

Application for Automobile Insurance (Garage Form S.P.F. No. 4)

ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE (GARAGE FORM S.P.F.4)					Policy No. Assigned or Binder:				
ITEM	INSURANCE COMPANY (INSURER):				<input type="checkbox"/> New Policy <input type="checkbox"/> Renewal Policy				
1.	Applicant(s) Full Name(s) and Postal Address:		Tel: Res/Bus.: Tel: Mobile: Email Address:		Agent/Broker:	Policy Billing: <input type="checkbox"/> BROKER / AGENT BILL <input type="checkbox"/> COMPANY BILL <input type="checkbox"/> PAYMENT PLAN			
	Business address (including county or district):								
	Location of other premises where business is conducted (show each building and lot separately)				Structure Type				
					Building	Lot			
	(A)								
	(B)								
2.	Policy Period - All times are local times at the applicant's postal address.		From: Date (Y/M/D)	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	To: 12:01 a.m. on: Date (Y/M/D)				
3.	The automobiles in respect of which insurance is to be provided are those used in connection with the Applicant(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(s) at the locations specified in ITEM 1 hereof. NOTE: THIS FORM SHOULD NOT BE USED FOR RENTAL OR LEASING EXPOSURES)								
4.	The basis of rating and calculation of the premium payable shall be in accordance with the Premium Computation Statement attached (AB-P.C.S. No. 1)								
	Estimated total payroll for policy period: \$		Number of employees including proprietors, partners and executive officers at the effective date of the Policy:		Full-time	Part-time			
5. 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		Perils		Limits and Amounts in Dollars		Advance Premium			
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 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. \$			
Section A.1 Direct Compensation For Property Damage		THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE if a deductible is specified for Direct Compensation for Property Damage		AMOUNT DEDUCTIBLE \$		\$			
Section B Accident Benefits		Payments for Death or Bodily Injury		As stated in Section B of the Policy		\$			
Section C Loss of or Damage to Owned Automobile(s) THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE		Sub-section							
		1	Collision or Upset		Actual cash value at time of loss or damage not exceeding the actual cost to Insured	Sum payable by Insured in respect of each separate automobile \$	\$		
		The Premium under subsection 2, 3 and 4 shall be computed on a: <input type="checkbox"/> Monthly average basis, or <input type="checkbox"/> Co-insurance basis, or <input type="checkbox"/> Other							
					Location as per Item 1	Subsections insured	*Limit of Liability	Sum payable by Insured in respect of each separate claim except for loss or damage by fire or lightning or the theft of the entire automobile	
		2	Comprehensive (Excluding collision or upset and open lot pilferage)		(A)		\$	\$	
		3	Specified Perils (Excluding open lot pilferage)		(B)		\$	\$	
		4	Specified Perils (Excluding theft)		(C)		\$	\$	
		*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 specified location.							
		Section E Legal Liability for Damage to a Customer's Automobile While in the Care, Custody or Control of the Insured		1	Collision or Upset		\$	Limit of Liability (exclusive of costs and post judgment interest) any one customer's automobile \$	Sum payable by Insured in respect of each separate occurrence \$
		THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE		2	Specified Perils (Excluding open lot pilferage)		Location as per Item 1	Maximum number of Customers' Automobiles	Limit of Liability (exclusive of costs and post judgment interest) any one occurrence
					(A)		\$		
					(B)		\$		
Endorsements		Endorsement No.		Endorsement Name		Endorsement Premium			
						\$			
						\$			
Minimum Retained Premium: \$				Total Estimated Policy Premium: \$					
The Total Estimated Policy Premium is subject to the Insurer's manual premium for the risk.									
State name and address of lienholder, mortgagee or assignee to whom, jointly with the applicant, loss, if any, under Sections A.1 or C is payable as their interests may appear:									

(01/2022)

