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:**	Federal
070	**If "Foreign", Country or State:**	

Provinces and territories in which the organization is licensed:

	(01)		(02)		(03)	
080	Alberta	☐	Northwest Territories	☐	Quebec	☐
081	British Columbia	☐	Nova Scotia	☐	Saskatchewan	☐
082	Manitoba	☐	Nunavut	☐	Yukon	☐
083	New Brunswick	☐	Ontario	☐		
084	Newfoundland and Labrador	☐	Prince Edward Island	☐		

090 **Type(s) of insurance offered by the organization:** Commercial and Personal

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

TABLE OF CONTENTS

SCHEDULE	
Identification	Identification
2.0	Governance
3.0	Policies
4.0	Products
5.0	Premiums, Commissions and Claims
6.0	Distributors
7.0	Sales and Incentives Management
8.0	Claims
9.0	Complaint Examination
9.6	Complaint Reporting
10.0	Protection of Personal Information
Validation	Validation

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.)

The "Validation" tab allows you to ensure that your Annual Statement form can be submitted without problems in the system.

There are two types of validation messages:
E = Error. Means that you need to correct this data before submitting your form. Blocking.

A = Alert. Means that this response may not be consistent with what is requested. Just make sure your answer is correct. Not blocking.

"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.

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.

LEGEND	
	Dropdown Menu
	Locked Field - Automatic Calculations
	Enterable Field
	Locked Field - Leave Empty
Underlined	Hyperlink

LINK	
DEFINITIONS	The definitions are also accessible from each tab by clicking on the pictogram provided for this purpose.
INSTRUCTIONS	**Please read the general instructions carefully before completing the Annual Statement.**

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	

		(01)
170	**2. Please indicate the total number of employees in your organization:**	
180	**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:**	

		(01)
190	**3. Do you have a code or policy that specifically addresses the fair treatment of consumers?**	
	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?	

		(01)
230	**4. Is the fair treatment of consumers a priority at each stage of the product life cycle and in every area of your operations?**	
	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		

	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:
	(01)
290	

	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?	(01)
	If yes, please provide details (which regulator, product concerned, outcome, etc.):	
	(01)	
310		

	7. Please select the option that reflects the method of distribution adopted by your organization:	(01)
320		Both independent channels and direct or exclusive agents

If you distribute your products exclusively through independent channels, answer questions 7.1
If you distribute your products exclusively through direct or exclusive agents, answer questions 7.2
If you distribute your products through both independent channels and direct or exclusive agents, answer questions 7.1 and 7.2

"Other distribution channels" are not covered by this question.

	7.1 Independent Channels	(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	

	7.2 Direct or Exclusive Agents	
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	

	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:	(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	

	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:	(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	

		(01)
560	**10. Do you engage in advertising campaigns directed toward consumers?**	
	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	

		(01)
640	**11. Do you conduct customer satisfaction surveys?**	
	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)
140	

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.

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

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

	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								

150								
160								
170								
180								
190								
200								
210								
220								
230								
240								
250								
260								
270								
280								
290								
300								
310								
320								
330								
340								
350								
360								
370								
380								
390								
400								
410								
420								
430								
440								
450								
460								
470								
480								
490								
500								
510								
520								

530								
540								
550								
560								
570								
580								
590								
600								
610								
620								
630								
640								
650								
660								
670								
680								
690								
700								
710								
720								

	3. General comments:
	(01)
730	

5. PREMIUMS, COMMISSIONS 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 Reference to the Quarterly Return / Annual Supplement: Schedule 93.30 for Canadian insurers Schedule 67.10 for Foreign insurers				Direct commissions in respect of Premium Written Reference to the Quarterly Return / Annual Supplement: Schedule 95.20 for insurers licensed in Quebec				Claims incurred Reference to the Quarterly Return / Annual Supplement: Schedule 93.50 for Canadian insurers 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**

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

		(01)
150	**3. Do you sell products through the Internet?**	
	If yes, please provide the following information for direct sales:	

		(01)
160	a) Number of policies sold	
170	b) Direct premiums (in thousands of dollars)	

	4. General comments:
	(01)
180	

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			

	3.1
	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	

	4. General comments:
	(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	☑	
120	b) Delay in submitting claim	☐	
130	c) Not covered, except for exclusions and limitations in the policy	☐	
140	d) Failure to disclose or misrepresentation of a material fact upon subscribtion	☐	
150	e) Other, please specify in the space below	☐	

	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)? If yes, please complete the next tab	(01)
210		

	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.

		(01)
010	**1.Do you have policies and procedures in place regarding breaches in confidentiality and the protection of personal information?**	
	If yes, please indicate if the following are addressed by your policies and procedures:	
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	

		(01)
050	**2. Have you had any breaches in the protection of personal information in the reference period?**	
060	**If yes, indicate the number of breaches:**	

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

	4. General comments:
	(01)
090	