



001

SELECT LANGUAGE

English

## ANNUAL STATEMENT ON MARKET CONDUCT

### Property and Casualty Insurance

010 Insurer name:

020 Client number:

030 Name of the contact person:

040 Email of the contact person:

050 For fiscal year ended:

060 Jurisdiction of incorporation:

070 If "Foreign", Country or State:

**\*Provinces and territories in which the organization is licensed:**

- |     |  |  |                                       |
|-----|--|--|---------------------------------------|
| 080 | Alberta <input type="checkbox"/>                   | Northwest Territories <input type="checkbox"/> | Quebec <input type="checkbox"/>       |
| 081 | British Columbia <input type="checkbox"/>          | Nova Scotia <input type="checkbox"/>           | Saskatchewan <input type="checkbox"/> |
| 082 | Manitoba <input type="checkbox"/>                  | Nunavut <input type="checkbox"/>               | Yukon <input type="checkbox"/>        |
| 083 | New Brunswick <input type="checkbox"/>             | Ontario <input type="checkbox"/>               |                                       |
| 084 | Newfoundland and Labrador <input type="checkbox"/> | Prince Edward Island <input type="checkbox"/>  |                                       |

090 Type(s) of insurance offered by the organization:

*Commercial lines insurers are only required to fill Governance (2.0) and Complaints sections (9.0 and 9.6).*

100 Are you currently offering insurance products?



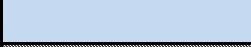

*You are offering insurance products if you are issuing new insurance contracts. Insurers that are only servicing existing policies are only required to complete sections on governance (2.0) and complaints (9.0 and 9.6).*

# ANNUAL STATEMENT ON MARKET CONDUCT

## Property and Casualty Insurance

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|                                | <p>Note that, during the transmission of your form via the e-services, the system proceeds to validations of the data given in the Annual Statement (mandatory sections, Yes / No questions, respect of format required, etc.)</p> <p>The "Validation" tab allows you to ensure that your Annual Statement form can be submitted without problems in the system.</p> <p>There are two types of validation messages:<br/>                     E = Error. Means that you need to correct this data before submitting your form. Blocking.<br/>                     A = Alert. Means that this response may not be consistent with what is requested. Just make sure your answer is correct. Not blocking.</p> <p>"Error" or "Alert" messages are reported by the red color in the "Result" column. You can filter by color to more easily identify all the messages.</p> <p><b>In order to transmit the Annual Statement, you must complete the form in the language of your data software (Excel). You must keep this same language for the entire form.</b></p> |

| LEGEND  |                                       |
|---|---------------------------------------|
|  | Dropdown Menu                         |
|  | Locked Field - Automatic Calculations |
|  | Enterable Field                       |
|  | Locked Field - Leave Empty            |
| <a href="#">Underlined</a>  | Hyperlink                             |

| LINK                         |   |
|------------------------------|---|
| <a href="#">DEFINITIONS</a>  | The definitions are also accessible from each tab by clicking on the pictogram provided for this purpose. |
| <a href="#">INSTRUCTIONS</a> | <b>Please read the general instructions carefully before completing the Annual Statement.</b>             |



## 2. GOVERNANCE

DEFINITIONS

Question 1: This individual is often the CCO or CEO for smaller organization. It is not the Ombudsperson.

Question 2: Total number of employees includes all types of employees (full time, contractual, etc.).

Questions 7.1 and 7.2: "Reviews and audits" refers to those conducted by the insurer and include, but are not limited to, examinations, compliance reviews, internal audits and other assessments of market conduct.

Question 9: "Organizational or operational changes" includes mergers and acquisitions or other material changes within the insurer that may impact or affect the outcomes associated with FTC as described by the International Association of Insurance Supervisors (IAIS).

### 1. Identify the senior officer(s) in charge of ensuring the development, implementation and enforcement of policies and practices related to the fair treatment of consumers at the end of the reference period:

(01)

001 Check this box if no senior officer is in charge:

010 a) Name of the senior officer:

020 b) Title:

030 c) Address:

040 d) Telephone number:

050 e) Email:

060 a) Name of the senior officer:

070 b) Title:

080 c) Address:

090 d) Telephone number:

100 e) Email:

110 a) Name of the senior officer:

120 b) Title:

130 c) Address:

140 d) Telephone number:

150 e) Email:

### 1.1 Provide an overview of the processes and responsibilities regarding the development, implementation and enforcement of policies and practices related to the fair treatment of consumers within your organization:

(01)

160

### 2. Please indicate the total number of employees in your organization:

(01)

170

### 2.1 Please indicate the total number of employees whose primary responsibilities (50% or more) are related to the oversight of fair treatment of consumers:

180

### 3. Do you have a code or policy that specifically addresses the fair treatment of consumers?

(01)

190

#### If yes, please answer the questions below:

200 a) When was the last time you reviewed your code or policy (YYYY-MM-DD) whether or not the review resulted in a change

210 b) Have you communicated this code or policy to all of your staff?

#### If no, please answer the question below:

220 c) Do you intend to develop such a document within the next year?

### 4. Is the fair treatment of consumers a priority at each stage of the product life cycle and in every area of your operations?

