

Agent/Broker _____

WHEREAS APPLICATION HAS BEEN MADE BY THE APPLICANT (HEREINAFTER CALLED THE INSURED) TO THE INSURER FOR A CONTRACT OF AUTOMOBILE INSURANCE AND THE SAID APPLICATION FORMS PART OF THIS CONTRACT OF INSURANCE AND IS AS FOLLOWS:

1 FULL NAME OF THE INSURED BUSINESS ADDRESS (INCL COUNTY /DISTRICT) LOCATION OF OTHER PREMISES WHERE BUSINESS IS CONDUCTED (SHOW EACH BUILDING AND LOT SEPARATELY)											INDICATE		
												BLDG	LOT
2	POLICY PERIOD	FROM TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	DAY	MONTH	YEAR	TO 12:01 AM	DAY	MONTH	YEAR	ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.		
3 THE AUTOMOBILES IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED ARE THOSE USED IN CONNECTION WITH THE INSURED'S BUSINESS OF: (SPECIFY WHETHER AUTOMOBILE DEALER, REPAIR GARAGE, SERVICE STATION, STORAGE GARAGE OR PARKING LOT AND DESCRIBE ALL OTHER BUSINESS IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED, CONDUCTED BY THE APPLICANT AT THE LOCATIONS SPECIFIED IN ITEM 1 HEREOF)													
4 THE BASIS OF RATING AND CALCULATION OF THE PREMIUM PAYABLE SHALL BE IN ACCORDANCE WITH THE PREMIUM COMPUTATION STATEMENT ATTACHED HERETO											FULL TIME	PART TIME	
ESTIMATED TOTAL PAYROLL FOR THE POLICY PERIOD \$											NUMBER OF EMPLOYEES INCLUDING PROPRIETORS, PARTNERS AND EXECUTIVE OFFICERS AT THE EFFECTIVE DATE OF THE POLICY		
5 THIS APPLICATION IS MADE FOR INSURANCE AGAINST ONE OR MORE OF THE PERILS MENTIONED IN THIS ITEM BUT ONLY FOR INSURANCE UNDER THE SECTIONS (OR SUBSECTIONS) FOR WHICH A PREMIUM IS SPECIFIED IN THIS ITEM AND NO OTHER AND UPON THE TERMS, CONDITIONS, PROVISIONS, DEFINITIONS AND EXCLUSIONS OF THE INSURER'S CORRESPONDING STANDARD POLICY FORM AND FOR THE FOLLOWING SPECIFIED LIMITS AND AMOUNTS.													
INSURING AGREEMENTS		PERILS					LIMITS AND AMOUNTS					ADVANCE PREMIUM	
SECTION A THIRD PARTY LIABILITY		LEGAL LIABILITY FOR BODILY INJURY TO OR DWATH OF ANY PERSON OR DAMAGE TO PROPERTY OF OTHERS NOT IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT					\$					\$	
SECTION B ACCIDENT BENEFITS		SUB SEC	SUBJECT TO PROVINCIAL OR TERRITORIAL LEGISLATION, COVERAGE APPLIES AS FOLLOWS									\$	
		1	MEDICAL PAYMENTS									\$	
		2	DEATH/DISEMBEUREMENT AND TOTAL DISABILITY									\$	
		3	UNINSURED MOTORIST									\$	
SECTION C LOSS OF OR DAMAGE TO OWNED AUTOMOBILES		1	COLLISION OR UPSET		ACTUAL CASH VALUE AT THE TIME OF LOSS OR DAMAGE NOT EXCEEDING THE COST TO THE INSURED			SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE AUTOMOBILE			\$		
THE PREMIUMS UNDER SUBSECTIONS 2, 3 AND 4 SHALL BE CALCULATED ON A													
MONTHLY AVERAGE BASIS <input type="checkbox"/> OR COINSURANCE BASIS <input type="checkbox"/> OR OTHER <input type="checkbox"/>													
		2	COMPREHENSIVE (EXCLUDING COLLISION OR UPSET AND OPEN LOT PILFERAGE)		LOCATION AS PER ITEM 1	SUBSECTIONS INSURED	* LIMIT OF LIABILITY	SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE OCCURRENCE (EXCEPT FOR LOSS OR DAMAGE BY FIRE, LIGHTNING OR THEFT OF ENTIRE AUTOMOBILE)			\$		
		3			(A)	\$	\$	\$	\$	\$			
		4			(B)	\$	\$	\$	\$	\$			
		5			(C)	\$	\$	\$	\$	\$			
		6	SPECIFIED PERILS (EXCLUDING OPEN LOT PILFERAGE)		(D)	\$	\$	\$	\$	\$			
		7			(D)	\$	\$	\$	\$	\$			
* IN RESPECT OF EACH AUTOMOBILE THE ACTUAL CASH VALUE AT THE TIME OF LOSS OR DAMAGE NOT EXCEEDING THE ACTUAL COST TO THE INSURED AND SUBJECT TO THAT LIMIT FOR EACH AUTOMOBILE (A) THE AMOUNT OF INSURANCE STATED IN THE MONTHLY REPORT, IF ANY, OR (B) THE LIMIT OF INSURANCE STATED HEREIN TO BE APPLICABLE TO EACH SPECIFIED LOCATION FOR LOSS OR DAMAGE FROM ANY ONE OCCURRENCE AT EACH SPECIFIC LOCATION													
SECTION E LEGAL LIABILITY FOR DAMAGE TO CUSTOMERS' AUTOMOBILES HELD IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT		1	COLLISION OR UPSET		\$			SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE OCCURRENCE			\$		
