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# Application for Automobile Insurance (Garage Form S.P.F. No. 4)



6.	<p>Has any insurer, to the knowledge of the applicant, cancelled, declined or refused to renew or issue automobile insurance related to the business of the applicant within the last THREE years? If so, state name of insurer, policy number if available, and reason:</p> <p>Insurer: Policy No.: Reason:</p>			
7.	<p>Give particulars of all ACCIDENTS, LOSSES or CLAIMS arising from 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. Use Remarks section if necessary:</p>			
	Injury to Person:	Damage to Applicant(s)' Automobile(s)		Damage to Property of Others
		(A) Collision	(B) Other	(A) Not in the care of applicant (B) In care of applicant
8. Remarks				
<p>9. 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.</p>				
<p>The applicant(s) acknowledges that all of the information given by the applicant in Items 1 through 8 are true and the applicant hereby applies for a contract of automobile insurance to be based on the truth of the said information.</p>				
<p>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.</p>				
<p><b>CONSENT:</b> 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.</p>				
Date			Signature of Applicant(s)	
Y M D				
<p>10. Broker/Agent Declaration – I confirm that I have read to the applicant(s) the consent provision in Item 9 or this application form and the applicant(s) have declared their consent and further declare that they have the consent of the drivers of the automobiles for which insurance is requested under this application.</p>				
Broker / Agent Name:			Signature of Broker/Agent:	

**Garage Supplement (new application only)**

**1. TYPE OF OPERATION DEALERS**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> * NEW & USED CARS       | <input type="checkbox"/> * BODY SHOP ONLY – CAR SALES?    Y    N | <input type="checkbox"/> GAS BAR                         | <input type="checkbox"/> SELF-SERVE?    Y    N                                 |
| <input type="checkbox"/> * USED CARS EXCLUSIVELY | <input type="checkbox"/> * REPAIR GARAGE – CAR SALES?    Y    N  | <input type="checkbox"/> PARKING STATION                 | } <input type="checkbox"/> BY CUSTOMER<br><input type="checkbox"/> BY EMPLOYEE |
| <input type="checkbox"/> * MOTORCYCLES           | <input type="checkbox"/> SERVICE STATION – SELF SERVE?    Y    N | SPECIFY  |  |
| <input type="checkbox"/> * RECREATIONAL VEHICLES | <input type="checkbox"/> OTHER – SPECIFY _____                   | <input type="checkbox"/> STORAGE GARAGE OR VALET PARKING |  |
| <input type="checkbox"/> * SNOW VEHICLES         |  | <input type="checkbox"/> CAR WASH                        |  |
| <input type="checkbox"/> * FARM IMPLEMENTS       | E.G. MUFFLER SHOP, TIRE SHOP                                     |  |  |

**\* GIVE DETAILS OF TYPES AND NUMBERS OF AUTOMOBILES SOLD ANNUALLY AND COMPLETE DESCRIPTIONS OF OPERATIONS INCLUDING NUMBER OF YEARS IN BUSINESS**

How many long term leased automobiles does the named insured lease to others? \_\_\_\_\_

**2. TOTAL NUMBER OF EMPLOYEES & PAYROLL**

	FULL TIME	PART TIME	ACTUAL FULL AMOUNT OF PAYROLL
PAST YEAR	_____	_____	_____
1 <sup>ST</sup> PRIOR YEAR	_____	_____	_____
2 <sup>ND</sup> PRIOR YEAR	_____	_____	_____

**3. SUMMARY OF ACTIVE AUTOMOBILES\* OWNED BY THE INSURED**

- NOTE \* RENTING OR LEASING OF AUTOMOBILES TO OTHERS IS EXCLUDED, OTHER THAN SHOWN IN (IV) BELOW
- \* IF AUTOMOBILES ARE LEASED BY THE INSURED FROM OTHERS THEY MUST BE INSURED ON A SEPARATE POLICY (O.P.F. 1) IN THE NAME OF THE LESSOR WITH AN O.P.C.F. 5
- \* TOWING SERVICES ALSO REQUIRE SEPARATE POLICY O.P.F. 1

} COMPLETE APPLICATION FOR OWNER'S FORM (O.A.F. 1)

	NUMBER		NUMBER
(i) (a) COMMERCIAL TOW TRUCKS STRICTLY INCIDENTAL TO A GARAGE OPERATION	_____	(iv) COURTESY CARS (EXCLUSIVELY SUPPLIED TO CUSTOMERS WHOSE OWN VEHICLE IS BEING SERVICED REPAIRED OR AWAITING DELIVERY OF A NEW VEHICLE)	_____
(ii) (b) PARTS & SERVICE TRUCKS	_____	(v) MISCELLANEOUS AUTOMOBILES (I.E. MOTORCYCLES, MOTORHOMES, SHUTTLE BUSES, OTHERS –SPECIFY)	_____
(ii) DEMONSTRATORS (VEHICLES USED FOR TEST DRIVES, INCLUDING SALESMEN'S CARS)	_____	(vi) NUMBER OF DEALER PLATES HELD	_____
(iii) AUTOS SUPPLIED (EXCLUDING DEMOS) FOR REGULAR AND FREQUENT USE OF		(vii) LESS "PERMANENTLY" ATTACHED (IF COUNTED IN SECTIONS I TO V)	_____
(a) ACTIVE PARTNERS & FULL-TIME EMPLOYEES	_____		
(b) OTHERS (THESE PEOPLE SHOULD BE LISTED ON O.P.C.F.76 – SEE QUESTIONS 8B)	_____		
IF LESS THAN 5 AUTOMOBILES OWNED (EXCLUDING MOTORCYCLES, SNOWMOBILES, TRAILERS, ETC.), ATTACH A LIST OF ALL OWNED AUTOMOBILES INCLUDING YEAR, MAKE, MODEL & SERIAL NUMBER, USE AND DRIVERS		TOTAL OF ACTIVE OWNED AUTOMOBILES	
		PAST YEAR	_____
		1 <sup>ST</sup> PRIOR YEAR	_____
		2 <sup>ND</sup> PRIOR YEAR	_____

**4. TYPES AND VALUES OF AUTOMOBILES**

	CARS, TRUCKS				OTHER SPECIALIZED VEHICLES, RECREATIONAL, TANK TRUCK, ETC.			
	OWNED		CUSTOMERS		OWNED		CUSTOMERS	
	BLDG.	LOT	BLDG.	LOT	BLDG.	LOT	BLDG.	LOT
MAXIMUM UNIT VALUE	_____	_____	_____	_____	_____	_____	_____	_____
AVERAGE UNIT VALUE	_____	_____	_____	_____	_____	_____	_____	_____
MAXIMUM NUMBER	_____	_____	_____	_____	_____	_____	_____	_____

**5. WHERE LEGAL LIABILITY, SPECIFIED PERILS/COMPREHENSIVE COVERAGE IS REQUIRED FOR CUSTOMERS AUTOMOBILES, INDICATE THE MAXIMUM NUMBER AT EACH LOCATION**

BUILDING	(A) _____	(B) _____	(C) _____	(D) _____
OPEN LOT	(A) _____	(B) _____	(C) _____	(D) _____

**6. WHERE ARE KEYS KEPT**

DURING BUSINESS HOURS \_\_\_\_\_

AFTER BUSINESS HOURS \_\_\_\_\_