(01)

230

#### If yes, please indicate if you engage in each of the following practices to ensure the fair treatment of consumers:

240 a) Develop strategies, objectives and initiatives to promote the fair treatment of consumers

250 b) Embed the fair treatment of consumers in the organization's policies and code of ethics

260 c) Develop mechanisms and procedures to identify and address any conflicts that could impact the fair treatment of consumers

270 d) Develop measures and reports to inform management of the organization's performance in the fair treatment of consumers

#### If no, please explain why the fair treatment of consumers is not a priority of each stage at the product life cycle and in every area of your operations in the space below:

(01)

280

|  |      |
|--|------|
| <b>5. Please provide an overview of the type and length of training employees receive on hiring and on an ongoing basis with respect to the fair treatment of consumers:</b> |      |
|  | (01) |
| 290  |      |

|  |      |      |
|--|------|------|
| <b>6. During the past year, have you been the subject of any regulatory action of significance by a regulator outside of Canada that relates to fair treatment of consumers that could have a material impact on market conduct practices in Canada?</b> |      | (01) |
| 300  |      |      |
| <b>If yes, please provide details (which regulator, product concerned, outcome, etc.):</b>   |      |      |
|  | (01) |      |
| 310  |      |      |

|  |  |  |
|--|--|--|
| <b>7. Please select the option that reflects the method of distribution adopted by your organization:</b>  |  | (01)   |
| 320  |  | Both independent channels and direct or exclusive agents |
| <p>If you distribute your products exclusively through independent channels, answer questions 7.1<br/>         If you distribute your products exclusively through direct or exclusive agents, answer questions 7.2<br/>         If you distribute your products through both independent channels and direct or exclusive agents, answer questions 7.1 and 7.2</p> <p>"Other distribution channels" are not covered by this question.</p> |  |  |
| <b>7.1 Independent Channels</b>  |  |  |
|  | (01)   |  |
| 330  | a) Please indicate the total number of distribution contracts you have with independent agents (brokers)   |  |
| 340  | b) Please indicate the total number entities holding distribution contracts (e.g. brokerage firms)   |  |
| 350  | c) Please indicate the total number of independent agents (brokers) and brokerage firms within your distribution channel that were the subject of a review or audit that included a focus on fair treatment of consumers |  |
| 360  | d) Please identify the scope of the audit(s)/review(s) conducted over the independent agents (brokers)   |  |
| 370  | e) Please identify the three most pervasive/frequent market conduct activities and/or conditions ("triggers") that led to targeted, risk-based audits or reviews of independent agents (brokers) and/or entities         |  |
| <b>7.2 Direct or Exclusive Agents</b>  |  |  |
| 380  | a) Please indicate the total number of direct or exclusive agents included within your distribution network  |  |
| 390  | b) Please indicate the total number of direct or exclusive agents that were reviewed or audited  |  |
| 400  | c) Please indicate the total number of direct or exclusive agents within your distribution network channel that were the subject of a review or audit that included a focus on market conduct practices                  |  |
| 410  | d) Please identify the scope of the audit(s)/review(s) conducted over the direct or exclusive agents   |  |
| 420  | e) Please identify the three most pervasive/frequent market conduct activities and/or conditions ("triggers") that led to target, risk-based audits or reviews of direct or exclusive agents                             |  |

|  |   |   |
|--|---|---|
| <b>8. Please indicate if each element listed below is provided or addressed before or at the time of purchase and if you have processes / mechanisms in place to ensure that it is disclosed or addressed:</b> |   |   |
|  | (01)  |   |
| 430  | a) Insurer name and contact information                       | Information not disclosed or not complied with                |
| 440  | b) Product and its main features                              | Information disclosed/complied with but no mechanism in place |
| 450  | c) Suitability risks associated with the product              | Information disclosed and mechanism in place                  |
| 460  | d) Right of termination or rescission                         | Non applicable  |
| 470  | e) Clear, plain language communication that is not misleading |   |
| 480  | f) Formatting that is easy to read and understand             |   |
| 490  | g) Up-to-date information provided in a timely manner         |   |
| 500  | h) Potential conflicts of interest                            |   |

|   |  |  |
|---|--|--|
| <b>9. Please indicate if each type of information listed below is provided after the sale and if mechanisms are in place to ensure that it is provided:</b> |  |  |
|   | (01)   |  |
| 510   | a) Substitutions or replacement of a product   | Information provided and mechanism in place    |
| 520   | b) Contract amendments   | Information provided but no mechanism in place |
| 530   | c) Customer rights and obligations in connection to any material changes in the product that was sold or offered | Information not provided                       |
| 540   | d) Changes in the environment that may impact the product (e.g. legislative changes)                             |  |

|     |  |  |
|-----|--|--|
| 550 | e) Organizational or operational changes that may impact the customer, product or related services |  |
|-----|--|--|

|     |  |      |
|-----|--|------|
| 560 | <b>10. Do you engage in advertising campaigns directed toward consumers?</b> | (01) |
|-----|--|------|

If yes, please indicate if you have processes/mechanisms in place to ensure / address the following in your advertising campaigns:

|     |  |  |
|-----|--|--|
| 570 | a) Advertising satisfies all applicable legal and regulatory requirements  |  |
| 580 | b) Name of the insurer is clearly indicated  |  |
| 590 | c) Advertising is appropriate for the target consumer group  |  |
| 600 | d) Written advertisements are presented in a format that is easy to read and understand                                      |  |
| 610 | e) Advertising is truthful and authentic with respect to the use of statistics and testimonials                              |  |
| 620 | f) Unclear, misleading or inaccurate advertisements are promptly modified or withdrawn                                       |  |
| 630 | g) Advertising is reviewed independently of the person who designed or prepared the advertisement prior to its dissemination |  |

|     |  |      |
|-----|--|------|
| 640 | <b>11. Do you conduct customer satisfaction surveys?</b> | (01) |
|-----|--|------|

If yes, please indicate the frequency at which you conduct customer satisfaction surveys for each of the following:

|     |              |                              |
|-----|--------------|------------------------------|
| 650 | a) Sale      | Immediately after each event |
| 660 | b) Claim     | Annually                     |
| 670 | c) Complaint | On an ad-hoc basis           |
| 680 | d) Other     | No satisfaction survey done  |

