

**AGR Insurance Brokers**

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**Confirmation Form for:**

Kimberly Lochhead

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**Optional Accident Benefits Confirmation Form**

Aviva Traders

**Income Replacement**

- ☒ Standard  
☐ \$600  
☐ \$800  
☐ \$1000

**Caregiver, Housekeeping & Home Maintenance**

- ☒ Standard  
☐ All Impairments

**Medical & Rehabilitation & Attendant Care**

- ☒ Standard  
☐ Medical & Rehabilitation (\$100,000)  
☐ Attendant Care (\$72,000)  
☐ Medical Rehabilitation (\$1,100,000) & Attendant Care (\$1,072,000)

**Death and Funeral**

- ☒ Standard  
☐ Increased Optional

**Dependant Care**

- ☒ None  
☐ Option

**Indexation Benefit**

- ☒ No  
☐ Yes

**Added Coverage to Offset Tort Deductible (OPCF 48)**

- ☒ No  
☐ Yes

I understand that my selections for these coverage's 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.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date