sandbox
mutual insurance

CLAIMS MANUAL EXTERNAL VERSION

(Updated April 1, 2026)

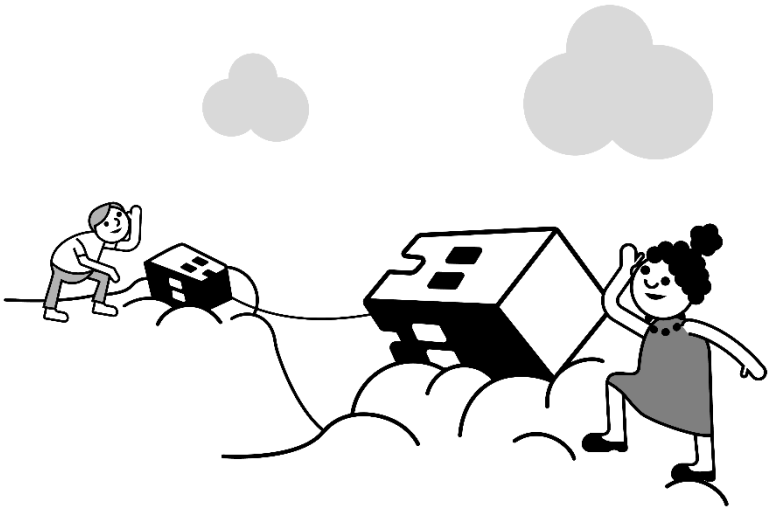

TABLE OF CONTENTS

INTRODUCTION

CONFIDENTIAL NOTICE. The information contained in this document is strictly confidential. It may only be used by parties authorized by Sandbox Mutual Insurance and not to be distributed without Sandbox Management approval. All other use is strictly prohibited.

Sandbox Mutual Insurance prides itself on providing superior customer service to our insureds. As a Sandbox Representative, we rely on you to uphold this service standard to our insureds. This document is to be used as a guide for Adjusting of Sandbox Mutual Insurance claims. Claims are still to be adjusted on a case-by-case basis so if unusual circumstances arise or you need clarification on any of the guidelines contact Sandbox. The Manager, Claims & Facilities oversees the preparation of a claims manual applicable to staff and independent adjusters.

Any updates and version changes will be communicated through email

---

WORDINGS / FORMS / DOCUMENTS ACCESS

- Adjuster's MUST review policy & read endorsements that enhance or limit coverage on all claims.
- Wordings/Forms/Letters can be found on Sandbox website under "Broker Resources" after logging in or in OnBase under Standard Operating Procedures.
- If you require a login for the website, please contact Claims@sandbox.ca.

- Sandbox Claims Forms Available;
  - Automobile Proof of Loss Form
  - Cash Settlement Form
  - Co-Insurance Calculation Form
  - Declaration Form
  - EEF 43 Replacement Cost Coverage - SK Auto - Form
  - Final Release Form
  - First Notice of Loss Form
  - Loss Prevention Form
  - Mb Purchase Price Calculator
  - New Car Secure - MB Auto – Form
  - Non-Waiver Agreement Form
  - Initial Communication Form
  - PIPEDA Form
  - Proof Of Loss Form
  - Release of Information Form
  - Release of Interest Form
  - Report Form
  - Risk Notice Form
  - Schedule of Loss Form
  - SK Purchase Price Calculator

- Sandbox Letter Templates Available;
  - Blank Letter
  - Limitation Letter
  - Denial Letter
  - Reservation of Rights Letter
  - Proof of Loss Rejection Letter
  - 30 Day Contact Letter
  - Non-Cooperation Letter
  - 180 Contents Letter
  - Contents Acv Letter
  - Demand Letter
  - Recovery Letter
  - Final Position Letter

SANDBOX CLAIMS CONTACT LIST

Staff	Location	Position	Emails	Phone
Main Line	Saskatoon		claims@sandbox.ca	306.653.4232
Justin Guillaume	Saskatoon	Manager	jguillaume@sandbox.ca	306.518.2446
Tessa Silversides	Regina	Supervisor	tsilversides@sandbox.ca	306.518.1779
Luke Launderville	Estevan	Supervisor	llaunderville@sandbox.ca	306.518.1782
Vacant	Vacant	Construction Specialist	N/A	N/A
Todd Stone	Saskatoon	SR Adjuster	tstone@sandbox.ca	306.653.6410
Ivan Brown	Saskatoon	Adjuster	ibrown@sandbox.ca	306.518.7147
Melody Jones	Saskatoon	Adjuster	mjones@sandbox.ca	306.518.1677
Don Cook	Regina	Adjuster	dcook@sandbox.ca	306.539.8630
Christopher Elles	Regina	Adjuster	celles@sandbox.ca	306.518.1392
Catlyn Wonsul	Regina	Adjuster	cwonsul@sandbox.ca	306.518.1674
Douglas Silva	Winnipeg	Adjuster	dsilva@sandbox.ca	431.278.0639
Gavin Gaudry	Red Deer	Adjuster	ggaudry@sandbox.ca	306.653.6418
Frances Crow	Calgary	Adjuster	fcrow@sandbox.ca	306.518.9100
Heather Goetz	Saskatoon	Desk Adjuster	hgoetz@sandbox.ca	306.518.4204
Barbara Page	Saskatoon	SR Examiner	bpage@sandbox.ca	306.518.2701
Kari McLeod	Saskatoon	Examiner	kmcleod@sandbox.ca	306.518.1813
Eleanor Glyn-Jones	Saskatoon	Examiner	eglynjones@sandbox.ca	306.518.2342
Rabi Amiolemen	Saskatoon	Clerk	ramiolemen@sandbox.ca	306.518.1818
Amanda Boser	Saskatoon	Clerk	aboser@sandbox.ca	306.518.4235

CLAIMS TEAM ROLES

Claims Clerk - Processes clerical work of the claims department.

Claims Examiner - Responsible for examination and resolution of routine claims.

Claims Desk Adjuster - Responsible for investigating, negotiating, and settling personal lines, auto, farm, liability, commercial and injury claims in accordance with company policies and procedures in an assigned geographic territory.

Claims Adjuster - Responsible for investigating, negotiating, and settling personal lines, auto, farm, liability, commercial and injury claims in accordance with company policies and procedures in an assigned geographic territory.

Construction Specialist - Responsible to support the property claims repair and resolutions process and for providing building construction, repair expertise, assisting in quantifying damages, preparing scopes, reviewing estimates, determining repair costs, ensuring compliance with legislation, standards and policies and training and mentoring staff.

Claims Supervisor - Supervises claims activities and provides claims expertise, guidance, and advice to the Company. This position is responsible for overseeing the day-to-day operations of the claims department, serves as a member of the management team and contributes to the development of corporate strategy and future planning.