**12. General comments:**

(01)

690



### 3. POLICIES

DEFINITIONS

The information to be reported in this tab excludes commercial insurance products.  
 All fields must be completed. If you do not offer products in a class of insurance, simply indicate 0.

| Class of Insurance          | Number of New Policies Issued | Number of Policies Renewed | Number of Insurer Initiated Non-renewals | Number of Applications from Consumer Declined by Insurer | Number of Customer Initiated Non-renewal | Number of Insurer Initiated Cancellations | Number of Customer Initiated Cancellations | Number of Insurer Initiated Cancellations without any Refund of Premium | Number of Insurer Initiated Cancellations with Refund of Premium |                          |
|-----------------------------|-------------------------------|----------------------------|--|--|--|---|--|---|--|--------------------------|
|                             |                               |                            |  |  |  |   |  |   | Fully Refunded (ab initio)                                       | Prorated and Short-rated |
|                             | (01)                          | (02)                       | (03)                                     | (04)   | (05)                                     | (06)                                      | (07)                                       | (08)  | (09)   | (10)                     |
| 010 Property                |                               |                            |  |  |  |   |  |   |  |                          |
| 020 Aircraft                |                               |                            |  |  |  |   |  |   |  |                          |
| 030 Automobile              |                               |                            |  |  |  |   |  |   |  |                          |
| 040 Credit Protection       |                               |                            |  |  |  |   |  |   |  |                          |
| 050 Legal Expense           |                               |                            |  |  |  |   |  |   |  |                          |
| 060 Liability               |                               |                            |  |  |  |   |  |   |  |                          |
| 070 Mortgage                |                               |                            |  |  |  |   |  |   |  |                          |
| 080 Title                   |                               |                            |  |  |  |   |  |   |  |                          |
| 090 Marine                  |                               |                            |  |  |  |   |  |   |  |                          |
| 100 Accident and Sickness   |                               |                            |  |  |  |   |  |   |  |                          |
| 110 Other Approved Products |                               |                            |  |  |  |   |  |   |  |                          |
| 129 TOTAL                   | 0                             | 0                          | 0  | 0  | 0  | 0   | 0  | 0   | 0  | 0                        |

**General comments:**

(01)



# 4. PRODUCTS

DEFINITIONS

The information to be reported in this tab excludes commercial insurance products.

(01) Product families that were available for sale during the reporting year are to be reported.

(02) In the "class of insurance" column, please indicate the main guarantee only.

(03) Material changes to be reported are limited to material changes initiated by the insurer or are the result of a decision made by the insurer. Excludes regulatory required changes.

|     |   |      |
|-----|---|------|
|     |   | (01) |
| 010 | 1. How many product families do you have? |      |

|     |   |      |
|-----|---|------|
|     |   | (01) |
| 020 | 2. How many product families were reviewed with a focus on fair treatment of consumers and consumers'needs in the reference period? |      |

|     | Product Family | Class of Insurance      | Material Change(s) in the Offer or in the Product? | If yes, Indicate the Initial Date of Change | Type of Change             | Did the Change Result in a Change in the Target Market? | Is it a New Product Family? | Comments or Additional Information |
|-----|----------------|-------------------------|--|---|----------------------------|---|-----------------------------|------------------------------------|
|     | (01)           | (02)                    | (03)   | (04)  | (05)                       | (06)  | (07)                        | (08)                               |
| 030 |                | Property                | Yes  |   | Product features           | Yes   | Yes                         |                                    |
| 040 |                | Aircraft                |  |   | Pricing                    | No  | No                          |                                    |
| 050 |                | Automobile              |  |   | Product features & pricing | Non applicable  |                             |                                    |
| 060 |                | Credit Protection       |  |   | New product                |   |                             |                                    |
| 070 |                | Legal Expense           |  |   | Discontinued product       |   |                             |                                    |
| 080 |                | Liability               |  |   | Non applicable             |   |                             |                                    |
| 090 |                | Mortgage                | No   |   |                            |   |                             |                                    |
| 100 |                | Title                   |  |   |                            |   |                             |                                    |
| 110 |                | Marine                  |  |   |                            |   |                             |                                    |
| 120 |                | Accident and Sickness   |  |   |                            |   |                             |                                    |
| 130 |                | Other Approved Products |  |   |                            |   |                             |                                    |
| 140 |                |                         |  |   |                            |   |                             |                                    |

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**3. General comments:**

(01)

730



## 5. PREMIUMS, COMISSIONS AND CLAIMS

DEFINITIONS

The information to be reported in this tab excludes commercial insurance products.

All amounts are to be reported in thousands of dollars.

The information requested in this section must be expressed in an accounting basis (as in the Quarterly Return / Annual Supplement - P&C).

The premiums, commissions and claims requested in this section excludes business outside Canada.

All premiums, commissions and claims must be provided solely for the entity of insurance submitting the form (non-consolidated data).

The information to be reported in this tab excludes reinsurance.

For commissions, "Direct or Exclusive Agent" includes commissions paid to agents as well as firms for the sales or service of any product.

For increased clarity, references to the Quarterly Return / Annual Supplement are provided for each type of information requested. Please note that the nature of the required information in the Annual Statement on Market Conduct may differ from the reference given. (ex. Consolidated information is requested in the Quarterly Return / Annual Supplement as the information requested here must be non-consolidated, information must be provided for each distribution channel in the Annual Statement on Market Conduct as it does not in the Quarterly Return / Annual Supplement).

