

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: Enterprise Rent-A-Car Canada Company

Name of insurer: AIG Insurance Company of Canada

Name of insurance product: Personal Accident and Effects Insurance – Rental Car 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](http://www.lautorite.qc.ca) or call the AMF at 1-877-525-0337.

---

Reserved for use by the insurer: You may view this document and the insurance policy at [www.aig.ca/qc-distribution-lists](http://www.aig.ca/qc-distribution-lists)

## Product Summary

# PERSONAL ACCIDENT INSURANCE AND PERSONAL EFFECTS – RENTAL CAR INSURANCE

---

### Insurer's Contact Information

Name: **AIG Insurance Company of Canada**  
AMF Client Number: 2000533077  
Website: aig.ca  
Address: 120 Bremner Boulevard, Suite 220, Toronto, ON, M5J 0A8  
Phone Number: 1-416-596-3000  
Fax Number: 1-855-453-1063  
Toll Free: 1-800-387-4481

### Claims Administrator's Contact Information

Name: **AIG Insurance Company of Canada**  
Address: 120 Bremner Boulevard, Suite 220, Toronto, ON, M5J 0A8  
Phone Number: (416) 596-4005  
Fax Number: 1-855-326-5546  
Toll Free: 1-877-317-8060

### Distributor's Contact Information

Name: **Enterprise Rent-A-Car Canada Company**  
Website: <https://www.enterprise.ca/en/car-rental.html>  
Address: 5830 Côte-de-Liesse Bureau 200, Mont-Royal, Québec H4T 1B1  
Phone Number: (514) 735-3722  
Fax Number: (514) 735-5506

## **INTRODUCTION**

This Product Summary has been designed to help you understand the coverages and benefits along with the limitations, exclusions and terms and conditions of the Personal Accident Insurance and Personal Effects Insurance (the “**Product**”). This document has been created to assist you, without the advice of a licensed insurance advisor, in determining if the Product is right for you and corresponds to your needs. Some of the terms used in this Product Summary have specific meanings explained in the Certificate of Insurance. Please refer to such policy for complete information on the scope of the Product. You may view this document and the Certificate of Insurance at:

<https://www.aig.ca/qc-distribution-lists>

You can also obtain a copy of the Certificate of Insurance through the distributor's website.

## Table of contents

<a href="#">PRODUCT OFFERED AT THE TIME OF VEHICLE RENTAL</a>	3
<a href="#">CAN I CANCEL THE PRODUCT AND BE REFUNDED?</a>	3
<a href="#">SIMILAR PRODUCTS</a>	3
<a href="#">DON'T FORGET:</a>	3
<a href="#">ELIGIBILITY CRITERIA – WHO AND WHAT IS COVERED</a>	3
<a href="#">Who is covered by this Product?</a>	3
<a href="#">What is the coverage available?</a>	3
<a href="#">For how long are you covered?</a>	3
<a href="#">WHAT ARE THE MAIN LIMITATIONS AND EXCLUSIONS OF THIS PRODUCT?</a>	4
<a href="#">Limitations</a>	4
<a href="#">General Exclusions – Applicable to all Benefits</a>	4
<a href="#">General Exclusions – Applicable to Personal Accident Benefits</a>	4
<a href="#">General Exclusions – Applicable to Personal Effects Benefits</a>	4
<a href="#">WHAT COVERAGES DOES THE PRODUCT OFFER?</a>	5
<a href="#">Accidental Death and Dismemberment Benefit</a>	5
<a href="#">Rehabilitation/Retraining Benefit</a>	5
<a href="#">Medical Repatriation Benefit/Return of Mortal Remains Benefit</a>	5
<a href="#">Emergency Evacuation Benefit</a>	5
<a href="#">Accidental Medical and Dental Expense Benefit</a>	5
<a href="#">In-Hospital Benefit</a>	6
<a href="#">Personal Effects Benefits</a>	6
<a href="#">CLAIM AND PAYMENT OF BENEFITS PROCEDURE</a>	6
<a href="#">When should you notify the Company of a claim?</a>	6
<a href="#">What should this notice include?</a>	6
<a href="#">When do you have to return the claim form?</a>	7
<a href="#">When will the Company pay the benefits?</a>	7
<a href="#">What can you do in the event the Company denies your claim?</a>	7
<a href="#">COMPLAINT RESOLUTION</a>	7
<a href="#">NOTICE OF RESCISSION OF AN INSURANCE CONTRACT</a>	8

