

OPTIONAL ACCIDENT BENEFITS CONFIRMATION FORM

Carefully review each section and confirm your selection with a check. To ensure you have the coverage you require, complete and return this form to CRE Insurance by using the enclosed self-addressed envelope or by fax 905-940-2200.

1. **Increase Income Replacement** - the standard level of income replacement provided in the policy (\$400 per week maximum) can be increased by purchasing optional coverage so that the weekly limit is up to \$600, \$800 or \$1,000. All income replacement benefits are based on 70% of your gross weekly income.

I would like the standard option: \$400
OR \$600 \$800
 \$1,000

2. **Increased Medical, Rehabilitation and Attendant Care** - the standard benefit pays up to \$50,000 for medical and rehabilitation expenses, with a 10 year time limit in most cases and up to \$36,000 for attendant care expenses. If catastrophically impaired, the standard benefit pays up to \$1,000,000 for medical and rehabilitation expenses and up to \$1,000,000 for attendant care expenses.

You can purchase an optional medical and rehabilitation and attendant care benefit of \$1,000,000; optional attendant care benefit of \$72,000 or an optional medical, rehabilitation and attendant care benefit of \$1,000,000.

For "**Non-catastrophic**" losses,
I would like: Standard
 Increased Optional Coverage

For "**Catastrophic losses**",
I would like: Standard
 Increased Optional Coverage

3. **Caregiver, Housekeeping and Home Maintenance Expenses** - The standard caregiver, housekeeping and home maintenance expenses benefit is available only for a person who is catastrophically impaired. You can purchase an optional benefit to provide this coverage for all impairments. Requested Caregiver, Housekeeping and Home Maintenance coverage:

I would like the following coverage: Standard
 All impairments

4. **Dependant Care** - There is no standard dependant care benefit for persons who are employed and care for dependants. You can purchase an optional benefit to received additional weekly dependant care expenses of \$75 for the first dependant, and \$25 for each additional dependant, up to \$150 per week.

Requested Dependent care: None
 Optional coverage

5. **Increased Death and Funeral** - the standard level of death benefits paid to the surviving spouse and dependant of a person who is killed (\$25,000 to surviving spouse: \$10,000 to surviving dependant) can be doubled by purchasing this optional coverage. This coverage also increases the standard funeral expense benefit from \$6,000 to \$8,000.

Requested Death and
Funeral Benefit level: Standard
 Increased optional coverage

6. **Indexation Benefit** - this optional coverage will ensure that certain weekly benefit payments and monetary limits will increase on an annual basis to reflect changes in the cost of living (according to the Consumer Price Index)

Include Indexation benefit? No Yes

7. **Added Coverage to Offset Tort Deductible - OPCF 48** - This endorsement will provide the buy down on the deductible currently imposed by the Insurance Act on any settlements you should be awarded for pain and suffering following an automobile accident.

Include Offset Deductible option? No Yes

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Customer statement

I understand that my selections for these coverages will affect the potential amount I can receive toward settlement should I be injured in an automobile accident. I warrant that the broker has fully explained the coverage and options outlined above, and request the broker place automobile coverage on my behalf with the coverage limits and options as selected above.

Name (please print clearly)

Signature

Date