Claims Manager - Responsible for all claims and facilities management activities providing expertise, guidance, and advice to the Company. This position is responsible for managing the day-to-day operations, projects, and priorities of the claims department; serves as a member of the management team; provides leadership, coaching and direction to staff; and contributes to the development of corporate strategy and future planning. This position also ensures corporate facilities meet operational and safety requirements.

Claims VP - Directs and oversees all claims & facilities activities and provides claims expertise, guidance, and advice to the Company. This position is responsible for ensuring claims objectives are being met and exceptional customer service is delivered. The position also ensures corporate facilities meet operational and safety requirements of the Company. This position serves as a member of the senior management team and contributes to the development of corporate strategy, policy, and future planning.

sandbox
mutual insurance

GENERAL CLAIMS GUIDELINES

INDEPENDENT ADJUSTER / STAFF REPORTING

- All claims assigned externally should be acknowledged when received.
- All claims assigned to Independent Adjusters are “full handle” unless otherwise indicated.
- Claims are to be contacted and attended within a reasonable timeline subject to the Insured’s availability and claim severity.
- Communication with insured should be continued throughout the claim and all phone calls or emails returned within a reasonable amount of time. If the insured or any other external reason is delaying the claim, notify Sandbox of the delay.
- External IA reports are to be emailed to claims@sandbox.ca**.** If there is a delay in a response from Sandbox and directly contacting an examiner via email/phone does not bring any attention to a file. The delay should be escalated to Luke Launderville (llaunderville@sandbox.ca), Tessa Silversides (tsilversides@sandbox.ca) or Justin Guillaume(jguillaume@sandbox.ca).
- **Report #1 should be submitted to Sandbox within 30 Days of claim attendance.**
- **Subsequent Reports should occur every 60 days or as required;**
    - If no developments, an email update or call is sufficient (no formal report required)
- ***Reserve Changes: The IA should call Sandbox on any reserve changes (increase or decrease) of $50,000. This should be done in conjunction with a report emailed.***
- **All expenses should be authorized by Sandbox.**

- **Forms Required on Reports;**
    - **PIPEDA FORM** completion on all files.
    - **INITIAL COMMUNICATION FORM** completion on all files.
    - **LOSS PREVENTION FORM** completion on applicable files.
    - **CASH SETTLEMENT FORM** completed on applicable files.
    - **NON-WAIVER AGREEMENT FORM** completed on all fire losses.
    - **PROOF OF LOSS FORM** see “PROOF OF LOSS GUIDELINES”
    - **FINAL RELEASE FORM** completed on applicable files.
    - **RELEASE OF INFORMATION FORM** completed on applicable files.
    - **RELEASE OF INTEREST FORM** completed on applicable files.
    - **SCHEDULE OF LOSS FORM** completed on applicable files.

- **Information Required on Reports;**
    - Risk Summary (Describe location/building)
    - Scope / Estimate / Photos / Diagram of Damages
    - Reserve / Expense / Exposure Recommendation
    - Coverage Analysis (Thought process of why there is or is not coverage)
        - Example;
            - Coverage - Approved/Denied/Partial Denial/Pending (Cause of Loss)
            - Applicable Coverages/Riders/Exclusions/Clauses:
            - Limits and Deductible:
            - Relevant prior claims history:
    - Payment history/summary/requests
    - Indication of Deductible: when and how it was applied.
    - Co-insurance calculation. (SQFT of building x average rebuild cost ($/SQFT).
    - Further actions required.

FILE CHECKLIST

Task / Item
Claim Received Stage:
IA assignment
Initial contact notes
Policy coverages and limits explained
180-day contents limitation explained
Limitation period explained
Initial exposure and reserves review
Source any news articles related to loss
Claim mitigation and initial documentation
Gathering Details Stage
Contractor assignment
XA Assignment
Reports (IA, Staff Adjuster, Vendor, Expert)
Photos of loss
Fire Dept report / #
Policy report / #
SOL provided / explained
Caption / Large Loss / Reinsurance report
Insured statements
PIPEDA form
Communication Checklist form
Non-Waiver or Reservation of Rights form
Loss Prevention form
Blank Proof of Loss form
Claim Decision Stage
Coverage Analysis
Insured / Broker informed of decision
Denial provided
Establishing Costs and Payment Stage
Scope of Repair / Damage
Estimate of Repair / Damage
Docusketch / Hover
ICC
Lien check
Contents assessment
Exposure and reserves review
Coinsurance review
Inflation calculation
Underwriting Risk Notice form
Final Proof of Loss form
File Closure Stage
File is closed, NPS survey is sent out
Other Documentation on File:
Notes throughout the file
Contact with insured every 90 days min
Deductible application
Active Task / Activity / Workplan
Salvage / Subrogation / Fraud Review & Comments

FRAUD CHECKLIST (SIU)

- If you have a suspicious claim, contact your Supervisor or file owner for further direction.
- Sandbox Mutual Insurance utilizes the services of various "**Fire Investigators**" for physical attendance and Origin and Cause reports.
- Sandbox Mutual Insurance utilizes the services of "**Independent Interviewing Group**" for interviewing suspicious claims.

- **Fraud Checklist:**

  General Red Flags

  - ☐ Inconsistent or contradictory information in claim documents
  - ☐ Missing or vague documentation
  - ☐ Prior history of frequent claims
  - ☐ Lack of maintenance or signs of pre-existing damage
  - ☐ Delayed reporting of the incident
  - ☐ Recent purchase of insurance or increase/change in coverage
  - ☐ Excessive eagerness to settle quickly
  - ☐ Claim involves high-value items
  - ☐ Inventory lists appear overly detailed or suspiciously vague
  - ☐ Policyholder is unreachable or avoids contact
  - ☐ Involvement of third parties with known fraud history
  - ☐ Estimates/Invoices seem inflated or unnecessary
  - ☐ Police report is missing or appears altered
  - ☐ Evidence of arson or intentional damage

COVERAGE ANALYSIS

As part of the Audit process a coverage analysis needs to be completed on every claim file. This is a requirement for IA's and Internal staff and outlines our coverage position on the file.

A simple copy and paste note which we amend the notes accordingly is sufficient. This will show that the policy and claim loss details have been reviewed and outline the thought process of why there is or is not coverage.

