



## 1. Purpose and Scope

This Policy establishes the framework governing the receipt, review, management, and resolution of complaints addressed to CAA-Quebec's insurance entities, namely Assurances Auto et Habitation CAA-Québec Inc. (the "Agency") and 9099-0383 Québec Inc., operating as the CAA-Québec Personal Insurance Brokerage (the "Brokerage"). Collectively referred to herein as "CAA-Quebec Insurance Entities," these organizations are committed to the highest standards of transparency, fairness, and efficiency in client relations.

The objective of this Policy is to ensure that any client who wishes to express dissatisfaction or raise concerns is met with a clear, accessible, and impartial process. This Policy is also intended to foster continual improvement in our practices by identifying and addressing systemic sources of dissatisfaction.

## 2. Definition of a Complaint

For the purposes of this Policy, a complaint is defined as any written or verbal expression of dissatisfaction or reproach by a client regarding a product or service provided by CAA-Quebec Insurance Entities, accompanied by an explicit or implied expectation of remediation or corrective action (for example: compensation, apology, corrective measure, or otherwise).

A routine request for information or a matter handled within the normal course of business does not constitute a complaint unless accompanied by a request for a formal review or remedial action. Specifically, the following are not considered complaints for the purposes of this Policy:

- Requests for information or documentation regarding a product or service;
- Requests to access or rectify personal information under privacy legislation;
- Insurance claims;
- Requests to correct transcription or calculation errors not requiring follow-up;
- Comments or feedback not requiring a formal response.

## 3. Governance and Responsibility

The Vice President, Insurance, is ultimately responsible for the application and enforcement of this Policy. The Vice President shall ensure that all complaints are processed in accordance with this Policy and relevant legislation and acts as the principal liaison with the Autorité des marchés financiers (AMF). The Vice President may delegate responsibility for complaint management to a designated officer, whose decisions shall be deemed those of the Vice President.



### 4. Complaints Process

#### a) Preliminary Contact

Clients are encouraged, in the first instance, to contact their designated representative or our customer service team:

- For property & casualty insurance (auto and home): [assurancesautohabitation@caaquebec.com](mailto:assurancesautohabitation@caaquebec.com)
- For personal insurance (accident, health, life, travel): [assurances@caaquebec.com](mailto:assurances@caaquebec.com)

#### b) Submission of a Complaint

Complaints may be submitted as follows:

- Verbally or in writing to any staff member;
- By telephone;
- By email (subject: "Complaint – Insurance"): [plaintes.assurances@caaquebec.com](mailto:plaintes.assurances@caaquebec.com);
- By mail addressed to:

Complaints Officer – Insurance  
444, rue Bouvier  
Québec (Québec) G2J 1E3

#### c) Admissibility Review

Upon receipt, each complaint is assessed to determine whether it meets the Policy definition. Clients may be contacted to provide clarification, and staff are available to assist clients in articulating their concerns, where required.

#### d) Registering and Acknowledging the Complaint

All admissible complaints are promptly recorded in the Complaints Register, and an individual case file is opened. Written acknowledgement of receipt is provided to the complainant within ten (10) days, indicating:

- The date of receipt;
- The client's rights, including recourse to the AMF;



- The anticipated timeline for a final determination;
- Contact information for further follow-up.

### e) Investigation and Documentation

The responsible officer undertakes a thorough, impartial review of the complaint, obtaining all relevant facts and documentation. The complete file is maintained in strict accordance with applicable privacy and document retention standards.

### f) Determination and Final Response

A reasoned, written final decision is issued to the complainant within sixty (60) days of receipt. The response shall:

- Clearly indicate that it is the final response;
- Summarize the complaint and the findings of the review;
- Articulate the rationale underpinning the decision;
- Set out any offer of settlement, if applicable, and its terms;
- Advise the complainant of their right to seek review by the AMF, with contact details.

Where exceptional circumstances arise (e.g., delay in receiving critical third-party documentation), the sixty (60) day period may be extended by up to thirty (30) additional days, with advance written notice to the complainant specifying the grounds for the extension.

## 5. Expedited (Simplified) Complaint Resolution

Where circumstances permit, certain complaints may be resolved promptly and informally within twenty (20) days of receipt. This streamlined approach may be employed by trained representatives where the client accepts the proposed resolution or is satisfied by the explanation provided.

All such cases are nonetheless documented in the Complaints Register, and the client is notified in writing of their right to request transfer of their file to the AMF.

If it becomes evident that the matter cannot be resolved expeditiously to the client's satisfaction, the complaint is escalated to the formal process described in Section 4.

## **6. Right to AMF Review and Transfer of File**

Should a complainant remain dissatisfied with the outcome, or should no final response be rendered within the prescribed timeframe, the client may request transfer of their file to the Autorité des marchés financiers (AMF).

CAA-Quebec Insurance Entities undertake to transmit the complete complaint file to the AMF within fifteen (15) days of such a request and to designate a liaison officer within ten (10) days of any such request from the AMF.

## **7. Policy Review and Amendments**

This Policy enters into force on July 1, 2025, pursuant to the Regulation respecting complaint processing and dispute resolution in the financial sector, and supersedes all prior versions.

This Policy shall be reviewed at a minimum every three (3) years, or more frequently as necessitated by changes in legislation or regulation. Any material amendment to this Policy must be ratified by the Vice President, Insurance, and the President and Chief Executive Officer of the Agency and the Brokerage.