

APPLICATION FOR AUTOMOBILE INSURANCE

(OWNER'S FORM S.A.F. 1)

POLICY NO. ASSIGNED		NEW POLICY REPLACING POLICY NO.	LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	BROKERS CLIENT ID
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1 APPLICANT - full name and postal address					INSURANCE COMPANY (HEREINAFTER CALLED THE INSURER)				
LAST NAME		FIRST NAME			BROKER/AGENT CODE(S)				
STREET AND NUMBER									
CITY		PROVINCE			COUNTY OR DISTRICT				
POSTAL CODE									
TELEPHONE NUMBERS (INCLUDING AREA CODE)					FAX NUMBER				
RESIDENCE -					BROKER/AGENT BILL <input type="checkbox"/> CREDIT CARD # <input type="checkbox"/>				
BUSINESS -					COMPANY BILL <input type="checkbox"/> OTHER (SPECIFY):				
					PAYMENT PLAN WITHDRAWAL DATE (YYYY/MM/DD)				

3 PARTICULARS OF THE DESCRIBED AUTOMOBILE(S) - Each described automobile is and will be chiefly used in the vicinity of the applicant's address shown above unless otherwise stated in the remarks section.																							
VEH NO	MODEL YEAR	TRADE NAME (MAKE)				MODEL OR C.C.			BODY TYPE		VEHICLE IDENTIFICATION NO. (VIN/SERIAL NO.)												
1																							
2																							
3																							
VEH NO	NO. OF CYLS	TRUCK GROSS VEHICLE WEIGHT	PURCHASED/LEASED BY APPLICANT YYYY/MM/DD	NEW	USED	LICENCE PLATE #	PURCHASE PRICE (INC. EQUIPEMENT)	LIST PRICE NEW	VEHICLE CODE	RATING TERR.	STAT. LOCATION	RATING CLASS	D.R. T.PL.	D.R. COLL.									
1																							
2																							
3																							
OCCASIONAL DRIVER #			VEHICLE NUMBER			DRIVER CLASS			DRIVER RECORD			OCCASIONAL DRIVER #			VEHICLE NUMBER			DRIVER CLASS			DRIVER RECORD		
1												2											
VEH NO	LIEN HOLDER	LESEE	NAME										ADDRESS					POSTAL CODE					
1																							
2																							
3																							

4 INSURANCE COVERAGES APPLIED FOR (INSURING AGREEMENTS)

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).

SECTION A - THIRD PARTY LIABILITY Legal liability for bodily injury to or death of any person or damage to property.

(EXCLUSIVE OF COSTS AND POST JUDGEMENT 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

	VEHICLE 1		VEHICLE 2		VEHICLE 3		OCCASIONAL DRIVER	
	LIMITS (000s)	PREMIUM	LIMITS (000s)	PREMIUM	LIMITS (000s)	PREMIUM	LIMITS (000s)	PREMIUM
		\$		\$		\$		\$

SECTION B - ACCIDENT BENEFITS

PAYMENTS FOR MEDICAL, DEATH, DISABILITY AS STATED IN SECTION B OF THE POLICY

	\$	\$	\$	\$
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SECTION C - LOSS OR DAMAGE TO INSURED AUTOMOBILE(S) (This policy contains a partial payment of loss clause)

AMOUNT DEDUCTIBLE ON EACH SEPARATE CLAIM EXCEPT FOR LOSS OR DAMAGE BY FIRE OR LIGHTNING OR THEFT OF THE ENTIRE AUTOMOBILE

	DEDUCTIBLE	PREMIUM	DEDUCTIBLE	PREMIUM	DEDUCTIBLE	PREMIUM	DEDUCTIBLE	PREMIUM
ALL PERILS								
COLLISION OR UPSET								
COMPREHENSIVE								
SPECIFIED PERILS								

ENDORSEMENTS

NUMBER AND NAME	LIMITS	PREMIUM	LIMITS	PREMIUM	LIMITS	PREMIUM	LIMITS	PREMIUM
Family Protection Endorsement - No 44 Limits are same as Section A unless otherwise specified								
MINIMUM RETAINED PREMIUM	TOTAL ESTIMATED POLICY PREMIUM	TOTAL ENDORSEMENT(S) PREMIUM:	\$	\$	\$	\$	\$	\$
\$	\$	TOTAL PREMIUM PER AUTOMOBILE:	\$	\$	\$	\$	\$	\$

