



Alberta Application for Automobile Insurance (Owner's Form S.P.F.1)

Protected B (when completed)

Approved Form - Alberta Superintendent of Insurance

Policy No. Assigned or Binder

Item Insurance Company (Insurer)

New Policy Renewal Policy

1. Applicant(s) Full Name(s) and Postal Address

Res/Bus Phone Mobile Phone Email Address

Agent/Broker

Each described automobile is and will be chiefly used in the vicinity of the applicant's address above unless otherwise stated in the Remarks section.

2. **Policy Period** - All times are local From Date yyyy-mm-dd Time a.m. To 12:01 a.m. on Date yyyy-mm-dd
times at the applicant's postal address. p.m.

3. Particulars of the Described Automobile(s)

Veh. No.	Model Year	Trade Name	Model or C.C.	Body Type	V.I.N. (Serial No.)	Purchased by Applicant		New or Used	Purchase Price (Including Accessories and Equipment)
						Year	Month		
1									
2									
3									
4									
5									
6									

Veh. No.	If applicable, indicate which and state name, postal address and postal code of Lienholder, Lessor, or Assignee			GVW (kg)	Winter Tires Y/N
	Name	Postal Address			
1			<input type="checkbox"/> Lienholder <input type="checkbox"/> Lessor <input type="checkbox"/> Assignee		
2			<input type="checkbox"/> Lienholder <input type="checkbox"/> Lessor <input type="checkbox"/> Assignee		
3			<input type="checkbox"/> Lienholder <input type="checkbox"/> Lessor <input type="checkbox"/> Assignee		
4			<input type="checkbox"/> Lienholder <input type="checkbox"/> Lessor <input type="checkbox"/> Assignee		
5			<input type="checkbox"/> Lienholder <input type="checkbox"/> Lessor <input type="checkbox"/> Assignee		
6			<input type="checkbox"/> Lienholder <input type="checkbox"/> Lessor <input type="checkbox"/> Assignee		

Agent/Broker and Company Use Only										
Veh. No.	List Price New	Vehicle Code	Terr.	Loc.	Class	DR TPL	DR Coll.	RG DCPD	RG Coll.	RG Comp.
1										
2										
3										
4										
5										
6										
Occasional Driver (O.D.) of Vehicle No.										

4. 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).

Insuring Agreements	Section A Third Party Liability				Section A.1 Direct Compensation For Property Damage	Section B Accident Benefits	Section C Loss of or Damage to Insured Automobile(s)				Endorsements	
Perils	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.				THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE if a deductible is specified for Direct Compensation for Property Damage Amount Deductible	Payments for Death or Bodily Injury	THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE				Endorsement(s) No.	
							1. All Perils	2. Collision or Upset	3. Comprehensive (Excluding collision or upset)	4. Specified Perils (Excluding collision or upset)		
Limits and Amounts in Dollars	1					AS STATED IN SECTION B OF THE POLICY						
	Veh No.	PD	BI	Grid?							Endorsement Premium	Vehicle Premium
Premium in Dollars	1			<input type="checkbox"/> Yes <input type="checkbox"/> No								
Minimum Retained Premium Total						Total Estimated Policy Premium: The Total Estimated Policy Premium is subject to the Insurer's manual premium for the risk.						

5. List all Drivers of the Described Automobile(s) in the Household or Business

List all Drivers of the Described Automobile(s) in the Household or Business					State Number of years Licensed in Canada or the United States			Approximate % Use of Vehicle by each Driver: (for more than 4 vehicles attach schedule)				Driver's Occupation	Driver training Y/N Attach DTC Cert.
Driver No.	Name (as shown on Driver's Licence)	Driver's Licence Number	Date of Birth		Date Licensed	Lic. Class	Grid Step	Veh. 1	Veh. 2	Veh. 3	Veh. 4		
			YYYY	MM/DD									
1													
2													
3													
4													
5													
6													

6. (a). Give particulars of all CONVICTIONS arising from the operation of any automobile during the past FOUR years.

(b). Give particulars of all ACCIDENTS and CLAIMS arising from the ownership or operation of any automobile during the past SIX years. Use Remarks section if necessary.

Driver No.	Date		Description	Veh. No.	Driver No.	Date		Type of Claims	Amount Paid or Estimate	Claim Amount Repaid to Insurer	Description
	YYYY	MM				YYYY	MM				
1					1						

7. Has any driver's licence, vehicle permit or similar authorization issued to the applicant or other drivers listed in Item 5 above, to the knowledge of the applicant, been or continued to be suspended, cancelled or lapsed? If yes, state the particulars in the Remarks section.

Yes No

8. (a). Has any insurer, to the knowledge of the applicant, cancelled, declined or refused to renew or issue automobile insurance to the applicant within the last THREE years? If so, state name of insurer, policy number if available, and reason.

Insurer Policy No. Reason

(b). Details of applicant(s)' most recent automobile insurance.

Insurer Policy No. Expiry Date

(c). Does/do the applicant(s) owe any money to another insurer related to an Alberta policy of automobile insurance? Yes No

9 Veh. No.	(a). State the usual distance driven annually	(b). Is the vehicle used to commute? (Driving to work, school, or part way such as to public transit) Distance One Way	(c). State the usual % of annual kilometers driven for business use. Enter 0 if no business use.	(d). Is the vehicle used outside of Canada? If yes, state particulars Veh. in the Remarks section.	(e). Are there any modifications or customizations, other than repairs or restorations, that affect the original manufacturer's design specifications or increase the value of the automobile?			
1	Km	<input type="checkbox"/> Yes <input type="checkbox"/> No	Km	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Months/ Year	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state particulars in Remarks section.
2	Km	<input type="checkbox"/> Yes <input type="checkbox"/> No	Km	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Months/ Year	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state particulars in Remarks section.
3	Km	<input type="checkbox"/> Yes <input type="checkbox"/> No	Km	%	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Months/ Year	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state particulars in Remarks section.

10 (a). Will the automobile be rented, leased, used for carrying passengers for compensation or hire (examples: taxi, Transportation Network automobile), carrying explosives or carrying radioactive material, even on an occasional basis? If so, provide details.

Veh. No.	
1	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Yes <input type="checkbox"/> No

(b). Will the automobile be used for the transportation of goods (examples: freight, food, parcels) for reward, even on an occasional basis?

If yes, state the class of licence or certificate and radius of operations.

Veh. No.	
1	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Yes <input type="checkbox"/> No

11 Unless otherwise stated, the applicant is both the registered owner and the actual owner of the described automobile(s). If not, state the names of:

Veh. No.	(a) The registered owner	(b) The actual owner

12 Remarks

13 If (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 in the application, (b) the insured contravenes a term of the contract or commits a fraud, or (c) the insured wilfully 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(s) acknowledges that all of the information given by the applicant in Items 1 through 12 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 in this application is needed to issue the policy. Insurers are 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.

CONSENT: I am applying for automobile insurance based on the information provided in this application. I authorize you to collect, use and disclose the information on this form and any 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. I understand that this personal information is necessary to assess the risk, issue the insurance contract, change the insurance contract, renew the insurance contract, detect and prevent fraud and investigate and settle claims.

Date:

Signature of Applicant(s): _____