

Agent/Broker:		Code(s):		Policy No Assigned 0		
Address:		Postal Code:	New Company Bill	Replacing Policy No.	Preferred Language: English / French	
Agent/Broker Use Only						
1. Applicant's Full name and Business Address (including county or District)		0	0	0	0 NB	
Applicant's Tel #'s:		INDICATE BLDG LOT				
LOCATION OF OTHER PREMISES WHERE BUSINESS IS CONDUCTED (SHOW EACH BUILDING AND LOT SEPARATELY.)		(A)	(B)	(C)	(D)	
2. POLICY PERIOD		FROM Year-Month-Day 1900-01-00	TO Year-Month-Day	12:01 AM STANDARD TIME AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN AS TO EACH OF SAID DATES		
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 EXPOSURES.						
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 POLICY PERIOD \$		NUMBER OF EMPLOYEES INCLUDING PROPRIETORS, PARTNERS AND EXECUTIVE OFFICERS AT THE EFFECTIVE DATE OF THE POLICY:				
5. THIS POLICY PROVIDES FOR INSURANCE AGAINST ONE OR MORE OF THE PERILS MENTIONED IN THIS ITEM BUT ONLY FOR INSURANCE UNDER THE SECTION(S) OR SUBSECTIONS(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 (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 ONE ACCIDENT.			BI PD	
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	DEDUCTIBLE				
SECTION B ACCIDENT BENEFITS	SUB. SEC.	SUBJECT TO PROVINCIAL OR TERRITORIAL LEGISLATION COVERAGE APPLIES AS FOLLOWS:				
	1	MEDICAL REHABILITATION AND FUNERAL EXPENSES	AS STATED IN THE 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 ACTUAL COST TO THE INSURED	SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE AUTOMOBILE		
	THE PREMIUM UNDER SUBSECTIONS 2, 3 AND 4 SHALL BE COMPUTED ON A :					
	MONTHLY AVERAGE BASIS		OR	CO-INSURANCE BASIS	OR	OTHER
			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 THE 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 THEFTS)	(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 SPECIFIED LOCATION.						
SECTION D UNINSURED MOTORIST COVER	PROTECTION AGAINST UNINSURED AND UNIDENTIFIED MOTORISTS	AS STATED IN THE UNINSURED 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 INTERESTS) ANY ONE CUSTOMERS' 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 CUSTOMERS' AUTOMOBILES	LIMIT OF LIABILITY (EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) ANY ONE OCCURRENCE	
ENDORSEMENTS						
N.B.E.F. 71 - Excluding Owned Automobiles					\$ INCLUDED	
MINIMUM RETAINED PREMIUM \$50					THE ADVANCE PREMIUMS ARE SUBJECT TO THE ADJUSTABLE PREMIUM COMPUTATION PROVISION IN THE POLICY	
TOTAL ADVANCE PREMIUM				N/A		
STATE NAME AND ADDRESS OF LIENHOLDER OR MORTGAGEE TO WHOM, JOINTLY WITH THE INSURED, 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 APPLICANT'S VEHICLE			DAMAGE TO PROPERTY OF OTHERS			
DATE	INJURY TO PERSONS	(A) COLLISION	AMT PAID OR ESTIMATED \$	(B) OTHER	AMT PAID OR ESTIMATED \$	
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 INSURED TO RECOVER INDEMNITY IS FORFEITED						
THE APPLICANT ACKNOWLEDGES THAT: (1) ALL OF THE INFORMATION GIVEN BY THE APPLICANT IN ITEMS 1 THROUGH 8 IS TRUE AND THE APPLICANT HEREBY APPLIED FOR A CONTRACT OF AUTOMOBILE INSURANCE TO BE BASED ON THE TRUTH OF THE SAID INFORMATION. (2) CONSENT: I AM APPLYING FOR AUTOMOBILE INSURANCE BASED ON THE INFORMATION PROVIDED ABOVE WITH RESPECT TO THE APPLICATION OR ANY RENEWAL OR CHANGE IN COVERAGE, I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE INFORMATION AS PERMITTED BY LAW FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION AND CLAIMS HISTORY.						
DATE:			SIGNATURE OF APPLICANT			
THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE UNDER SECTIONS C AND E						

4. TYPES AND VALUES OF AUTOMOBILES

VALUES	CARS/TRUCKS				OTHER	
	#	OWNED	CUSTOMERS'	#	OWNED	CUSTOMERS'
MAXIMUM VALUE						
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 NUMBERS)

NUMBER OF CUSTOMERS' VEHICLES ON PREMISES			SECURITY MEASURES (THIS SECTION MUST BE COMPLETED FOR BOTH OWNED AND CUSTOMERS' AUTOMOBILES)						
LOC	# IN BUILDING	# ON LOT	LOC	NIGHT WATCHMAN	GUARD DOGS	FENCED COMPOUND	OUTSIDE AREA FLOODLIT	BURGLAR ALARM SYSTEM	APPLICANT/INSURED LIVES ON PREMISES
A			A	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
B			B	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
C			C	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
D			D	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

6. a) TOTAL NUMBER OF EMPLOYEES (Including all owners)

	PAST YEAR	1 ST PRIOR YEAR	2 ND 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. LIC.	VEHICLE SUPPLIED	ACCIDENTS LAST 6 YRS.	CONVICTIONS LAST 3 YRS.	DATE EMPL. DD/MM/YY	FULL TIME	PART TIME	POSITION/DUTIES

7. 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 DD/MM/YY	DRIVER'S LICENSE #	YRS. LIC.	ACCIDENTS LAST 6 YRS.	CONVICTIONS LAST 3 YRS.	DATE LIC. DD/MM/YY	RELATIONSHIP

If this is a renewal, mark only the changes from the previous Supplement and skip to the signatures.

8. 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 A COPY / IF "NO", EXPLAIN: _____
- b) IS DEMONSTRATOR USE RESTRICTED TO EMPLOYEE ONLY? NO YES INCLUDING SPOUSE? NO YES INCLUDING CHILDREN? NO YES OTHERS: _____
- c) IS VACATION USE PERMITTED? NO YES d) IS DRIVER RESPONSIBLE FOR DEDUCTIBLES? NO YES
11. MOTOR VEHICLE ABSTRACTS - ARE THEY OBTAINED FOR ALL NEW EMPLOYEE DRIVERS? NO YES - IF "YES", DESCRIBE HOW OFTEN UPDATED: _____

OTHER INFORMATION

12. NUMBER OF SPRAY BOOTHS: _____ APPROVED BOOTHS YES NO
% SPRAYING: _____ % WELDING: _____
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: _____
OPERATIONS: _____
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? YES NO
ON CONSIGNMENT? YES NO (ATTACH A COPY OF THE STANDARD CONSIGNMENT AGREEMENT)
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 - DAMAGE TO CUSTOMERS' AUTOMOBILES IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT IN THE PAST 6 YEARS

DATE DD/MM/YY	TYPE OF LOSS	AMOUNT PAID OR O/S INCLUDING EXPENSES	DESCRIPTION