A product is considered to be sold by Internet if the entire sale process is done by Internet. Obtaining an online quote is not considered an Internet sale. If a sale is completed by a licensed agent after the customer obtains information/price from a website, it is not considered an Internet sale either.

All fields must be completed. If you do not offer products in a class of insurance, simply indicate 0.

### 1. Premiums, commissions and claims by distribution channel (in thousands of dollars - non-consolidated data)

| Class of Insurance          | Direct Premiums Written   |                            |                             |               | Direct commissions in respect of Premium Written   |                            |                             |               | Claims incurred   |                            |                             |               |
|-----------------------------|---|----------------------------|-----------------------------|---------------|--|----------------------------|-----------------------------|---------------|---|----------------------------|-----------------------------|---------------|
|                             | Reference to the Quarterly Return / Annual Supplement:<br>Schedule 93.30 for Canadian insurers<br>Schedule 67.10 for Foreign insurers |                            |                             |               | Reference to the Quarterly Return / Annual Supplement:<br>Schedule 95.20 for insurers licensed in Quebec |                            |                             |               | Reference to the Quarterly Return / Annual Supplement:<br>Schedule 93.50 for Canadian insurers<br>Schedule 67.30 for Foreign insurers |                            |                             |               |
|                             | Independent Agents (Broker)   | Direct or Exclusive Agents | Other Distribution Channels | TOTAL (\$000) | Independent Agents (Broker)  | Direct or Exclusive Agents | Other Distribution Channels | TOTAL (\$000) | Independent Agents (Broker)   | Direct or Exclusive Agents | Other Distribution Channels | TOTAL (\$000) |
| (01)                        | (02)  | (03)                       | (19)                        | (04)          | (05)   | (06)                       | (49)                        | (08)          | (09)  | (10)                       | (89)                        |               |
| 010 Property                |   |                            |                             | 0             |  |                            |                             | 0             |   |                            |                             | 0             |
| 020 Aircraft                |   |                            |                             | 0             |  |                            |                             | 0             |   |                            |                             | 0             |
| 030 Automobile              |   |                            |                             | 0             |  |                            |                             | 0             |   |                            |                             | 0             |
| 040 Credit Protection       |   |                            |                             | 0             |  |                            |                             | 0             |   |                            |                             | 0             |
| 050 Legal Expense           |   |                            |                             | 0             |  |                            |                             | 0             |   |                            |                             | 0             |
| 060 Liability               |   |                            |                             | 0             |  |                            |                             | 0             |   |                            |                             | 0             |
| 070 Mortgage                |   |                            |                             | 0             |  |                            |                             | 0             |   |                            |                             | 0             |
| 080 Title                   |   |                            |                             | 0             |  |                            |                             | 0             |   |                            |                             | 0             |
| 090 Marine                  |   |                            |                             | 0             |  |                            |                             | 0             |   |                            |                             | 0             |
| 100 Accident and Sickness   |   |                            |                             | 0             |  |                            |                             | 0             |   |                            |                             | 0             |
| 110 Other Approved Products |   |                            |                             | 0             |  |                            |                             | 0             |   |                            |                             | 0             |
| 129 TOTAL (\$000)           | 0   | 0                          | 0                           | 0             | 0  | 0                          | 0                           | 0             | 0   | 0                          | 0                           | 0             |

|     |   |      |
|-----|---|------|
| 130 | <b>2. Do you sell your products through affinity groups?</b>                                    | (01) |
| 140 | <b>If yes, indicate the number of arrangements in force at the end of the reporting period:</b> |      |

|     |   |      |
|-----|---|------|
| 150 | <b>3. Do you sell products through the Internet?</b>                      | (01) |
| 160 | <b>If yes, please provide the following information for direct sales:</b> |      |
|     |   | (01) |
| 160 | a) Number of policies sold  |      |
| 170 | b) Direct premiums (in thousands of dollars)                              |      |

|     |                             |
|-----|-----------------------------|
| 180 | <b>4. General comments:</b> |
|     | (01)                        |



# 6. DISTRIBUTORS

DEFINITIONS

The information to be reported in this tab excludes commercial insurance products.

All amounts are to be reported in thousands of dollars.

Information on your top 25 distributors (determined by the amount of Direct Premiums Written) is to be reported in this section.

If a distributor has several locations, it is to be considered as a whole and reported only once.

(03) Percentage of total business is based upon sales in the reporting period (Direct Premiums Written).

(07) "Loan" does not include advancement of commissions. If no loan is granted to a distributor listed, please indicate 0.

(07) and (08) If you are not participating in the distributor's equity or have no loan, please indicate 0.

