

SAFE DRIVER PLAN

The SAFE DRIVER PLAN protects you from Total Disability anytime you're injured in an accident while driving or riding within the passenger compartment of an Automobile, Truck or Bus anywhere in North America. Benefits are also provided for Hospitalization, Loss of Life and Total Permanent Disability.

(Example Plan E)

\$1,600
per month

Paid to you every month you're Totally Disabled because of a covered motor vehicle injury at the rate of \$1,600 a month, for up to six full months.
(Total Disability must commence within 30 days of accident)

\$12,000
per month

Paid to you every month you're confined in a Hospital because of a covered motor vehicle injury, at the rate of \$400 per day, for up to 60 days. **Paid in addition to Disability Benefit.**

\$20,000

Paid in one lump sum to your beneficiary in the event of your death, as a result of a covered motor vehicle injury, within 365 days of such injury.

INFLATION PROTECTION

We will increase your above benefits 5% per year for 10 years. This guards you against annual inflation. At the end of 10 years, these benefits will have reached their maximum value of 150% of the original amount.

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UP TO

\$160,000

TOTAL PERMANENT DISABILITY

This benefit begins your first year with \$20,000 and increases an additional \$20,000 for each year the Policy is renewed up to the \$160,000 maximum.

IMPORTANT FEATURES:

- Choose your own physician or chiropractor for medical attention.
- 90% of complete claims are settled within 7 days.*
- There are no benefit limits for soft tissue injuries or back injuries or sprains/strains.
- No taxes withheld.

LA CAPITALE FINANCIAL SECURITY PAYS YOUR FULL BENEFIT REGARDLESS OF ANY OTHER BENEFITS YOU RECEIVE

- 24 HOUR A DAY PROTECTION
- ON OR OFF THE JOB
- EVERY DAY OF THE YEAR
- EVERYWHERE IN NORTH AMERICA

IF YOU QUALIFY

This is accident only coverage and it does not pay benefits for loss from sickness, nor provide automobile collision or liability insurance

* A "complete" claim means that the Company has received all information necessary to adjudicate the claim. A complete claim is "settled" when the Company has made a decision on the merits of the claim.

CHOOSE THE PLAN THAT SUITS YOUR NEEDS

PLAN	TOTAL DISABILITY INCOME (MAXIMUM 6 MONTHS)	HOSPITAL INCOME (MAXIMUM 2 MONTHS)	ACCIDENTAL DEATH (LUMP SUM)	MAX. PERMANENT DISABILITY*
	Monthly Benefit	Monthly Benefit		
A	\$400	\$3,000	\$5,000	\$40,000
B	\$800	\$6,000	\$10,000	\$80,000
C	\$1,000	\$7,500	\$12,500	\$100,000
D	\$1,200	\$9,000	\$15,000	\$120,000
E	\$1,600	\$12,000	\$20,000	\$160,000

*Permanent Disability Benefit reaches maximum in 8 years. Other benefits available if you qualify.

GUARANTEED RENEWABLE

Your Safe Driver Benefits are guaranteed renewable - right up to age 85. That means we won't refuse you coverage, nor will we ever raise your rates because of a change in your health or because of the number of claims you have had - right up to age 85. No change may be made in your premium unless the same change is applied to all persons in the same original insuring age, occupational classification and gender living in your province.

IMPORTANT ANSWERS ABOUT THE SAFE DRIVER PLAN (Based on Plan E)

- 1. What is the Safe Driver Plan?**
It is the guaranteed renewable accident protection plan that pays you benefits when you're Totally Disabled in an automobile, bus or truck accident and under a doctor's Regular and Personal Care.
- 2. What does it pay? For how long?**
Up to \$1,600 per month - for a maximum of 6 months while you're Totally Disabled and under a doctor's Regular and Personal Care as a result of the accident. Total Disability must begin within 30 days of the accident.
- 3. What is the Permanent Total Disability Benefit?**
The initial Permanent Total Disability Benefit is \$20,000. For each year the Policy remains in force with no claims for Permanent Total Disability, the benefit will increase \$20,000 each year until the maximum of \$160,000 is reached.
- 4. How do I receive the Permanent Total Disability Benefit?**
Should you become Permanently Totally Disabled as defined in the Policy, the Permanent Total Disability Benefit accumulated at the time your claim began will be paid at a maximum of \$40,000/year until the available benefit is exhausted.
- 5. Are there other benefits?**
Yes. You're paid up to \$12,000 each month when confined in a Hospital at the rate of \$400.00 a day for up to 60 days. Paid in addition to disability benefit.
- 6. Who's eligible?**
The Safe Driver Plan was created for both drivers and passengers. You're eligible if you're between 16 and 80, and qualify for the plan.
- 7. Does the Company recognize chiropractors?**
Yes. As long as they are licensed, they can sign your claim form just the same as licensed medical doctors.
- 8. Can you use this protection more than once?**
Of course. You're paid every time you're Totally Disabled as a result of injuries in a car, bus or truck accident and under a doctor's care, for up to six months. Should you become Permanently Totally Disabled the Policy will have reached its maximum and will terminate.

