## **Auto Reform Checklist**

**NOTE** – For each coverage please select a limit from one of Standard / Buy Back / Enhanced and check off the coverages that you require:

Coverage	Standard	<b>Buy Back</b>	Enhanced
Income Replacement – 70% of Gross income	\$400 per/wk.	Not Available	\$600 per/wk \$800 per/wk \$1,000 per/wk
Medical & Rehabilitation  Non Catastrophic  Catastrophic  Attendant Care  Non Catastrophic  Catastrophic	\$ 50,000 \$1,000,000 \$ 36,000 \$1,000,000	\$ 100,000 \$1,000,000 \$ 72,000 \$1,072,000	Add additional \$1,000,000 in coverage - buy back option included when this option selected
Caregiver, Housekeeping and Home Maintenance Expenses - Non Catastrophic - Catastrophic	No coverage \$250/wk plus \$50/wk per dependant	\$250/wk plus \$50/wk per dependant \$250/wk plus \$50/wk per dependant	Not Available Not Available
Dependant Care - Non Catastrophic	No Coverage	No coverage	Dependant care expenses of \$75 for the first dependant, and \$25 for each additional dependant, up to \$150 per week.
Death	\$25,000 to surviving spouse; \$10,000 to each surviving dependant	Not Available	\$50,000 to surviving spouse; \$20,000 to each surviving dependant
Funeral Expense	\$6,000	Not Available	\$8,000
Indexation Benefit	Not Available	Not Available	Indexed to the Consumer Price Index (Canada)
Offset Tort Deductible When the awarded payment is less or equal to \$ 100,000	\$30,000 Basic awards \$15,000 Family Law Act awards		\$20,000 Basic awards \$10,000 Family Law Act awards

I understand that my selections for these coverages will affect the potential amount I can receive toward settlement should I be injured in an automobile accident. I warrant that the broker has fully explained the coverage and options outlined above, and request the broker places automobile coverage on my behalf with the coverage limits and options as selected above. I further understand that by selecting options from the "Buy Back" or "Enhanced" columns additional premium will be incurred.

certify that I have the authority to complete this form.

Named Insured

I

Policy Number