|     | Top 25 Distributors | Licensed? | % of Total Business | Distribution Channel        | Exclusivity Clause? | Binding Authority? | Loans to Distributor (\$000) | % Participating in Distributor's Equity | Minimum Volume Clause? | First Refusal Right Over Distributor? | Other Types of Advantages? | Compliance Review Conducted? | If yes, Date of the Last Review | Comments or Additional Information |
|-----|---------------------|-----------|---------------------|-----------------------------|---------------------|--------------------|------------------------------|---|------------------------|---------------------------------------|----------------------------|------------------------------|---------------------------------|------------------------------------|
|     | (01)                | (02)      | (03)                | (04)                        | (05)                | (06)               | (07)                         | (08)                                    | (09)                   | (10)                                  | (11)                       | (12)                         | (13)                            | (14)                               |
| 010 |                     | Yes       | 0-5%                | Direct or exclusive agents  | Yes                 | Yes                |                              |   | Yes                    | Yes                                   | Yes                        | Yes                          |                                 |                                    |
| 020 |                     | No        | 6-10%               | Independent agents (Broker) | No                  | No                 |                              |   | No                     | No                                    | No                         | No                           |                                 |                                    |
| 030 |                     |           | 11-15%              | MGA                         |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 040 |                     |           | 16-20%              | Other - specify in comments |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 050 |                     |           | 21-40%              |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 060 |                     |           | 41-60%              |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 070 |                     |           | 61-75%              |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 080 |                     |           | 76-85%              |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 090 |                     |           | 86-100%             |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 100 |                     |           |                     |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 110 |                     |           |                     |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 120 |                     |           |                     |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 130 |                     |           |                     |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 140 |                     |           |                     |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 150 |                     |           |                     |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 160 |                     |           |                     |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 170 |                     |           |                     |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 180 |                     |           |                     |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 190 |                     |           |                     |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 200 |                     |           |                     |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 210 |                     |           |                     |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 220 |                     |           |                     |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 230 |                     |           |                     |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 240 |                     |           |                     |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |
| 250 |                     |           |                     |                             |                     |                    |                              |   |                        |                                       |                            |                              |                                 |                                    |

**2. Other type(s) of advantage(s) (resource loan, marketing, etc.):**

(01)

260

**3. General comments:**

(01)

270



# 7. SALES AND INCENTIVES MANAGEMENT

DEFINITIONS

The information to be reported in this tab excludes commercial insurance products.

All fields must be completed. If you do not offer products in a class of insurance, simply indicate 0.

For all questions: list only the incentives that are provided by the insurer. Compensation practices of any entity distributing the product of the insurer are excluded.

## 1. This question is limited to the direct sales force (direct or exclusive agents)

Excluding sales force whose remuneration is fully variable, please provide the information requested below:

### 1.1 List by product the average of commissions paid (% of the premium of a new policies) within the first year of the policy being in force:

|                             | (01) |  |
|-----------------------------|------|--|
|                             | (%)  |  |
| 010 Property                |      |  |
| 020 Aircraft                |      |  |
| 030 Automobile              |      |  |
| 040 Credit Protection       |      |  |
| 050 Legal Expense           |      |  |
| 060 Liability               |      |  |
| 070 Mortgage                |      |  |
| 080 Title                   |      |  |
| 090 Marine                  |      |  |
| 100 Accident and Sickness   |      |  |
| 110 Other Approved Products |      |  |

### 1.2 List by product the average of commissions paid for the policy renewal (% of renewal premium):

|                             | (01) |  |
|-----------------------------|------|--|
|                             | (%)  |  |
| 120 Property                |      |  |
| 130 Aircraft                |      |  |
| 140 Automobile              |      |  |
| 150 Credit Protection       |      |  |
| 160 Legal Expense           |      |  |
| 170 Liability               |      |  |
| 180 Mortgage                |      |  |
| 190 Title                   |      |  |
| 200 Marine                  |      |  |
| 210 Accident and Sickness   |      |  |
| 220 Other Approved Products |      |  |

## 2. For sales force and sales management, indicate if your organization offers each type of the following:

|   | (01)        | (02)             |  |
|---|-------------|------------------|--|
|   | Sales Force | Sales Management |  |
| 230 a) Cash prizes or other gifts         | Yes         | Yes              |  |
| 240 b) Money loan                         | No          | No               |  |
| 250 c) Profit sharing                     |             |                  |  |
| 260 d) Bonus                              |             |                  |  |
| 270 e) Other, specify in the space below: |             |                  |  |

|     | (01) |
|-----|------|
| 280 |      |

## 3. For sales force only, indicate whether performance measures and incentives or commissions consider the following:

|                                  | (01)                 | (02)                      |  |
|----------------------------------|----------------------|---------------------------|--|
|                                  | Performance Measures | Incentives or Commissions |  |
| 290 a) Cancellations (ab initio) | Yes                  | Yes                       |  |
| 300 b) Number of complaints      | No                   | No                        |  |
| 310 c) Premium volume            |                      |                           |  |
| 320 d) Claims volume             |                      |                           |  |

|   |                          |  |  |
|---|--------------------------|--|--|
| 330   | e) Consumer satisfaction |  |  |
| <b>3.1</b>  |                          |  |  |
| Provide details of any other sales force performance measures and incentives or commissions you have that are based on the fair treatment of consumers: |                          |  |  |
| (01)  |                          |  |  |
| 340   |                          |  |  |

|                             |  |  |  |
|-----------------------------|--|--|--|
| <b>4. General comments:</b> |  |  |  |
| (01)                        |  |  |  |
| 350                         |  |  |  |



# 8. CLAIMS

DEFINITIONS

The information to be reported in this tab excludes commercial insurance products.

All fields must be completed. If you do not offer products in a class of insurance, simply indicate 0.

Question 1:

A claim is considered opened or reported when the insurer opens the claim's file.

A claim is considered denied if the insurer refuses to pay any amount of this claim. In those cases, no indemnity payment is made but payment of certain fees (expert fees, claim adjuster fees, etc.) may be made. Excludes partial denial.

A claim is closed when the final payment was transmitted to the insured.

(10) For the "Accident and Sickness" class of insurance, in case of periodic payments, a claim is considered closed when the initial payment was transmitted to the insured. "Average days to final payment" does not include periodic payments (ex. long-term disability ) or payments made in installments.

Questions 2 and 3:

The information sought is limited to complete denials of claims.

