

## Complaint Handling Protocol

### DEFINITION OF A REPORTABLE COMPLAINT

A complaint is the expression of at least one of the following elements that persists after being considered and examined at the operational level capable of making a decision on the matter:

1. a reproach against an organization;
2. the identification of a real or potential harm that a consumer has experienced or may experience; or
3. a request for a remedial action.

Complaints are generally expressed in writing through correspondence, email, fax or other form that allows a complaint to be kept on file. Where a consumer complains by phone or in person and the complaint is handled and examined by the person responsible for the examination of complaints and delegated as such in the organization's policy, the complaint must be documented so that it can be kept on file.

The initial expression of dissatisfaction by a consumer, whether in writing or otherwise, will not be considered a complaint where the issue is settled in the ordinary course of business. However, in the event the consumer remains dissatisfied and such dissatisfaction is referred to the person who is responsible for the examination of complaints and designated as such in the organization's policy, then it will be considered as a complaint.

However, organizations must refrain from any undue delay in referring a matter to a higher level solely for the purpose of avoiding reporting requirements.

Where a consumer remains dissatisfied after a reasonable attempt has been made to settle the issue, organizations without a multilevel complaint examination structure are then considered to have received a complaint.

### EDGE MUTUAL INSURANCE COMPANY COMPLAINT HANDLING PROTOCOL

1. The "Company Ombudsman/Liaison Representative" (as filed with OIO) is Carlos Rodrigues.
2. To activate the company's complaint handling process a policyholder(s) must provide a description of his/her complaint to the company in writing.
3. Letters of complaint will be reviewed by the "Company Ombudsman/Liaison Representative" or his/her alternate within five (5) business days of being received at the company.
4. The "Company Ombudsman/Liaison Representative" 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 Ombudsman/Liaison Representatives" review of the letter of complaint.
5. Our goal as a policyholder-owned, purely mutual company is to treat policyholders in a fair, courteous and timely manner. Time-lines mentioned above are minimum standards.

6. This Complaint Handling Protocol does not apply to any situation involving litigation by the insured against the company or where the insured has retained legal assistance in that regard.

7. Policyholders who have unresolved complaints may seek mediation by contacting:

Mutual Insurance Companies OmbudService ( <http://www.mutualombudservice.ca> )

250 City Centre Ave, Suite 516  
Ottawa, ON K1R 6K7  
Tel.: (613) 789-7665 Toll Free: 1-866-231-2602  
Fax: (613) 789-6854

8. If the mediation process is unsuccessful, policyholders may contact:

Office of the Insurance Ombudsman  
Financial Service Regulatory Authority of Ontario 5160 Yonge Street, 16th Floor  
Toronto ON M2N 6L9  
Telephone: 416-250-7250  
Toll Free: 1-800-668-0128