5 DRIVER INFORMATION - List all drivers of the described automobile(s) in the household or business											
DRV NO	NAME AS SHOWN ON DRIVERS LICENCE					PERCENTAGE USE OF EACH AUTOMOBILE BY EACH DRIVER			DATE LICENCED IN CANADA OR U.S.A. YYYY/MM/DD	DRIVER TRAINING CERT. ATTACHED?	
						VEH. 1	VEH. 2	VEH. 3		YES	NO
1											
2											
3											
4											

6a IS ANY DRIVER SUBJECT TO FAINTING SPELLS, DIZZINESS OR LOSS OF CONSCIOUSNESS? IF YES, STATE PARTICULARS.					6b 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? IF YES, EXPLAIN.				
DRV NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				DRV NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

7 CLAIMS AND CONVICTION HISTORY

7a HAS ANY DRIVER HAD ANY CONVICTIONS ARISING FROM THE OPERATION OF ANY AUTOMOBILE DURING THE PAST THREE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, DESCRIBE)									
DRV NO	DATE CONVICTED (YYYY/MM/DD)	DESCRIPTION	DRV NO	DATE CONVICTED (YYYY/MM/DD)	DESCRIPTION				

7b HAS ANY DRIVER OR VEHICLE HAD ANY ACCIDENTS OR CLAIMS ARISING FROM THE OWNERSHIP OR OPERATION OF ANY AUTOMOBILE DURING THE PAST SIX YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, DESCRIBE)									
VEH NO	DRV NO	OCC. NO	DATE (YYYY/MM/DD)	TYPE OF CLAIM	AMOUNT PAID OR ESTIMATE	DESCRIPTION			

8 HAS ANY DRIVERS LICENCE VEHICLE PERMIT OR SIMILAR AUTHORIZATION ISSUED TO THE APPLICANT OR DRIVERS LISTED IN ITEM 5 TO THE KNOWLEDGE OF THE APPLICANT BEEN OR CONTINUED TO BE SUSPENDED, CANCELLED OR LAPSED WITHIN THE SIX YEARS PRECEDING THIS APPLICATION? IF YES, EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO									
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9a 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. <input type="checkbox"/> YES <input type="checkbox"/> NO									
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INSURER:					POLICY NO.
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9b DETAILS OF APPLICANT'S MOST RECENT AUTOMOBILE INSURANCE									
INSURER:					POLICY NO.	EXPIRY DATE (YYYY/MM/DD):			

10a THE VEHICLE IS USED FOR:			10b IS THE VEHICLE USED TO COMMUTE? (i.e. DRIVING TO WORK, TO SCHOOL OR PART-WAY, SUCH AS TO PUBLIC TRANSIT)			10c STATE THE USUAL DISTANCE DRIVEN ANNUALLY		11a WILL THE AUTOMOBILE BE RENTED OR LEASED OR USED FOR CARRYING PASSENGERS FOR COMPENSATION OR HIRE, OR FOR CARRYING EXPLOSIVES OR RADIOACTIVE MATERIAL? IF SO, PROVIDE DETAILS. <input type="checkbox"/> YES <input type="checkbox"/> NO		
VEH NO	BUSINESS	PLEASURE	FARM	YES	NO	DISTANCE ONE WAY	ANNUAL DISTANCE	VEH NO	DETAILS	
1								1		
2								2		
3								3		

11b WILL THE AUTOMOBILE BE USED FOR THE TRANSPORTATION OF GOODS FOR COMPENSATION? IF SO, STATE THE CLASS OF LICENCE OR CERTIFICATE AND RADIUS OF OPERATIONS. <input type="checkbox"/> YES <input type="checkbox"/> NO					12 UNLESS OTHERWISE STATED, THE APPLICANT IS BOTH THE REGISTERED OWNER AND ACTUAL OWNER OF THE DESCRIBED AUTOMOBILE. IF NOT, STATE THE NAMES OF: <input type="checkbox"/> YES <input type="checkbox"/> NO				
VEH NO	REG. OWNER	ACTUAL OWNER	NAME						
1									
2									
3									

13 DECLARATION OF APPLICANT - read carefully before signing

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) Reports containing personal credit, factual investigative or driver record information may be sought in connection with this Application for insurance or renewal, extension or variation thereof.
 - (3) The Total Estimated Policy Premium is subject to adjustment to the Insurer's published premium for the risk.

