

INSURANCE COMPANY (Hereinafter called the Insurer) NEW REPLACING POLICY NUMBER ▶ PREFERRED LANGUAGE
 ENGLISH FRENCH

COMPANY BILL AGENCY BILL BROKER 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.#
			RES.
			BUS. (ext)
			EMAIL
POSTAL CODE			

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) | Y | M | D | TO 12:01 A.M. | 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 NUMBER)	NO. OF CYLS.	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"/> LESSEE	TRUCK GROSS VEHICLE WEIGHT	LIST PRICE NEW	VEH. CODE	TERR.	LOC.	CLASS	D.R. T.P.L.	D.R. COLL.	RATING GROUP			
											AB	DCPD	COLL/AP	COMP/SP
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	SECTION A.1	SECTION B	SECTION C				SECTION D	ENDORSEMENTS		
	THIRD PARTY LIABILITY	DIRECT COMPENSATION - PROPERTY DAMAGE	ACCIDENT BENEFITS	LOSS OF OR DAMAGE TO INSURED AUTOMOBILE(S)				UNINSURED AUTOMOBILE COVERAGE	VEH. NO.	N.B.E.F. NO.	
PERILS	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.	THIS POLICY CONTAINS A PARTIAL PAYMENT OF RECOVERY CLAUSE FOR PROPERTY DAMAGE IF A DEDUCTIBLE IS SPECIFIED FOR DIRECT COMPENSATION - PROPERTY DAMAGE.	PAYMENTS FOR DEATH OR BODILY INJURY	THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE				UNINSURED AND UNIDENTIFIED AUTOMOBILE COVERAGE			
				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		DEDUCTIBLE	AS STATED IN SECTION B OF THE POLICY					AS STATED IN SECTION D OF THE POLICY			
	1										
	2										
	3										
PREMIUM IN DOLLARS											
		BI	PD								
	1										
	2										
	3										
4											
00											

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			STATE NUMBER OF YEARS LICENCED IN CANADA AND U.S.A.* Approx. % use of vehicle				**Attach Certificate Driver training course**	First Chance Discount	6(A).	
Driver No.	NAME (as shown on Driver's Licence)	Years Lic.*	Veh. 1	Veh. 2	Veh. 3	Veh. 4	YES	NO	IS ANY DRIVER SUBJECT TO FAINTING SPELLS, DIZZINESS OR LOSS OF CONSCIOUSNESS? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, state particulars in Remarks section.	
							<input type="checkbox"/>	<input type="checkbox"/>	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? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, state particulars in Remarks section.	
							<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>		

Use Remarks section below when any of the following items requires additional space

7(A). GIVE PARTICULARS OF ALL CONVICTIONS ARISING FROM THE OPERATION OF ANY AUTOMOBILE DURING THE PAST SIX YEARS.				7(B). GIVE PARTICULARS OF ALL ACCIDENTS OR CLAIMS ARISING FROM THE OWNERSHIP OR OPERATION OF ANY AUTOMOBILE DURING THE PAST SIX YEARS.				Use Remarks section overleaf if necessary			
Driver No.	DATE Y M		DESCRIPTION	Veh. No.	Driver No.	DATE Y M			Type of Claim	Amount Paid, or Estimate	DESCRIPTION

8. 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 within the six years preceding this application? NO YES
If yes, state particulars in Remarks section.

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.	INSURER	POLICY NO.	Expiry Date Y/M/D
				Y M D

10(A). THE VEHICLE IS USED FOR:			10(B). IS THE VEHICLE USED TO COMMUTE? (THIS MEANS DRIVING TO WORK, TO SCHOOL OR PART-WAY SUCH AS TO PUBLIC TRANSIT).			10(C). STATE THE USUAL DISTANCE DRIVEN ANNUALLY. ANNUAL DISTANCE		
Veh. No.	Business	Approx. % Use for Business	Pleasure	NO	YES	DISTANCE ONE WAY		
1	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ km		
2	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ km		
3	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ km		
4	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ km		

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.

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.

12. Unless otherwise stated, the applicant is both the registered owner and actual owner of the described automobile. If not, state the names of:

VEH. NO.		VEH. NO.		(A)	The registered owner
1		1			
2		2			
3		3		(B)	The actual owner
4		4			

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:

- (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) Consent: I am applying for automobile insurance based on the information provided above. With respect to the application or any renewal or change in coverage, I authorize you to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, driving record information and claims history.

Date (Y/M/D) _____ Signature of Applicant _____

14. ADDITIONAL INFORMATION FOR DRIVERS SHOWN IN ITEM 5.

Driver No.	NAME	BIRTHDATE Y M D			DRIVER'S LICENCE NUMBER	LIC. CLASS	YEARS LIC.	YEARS LIC. IN CANADA	RELATIONSHIP TO APPLICANT	SEX	MARITAL STATUS
1											
2											
3											
4											

Driver No.	OCCUPATION	NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATE HIRED
1				
2				
3				
4				

15(A). Total number of Private Passenger Vehicles in the Household* including those already listed. ▶ _____

15(B). 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, driver's licence number and date of birth.) ▶ _____

15(C). Number of Non-licenced residents in *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 SHOWN OVERLEAF.
