

**NOVA SCOTIA APPLICATION FOR AUTOMOBILE INSURANCE** (OWNER'S FORM N.S.A.F. 1) POLICY NO. ASSIGNED

Insurance Company ("the Insurer")  New Replacing Policy No

  Company Bill  Agency Bill Broker Bill  Other

**ITEM 1** Applicant's Full Name and Postal Address (including county or district) Agent or Broker Code(s) Agent/Broker Use Only Applicant's Tel #'s

Res. Bus. (ext.)

Postal Code (ext.)

**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 overleaf.**

**2** Policy Period From Time AM PM Date (YYMMDD) To 12:01 AM Date (YYMMDD) All times are local times at the applicant's postal address stated

**3** Particulars of the Described Automobile(s)

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

Agent/Broker and Company Use Only

Veh No	If applicable indicate which and state name, postal address and postal code of:	<input type="checkbox"/> Lienholder	<input type="checkbox"/> Lessor	Truck Gross Vehicle Weight	List Price New \$	Veh. Code	Terr.	Loc.	Class	DR TPL	DR DCPD	DR Coll.	RG.
1													
2													
3													
4													

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 B Mandatory Accident Benefits	Section C Loss of or Damage To Insured Automobile(s)				Section D Uninsured and Unidentified Automobile Coverage	Endorsements		
Perils	Legal Liability for bodily injury to or death of any person or damage to property <small>(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)</small>	Section A.1 Direct Compensation - Property Damage <small>This policy contains a partial payment of recovery clause for property damage. If a deductible is specified for Direct Compensation - Property Damage</small>	Mandatory medical and rehabilitation benefits, and accident benefits motor vehicle liability policies	<b>THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE</b>				AS STATED IN SECTION D OF THE POLICY	Veh. No.	N.S.E.F. 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					N.S.E.F. No. Premium	Vehicle Premium	
	2									
	3									
	4									
Premium in Dollars	1	BI PD								
	2									
	3									
	4									

Minimum Retained Premium \$ **The Total Estimated Policy Premium is subject to adjustment to the Insurer's manual premium for the risk.** Total Estimated Policy Premium \$

**5** List all Drivers of the Described Automobile(s) in the Household or Business State number of years Licensed in Canada and USA \* \*\* Attach Certificate **6(a)** Is any driver subject to fainting spells, dizziness or loss of consciousness?  No  Yes If yes, state particulars in Remarks section

Driver No	Name (as shown on Driver's License)	Approx % use of vehicle				Years Lic*	Driver training course **	6(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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state particulars in Remarks section
		Veh.1	Veh.2	Veh.3	Veh.4			

**7(a)** Give particulars of all CONVICTIONS arising from the operation of any automobile during the past THREE years. **7(b)** Give particulars of all ACCIDENTS or CLAIMS arising from the ownership or operation of any automobile during the past SIX years Use Remarks section overleaf if necessary

Driver No	Date	Description	Veh No.	Driver No.	Date YY MM	Type of Claim	Amount Paid or Estimate \$	Claim Amount Repaid to Insurer or no payment made \$	Description
	YY MM								

**8** Has any driver's license, vehicle permit or similar authorization issued to the applicant or drivers listed in item 5 above to the knowledge of the applicant been or continued to be suspended, cancelled or lapsed within the SIX  No  Yes If yes, state particulars in Remarks section.

**9(a)** 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. **10(a)** This vehicle is used for **10(b)** Is the vehicle used to commute? (This means driving to work, to school or part-way such as to public transit) **10(c)** State the usual distance driven annually

Insurer	Policy No.	Veh No.	Busi ness	Approx % use for business	Pleasure	No		Distance One Way	Annual Distance
						<input type="checkbox"/>	<input type="checkbox"/>		
		1	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Km	Km
		2	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Km	Km
		3	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Km	Km
		4	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Km	Km

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

Insurer	Expiry Date (YYMMDD)

**11(a)** Veh No. Will the automobile be rented, or leased, or used for carrying passengers for compensation or hire, or for carrying explosives or radioactive materials? If so, provide details **11(b)** Veh No. Will the automobile be used for the transportation of goods for compensation? If so, state class of license or certificate and radius of operations. **12** 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.	11(a)	11(b)	12
1		1	(a) The registered owner
2		2	
3		3	(b) The actual owner
4		4	

**13** 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 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. The personal information collected on this application is needed to issue the policy. The insurer is required to provide the information to the Underwriter 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. In the following, consent, I refer to the applicant. Consent: I am applying for automobile insurance based on the information provided in this application. I authorize the insurer to collect, use and disclose (i) the information on this form, and (ii) 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), as required in connection with this application. I understand that this personal information is necessary to assess the risk, issue the insurance contract, renewal or change, detect and prevent fraud and investigate and settle any claims. If I apply for a premium payment plan, I authorize you to obtain my credit report for the purposes of verifying my qualification to enter into such premium payment plan.

Date (YYMMDD) Signature of Applicant