SUBJECT

Coverage - Approved/Denied/Partial Denial/Pending (Cause of Loss)

BODY OF MESSAGE

Cause of Loss:
Applicable Coverages/Riders/Exclusions/Clauses:
Applicable Limits and Deductible:
Relevant prior claims history:

PROOF OF LOSS REQUIREMENTS

- All Losses over $50,000
- All Theft and Mysterious Disappearance losses over $10,000
- Claims Involving Subrogation and Salvage
- Claims where proof of loss may be advisable due to circumstances of the loss (suspicious)

INSURANCE ACTS

Insurance Acts should be followed in all provinces to ensure compliance

Alberta:
https://www.abcouncil.ab.ca/licensee-resources/insurance-act-regulations/

Saskatchewan:
https://fcaa.gov.sk.ca/legislation

Manitoba:
https://web2.gov.mb.ca/laws/statutes/reccsm/i040e.php

BC:
https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/12001_02#section12

LOSS PREVENTION FORMS

- A Loss Prevention Form should be completed on any claims involving:
  - Sewer Backup / Comprehensive Water
  - Theft / Burglary
- Tasks are to be sent in Odyssey to the following Queue:
  - Personal Lines, Commercial Lines, Or Farm – Mail Referrals
  - *If the task is urgent email Underwriting Management in that line of business for review.

CONTENTS

- Sandbox Mutual Insurance utilizes the services of "**Keystone Assessments**" for Content Appraisals. They provide valuations of the contents listed on the Schedules of Loss.
- Contents are to be evaluated prior to cleaning/loss listing to determine the best approach.
- *Schedules of Loss still require adjuster review for limit concerns and validity prior to submission of SOL to Keystone*. (Duplicated items or exaggerated items).

SERVICE LINE / HOME SYSTEM / HOME BREAKDOWN CLAIMS

- Sandbox partners with HSB regarding certain coverages. They provide Home System Protection, Service Line, Equipment Breakdown as well as Cyber Coverages. HSB adjusts losses related to these coverages while the adjuster assigned to the claim continues the adjusting of the remaining portions of the claim.

EQUIPMENT / ATVs / BOATS / TRAILERS

- Equipment appraisers are used for machinery, ATV, recreational vehicles, boats, cars, trailers, etc.

• **Alberta** ICS Integrated Claims Services Ltd • **Manitoba** Schroeder Appraisal Ltd	• **Saskatchewan** All Equipment Appraisals MCD Appraisals

SALVAGE / SUBROGATION

- All Salvage or Subrogation opportunities should be identified in reports.
- Salvage may become Sandbox's property upon payment of claim. Sandbox will explore all potential recovery options available. Consider the potential salvage value of the item, inclusive of the cost it may be to Sandbox to dispose of the item, vs. selling it at auction.
- If Insureds want to retain salvage Sandbox should be notified to review for consideration. This process may include an allowance or having the insured bid on the item.
- Salvage is to be sold through **Barga** (Canada) or **McDougall Auctioneers** (Saskatchewan).
- If Subrogation potential exists all applicable demand letters should be sent asap.

LIEN / TITLE SEARCHES

- Lien and Personal Property Title searches should be completed on settlements over $50,000 involving buildings.
- Lien and Personal Property Title searches should be completed on total loss settlements involving equipment, machinery, boats, trailers, ATVs, snowmobiles.
- ISC Searches - https://www.isc.ca/SPPR/Pages/SearchLiens.aspx
- Leegals provides searches - https://leegals.com/
    - Send an email to leegals@mymts.net.
    - In the body of your email outline your request as follows;
        - We require a title/lien search on the following.
        - Describe what you are requesting.
        - Please forward search and invoice for same to c/o Sandbox: via email. Should you require any further information, please do not hesitate to contact me.

DEDUCTIBLE APPLICATION

- **Q:** How do we apply deductibles when the Insured has a claim under multiple locations insured under one policy or multiple policies with a claim under locations insured separately under multiple policies?
- **A:** It is now our company practice to have an occurrence deductible applied to personal lines property, farm property, commercial property, and automobile policies.
- If more than one location is written under a policy, then an occurrence deductible is applied to all locations. However, if different policies are issued for the same Insured, then an occurrence deductible would apply to each policy.
- In a case involving an automobile policy and a personal lines/farm/commercial policy, an occurrence deductible would be applied as if one policy had been issued
- The highest deductible applies.

CLAIMS PORTAL

- Examiners and Adjusters are expected to update the “claims status type” in Odyssey throughout the claims process. This information corresponds to the claims portal where additional commentary is displayed to the insured at each stage of the process. The portal will display contact information for the concierge assigned to the file, and the claims status that has been set in Odyssey.
- The current steps of the claim’s portal are listed on the Sandbox Property Claim Guide.

NPS SURVEYS

NPS stands for Net Promoter Score. The NPS score is gathered by a series of email surveys during the claims process.

When Will Surveys Be Sent out?

- **New Claim:** When a policyholder opens a claim, they’ll get an email inviting them to share their initial thoughts. This will be for property claims only, regardless of how they are reported.
- **90 Days In:** We’ll check in again with another email survey—how’s it going so far?
- **1 Year Mark:** If a claim stays open this long, we’ll ask for another round of feedback.
- **Claim Closed:** When the dust settles, we’ll get final insights on their experience.
- **Auto Claims Online?** If someone reports an auto claim on our website, they’ll be asked for feedback right away through a website pop-up.

Why This Matters:
Every claim tells a story. These surveys help us understand what’s working, what’s not, and where we can make the experience even better.

Your Role:
We need the claims team to be encouraging policyholders to complete the NPS surveys at every step of the way. The more responses we get, the more confident we can be in our data, and the less impact there is by one overly negative survey response. When there aren’t many surveys completed, a negative response could tank our NPS score. The Bottom Line: More insights = stronger claims service = happier policyholders.

SANDBOX PROPERTY CLAIM GUIDE

Property Mitigation

- Whether you have reported your claim or not please prevent more damage from happening (if safe to do so).
- Document the damage you see via photos or videos.
- Keep any items ana receipts you think may be part of the loss.

Loss Notice Info

- Claims can be reported in a couple ways:
  - Website - https://sandbox.ca/make-claim
  - Phone – 1.800.667.3067
  - Email – claims@sandbox.ca

Details needed with a Property Loss Notice:

- Insured Name, Address & Contact Info
- Date of loss
- List of damages
- Copy of estimates (if applicable)
- Sandbox Policy Number
- Details of the loss
- Location of loss
- Police File Number (if applicable)

Property Claim Portal

- When a property claim is submitted at Sandbox you will receive an option to sign up for the Claims Portal. The Claims Portal gives you a visual representation and overview on the status of your open claims along with recently closed claim. The claims log displays a more detailed commentary. This field will continue to populate as the claims status is changed throughout the life of the claim.

Property Claim Steps

- **Claim Received**
  - We've got your claim! Thanks for sharing your claim story with us—we're on it. A dedicated Claim Concierge will be assigned to guide you through the process and help get things sorted.
- **Gathering Details**
  - We're currently reviewing your policy and working with our trusted vendors and experts to make sure we have everything needed for your unique claim.
- **Claim Decision**
- **Establishing Costs & Payment**
  - We're busy pulling together estimates and vendor quotes to determine the best way forward for your claim.
- **File Closed**
  - We are happy to report that your claim has been successfully resolved and is now closed.

