

**S.A.F. No. 4 APPLICATION FOR STANDARD GARAGE AUTOMOBILE POLICY**

Agent/Broker \_\_\_\_\_

WHEREAS APPLICATION HAS BEEN MADE BY THE APPLICANT (HEREINAFTER CALLED THE INSURED) TO THE INSURER FOR A CONTRACT OF AUTOMOBILE INSURANCE AND THE SAID APPLICATION FORMS PART OF THIS CONTRACT OF INSURANCE AND IS AS FOLLOWS:

<b>1 FULL NAME OF THE INSURED</b>  BUSINESS ADDRESS (INCL COUNTY /DISTRICT)  LOCATION OF OTHER PREMISES WHERE BUSINESS IS CONDUCTED (SHOW EACH BUILDING AND LOT SEPARATELY)											INDICATE				
												BLDG	LOT		
<b>2</b>	POLICY PERIOD	FROM TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	DAY	MONTH	YEAR	TO 12:01 AM	DAY	MONTH	YEAR	ALL TIMES ARE LOCAL TIMES AT THE APPLICANTS POSTAL ADDRESS STATED HEREIN.				
<b>3</b> THE AUTOMOBILES IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED ARE THOSE USED IN CONNECTION WITH THE INSURED'S BUSINESS OF:  (SPECIFY WHETHER AUTOMOBILE DEALER, REPAIR GARAGE, SERVICE STATION, STORAGE GARAGE OR PARKING LOT AND DESCRIBE ALL OTHER BUSINESS IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED, CONDUCTED BY THE APPLICANT AT THE LOCATIONS SPECIFIED IN ITEM 1 HEREOF) <span style="float: right;">NOTE: THIS FORM SHOULD NOT BE USED FOR RENTAL OR LEASING EXPOSURES</span>															
<b>4</b> THE BASIS OF RATING AND CALCULATION OF THE PREMIUM PAYABLE SHALL BE IN ACCORDANCE WITH THE PREMIUM COMPUTATION STATEMENT ATTACHED HERETO										FULL TIME	PART TIME				
ESTIMATED TOTAL PAYROLL FOR THE POLICY PERIOD \$										NUMBER OF EMPLOYEES INCLUDING PROPRIETORS, PARTNERS AND EXECUTIVE OFFICERS AT THE EFFECTIVE DATE OF THE POLICY					
<b>5</b> THIS APPLICATION IS MADE FOR INSURANCE AGAINST ONE OR MORE OF THE PERILS MENTIONED IN THIS ITEM BUT ONLY FOR INSURANCE UNDER THE SECTIONS (OR SUBSECTIONS) 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 LIMITS AND AMOUNTS.															
<b>INSURING AGREEMENTS</b>	<b>PERILS</b>					<b>LIMITS AND AMOUNTS</b>					<b>ADVANCE PREMIUM</b>				
SECTION A THIRD PARTY LIABILITY	LEGAL LIABILITY FOR BODILY INJURY TO OR DEATH OF ANY PERSON OR DAMAGE TO PROPERTY OF OTHERS NOT IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT					\$	(EXCLUSIVE OF COSTS AND POST JUDGEMENT INTEREST) FOR LOSS OR DAMAGE RESULTING FROM BODILY INJURY 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.					\$			
SECTION B ACCIDENT BENEFITS	SUB SEC	SUBJECT TO PROVINCIAL OR TERRITORIAL LEGISLATION, COVERAGE APPLIES AS FOLLOWS													
	1&2	PAYMENTS FOR DEATH OR BODILY INJURY	AS STATED IN THE ACCIDENT BENEFITS WORDING ATTACHED OR									\$			
	1	MEDICAL PAYMENTS	\$	EACH PERSON							\$				
	2	DEATH DISMEMBERMENT AND TOTAL DISABILITY	\$	PRINCIPAL SUM							\$	MAXIMUM WEEKLY PAYMENTS	\$		
SECTION C LOSS OF OR DAMAGE TO OWNED AUTOMOBILES	1	COLLISION OR UPSET	ACTUAL CASH VALUE AT THE TIME OF LOSS OR DAMAGE NOT EXCEEDING THE COST TO THE INSURED				SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE AUTOMOBILE				\$				
	THE PREMIUMS UNDER SUBSECTIONS 2,3 AND 4 SHALL BE CALCULATED ON A														
	MONTHLY AVERAGE BASIS <input type="checkbox"/> OR COINSURANCE BASIS <input type="checkbox"/> OR OTHER <input type="checkbox"/>														
