


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

Insurance Company (Hereinafter called the Insurer)   New Replacing Policy No  Company Bill  Agency Bill Broker Bill  Other Policy Language  English  French

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

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 From Time a.m. p.m. Date (YMD) To 12:01 am Date (YMD) All times are local times at the applicant's postal address stated herein

3 Particulars of the Described Automobile(s)

Veh No	Model Year	Trade Name	Model or C.C.	Body Type	VIN (serial number)	Purchased by Applicant		Purchase Price Including Equip.
						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 Coll	RG.
1											
2											
3											
4											

Occasional Driver (OD) 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 Accident Benefits	Section C Loss of or Damage To Insured Automobile(s)	Section D	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)	Payments for death or bodily injury	THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE 1. All Perils 2. Collision or Upset 3. Comprehensive (excluding collision or upset) 4. Specified Perils (excluding collision or upset) Amount Deductible on Each Separate Claim except for loss or damage by fire or lightning or theft of the entire automobile	Uninsured Automobile and Unidentified Automobile Coverage	Veh. No. SEF No.
Limits and Amounts in Dollars	1 2 3 4	As Stated in Section B of the Policy		As Stated in Section D of the Policy	SEF Premium Vehicle Premium
Premium in Dollars	1 2 3 4				

Minimum Retained Premium \$ 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 \* \*\* Attached Certificate Driver training course \*\*

Driver No	Name (as shown on Driver's License)	Approx % use of vehicle	Years Lic*	6(a) Is any driver subject to fainting spells, dizziness or loss of consciousness? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state particulars in Remarks section	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	Type of Claim	Amount Paid or Estimate	Description
	Y M				Y M			

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 years preceding this application?  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. Insurer Policy No.

9(b) Details of applicant's most recent automobile insurance Insurer Expiry Date (YMD) Policy No.

10(a) This vehicle is used for Business Pleasure

Veh No.	Business	Pleasure	10(b) Is the vehicle used to commute? (This means driving to work, to school or part-way such as to public transit) No Yes	Distance One Way	10(c) State the usual distance driven annually Annual Distance
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

11(a) 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 Veh No. 1 2 3 4

11(b) Will the automobile be used for the transportation of goods for compensation? If so, state class of license or certificate and radius of operations. Veh No. 1 2 3 4

12 Unless otherwise stated the applicant is both the registered owner and actual owner of the described automobile. If not, state the names of: (a) The registered owner (b) The actual owner

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: (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) 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 to detect and prevent fraud, such as credit information, driving record information and claims history. (3) The Total Estimated Policy premium is subject to adjustment to the Insurer's manual premium for the risk.

Date (YMD) Signature of Applicant

**Use Remarks Section Below where any of the following items require additional space**

14 Additional information for driver shown in Item 5										
Driver No.	Name	Birthdate	Driver's License Number	Lic Class	Years Lic	Years Lic in Canada	Relationship to Applicant	Sex	Marital Status	
1										
2										
3										
4										

Driver No.	Occupation	Name of Employer	Address of Employer	Date Hired
1				
2				
3				
4				

15(a)	Total number of Private Passenger Vehicles in the Household* including those already listed _____	15(b)	Total number of Licensed Drivers in the Household* including those already listed (In the Remarks section below please list all drivers in the household not shown in Item 5 including name, drivers license number and date of birth) _____	15(c)	Number of Non-licenced residents in Household* (Provide name and date of birth in Remarks section) _____
-------	---	-------	--	-------	--

\*Household – A family unit, resident in the same living quarters.

16 If applicant has changed address within the last THREE years, provide previous addresses \_\_\_\_\_

17 Describe any owned trailer not shown on overleaf \_\_\_\_\_

18	Is the vehicle used in car pools or other share-the-ride arrangements? For each yes state particulars in Remarks section	19	Is vehicle powered by other than gasoline or diesel engine	20	Has vehicle been modified, altered, or customized or is there any unrepaired damage including damage to glass	21	Describe and give value in Remarks section for any special equipment and/or custom paint finish.					
Veh No.	No	Yes	Number of Passengers	Veh No.	No	Yes	Details	Veh No.	No	Yes	Details	
1	<input type="checkbox"/>	<input type="checkbox"/>		1	<input type="checkbox"/>	<input type="checkbox"/>		1	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="checkbox"/>	<input type="checkbox"/>		2	<input type="checkbox"/>	<input type="checkbox"/>		2	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="checkbox"/>	<input type="checkbox"/>		3	<input type="checkbox"/>	<input type="checkbox"/>		3	<input type="checkbox"/>	<input type="checkbox"/>		
4	<input type="checkbox"/>	<input type="checkbox"/>		4	<input type="checkbox"/>	<input type="checkbox"/>		4	<input type="checkbox"/>	<input type="checkbox"/>		

**Commercial Rated Vehicles**

22 Check (✓) if applicable:  Vehicle weight is over 4500kg  Operating radius is greater than 40km from place vehicle(s) usually kept  
**Note – If either box is checked this commercial vehicle(s) section cannot be used. A Commercial Vehicle(s) Supplement must then be provided.**

23 Describe the complete use of the vehicle(s) including \_\_\_\_\_

(a) Merchandise or material carried (if volatile, toxic, corrosive, radioactive or explosive material is carried, state quantities) \_\_\_\_\_

(b) Percentage of Pleasure Use \_\_\_\_\_ % (c) Delivery  No  Yes  Wholesale  Retail  Other \_\_\_\_\_

(d) Hauling done for others  No  Yes – Specify \_\_\_\_\_

24 Describe any machinery or equipment mounted on or attached to vehicle(s). State owner if not owned by applicant. \_\_\_\_\_

**Report of Agent/Broker**

25	Have you bound this risk? <input type="checkbox"/> No <input type="checkbox"/> Yes	26	Motor vehicle liability insurance card issued? <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> None	27	Amount of premium paid with this application \$ _____
----	--	----	--	----	---

28 How long have you known a) the applicant? \_\_\_\_\_ b) the principal operator(s)? \_\_\_\_\_

29 Is this business new to your office?  No  Yes

30 Has your client other insurance with this company?  No  Yes – give particulars \_\_\_\_\_

31 Are there any special circumstances concerning this application which the company should know?  No  Yes – give particulars \_\_\_\_\_

Date (YMD) \_\_\_\_\_ Signature of Agent/Broker \_\_\_\_\_

**REMARKS**

Item No.	Remarks
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____
21	_____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	_____
29	_____
30	_____
31	_____
32	_____
33	_____
34	_____
35	_____
36	_____
37	_____
38	_____
39	_____
40	_____
41	_____
42	_____
43	_____
44	_____
45	_____
46	_____
47	_____
48	_____
49	_____
50	_____