

BRITISH COLUMBIA APPLICATION FOR AUTOMOBILE INSURANCE (OWNER'S FORM B.C. S.A.F. 1)

		<input type="checkbox"/> NEW		<input type="checkbox"/> RENEWAL		ASSIGNED POLICY NUMBER:				
ITEM 1	BROKER			BROKER NUMBER		REPLACING POLICY NUMBER				
APPLICANT	SURNAME GIVEN NAME(S)			ITEM 2		POLICY PERIOD				
				FROM		TO 12:01 AM				
STREET				TIME	AM <input type="checkbox"/>	PM <input type="checkbox"/>	DAY MONTH YEAR DAY MONTH YEAR			
CITY/TOWN										
PROVINCE				ALL TIMES ARE LOCAL TIMES AT THE INSURED'S POSTAL ADDRESS STATED HEREIN.						
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.										
ITEM 3	VEH NO.	YEAR	MAKE / MODEL	BODY TYPE	SERIAL NUMBER	LICENCE PLATE NO.	PURCHASED BY APPLICANT YEAR/MONTH NEW/USED	PURCHASE PRICE INCLUDING EQUIPMENT		
DESCRIBED AUTOMOBILES	1									
	2									
	3									
	4									
	IF APPLICABLE INDICATE WHICH AND STATE NAME POSTAL ADDRESS AND POSTAL CODE OF:					TRUCK GROSS	LIST PRICE NEW	VEH CODE	TERRITORY LOCATION CLASS	
	1			<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LESSEE						
	2			<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LESSEE						
	3			<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LESSEE						
	4			<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LESSEE						
ITEM 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).									
	SECTION A				SECTION C		SECTION D			
INSURING AGREEMENTS	EXCESS THIRD PARTY LIABILITY				LOSS OR DAMAGE TO INSURED AUTOMOBILE(S)		EXCESS UNDERINSURED MOTORIST PROTECTION			
	Legal Liability for bodily injury to or death of any person or damage to property (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				1 ALL PERILS	2 COLLISION OR LISET	3 COMPREHENSIVE	4 SPECIFIED PERILS		
LIMITS AND AMOUNTS	Reduced by and in excess of the amount of mandatory third party liability coverage provided to the Insured by the Insurance Corporation of British Columbia				THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE		As stated in section D of the Policy			
					AMOUNT DEDUCTIBLE ON EACH SEPARATE CLAIM EXCEPT FOR LOSS OR DAMAGE BY FIRE OR LIGHTNING OR THEFT OF THE ENTIRE AUTOMOBILE					
	1							PER INSURED REDUCED BY AND IN EXCESS OF THE AMOUNT OF MANDATORY UNDERINSURED MOTORIST PROTECTION PROVIDED TO THE INSURED BY THE INSURANCE CORPORATION OF BRITISH COLUMBIA		
	2									
	3									
4										
4										
PREMIUMS	1									
	2									
	3									
	4									
	4									
ENDORSEMENTS	VEH NO.	DESCRIPTION OF ENDORSEMENTS				S.E.F. No.	APPLIES TO VEHICLE	PREMIUM \$ INCLUDED IN SECT.	SUM INSURED \$	
	1									
	2									
	3									
	4									
MINIMUM RETAINED PREMIUM:		\$		TOTAL POLICY PREMIUM		\$				
DESCRIPTION OF FIRST LOSS MOTOR VEHICLE LIABILITY INSURANCE:				DESCRIPTION OF UNDERLYING EXCESS INSURANCE, IF ANY:						
NAME OF INSURER:				NAME OF INSURER(S):						
POLICY NUMBER:				POLICY NUMBER(S):						
TYPE OF POLICY:				TYPE OF POLICY:						
LIMIT(S):				LIMIT(S):						
POLICY PERIOD:				POLICY PERIOD:						
ITEM 5	EXCESS THIRD PARTY CLAIMS/EXCESS UNDERINSURED MOTORIST PROTECTION CLAIMS MUST BE REPORTED TO THE SOVEREIGN GENERAL INSURANCE COMPANY									
ITEM 6	LIST ALL DRIVERS OF THE DESCRIBED AUTOMOBILE(S) IN THE HOUSEHOLD OR BUSINESS				APPROX. % USE OF VEHICLE				YEARS LICENCED IN CANADA AND USA	DRIVER TRAINING COURSE (ATTACH CERTIFICATE)
	DRIVER NO.	NAME (AS SHOWN ON DRIVER'S LICENCE)			VEH 1	VEH 2	VEH 3	VEH 4		
DRIVERS										
6(A)	IS ANY DRIVER SUBJECT TO FAINTING SPELLS, DIZZINESS OR LOSS OF CONSCIOUSNESS?									