		2	COMPREHENSIVE (EXCLUDING COLLISION OR UPSET AND OPEN LOT PILFERAGE)	LOCATION AS PER ITEM 1	SUBSECTIONS INSURED	*LIMIT OF LIABILITY	SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE OCCURRENCE (EXCEPT FOR LOSS OR DAMAGE BY FIRE, LIGHTNING OR THEFT OF ENTIRE AUTOMOBILE)					\$			
			(A)			\$	\$						\$		
			(B)			\$	\$						\$		
	3	SPECIFIED PERILS (EXCLUDING OPEN LOT PILFERAGE)	(C)		\$	\$						\$			
	4	SPECIFIED PERILS (EXCLUDING THEFT)	(D)		\$	\$						\$			
* IN RESPECT OF EACH AUTOMOBILE THE ACTUAL CASH VALUE AT THE TIME OF LOSS OR DAMAGE NOT EXCEEDING THE ACTUAL COST TO THE INSURED AND SUBJECT TO THAT LIMIT FOR EACH AUTOMOBILE (A) THE AMOUNT OF INSURANCE STATED IN THE MONTHLY REPORT, IF ANY, OR (B) THE LIMIT OF INSURANCE STATED HEREIN TO BE APPLICABLE TO EACH SPECIFIED LOCATION FOR LOSS OR DAMAGE FROM ANY ONE OCCURRENCE AT EACH SPECIFIC LOCATION															
SECTION D UNINSURED MOTORIST COVER	PROTECTION AGAINST UNINSURED AND UNIDENTIFIED MOTORISTS					AS STATED IN THE UNINSURED MOTORIST WORDING ATTACHED					\$				
SECTION E LEGAL LIABILITY FOR DAMAGE TO CUSTOMERS' AUTOMOBILES HELD IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT	1	COLLISION OR UPSET	\$	(EXCLUSIVE OF COSTS AND POST JUDGEMENT INTEREST) ANY ONE CUSTOMER'S AUTOMOBILE			SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE OCCURRENCE			\$	\$				
	2	SPECIFIED PERILS (EXCLUDING OPEN LOT PILFERAGE)	(A)	LOCATION AS PER ITEM 1		MAXIMUM NUMBER OF CUSTOMER'S AUTOMOBILES		LIMIT OF LIABILITY (EXCLUSIVE OF COSTS AND POST JUDGEMENT INTEREST) ANY ONE OCCURRENCE							
			(B)			\$						\$			
			(C)			\$						\$			
		(D)			\$	\$						\$			
<b>ENDORSEMENTS</b>															
STATE NAME AND ADDRESS OF LEINHOLDER OR MORTGAGEE TO WHOM, JOINTLY WITH THE APPLICANT, LOSS, IF ANY UNDER SECTION C IS PAYABLE AS THEIR INTERESTS MAY APPEAR										MINIMUM RETAINED PREMIUM \$	TOTAL ADVANCE PREMIUM \$				
<b>6</b> HAS ANY INSURER CANCELLED, DECLINED OR REFUSED TO RENEW OR ISSUE ANY INSURANCE RELATED TO THE BUSINESS OF THE APPLICANT WITHIN THE THREE YEARS PRECEDING THIS APPLICATION? IF SO, STATE NAME OF INSURER											THE ADVANCE PREMIUMS ARE SUBJECT TO THE ADJUSTABLE PREMIUM COMPUTATION PROVISION OF THE POLICY				
<b>7</b> STATE PARTICULARS OF ALL ACCIDENTS, LOSSES OR CLAIMS ARISING OUT OF 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 (LIST SEPARATELY IF NECESSARY)															
INJURY TO PERSONS				DAMAGE TO APPLICANTS VEHICLES				DAMAGE TO PROPERTY OF OTHERS							
(A) COLLISION				(B) OTHER				(A) NOT IN THE CARE OF THE APPLICANT				(B) IN THE CARE OF THE APPLICANT			
<b>8</b> ALL THE STATEMENTS IN THIS APPLICATION ARE TRUE AND THE APPLICANT HEREBY APPLIES FOR A CONTRAT OF AUTOMOBILE INSURANCE TO BE BASED ON THE TRUTH OF THE SAID STATEMENTS															
WHERE (A) AN APPLICANT FOR A CONTRACT GIVES FALSE PARTICULARS OF THE AUTOMOBILES TO BE INSURED TO THE PREJUDICE OF THE INSURER AND KNOWINGLY MISREPRESENTS OR FAILS TO DISCLOSE IN THE APPLICATION ANY FACT REQUIRED TO BE STATED THERIN 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.															
											SIGNATURE OF APPLICANT				

