

CAUTIONNEMENT

EXPERT

COMPLAINT EXAMINATION AND DISPUTE RESOLUTION POLICY

Purpose of the Policy

The purpose of a Complaint Examination and Dispute Resolution Policy is to set up a free and equitable procedure for dealing with complaints. This Policy explains our complaints process.

Complaints Officer

Mr. Steve Martin, Principal Vice-President of Ellipse Insurance, is the person in charge of applying this Policy and ensures that complaints received by Cautionnement Expert (“we,” “us,” “our”) are handled in accordance with this Policy. Mr. Martin acts as the respondent with the Autorité des marchés financiers (the AMF).

The duties of the Complaints Officer also include:

- Delivering an acknowledgement of receipt and notice to the complainant;
- Forwarding the file to the AMF, at the complainant’s request;
- Filing a report twice a year with the AMF using the Complaint Reporting System (CRS).

Complaint

For the purposes of this Policy, a complaint must include at least one of the following three elements:

- A reproach against us;
- Identification of the harm that the complainant has suffered or may suffer;
- A request for remedial action.

Dissatisfaction or concern

Informal steps taken to correct a specific problem or to obtain information, provided the problem is resolved as part of our firm’s regular activities, are not considered a complaint.

- Stage 1

Complainants are encouraged to contact their representative or the customer service department by phone at 1 800 567-1070 or by email : info@ellipse.ca

- Stage 2

If the complainant is not satisfied, the request can be addressed to the department manager.

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How do I file a complaint?

Complainants who are still not satisfied with the answers or information obtained at the previous stage and wish to lodge a complaint may do so verbally or in writing to this address:

Steve Martin, Principal Vice-President

E-mail: smartin@ellipse.ca

Address: 6405 Christophe-Pélessier Street
Trois-Rivières (Quebec) G9A 5C9

Or to info@ellipse.ca with the subject line: "Complaint – deliver to the Complaints Officer."

Receipt of complaint

Employees who receive a complaint must immediately forward it to the Complaints Officer, who must acknowledge receipt of the complaint within a reasonable period of time, i.e. within ten (10) business days of receipt.

Examination of a complaint

On receiving the complaint, Ellipse Insurance - Cautionnement Expert must initiate its complaint examination process. The examination of the complaint (the analysis of the complaint and the relevant documents) must be completed within a reasonable period of time, i.e. within 60 days of receipt of all the information required to examine the complaint. The complainant will be notified if the estimated time frame is different.

After the complaint has been examined, the Complaints Officer must send the complainant a final written response, with justifying reasons.

Complaint file

Each complaint must be the subject of a separate file. This file must include the following items:

- The complainant's complaint, including the elements of the complaint:
 - the reproach against the firm or representative;
 - the actual or potential harm;
 - the requested remedial action;
- The outcome of the complaint examination process (analysis and supporting documents);
- The final written response to the complainant, with justifying reasons.

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Transmitting the file to the AMF

If the complainant is not satisfied with the final position reached or with the examination of their complaint, they may ask us, at any time, to transfer their file to the AMF. The transferred file must include all the information related to the complaint.

Complaint reports to the AMF

Whether or not complaints have been received, the Complaints Officer submits an annual report to the AMF detailing the number and nature of complaints received, according to the categories listed in the registrant's log via the Complaints Reporting System (CRS).

Effective date

This Policy took effect on October 25, 2024.