EXCEPTIONS AND LIMITATIONS

The Policy does not cover any loss which: (1) occurs outside Canada, the United States of America or its possessions or Mexico, and any premium paid to the company for any period not covered by reason of such territorial limitation will be returned pro-rata to the Insured; (2) results from suicide or any attempt thereof (sane or insane); (3) is caused by mental, nervous, emotional or psychological problems regardless of the cause thereof; (4) is caused by illness, disease or chronic fatigue, chronic pain, fibromyalgia, myalgia, encephalomyelitis, neuromyasthenia, Epstein-Barr or similar conditions by other names; (5) results from any intentionally self-inflicted injury; (6) results from pregnancy, childbirth or miscarriage; (7) occurs while engaged in military or naval service of any country at war, or resulting from war or any act of war or participation in insurrection or riot, and any premiums paid to the Company for any period not covered by reason of the Insured's military or naval service will be returned pro-rata to the Insured; (8) results from the Insured being intoxicated or under the influence of any narcotics unless administered on the advice of a Physician; (9) results from committing or attempting to commit a criminal act or engaging in an illegal occupation; (10) results from being engaged in any organized speed contest.
The Insured shall never be considered disabled from two or more disabilities concurrently.

DEFINITIONS

TOTAL DISABILITY, whenever used in the Policy, means that as a result of "Such Injury", you are under the Regular and Personal Care of a Physician, other than yourself, and are unable to perform any of the important daily duties pertaining to your occupation or profession and are not gainfully employed in any other occupation or profession, or if a housewife, unable to perform normal household duties. Total Disability is deemed to have begun with first medical treatment following "Such Injury".
SUCH INJURY, means accidental bodily injury sustained by You while riding in the passenger compartment of a bus, truck or automobile and caused by reason of an accident involving that vehicle.
HOSPITAL, means an establishment which meets all of the following requirements: (1) holds a licence as a hospital (if licensing is required in its jurisdiction); (2) operates primarily for the reception, care and treatment of sick, ailing or injured persons as inpatients; (3) provides twenty-four hour a day nursing service by registered or graduate nurses; (4) has a staff of one or more currently licensed Physicians available at all times; (5) provides organized facility for diagnosis and surgical facilities on site, and (6) is not primarily a clinic, nursing, rest or convalescent home, a rehabilitation centre or an extended care facility and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts.

THIS IS NOT A CONTRACT but a brief description of the principal provisions of the Policy/Rider.
The wording of the Insurance Policy/Rider and Application governs in all circumstances.
Effective date of coverage - the term of this coverage begins on the Policy/Rider Date at noon, Standard Time at the place the Insured resides.

CONDITIONAL RECEIPT

APPLICATION NO.: _____ TOTAL DISABILITY MONTHLY BENEFIT: _____

If You Qualify, Policy or Rider may take up to six weeks to issue. If acknowledgement is not received within 30 days, contact us at: (refer to application #)

LA CAPITALE FINANCIAL SECURITY INSURANCE COMPANY 1 800 268-2835 lacapitaleFS.com

RECEIVED FROM _____ Date: _____ This receipt is issued for \$ _____

for an application for the insurance described in the Policy/Rider applied for. If all the following conditions are met and the Insurer issues a Policy/Rider as applicable to the Applicant, such Policy/Rider will cover the Applicant in accordance with its provisions, limitations and exceptions, for losses on or after the date of application:

- All the information given by the Applicant in the insurance application and/or any supplementary form must be accurate and complete.
- The Insurer must find the Applicant qualified for the plan and amount applied for in accordance with its normal and customary underwriting standards and practices.
- The payment for which this receipt is issued must be one complete premium, according to the Insurer's underwriting rules, for the mode of payment selected in the application.

IN THE EVENT THE APPLICATION IS REJECTED THE ABOVE AMOUNT WILL BE REFUNDED IN FULL BY THE INSURER.

Total Annual Premium \$ _____

Cheque or Money Order payable to La Capitale Financial Security Insurance Company must accompany the application.



Licensed Advisor _____