DENIAL PROCESS

- **Denial letters should be sent on all claims that are denied, and all Denial letters should be accompanied by a "Blank Proof of Loss Form"**
- The Adjuster should provide denial recommendations along with a draft denial letter for Sandbox approval **as soon as possible**. Once approved, the Broker and then the Insured are to be contacted and notified of denial by the Adjuster.

DISPUTE PROCESS

- Efforts should be made to resolve disputes with the Adjuster/Examiner.
- **https://sandbox.ca/have-feedback** - Sandbox Dispute Process.
- If the dispute is not solved after Management gets involved, a final position letter will be created and signed by Management. The final position letter will then be sent to the insured along with a copy of the appropriate province's dispute resolution process.

ARBITRATION

CANADIAN INTER-COMPANY ARBITRATION AGREEMENT

Signatories are bound to forego litigation and submit to arbitration any questions or disputes which may arise with respect to any physical damage subrogation claims, including related business interruption claims, not more than the amount currently stipulated in this Agreement. This Agreement shall apply to all disputes in which the amount at issue is equal to or less than $100,000.

Signatories to Agreement listed on CICMA website. https://www.cicma.ca/arbitration-agreement

Notice of limitation period

7-23(1) In this section:

"**claimant**" means:

(a) a beneficiary as defined in Part VIII;

(b) an insured, a group life insured, a group person insured, or a debtor insured as defined in Part VIII;

(c) a person who has a claim against an insured who has initiated a claim for indemnity under a contract of insurance; or

(d) a person mentioned in section 8-61;

"**insured**" means a person insured by a contract of insurance, whether named in the contract or not.

(2) An insurer shall give written notice to a claimant of the applicable limitation period set out in The Limitations Act:

(a) if the claim has not been satisfactorily settled, within 60 days after the date the claimant notifies the insurer of the claim, in the case of a claimant mentioned in clause (a) or (b) of the definition of "claimant";

(b) within 60 days after the insurer first becomes aware that an insured is claiming indemnity for a claim made by a third party against the insured, in the case of a claimant mentioned in clause (c) of the definition of "claimant";

(c) within 60 days after the insurer first becomes aware that a claimant mentioned in clause (d) of the definition of "claimant" has initiated an action pursuant to section 8-61;

(d) within five business days after the date on which the claimant's claim is denied; and

(e) within 10 business days after the date on which the negotiation or settlement discussions or the dispute resolution process has been terminated by either the insurer or the insured as described in subsection (6).

(3) An insurer is not required to give a written notice pursuant to subsection (2) if at the time the notice is required to be given the insurer is aware that the claimant is represented by a lawyer.

(4) Notwithstanding subsection (2), with respect to a claim by a person insured under a group accident and sickness policy, no written notice pursuant to subsection (2) is required to be given if the claim is with respect to a coverage other than disability coverage.

(5) If an insurer fails to give a written notice pursuant to subsection (2) when required to do so, the court may, on application by the claimant:

(a) order that the applicable limitation period be extended; and

(b) grant any other remedy that the court considers appropriate.

(6) During any period of negotiation or settlement discussions between an insurer and an insured with respect to payment of a claim or loss under a contract of insurance or during a dispute resolution process described in section 8-11, Statutory Condition 11 of section 8-28 or Statutory Condition 4 of section 8-41, the applicable limitation period is suspended and does not recommence to run until the negotiation or settlement discussions or the dispute resolution process has been terminated by either the insurer or the insured by notice to the other party.

Disputes re payment of claim or loss

7-25(1) If a dispute occurs regarding payment of a claim or loss or if an insurer denies an insured's claim, the insurer shall, within five business days after the dispute arose or after the denial of the claim, give written notice to the insured of the following options available to the insured:

- **(a)** make a complaint against the insurer to any of the following:
  - **(i)** the OmbudService for Life & Health Insurance;
  - **(ii)** the General Insurance OmbudService;
  - **(iii)** the Superintendent;
  - **(iv)** a complaint body approved by the Superintendent;
- **(b)** enter into the dispute resolution process described in section 8-11, Statutory Condition 11 of section 8-28 or Statutory Condition 4 of section 8-41;
- **(c)** accept the insurer's offer of settlement if the insurer has made an offer; or
- **(d)** commence an action against the insurer within the limitation period as required by section 7-23.

(2) If within 70 days after the insured has submitted a proof of loss, the insurer has not yet made a decision as to the validity of the claim or the amount payable with respect to the claim, the insurer shall give written notice to the insured of the options set out in clause (1)(a), (b) or (d).

(3) A written notice mentioned in subsections (1) and (2) must include a copy of section 8-11, Statutory Condition 11 of section 8-28 or Statutory Condition 4 of section 8-41.

(4) This section does not apply to a claim for crop hail insurance.

Dispute resolution

8-11(1) In this section, "representative" means a dispute resolution representative appointed pursuant to subsection (5).

(2) This section applies to disputes between an insurer and an insured about a matter that under Statutory Condition 11 set out in section 8-28, Statutory Condition 4(9) or (10) set out in section 8-41 or another condition of the contract of insurance must be determined using this dispute resolution process.

(3) This section does not apply to a contract of crop hail insurance.

(4) Either the insured or the insurer may demand in writing the other's participation in a dispute resolution process after proof of loss has been delivered to the insurer.

(5) Within seven days after receiving or giving a demand pursuant to subsection (4), the insured and the insurer shall each appoint a dispute resolution representative, and within 15 days after their appointment, the two representatives shall appoint an umpire.

(6) No person shall be appointed as a representative if the person is:

- **(a)** the insured or the insurer; or
- **(b)** an employee of the insured or the insurer.

(7) The representatives shall determine the matters in dispute by agreement and, if they fail to agree, submit their differences to the umpire.

(8) The written determination of a majority of the dispute resolution panel composed of the representatives and the umpire determines the matters.

(9) Notwithstanding subsection (8), if a majority finding of the dispute resolution panel cannot be established, the umpire shall have the sole discretion to determine the matter.

(10) Each party to the dispute resolution process shall pay the representative whom the party appointed, and each party shall bear equally the expense of the dispute resolution process and the umpire.

(11) On the application of the insured or of the insurer, a judge of the court sitting at the judicial centre nearest to the place where the matter that is the subject of the dispute resolution is located may appoint a representative or umpire if:

- **(a)** a party fails to appoint a representative within seven days after being served with written notice to do so;
- **(b)** the representatives fail to agree on an umpire within 15 days after their appointment; or
- **(c)** a representative or umpire refuses to act or is incapable of acting or dies.

(12) An umpire is bound by the rules of procedural fairness in carrying out the umpire's functions pursuant to this section.

