

INSURANCE PRODUCT SUMMARY

Personal Accident and Effects Insurance
Group Policy #8619230

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| Insurer Zurich Insurance Company Ltd (Canadian Branch) 100 King Street West, Suite 5500 P.O. Box 290 Toronto, Ontario M5X 1C9 Telephone: 1-800-387-5454 Autorité des marchés financiers Client Number: 2000698728 | Distributor Budgetcar Inc. o/a Budget 1 Convair Drive East Toronto, Ontario M9W 6Z9 Telephone: (416) 213-8400 |
| Autorité des marchés financiers Place de la Cité, tour Cominar 2640 boulevard Laurier, 4e étage Québec (Québec) G1V 5C1 Québec City: 418 525-0337 Montreal: 514 395-0337 Toll Free: 1 877-525-0337 Fax: 418 525-9512 Website: www.lautorite.qc.ca | |

What is the purpose of this document?

This Product Summary summarizes your insurance coverage and is intended to help you decide whether this insurance meets your needs.

This is not your insurance policy. For complete details of insurance coverages, eligibility, conditions and exclusions, please refer to your insurance certificate. You can find a specimen copy of your insurance certificate here: <https://www.zurichcanada.com/en-ca/services/product-summaries>. Please read it carefully.

Who is covered?

This insurance provides coverage to customers of Budgetcar Inc. o/a Budget who have rented a motor vehicle, and their eligible travel companions.

What is covered?

This insurance provides certain benefits to customers of Budgetcar Inc. o/a Budget and their eligible traveling companions that experience a covered accidental body injury as a result of a sudden, unexpected, and unforeseen event or a covered loss of personal effects such as baggage during an eligible rental period.

Summary of key conditions – Personal Accident and Effects Insurance

Who is covered?

- Passenger car, mini-van or sport utility vehicle renters who have purchased coverage, and up to 7 eligible traveling companions.
- Passenger van renters who have purchased coverage, and up to 14 eligible traveling companions.

When does coverage start?

Your insurance coverage begins at the date and time when you take control of the vehicle.

When does coverage end?

Your insurance coverage ends at the earliest of the date and time when:

- Control of the rental vehicle is returned to the rental agency, or
- You are in control of the rental vehicle for more than 30 consecutive days, which includes instances where you are renting another private passenger vehicle immediately after the rental vehicle, or
- Group Insurance Policy #8619230 issued to Budgetcar Inc. o/a Budget is cancelled, except if coverage is in effect at the time of such cancellation, such coverage will be continued on outstanding rentals until you return the rental vehicle to the rental agency, provided the length of time you are in control of rental vehicle does not exceed 30 consecutive days.

The following table is a summary of the benefits and maximum covered amounts. If you suffered a loss and you may be eligible under more than one class, only the largest benefit will be paid.

| BENEFITS | MAXIMUM COVERED AMOUNT per Insured |
|--|------------------------------------|
| A. Accident Plan | |
| 1. Accidental Death Benefit | \$150,000 |
| 2. Accidental Dismemberment Benefit | \$150,000 |
| 3. Exposure and Disappearance Benefit | \$150,000 |
| B. Emergency Evacuation and Repatriation Plan | |
| 1. Emergency Evacuation and Repatriation Plan | \$10,000 |
| C. Funeral Expense and Coma Plan | |
| 1. Funeral Expense Benefit | \$5,000 |
| 2. Coma Benefit | \$150,000 |

The aggregate limit of liability per covered loss for which benefits are payable under the Personal Accident Insurance is \$500,000.

The following table is a summary of the benefits and maximum covered amounts under the Personal Effects Benefit.

| BENEFITS | MAXIMUM COVERED AMOUNT per Reservation |
|--------------------------------------|--|
| A. Personal Effects Insurance | |
| 1. Personal Effects Benefit | \$2,000 |
| Per Item Limit | \$1,000 per item |

For more details regarding covered losses, please refer to Section I (Schedule of Benefits) and Section III (Benefits) in your insurance certificate.

