

## N.B.A.F No.4 NEW BRUNSWICK STANDARD GARAGE AUTOMOBILE APPLICATION

## Economical Mutual Insurance Company (hereinafter called the Insurer) HEAD OFFICE WATERLOO ONTARIO

SIGNATURE OF APPLICANT

Agent/Broker:						Code(s):		Policy	No Assigned	0	
Address:			Postal Code:			New Company Bill	Replacing Policy No.	Agency Bill/Broker Bill	Prefer	red Language:	English French
ITEMS						Сотрану Бііі		Agent/Broker Us			
1. Applicant's Full na	ame and Busine	ss Address		0				Applicant's Te	el #'s:	INDICA	
(incl	uding county or [	District)	(A)	0	0	0	NB	and a		BLDG	LOT
				·							
			(B)								
IS CONDUCTED		S WHERE BUSINESS UILDING AND LOT	(C)								
SEPARATELY.)			(D) Year-Month-Day		Year-Month-Day	40.04 41	STANDARD TIME AT THE	ADDI ICANT'S DOSTAL	ADDRESS ST	TED HEDEIN AS TO E	EACH OF SAID
2. POLICY PERIOD		FROM	1900-01-00	то		12:01 AN	DATES	ATTEIOARTOTOTAL	ABBILLOO OTA	TESTICITED TO 1	
3. THE AUTOMOBILI	ES IN RESPECT	OF WHICH INSURANCE	E IS TO BE PROVIDE	ED ARE THOSE US	ED IN CONNECTION WITH TH	E INSURED'S BUSINESS	OF:				
(SPECIFY WHETHER	AUTOMOBILE	DEALER, REPAIR GAR	AGE, SERVICE STA	TION, STORAGE G	ARAGE OR PARKING LOT AN	D DESCRIBE ALL OTHE	R BUSINESS, IN RESPECT	OF WHICH INSURANCE	IS TO BE PRO	VIDED, CONDUCTED I	BY THE
NOTE: THIS FORM S	SHOULD NOT BE	USED FOR RENTAL O	R LEASING EXPOSU	1440.550					T .		
4. THE BASIS OF RA	TING AND CAL	CULATION OF THE PRE	EMIUM PAYABLE SH	ALL BE IN ACCOR	RDANCE WITH THE PREMIUM					ULL TIME	PART TIME
ESTIMAT	ED TOTAL PAY	ROLL FOR POLICY PE	RIOD \$		NUMBER OF EMPLOYEES IN EFFECTIVE DATE OF THE PO		S, PARTNERS AND EXECU	TIVE OFFICERS AT THE			
5. THIS POLICY PRO	OVIDES FOR IN	SURANCE AGAINST ON	E OR MORE OF THE	E PERILS MENTION	NED IN THIS ITEM BUT ONLY I	OR INSURANCE UNDER	THE SECTION(S) OR SUB	SECTIONS(S) FOR WHIC	H A PREMIUN	I IS SPECIFIED IN THE	IS ITEM AND NO
INSURING	THE TERMS, CO	No.	awa a sa	D EXCLUSIONS OF	THE INSURER'S CORRESPO			FORM AND FOR THE F	OLLOWING SI		
AGREEMENTS	LEGAL LIABILI	PEI	Y TO OR DEATH OF	ANY PERSON OR		LIMIT	S AND AMOUNTS			ADVANCE F	REMIUM
SECTION A THIRD PARTY	DAMAGE TO (E	EXCLUSIVE OF COSTS DAMAGE RESULTING	AND POST JUDGME	NT INTEREST)		RESULTING FROM BOD	S AND POST JUDGMENT IN DILY INJURY TO OR THE DE	ATH OF ONE OR MORE	PERSONS	ВІ	