Statutory Conditions

8-28(1) Subject to subsections (2) and (3):

(a) the Statutory Conditions set out in this section are deemed to be part of every contract of insurance in force in Saskatchewan and must be printed on every policy under the heading “Statutory Conditions”; and

(b) no variation or omission of or addition to any Statutory Condition is binding on the insured.

(2) This section does not apply to contracts of automobile insurance, surety insurance, crop hail insurance or any other prescribed class of insurance.

(3) In this section and in the Statutory Conditions:

“contract” means a contract of insurance;

“policy” does not include an interim receipt or a binder;

(4) Statutory Conditions 1 and 6 to 13 apply only to, and need only be printed on, contracts that include insurance against loss or damage to property.

In case of disagreement

11(1) In the event of disagreement as to the value of the insured property, the value of the property saved, the nature and extent of the repairs or replacements required or, if made, their adequacy, or the amount of the loss or damage, those questions must be determined using the applicable dispute resolution process set out in The Insurance Act whether or not the insured’s right to recover under the contract is disputed, and independently of all other questions.

(2) There is no right to a dispute resolution process under this condition until:

(a) a specific demand is made for it in writing; and

(b) the proof of loss has been delivered to the insurer.

Dispute resolution

519(1) In this section, “representative” means a dispute resolution representative appointed under subsection (5).
(2) This section applies to disputes between an insurer and an insured about a matter that under Statutory Condition 11 set out in section 540 or another condition of the contract must be determined using this dispute resolution process.
(3) This section does not apply to a contract of hail insurance.
(4) Either the insured or the insurer may demand in writing the other’s participation in a dispute resolution process after proof of loss has been delivered to the insurer.
(5) Within 7 days after receiving or giving a demand under subsection (4), the insured and the insurer must each appoint a dispute resolution representative, and within 15 days after their appointment, the 2 representatives must appoint an umpire.
(6) A person may not be appointed as a representative if the person is
(a) the insured or the insurer, or
(b) an employee of the insured or the insurer.
(7) The representatives must determine the matters in dispute by agreement and, if they fail to agree, submit their differences to the umpire, and the written determination of any 2 of them determines the matters.
(8) Each party to the dispute resolution process must pay the representative whom the party appointed, and each party must bear equally the expense of the dispute resolution process and the umpire.
(9) If
(a) a party to a dispute resolution process fails to appoint a representative in accordance with subsection (5), or
(b) a representative fails or refuses to act or is incapable of acting and the party that appointed that representative has not appointed another representative within 7 days after the failure, refusal or incapacity,
on application of the insurer or the insured on 2 days’ notice to the other, the Court may appoint a representative.
(10) On an application under subsection (9), the Court may award costs on a solicitor and client basis against the person whose representative is appointed by the Court, whether or not that person appeared on the application.
(11) If
(a) the representatives fail to appoint an umpire in accordance with subsection (5), or
(b) the umpire fails or refuses to act or is incapable of acting,
either representative may make an application to the Superintendent for the appointment of an umpire, containing
(c) the names of 3 persons the applicant believes are capable of performing the functions of the umpire, and
(d) the credentials of the 3 persons.
(12) Before making an application under subsection (11), the applicant must give notice in writing to the other representative of the intention to make the application, which notice must contain the names and credentials the applicant is submitting to the Superintendent under subsection (11).
(13) An application under subsection (11) must be accompanied with a copy of the notice, and the date it was given, under subsection (12).
(14) Within 15 days after receiving a notice under subsection (12), the other representative may give the Superintendent and the applicant
(a) the names of 3 persons the representative believes are capable of performing the functions of the umpire, and
(b) the credentials of the 3 persons.

(15) The Superintendent must appoint an umpire from the names submitted under subsection (11) or (14) as soon as practicable after the earlier of the following occurs:

(a) the Superintendent receives names and credentials under subsection (14);

(b) the period for providing names and credentials under subsection (14) expires.

(16) An umpire is bound by the rules of procedural fairness in carrying out the umpire's functions under this section.

Statutory Conditions

IN CASE OF DISAGREEMENT 11(1) In the event of disagreement as to the value of the insured property, the value of the property saved, the nature and extent of the repairs or replacements required or, if made, their adequacy, or the amount of the loss or damage, those questions must be determined using the applicable dispute resolution process set out in the Insurance Act whether or not the insured's right to recover under the contract is disputed, and independently of all other questions.

(2) There is no right to a dispute resolution process under this condition until

(a) a specific demand is made for it in writing, and

(b) the proof of loss has been delivered to the insurer.

Limitation of actions

558(1) An action or proceeding against an insurer under a contract must be commenced

(a) in the case of loss of or damage to the automobile, not later than 2 years after the occurrence of the loss or damage, and

(b) in the case of loss or damage to persons or property, not later than 2 years after the cause of action against the insurer arose.

(2) A policy to which this Subpart applies must contain the following statement:

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act.

Application of section and disputes

Definition

121(1) In this section, **"representative"** means a dispute resolution representative appointed under subsection (5).

When section applies

121(2) This section applies to disputes between an insurer and an insured about a matter that under Statutory Condition 11 set out in Schedule B or another condition of the contract must be determined using the dispute resolution process set out in this section.

Non-application to hail insurance

121(3) This section does not apply to a contract of hail insurance.

Insured or insurer may demand dispute resolution

121(4) By a demand in writing after proof of loss has been delivered to the insurer, either the insured or the insurer may demand the other's participation in a dispute resolution process.

Appointment of dispute resolution representatives and umpire

121(5) Within seven days after receiving or giving a demand under subsection (4), the insured and the insurer must each appoint a dispute resolution representative, and within 15 days after their appointment, the two representatives must appoint an umpire.

Who may not be a representative or umpire

121(6) A person may not be appointed as a representative or umpire if the person is

- **(a)** the insured or the insurer; or
- **(b)** an employee of the insured or the insurer.

How disputes are to be resolved

121(7) The representatives must determine the matters in dispute by agreement. If they fail to agree, they must submit their differences to the umpire, and the written determination of any two of them determines the matters.

Costs

121(8) Each party to the dispute resolution process must pay the representative appointed by that party and must bear equally the expense of the dispute resolution process and the umpire.

Appointment by judge

121(9) If

- **(a)** a party to a dispute resolution process fails to appoint a representative in accordance with subsection (5); or
- **(b)** a representative fails or refuses to act or is incapable of acting and the party that appointed that representative has not appointed another representative within seven days after the failure, refusal or incapacity;

on application of the insurer or the insured on two days' notice to the other, the court may appoint a representative.

Costs awarded by court
121(10) On an application under subsection (9), the court may award costs on a solicitor and client basis against the person whose representative is appointed by the court, whether or not that person appeared on the application.

Application to superintendent to appoint umpire
121(11) Either representative may apply to the superintendent for the appointment of an umpire if
- **(a)** the representatives fail to appoint an umpire in accordance with subsection (5); or
- **(b)** the umpire fails or refuses to act or is incapable of acting.

