

# APPLICATION FOR AUTOMOBILE INSURANCE

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

Policy No. Assigned: ▶

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

**Item**  Company Bill  Agency Bill  Other

1. Applicant's Full Name and Postal Address (including county or district) Agent/Broker Code(s) Agent/Broker Use Only  
Applicant's Tel #s

Postal Code: \_\_\_\_\_ Res.  
Bus.  
(ext.)

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 Period ▶ From Time a.m. p.m. Date (Y/M/D) To 12:01 a.m. Date (Y/M/D) 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 | V.I.N. (Serial No.) | Purchased by Applicant Year | Month | New or used | Purchase Price including equipment |
|----------|------------|------------|---------------|-----------|---------------------|-----------------------------|-------|-------------|------------------------------------|
| 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 | D.R. T.P.L. | D.R. Coll. | R.G. Coll. Comp. |
|----------|---|----------------------------|----------------|-----------|-------|------|-------|-------------|------------|------------------|
| 1        |   |                            |                |           |       |      |       |             |            |                  |
| 2        |   |                            |                |           |       |      |       |             |            |                  |
| 3        |   |                            |                |           |       |      |       |             |            |                  |
| 4        |   |                            |                |           |       |      |       |             |            |                  |

Occasional Driver (O.D.) 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<br>Third Party Liability   | Section B<br>Accident Benefits       | Section C<br>Loss of or Damage to Insured Automobile(s)   | Endorsements          |   |  |                |                 |
|-------------------------------|--|--------------------------------------|---|-----------------------|---|--|----------------|-----------------|
| Perils                        | Legal Liability for bodily injury to or death of any person or damage to property<br>(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  | <b>THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE</b>  |                       |   |  | Veh. No.       | S.E.F. No.      |
|                               |  |                                      | 1. All Perils   | 2. Collision or Upset | 3. Comprehensive (excluding collision or upset) | 4. Specified Perils (excluding collision or upset) |                |                 |
| Limits and Amounts in Dollars | 1  | AS STATED IN SECTION B OF THE POLICY | Amount deductible on each separate claim except for loss or damage by fire or lightning or theft of the entire automobile |                       |   |  | S.E.F. Premium | Vehicle Premium |
|                               | 2  |                                      |   |                       |   |  |                |                 |
| Premium in Dollars            | 3  |                                      |   |                       |   |  |                |                 |
|                               | 4  |                                      |   |                       |   |  |                |                 |
| O.D.                          | Grid <input type="checkbox"/> Yes <input type="checkbox"/> No Grid Step _____  |                                      |   |                       |   |  |                |                 |
|                               | O.D. Grid <input type="checkbox"/> Yes <input type="checkbox"/> No Grid Step _____   |                                      |   |                       |   |  |                |                 |

Minimum Retained Premium ▶ \$ Total Estimated Policy Premium ▶ \$  
The Total Estimated Policy Premium is subject to adjustment to the Insurer's manual premium for the risk.

5. List all Drivers of the Described Automobile(s) in the Household or Business

| Driver No. | Name (as shown on Driver's Licence) | Operator Licence Number | YYYY | Date of Birth MM | DD | Date Lic. | LIC Class | Grid Step | Approx. % Use of Vehicle/Relevant DR. Veh. 1 Veh. 2 Veh. 3 Veh. 4 | Driver's Occupation | Attach DTC Cert. |
|------------|-------------------------------------|-------------------------|------|------------------|----|-----------|-----------|-----------|---|---------------------|------------------|
| 1          |                                     |                         |      |                  |    |           |           |           |   |                     |                  |
| 2          |                                     |                         |      |                  |    |           |           |           |   |                     |                  |
| 3          |                                     |                         |      |                  |    |           |           |           |   |                     |                  |
| 4          |                                     |                         |      |                  |    |           |           |           |   |                     |                  |

6(a). Is any driver subject to fainting spells, dizziness or loss of consciousness?  no  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?  no  yes If yes, state particulars in Remarks section.

7(a). Give particulars of all CONVICTIONS arising from the operation of any automobile during the past THREE years.

| Driver No. | Date Y | M | Description |
|------------|--------|---|-------------|
|            |        |   |             |
|            |        |   |             |
|            |        |   |             |

7(b). Give particulars of all ACCIDENTS or CLAIMS arising from the ownership or operation of any automobile during the past SIX years.

| Veh. No. | Driver No. | Date Y | M | Type of Claim | Amount Paid or Estimate | Claim Amount Repaid to Insurer | Description |
|----------|------------|--------|---|---------------|-------------------------|--------------------------------|-------------|
|          |            |        |   |               |                         |                                |             |
|          |            |        |   |               |                         |                                |             |
|          |            |        |   |               |                         |                                |             |

Use Remarks section overleaf if necessary

8(a). Has any driver's licence, 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? If yes, state particulars in Remarks section.  Yes  No

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.  
9(b). Details of applicant's most recent automobile insurance.  
Insurer Policy No. Expiry Date Y/M/D  Yes  No

10(a). The vehicle is used for:  
Veh. No. | Business | Pleasure  
1 |  |   
2 |  |   
3 |  |   
4 |  |

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 \_\_\_\_\_ km

10(c). State the usual distance driven annually.  
\_\_\_\_\_ km Annual Distance  
\_\_\_\_\_ km  
\_\_\_\_\_ km

10(d). Is the vehicle used outside of Canada?  Yes  No No. of Months \_\_\_\_\_  
 Yes  No No. of Months \_\_\_\_\_  
 Yes  No No. of Months \_\_\_\_\_  
If yes, state particulars in Remarks section.

10(e). Have any of the following after-market modifications been made?  
 Engine  Ground Clearance  
 Interior Roll Cage  Tires  
If yes, state particulars in Remarks section.

11(a). 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.

| Veh. No. | 1 | 2 | 3 | 4 |
|----------|---|---|---|---|
| 1        |   |   |   |   |
| 2        |   |   |   |   |
| 3        |   |   |   |   |
| 4        |   |   |   |   |

11(b). Will the automobile be used for the transportation of goods for compensation? If so, state class of licence or certificate and radius of operations.

| Veh. No. | 1 | 2 | 3 | 4 |
|----------|---|---|---|---|
| 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 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.  
The personal information collected on this application is needed to issue the policy. We 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.  
CONSENT: 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, renewal or change, detect and prevent fraud and investigate and settle any claims. If I apply for a premium payment plan, I authorize you to obtain and use my credit report.

Date Y/M/D Signature of Applicant