Question 4:

Only lawsuits between a consumer and an insurer regarding an insurance policy must be reported in this section. Subrogation proceedings are excluded, i.e. the proceedings taken to recover the amount of indemnity paid against the person responsible for the loss or his insurer.

| 1. Complete the table |   | Property | Aircraft | Automobile | Credit Protection | Legal Expense | Liability | Mortgage | Title | Marine | Accident and Sickness | Other Approved Products |
|-----------------------|---|----------|----------|------------|-------------------|---------------|-----------|----------|-------|--------|-----------------------|-------------------------|
|                       |   | (01)     | (02)     | (03)       | (04)              | (05)          | (06)      | (07)     | (08)  | (09)   | (10)                  | (11)                    |
| 010                   | Number of claims opened at the beginning of the period                  |          |          |            |                   |               |           |          |       |        |                       |                         |
| 020                   | Number of new claims opened during the period                           |          |          |            |                   |               |           |          |       |        |                       |                         |
| 030                   | Number of claims closed with an indemnity payment during the period     |          |          |            |                   |               |           |          |       |        |                       |                         |
| 040                   | Number of claims denied in the period                                   |          |          |            |                   |               |           |          |       |        |                       |                         |
| 050                   | Number of claims opened at the end of the period                        |          |          |            |                   |               |           |          |       |        |                       |                         |
| 060                   | Average days to final payment   |          |          |            |                   |               |           |          |       |        |                       |                         |
| 070                   | Number of claims closed within 0-90 days from date of claim reported    |          |          |            |                   |               |           |          |       |        |                       |                         |
| 080                   | Number of claims closed within 91-180 days from date of claim reported  |          |          |            |                   |               |           |          |       |        |                       |                         |
| 090                   | Number of claims closed within 181-365 days from date of claim reported |          |          |            |                   |               |           |          |       |        |                       |                         |
| 100                   | Number of claims closed over 365 days from date of claim reported       |          |          |            |                   |               |           |          |       |        |                       |                         |



| 2. Please indicate the three main reasons for denial of claims in the reporting period and the total number of denials for the three reasons selected: |                                     |      |
|--|-------------------------------------|------|
|  | (01)                                | (02) |
| 110 a) Exclusions and limitations in the policy  | <input checked="" type="checkbox"/> |      |
| 120 b) Delay in submitting claim   | <input type="checkbox"/>            |      |
| 130 c) Not covered, except for exclusions and limitations in the policy  | <input type="checkbox"/>            |      |
| 140 d) Failure to disclose or misrepresentation of a material fact upon subscription   | <input type="checkbox"/>            |      |
| 150 e) Other, please specify in the space below  | <input type="checkbox"/>            |      |

| 3. Other main reasons for claims denial: |      |
|--|------|
|  | (01) |
| 160                                      |      |

| 4. Lawsuits:   |      |
|--|------|
|  | (01) |
| 170 a) Number of lawsuits outstanding at beginning of the period                             |      |
| 180 b) Number of new lawsuits  |      |
| 190 c) Number of closed lawsuits, by Pre-Court settlements                                   |      |
| 200 d) Number of closed lawsuits, by Court judgment  |      |
| 210 e) Number of certified class actions lawsuits outstanding at the beginning of the period |      |
| 220 f) Number of new certified class actions lawsuits during the period                      |      |

| 5. General comments: |      |
|----------------------|------|
|                      | (01) |
| 230                  |      |



# 9. COMPLAINT EXAMINATION

DEFINITIONS

## 1. Identify the senior officer(s) responsible for complaint handling at Fiscal Year end:

(01)

001 Check this box if no senior officer is in charge:

|     |                                |  |
|-----|--------------------------------|--|
| 010 | a) Name of the senior officer: |  |
| 020 | b) Title:                      |  |
| 030 | c) Address:                    |  |
| 040 | d) Telephone number:           |  |
| 050 | e) Email:                      |  |
| 060 | a) Name of the senior officer: |  |
| 070 | b) Title:                      |  |
| 080 | c) Address:                    |  |
| 090 | d) Telephone number:           |  |
| 100 | e) Email:                      |  |
| 110 | a) Name of the senior officer: |  |
| 120 | b) Title:                      |  |
| 130 | c) Address:                    |  |
| 140 | d) Telephone number:           |  |
| 150 | e) Email:                      |  |

## 2. Please indicate if the following are present within your organization:

(01)

|     |  |  |
|-----|--|--|
| 160 | a) Complaint handling policies and procedures guideline  |  |
| 170 | b) Complaint handling unit or department   |  |
| 180 | c) Reporting mechanism that is sent to management and the board regarding aggregate complaints on a periodic basis |  |
| 190 | d) Ongoing training program regarding complaint handling for staff whose activities include complaint handling     |  |

## 3. Please indicate in the space below at what stage of your complaint process a complaint is declare to the regulator:

(01)

200

## 4. Do you have complaints to report (new complaints or complaints opened during a previous reporting period)?

(01)

210 If yes, please complete the next tab

## 5. General comments:

(01)

220



# 9.6 COMPLAINT REPORTING

DEFINITIONS

Complaints declared and not closed in a previous period ("Opened complaints") have been downloaded into the Form, if applicable.

However, it is your responsibility to ensure that all your Opened complaints are reflected in the Annual Statement for the period of reference.