LIABILITY		E OR MORE PERSONS, EGARDLESS OF THE N				AND FOR LOSS OR DAI CLAIMS ARISING FROM	MAGE TO PROPERTY, REG I ONE ACCIDENT.	ARDLESS OF THE NUME	BER OF	PD	
SECTION A.1			e N. o New York (1995) and the State of								
DIRECT COMPENSATION - PROPERTY	PROPERTY DA	CONTAINS A PARTIAL P MAGE IF A DEDUCTIBL DN - PROPERTY DAMAG	E IS SPECIFIED FOR		DEDUCTIBLE						
DAMAGE				OLID ISOT TO	ANNOTAL CO TESTINE	DIEL ATION COLUET	ADDITIES AS FOLLOWS				
SECTION B	SUB. SEC.	MEDICAL REHABILITA	ATION AND	SUBJECT TO PRO	VINCIAL OR TERRITORIAL LEG	SISLATION COVERAGE A	APPLIES AS FOLLOWS:				
ACCIDENT BENEFITS	1	FUNERAL EXPENSES DEATH BENEFITS AN			AS S	TATED IN THE ACCIDENT	T BENEFITS WORDING				
	2	PAYMENTS			ULUE AT THE TIME OF LOSS O	B DAMAGE NOT	SUM PAYABLE BY INSURE	ED IN RESPECT OF EAC	H SEPARATE		
	1	COLLISION	OR UPSET	EXCEEDING THE	ALUE AT THE TIME OF LOSS O ACTUAL COST TO THE INSUR	ED	AUTOMOBILE	Let Table 1 to the letter than		2	
		MONTHLY AVE	RAGE BASIS	THE PREM	OR CO-INSURANCE BASIS	3 AND 4 SHALL BE COM	MPUTED ON A : OR OTHER				
SECTION C				LOCATION AS			SUM PAYABLE BY INSURI				
LOSS OF OR DAMAGE TO				PER ITEM 1	SUBSECTIONS INSURED	* LIMIT OF LIABILITY	OCCURRENCE (EXCEP LIGHTNING OR THEF	T FOR LOSS OR DAMAG T OF THE ENTIRE AUTO			
OWNED AUTOMOBILES	2	COMPREM (EXCLUDING COLLIS		(A)							
		OPEN LOT P	ILFERAGE)	(B)							
	3	SPECIFIED (EXCLUDING OPEN	LOT PILFERAGE)	(C)							
	4	SPECIFIED (EXCLUDING	3 THEFTS)	(D)							
		THAT LIMIT FOR EACH	H AUTOMOBILE: (A)	THE AMOUNT OF I	ALUE AT THE TIME OF LOSS INSURANCE STATED IN THE M	IONTHLY REPORT, IF AN	IY, OR (B) THE LIMIT OF INS	TO THE INSURED AND S SURANCE STATED HERE	SUBJECT TO EIN TO BE		
SECTION D					R DAMAGE FROM ANY ONE OF		41 = 45 + 40 CAC +				
UNINSURED MOTORIST COVER		PROTECTION AGAINS UNIDENTIFIED			AS STAT	ED IN THE UNINSURED	AUTOMOBILE COVERAGE				
33.00 (1970 1970 1970 1970 1970 1970 1970 1970	1	COLLISION	OR UPSET		(EXCLUSIVE OF COSTS /		SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE				
SECTION E LEGAL LIABILITY FOR DAMAGE TO				LOCATION AS	AUTOMOBILE		OCCURRENCE	XCLUSIVE OF COSTS A	ND POST		
