

FULL AND FINAL RELEASE

IN CONSIDERATION of the payments to date and the additional sum of [INSERT AMOUNT] inclusive of solicitors' costs, HST and assessable disbursements, by [INSERT NAME], which I direct to be paid to [INSERT NAME], I do hereby on behalf of myself, my heirs, executors, administrators, successors and assigns, release, remise, quit claim and forever discharge without qualification or limitation the said [INSERT NAME] including its officers, directors, employees, agents and successors and/or related or affiliated corporations, successors, heirs and assigns as the case may be, from any and all actions, causes of action, Mediations, Arbitrations, Applications, claims and demands for outstanding Statutory Accident Benefits including PAST, PRESENT AND FUTURE claims, under the Statutory Accident Benefits Schedule for Income Replacement Benefits, Non-Earner Benefits, Medical Benefits, Rehabilitation Benefits, Attendant Care Benefits, Housekeeping and Home Maintenance Benefits, claims for Other Expenses, and claims for any and all other types of Statutory Accident Benefits under policy number [INSERT POLICY NUMBER] issued by [INSERT NAME] (claim number: [INSERT POLICY NUMBER]) and from any and all applications, actions, causes of action, claims or demands for damages, loss, or injury, howsoever arising, which heretofore may have been sustained by me in consequence of and arising out of motor vehicle accidents which occurred on or about the [INSERT DATE] (hereinafter the "Accident").

AND FURTHER, in consideration of the payment of the said sum, the undersigned does hereby covenant and agree to indemnify and save harmless the said [INSERT NAME], its administrators, successors, assigns, affiliated companies, agents, servants and employees, against and from all acts, actions, causes of actions, damages, claims and demands which may hereafter be brought against them with respect to any claims for statutory accident benefits with respect to any claims for statutory accident benefits that might be advanced through me as the claimant, including without limitation claims for expenses of visitors, in regards to the Accident.

AND IT IS ACKNOWLEDGED by me that this settlement encompasses a settlement of all past, present and future claims for Statutory Accident Benefits against [INSERT NAME]

with respect to the Accident. I understand that the impact of the execution of this Release shall be such that I shall be forever barred from initiating any claim whatsoever by way of mediation, application, litigation, arbitration, appeal or application for variance of an order or a proceeding by way of judicial review which relates to the issue of establishing entitlement or the quantum of any Statutory Accident Benefits or interest accrued thereon to the date of this release, or for a special award or punitive and/or aggravated damages against the insurer for any conduct up to the date of this Release.

AND I CONFIRM that I have sought and received independent legal advice before executing this Release.

AND I HEREBY ACKNOWLEDGE RECEIPT of the Settlement Disclosure Notice as required by S.9.1 of Regulation 664 of the *Revised Regulations of Ontario, 1990*, as amended by Regulation 291/10 of the *Ontario Insurance Act*.

IT IS UNDERSTOOD AND AGREED that the said payment or promise of payment set forth herein is deemed to be no admission whatsoever of liability on the part of [INSERT NAME].

IN WITNESS WHEREOF, I, [INSERT NAME], have hereunto set my hand this _____ day of _____, 2020.

SIGNED, SEALED AND DELIVERED)
in the presence of)
)
)
)
)
Witness _____)

[INSERT NAME]

CERTIFICATE OF REPRESENTATIVE

I, _____, **HEREBY CONFIRM** that I am the legal representative for the applicant, [INSERT NAME], (hereinafter the “Applicant”) regarding HIS/HER claims for any and all types of Statutory Accident Benefits under policy number [INSERT POLICY NUMBER] issued by [INSERT NAME] (claims number: [INSERT POLICY NUMBER]) arising out of the motor vehicle accident which occurred on or about [INSERT DATE]. I hereby certify that this claim was settled pursuant to the provisions of Regulation 664 made under the *Insurance Act*, 1990 and that I provided for the Release and Notice to be explained to the applicant. I hereby declare that the Applicant confirmed to me that HE/SHE understood the consequences of executing the aforesaid Release and Notice prior to so doing.