

Certificate Of Automobile Insurance (For Ridesharing - Ontario)

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.



(Hereinafter Called The Insurer)

Broker Halpenny Insurance Brokers Ltd		Code 03 - 0640		Billing Method		Policy Number 41295228		Reason for Insurance New Business		
Named Insured and Primary Address Named Insureds as per Schedule 1				Lessor's Name and Address As per Lessor's Schedule (For Ridesharing-Ontario) Attached						
Policy Period From 12:01 a.m.		D M YR 27 11 24		To 12:01 a.m.		D M YR 27 11 25		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, providing transportation services originating in the province of Ontario.										
Lienholders (to whom loss may be jointly payable) As per Lienholders (to whom loss may be jointly payable) Schedule (For Ridesharing – Ontario) Attached										
RATING INFORMATION										
Auto No	Class	Driving Record		Vehicle Code	Rate Group				Territory	Com. Co. Use
		BI	PD/ DCPD		AB	COLL/ AP	ACC. BEN	DCPD		
As per APCF 21N 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		\$1,000,000 Pre-Acceptance Period \$2,000,000 Post- Acceptance Period			*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.	
Dedu- ctible	As per APCF 21N attached									
Prem In Doll.				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.										
Perils	Auto No.	All Perils	Collision or Upset	Excluding Collision or Upset Compre- hensive	Specified Perils	Total Loss or Damage Premium	See reverse side of documents for details of Policy Change Forms & optional Increased Accident Benefits.			
Dedu- ctible	As per APCF 21N attached					F O R M #	As per APCF 21N attached			
	It is a condition precedent to coverage under this policy for collision and comprehensive coverages that the Rideshare Driver, as defined in the APCF 6T, has collision and comprehensive coverages on their underlying personal owner's policy for the vehicle used by the Rideshare Driver.									
Prem In Doll.							As per APCF 21N attached.			
Remarks: 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.						TOTAL POLICY PREMIUM		\$ INCL.		
						MINIMUM NON-REFUNDABLE PREMIUM		\$ INCL.		

Authorized Signature of Insurer
Corporate Secretary

President and Chief Executive Officer

Broker Halpenny Insurance Brokers Ltd				Code 03 - 0640		Billing Method		Policy Number 41295228		Reason for Insurance New Business	
Named Insured and Primary Address Named Insureds as per Schedule 1						Lessor's Name and Address As per Lessor's Schedule (For Ridesharing-Ontario) Attached					
Policy Period From 12:01 a.m.		D M YR 27 11 24		To 12:01 a.m.		D M YR 27 11 25		All times are local times at the Named Insured's primary address shown on this Certificate.			

Driver Information - AS KNOWN TO THE INSURER					
Driver No.	Driver Name	Principal	Assignment to Vehicle		Territory Description
			Secondary	Occasional	

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.

Surcharges, Discounts, Other Messages:



Aviva Insurance Company of Canada
10 Aviva Way Suite 100
Markham, ON L6G 0G1

APCF 21N – Monthly Reporting Basis Fleet for Ontario Ridesharing (Applicable to Ontario licensed automobiles)

Named Insured: Bolt Services CA Inc / Services Bolt CA Inc. o/a Hopp	Policy Number: 41295228	Effective Date: November 27, 2024
Broker: Halpenny Insurance Brokers Ltd		Code: 03 - 0640

SCOPE OF INSURANCE COVERAGE		
PRE-ACCEPTANCE Limit \$1,000,000 POST-ACCEPTANCE Limit \$2,000,000 (Bodily Injury/Property Damage)		
Accident Benefits (Standard Benefits)	As stated in Section 4 of Policy	
Uninsured Automobile	As stated in Section 5 of Policy	
Optional Increased Accident Benefits		As stated in Section 4 of Policy

Type of Use or Description of Automobiles	DIRECT COMPENSATION – PROPERTY DAMAGE*	LOSS OR DAMAGE COVERAGES**			
		Specified Perils	Comprehensive	Collision or Upset	All Perils
	Deductible \$	Deductible \$	Deductible \$	Deductible \$	Deductible \$
Transportation of passengers for compensation			\$1,000	\$1,000	
Any type of use or description of automobiles not listed					
Change Forms attached to the policy					

* This policy contains a partial payment of recovery clause for property damage if a deductible is specified for Direct Compensation - Property Damage.