CUSTOMERS' AUTOMOBILES				PER ITEM 1	MAXIMUM NUMBER OF CUS	TOMERS' AUTOMOBILES		EST) ANY ONE OCCURF			
HELD IN THE CARE, CUSTODY OR CONTROL OF THE	2	SPECIFIED PERILS ( LOT PILF		(A) (B)							
APPLICANT				(C)							
ENDORSEMENTS				(D)							
N.B.E.F. 71 - Excludi	ing Owned Auto	mobiles								\$ INCL	UDED
		7,10									
MINIMUM RETAI	INED PREMIUM		\$50	THE ADVANC	E PREMIUMS ARE SUBJECT		REMIUM COMPUTATION	TOTAL ADVANCE	PREMIUM	N/A	A
20113503200000502525		LIENHOLDER OR MOR	1132992	, JOINTLY WITH T	PROVISION THE INSURED, LOSS, IF ANY, U	IN THE POLICY INDER SECTION C IS PA	YABLE AS THEIR INTEREST	S MAY APPEAR			
			ED TO RENEW OR IS	SUE ANY INSURA	NCE RELATED TO THE BUSINE	SS OF THE APPLICANT	WITHIN THE THREE YEARS	PRECEDING THIS APP	LICATION?		
	ARS OF ALL AG		CLAIMS ARISING O	OUT OF THE OWNE	ERSHIP, USE OR OPERATION	OF ANY AUTOMOBILE (I	) BY THE APPLICANT, AND	(II) IN CONNECTION WI	TH THE BUSIN	IESS, WITHIN THE TH	REE YEARS
PRECEDING THIS A (LIST SEPARATELY	PPLICATION.										
DATE	INJURY TO	DAMAGE TO	APPLICANT'S VEHIC	CLE (B) OTHER	AMT PAID OR ESTIMATED \$	DATE	(A) NOT IN CARE OF	AMT PAID OR	(B) IN CARE	AMT PAID OR E	ESTIMATED \$
DATE	PERSONS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ESTIMATED \$	(-) 5			APPLICANT	ESTIMATED \$	OF		
					LIES FOR A CONTRACT OF AL						
ANY FACT REQUIRE	D TO BE STATE	D THEREIN; OR (B) TH	E INSURED CONTRA	AVENES A TERM O	ED AUTOMOBILE TO BE INSUI F THE CONTRACT OR COMMI	RED TO THE PREJUDICE TS A FRAUD; OR (C) THE	OF THE INSURER, OR (II) I INSURED WILLFULLY MAK	KNOWINGLY MISREPRE SES A FALSE STATEMEN	SENTS OR FA	ILS TO DISCLOSE IN T FOF A CLAIM UNDER	THE APPLICATION THE CONTRACT,
THE APPLICANT AC	KNOWLEDGES	ID AND THE RIGHT OF THAT:				HED FOR A CONTRACT	OF AUTOMOBILE MOUE	CE TO BE DASED ON T	HE TRUTH OF	THE SAID INFORMATI	ON
(2) CONSENT: I AM A	APPLYING FOR	AUTOMOBILE INSURAN	ICE BASED ON THE	INFORMATION PR	THE APPLICANT HEREBY APP OVIDED ABOVE WITH RESPE , INVESTIGATE AND SETTLE (	CT TO THE APPLICATION	N OR ANY RENEWAL OR CH	IANGE IN COVERAGE, I	AUTHORIZE Y	OU TO COLLECT, USE	E AND DISCLOSE
Section 1997					200000000000000000000000000000000000000						

THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE UNDER SECTIONS C and E

## economical

## GARAGE AUTOMOBILE SUPPLEMENT (ALL PROVINCES)

			Policy #		Effective Dat	е
resent Insurer: F	Policy #					
	R	ATING INFORM	ATION		***************************************	······································
. OPERATIONS: Indica	ate the operations of the Applican	nt by showing the approx	rimate Gross Re	evenues generated by	each for the past yea	ar.
Sales of New Vehicles:	coverage is limited only to the d	Specially Shops	er item 3 of the	Application.	negree age	
Sales of Used Vehicles:	\$	. , . , ,	7-11 OI 1		Other - specify (e snowploughi	g. restaura
Sales of Specialty Vehicles (	\$ (high		inting, Glass)	\$	Showplough	ng, etc.).
value)	\$	Renting (under 30				
Sales of Fuel, Oil, etc.:	\$	- to repair cus	tomers	\$		
Sales of Recreational Vehicle	les: \$	- to general p	aplic	\$	1	
Repairs Mechanical:	\$	Parking			1	
Repairs – Body:	\$	- park and loc	k	S		
Service - Oil, Lube, etc.:	\$	- park and lea	ve keys	\$		
Towing:	\$	- valet parking		\$		
Leasing (over 30 days):	\$	Pick-up and Delive	у:	\$	s	
POLICY (OWNERS FO	LES OWNED BY INSURED: NG OF AUTOMOBILES TO OTHERS IS RE LEASED BY THE INSURED FROM ( ORM) IN THE NAME OF THE LESSOR	DIHERS THEY MUST BE IN:		RATE COI	MPLETE APPLICA	ATION
POLICY (OWNERS FO	OF AUTOMOBILES TO OTHERS IS	OTHERS THEY MUST BE IN: WITH PROPER ENDORSEM OWNERS FORM).		RATE COI	MPLETE APPLICA R OWNERS FORM	1 POLICY
POLICY (OWNERS FO TOWING SERVICES A	NG OF AUTOMOBILES TO OTHERS IS RE LEASED BY THE INSURED FROM ( ORM) IN THE NAME OF THE LESSOR ALSO REQUIRE SEPARATE POLICY ((	DIHERS THEY MUST BE IN:	SURED ON A SEPA ENTS.	FOR	R OWNERS FORM	1 POLICY
POLICY (OWNERS FO TOWING SERVICES A	NG OF AUTOMOBILES TO OTHERS IS TE LEASED BY THE INSURED FROM ( ORM) IN THE NAME OF THE LESSOR ALSO REQUIRE SEPARATE POLICY ( Diete Question 18)	OTHERS THEY MUST BE IN: WITH PROPER ENDORSEM OWNERS FORM).	e) Miscella	RATE FOR	R OWNERS FORM	ATION M POLICY NUMBE
a) i) Tow Trucks (*Comp ii) Parts and Service To b) Demonstrators (Veh	NG OF AUTOMOBILES TO OTHERS IS TE LEASED BY THE INSURED FROM ( ORM) IN THE NAME OF THE LESSOR ALSO REQUIRE SEPARATE POLICY ( Diete Question 18)  Trucks Dictes used for test drives	OTHERS THEY MUST BE IN: WITH PROPER ENDORSEM OWNERS FORM).	e) Miscella Motorho	neous Automobiles (egmes, Shuttle Buses, O	R OWNERS FORM  B. Motorcycles,  Ithers – Specify)	1 POLICY
a) i) Tow Trucks (*Comp ii) Parts and Service Ti b) Demonstrators (Veh including Salesmen'	NG OF AUTOMOBILES TO OTHERS IS RE LEASED BY THE INSURED FROM ( ORM) IN THE NAME OF THE LESSOR ALSO REQUIRE SEPARATE POLICY (  Idete Question 18)  Trucks  Incles used for test drives 's cars.)	OTHERS THEY MUST BE IN: WITH PROPER ENDORSEM OWNERS FORM).	e) Miscella Motorho (Note: Re under the t	neous Automobiles (egmes, Shuttle Buses, O	G. Motorcycles, thers – Specify)	1 POLICY
a) i) Tow Trucks (*Comp ii) Parts and Service Ti b) Demonstrators (Veh including Salesmen' c) Autos Supplied (Excludir Frequent use by:	NG OF AUTOMOBILES TO OTHERS IS RE LEASED BY THE INSURED FROM ( ORM) IN THE NAME OF THE LESSOR ALSO REQUIRE SEPARATE POLICY ( Olete Question 18)  Trucks  Incles used for test drives 's cars.)  Ing Demos) for Regular and	OTHERS THEY MUST BE IN: WITH PROPER ENDORSEM OWNERS FORM).	e) Miscella Motorho (Note: Re under the t	neous Automobiles (egmes, Shuttle Buses, O	G. Motorcycles, thers – Specify)	1 POLICY
