UV ASSURANCE

INDIVIDUAL INSURANCE

Request for Insurance Certificate

FQC083

Important: Fill out in block letters and answer each section as accurately as possible.

Contract # _____

First name of the insured _____ Last name _____

Section A—Contract Owner's Information

1. First name _____ Last name _____
2. Address _____

City _____ Province _____ Country _____ Postal code _____

Section B—Details Pertaining to the Request

I hereby request to receive a certificate of issue for the above-mentioned contract. I acknowledge that a $15 fee applies for this request and that processing will take up to 10 business days to allow for payment confirmation. By signing this form, I certify that I have read and understood the terms stated above.

Section C—Signatures

Signed at _____ Date _____

X _____

Signature of the owner

EN-1024A (2025-09)

P.O. Box 696, Drummondville (Quebec) J2B 6W9 ■ Telephone: 819-478-1315 ■ Toll-free: 800-567-0988 ■ Fax: 819-474-1990

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