

HAY MUTUAL INSURANCE COMPANY – COMPLAINT HANDLING

OBJECTIVE

This document is meant to provide direction to Members, Staff, Agents, Management and Board of Directors regarding the procedure to be followed in the event of a Member complaint.

POLICY STATEMENT

As a Member owned Insurance Company, it is our goal to maintain the highest standards in the application of our products and services. Should a concern arise, we are committed to work with our Members to rectify the situation in a fair, professional and timely manner.

POLICY APPLICATION

1. In the event of a disagreement, the first step should be for the Insured Member to discuss the issue with their Agent. Hay Mutual's Agents are licensed to provide you with advice relating to our products. The Agent may be in a position to help to rectify the situation.
2. If after speaking with the Agent the issue remains outstanding, the Insured Member is encouraged to deal with the department where the issue arises.

If after speaking with the relevant department the issue remains outstanding, the Insured Member is encouraged to discuss the issue with the CEO of Hay Mutual. The CEO will discuss the situation with the relevant parties to ensure a fair resolution is being presented to the Insured Member.

3. If the issue remains unresolved, the insured Member will be referred to the Complaint Handling Protocol. The Protocol is as follows:
 - i) The "Company Complaint Officer" (as filed with FSCO) is Shawn R. Durnin.
 - ii) To activate the Company's complaint handling process the Insured Member must provide a description of his or her complaint to the company in writing.
 - iii) Letters of complaint will be reviewed by the "Company Complaint Officer" or his/her alternate within five (5) business days of being received at the Company.
 - iv) The "Company Complaint Officer" will consult with appropriate staff representatives and send to the policyholder a letter outlining the Company's final position within sixty (60) days of the "Company Complaint Officer" review of the letter of complaint.
 - v) Our goal as a Member-owned, purely mutual company is to treat Members in a fair, courteous and timely manner. Time lines mentioned above are minimum standards.

- vi) This Complaint Handling Protocol does not apply to any situation involving litigation by the Member against the company or where the insured has retained legal assistance in that regard.
- vii) Complainants who have unresolved complaints will be advised how to contact the Office of the Insurance Ombudsman.

Office of the Ontario Insurance Ombudsman
Financial Services Commission of Ontario
5160 Yonge Street, Box 85
North York ON M2N 6L9
(416) 250-7250 or 1-800-668-0128
TTY (416) 590-7108 or 1-800-387-0584
Fax 1-416-326-9112
Email: ombudsman@fscsco.gov.on.ca

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