

## COMPLAINT RESOLUTION POLICY

SE Mutual Insurance Company (the “Company”) takes pride in providing outstanding service to our clients.

The purpose of this Complaint Resolution Policy (“Policy”) is to set up a free and equitable procedure for dealing with complaints. In the unlikely event that you are not satisfied with our service, please follow these procedures. These procedures apply to complaints about the Company’s products, services and virtually all aspects of its business practices. Complaints made in accordance with these procedures will be handled promptly and efficiently.

This Policy is also intended to provide oversight for the receipt of complaints, delivery of acknowledgements of receipt, creation of complaint files, compilation of complaints for the purpose of preparing and filing periodic reports with provincial regulators.

### What is a Complaint?

A complaint is the expression of at least one of the following elements:

- 1) dissatisfaction with the Company, in connection to providing (or failing to provide) its products or services, and for which the Company has engaged in:
  - a. unfair business practices,
  - b. conduct in violation of applicable law or regulation, or
  - c. unethical conduct;
- 2) the identification of real or potential harm that a consumer has sustained or may sustain; or
- 3) a request for remedial action.

Informal steps to correct a specific problem are not considered a complaint, provided the problem is resolved as part of the Company’s normal activities and the consumer has not filed a complaint.

## Addressing Your Complaint

### Contacting Your Agent or Broker

If you have a complaint, you are encouraged to first contact your Agent or Broker (if applicable), who will provide you with professional advice. Your Agent or Broker works for you and can advocate on your behalf to obtain a solution which may be acceptable to you. If your Agent or Broker is not able to resolve your complaint, they will provide you with contact information for the appropriate business unit of the Company.

### Contacting the Company

If you wish to have the Company review your complaint directly, you may contact the appropriate business unit of the Company, verbally or in writing. If you know the name of the manager of the relevant business unit, please contact that person directly. If you are unsure of who to contact, your Agent or Broker will provide you with the contact information of the appropriate business unit.

The business unit manager will contact you by phone or email within two (2) business days of receiving the complaint, highlighting information pertinent to the complaint. On receiving the complaint, the business unit manager will initiate the Company's complaint examination process. A complaint file is created for each complaint, which will contain details of the respective complaint, the outcome of the complaint examination process (the analysis and the supporting documents), and all written correspondences to the complainant. The business unit manager will examine the complaint and, within five (5) business days of receipt of the complaint, prepare a written or verbal response to you with justifying reasons, or explaining that more time is necessary and why.

If the business unit manager is unable to resolve your concern, you may request that the complaint be escalated to the Company Ombudsman for their attention and further efforts to resolve the complaint.

### Contacting the Company Ombudsman

You are encouraged to seek assistance from your Agent or Broker and the appropriate business unit manager of the Company before contacting the Company Ombudsman. Complaints submitted to the Ombudsman must be put in writing (email, fax, or letter) to the following address:

SE Mutual Insurance Company  
Ombudsman  
663 Pinewood Rd.  
Riverview, NB E1B 5R6

Phone: (506) 386-9002  
Toll-free: 1-800-561-72234  
Facsimile: (506) 386-3325

Email: [sandra.batten@semutual.nb.ca](mailto:sandra.batten@semutual.nb.ca)

The Ombudsman has a mandate and duty to carry out a fair and independent review of the complaint and provide recommendations as to its resolution. The Ombudsman will send an acknowledgement of receipt and notice within three (3) business days of receiving the written complaint, highlighting information pertinent to your case. They will investigate the complaint and, within seven (7) business days of receipt of the written complaint, prepare and send you a final written response addressing your concern, or explaining that more time is necessary and why.

The Ombudsman is the person in charge of applying this Policy. They monitor employee training and ensures that employees are provided with the necessary information for compliance with this Policy. They are also responsible to file periodic reports with provincial regulators (when required) detailing the number and type of complaints received in the respective reporting period, regardless of whether any complaints were received.

#### *External Independent Review of the Complaint*

If you are not satisfied with the outcome from the Company Ombudsman, you may also contact the insurance regulatory body.

Consumer Advocate for Insurance

270 Douglas Ave, Suite 406  
Bathurst, NB E2A 1M9  
Phone: 506-549-5555  
Toll Free: 1-888-283-5111