Names and credentials of proposed umpires
121(12) An application under subsection (11) must contain the names and credentials of three persons who the applicant believes are capable of performing the functions of the umpire.

Notice of intention to apply
121(13) Before making an application under subsection (11), the applicant must give notice in writing to the other representative of the intention to make the application. The notice must contain the names and credentials the applicant is submitting to the superintendent under subsection(12).

Application must include copy of notice
121(14) An application under subsection (11) must be accompanied by a copy of the notice under subsection (13) and must state the date on which the notice was given to the other representative.

Umpire nominations by other representative
121(15) Within 15 days after receiving a notice under subsection (13), the other representative may give the superintendent and the applicant the names and credentials of three persons who the representative believes are capable of performing the functions of the umpire.

Appointment of umpire by superintendent
121(16) The superintendent must appoint an umpire from the names submitted under subsection (12) or (15) as soon as practicable after the earlier of the following occurs:
- **(a)** the superintendent receives names and credentials under subsection (15);
- **(b)** the period for providing names and credentials under that subsection expires.

Rules of procedural fairness apply to umpire
121(17) An umpire is bound by the rules of procedural fairness in carrying out the umpire's functions under this section.

Limitation of actions
136.2(2) An action or proceeding against an insurer under a contract must be commenced
- **(a)** in the case of loss or damage to insured property, not later than two years after the date the insured knew or ought to have known that the loss or damage occurred; and
- **(b)** in any other case, not later than two years after the date that the cause of action against the insurer arose.

Statutory Conditions
In case of disagreement
4(8) In the event of disagreement as to the nature and extent of the repairs and replacements required, or as to their adequacy, if effected, or as to the amount payable in respect of any loss or damage, those questions shall be determined by appraisal as provided under The Insurance Act before there can be recovery under this contract, whether the right to recover on the contract is disputed or not, and independently of all other questions. There shall be no right to an appraisal until a specific demand therefor is made in writing and until after proof of loss has been delivered.

Dispute resolution

12 (1) In this section, **"representative"** means a dispute resolution representative appointed under subsection (4).

(2) This section applies to disputes between an insurer and an insured about a matter that under Statutory Condition 11 set out in section 29, or another condition of the contract, must be determined using this dispute resolution process.

(3) Either the insured or the insurer may demand in writing the other's participation in a dispute resolution process after proof of loss has been delivered to the insurer.

(4) Within 7 days after receiving or giving a demand under subsection (3), the insured and the insurer must each appoint a dispute resolution representative and, within 15 days after their appointment, the 2 representatives must appoint an umpire.

(5) A person may not be appointed as a representative if the person is

- **(a)** the insured or the insurer, or
- **(b)** an employee of the insured or the insurer.

(6) The representatives must

- **(a)** determine the matters in dispute by agreement, and
- **(b)** if they fail to agree, submit their differences to the umpire, and the written determination of any 2 of them determines the matters.

(7) Each party to the dispute resolution process must pay the representative whom the party appointed, and each party must bear equally the expense of the dispute resolution process and the umpire.

(8) If

- **(a)** a party to a dispute resolution process fails to appoint a representative in accordance with subsection **(4)**, or
- **(b)** a representative fails or refuses to act or is incapable of acting and the party that appointed that representative has not appointed another representative within 7 days after the failure, refusal or incapacity,

on application of the insurer or insured, on 2 days' notice to the other, the Supreme Court may appoint a representative.

(9) On an application under subsection (8), the court may award special costs against the person whose representative is appointed by the court, whether or not that person appeared on the application.

(10) If

- **(a)** the representatives fail to appoint an umpire in accordance with subsection (4), or
- **(b)** the umpire fails or refuses to act or is incapable of acting,

either representative may make an application to the superintendent for the appointment of an umpire, containing

- **(c)** the names of 3 persons the applicant believes are capable of performing the functions of the umpire, and
- **(d)** the credentials of the 3 persons.

(11) Before making an application under subsection (10), the applicant must give notice in writing to the other representative of the intention to make the application, which notice must contain the names and credentials the applicant is submitting to the superintendent under subsection (10).

(12) An application under subsection (10) must be accompanied by a copy of the notice, and the date it was given, under subsection (11).

(13) Within 15 days after receiving a notice under subsection (11), the other representative may provide to the superintendent and the applicant

- **(a)** the names of 3 persons the representative believes are capable of performing the functions of the umpire, and
- **(b)** the credentials of the 3 persons.

(14) The superintendent must appoint an umpire from the names provided under subsection (10) or (13) as soon as practicable after the earlier of the following occurs:

(a) the superintendent receives names and credentials under subsection (13);

(b) the period for providing names and credentials under subsection (13) expires.

Limitation of actions

23 (1) An action or proceeding against an insurer in relation to a contract must be commenced,

(a) in the case of loss or damage to insured property, not later than 2 years after the date the insured knew or ought to have known the loss or damage occurred, and

(b) in any other case, not later than 2 years after the date the cause of action against the insurer arose.

(2) An action must not be brought for the recovery of money payable under a contract of insurance until the expiration of 60 days after proof, in accordance with the contract

(a) of the loss, or

(b) of the happening of the event on which the insurance money is to become payable,

or of such shorter period as may be set by the contract of insurance.

Statutory conditions

29 (1) Subject to subsections (2) and (3), the conditions set out in this section are deemed to be part of every contract, and must be printed on every policy under the heading "Statutory Conditions", and no variation or omission of or addition to a statutory condition is binding on the insured.

(2) This section does not apply to contracts of surety insurance or a class of insurance prescribed by regulation.

(3) Statutory Conditions 1 and 6 to 13 apply only to, and need only be printed on, contracts that include insurance against loss or damage to property.

(4) In this section, "policy" does not include an interim receipt or binder.

In case of disagreement

11. (1) In the event of disagreement as to the value of the insured property, the value of the property saved, the nature and extent of the repairs or replacements required or, if made, their adequacy, or the amount of the loss or damage, those questions must be determined using the applicable dispute resolution process set out in the Insurance Act, whether or not the insured's right to recover under the contract is disputed, and independently of all other questions.

(2) There is no right to a dispute resolution process under this condition until

(a) a specific demand is made for it in writing, and

(b) the proof of loss has been delivered to the insurer.

SANDBOX RECOMMENDED CONTRACTOR PROGRAM

The Sandbox Claims Team is continuously striving to enhance the service that can be provided to our policyholders. The goal is to enhance the claims process by having formal agreements in place with trusted restoration and contractor partners. The Sandbox team has carefully selected a small number of companies to partner with to work together to improve the customer experience. The focus is on timely and open communication, adherence to claims protocols, service expectations, and above average workmanship.

