



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.

It aims to identify the person responsible for processing, overseeing the receipt of complaints and their handling, and, where applicable, the transmission of the file to the Autorité des marchés financiers, hereinafter referred to as the "Authority".

The Person in Charge of Complaints

The president, Mr. Morris Weiss, is the person who oversees applying this policy and ensuring that complaints received by Grunfeld Insurance are examined in accordance with said policy. Mr. Morris Weiss acts as the respondent with the Autorité des marchés financiers (the Authority) and trains our staff. He provides staff with the necessary information for compliance with this policy.

The person in charge is also responsible for:

- Delivering an acknowledgment of receipt and notice to the complainant within 10 working days;
- Perform the analysis of disputes and complaints within a reasonable time (note that the person in charge can delegate this task while providing supervision);
- To rule on the conclusion of the analysis and to inform the complainant thereof;
- Transferring the file to the Authority, at the complainant's request;
- Filing a report twice a year with the Authority using the Complaint Reporting System (CRS).

Receipt of the Complaint

The consumer or client of Grunfeld Insurance who wishes to lodge a complaint may do so, verbally or in writing, by contacting the person responsible:

- By mail: 6855 Av. de l'Épée, Montréal, Québec H3N 2C7
- By email: morris@grunfeldinsurance.ca

Managing a Complaint

For the purposes of this policy, a complaint constitutes the expression, verbal or written, of the following elements which remain after having been considered and dealt with at the operational level competent to render a decision.



It must contain one of the following:

- The identification of a potential or real prejudice that a consumer has suffered or could suffer and the details of the alleged facts, dates, and other information necessary to analyze the case
- A reproach against the firm, a representative or an employee
- The request for corrective action

A first manifestation of dissatisfaction on the part of the consumer, whether written or not, does not constitute a complaint when this dissatisfaction is resolved in the normal course of the activities of the registrant. However, as an indication, if the consumer remains dissatisfied and his dissatisfaction must be addressed by the person responsible for handling complaints, then this is a complaint.

The complainant must provide full contact details, including:

- Name and first name of the complainant
- Address
- Telephone number
- Email Address

Upon receipt of a complaint, the person responsible for Grunfeld Insurance will send an acknowledgment of receipt to the complainant within 10 working days of receiving the complaint. It will conduct an impartial analysis within a reasonable period of time, which should not exceed 90 working days, following receipt of the complaint and the elements necessary for its analysis.

In the event of an incomplete complaint, a notice including a request for additional information will be sent to the complainant. The latter must provide the necessary information before the analysis of the file can resume or continue.

Register and File of Complaints

Grunfeld Insurance must keep a register of complaints it receives. Each complaint must be the subject of a separate file including, in particular, the following elements:

- A description of the complaint received
- The outcome of the complaint handling process (analysis and supporting documents)
- All information relating to the complaint
- The final response to the complainant, written and reasoned

The complaint must be dealt with impartially and within a reasonable period of time, which should not exceed 90 days following receipt of the complaint. This deadline should be respected, regardless of the various levels of treatment involved.



Transmission to the Authority

In the event that the complainant is not satisfied with the outcome of the processing of his complaint or of the processing itself, he may ask the person responsible to transfer his complaint file to the Authority.

Address to use for the transfer:

Montréal Office

800 Rue du Square-Victoria,
22e étage,
C.P. 246 tour de la Bourse,
Montréal, Québec H4Z 1A1

Telephone: 514 395-0337

Fax: 514 873-3090

Toll Free: 1 877 525-0337

Québec Office

Place de la Cité, Cominar Tower,
2640 Boulevard Laurier,
Bureau 400,
Québec, Québec G1V 5C1

Telephone: 418 525-0337

Fax: 418 525-9512

Toll Free: 1 877 525-0337

The file transferred to the Authority will consist of all the documents relating to the complaint.

Procedures for Reporting Complaints

Grunfeld Insurance must report to the Authority complaints received from a consumer or a client during the following periods:

- The period from January 1 to June 30 inclusively: declaration no later than July 30 of the current year.
- The period from July 1 to December 31 inclusively: declaration no later than January 30 of the following year.

The cabinet that has not received any complaints during the period must declare that it has not received any.

You can visit the AMF website for more information:

<https://lautorite.qc.ca/en/general-public/assistance-and-complaints/making-a-complaint>