	NO <input type="checkbox"/>	YES <input type="checkbox"/>	IF YES, STATE PARTICULARS IN REMARKS SECTION							
6(B)	HAS THE 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 <input type="checkbox"/>	YES <input type="checkbox"/>	IF YES, STATE PARTICULARS IN REMARKS SECTION							

ITEM 7	GIVE PARTICULARS OF ALL CONVICTIONS ARISING FROM THE OPERATION OF ANY AUTOMOBILE DURING THE PAST THREE YEARS.											
ACCIDENTS AND CONVICTIONS	7(a)	DRIVER NO.	YEAR	MONTH	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.	YEAR	MONTH	TYPE OF CLAIM			AMOUNT PAID OR ESTIMATED	DESCRIPTION		
	ITEM 8	HAS ANY DRIVER'S LICENCE, VEHICLE, PERMIT OR SIMILAR AUTHORIZATION ISSUED TO THE APPLICANT OR DRIVER(S) LISTED IN ITEM 6 ABOVE TO THE KNOWLEDGE OF THE APPLICANT BEEN OR CONTINUE TO BE SUSPENDED, CANCELLED OR LAPSED WITHIN SIX YEARS PRECEDING THIS APPLICATION.										
		NO <input type="checkbox"/>	YES <input type="checkbox"/> IF YES, STATE PARTICULARS IN REMARKS SECTION									
ITEM 9	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 DRIVER(S) SHOWN IN ITEM 6 WITHIN THE THREE YEARS PRECEDING THIS APPLICATION? IF SO, STATE THE NAME OF THE INSURER AND POLICY NUMBER IF AVAILABLE.										
PRIOR INSURANCE		INSURER:				POLICY NUMBER:						
	9(B)	DETAILS OF THE APPLICANT'S MOST RECENT AUTOMOBILE INSURANCE										
		INSURER:				POLICY NUMBER:				EXPIRY DATE (Y/M/D):		
ITEM 10	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			
VEHICLE USE	10(A)	VEH. NO.	BUSINESS		PLEASURE	VEH. NO.	YES		NO	DISTANCE ONE WAY	VEH. NO.	ANNUAL DISTANCE (KM)
ITEM 11	WILL THE AUTOMOBILE BE LEASED OR USED TO CARRY PASSENGERS FOR COMPENSATION OR HIRE, OR FOR CARRYING EXPLOSIVES OR RADIOACTIVE MATERIAL? IF SO PROVIDE DETAILS.											
11(A)	VEH. NO.											
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 OPERATION.											
	VEH. NO.											
ITEM 12	UNLESS OTHERWISE STATED, THE APPLICANT IS BOTH THE REGISTERED OWNER AND ACTUAL OWNER OF THE DESCRIBED AUTOMOBILE. IF NOT, STATE THE NAME OF:											
	(A)	<u>THE REGISTERED OWNER</u>				(B)	<u>THE ACTUAL OWNER</u>					
ITEM 13	<p>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 IT, 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.</p> <p>THE APPLICANT ACKNOWLEDGES THAT:</p> <p>(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.</p> <p>(2) REPORTS CONTAINING PERSONAL, CREDIT, FACTUAL, INVESTIGATIVE OR DRIVER RECORD INFORMATION MAY BE SOUGHT IN CONNECTION WITH THIS APPLICATION FOR INSURANCE OR RENEWAL, EXTENTION OR VARIATION THEREOF.</p> <p>(3) THE TOTAL ESTIMATED POLICY PREMIUM IS SUBJECT TO ADJUSTMENT TO THE INSURER'S MANUAL PREMIUM FOR THE RISK</p> <p style="text-align:center;">DATE (Y/M/D) SIGNATURE OF APPLICANT</p>											
ITEM 14	ADDITIONAL INFORMATION FOR DRIVER(S) SHOWN IN ITEM 6											

ADDITIONAL DRIVER INFORMATION	DRIVER NO.	NAME	BIRTHDATE	DRIVER'S LICENCE NO.	LIC. CLASS	YEARS LIC.	YEARS LIC. IN CANADA	RELATIONSHIP TO APPLICANT	SEX	MARITAL STATUS	
ADDITIONAL DRIVER INFORMATION	DRIVER NO.	OCCUPATION	NAME OF EMPLOYER			ADDRESS OF EMPLOYER			DATE HIRED		
ITEM 15	15(A)	TOTAL NUMBER OF PRIVATE PASSENGER VEHICLES IN THE HOUSEHOLD* (INCLUDING THOSE ALREADY LISTED: * "HOUSEHOLD" - A FAMILY UNIT RESIDENT IN THE SAME LIVING QUARTERS.									