		2	SPECIFIED PERILS (EXCLUDING OPEN LOT PILFERAGE)		LOCATION AS PER ITEM 1	MAXIMUM NUMBER OF CUSTOMER'S AUTOMOBILES	LIMIT OF LIABILITY (EXCLUSIVE OF COSTS AND POST JUDGEMENT INTEREST) ANY ONE OCCURRENCE						
		3			(A)	\$	\$	\$	\$	\$			
		4			(B)	\$	\$	\$	\$	\$			
		5			(C)	\$	\$	\$	\$	\$			
		6	(D)	\$	\$	\$	\$	\$					
ENDORSEMENTS													
STATE NAME AND ADDRESS OF LEINHOLDER OR MORTGAGEE TO WHOM, JOINTLY WITH THE APPLICANT, LOSS, IF ANY UNDER SECTION C IS PAYABLE AS THEIR INTERESTS MAY APPEAR											MINIMUM RETAINED PREMIUM \$	TOTAL ADVANCE PREMIUM \$	
6 HAS ANY INSURER CANCELLED, DECLINED OR REFUSED TO RENEW OR ISSUE ANY INSURANCE RELATED TO THE BUSINESS OF THE APPLICANT WITHIN THE THREE YEARS PRECEDING THIS APPLICATION? IF SO, STATE NAME OF INSURER											THE ADVANCE PREMIUMS ARE SUBJECT TO THE ADJUSTABLE PREMIUM COMPUTATION PROVISION OF THE POLICY		
7 STATE PARTICULARS OF ALL ACCIDENTS, LOSSES OR CLAIMS ARISING OUT OF THE OWNERSHIP, USE OR OPERATION OF ANY AUTOMOBILE (i) BY THE APPLICANT AND (ii) IN CONNECTION WITH THE BUSINESS, WITHIN THE THREE YEARS PRECEDING THIS APPLICATION (LIST SEPARATELY IF NECESSARY)													
INJURY TO PERSONS				DAMAGE TO APPLICANT'S VEHICLES				DAMAGE TO PROPERTY OF OTHERS					
				(A) COLLISION		(B) OTHER		(A) NOT IN THE CARE OF THE APPLICANT		(B) IN THE CARE OF THE APPLICANT			
8 ALL THE STATEMENTS IN THIS APPLICATION ARE TRUE AND THE APPLICANT HEREBY APPLIES FOR A CONTRACT OF AUTOMOBILE INSURANCE TO BE BASED ON THE TRUTH OF THE SAID STATEMENTS													
WHERE (A) AN APPLICANT FOR A CONTRACT GIVES FALSE PARTICULARS OF THE AUTOMOBILES TO BE INSURED TO THE PREJUDICE OF THE INSURER AND KNOWINGLY MISREPRESENTS OR FAILS TO DISCLOSE IN THE APPLICATION ANY FACT REQUIRED TO BE STATED THEREIN OR (B) THE INSURED CONTRAVENES A TERM OF THE CONTRACT OR COMMITS A FRAUD OR (C) THE INSURED WILLFULLY MAKES A FALSE STATEMENT IN RESPECT OF A CLAIM UNDER THE CONTRACT, A CLAIM BY THE INSURED IS INVALID AND THE RIGHT OF THE INSURED TO RECOVER INDEMNITY IS FORFEITED. THE APPLICANT ACKNOWLEDGES THAT ALL OF THE INFORMATION GIVEN BY THE APPLICANT IS ITEMS 1 THROUGH 8 IS TRUE AND THE APPLICANT HEREBY APPLIES FOR A CONTRACT OF AUTOMOBILE INSURANCE TO BE BASED ON THE TRUTH OF THE SAID INFORMATION.													
THE PERSONAL INFORMATION COLLECTED ON THIS APPLICATION IS NEEDED TO ISSUE THE POLICY. WE ARE REQUIRED TO PROVIDE THIS INFORMATION TO THE UNDERWRITING INFORMATION TRACKING SYSTEM, WHICH IS A DATA BANK OPERATED ON BEHALF OF THE AUTOMOBILE INSURANCE INDUSTRY FOR THE PURPOSE OF STATISTICAL ANALYSIS, IDENTIFICATION OF ELIGIBLE RISKS AND THE PROPER RATING OF THOSE RISKS. THE INFORMATION IN THE DATA BANK IS AVAILABLE TO ALL INSURANCE COMPANIES AND INSURANCE AGENTS PROVIDING AUTOMOBILE INSURANCE IN CANADA.													
CONSENT I AM APPLYING FOR AUTOMOBILE INSURANCE BASED ON THE INFORMATION PROVIDED IN THIS APPLICATION. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE THE INFORMATION ON THIS FORM AND ANY ADDITIONAL INFORMATION ABOUT MY DRIVING RECORD, AUTOMOBILE INSURANCE POLICY, AND CLAIMS HISTORY AND THAT OF THE LISTED DRIVERS FROM WHOM I DECLARE I HAVE OBTAINED CONSENT FOR THESE PURPOSES. I UNDERSTAND THAT THIS PERSONAL INFORMATION IS NECESSARY TO ASSESS THE RISK, ISSUE THE INSURANCE CONTRACT, RENEWAL OR CHANGE, DETECT AND PREVENT FRAUD AND INVESTIGATE AND SETTLE ANY CLAIMS IF I APPLY FOR A PREMIUM PAYMENT PLAN, I AUTHORIZE YOU TO OBTAIN AND USE MY CREDIT REPORT.													
9 BROKERAGE CONSENT - I CONFIRM THAT I HAVE READ TO THE APPLICANT(S) THE CONSENT PROVISION IN ITEM 8 OF THIS APPLICATION FORM AND THE APPLICANT(S) HAS/HAVE DECLARED THE CONSENT AND FURTHER DECLARES THAT THEY HAVE THE CONSENT OF THE DRIVERS OF THE VEHICLES INSURED UNDER THIS CONTRACT OF INSURANCE.													