a) i) Tow Trucks (*Comp ii) Parts and Service Ti b) Demonstrators (Veh including Salesmen' c) Autos Supplied (Excludir Frequent use by:	NG OF AUTOMOBILES TO OTHERS IS RE LEASED BY THE INSURED FROM ( ORM) IN THE NAME OF THE LESSOR ALSO REQUIRE SEPARATE POLICY (  Idete Question 18)  Trucks  Incles used for test drives 's cars.)	OTHERS THEY MUST BE IN: WITH PROPER ENDORSEM OWNERS FORM).	e) Miscella Motorho (Note: Re under the	neous Automobiles (egmes, Shuttle Buses, O	G. Motorcycles, thers – Specify) the adequately covered Possibly Yellow)	1 POLICY
a) i) Tow Trucks (*Comp ii) Parts and Service Tr b) Demonstrators (Veh including Salesmen' c) Autos Supplied (Excludi Frequent use by: i) Active Partners and ii) Others (These people	NG OF AUTOMOBILES TO OTHERS IS RE LEASED BY THE INSURED FROM ( ORM) IN THE NAME OF THE LESSOR ALSO REQUIRE SEPARATE POLICY ( Diete Question 18) Frucks Inicles used for test drives 's cars.) Ing Demos) for Regular and Full Time Employees	OTHERS THEY MUST BE IN: WITH PROPER ENDORSEM OWNERS FORM).	e) Miscella Motorho (Note: Re under the 'i) Tota  ii) Regu	neous Automobiles (egmes, Shuttle Buses, Oerceational Vehicles may not Garage Automobile Policy.)  I Dealer Plates Held (White Dealer Plates can be permanent	G. Motorcycles, thers – Specify) t be adequately covered cossibly Yellow)	1 POLICY
a) i) Tow Trucks (*Comp ii) Parts and Service Ti b) Demonstrators (Veh including Salesmen' c) Autos Supplied (Excluding Frequent use by: i) Active Partners and ii) Others (These people Endorsement Form form)	NG OF AUTOMOBILES TO OTHERS IS RE LEASED BY THE INSURED FROM ( ORM) IN THE NAME OF THE LESSOR ALSO REQUIRE SEPARATE POLICY ( Diete Question 18) Trucks Incles used for test drives 's cars.) Ing Demos) for Regular and Full Time Employees  le should be listed on #76)	OTHERS THEY MUST BE IN: WITH PROPER ENDORSEM OWNERS FORM).	e) Miscella Motorho (Note: Reunder the under the li) Tota ii) Regu (Note: As soo	neous Automobiles (egmes, Shuttle Buses, Occeational Vehicles may not Garage Automobile Policy.)  I Dealer Plates Held (White	G. Motorcycles, thers – Specify) t be adequately covered cossibly Yellow)	1 POLICY
a) i) Tow Trucks (*Comp ii) Parts and Service Tr b) Demonstrators (Veh including Salesmen' c) Autos Supplied (Excludi Frequent use by: i) Active Partners and ii) Others (These peopl Endorsement Form 4 d) Courtesy Cars (Exclusive whose own yehicle is be	NG OF AUTOMOBILES TO OTHERS IS RE LEASED BY THE INSURED FROM ( ORM) IN THE NAME OF THE LESSOR ALSO REQUIRE SEPARATE POLICY ( Diete Question 18) Frucks Inicles used for test drives 's cars.) Ing Demos) for Regular and Full Time Employees  Ile should be listed on #76)  Tely supplied to customers Ing Serviced repaired or	OTHERS THEY MUST BE IN: WITH PROPER ENDORSEM OWNERS FORM).	e) Miscella Motorho (Note: Re under the i) Tola ii) Regu	neous Automobiles (egmes, Shuttle Buses, O gerealional Vehicles may not Garage Automobile Policy.)  I Dealer Plates Held (Fullar Plates Held (White Dealer Plates can be permane provinces, it is necessary mber of each type of plate.)	g. Motorcycles, thers – Specify) t be adequately covered cossibly Yellow) c) anently affixed in y to know the actual	NUMBE
a) i) Tow Trucks (*Comp ii) Parts and Service Tr b) Demonstrators (Veh including Salesmen' c) Autos Supplied (Excludi Frequent use by: i) Active Partners and ii) Others (These peopl Endorsement Form f	NG OF AUTOMOBILES TO OTHERS IS RE LEASED BY THE INSURED FROM ( ORM) IN THE NAME OF THE LESSOR ALSO REQUIRE SEPARATE POLICY ( Diete Question 18) Frucks Inicles used for test drives 's cars.) Ing Demos) for Regular and Full Time Employees  Ile should be listed on #76)  Tely supplied to customers Ing Serviced repaired or	OTHERS THEY MUST BE IN: WITH PROPER ENDORSEM OWNERS FORM).	e) Miscella Motorho (Note: Reunder the under the li) Tota ii) Regu (Note: As soo	neous Automobiles (egmes, Shuttle Buses, O gerealional Vehicles may not Garage Automobile Policy.)  I Dealer Plates Held (Fullar Plates Held (White Dealer Plates can be permane provinces, it is necessary mber of each type of plate.)	g. Motorcycles, thers – Specify) t be adequately covered cossibly Yellow) c) anently affixed in y to know the actual	1 POLICY
