

Québec Endorsement Form
Q.E.F. No. 4-34 (A-B)

Accident benefits insurance
(change of amounts of insurance or insured persons)

The **endorsement** heading and the applicable option 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.

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

Endorsement description

This **endorsement** changes Q.E.F. No. 4-34 entitled “*Accident benefits insurance*” of the insurance contract, based on the applicable option.

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

Option 4-34A – 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. 4-34 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 refund premium 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 refund premium
		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 amount, per week)	
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
Total:						\$

Option 4-34B – 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. 4-34 will be changed as follows:

- the persons specified 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 refund premium 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 refund premium
		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 amount, per week)	
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
Total:						\$

All other conditions of the insurance contract remain the same.

Signature of named insured