

| | | | | | | | | | | | | | |
|--|-------------------|---|---|---|--|--|--|--|--------------------------|--------------------------|--|----|----|
| NOVA SCOTIA STANDARD GARAGE AUTOMOBILE APPLICATION (N.S.A.F.NO.4) | | | | | | Policy No. Assigned: | | | | | | | |
| Insurance Company ("The Insurer") | | | | | | <input type="checkbox"/> New Replacing Policy No. _____ | | | | | | | |
|  | | | | | | <input type="checkbox"/> Company Bill <input type="checkbox"/> Agency Bil/ Broker Bill <input type="checkbox"/> Other | | | | | | | |
| Item 1 Applicant's Full Name and Business Address (including county or district) | | | | | | Agent/ Broker | | | Code(s) | | Agent/ Broker Use Only Applicant's Tel #'s | | |
| Postal Code: _____ | | | | | | Postal Code: _____ | | | | | | | |
| LOCATION OF OTHER PREMISES WHERE BUSINESS IS CONDUCTED (SHOW EACH BUILDING AND LOT SEPARATELY) (A) _____ (B) _____ (C) _____ (D) _____ | | | | | | | | INDICATE | | | | | |
| | | | | | | | | BLDG | | LOT | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Policy Period | | From Time | | <input type="checkbox"/> AM <input type="checkbox"/> PM Year Month Day to 12:01 AM Year Month Day | | All times are local times at the applicant's postal address as stated. | | | | | | | |
| 3 THE AUTOMOBILES IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED ARE THOSE USED IN CONNECTION WITH THE APPLICANT'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) NOTE: THIS FORM SHOULD NOT BE USED FOR RENTAL OR LEASING EXPOSURES | | | | | | | | | | | | | |
| 4 THE BASIS OF RATING AND CALCULATION OF THE PREMIUM PAYABLE SHALL BE IN ACCORDANCE WITH THE PREMIUM COMPUTATION STATEMENT ATTACHED (N.S. PCS No.1) | | | | | | | | 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 SECTION(S) OR SUBSECTION(S) 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 GARAGE AUTOMOBILE 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 DEATH OF ANY PERSON OR DAMAGE TO PROPERTY (EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) FOR LOSS OR DAMAGE RESULTING FROM BODILY INJURY TO OR THE DEATH OF ONE OR MORE PERSONS, AND FOR LOSS OR DAMAGE TO PROPERTY, REGARDLESS OF THE NUMBER OF CLAIMS ARISING FROM ANY ONE ACCIDENT. | | | | \$ _____ (EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) FOR LOSS OR DAMAGE RESULTING FROM BODILY INJURY TO OR THE DEATH OF ONE OR MORE PERSONS AND FOR LOSS OR DAMAGE TO PROPERTY REGARDLESS OF THE NUMBER OF CLAIMS ARISING FROM ANY ONE ACCIDENT. | | | | BI | \$ | | |
| SECTION A.1 DIRECT COMPENSATION – PROPERTY DAMAGE | | THIS POLICY CONTAINS A PARTIAL PAYMENT OF RECOVERY CLAUSE FOR PROPERTY DAMAGE IF A DEDUCTIBLE IS SPECIFIED FOR DIRECT COMPENSATION – PROPERTY DAMAGE. | | | | D E D. | \$ | | | | | PD | \$ |
| SECTION B MANDATORY ACCIDENT BENEFITS | | SUB SEC | SUBJECT TO PROVINCIAL OR TERRITORIAL LEGISLATION. COVERAGE APPLIES AS FOLLOWS | | | | | | | | | | |
| | | 1 | MEDICAL REHABILITATION AND FUNERAL EXPENSES | AS STATED IN THE MANDATORY ACCIDENT BENEFITS WORDING | | | | | | | | \$ | |
| | | 2 | DEATH BENEFITS AND LOSS OF INCOME PAYMENTS | | | | | | | | | \$ | |
| 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"/> | | | | | | | | | | | |
| | | | | 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) | | | | | | |
| | | 2 | COMPREHENSIVE (EXCLUDING COLLISION OR UPSET AND OPEN LOT PILFERAGE) | (A) | | \$ | \$ | | | | \$ | | |
| | | | | (B) | | \$ | \$ | | | | \$ | | |
| | | 3 | SPECIFIED PERILS (EXCLUDING OPEN LOT PILFERAGE) | (C) | | \$ | \$ | | | | \$ | | |
| | | 4 | SPECIFIED PERILS (EXCLUDING THEFT) | (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 D UNINSURED AND UNIDENTIFIED MOTORIST COVER | | PROTECTION AGAINST UNINSURED AND UNIDENTIFIED MOTORISTS | | | | AS STATED IN THE UNINSURED AND UNIDENTIFIED AUTOMOBILE COVERAGE | | | | \$ | | | |