SIGNATURE OF APPLICANT	DATE (YYYY/MM/DD)
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14 ADDITIONAL INFORMATION FOR DRIVERS SHOWN IN ITEM 5												
DRV NO	NAME AS SHOWN ON DRIVER'S LICENCE			LICENCE HISTORY			CONVICTION SURCHARGES					
				CANADA CLASS	DATE YYYY/MM/DD	PRIOR TO CANADA DATE YYYY/MM/DD	COUNTRY	%	AMOUNT	DESCRIPTION		
1												
2												
3												
4												
DRV NO	DRIVER'S LICENCE NUMBER			DATE OF BIRTH YYYY/MM/DD		SEX	MARITAL STATUS	RELATIONSHIP TO APPLICANT	AT-FAULT CLAIM SURCHARGES			
									%	AMOUNT	DESCRIPTION	
1												
2												
3												
4												
DRV NO	OCCUPATION	NAME AND ADDRESS OF EMPLOYER					DATE HIRED YYYY/MM/DD	% DISCOUNT	AMOUNT DESCRIPTION			
									AMOUNT	DESCRIPTION		
1												
2												
3												
4												
15a TOTAL NUMBER OF PRIVATE PASSENGER VEHICLES IN HOUSEHOLD* INCLUDING THOSE ALREADY LISTED				15b 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 5, INCLUDING NAME, DRIVERS LICENCE NUMBER AND DATE OF BIRTH)				15c NUMBER OF NON-LICENCED RESIDENTS IN THE 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 ALREADY LISTED					
VEH NO	18 IF VEHICLE USED FOR CAR POOLS OR OTHER SHARE-THE-RIDE ARRANGEMENTS		YES	DISTANCE ONE WAY	FREQUENCY	19 FUEL IF NOT POWERED BY GAS OR DIESEL ENGINE	20 IF VEHICLE HAS BEEN MODIFIED, ALTERED OR CUSTOMIZED OR THERE IS ANY UNREPAIRED DAMAGE INCLUDING DAMAGE TO GLASS	21 DESCRIBE AND GIVE VALUE FOR ANY SPECIAL EQUIPMENT AND/OR CUSTOM PAINT FINISH				
	NO OF PASS	IF YES, GIVE DETAILS										NO
1												
2												
3												
22 COMMERCIAL RATED VEHICLES - Check if applicable:						VEHICLE WEIGHT IS OVER 4500 KG		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 VEHICLES SUPPLEMENT FORM MUST BE PROVIDED.												
VEH NO	23a % OF PLEASURE USE		23b DELIVERY			23c HAULING DONE FOR OTHERS						
	YES	NO	WHOLE-SALE	RETAIL	OTHER	YES	NO	SPECIFY				
VEH NO	23d IS THERE ANY MERCHANDISE OR MATERIAL CARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF VOLATILE, TOXIC, CORROSIVE, RADIOACTIVE OR EXPLOSIVE MATERIALS CARRIED STATE QUANTITIES <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, DESCRIBE			
VEH NO	23e IS THERE ANY MACHINERY OR EQUIPMENT MOUNTED ON OR ATTACHED TO VEHICLE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO								IF YES, DESCRIBE AND NAME OWNER IF NOT OWNED BY APPLICANT			
24 PREMIUM SUMMARY AND METHOD OF PAYMENT The estimated insurance premiums are subject to adjustment to the Insurer's current manual rates.												
ESTIMATED PREMIUM - ALL PAGES \$			NUMBER OF PAYMENTS			PAYMENT WITH APPLICATION			FINANCIAL INSTITUTION			
PROVINCIAL TAX (if applicable) \$			ONE	TWO	FULL PREMIUM PAID \$			ACCT # CHQ #				
HANDLING CHARGE \$			THREE	MONTHLY	INITIAL PAYMENT \$			DATE		MONTHLY PAYMENTS FOR MONTHS @ \$		
TOTAL ESTIMATED COST \$			OTHER (EXPLAIN)									
25 REPORT OF BROKER/AGENT												
HAVE YOU BOUND THIS RISK?			YES	NO	TYPE OF MOTOR VEHICLE LIABILITY INSURANCE CARD ISSUED				HOW LONG HAVE YOU KNOWN THE:			
IS THIS BUSINESS NEW TO YOUR OFFICE?			YES	NO	TEMPORARY	PERMANENT	NONE	APPLICANT		PRINCIPAL DRIVER		
DOES YOUR CLIENT HAVE OTHER INSURANCE WITH THIS COMPANY? IF YES, GIVE PARTICULARS.						YES	NO					
ARE THERE SPECIAL CIRCUMSTANCES CONCERNING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? IF YES, GIVE PARTICULARS.						YES	NO					
THE APPLICANT MUST RECEIVE A COPY OF THE SIGNED APPLICATION. A SUPPLEMENTARY FORM FOR COMMERCIAL OR PUBLIC USE AUTOS MAY BE NECESSARY.						SIGNATURE OF BROKER/AGENT				DATE		
26 REMARKS												