## **PRODUCT OFFERED AT THE TIME OF VEHICLE RENTAL**

This insurance is offered at the time of rental of a car for an additional daily charge. The purchase of this insurance is optional and is not required to rent a car.

In order to benefit from the advantages of this Product, you must take out the insurance and pay the associated premiums.

The Product is offered on the following websites:

[nationalcar.ca](http://nationalcar.ca)

[alamo.ca](http://alamo.ca)

## **CAN I CANCEL THE PRODUCT AND BE REFUNDED?**

Typically, when you purchase an insurance product at the time a contract is made, you have 10 days from the purchase date to review your Certificate of Insurance, ask questions and if you conclude the insurance does not provide the coverage you are looking for, you may seek a refund of the premium you paid.

Your request must be made before taking possession of the rental vehicle.

## **SIMILAR PRODUCTS**

There are other types of products on the market that provide similar coverage to the Product that you may purchase on your own.

## **DON'T FORGET:**

- All amounts stated in this summary and in the Certificate of Insurance are in Canadian dollars.
- All coverages are per person (unless the context indicates otherwise).
- You must always provide us with full and accurate information. Making a false statement or concealing certain important information, before or during your Coverage Period, can make you lose your coverage.
- Most claims require you to provide us with supporting documentation and other evidence. Keep all of your receipts, obtain appropriate written confirmations and communicate with us in a timely manner. For more details on what types of claims evidence is required for each type of claim, please refer to the Certificate of Insurance.

## **ELIGIBILITY CRITERIA – WHO AND WHAT IS COVERED**

### **Who is covered by this Product?**

To be covered by this Product, you must be the renter or a rental passenger. The renter must take out the insurance at the time of rental and pay the associated premium plus applicable taxes. .

### **What is the coverage available?**

This Product insures losses that occur in the event of an Accident or the loss or theft of your personal effects during the Coverage Period within Canada or the United States, but only if the loss arises out of the use of a rental vehicle which is rented in Canada.

### **For how long are you covered?**

You are covered by this Product during the Coverage Period.

The expression Coverage Period has a specific meaning in this Certificate of I. “**Coverage Period**” means the period the renter has elected to purchase and has paid for coverage under the certificate that falls within or is equal to the period of the rental agreement, and while the policy is in effect.

Your coverage will take effect, provided that the required premium has been paid to Enterprise by the renter on the latest of: (1) the date/time specified on the rental agreement; or (2) the date/time the insured picks up the rental vehicle.

Your coverage ends on the earliest of: (1) the date/time the insured returns the rental vehicle if earlier than the return date/time specified in the rental agreement; or (2) the return date/time specified in the rental agreement.

## **WHAT ARE THE MAIN LIMITATIONS AND EXCLUSIONS OF THIS PRODUCT?**

You will not be covered for certain losses or incidents if they are excluded from coverage for the Product or if they are subject to a limitation. Here are a few examples of limitations or exclusions contained in the Product. Please refer to the Certificate of Insurance for a complete list of the limitations and exclusions.

### **Limitations**

This Product provides that if you suffer one or more losses from the same Accident for which amounts are payable under more than one of the following benefits, the maximum amount payable under all of the benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit or Accidental Dismemberment Benefit.

### **General Exclusions – Applicable to all Benefits**

- Losses or claims that arise out of the use of the rental vehicle when such use is in violation of the conditions of the rental agreement.
- Losses or claims that arise out of the operation of the rental vehicle by any driver who is not authorized under the rental agreement.
- Losses or claims that arise out of any insured's liability for damage to the rental vehicle.