| SECTION E LEGAL LIABILITY FOR DAMAGE TO CUSTOMERS' AUTOMOBILES HELD IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT | | 1 | COLLISION OR UPSET | \$ | | (EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) ANY ONE CUSTOMER'S AUTOMOBILE | | 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 JUDGMENT INTEREST) ANY ONE OCCURRENCE | | | | | | |
| | | | | (A) | | | \$ | | | | | | |
| | | | | (B) | | | \$ | | | | | | |
| | | | | (C) | | | \$ | | | | | | |
| | | | | (D) | | | \$ | | | | \$ | | |
| ENDORSEMENTS | | | | | | | | | | | \$ | | |
| MINIMUM RETAINED PREMIUM \$ | | | | THE ADVANCE PREMIUMS ARE SUBJECT TO THE ADJUSTABLE PREMIUM COMPUTATION PROVISIONS IN THE POLICY | | | | TOTAL ADVANCE PREMIUM | | | \$ | | |
| STATE NAME AND ADDRESS OF LIENHOLDER OR MORTGAGEE TO WHOM, JOINTLY WITH THE APPLICANT, LOSS, IF ANY, UNDER SECTION C IS PAYABLE AS THEIR INTERESTS MAY APPEAR | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | |
| DAMAGE TO APPLICANTS VEHICLES | | | | | | DAMAGE TO PROPERTY OF OTHERS | | | | | | | |
| DATE | INJURY TO PERSONS | (A) COLLISION | AMT. PAID OR ESTIMATED \$ | OTHER | AMT. PAID OR ESTIMATED \$ | DATE | (A) NOT IN CARE OF APPLICANT | AMT. PAID OR RESERVED \$ | (B) IN CARE OF APPLICANT | AMT. PAID OR RESERVED \$ | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 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, (i) gives false particulars of the described automobile to be insured to the prejudice of the insurer, or (ii) 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 in Items 1 through 13 and any particulars in the Remarks section relating thereto are 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. | | | | | | | | | | | | | |
| The insurer is 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. | | | | | | | | | | | | | |
| In the following consent, I refer to the applicant | | | | | | | | | | | | | |
| CONSTENT: I am applying for automobile insurance based on the information provided in this application. | | | | | | | | | | | | | |
| I authorize the insurer to collect, use and disclose (i) the information on this form; and (ii) 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), as required in connection with this application. 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 my credit report for the purpose of verifying my qualification to enter into such premium payment plan. | | | | | | | | | | | | | |
| DATE: | | | | | | | | | | | | | |
| YYYY | MM | DD | 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 | BY EMPLOYEE | <input type="checkbox"/> |
| <input type="checkbox"/> * MOTORCYCLES | <input type="checkbox"/> SERVICE STATION – SELF SERVE? | Y <input type="checkbox"/> | N <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> * RECREATIONAL VEHICLES | <input type="checkbox"/> OTHER – SPECIFY _____ | | | <input type="checkbox"/> | STORAGE GARAGE OR VALET PARKING | <input type="checkbox"/> | | | |
| <input type="checkbox"/> * SNOW VEHICLES | | | | <input type="checkbox"/> | CAR WASH | <input type="checkbox"/> | | | |
| <input type="checkbox"/> * FARM IMPLEMENTS | E.G. MUFFLER SHOP, TIRE SHOP | | | <input type="checkbox"/> | | | | | |
| * 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) | _____ |
| ii (b) PARTS & SERVICE TRUCKS DEMONSTRATORS (VEHICLES USED FOR TEST DRIVES, INCLUDING SALESMEN'S CARS) | _____ | v MISCELLANEOUS AUTOMOBILES (I.E. MOTORCYCLES, MOTORHOMES, SHUTTLE BUSES, OTHERS – SPECIFY) | _____ |
| iii AUTOMOBILES SUPPLIED (EXCLUDING DEMOS) FOR REGULAR & FREQUENT USE OF: | | vi NUMBER OF DEALER PLATES HELD | _____ |
| (a) ACTIVE PARTNERS & FULL TIME EMPLOYEES | _____ | vii LESS PERMANENTLY ATTACHED (IF COUNTED IN SECTIONS i TO v) | _____ |
| (b) OTHERS (THESE PEOPLE SHOULD BE LISTED ON THE S.E.F. 76 SEE QUESTION 8B) | _____ | | |
| 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 | | TOTAL OF ACTIVE OWNED AUTOMOBILES | |
| | | PAST YEAR | _____ |
| | | 1 ST PRIOR YEAR | _____ |
| | | 2 ND PRIOR YEAR | _____ |

