

S.A.F. No. 4 APPLICATION FOR STANDARD GARAGE AUTOMOBILE POLICY

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											INDICATE		
BUSINESS ADDRESS (INCL COUNTY /DISTRICT) _____ LOCATION OF OTHER PREMISES WHERE BUSINESS IS CONDUCTED (SHOW EACH BUILDING AND LOT SEPARATELY) <div style="display: flex; align-items: center; margin-left: 20px;"> <div style="font-size: 3em; margin-right: 5px;">}</div> <div style="margin-left: 5px;"> (A) _____ (B) _____ (C) _____ (D) _____ </div> </div>													
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) _____ NOTE: THIS FORM SHOULD NOT BE USED FOR RENTAL OR LEASING EXPISURES													
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 DEATH OF ANY PERSON OR DAMAGE TO PROPERTY OF OTHERS NOT IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT					\$ _____ (EXCLUSIVE OF COSTS AND POST JUDGEMENT INTEREST) FOR LOSS OR DAMAGE RESULTING FROM BODILY INJURY 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.					\$ _____	
SECTION B ACCIDENT BENEFITS		SUB SEC 1&2	SUBJECT TO PROVINCIAL OR TERRITORIAL LEGISLATION, COVERAGE APPLIES AS FOLLOWS					AS STATED IN THE ACCIDENT BENEFIT'S WORDING ATTACHED OR					\$ _____
		1	MEDICAL PAYMENTS					\$ _____ EACH PERSON					\$ _____
		2	DEATH DISMEMBERMENT AND TOTAL DISABILITY					\$ _____ PRINCIPAL SUM					\$ _____ MAXIMUM WEEKLY 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"/>											
		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	SPECIFIED PERILS (EXCLUDING OPEN LOT PILFERAGE)					(A)		\$ _____	\$ _____		
		4	SPECIFIED PERILS (EXCLUDING THEFT)					(B)		\$ _____	\$ _____		
		4	SPECIFIED PERILS (EXCLUDING THEFT)					(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 MOTORIST COVER		PROTECTION AGAINST UNINSURED AND UNIDENTIFIED MOTORISTS					AS STATED IN THE UNINSURED MOTORIST WORDING ATTACHED					\$ _____	
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 JUDGEMENT 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 JUDGEMENT INTEREST) ANY ONE OCCURRENCE	
								(A)				\$ _____	
								(B)				\$ _____	
								(C)				\$ _____	
								(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 CONTRAT 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.													
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	} BY CUSTOMER <input type="checkbox"/> BY EMPLOYEE <input type="checkbox"/>		
<input type="checkbox"/> * MOTORCYCLES	<input type="checkbox"/> SERVICE STATION – SELF SERVE?	Y <input type="checkbox"/>	N <input type="checkbox"/>	SPECIFY			
<input type="checkbox"/> * RECREATIONAL VEHICLES	<input type="checkbox"/> OTHER – SPECIFY _____			<input type="checkbox"/> STORAGE GARAGE OR VALET PARKING			
<input type="checkbox"/> * SNOW VEHICLES	E.G. MUFFLER SHOP, TIRE SHOP			<input type="checkbox"/> CAR WASH			
<input type="checkbox"/> * FARM IMPLEMENTS							
* 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 LEINHOLDER.

IS COVERAGE REQUIRED FOR FINANCED AUTOMOBILES? YES NO

(E) APPLICANTS PREVIOUS INSURER(S) AND POLICY NUMBER(S)

ADDITIONAL INFORMATION/UNDERWRITER’S NOTES

 AGENT’S/BROKER’S SIGNATURE