### **General Exclusions – Applicable to Personal Accident Benefits**

- Losses or claims resulting from intentionally self-inflicted injuries, suicide, or any attempt of the same while sane or insane.
- Losses or claims resulting from sickness, disease, or bodily infirmity whether the loss or claim results directly or indirectly from any of these.
- Losses or claims resulting from an injury caused or contributed to by the covered person's commission of or attempt to commit a felony or assault, participation in or engaging in an act of violence, civil disobedience, civil disorder, riot or insurrection.
- Losses or claims resulting from an injury when such injury arises while the insured is under the influence of any intoxicant or narcotic, unless administered on the advice of a physician.

### **General Exclusions – Applicable to Personal Effects Benefits**

- Losses or damages to certain items provided for in the Certificate of Insurance.
- Losses or damages resulting from wear and tear, gradual deterioration, moths, vermin, inherent vice or defect or damage sustained due to any process or while actually being worked upon and resulting therefrom.
- Losses or damages resulting from contraband transport or illegal trade.

**For a full list of exclusions, please consult the "Limitations" and "General Exclusions" sections under Article 5 of the Certificate of Insurance . In addition to general limitations and exclusions, specific limitations and exclusions may be applicable to your coverage and are provided for under Sections 3 and 4 of the Certificate of Insurance You should always act prudently and reasonably, as if you were uninsured. Otherwise, your coverage may be limited or denied.**

## **WHAT COVERAGES DOES THE PRODUCT OFFER?**

This Product provides several types of coverage. We provide a few examples below. For more details on what is covered, please refer to sections “Personal Accident Benefits” (Section 3) and “Personal Effects Benefits” (Section 4) of the Certificate of Insurance. Please consult the “Schedule of Benefits” in the Certificate of Insurance for information about the specific maximum amounts of coverage.

### **Accidental Death and Dismemberment Benefit**

If you sustain an injury within 365 days of the date of the Accident and it results in a loss listed in the “Schedule of Benefits” provided for in Section 3.1 of the Certificate of Insurance, AIG Insurance Company of Canada (the “**Company**”) will pay the amount of benefit shown in the “Schedule of Benefits”. If more than one of such specified losses shall result from the same Accident, only one amount, the largest, shall be paid.

**Accident** means a sudden, unexpected, and unforeseeable event that occurs during the Coverage Period.

**The maximum total benefits that shall be payable in the aggregate for all covered persons for any covered Accident is \$500,000 regardless of the number of persons.**

### **Rehabilitation/Retraining Benefit**

If you suffer an injury resulting in a loss (other than loss of Life) for which the Company has paid a benefit set out in the “Schedule of Benefits” under Section 3.1 of the Certificate of Insurance, the Company shall pay the reasonable and necessary expenses actually incurred for such rehabilitation/retraining up to a maximum of \$20,000 per covered person.

Please refer to Section 3.2 of the Certificate of Insurance for more details pertaining to the conditions and limitations of this benefit.

### **Medical Repatriation Benefit/Return of Mortal Remains Benefit**

This Product includes benefits for the transfer to a hospital nearest to your location of permanent residence and the repatriation of your remains in certain circumstances provided for in the Certificate of Insurance.

Please refer to Section 3.3 of the Certificate of Insurance for more details pertaining to the conditions and limitations of this benefit.

**The Company must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact the Company in advance.**

### **Emergency Evacuation Benefit**

This Product includes benefits for emergency evacuation expenses reasonably incurred if you suffer an injury or emergency sickness that warrants your emergency evacuation while you are outside a 150 kilometre radius from your location of permanent residence in certain circumstances provided for in the Certificate of Insurance.

Please refer to Section 3.4 of the Certificate of Insurance for more details pertaining to the conditions and limitations of this benefit.

