UV INSURANCE

INDIVIDUAL INSURANCE

# Request for certificate, summary, or duplicate contract

**EQC083**

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

## Section A – Collection of Personal Information

The personal information we collect in this form allows UV Insurance to process your request for a certificate, summary, or duplicate contract.

The personal information is used to:

- Identify the individual;
- Establish and update information and the needs of the individual, as appropriate
- Comply with legal and regulatory requirements, including tax rules and the prevention, detection and enforcement of offences, cyber threats and fraud.

The information disclosed on this form will be forwarded to the UV Insurance staff in charge of processing the claim, as well as to any other person authorized by law.

## Section B – Identification

### Insured person

1. Contract # _____
2. First name _____ Last name _____
3. Date of birth Y M D

### Contract Owner

1. First name _____ Last name _____
2. Date of birth Y M D
3. Address _____
   City _____ Province _____ Country _____ Postal code _____
4. Phone _____-_____ ext. _____
5. Email address _____

## Section C – Request details

☐ I would like to receive a certificate or summary of the contract, i.e. a document summarizing the coverage.
I understand that a $15 fee will be charged to obtain it.

☐ I wish to receive a duplicate* of the contract, i.e. a complete copy as issued.
I understand that a $30 fee will be charged to obtain it.

***Important:** For certain types of contracts, particularly those resulting from the acquisition of portfolios from other insurers, it is unfortunately not possible for us to provide a duplicate containing all the contract's provisions. However, a summary outlining the coverage may still be provided.

## Section D – Payment Method

Select the payment option for this request:

- ☐ By direct debit through the pre-authorized bank debit (PABD) agreement already linked to my contract
- ☐ Cheque attached (payable to UV Insurance)
- ☐ Online - through your bank, select UV Insurance, or UV Insurance Canada if you are a former BMO insured. The reference number must be your alphanumeric 9-digit contract number. Important: payment must be received before the request is processed.

## Section E – Consent and Signature

By signing, you understand that if any of your personal information is inaccurate, incomplete or ambiguous, you may request a correction by submitting a request to UV Insurance. You also have the right to request information about how your personal information is used.

In addition, you may withdraw your consent to the disclosure or use of your personal information at any time by making a request to the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For more details, please visit our website and see our **Privacy Policy.**

The undersigned confirms that they have reviewed the above information and agree to the collection, use and disclosure of the personal information contained herein. This consent also applies to the collection, use and disclosure of the beneficiaries' personal information, and the undersigned confirms that prior consent has been obtained from such beneficiaries.

### Signature

I understand that up to 10 business days may be required to process my request. The document will then be mailed, Canada Post delivery times will apply.

By signing below, the undersigned certifies that the information provided is complete and true and that a photocopy of this document has the same value as the original.

**X** _____ _____ Date Y M D

Signature | Signatory's name in block letters


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