

Quebec Endorsement Form  
Q.E.F. No. 34 (A-B)

**Accident benefits insurance**  
(change to amount of insurance or insured persons)

The **endorsement** heading must be entered in the "Declarations" section of the insurance contract. Details required for the **endorsement** may be entered in the "Declarations" section or in the **endorsement** itself, at the **insurer's** option.

<b>Name of insurer:</b> .....
<b>Named insured:</b> .....
<b>Endorsement to automobile insurance policy no.:</b> .....
<b>Effective date:</b> This <b>endorsement</b> will apply from ..... at 12:01 A.M. standard time at the address of the <b>named insured</b> .
<b>Additional insurance premium payable:</b>
<ul style="list-style-type: none"> <li>▪ Amounts payable: .....</li> <li>▪ Due date: .....</li> </ul>

Endorsement description

This **endorsement** changes Q.E.F. No. 34 entitled "Accident benefits" of the insurance contract, based on the applicable option.

To determine which option applies, see Item 4, "Declarations" of the insurance contract.

Option 34A – Changes when the named insured is an individual

This option provides that, for the persons named in the table below:

- the maximum amounts shown in the table will change those shown in Q.E.F. No. 34 by replacing or, where applicable, adding to them;
- coverage will apply only for the divisions and subdivisions where an amount, an **insurance premium** or a rebate is shown in the table below, or entered specifically for this **endorsement** in the "Declarations" section of the insurance contract:

Name of insured person	Date of birth	MAXIMUM AMOUNTS				Insurance premium or rebate
		DIVISION 1			DIVISION 2	
		Subdivision A Death benefits (principal sum)	Subdivision B Dismemberment benefits (principal sum)	Subdivision C Reimbursement of medical expenses (maximum)	Total disability benefits (maximum, per week)	
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
Total:						\$

Option 34B – Changes when the named insured is a legal person, partnership or association

When the **named insured** is a legal person, partnership or association, Q.E.F. No. 34 will be changed as follows:

- only the employees, shareholders, members or partners named in the table below will be considered “**named insureds**”;
- coverage will apply only for the divisions and subdivisions where an amount, an **insurance premium** or a rebate is shown in the table below, or entered specifically for this **endorsement** in the “*Declarations*” section of the insurance contract:

Name of insured person	Date of birth	MAXIMUM AMOUNTS				Insurance premium or rebate
		DIVISION 1			DIVISION 2	
		Subdivision A Death benefits ( <i>principal sum</i> )	Subdivision B Dismemberment benefits ( <i>principal sum</i> )	Subdivision C Reimbursement of medical expenses ( <i>maximum</i> )	Total disability benefits ( <i>maximum, per week</i> )	
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
Total:						\$

*All other conditions of the insurance contract remain the same.*

\_\_\_\_\_  
Signature of named insured