quebec clients:

Autorité des marchés financiers (AMF). The regulation of insurance companies in Quebec is administered by the AMF. If you remain dissatisfied with the manner in which your complaint has been handled, or with the results of the complaint protocol, you may send your complaint to the AMF who will study your file and who may recommend mediation, if it deems this action appropriate and if both parties agree to it. The AMF can be reached at:

Toll Free: 1-877-525-0337

Québec: (418) 525-0337

Montréal: (514) 395-0311

www.lautorite.qc.ca

If you have a complaint specifically about Lloyd's Underwriters' complaints handling procedures you may contact the Financial Consumer Agency of Canada (FCAC).

Financial Consumer Agency of Canada (FCAC) provides consumers with accurate and objective information about financial products and services, and informs Canadians of their rights and responsibilities when dealing with financial institutions. FCAC also ensures compliance with the federal consumer protection laws that apply to banks and federally incorporated trust, loan and insurance companies. The FCAC does not get involved in individual disputes. The FCAC can be reached at:

427 Laurier Avenue West, 6th Floor, Ottawa ON K1R 1B9

Services in English: 1-866-461-FCAC (3222)

Services in French: 1-866-461-ACFC (2232)

www.fcac-acfc.gc.ca