a) i) Tow Trucks (*Comp ii) Parts and Service Tr b) Demonstrators (Veh including Salesmen' c) Autos Supplied (Excludi Frequent use by: i) Active Partners and ii) Others (These peopl Endorsement Form 4 d) Courtesy Cars (Exclusive whose own yehicle is be	NG OF AUTOMOBILES TO OTHERS IS RE LEASED BY THE INSURED FROM ( ORM) IN THE NAME OF THE LESSOR ALSO REQUIRE SEPARATE POLICY ( Diete Question 18) Frucks Inicles used for test drives 's cars.) Ing Demos) for Regular and Full Time Employees  Ile should be listed on #76)  Tely supplied to customers Ing Serviced repaired or	DIHERS THEY MUST BE IN WITH PROPER ENDORSEM DWNERS FORM).  NUMBER	e) Miscella Motorho (Note: Re under the i) Tola ii) Regu	neous Automobiles (egmes, Shuttle Buses, O gerealional Vehicles may not Garage Automobile Policy.)  I Dealer Plates Held (Fullar Plates Held (White Dealer Plates can be permane provinces, it is necessary mber of each type of plate.)	g. Motorcycles, thers – Specify) t be adequately covered cossibly Yellow) c) anently affixed in y to know the actual	NUMBE
a) i) Tow Trucks (*Comp ii) Parts and Service Tr b) Demonstrators (Veh including Salesmen' c) Autos Supplied (Excludi Frequent use by: i) Active Partners and ii) Others (These peopl Endorsement Form f d) Courtesy Cars (Exclusiv whose own vehicle is be awaiting delivery of a ne	ING OF AUTOMOBILES TO OTHERS IS RE LEASED BY THE INSURED FROM ( ORM) IN THE NAME OF THE LESSOR ALSO REQUIRE SEPARATE POLICY ( Foliete Question 18)  Frucks Inicles used for test drives I's cars.) Ing Demos) for Regular and  Full Time Employees Ile should be listed on #76)  rely supplied to customers ring serviced, repaired or w vehicle.)  TOTAL NUMBER OF OWNEL  ES REGISTERED TO THE NAME	D'AUTOMOBILES  ED INSURED - EYCLL	e) Miscella Motorho (Note: Re under the under the li) Tola ii) Regul (Note: As son nu	neous Automobiles (egmes, Shuttle Buses, O ecreational Vehicles may not Garage Automobile Policy.)  I Dealer Plates Held (Fullar Plates Held (White Dealer Plates can be permane provinces, it is necessary mber of each type of plate.)  AR 1 <sup>ST</sup> PRIO	g. Motorcycles, thers – Specify)  It be adequately covered  Possibly Yellow)  amently affixed in y to know the actual	NUMBE
a) i) Tow Trucks (*Comp ii) Parts and Service Ti b) Demonstrators (Veh including Salesmen' c) Autos Supplied (Excluding Frequent use by: i) Active Partners and ii) Others (These people Endorsement Form of the Salesmen') d) Courtesy Cars (Exclusive whose own vehicle is be awaiting delivery of a new SUMMARY OF ALL VEHICLE (NOTE: An Inventory of ve	NG OF AUTOMOBILES TO OTHERS IS RE LEASED BY THE INSURED FROM ORM) IN THE NAME OF THE LESSOR ALSO REQUIRE SEPARATE POLICY (I Delete Question 18) Trucks Inicles used for test drives 's cars.) Ing Demos) for Regular and Full Time Employees Ile should be listed on #76) Tely supplied to customers Ing serviced, repaired or We vehicle.)  TOTAL NUMBER OF OWNED  ES REGISTERED TO THE NAME TO THE NAME OF THE N	D'AUTOMOBILES  ED INSURED - EYCLL	e) Miscella Motorho (Note: Re under the under the li) Regular (Note: As sor nu	neous Automobiles (egmes, Shuttle Buses, O ecreational Vehicles may not Garage Automobile Policy.)  I Dealer Plates Held (Fullar Plates Held (White Dealer Plates can be permane provinces, it is necessary mber of each type of plate.)  AR 1 <sup>ST</sup> PRIO	a Motorcycles, thers – Specify) the adequately covered cossibly Yellow) c) anently affixed in y to know the actual	NUMBE