Opened complaints must be updated and reported each year until closed. No Opened complaint downloaded must be erased in the Form, even if no change.

| INFORMATION ABOUT THE COMPLAINT      |   |                             |  |   | IDENTIFICATION OF THE PRODUCT RELATED TO COMPLAINT |                   |                 |                                  |                     |   |                                 |   |   |  |
|--------------------------------------|---|-----------------------------|--|---|--|-------------------|-----------------|----------------------------------|---------------------|---|---------------------------------|---|---|--|
| Insurer's Complaint Reference Number | Complainant's Postal Code (first three characters are required) | Complaint file opening date | Complaint file status  | Complaint File Closing Date (if applicable) | Class of Insurance                                 | If Other, Specify | Type of Product | Distribution Channel             | Complaint Category  | Cause for Complaint                               | Result of Complaint Examination | Did the Complaint Result in a Lawsuit (as of the end of the period) | Was the Complaint Transferred to a Regulatory Authority (as of the end of the period) | Comments or any additional information |
| (01)                                 | (02)  | (03)                        | (05)   | (04)  | (06)   | (07)              | (08)            | (09)                             | (10)                | (11)  | (12)                            | (13)  | (14)  | (15)                                   |
| 001                                  |   |                             | Declared for the first time-Closed during current declaration period                   |   | Property   |                   | Personal        | Direct or exclusive agents       | Underwriting        | Premium   | Settled                         | Yes   | Yes   |  |
| 002                                  |   |                             | Declared for the first time-Not closed at the end of current declaration period        |   | Aircraft   |                   | Commercial      | Independent distribution channel | Underwriting        | Policy provisions                                 | Not settled                     | No  | No  |  |
| 003                                  |   |                             | Declared for the first time in a previous period-Voided during this declaration period |   | Automobile   |                   |                 | Other distribution channel       | Underwriting        | Refusal   | Complaint withdrawn             |   |   |  |
| 004                                  |   |                             | Declared for the first time in a previous period-Closed during current period          |   | Credit Protection                                  |                   |                 |                                  | Underwriting        | Customer service                                  |                                 |   |   |  |
| 005                                  |   |                             | Declared for the first time in a previous period-Not closed                            |   | Legal Expense                                      |                   |                 |                                  | Underwriting        | Change in risk category                           |                                 |   |   |  |
| 006                                  |   |                             | Closed in a previous period-Reopened during current period                             |   | Liability  |                   |                 |                                  | Underwriting        | Alleged discrimination                            |                                 |   |   |  |
| 007                                  |   |                             |  |   | Mortgage   |                   |                 |                                  | Underwriting        | Credit scoring                                    |                                 |   |   |  |
| 008                                  |   |                             |  |   | Title  |                   |                 |                                  | Underwriting        | File confidentiality of insured                   |                                 |   |   |  |
| 009                                  |   |                             |  |   | Marine   |                   |                 |                                  | Underwriting        | Information collection and needs analysis         |                                 |   |   |  |
| 010                                  |   |                             |  |   | Accident and Sickness                              |                   |                 |                                  | Underwriting        | Reporting to client                               |                                 |   |   |  |
| 011                                  |   |                             |  |   | Other Approved Products                            |                   |                 |                                  | Underwriting        | Performance of mandate                            |                                 |   |   |  |
| 012                                  |   |                             |  |   |  |                   |                 |                                  | Underwriting        | Other (fill comments section)                     |                                 |   |   |  |
| 013                                  |   |                             |  |   |  |                   |                 |                                  | Administration      | Administrative procedures                         |                                 |   |   |  |
| 014                                  |   |                             |  |   |  |                   |                 |                                  | Administration      | Customer service                                  |                                 |   |   |  |
| 015                                  |   |                             |  |   |  |                   |                 |                                  | Administration      | Statements  |                                 |   |   |  |
| 016                                  |   |                             |  |   |  |                   |                 |                                  | Administration      | Fees / commissions                                |                                 |   |   |  |
| 017                                  |   |                             |  |   |  |                   |                 |                                  | Administration      | Preauthorized debit / payment plan                |                                 |   |   |  |
| 018                                  |   |                             |  |   |  |                   |                 |                                  | Administration      | Transfers   |                                 |   |   |  |
| 019                                  |   |                             |  |   |  |                   |                 |                                  | Administration      | Credit rating                                     |                                 |   |   |  |
| 020                                  |   |                             |  |   |  |                   |                 |                                  | Administration      | Non-authorized transaction                        |                                 |   |   |  |
| 021                                  |   |                             |  |   |  |                   |                 |                                  | Administration      | Personal information protection                   |                                 |   |   |  |
| 022                                  |   |                             |  |   |  |                   |                 |                                  | Administration      | Collection  |                                 |   |   |  |
| 023                                  |   |                             |  |   |  |                   |                 |                                  | Administration      | Other (fill comments section)                     |                                 |   |   |  |
| 024                                  |   |                             |  |   |  |                   |                 |                                  | Marketing and Sales | Advertising                                       |                                 |   |   |  |
| 025                                  |   |                             |  |   |  |                   |                 |                                  | Marketing and Sales | Illustration of cost or return                    |                                 |   |   |  |
| 026                                  |   |                             |  |   |  |                   |                 |                                  | Marketing and Sales | Alleged misleading statement or misrepresentation |                                 |   |   |  |
| 027                                  |   |                             |  |   |  |                   |                 |                                  | Marketing and Sales | Replacement disclosure form                       |                                 |   |   |  |
| 028                                  |   |                             |  |   |  |                   |                 |                                  | Marketing and Sales | Delivery of policy                                |                                 |   |   |  |
| 029                                  |   |                             |  |   |  |                   |                 |                                  | Marketing and Sales | Tied selling                                      |                                 |   |   |  |
| 030                                  |   |                             |  |   |  |                   |                 |                                  | Marketing and Sales | Discontinuation / termination of service          |                                 |   |   |  |
| 031                                  |   |                             |  |   |  |                   |                 |                                  | Marketing and Sales | Other (fill comments section)                     |                                 |   |   |  |
| 032                                  |   |                             |  |   |  |                   |                 |                                  | Product             | Policy value                                      |                                 |   |   |  |
| 033                                  |   |                             |  |   |  |                   |                 |                                  | Product             | Availability / accessibility                      |                                 |   |   |  |
| 034                                  |   |                             |  |   |  |                   |                 |                                  | Product             | Renewal   |                                 |   |   |  |
| 035                                  |   |                             |  |   |  |                   |                 |                                  | Product             | Rate of return (ror)                              |                                 |   |   |  |
| 036                                  |   |                             |  |   |  |                   |                 |                                  | Product             | Policy provisions                                 |                                 |   |   |  |
| 037                                  |   |                             |  |   |  |                   |                 |                                  | Product             | Prospectus  |                                 |   |   |  |
| 038                                  |   |                             |  |   |  |                   |                 |                                  | Product             | Adequacy of product                               |                                 |   |   |  |