DATE (YYMMDD) _____

SIGNATURE OF APPLICANT _____

RATING INFORMATION

1. TYPE OF OPERATION DEALERS

<input type="checkbox"/> * NEW & USED CARS	<input type="checkbox"/> * BODY SHOP ONLY – CAR SALES?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> GAS BAR	<input type="checkbox"/> SELF SERVE?	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> * USED CARS EXCLUSIVELY	<input type="checkbox"/> * REPAIR GARAGE – CAR SALES?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> PARKING STATION SPECIFY	}	BY CUSTOMER <input type="checkbox"/>
<input type="checkbox"/> * MOTORCYCLES	<input type="checkbox"/> SERVICE STATION – SELF SERVE?	Y <input type="checkbox"/> N <input type="checkbox"/>			BY EMPLOYEE <input type="checkbox"/>
<input type="checkbox"/> * RECREATIONAL VEHICLES	<input type="checkbox"/> OTHER – SPECIFY		<input type="checkbox"/> STORAGE GARAGE OR VALET PARKING		
<input type="checkbox"/> * SNOW VEHICLES	_____		<input type="checkbox"/> CAR WASH		
<input type="checkbox"/> * FARM IMPLEMENTS	E.G. MUFFLER SHOP, TIRE SHOP				
* GIVE DETAILS OF TYPES AND NUMBERS OF AUTOMOBILES SOLD ANNUALLY AND COMPLETE DESCRIPTIONS OF OPERATIONS INCLUDING NUMBER OF YEARS IN BUSINESS					