YEAR	MAKE AND MODEL	BODY TYPE	VALUE NEW	G.V.W.	USE	DRIVEN BY
		-				

4. TYPES AND VALUES OF AUTOMO	ORII	FS
-------------------------------	------	----

		CARS/TR	ucks	1	OTHER	
VALUES	#	OWNED	CUSTOMERS'	#	OWNED	CUSTOMERS
MAXIMUM VALUE		The second secon	1000			No. of the last of
AVERAGE VALUE						

5. WHERE LEGAL LIABILITY, SPECIFIED PERILS / COMPREHENSIVE COVERAGE IS REQUIRED FOR CUSTOMERS' VEHICLES, INDICATE THE MAXIMUM NUMBER OF CUSTOMERS' VEHICLES AT EACH LOCATION. (CO-INSURANCE APPLIES AT 100% BASED ON DECLARED AN IMPRESS

NUMBER OF CUSTOMERS' VEHICLES ON PREMISES			SECURITY MEASURES (THIS SECTION MUST BE COMPLETED FOR BOTH OWNED AND CUSTOMERS' AUTOMOBILES						
Lac	#IN BUILDING	#ON LOT	LOC	NIGHT WATCHMAN	GUARD DOGS	FENCED COMPOUND	TO THE PROPERTY OF THE PROPERT	BURGLAR ALARM SYSTEM	APPLICANT/INSURE D LIVES ON
A			A	YES NO	☐ YES ☐ NO	YES NO	YES NO	YES NO	PREMISES   NO
В			В	YES NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
C			С	☐ YES ☐ NO	☐ YES ☐ NO	YES NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
D			D	YES NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

6,	a)	TOTAL NUMBER OF EMPLOYEES (Including all owners)	PAST YEAR	1 <sup>ST</sup> PRIOR YEAR	2 <sup>ND</sup> PRIOR YEAR
		FULL TIME			
		PART TIME			

6. b) SUMMARY OF PERSONNEL (ATTACH SUPPLEMENTARY SHEET IF INSUFFICIENT SPACE) – PROPRIETORS, PARTNERS, EXECUTIVE OFFICERS AND EMPLOYEES (NOTE – PART-TIME EMPLOYEES PROVIDED WITH A VEHICLE FOR PLEASURE USE MUST BE NAMED AND COVERED UNDER THE OEF/SEF #76 ENDORSEMENT):

NAME IN FULL (no initials please)	BIRTH DATE DD/MM/YY	DRIVER'S LICENSE #	YRS. LIG.	VEHICLE	ACCIDENTS LAST 6 YRS.	CONVICTIONS LAST 3 YRS.	DATE EMPL. DD/MM/YY	FULLTIME	PARTTIME	POSITION DUTIES

LIST ALL OTHER OPERATORS (NOT EMPLOYEES) WHO ARE SUPPLIED WITH AN AUTOMOBILE FOR REGULAR OR FREQUENT USE, AND ANY
OCCASIONAL OPERATORS (AS OEF/SEF #76 IS REQUIRED TO PROVIDE ADEQUATE PROTECTION)

NAME IN FULL (no initials please)	BIRTH DATE	DRIVER'S LICENSE#	YRS. LIC.	ACCIDENTS LAST	CONVICTIONS	DATE LIC.	
(no initials please)		4. July	YRS	6 YRS.	LAST 3 YRS.	DDIMMIYY	RELATIONSHI
			_				