# 9.6 COMPLAINT REPORTING

DEFINITIONS

Complaints declared and not closed in a previous period ("Opened complaints") have been downloaded into the Form, if applicable.

However, it is your responsibility to ensure that all your Opened complaints are reflected in the Annual Statement for the period of reference.

Opened complaints must be updated and reported each year until closed. No Opened complaint downloaded must be erased in the Form, even if no change.

| INFORMATION ABOUT THE COMPLAINT      |   |                             |                       |   | IDENTIFICATION OF THE PRODUCT RELATED TO COMPLAINT |                   |                 |                      |                     |                               |                                 |   |   |  |
|--------------------------------------|---|-----------------------------|-----------------------|---|--|-------------------|-----------------|----------------------|---------------------|-------------------------------|---------------------------------|---|---|--|
| Insurer's Complaint Reference Number | Complainant's Postal Code (first three characters are required) | Complaint file opening date | Complaint file status | Complaint File Closing Date (if applicable) | Class of Insurance                                 | If Other, Specify | Type of Product | Distribution Channel | Complaint Category  | Cause for Complaint           | Result of Complaint Examination | Did the Complaint Result in a Lawsuit (as of the end of the period) | Was the Complaint Transferred to a Regulatory Authority (as of the end of the period) | Comments or any additional information |
| (01)                                 | (02)  | (03)                        | (05)                  | (04)  | (06)   | (07)              | (08)            | (09)                 | (10)                | (11)                          | (12)                            | (13)  | (14)  | (15)                                   |
| 039                                  |   |                             |                       |   |  |                   |                 |                      | Product             | Other (fill comments section) |                                 |   |   |  |
| 040                                  |   |                             |                       |   |  |                   |                 |                      | Claims / Settlement | Claim procedure               |                                 |   |   |  |
| 041                                  |   |                             |                       |   |  |                   |                 |                      | Claims / Settlement | Delay in settlement           |                                 |   |   |  |
| 042                                  |   |                             |                       |   |  |                   |                 |                      | Claims / Settlement | Refusal of claim              |                                 |   |   |  |
| 043                                  |   |                             |                       |   |  |                   |                 |                      | Claims / Settlement | Customer service              |                                 |   |   |  |
| 044                                  |   |                             |                       |   |  |                   |                 |                      | Claims / Settlement | Suspension of benefit         |                                 |   |   |  |
| 045                                  |   |                             |                       |   |  |                   |                 |                      | Claims / Settlement | Reporting to client           |                                 |   |   |  |
| 046                                  |   |                             |                       |   |  |                   |                 |                      | Claims / Settlement | Performance of mandate        |                                 |   |   |  |
| 047                                  |   |                             |                       |   |  |                   |                 |                      | Claims / Settlement | Other (fill comments section) |                                 |   |   |  |
| 048                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 049                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 050                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 051                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 052                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 053                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 054                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 055                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 056                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 057                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 058                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 059                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 060                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 061                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 062                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 063                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 064                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 065                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 066                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 067                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 068                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 069                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 070                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 071                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 072                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 073                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 074                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 075                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 076                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 077                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 078                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 079                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 080                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 081                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 082                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 083                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 084                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 085                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 086                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 087                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 088                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 089                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 090                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 091                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 092                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 093                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 094                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 095                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |
| 096                                  |   |                             |                       |   |  |                   |                 |                      |                     |                               |                                 |   |   |  |



# 10. PROTECTION OF PERSONAL INFORMATION

DEFINITIONS

The breaches reported in this form are those that have a significant impact on the customer and require disclosure under applicable privacy legislation.

"Breaches" refers to incidents and occurrences based on applicable privacy legislation and provincial insurance legislation. It does not include the number of individuals impacted by the breach.

|     |  |      |
|-----|--|------|
| 010 | <b>1. Do you have policies and procedures in place regarding breaches in confidentiality and the protection of personal information?</b> | (01) |
|     | <b>If yes, please indicate if the following are addressed by your policies and procedures:</b>   |      |
| 020 | a) Timely notification to consumers of any breaches that could impact their interests or rights  |      |
| 030 | b) Timely notification to the appropriate authorities of any breaches that could impact the consumer's interests or rights               |      |
| 040 | c) Timely notification to the responsible and appropriate individuals within your organization   |      |

|     |  |      |
|-----|--|------|
| 050 | <b>2. Have you had any breaches in the protection of personal information in the reference period?</b> | (01) |
| 060 | <b>If yes, indicate the number of breaches:</b>  |      |

|     |  |      |
|-----|--|------|
| 070 | <b>3. Were the breaches reported to the proper authorities where required by law (e.g., Privacy Commissioner, regulatory authority)?</b> | (01) |
|     | <b>If no, please provide details as to why the incident(s) was not reported to the appropriate authority:</b>                            |      |
|     | (01)   |      |
| 080 |  |      |

**4. General comments:**

(01)

090