**The Company must make all arrangements and must authorize all expenses in advance for any Emergency Evacuation benefits to be payable. The Company reserves the right to determine the benefits payable, including any reductions, if it is not reasonably possible to contact the Company in advance.**

## **Accidental Medical and Dental Expense Benefit**

### **Accidental Medical Expense Benefit**

This Product includes benefits for accidental medical expenses incurred as a result of an Accident in certain circumstances provided for in the Certificate of Insurance. The medical expenses covered include, among others, charges for hospital room and board, use of the operating room, emergency room, ambulatory surgical facility and fees of a physician and treatment by a nurse of certain medical cares provided for in the Certificate of Insurance.

Please refer to Section 3.5 of the Certificate of Insurance for a complete list of the covered expenses and more information about conditions and limitations of this benefit.

### **Accidental Dental Benefit**

This Product includes benefits for accidental dental expenses incurred as a result of an Accident in certain circumstances provided for in the Certificate of Insurance.

Please refer to Section 3.5 of the Certificate of Insurance for a complete list of the covered expenses and more information about conditions and limitations of this benefit.

### **In-Hospital Benefit**

This Product includes benefits in the event of hospitalization. It is provided that if you suffer an injury resulting in a loss (other than loss of life) for which the Company has paid a benefit set out in the "Schedule of Benefits" under Section 3.1 of the Certificate of Insurance, and as a consequence of such loss, pursuant to the instructions of a physician, you are confined to a hospital for more than five consecutive overnight stays, the Company will pay a lump-sum benefit of \$5,000 per insured per Coverage Period.

### **Personal Effects Benefits**

This Product includes benefits for the loss, theft or damage to personal effects in the care, custody and control of the insured, during transit, or while in any hotel or building (other than the covered person's personal residence), or while locked in the rental vehicle, during the Coverage Period, subject to the conditions set out in the Certificate of Insurance.

Please refer to Section 4 of the Certificate of Insurance for more information pertaining to the conditions and limitations of this benefit.

## **CLAIM AND PAYMENT OF BENEFITS PROCEDURE**

### **When should you notify the Company of a claim?**

The insured shall notify the Company immediately after being aware of a loss, or an occurrence which may lead to a loss under any of the insurance benefits.

**A notice to Enterprise is not considered a notice to the Company.**

### **What should this notice include?**

The notice must include: the insured's name, the renter's name and the location of the office where the rental vehicle was rented; the time, place and circumstances of the Accident; and the names and addresses of witnesses and potential claimants. The insured will then be sent a claim form.

**Where the loss is due or appears to be due to theft, burglary, robbery, malicious mischief or disappearance of personal effects, the insured must give immediate notice thereof to the police or other authorities having jurisdiction.**

### **When do you have to return the claim form?**

The insured shall then give written notice of a claim (on a claim form or other written notification) to the Company not later than 30 days after the occurrence or commencement of any loss covered or as soon thereafter as is reasonably possible, but in all events, written notice must be provided no later than 90 days from the date of loss. Written notice given by or on behalf of the claimant or the beneficiary to the Company with information sufficient to identify the insured, shall be deemed a notice of claim.

The appropriate claim forms, including a copy of the rental agreement, together with written proof of loss, must be delivered as soon as reasonably possible, but in all events within one year from the date that the loss occurred.

### **When will the Company pay the benefits?**

Benefits payable under the Certificate of Insurance will be paid upon receipt of full written proof of loss, as determined by the Company. The Company is required to pay the benefits within 60 days of receipt of the relevant information and full written proof of loss.

### **What can you do in the event the Company denies your claim?**

If your claim is denied, you will receive a notification from the Company explaining why the claim is not payable. You will be given the opportunity to submit additional documentation to support your claim at which time the Company will review the additional information and provide you with a final decision.

**Please refer to Section 6 of the Certificate of Insurance for all the details pertaining to the claim procedure and the payment of covered benefits.**

## **COMPLAINT RESOLUTION**

In the event that you are not satisfied with the Product, please refer to the Company's Complaint Resolution Policy at <https://www.aig.ca/complaint-resolution-policy>.



## 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 <https://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)