APPROVED FORM – ALBERTA SUPERINTENDENT OF INSURANCE

Classification: Public

6.	Has any insurer, to the knowledge of the applicant, cancelled, declined or refused to renew or issue automobile insurance related to the business of the applicant within the last THREE years? If so, state name of insurer, policy number if available, and reason: Insurer: Policy No.: Reason:				
7.	Give particulars of all ACCIDENTS, LOSSES or CLAIMS arising from 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. Use Remarks section if necessary:				
	Injury to Person:	Damage to Applicant(s)' Automobile(s)		Damage to Property of Others	
		(A) Collision	(B) Other	(A) Not in the care of applicant	(B) In care of applicant
8. Remarks					
<p>9. If (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 in the application, (b) the insured contravenes a term of the contract or commits a fraud, or (c) the insured wilfully 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.</p> <p>The applicant(s) acknowledges that all of the information given by the applicant in Items 1 through 8 are true and the applicant hereby applies for a contract of automobile insurance to be based on the truth of the said information.</p> <p>The personal information collected in this application is needed to issue the policy. Insurers 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.</p> <p>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, change the insurance contract, renew the insurance contract, detect and prevent fraud and investigate and settle claims.</p>					
Date		Signature of Applicant(s)			
Y M D					
10. Broker/Agent Declaration – I confirm that I have read to the applicant(s) the consent provision in Item 9 or this application form and the applicant(s) have declared their consent and further declare that they have the consent of the drivers of the automobiles for which insurance is requested under this application.					
Broker / Agent Name:			Signature of Broker/Agent:		

Garage Supplement (new application only)

1. TYPE OF OPERATION DEALERS

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> * NEW & USED CARS | <input type="checkbox"/> * BODY SHOP ONLY – CAR SALES? Y N | <input type="checkbox"/> GAS BAR | <input type="checkbox"/> SELF-SERVE? Y N |
| <input type="checkbox"/> * USED CARS EXCLUSIVELY | <input type="checkbox"/> * REPAIR GARAGE – CAR SALES? Y N | | |
| <input type="checkbox"/> * MOTORCYCLES | <input type="checkbox"/> SERVICE STATION – SELF SERVE? Y N | <input type="checkbox"/> PARKING STATION | } <input type="checkbox"/> BY CUSTOMER
<input type="checkbox"/> BY EMPLOYEE |
| <input type="checkbox"/> * RECREATIONAL VEHICLES | <input type="checkbox"/> OTHER – SPECIFY _____ | SPECIFY | |
| <input type="checkbox"/> * SNOW VEHICLES | | <input type="checkbox"/> STORAGE GARAGE OR VALET PARKING | |
| <input type="checkbox"/> * FARM IMPLEMENTS | E.G. MUFFLER SHOP, TIRE SHOP | <input type="checkbox"/> CAR WASH | |

*** 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 ST PRIOR YEAR	_____	_____	_____
2 ND 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 (O.P.F. 1) IN THE NAME OF THE LESSOR WITH AN O.P.C.F. 5
 - * TOWING SERVICES ALSO REQUIRE SEPARATE POLICY O.P.F. 1

COMPLETE APPLICATION FOR OWNER'S FORM (O.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) AUTOS SUPPLIED (EXCLUDING DEMOS) FOR REGULAR AND 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 O.P.C.F.76 – SEE QUESTIONS 8B) 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 AND DRIVERS	_____		
		TOTAL OF ACTIVE OWNED AUTOMOBILES	
		PAST YEAR	_____
		1 ST PRIOR YEAR	_____
		2 ND PRIOR YEAR	_____

4. TYPES AND VALUES OF AUTOMOBILES

	CARS, TRUCKS				OTHER SPECIALIZED VEHICLES, RECREATIONAL, TANK TRUCK, ETC.			
	OWNED		CUSTOMERS		OWNED		CUSTOMERS	
	BLDG.	LOT	BLDG.	LOT	BLDG.	LOT	BLDG.	LOT
MAXIMUM UNIT 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

18. **LOSSES – DAMAGE TO OR BY OWNED AUTOMOBILES IN THE PAST 3 YEARS (6 YEARS IF LESS THAN 5 AUTOMOBILES OWNED)**

DATE	TYPE OF LOSS	AMOUNT PAID/OS INCLUDING EXPENSES	DESCRIPTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DAMAGE TO CUSTOMER'S AUTOMOBILES IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. **AGENT'S/BROKERS REPORT**

(A) HOW LONG HAVE YOU KNOWN APPLICANT? _____ (B) IS BUSINESS NEW TO YOUR AGENCY/BROKERAGE? _____

(C) DOES THE APPLICANT HAVE ANY OTHER INSURANCE WITH OUR COMPANY? GIVE PARTICULARS INCLUDING POLICY NUMBERS.

(D) ARE ANY AUTOMOBILES FINANCED? YES ☐ NO ☐ IF YES, NAME THE LEINHOLDER.

(E) APPLICANTS PREVIOUS INSURER(S) AND POLICY NUMBER(S)

ADDITIONAL INFORMATION/UNDERWRITER'S NOTES:

 AGENT'S/BROKER'S SIGNATURE

 APPLICANT'S SIGNATURE