

APPLICATION FOR AUTOMOBILE INSURANCE (OWNER'S FORM Q.P.F. 1) Policy No. Assigned

Insurance Company (Hereinafter called the Insurer)  New Replacing Policy No. English French

Company Bill Payment Plan Other (Specify) _____
 Broker Bill Credit Card # _____ Withdrawal Date (YYYY/MM/DD)

Applicant's Full Name and Postal Address (including county or district) _____ Postal Code: _____
 Broker _____ Code(s) _____ Telephone Numbers (including extension) _____
 Res. _____
 Bus. _____
 Fax. _____
 Cell. _____

Each described automobile is and will be chiefly used in the vicinity of the above mentioned address unless otherwise stated in section 7b.

Applicant Data Date of Birth _____ Co-Applicant Data Date of Birth _____
 Occupation _____ Occupation _____
 2 Policy Period From _____ Date (YYYY/MM/DD) * To _____ Date (YYYY/MM/DD) * exclusively. *At 12:01 AM, standard time at the applicant's address stated above as to each of said dates

3 Described Automobile									
Veh No	Model Year	Trade Name	Model or C.C.	Body Type	VIN (serial number)	No. of Cyls.	Purchased by Applicant		Purchase Price including equipment
							Year	Month	New or Used
1									
2									
3									

Anti-Theft Device(s)				Broker and Company Use Only								
Veh No	Code	Description		Trade Name (Make)	Vehicle List Price New	Vehicle Code	Terr.	Loc.	Class	DR TPL	DR Coll	RG

Veh No	Lien-holder	Lessor	Name	Address	Postal Code
1					
2					
3					

4a Insurance is hereby provided against one or more of the perils mentioned in this item, but only under the section(s) or subsection(s) for which a premium is specified and upon the terms and conditions of this application and subject to the following amount(s) and deductible(s).

Insuring Agreements Perils	Section A Civil Liability		Section B - Loss of or Damage to Insured Automobile				Endorsements			PREMIUM(S)	
	Bodily Injury to or Death of Others or Damage to their Property		1 All Perils	2 Collision or Upset	3 Comprehensive (Excluding Collision or Upset)	4 Specified Perils (Excluding Collision or Upset)	Section 1		Section 2		Applying to Specified Automobile(s)
							Sub-Sec. 1 & 2 Death Benefits & Dismemberment	Sub-Sec. 3 Medical Expenses	Total Disability		
	Amounts and Deductibles (in Dollars)	Veh No	Deductible Per Occurrence Except Loss Or Damage By Fire or Lightning				Principal Sum \$	Per Person \$	Max. Weekly Benefit \$		Premium(s) Q.E.F.
1											
2											
3											
OD											
Total Premium									\$		

4b Discounts and / or Surcharges May be subject to a maximum.

Veh No	Dis.	Sur.	Type	%	Veh No	Dis.	Sur.	Type	%

5 Unless otherwise stated, the applicant is both the registered owner and actual owner of the described automobile, if not, state the name of:
 (A) The Registered Owner: _____ (B) The Actual Owner: _____

6

A) Will the automobile be rented or leased to others? If so, state all details.	Veh No. 1	Veh No. 2	Veh No. 3
B) Will the automobile be used for carrying passengers for compensation or hire? If so, state all details.	A)		
C) Will the automobile be used for carrying explosives or radioactive material? If so, state all details.	B)		
D) Will the automobile be used for the transportation of goods for compensation? If so, state class of licence or certificate and radius of operations.	C)		
E) Will the automobile be operated by any person suffering from the loss of, or loss of use of, an eye, hand, foot or limb, or who is physically or mentally disabled to an extent that might affect the safe operations of an automobile?	D)		
F) Has any Insurer, to the knowledge of the applicant, cancelled, declined or refused to renew or issue automobile insurance to the applicant or spouse? If so, state name of Insurer.	E)		
	F)		

7a Complete the following for all drivers

DR No	Sex M/F	Marital Status	Percentage Use of each Vehicle			Driver Training Certificate (Attach Cert.)	Date of Birth (YYYY/MM/DD)	Name as Shown on Driver's Licence	Driver's Licence Number	Relationship to Applicant
			1	2	3					
1										
2										
3										
4										

7b Complete the following for all drivers (continued)

DR No	Years Licenced		Driver's Address
	Out of Canada (YYYY/MM/DD)	In Canada (YYYY/MM/DD)	
1			
2			
3			
4			

8a The Vehicle is Used for:

Veh No	Pleasure	Business	Occasional Business	KM/YR	Others	Towing Vehicle	8b Is the Vehicle Used to Commute? (This means driving to work, to school, or part-way, such as to public transit)		8c State the usual distance driven annually	8d Percentage of Use outside of Quebec	8e Details of Applicant's most recent Automobile Insurance
							Yes	No			
							Distance One Way	Annual Distance			Insurer: Policy No. Expiry Date (YYYY/MM/DD)
							KM	KM	%		
							KM	KM	%		

