

ABOUT

Grain Insurance and Guarantee has been protecting Canadian organizations since 1920.

We began in 1920 to insure prairie grain elevators and worked with Western businesses to protect their assets. Because we listen to our brokerage partners and their customers, we can recognize new opportunities and develop innovative insurance programs targeted directly at specific business sectors.

Grain Insurance and Guarantee is a federally licensed, Canadian-owned company that prides itself in its commitment to providing unwavering, consistent and stable underwriting to both our policy owners and their brokers. Our service is outstanding and we are honoured to provide fair, fast and complete claims settlements.

Place your trust in “The Grain” where Canadians have come to protect their assets since 1920.



Grain Insurance and Guarantee Company

CORPORATE OFFICE

1240 – One Lombard Place
Winnipeg, Manitoba R3B 0V9
Tel: (204) 943-0721
Fax: (204) 943-6419
Toll-Free: 1-800-665-3351

ONTARIO REGIONAL OFFICE

London, Ontario
Tel: (519) 433-9991
Fax: (519) 433-7666
Toll-Free: 1-800-373-2224

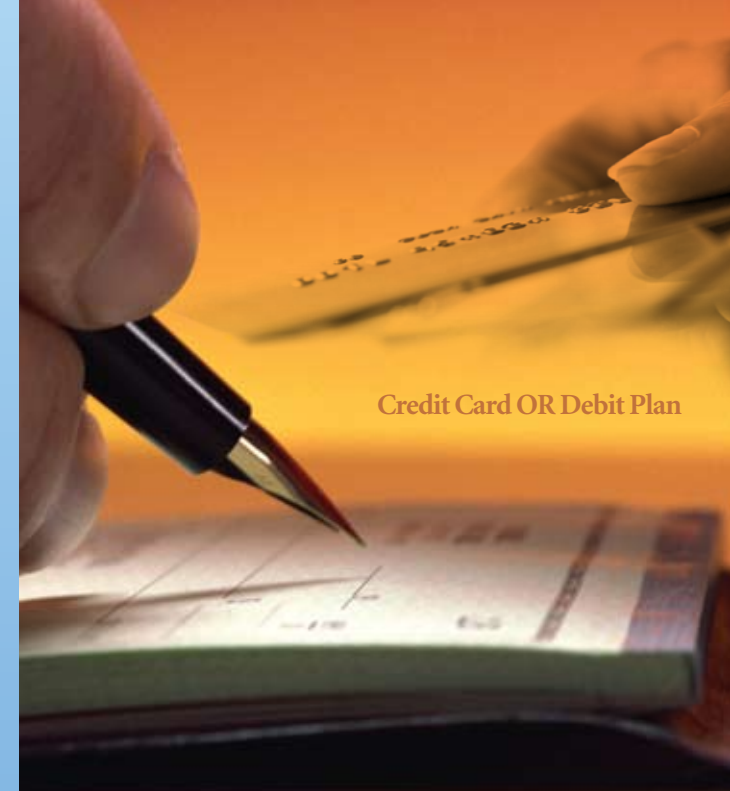
ATLANTIC REGIONAL OFFICE

Halifax, Nova Scotia
Tel: (902) 425-9228
Fax: (902) 425-9291
Toll-Free: 1-877-483-7033

SASKATCHEWAN REGIONAL OFFICE

Regina, Saskatchewan
Tel: (306) 757-1691
Fax: (306) 359-6440
Toll-Free: 1-866-223-3318

graininsurance.com



Credit Card OR Debit Plan

GRAIN INSURANCE AND GUARANTEE COMPANY
A CANADIAN COMPANY YOU CAN TRUST

**PRE-AUTHORIZED
PAYMENT PLANS
FOR GRAIN INSURANCE CLIENTS**



Grain Insurance and Guarantee Company

WINNIPEG | LONDON | HALIFAX | REGINA

1-800-665-3351 | www.graininsurance.com

PRE-AUTHORIZED PAYMENT PLANS

Grain Insurance and Guarantee Company offers you the choice of two payment options that allow you to pay your insurance premiums all at once or spread them over the policy term.

Our payment plans provide you with the flexibility to pay your insurance premiums in a manner that best suits your needs.

Credit Card Plan

With the Credit Card Plan, your total insurance premium can be charged annually to your Visa or MasterCard account. No processing fee applies to this method of payment.

For easier monthly budgeting, your annual premium can be divided into equal installments which are charged to your Visa or MasterCard at the beginning of each month. A non-refundable processing fee of 3% will be charged on the monthly credit card payments.

Any changes made to your policy after the initial payment will automatically be applied to your credit card. This applies to both annual and monthly Credit Card plans.

Pre-Authorized Debit Plan

With the Pre-Authorized Debit Plan you pay a down payment of 15% of your annual premium and the remaining insurance premium is withdrawn from your chequing account in equal monthly installments.

A non-refundable service charge of 3% of your annual premium will be charged when the Pre-Authorized Debit option is chosen.

AUTHORIZATION FORM

Named Insured _____

Policy Number _____

Address _____

Phone _____

Select your payment plan:

Credit Card Payment Plan

Frequency – please choose one option only:

Annually Monthly

Card type:

Visa MasterCard

Cardholder Name (as it appears on the card): _____

Card # _____

Expiry Date: _____

It is your responsibility to ensure that the credit card information you provide us is up to date and accurate. Should your credit card expire while you subscribe to the Credit Card Payment Plan, you must notify us of this change in order to keep your account in good standing.

Pre-Authorized Debit Plan

These services are:

Personal Insurance Business Insurance

Financial Institution Name _____

Financial Institution Address: _____

Financial Institution Account Number _____

Financial Institution Transit Number _____

Send a down payment of 15% of your annual premium, an unsigned "VOID" cheque and the authorization form to your broker. Your PAD plan will take effect on the second month. Monthly premium payments will be deducted from your account on the 1st day of every month or the next business day.

For Pre-Authorized Debit Plan only: I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/We may contact my/our financial institution or visit www.cdnpay.ca.

AUTHORIZATION FORM Continued

Authorization for Credit Card or Pre-Authorized Debit Plans:

I/We authorize Grain Insurance and Guarantee Company and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges in payment of my/our insurance premium. I/We understand that the premium may change in order to keep my/our insurance up to date and that Grain Insurance and Guarantee Company reserves the right to adjust the debit to reflect any change. Unless I/We have requested a change to my/our insurance, notice of a debit change will be sent to me/us at least 10 days prior to the next scheduled withdrawal date. I/We understand that Grain Insurance and Guarantee Company is not liable for any service charges levied by my/our financial institution. I/We will notify Grain Insurance and Guarantee Company in writing of any changes in my/our account information or termination of this authorization at least 15 business days prior to the next date of the pre-authorized debit. I/We may obtain a sample cancellation form or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnpay.ca. Grain Insurance and Guarantee Company will make every effort to inform me/us in advance of any change.

Date _____

Signature #1 _____

Signature #2 _____

Note:

If more than one signature is required on a joint account please provide all signatures.