Key Points:

- The program only includes General Contractors it does not include exterior vendors.
- The **RECOMMENDED CONTRACTOR LIST** should be provided to Insureds at the beginning of applicable claims, so the insured always has a list of contactors handy.
- Recommended contractors should be used for the majority of claims where insureds are needing guidance with selecting a contractor. This does not mean that others can not be used, however this should occur sparingly.
- Sandbox does not warranty the work of any vendors regardless of if they are recommended or not.
- Sandbox only approves a scope of repairs and dollar value. The insured can still choose the contractor of their choice.
- The **RECOMMENDED CONTRACTOR LIST** will be updated and communication sent out whenever there is a change.

Key Metrics:

- Value is calculated based on the quarterly average.
- Only emergency and general assignments included.
- Assignments over $100,000 not included.
- Contacted needs to be when insured is called. IF no answer the date can be checked but a note must be posted. Notes need to be posted on each call until the insured answers.
- Inspection to be updated only when you have actually inspected.

Metric	Expectation	Weighted %	Weight % loss
Time to contact	2 hours	15%	2% per hour
Time to inspection	24 hours	15%	2% per 6 hours
Time to Estimate upload	7 business days	25%	2.5% per day
Estimate deviation %	3% or less	25%	5% per 0.5% deviation
# of revisions	2	20%	4% per revision

SANDBOX RECOMMENDED CONTRACTOR LIST

SASKATCHEWAN		
Firstonsite	Saskatoon	1.306.978.6600
Lydale	Saskatoon	1.306.934.6116
Puroclean	Saskatoon	1.306.280.0289
Saskatoon Fire and Flood	Saskatoon	1.306.934.7477
DKI - Saskatoon Disaster Services	Saskatoon	1.306.937.7371
Firstonsite	Regina	1.639.739.0514
Lydale	Regina	1.306.751.4868
Restorex	Regina	1.888.522.3350
Winmar	Regina	1.306.949.0032
ALBERTA		
DKI – Rocky Cross Construction (North)	Calgary	1.888.272.9543
Firstonsite	Calgary	1.780.733.3399
Lydale	Calgary	1.403.571.1200
Paul Davis	Calgary	1.403.696.8886
ServiceMaster	Calgary	1.587.355.2515
Complete Care	Edmonton	1.780.454.0776
Firstonsite	Edmonton	1.403.520.7778
Lydale	Edmonton	1.780.822.1200
Premier Fire and Flood	Edmonton	1.780.455.5881
ServiceMaster	Edmonton	1.587.410.6037
MANITOBA		
Firstonsite	Winnipeg	1.800.622.6433
On Side	Winnipeg	1.204.661.0204
Priority	Winnipeg	1.204.786.3344
ServiceMaster	Winnipeg	1.431.800.0454

ESTIMATING GUIDELINES

(Updated January 1, 2026)

Contact and General Guidelines

- Sandbox only approves a scope of repairs and dollar value. The insured can still choose the contractor of their choice.
- Contact insured within 2 hours of receiving assignment.
- After receiving assignment attend within 24 hours.
- Assignments to be returned within 7 business days.
- Corrected estimates to be uploaded in 48 hours of reviewed notes.
- Contractors on Xactimate must complete and upload estimates into Xactanalysis.
- Contractors not on Xactimate are to submit an estimate subject to a review process.
- Xactimate Opening Statement to have the cause of loss and a brief description.
- Inspection/Estimate Fee of $500 (No O&P or Tax. Travel is allowed subject to regular guidelines). Fee is not applicable if any work is received on the claim. Fee is subject to Sandbox's discretion.
- Sandbox will review Catastrophe's or Notable Events on a case-by-case basis. Regular protocols and guidelines will apply unless Sandbox provides specific communication on an event regarding O&P, Mobilization and Inspection Fees.
- Use of third parties for inspections must be discussed with Sandbox prior to attendance.
- Sandbox utilizes Xactanalysis (XA) and a reviewer for both emergency and general estimating. Claims for wind/hail do not require XA approval. Construction Specialist/Adjuster is to review the estimates to ensure pricing is accurate prior to giving final approval.
- Sandbox Mutual Insurance's practice is to cover direct physical damage only. Estimates should reflect only affected slope, elevation, damaged rooms only.
- Estimates are to be completed accurately. Addendums for items missed that were not hidden will only be accepted with supporting reason and documentation. These items may be subject to a reduction of 5% to the approved O&P amounts.
- The vendor will submit their findings/estimate to Sandbox and not to the Policyholder unless authorized to do so.

Overhead and Profit Guidelines

- Overhead and Profit to be set at 10% and 5%.
- Overhead and Profit on Exterior Only claims is allowed if two or more specialized trades are required to complete the work.

Travel Guidelines

- Travel charges to be billed as per Xactimate rates with a 50 KMS (one-way) or 100 KMS (round trip) service area to be deducted from the KMS travelled.
- Hourly rates for travel time to have 30 minutes (one-way) or 1 hour (round trip) service area deducted.
- Travel lines to have a detailed note showing the distance travelled less the service area portion as well as time travelled less the hours for service areas.
- When travel required XM8 components report to be uploaded.

Content and Salvage Guidelines

- Contents to be evaluated prior to determine the most cost-effective approach.
- Charges for storage to be charged as per Xactimate pricing for area used.
- Non-restorable contents disposal requires approval from Sandbox and Insured.
- Notify Sandbox of any large content claims. (Over $50,000).
- Notify Sandbox of any potential salvage opportunities.

Photo and Sketch Guidelines

- Diagram and notes indicating the areas of direct damage are required for every estimate.
- Doors, windows, cabinets, openings must be deducted in sketch.
- Please use sketch annotations to paint a better picture of the area damaged.
- Photos are required to include;

• Front of loss location • Cause of loss (close up/overview) • Moisture confirmation • Equipment and containment photos • Path to work area • Pre and post demo photos • Affected areas	OR	• Front of loss location • Cause of loss (close up/overview) • Moisture confirmation • 360 walk through pre and post demo with cause of loss photos ($75 covered by Sandbox)

Exterior Estimate Guidelines

- Xactimate default pricing is to be used. Changes must be approved by Sandbox.
- Xactimate line usage per Xactimate descriptions and formats for all pricing structures.
- Hourly charges are to be pre-approved by Sandbox prior to the work starting.
- Time and Material estimates to be pre-approved by Sandbox.
- ICC Validation required for siding/roofing if any concerns about not being able to repair.
- In the event of two or more layers, Sandbox pays for the removal of extra layers, if necessary. But only provides replacement for the top layer.
- If a Xactimate minimum charge is not applicable to the loss, it must be removed.
- “HOVER” Assessments can be used just ensure there is only 1 Hover ordered per claim.
- Adjuster should always review Limited Roof Replacement Cost and Obsolescence clause wording prior to approval.