8.	If this is a renewal, mark only the changes from the previous Supplement and skip to the signatures.  DOES APPLICANT PICK UP OR DELIVER CUSTOMERS' OR OWNED AUTOMOBILES? NO YES - IF "YES", PROVIDE DETAILS (i.e. Destination, Frequency & Radius over 40 km/25 miles):
9,	DO SALESMEN ALWAYS ACCOMPANY CUSTOMERS WHO ARE TEXT DRIVING AUTOMOBILES? YES NO - IF "NO", DESCRIBE PROCEDURES OR OTHER PRECAUTIONS TAKEN (eg. Driver's Licence Checked & Recorded):
10.	. a) DOES APPLICANT HAVE WRITTEN RULES REGARDING USE OF COMPANY OWNED AUTOMOBILES? ☐ NO ☐ YES ~ IF "YES", ATTACH
	b) IS DEMONSTRATOR USE RESTRICTED TO EMPLOYEE ONLY? ☐ NO ☐ YES INCLUDING SPOUSE? ☐ NO ☐ YES INCLUDING CHILDREN? ☐ NO ☐ YES OTHERS:
11.	c) IS VACATION USE PERMITTED?  NO YES d) IS DRIVER RESPONSIBLE FOR DEDUCTIBLES? NO YES  MOTOR VEHICLE ABSTRACTS - ARE THEY OBTAINED FOR ALL NEW EMPLOYEE DRIVERS?  NO YES - IF "YES", DESCRIBE HOW  OFTEN UPDATED:
	OTHER INFORMATION
	NUMBER OF SPRAY BOOTHS: APPROVED BOOTHS
13.	DOES APPLICANT DISPENSE PROPANE, DO PROPANE CONVERSIONS, OR REPAIR OR MAINTAIN PROPANE FUEL SYSTEMS? NO YES IF "YES", PROVIDE DETAILS: NUMBER OF LICENSED EMPLOYEES: % OF RECEIPTS:
14.	GIVE DETAILS OF ANY CONTRACTUAL LIABILITY THE INSURED HAS ENTERED INTO ASSUMING RESPONSIBILITY FOR DAMAGE TO VEHICLES IN HIS CARE, CUSTODY AND CONTROL:
15.	a) WHERE AND HOW ARE VEHICLES (HELD FOR SALE) OBTAINED?
	b) IS THERE A FORMAL POLICY REGARDING:  LIEN CHECKS?  ON CONSIGNMENT?  DYES  NO  (ATTACH A COPY OF THE STANDARD)
16.	WHERE ARE KEYS KEPT? LOCKED IN CABINET YES NO OTHER (PLEASE EXPLAIN):
17.	a) LOSSES - DAMAGE TO OR BY OWNED AUTOMOBILES IN THE PAST 6 YEARS (OR ATTACH SUPPLEMENTARY LOSS REPORT)
	DATE DD/MM/YY TYPE OF LOSS AMOUNT PAID OR O/S INCLUDING EXPENSES DESCRIPTION
	b) LOSSES DAMAE TO CLOTOLISTO
1	b) LOSSES - DAMAGE TO CUSTOMERS' AUTOMOBILES IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT IN THE PAST 6 YEARS  DATE  AND INTERIOR - CONTROL OF THE APPLICANT IN THE PAST 6 YEARS
	DATE DD/MM/YY TYPE OF LOSS AMOUNT PAID OR O/S INCLUDING EXPENSES DESCRIPTION
ŀ	

18.	a)	What is the maximum number of automob	iles that your tow trucks are designed	o carry/tow? Number #	
	b)	How many tow trucks can carry/tow more	than 1 automobile? Number #	-	
19.	BR	OKER'S REPORT			
	a)	How long has the applicant been in busine		years	
	b)	How long has the applicant operated at the	e present location?	years	_
	c)	How long have you known the applicant?		years Is the b	ousiness: New to your office? An existing client?
	d)	Describe any other business carried on at	this location, or sale of goods other that	an automobiles, their equi	pment and accessories:
	۵)	If this policy evaluates and a total in		***************************************	
		If this policy excludes owned automobiles,			
[				Policy #	Expiry Date
Comi	ment	s or additional information:			
***************************************					
***************************************			***************************************		
			Signature of Applicant/Insured:		Dale:
					Date,
			Signature of Broker:		Date:
					Date,
					1