



Property & Casualty Insurance PRICE REPORT

COMMERCIAL AUTO INSURANCE

Purpose of this survey

The data collected in this survey are used to produce indexes that measure the changes in the prices of **Property & Casualty Insurance**. Insurers use these indexes to gain a better understanding of their industry and assess their performance, while Statistics Canada uses these indexes to estimate inflation adjusted growth and productivity of this sector of the economy.

Confidentiality

Statistics Canada is prohibited by law from publishing any statistics which would divulge information relating to your business without your prior written consent. **The data reported on your questionnaire will be treated in strict confidence, used for statistical purposes and published in aggregate form only.** The confidentiality provisions of the *Statistics Act* are not affected by the *Access to Information Act* or by any other legislation.

CONFIDENTIAL when completed

Collected under the authority of the *Statistics Act*, Revised Statutes of Canada, 1985, Chapter S19. Completion of this questionnaire is a legal requirement under this *Act*. In order to enhance the information you provide in this survey, Statistics Canada plans to combine the responses relating to your organization with the information you previously provided on this survey.

Si vous préférez recevoir ce questionnaire en français veuillez composer le (613) 951-0532.

Your participation is important

Your participation is vital to ensuring that the information collected in this survey is accurate and comprehensive. Completion of this questionnaire is a legal requirement under the *Statistics Act*.

Disclosure

Statistics Canada advises you that there could be a risk of disclosure during the facsimile or other electronic transmission. However, upon receipt, Statistics Canada will provide the guaranteed level of protection afforded to all information collected under the authority of the *Statistics Act*.

Please make any necessary address changes below

Legal Name		
Business Name		
Contact Name		
Address		
City		
Province / State	Postal / Zip Code	Country

Need Help?

If you require assistance in completing this questionnaire or expect delays in returning the survey, please contact:

Mark Martin
Telephone: (613) 951-0532
Fax: (613) 951-3117
E-mail: mark.martin@statcan.ca

Return Procedures

We ask that you complete and return this questionnaire and attachments within 30 days of receipt to:

Statistics Canada
Prices Division, Services Price Indexes
ATTN: Mark Martin
Jean Talon Building, 13th Floor
170 Tunney's Pasture Driveway
Ottawa, ON K1A 0T6

POLICY TYPE: **COMMERCIAL AUTO**

PROVINCE/TERRITORY: **ONTARIO**

Please provide THREE PRICE QUOTES for commercial auto policies:

1. Select policies that are **most representative** of your business in terms of (1) total written or earned premiums and (2) locations within the province specified above.
2. Each policy could be a **duplicate of a real policy sold** - with a fictitious name attached to it for confidentiality reasons.
3. If a fictitious policy is created, all typical **coverages** and **deductibles** should be applied.
4. Policies should be initially priced (and subsequently re-priced) as if they are **RENEWALS**.
5. All applicable **DISCOUNTS** and **SURCHARGES** should be included.

To reduce survey burden in the future, could you provide the following:

1. Complete a brief price quote summary below.
2. Attach a copy of each of the three policies.
3. Send us a copy of the relevant Rate Manual

Please note that providing Rate Manuals (and their subsequent updates, to Statistics Canada allows us to re-price these policies ourselves, reducing the burden on your business.

		QUOTE 1	QUOTE 2	QUOTE 3
Policy Number/Identifier:				
Policy Period	One year:	One year	One year	One year
	If other than one year, please specify on this line:			
Policyholder's location	(City, postal code):			
Rating Territory				
Rating Class				
Driving Record				
PREMIUM: (Enter RENEWAL Price)		\$	\$	\$
Date of Quote:				
Date of LAST rate change:				
Date of NEXT rate change (if known):				
Commissions included		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Taxes included		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY'S INSURANCE BUSINESS IN THIS PROVINCE/TERRITORY		Choose/check only one premium type:
Total INSURANCE premiums (All lines):	\$	<input type="checkbox"/> Direct Premiums Written <input type="checkbox"/> Net Premiums Written <input type="checkbox"/> Net Premiums Earned
Total AUTO insurance premiums:	\$	
Total COMMERCIAL AUTO insurance premiums:	\$	

Comments

We welcome any suggestions that you may have for improving our survey.

Certification *(I certify that the information contained herein is complete and correct to the best of my knowledge.)*

Signature of authorized person		Date Completed
First Name	Last Name	
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Position	
Phone Number	Extension	Fax Number
E-mail Address		

Time to complete questionnaire

How much time did you spend collecting the information and completing this questionnaire?

Hours: _____ Minutes: _____

Pre-filled Questionnaire

In order to facilitate the completion of your next questionnaire, we can supply you with a copy of the information you provided in this questionnaire.

Do you authorize us to send you a pre-filled questionnaire containing the information you provided in this questionnaire?

Please check: YES (Please send a pre-filled questionnaire) NO (Please send a blank questionnaire)

Signature	Date
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Please enclose the attachments and make a copy of this completed questionnaire for your records.

Thank you for your co-operation