**RATING INFORMATION**

**1. TYPE OF OPERATION  
DEALERS**

<input type="checkbox"/> * NEW & USED CARS	<input type="checkbox"/> * BODY SHOP ONLY – CAR SALES?	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/> GAS BAR	<input type="checkbox"/> SELF SERVE?	Y <input type="checkbox"/>	N <input type="checkbox"/>
<input type="checkbox"/> * USED CARS EXCLUSIVELY	<input type="checkbox"/> * REPAIR GARAGE – CAR SALES?	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/> PARKING STATION	} BY CUSTOMER <input type="checkbox"/> BY EMPLOYEE <input type="checkbox"/>		
<input type="checkbox"/> * MOTORCYCLES	<input type="checkbox"/> SERVICE STATION – SELF SERVE?	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/> 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 (S.P.F. 1) IN THE NAME OF THE LESSOR WITH AN S.E.F. 5
  - TOWING SERVICES ALSO REQUIRE A SEPARATE POLICY S.P.F. 1.
- } COMPLETE APPLICATION FOR OWNERS FORM (S.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 DEMONSTRATORS (VEHICLES USED FOR TEST DRIVES, INCLUDING SALESMEN'S CARS)	_____	v MISCELLANEOUS AUTOMOBILES (I.E. MOTORCYCLES, MOTORHOMES, SHUTTLE BUSES, OTHERS – SPECIFY)	_____
iii AUTOMOBILES SUPPLIED (EXCLUDING DEMOS) FOR REGULAR & FREQUENT USE OF:		vi NUMBER OF DEALER PLATES HELD	_____
(a) ACTIVE PARTNERS & FULL TIME EMPLOYEES	_____	vii LESS PERMANENTLY ATTACHED (IF COUNTED IN SECTIONS i TO v)	_____
(b) OTHERS (THESE PEOPLE SHOULD BE LISTED ON THE S.E.F. 76 SEE QUESTION 8B)	_____		_____
		TOTAL OF ACTIVE OWNED AUTOMOBILES	
		PAST YEAR	_____
		1 <sup>ST</sup> PRIOR YEAR	_____
		2 <sup>ND</sup> PRIOR YEAR	_____

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 & DRIVERS

**4. TYPES AND VALUES OF AUTOMOBILES**

	CARS, TRUCKS				OTHER			
	OWNED		CUSTOMERS		OWNED		CUSTOMERS	
	BLDG.	LOT	BLDG.	LOT	BLDG.	LOT	BLDG.	LOT
MAXIMUM 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 \_\_\_\_\_