Interior Estimate Guidelines

- Work to be completed as per the IICRC regulations.
- Xactimate default pricing is to be used. Changes must be approved by Sandbox.
- Xactimate line usage per Xactimate descriptions and formats for all pricing structures.
- Hourly charges are to be pre-approved by Sandbox prior to the work starting. Content hourly work charges will need supporting documentation of time sheets uploaded.
- Time and Material estimates to be pre-approved by Sandbox.
- ICC Validation is required on all flooring.
- Flooring is allowed within the body of the estimate. It is to be estimated via ICC vendor subtrade or contractor using the ICC validations and quoting through Xactimate.
- In the event of two or more layers, Sandbox pays for the removal of extra layers, if necessary. But only provides replacement for the top layer.

- Non-Flooring sub-trade estimates that exceed $15,000.00 (or upon request) are subject to a second estimate attached and uploaded in the documents section.
- If a Xactimate minimum charge is not applicable to the loss it must be removed.
- Equipment and set up after hrs not to exceed 2 hrs unless pre-approved or justification provided.
- Equipment, set up, and monitoring fees to be charged on actual time with moisture readings uploaded to the document section and if the hours exceed five (5) hours, time sheet back up will be expected to be uploaded as well to the documents section. Five-hour allotment is total time per loss including after-hours times.
- We do not allow equipment decontamination charges on sewer backups or water losses.
- Drying logs are required showing moisture content of materials being dried, humidity in affected areas, and humidity in unaffected areas. Logs must show drying standards have been met.
- Equipment usage is for a maximum of 4 days per claim. If more than 4 days is required, approval from Sandbox must be given.
- Use of "negative air units, floor drying equipment need to be approved by either the adjuster or the review desk"
- Hazmat work using Xactimate is to be completed by line-item details, not hourly charges.
- Asbestos testing to be estimated with the subtrade invoice amount and 0.5 hours per sample collection. Travel charges should not apply as these samples should be collected while already on site.
- Preapproval is required on all rush asbestos testing
- Asbestos work above $10,000 must be estimated and approved prior to work being performed.
- Duct cleaning to be quoted with subtrade pricing

Disputes, Complaints & Escalations:

- If you have any questions, feedback, require some help, or would like confirmation before uploading an estimate please email the Construction Specialist
- If you are unable to solve the dispute with Review Desk, you may email Luke Launderville (llaunderville@sandbox.ca) Tessa Silversides (tsilversides@sandbox.ca) or Justin Guillaume (jguillaume@sandbox.ca) to escalate the process.

ESTIMATE THRESHOLD'S	
Building/Outbuilding	
Under $40,000*	One Contractor estimate reviewed and approved by review desk. **OR** One Adjuster Xactimate reviewed and approved by review desk.
Over $40,001*	Two Contractor estimates reviewed and approved by review desk. **OR** One Contractor estimate and Adjuster Xactimate reviewed and approved by review desk.
Subject to Sandbox's discretion we may ask for additional estimates	

SETTLEMENT GUIDELINES - BUILDING AND CONTENTS

(Updated January 1, 2025)

<table>
<tr><th colspan="2">BUILDING & CONTENT - SETTLEMENT GUIDELINES</th></tr>
<tr><td colspan="2">Building/Outbuilding</td></tr>
<tr><td>All</td><td>Hourly Rate - $20/hr for work performed by the insured.

Option 1 – Delightfully Simple Dwelling Settlement
• Applicable to repair estimates under $15,000 (per exposure).
• Pay Insured 100% of approved estimate, including tax, excluding O&P.

Option 2 – Replacement Cost (RC)
• Pay contractor 100% of approved estimate.

Option 3 - Actual Cash Value (ACV)
• Replacement cost less tax, O&P, depreciation on materials and labor based on the condition at time of loss or Market Appraisal Value.
• RC Policies Only – 80% of approved estimate, excluding tax, O&P.
• *Requires Risk Notice Form on Settlements over $25,000*</td></tr>
<tr><td colspan="2">Contents</td></tr>
<tr><td>All</td><td>Option 1 - Delightfully Simple Contents Settlement
• Under $5,000 - 100% of assessed replacement cost, including tax.
• Over $5,000 - 80% of assessed replacement cost, excluding tax.
• *Requires Cash Settlement Form*
• *One-time payment; Cannot be combined with RC option. (below)

Option 2 - Actual Cash Value (ACV)
• ACV of assessed contents.
• *Replacement cost less tax & depreciation.

Option 3 - Replacement Cost (RC)
• Upon submission of receipts, pay 100% of assessed contents.</td></tr>
<tr><td colspan="2">*Exceptions may apply in a CAT situation, if there are any, communication will be sent*
All settlements are still subject to policy limits, limitations, deductibles and are to be approved by Sandbox
Depreciation is capped at 70% on all files
Actual Cash Value to be determined using Xactimate Age, Life, Condition
Cash Settlements on Metal Roofs are 30% of Replacement Cost
Labour and Mileage can be submitted via email or document indicating details
Payments over $25,000 a lien search is to be obtained</td></tr>
</table>

SETTLEMENT GUIDELINES - ADDITIONAL LIVING EXPENSES

(Updated April 1, 2026)

ADDITIONAL LIVING EXPENSE - SETTLEMENT GUIDELINES	
Per Diem Options (No receipts required, just a timeline)	
Mass Evacuation	• Includes Accommodation/Meals/Gas/Essential purchases. • Per diem of $50 a day per person.
Accommodation Meals	• Includes Accommodation/Meals. • Per diem of $35 a day per person.
Meals	• Includes Meals. • Only applicable if rental does not include kitchenette. • Per diem of $30 a day per person.
Pets	• Only applicable if pets cannot stay in insured's rental. • Per Diem of $10/Day (Regardless of number of animals).
Mileage	• Only applicable if the loss necessitates additional travel. • .72¢/KM.
Laundry	• Only applicable if rental does not have free laundry. • $5 per load (wash and dry)
Per Receipt Options	
Mass Evacuation Accommodation Pets	• Per receipt or as negotiated with File Owner.
Meals	• Only applicable if rental does not include kitchenette. • 80% Reimbursement per receipt (no alcohol, no tips).
Other Allowances	
Other Expenses	• To be reviewed and negotiated by File Owner.
Other Information	
• ALE is available if an insured peril renders the dwelling unfit for occupancy or while repairs are being made. ALE will apply for the length of time it takes to return the home to a reasonable livable condition or until a limit has been reached. The adjuster must assess each claim individually and assess if ALE is appropriate or not. Contributing factors that Sandbox will consider include: any health issues that may exist or presented by the insured's; the actual physical condition of the risk following an insured event; the extent of damage; and the availability of a bedroom, bathroom, and kitchen in the home. • ALE should be continuously monitored during the claim to ensure that all efforts have been made to return the insured to their home. ***Exceptions may apply in a CAT situation, if there are any, communication will be sent***	