

# APPLICATION FOR AUTOMOBILE INSURANCE – ALBERTA

## (OWNER'S FORM S.A.F. 1)

POLICY NO. ASSIGNED		<input type="checkbox"/> NEW POLICY <input type="checkbox"/> REPLACING POLICY NO.	LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	BROKERS CLIENT ID
<b>1 APPLICANT - full name and postal address</b>		INSURANCE COMPANY (HEREINAFTER CALLED THE INSURER)		
LAST NAME FIRST NAME		BROKER/AGENT CODE(S)		
STREET AND NUMBER		<b>2 POLICY PERIOD AND BILLING</b>		
CITY PROVINCE COUNTY OR DISTRICT		FROM DATE (YYYY/MM/DD) TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	TO DATE (YYYY/MM/DD) 12:01 A.M.
POSTAL CODE		All times are local times at the Applicant's postal address stated herein		
TELEPHONE NUMBERS (INCLUDING AREA CODE)		<input type="checkbox"/> BROKER/AGENT BILL <input type="checkbox"/> CREDIT CARD #		
RESIDENCE -		<input type="checkbox"/> COMPANY BILL <input type="checkbox"/> OTHER (SPECIFY):		
BUSINESS -		<input type="checkbox"/> PAYMENT PLAN WITHDRAWAL DATE (YYYY/MM/DD)		

**3 PARTICULARS OF THE DESCRIBED AUTOMOBILE(S) - Each described automobile is and will be chiefly used in the vicinity of the applicant's address shown above unless otherwise stated in the remarks section.**

VEH NO	MODEL YEAR	TRADE NAME (MAKE)	MODEL OR C.C.	BODY TYPE	VEHICLE IDENTIFICATION NO. (VIN/SERIAL NO.)
1					
2					
3					

VEH NO	NO. OF CYLS	TRUCK GROSS VEHICLE WEIGHT	PURCHASED/LEASED BY APPLICANT YYYY/MM/DD	NEW	USED	LICENCE PLATE #	PURCHASE PRICE (INC. EQUIPEMENT)	LIST PRICE NEW	VEHICLE CODE	RATING TERR.	STAT. LOCATION	RATING CLASS	D.R. T.P.L.	D.R. COLL
1				<input type="checkbox"/>	<input type="checkbox"/>									
2				<input type="checkbox"/>	<input type="checkbox"/>									
3				<input type="checkbox"/>	<input type="checkbox"/>									

OCCASIONAL DRIVER #	VEHICLE NUMBER	DRIVER CLASS	DRIVER RECORD	OCCASIONAL DRIVER #	VEHICLE NUMBER	DRIVER CLASS	DRIVER RECORD
1				2			

VEH NO	LIEN HOLDER	LESEE	NAME	ADDRESS	POSTAL CODE
1	<input type="checkbox"/>	<input type="checkbox"/>			
2	<input type="checkbox"/>	<input type="checkbox"/>			
3	<input type="checkbox"/>	<input type="checkbox"/>			

**4 INSURANCE COVERAGES APPLIED FOR (INSURING AGREEMENTS)**

THIS APPLICATION IS MADE FOR INSURANCE AGAINST ONE OR MORE OF THE PERILS MENTIONED IN THIS ITEM, BUT FOR INSURANCE UNDER THE SECTION(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 POLICY FORM AND FOR THE FOLLOWING SPECIFIED LIMIT(S) AND AMOUNT(S).

**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 JUDGEMENT 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.

VEHICLE 1		VEHICLE 2		VEHICLE 3		VEHICLE 4	
LIMITS (000s)	PREMIUM	LIMITS (000s)	PREMIUM	LIMITS (000s)	PREMIUM	LIMITS (000s)	PREMIUM
	\$		\$		\$		\$

**SECTION B - ACCIDENT BENEFITS**  
PAYMENTS FOR MEDICAL, DEATH, DISABILITY AS STATED IN SECTION B OF THE POLICY

VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
\$	\$	\$	\$

**SECTION C - LOSS OR DAMAGE TO INSURED AUTOMOBILE(S) (This policy contains a partial payment of loss clause)**  
AMOUNT DEDUCTIBLE ON EACH SEPARATE CLAIM EXCEPT FOR LOSS OR DAMAGE BY FIRE OR LIGHTNING OR THEFT OF THE ENTIRE AUTOMOBILE

ALL PERILS	COLLISION OR UPSET	COMPREHENSIVE	EXCLUDING COLLISION OR UPSET	SPECIFIED PERILS

**ENDORSEMENTS**

NUMBER AND NAME	LIMITS	PREMIUM	LIMITS	PREMIUM	LIMITS	PREMIUM	LIMITS	PREMIUM
<b>Family Protection Endorsement - No 44</b> Limits are same as Section A unless otherwise specified								
MINIMUM RETAINED PREMIUM	TOTAL ESTIMATED POLICY PREMIUM	TOTAL ENDORSEMENT(S) PREMIUM:	\$	\$	\$	\$	\$	\$
\$	\$	TOTAL PREMIUM PER AUTOMOBILE:	\$	\$	\$	\$	\$	\$