7. LIST DETAILS OF PROTECTION AT EACH LOCATION (I.E. LIGHTS, FENCED YARD (HEIGHT), WATCHMAN, ISOLATED LOCATIONS ETC.)

\_\_\_\_\_

8. A LIST ALL COMPANY OFFICIALS AND FULL TIME EMPLOYEES WHO ARE SUPPLIED WITH OWNED AUTOMOBILES FOR THEIR REGULAR OR FREQUENT USE, OR WHO USUALLY DRIVE OWNED OR CUSTOMERS AUTOMOBILES INCLUDING PARTS AND TOW TRUCK OPERATORS (TYPE A)

\_\_\_\_\_

B ALL OPERATORS OTHER THAN FULL TIME EMPLOYEES WHO ARE SUPPLIED WITH OWNED AUTOMOBILES FOR THEIR REGULAR OR FREQUENT USE (E.G. SPOUSES, DAUGHTERS, SONS, SPORTS PERSONALITIES ETC.) IN ADDITION, OPERATORS NAMED ON SEF 76 ADDITIONAL INSURED'S ENDORSEMENT (TYPE B)

\_\_\_\_\_

C ALL EMPLOYEES WHO OPERATE AUTOS IN THE COURSE OF THEIR DUTIES (TYPE C)

TYPE	NAME	LICENSE NUMBER	DATE OF BIRTH	YEARS LICENSED	POSITION/RELATIONSHIP TO INSURED	YEARS EMPLOYED
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

9. DOES APPLICANT PROVIDE SHUTTLE SERVICE FOR CUSTOMERS? IF SO, GIVE DETAILS – FREQUENCY & DISTANCE

\_\_\_\_\_

10. DOES APPLICANT PICK UP OR DELIVER CUSTOMER'S AUTOMOBILES? YES  NO  PROVIDE DETAILS (I.E. NUMBERS AND RADIUS)

\_\_\_\_\_

11. DOES APPLICANT PICK UP OR DELIVER OWNED AUTOMOBILES IN A RADIUS IN EXCESS OF 40 KM/25 MILES? (I.E. TAKEN ELSEWHERE FOR UNDERCOATING, MODIFICATION OR SALE/PURCHASE?)

YES  NO  PROVIDE DETAILS OF FREQUENCY AND RADIUS

\_\_\_\_\_

12. WHERE AND HOW ARE VEHICLES (HELD FOR SALE) OBTAINED?

\_\_\_\_\_

13. DO SALESMEN ALWAYS ACCOMPANY CUSTOMERS WHO ARE TEST DRIVING AUTOMOBILES? YES  NO

IF NO, DESCRIBE OTHER PRECAUTIONS TAKEN (I.E. DRIVERS LICENCE CHECKED AND RECORDED.)

\_\_\_\_\_

14. GIVE DETAILS OF ANY CONTRACTUAL LIABILITY THE INSURED HAS ENTERED INTO ASSUMING RESPONSIBILITY FOR DAMAGE TO AUTOMOBILES IN THEIR CARE, CUSTODY AND CONTROL.

\_\_\_\_\_

15. DOES APPLICANT DISPENSE PROPANE, DO PROPANE CONVERSION, REPAIR OR MAINTAIN PROPANE FUEL SYSTEMS?

YES  NO  GIVE DETAILS

\_\_\_\_\_

16. MOTOR VEHICLE ABSTRACTS – ARE THEY OBTAINED FOR ALL NEW EMPLOYEE DRIVERS?

YES  NO  IF YES, HOW OFTEN UPDATED? \_\_\_\_\_

\_\_\_\_\_

17. DOES THE APPLICANT HAVE WRITTEN RULES REGARDING THE USE OF DEMONSTRATORS?

YES  NO  IF YES, ATTACH A COPY

IS DEMONSTRATOR USE RESTRICTED TO EMPLOYEE ONLY? YES  NO  INCLUDING SPOUSE YES  NO

INCLUDING CHILDREN YES  NO

OTHERS \_\_\_\_\_

VACATION USE PERMITTED YES  NO

DRIVER RESPONSIBLE FOR DEDUCTIBLE YES  NO