How to file a claim

You must give written notice of a loss covered by this insurance within 90 days, or as soon thereafter as reasonably possible to:

World Travel Protection Canada Inc.
901 King Street West
Toronto, Ontario
M5V 3H5

We will send you a Proof of Loss form within 15 days after we receive notice. If you do not receive the Proof of Loss form within 15 days, you can send us a detailed written report of the claim and the extent of your loss. We will accept this report if it is sent within the time fixed below for filing a Proof of Loss form. You can also request a Proof of Loss form by contacting World Travel Protection Canada Inc. at 1-888-999-1971.

Written Proof of Loss, acceptable to us, must be sent within 90 days of the loss covered by this insurance. Failure to furnish Proof of Loss acceptable to us within such time will neither invalidate nor reduce any claim if it was not reasonably possible to provide the Proof of Loss within 90 days of the loss covered by this insurance, and the Proof of Loss was provided as soon as reasonably possible.

For more details regarding covered losses, please refer to Section VI (How to File a Claim) in your insurance certificate.

Consequences of misrepresentation and concealment

Any false statement, misrepresentation or concealment of any circumstances that are material to be made known to us may void your insurance.

What's not covered?

Personal Accident Insurance does not cover any loss caused by or resulting from any or more of the following:

- a. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane;
- b. being under the influence of drugs or intoxicants, unless prescribed by a Physician;
- c. participation as a professional in athletics during a covered rental;
- d. participation in organized amateur or interscholastic athletic or sports competition or related practice events;
- e. riding or driving in any motor competition;
- f. off-road driving, whether as a driver or as a passenger;
- g. declared or undeclared war, or any act of war;
- h. civil disorder;
- i. service in the armed forces of any country;
- j. nuclear reaction, radiation or radioactive contamination;
- k. operating or learning to operate any aircraft, as pilot or crew;
- l. mountain climbing, bungee jumping, snow skiing, skydiving, Parachuting, free falling, cliff diving, B.A.S.E. or base jumping, hang gliding, parasailing, travel on any air supported device, other than on a regularly scheduled airline or air charter company, or extreme sports;
- m. mountaineering where ropes or guides are commonly used including ascending and descending a mountain requiring specialized equipment, including but not limited to anchors, bolts, carabineers, crampons, lead/top-rope anchoring equipment and pick-axes;
- n. scuba diving if the depth of the water exceeds 75 feet or more;
- o. the insured's commission of or attempt to commit a felony;
- p. elective medical or holistic treatment or procedures;
- q. a loss that results from a sickness, disease, or other condition, event or circumstance, that occurs at a time when the Policy is not in effect for the insured;

- r. a diagnosed sickness (if insurance is purchased after such diagnosis) from which no recovery is expected and that only palliative treatment is provided and that carries a prognosis of death within 12 months of the effective date of the applicable coverage under the Policy;
- s. sickness, injury or death if insurance is purchased after entering a hospice facility or receiving hospice treatment.

We will not pay for any loss arising directly or indirectly out of, or as a result of, or from, or that occur to, or are as a result of the actions of, the following that occur to you:

- a. any amount paid or payable under any worker's compensation, disability benefit, or similar law;
- b. a loss or damage caused by detention, confiscation, or destruction by customs;
- c. medical treatment during a covered rental, or arising during a covered rental, undertaken for the purpose or intent of securing medical treatment.

The following additional exclusion applies to the Accidental Death Benefit and Accidental Dismemberment Benefit:

- a. loss caused by or resulting from sickness of any kind.

Personal Effects Benefit does not cover any loss caused by or resulting from any or more of the following:

- a. suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane;
- b. being under the influence of drugs or intoxicants, unless prescribed by a Physician;
- c. riding or driving in any motor competition;
- d. off-road driving, whether as a driver or as a passenger;
- e. declared or undeclared war, or any act of war;
- f. civil disorder;
- g. service in the armed forces of any country;
- h. nuclear reaction, radiation or radioactive contamination;
- i. the insured's commission of or attempt to commit a felony.

We will not pay for any loss arising directly or indirectly out of, or as a result of, or from, or that occur to, or are as a result of the actions of, the following that occur to you:

- a. loss or damage caused by detention, confiscation or destruction by customs.