**5 DRIVER INFORMATION - List all drivers of the described automobile(s) in the household or business**

DRV NO	NAME AS SHOWN ON DRIVERS LICENCE	PERCENTAGE USE OF EACH AUTOMOBILE BY EACH DRIVER			DATE LICENCED IN CANADA OR U.S.A. YYYY/MM/DD	DRIVER TRAINING CERT. ATTACHED?	
		VEH. 1	VEH. 2	VEH. 3		YES	NO
1						<input type="checkbox"/>	<input type="checkbox"/>
2						<input type="checkbox"/>	<input type="checkbox"/>
3						<input type="checkbox"/>	<input type="checkbox"/>
4						<input type="checkbox"/>	<input type="checkbox"/>

<b>6a</b>	IS ANY DRIVER SUBJECT TO FAINTING SPELLS, DIZZINESS OR LOSS OF CONSCIOUSNESS? IF YES, STATE PARTICULARS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>6b</b>	HAS ANY DRIVER EVER SUFFERED FROM A HEART DISORDER, EPILEPSY, DIABETES, DEFECTIVE VISION OR HEARING, OR ANY OTHER PHYSICAL OR MENTAL DISABILITY WHICH MIGHT AFFECT THE SAFE OPERATION OF A VEHICLE? IF YES, EXPLAIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO

**7 CLAIMS AND CONVICTION HISTORY**

**7a** HAS ANY DRIVER HAD ANY CONVICTIONS ARISING FROM THE OPERATION OF ANY AUTOMOBILE DURING THE PAST THREE YEARS?  YES  NO (IF YES, DESCRIBE)

DRV NO	DATE CONVICTED (YYYY/MM/DD)	DESCRIPTION	DRV NO	DATE CONVICTED (YYYY/MM/DD)	DESCRIPTION

**7b** HAS ANY DRIVER OR VEHICLE HAD ANY ACCIDENTS OR CLAIMS ARISING FROM THE OWNERSHIP OR OPERATION OF ANY AUTOMOBILE DURING THE PAST SIX YEARS?  YES  NO (IF YES, DESCRIBE)

DRV NO	DR V NO	OCC. NO	DATE (YYYY/MM/DD)	TYPE OF *CLAIM	AMOUNT PAID OR ESTIMATE	DESCRIPTION

**8** HAS ANY DRIVERS LICENCE VEHICLE PERMIT OR SIMILAR AUTHORIZATION ISSUED TO THE APPLICANT OR DRIVERS LISTED IN ITEM 5 TO THE KNOWLEDGE OF THE APPLICANT BEEN OR CONTINUED TO BE SUSPENDED, CANCELLED OR LAPSED WITHIN THE SIX YEARS PRECEDING THIS APPLICATION? IF YES, EXPLAIN  YES  NO

**9a** HAS ANY INSURER, TO THE KNOWLEDGE OF THE APPLICANT, CANCELLED, DECLINED OR REFUSED TO RENEW OR ISSUE AUTOMOBILE INSURANCE TO THE APPLICANT OR DRIVERS SHOWN IN ITEM 5 WITHIN THE THREE YEARS PRECEDING THIS APPLICATION? IF SO, STATE NAME OF INSURER, AND POLICY NUMBER IF AVAILABLE.  YES  NO

INSURER: \_\_\_\_\_ POLICY NO. \_\_\_\_\_

**9b** DETAILS OF APPLICANT'S MOST RECENT AUTOMOBILE INSURANCE  YES  NO

INSURER: \_\_\_\_\_ POLICY NO. \_\_\_\_\_ EXPIRY DATE (YYYY/MM/DD): \_\_\_\_\_

VEH NO	THE VEHICLE			10b IS THE VEHICLE USED TO COMMUTE? (i.e. DRIVING TO WORK, TO SCHOOL OR PART-WAY, SUCH AS TO PUBLIC TRANSIT)		10c STATE THE USUAL DISTANCE DRIVEN ANNUALLY	11a WILL THE AUTOMOBILE BE RENTED OR LEASED OR USED FOR CARRYING PASSENGERS FOR COMPENSATION OR HIRE, OR FOR CARRYING EXPLOSIVES OR RADIOACTIVE MATERIAL? IF SO, PROVIDE DETAILS.	VEH NO	DETAILS
	BUS- INESS	PLEA- SURE	FARM	YES	NO	DISTANCE ONE WAY			
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KM	KM	1	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KM	KM	2	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KM	KM	3	

<b>11b</b>	WILL THE AUTOMOBILE BE USED FOR THE TRANSPORTATION OF GOODS FOR COMPENSATION? IF SO, STATE THE CLASS OF LICENCE OR CERTIFICATE AND RADIUS OF OPERATIONS. <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>12</b>	UNLESS OTHERWISE STATED, THE APPLICANT IS BOTH THE REGISTERED OWNER AND ACTUAL OWNER OF THE DESCRIBED AUTOMOBILE. IF NOT, STATE THE NAMES OF:			
VEH NO	REG OWNER	ACTUAL OWNER	NAME	<input type="checkbox"/> YES <input type="checkbox"/> NO
1	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="checkbox"/>	<input type="checkbox"/>		

**13 DECLARATION OF APPLICANT - read carefully before signing**

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:
- (1) 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.
  - (2) Reports containing personal credit, factual investigative or driver record information may be sought in connection with this Application for insurance or renewal, extension or variation thereof.
  - (3) The Total Estimated Policy Premium is subject to adjustment to the Insurer's published premium for the risk.

SIGNATURE OF APPLICANT	DATE (YYYY/MM/DD)