4. TYPES AND VALUES OF AUTOMOBILES

| | CARS, TRUCKS | | | | OTHER | | | |
|--------------------|--------------|-------|-----------|-------|-------|-------|-----------|-------|
| | OWNED | | CUSTOMERS | | 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 _____

7. LIST DETAILS OF PROTECTION AT EACH LOCATION (I.E. LIGHTS, FENCED YARD (HEIGHT), WATCHMAN, ISOLATED LOCATIONS ETC.)

- 8. A LIST ALL COMPANY OFFICIALS AND FULL TIME EMPLOYEES WHO ARE SUPPLIED WITH OWNED AUTOMOBILES FOR THEIR REGULAR OR FREQUENT USE, OR WHO USUALLY DRIVE OWNED OR CUSTOMERS AUTOMOBILES INCLUDING PARTS AND TOW TRUCK OPERATORS (TYPE A)**
- B ALL OPERATORS OTHER THAN FULL TIME EMPLOYEES WHO ARE SUPPLIED WITH OWNED AUTOMOBILES FOR THEIR REGULAR OR FREQUENT USE (E.G. SPOUSES, DAUGHTERS, SONS, SPORTS PERSONALITIES ETC.) IN ADDITION, OPERATORS NAMED ON SEF 76 ADDITIONAL INSURED'S ENDORSEMENT (TYPE B)**
- C ALL EMPLOYEES WHO OPERATE AUTOS IN THE COURSE OF THEIR DUTIES (TYPE C)**

| TYPE | NAME | LICENSE NUMBER | DATE OF BIRTH | YEARS LICENSED | POSITION/RELATIONSHIP TO INSURED | YEARS EMPLOYED |
|-------|-------|----------------|---------------|----------------|----------------------------------|----------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

9. DOES APPLICANT PROVIDE SHUTTLE SERVICE FOR CUSTOMERS? IF SO, GIVE DETAILS – FREQUENCY & DISTANCE

10. DOES APPLICANT PICK UP OR DELIVER CUSTOMER'S AUTOMOBILES? YES NO PROVIDE DETAILS (I.E. NUMBERS AND RADIUS)

11. DOES APPLICANT PICK UP OR DELIVER OWNED AUTOMOBILES IN A RADIUS IN EXCESS OF 40 KM/25 MILES? (I.E. TAKEN ELSEWHERE FOR UNDERCOATING, MODIFICATION OR SALE/PURCHASE?) YES NO PROVIDE DETAILS OF FREQUENCY AND RADIUS

12. WHERE AND HOW ARE VEHICLES (HELD FOR SALE) OBTAINED?

13. DO SALESMEN ALWAYS ACCOMPANY CUSTOMERS WHO ARE TEST DRIVING AUTOMOBILES? YES NO
IF NO, DESCRIBE OTHER PRECAUTIONS TAKEN (I.E. DRIVERS LICENCE CHECKED AND RECORDED.)

14. GIVE DETAILS OF ANY CONTRACTUAL LIABILITY THE INSURED HAS ENTERED INTO ASSUMING RESPONSIBILITY FOR DAMAGE TO AUTOMOBILES IN THEIR CARE, CUSTODY AND CONTROL.

15. DOES APPLICANT DISPENSE PROPANE, DO PROPANE CONVERSION, REPAIR OR MAINTAIN PROPANE FUEL SYSTEMS? YES NO GIVE DETAILS

16. MOTOR VEHICLE ABSTRACTS – ARE THEY OBTAINED FOR ALL NEW EMPLOYEE DRIVERS? YES NO IF YES, HOW OFTEN UPDATED?

17. DOES THE APPLICANT HAVE WRITTEN RULES REGARDING THE USE OF DEMONSTRATORS?

YES NO IF YES, ATTACH A COPY

IS DEMONSTRATOR USE RESTRICTED TO EMPLOYEE ONLY? YES NO INCLUDING SPOUSE YES NO

INCLUDING CHILDREN YES NO OTHERS _____

VACATION USE PERMITTED YES NO

DRIVER RESPONSIBLE FOR DEDUCTIBLE YES NO

18. LOSSES – DAMAGE TO OR BY OWNED AUTOMOBILES IN THE PAST 3 YEARS (6 YEARS IF LESS THAN 5 AUTOMOBILES OWNED)

| DATE | TYPE OF LOSS | AMOUNT PAID/OS INCLUDING EXPENSES | DESCRIPTION |
|------|--------------|--------------------------------------|-------------|
|------|--------------|--------------------------------------|-------------|

DAMAGE TO CUSTOMER’S AUTOMOBILES IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT

19. AGENT’S/BROKERS REPORT

(A) HOW LONG HAVE YOU KNOWN APPLICANT? _____

(B) IS BUSINESS NEW TO YOUR AGENCY/BROKERAGE? _____

(C) DOES THE APPLICANT HAVE ANY OTHER INSURANCE WITH OUR COMPANY? GIVE PARTICULARS INCLUDING POLICY NUMBERS.

(D) ARE ANY AUTOMOBILES FINANCED? YES NO IF YES, NAME THE LIENHOLDER.

IS COVERAGE REQUIRED FOR FINANCED AUTOMOBILES? YES NO

(E) APPLICANT’S PREVIOUS INSURER(S) AND POLICY NUMBER(S)

ADDITIONAL INFORMATION/UNDERWRITER’S NOTES

AGENT’S/BROKER’S SIGNATURE

APPLICANT’S SIGNATURE