The following additional exclusions apply to the Personal Effects Benefit:

We will not pay for damage to or loss of the following items:

- a. animals;
- b. property used in trade, business or for the production of income; household furniture; musical instruments; brittle or fragile articles; jewelry; or if the loss results from the use thereof, sporting equipment;
- c. boats, motors, motorcycles, motor vehicles, aircraft, and other conveyances (except wheelchairs) or equipment, or parts for such conveyances;
- d. artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces, retainers or other orthodontic devices, hearing aids, any type of eyeglasses, sunglasses or contact lenses;
- e. documents or tickets, except for administrative fees required to reissue tickets up to \$250 per ticket;
- f. money, checks of any kind, stamps, stocks and bonds, postal or money orders, securities, accounts, bills, deeds, food stamps, or credit cards, except as otherwise specifically included elsewhere in the Policy;
- g. property shipped as freight or shipped prior to the Scheduled Date of Departure;
- h. contraband.

We will not pay for loss to Baggage and Personal Effects arising from:

- i. defective materials or craftsmanship;
- j. normal wear and tear, gradual deterioration, inherent vice;
- k. rodents, animals, insects or vermin;
- l. electrical current, including electric arcing that damages or destroys electrical devices or appliances;
- m. mysterious disappearance;
- n. confiscation by airport personnel.

For more details regarding covered losses, please refer to Section V (General Exclusions) in your insurance certificate.

Privacy

You can review our privacy statement at <https://www.zurichcanada.com/en-ca/about-zurich/privacy-statement>

Other important information

How much does it cost?

Personal Accident and Effects Insurance: \$9.90 per day (plus applicable sales taxes)

Distributor Remuneration

The remuneration received by the Distributor is 65% of the cost of the insurance, plus an experience refund of 0-20%.

Cancellation

You may cancel this insurance by sending us by registered mail a notice of cancellation included at Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, Ontario M5X 1C9, together with a copy of your Rental Agreement. You may cancel the insurance without penalty within 10 days of purchasing it unless the Rental Agreement has expired at that time. After that period expires, you may cancel the insurance at any time; however, penalties may apply.

How to make a complaint:

To make a complaint and access the Insurer's complaint handling procedures, please visit:

<https://www.zurichcanada.com/en-ca/about-zurich/complaint>

You may also submit your complaint through a letter, e-mail or phone call via the information below:

Ombudsman
Zurich Insurance Company Ltd (Canadian Branch)
100 King Street West
Suite 5500
P.O. Box 290
Toronto ON M5X 1C9

Office: 416-586-6773

Toll Free: +1(800)387-5454 ext.6773

E-mail: ombudsman.zurich.canada@zurich.com

The purpose of this fact sheet is to inform you of your rights.
It does not relieve the insurer or the distributor of their obligations to you.

LET'S TALK INSURANCE!

Name of distributor: Budgetcar Inc. o/a Budget

Name of insurer: Zurich Insurance Company Ltd (Canadian Branch)

Name of insurance product: Personal Accident and Effects Insurance



IT'S YOUR CHOICE

You are **never** required to purchase insurance:

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration. The distributor **must** tell you when the remuneration exceeds 30% of that amount.



RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used to **shorten the financing period**. **Ask your distributor for details**.

The *Autorité des marchés financiers* can provide you with unbiased, objective information.
Visit www.lautorite.qc.ca or call the AMF at 1-877-525-0337.

Reserved for use by the insurer:

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

NOTICE GIVEN BY A DISTRIBUTOR

[Section 440](#) of the [Act respecting the distribution of financial products and services \(chapter D-9.2\)](#)

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

The Act allows you to rescind an insurance contract, **without penalty**, within 10 days of the date on which it is signed. However, the insurer may grant you a longer period.

To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.

Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.

After the expiry of the applicable time, you may rescind the insurance contract at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 1-877-525-0337 or visit www.lautorite.qc.ca.

NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To :

_____ (name of insurer)

_____ (address of insurer)

Date: _____ (date of sending of notice)

Pursuant to [section 441](#) of the [Act respecting the distribution of financial products and services](#), I hereby rescind insurance contract no.: _____ (number of contract, if indicated)

Entered into on: _____ (date of signature of contract)

In: _____ (place of signature of contract)

_____ (name of client)

_____ (signature of client)