** This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.

Keep this copy for your records.

It is agreed that:

- (a) The policy shall provide insurance with respect to all automobiles licensed or required to be licensed in Ontario which are:
- I. owned by and licensed in the name of the insured;
 - II. leased from the following lessor(s) for a period in excess of 30 days on which the insured as lessee is required to provide insurance under a written lease agreement.

Lessor(s) Name(s) and Address(es):

As per Lessors Schedule (Ride-Sharing – Ontario) attached

- III. leased for a period in excess of 30 days under a written lease agreement from a lessor other than those listed above providing the name and address of such lessor is reported to the insurer within ____ days following the date of delivery of the first such leased automobile to the insured;
 - IV. rented for a period of not more than 30 days, but only for the coverage provided under sub-section 3.3.5 of the policy, subject to sub-section 2.2.4 of the policy.
- (b)
- I. We will provide, only for automobiles described in (a) (i), (ii), and (iii) of this change form, Liability, Accident Benefits and Uninsured Automobile Coverages for the limits shown on your Certificate of Automobile Insurance, together with Direct Compensation - Property Damage Coverage as provided in Section 6 of your policy, but subject to any deductible(s) for a particular type of use or description of automobiles shown below.

Type of use or description of automobiles	DIRECT COMPENSATION - PROPERTY DAMAGE	LOSS OR DAMAGE COVERAGES			
		Specified Perils	Comprehensive	Collision or Upset	All Perils
	Deductible \$	Deductible \$	Deductible \$	Deductible \$	Deductible \$
Described Automobiles as defined in Schedule 1			\$1000 This is subject to the condition in section (h) of this endorsement	\$1000 This is subject to the condition in section (h) of this endorsement	
Any type of use or description of automobiles not listed					
Change Forms attached to the policy					

II. We will also provide, only for automobiles described in (a) (i), (ii), and (iii) of this change form, Loss or Damage Coverages as provided in Section 7 of your policy, but only when a deductible is shown below for a particular type of use or description of automobiles.

(c) The schedule of automobiles filed with the insurer includes all automobiles, as set out in (a) above, at the effective date of the Policy or renewal.

NO COVERAGE IS PROVIDED BY THIS CHANGE FORM ON ANY AUTOMOBILE OWNED OR LEASED BY THE INSURED PRIOR TO THE EFFECTIVE DATE OF THE POLICY WHICH IS NOT INCLUDED ON THE SCHEDULE OF AUTOMOBILES FILED WITH THE INSURER UNTIL A REQUEST FOR COVERAGE HAS BEEN FILED WITH THE INSURER.

(d) The total premium stated in the Policy is an advance premium only and is due and payable at the effective date of the Policy.

(e) The premium for this Policy is based on the following rates per **KILOMETER** and the estimated total of

Receipt <input type="checkbox"/>	Mileage <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	for the policy period is
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- (f) On or before the fifteenth of each month during the policy period the insured shall render to the insurer a statement of the actual amount of Receipt ☐ Mileage ☒ Other ☐ for the preceding month. Upon receipt of this statement (from the insured) the earned premium shall be computed monthly by applying the rates specified in paragraph (e) and is due and payable as agreed between the insurer and insured.
- (g) The insurer shall have the right and opportunity, whenever the insurer so desires, to examine the books and records of the insured insofar as they relate to the premium basis or the subject matter of the Policy.
- (h) It is a condition precedent to coverage under this policy
- (i) for Collision AND Comprehensive that the Rideshare Vehicle Owner have the same coverage "in force"* at the time of loss on the Ontario Automobile Policy (OAP 1) or Ontario Garage Automobile Policy (OAP 4) insuring the automobile.

*For the purpose of this condition, "in force" means in force but for the exclusion in Section 1.8.1, "General Exclusions" of your OAP 1 or Section 7.14(c)

"Excluded Uses" of your OAP 4 with respect to "carrying paying passengers."

All other terms and conditions of your policy remain the same.

Signature of Insured	Date
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