HOW MANY LONG TERM LEASED AUTOMOBILES DOES THE NAMED INSURED LEASE TO OTHERS? _____

2. TOTAL NUMBER OF EMPLOYEES & PAYROLL

	FULL TIME	PART TIME	ACTUAL FULL AMOUNT OF PAYROLL
PAST YEAR	_____	_____	_____
1 ST PRIOR YEAR	_____	_____	_____
2 ND PRIOR YEAR	_____	_____	_____

3. SUMMARY OF *ACTIVE AUTOMOBILES OWNED BY THE INSURED

- NOTE
- RENTING OR LEASING OF AUTOMOBILES TO OTHERS IS EXCLUDED OTHER THAN SHOWN IN IV BELOW.
 - IF AUTOMOBILES ARE LEASED BY THE INSURED FROM OTHERS THEY MUST BE INSURED ON A SEPARATE POLICY (S.P.F. 1) IN THE NAME OF THE LESSOR WITH AN S.E.F. 5
 - TOWING SERVICES ALSO REQUIRE A SEPARATE POLICY S.P.F. 1.
- } COMPLETE APPLICATION FOR OWNERS FORM (S.A.F. 1)

	NUMBER		NUMBER
i (a) COMMERCIAL TOW TRUCKS STRICTLY INCIDENTAL TO A GARAGE OPERATION	_____	iv COURTESY CARS (EXCLUSIVELY SUPPLIED TO CUSTOMERS WHOSE OWN VEHICLE IS BEING SERVICED, REPAIRED OR AWAITING DELIVERY OF A NEW VEHICLE)	_____
(b) PARTS & SERVICE TRUCKS	_____	v MISCELLANEOUS AUTOMOBILES (I.E. MOTORCYCLES, MOTORHOMES, SHUTTLE BUSES, OTHERS – SPECIFY)	_____
ii DEMONSTRATORS (VEHICLES USED FOR TEST DRIVES, INCLUDING SALESMEN'S CARS	_____	vi NUMBER OF DEALER PLATES HELD	_____
iii AUTOMOBILES SUPPLIED (EXCLUDING DEMOS) FOR REGULAR & FREQUENT USE OF:		vii LESS PERMANENTLY ATTACHED (IF COUNTED IN SECTIONS i TO v)	_____
(a) ACTIVE PARTNERS & FULL TIME EMPLOYEES	_____		_____
(b) OTHERS (THESE PEOPLE SHOULD BE LISTED ON THE S.E.F. 76 SEE QUESTION 8B)	_____		_____
		TOTAL OF ACTIVE OWNED AUTOMOBILES	
		PAST YEAR	_____
		1 ST PRIOR YEAR	_____
		2 ND PRIOR YEAR	_____

IF LESS THAN 5 AUTOMOBILES OWNED, (EXCLUDING MOTORCYCLES, SNOWMOBILES, TRAILERS, ETC.) ATTACH A LIST OF ALL OWNED AUTOMOBILES INCLUDING YEAR, MAKE, MODEL & SERIAL NUMBER, USE & DRIVERS

4. TYPES AND VALUES OF AUTOMOBILES CARS, TRUCKS

	OWNED		CUSTOMERS		OTHER OWNED		CUSTOMERS	
	BLDG.	LOT	BLDG.	LOT	BLDG.	LOT	BLDG.	LOT
MAXIMUM VALUE	_____	_____	_____	_____	_____	_____	_____	_____
AVERAGE UNIT VALUE	_____	_____	_____	_____	_____	_____	_____	_____
MAXIMUM NUMBER	_____	_____	_____	_____	_____	_____	_____	_____

5. WHERE LEGAL LIABILITY, SPECIFIED PERILS/COMPREHENSIVE COVERAGE IS REQUIRED FOR CUSTOMERS AUTOMOBILES, INDICATE THE MAXIMUM NUMBER AT EACH LOCATION

BUILDING	(A) _____	(B) _____	(C) _____	(D) _____
OPEN LOT	(A) _____	(B) _____	(C) _____	(D) _____

6. WHERE ARE KEYS KEPT

DURING BUSINESS HOURS _____

AFTER BUSINESS HOURS _____