Please Complete Reverse

9a	Give particulars of all Convictions or Suspensions under the highway safety code or the criminal code arising from the operation of any automobile during the past 6 years.			9b	Give details of all Accidents or claims arising from the ownership, use or operation of any automobile by the applicant or any listed driver during the past 6 years.						
DR No	Date (YYYY/MM/DD)	Description		Veh No	DR No	Date (YYYY/MM/DD)	Type of Accident or Claim	At Fault %	Amount Paid or Estimate	Description	Use Remarks Section Overleaf if Necessary

Use Remarks Section below when any of the following items requires additional space

10	Additional Information for Drivers shown in items 7a and 7b											
DR No	Occupation		Name of Employer				Address of Employer				Date Hired (YYYY/MM/DD)	
1												
2												
3												
4												
11a	Total number of Private Passenger Vehicles in the Household* including those already listed					11b	Total number of Licenced Drivers in the Household* including those already listed (In the Remarks section below please list all drivers in the household * not shown in Item 7a, including name, drivers licence number and date of birth)					
*Household = A family unit resident in the same living quarters.												
12	If applicant has changed address within the last THREE years, provide previous addresses						13	Describe any owned trailer not shown overleaf				

Additional Information for Vehicles

14	Is vehicle used in car pools or other share-the-ride arrangements? For each Yes, state particulars in Remarks Section.			15	Is vehicle powered by other than gasoline or diesel engine?			16	Has vehicle been modified, altered, or customized or is there any unrepaired damage (including damage to glass) or custom paint finish?			17	Describe any special equipment		
Veh No	Yes	No	Frequency	Description	Yes	No	Description	Yes	No	Description	Yes	No	Description		
1															
2															
3															
18	COMMERCIAL RATED VEHICLES – Check if Applicable: <input type="checkbox"/> Vehicle Weight is over 4500 KG <input type="checkbox"/> Operating Radius is greater than 40 km from place vehicle(s) usually kept														
If either box is checked, this commercial vehicle(s) section cannot be used. A Commercial Vehicle(s) Supplement Form must then be provided.															
18a	Veh No % of Pleasure Use		18b Delivery				18c Hauling done for others, Specify.								
	Yes	No	Yes	No	Wholesale	Retail	Other	Yes	No						
18d	Veh No Merchandise or material carried (if volatile, toxic, corrosive, radioactive or explosive material is carried, state quantities and frequency).								18e	Veh No Describe any machinery or equipment mounted on or attached to vehicle(s)					

Item No.	REMARKS										

Declaration of Applicant – Misrepresentations or concealment											Date (YYYY/MM/DD)
Subject to the applicable sections of the Civil Code of the Province of Quebec and the Automobile Insurance Act, any misrepresentation or deceitful concealment on the part of the Applicant or the client in connection with facts known to it and likely to materially influence a reasonable Insurer in the setting of the Premium and the Appraisal of the Risk or the decision to cover it, nullifies the contract at the instance of the Insurer, even for losses not connected with the risks so misrepresented.											
<input checked="" type="checkbox"/> SIGNATURE OF APPLICANT <input checked="" type="checkbox"/> SIGNATURE OF CO-APPLICANT											

Report of Broker											
Have you bound this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of motor vehicle liability insurance card issued				How long have you known:				
Is this business new to your office? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> None				The Applicant?		The Principal Drivers?		
Has your client other insurance with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No						If so, specify Policy Number(s):					
Are there any special circumstances concerning this application which the company should know? <input type="checkbox"/> Yes <input type="checkbox"/> No						If yes, give particulars.					

SIGNATURE OF BROKER											Date (YYYY/MM/DD)
<input checked="" type="checkbox"/>											

CONSENT in accordance with the Act Respecting the Protection of Personal Information in the Private Sector											
If it should be necessary for the purpose of my file, I, undersigned, the applicant specifically consent that my Broker and my Insurers, for the time required to fulfill their functions:											
(A) Gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the Insurance Industry, Insurance Companies, Financial Institutions, Credit Agencies, Government Records establishing driving experience, prevention, detection or repression of crime agencies and institutions that gather and compile data on Insurance Risks and Losses.											
- For the purpose of establishing the premium and the assessment of risk, and, (if you would like to consent now)											
- For the purpose of verification, assessment and the settlement of losses;											
Furthermore, I authorize my Broker to sign on my behalf any request or form that may be necessary in order to gather information concerning me.											
(B) Disclose, in the case of my Broker, the information obtained to Insurers with whom he is doing business, when it is my Insurers, to Institutions that gather and compile data on Insurance Risks and Losses and prevention, detection or repression crime agencies, solely the employees, mandataries or representatives of my Broker, Insurers or of Institutions referred to in the paragraph will have access to this information when required within the execution of their functions.											
Furthermore I consent that holder of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my Broker, my Insurers, their employees, trainees or representatives.											
I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need be.											
Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my Broker and/or my Insurers, their employees, trainees or representatives.											

This Insurance Application is considered to include all provisions for all forms to be issued in accordance with this contract. The Total Estimated Policy Premium is subject to adjustment to the Insurer's Manual Premium for the risk.												
SIGNATURE OF APPLICANT						SIGNATURE OF CO-APPLICANT						Date (YYYY/MM/DD)
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						