	15(B)	TOTAL NUMBER OF LICENSED DRIVERS IN THE HOUSEHOLD INCLUDING THOSE ALREADY LISTED IN THE REMARKS SECTION BELOW (PLEASE LIST ALL DRIVERS IN THE HOUSEHOLD NOT SHOWN IN ITEM 6 INCLUDING NAME, DRIVER'S LICENCE NUMBER, AND DATE OF BIRTH):									
	15(C)	TOTAL NUMBER OF NON-LICENSED RESIDENTS IN THE HOUSEHOLD? PLEASE PROVIDE NAME AND DATE OF BIRTH IN REMARKS SECTION.									
ITEM 16	IF APPLICANT HAS CHANGED ADDRESS WITHIN THE LAST THREE YEARS, PROVIDE PREVIOUS ADDRESS.										
ITEM 17	DESCRIBE ANY OWNED TRAILERS NOT SHOWN OVERLEAF.										
ITEM 18	IS THE VEHICLE USED IN CAR POOLS OR OTHER SHARE-THE-RIDE ARRANGEMENTS? FOR EACH "YES" STATE PARTICULARS IN REMARKS SECTION					ITEM 19	IS THE VEHICLE POWERED BY OTHER THAN GASOLINE OR DIESEL ENGINE?				
ADDITIONAL VEHICLE INFORMATION	VEH. NO.	YES	NO	NUMBER OF PASSENGERS		ADDITIONAL VEHICLE INFORMATION	VEH. NO.	YES	NO	DETAILS	
	1	<input type="checkbox"/>	<input type="checkbox"/>				1	<input type="checkbox"/>	<input type="checkbox"/>		
	2	<input type="checkbox"/>	<input type="checkbox"/>				2	<input type="checkbox"/>	<input type="checkbox"/>		
	3	<input type="checkbox"/>	<input type="checkbox"/>				3	<input type="checkbox"/>	<input type="checkbox"/>		
	4	<input type="checkbox"/>	<input type="checkbox"/>				4	<input type="checkbox"/>	<input type="checkbox"/>		
ITEM 20	HAS VEHICLE BEEN MODIFIED, ALTERED OR CUSTOMIZED OR IS THERE ANY UNREPAIRED DAMAGE INCLUDING DAMAGE TO GLASS?										
ADDITIONAL VEHICLE INFORMATION	VEH. NO.	YES	NO	DETAILS							
	1	<input type="checkbox"/>	<input type="checkbox"/>								
	2	<input type="checkbox"/>	<input type="checkbox"/>								
	3	<input type="checkbox"/>	<input type="checkbox"/>								
	4	<input type="checkbox"/>	<input type="checkbox"/>								
ITEM 21	DESCRIBE AND GIVE VALUE IN REMARKS SECTION FOR ANY SPECIAL EQUIPMENT AND/OR CUSTOM FINISH										
ITEM 22	COMMERCIALLY RATED VEHICLES: CHECK IF APPLICABLE										
	<input type="checkbox"/> VEHICLE WEIGHT IS OVER 4500 KG. <input type="checkbox"/> OPERATING RADIUS IS GREATER THAN 40 KM FROM PLACE VEHICLE(S) USUALLY KEPT NOTE - IF EITHER BOX IS CHECKED THIS COMMERCIAL VEHICLE(S) SECTION CANNOT BE USED. A COMMERCIAL VEHICLE(S) SUPPLEMENT MUST BE PROVIDED.										
ITEM 23	WHAT VEHICLE USE AND VEHICLE CLASS HAS ICBC GIVEN THE VEHICLE(S) MENTIONED IN ITEM 22?										
ICBC RATING	VEH. NO.	USE				RATE CLASS					
	1										
	2										
	3										
	4										
ITEM 24	DESCRIBE ANY MACHINERY OR EQUIPMENT MOUNTED ON OR ATTACHED TO VEHICLE(S). STATE NAME OF OWNER IF MACHINERY OR EQUIPMENT NOT OWNED BY THE APPLICANT.										
FOR AGENT/BROKER USE ONLY											
ITEM 25	HAVE YOU BOUND THIS RISK?		NO <input type="checkbox"/>		YES <input type="checkbox"/>						
ITEM 26	AMOUNT OF PREMIUM PAID WITH THIS APPLICATION		\$								
ITEM 27	HOW LONG HAVE YOU KNOWN		(A) THE APPLICANT		(B) THE PRINCIPAL OPERATOR						
ITEM 28	IS THIS BUSINESS NEW TO YOUR OFFICE?		NO <input type="checkbox"/>		YES <input type="checkbox"/>						
ITEM 29	HAS YOUR CLIENT OTHER INSURANCE WITH THIS COMPANY?		NO <input type="checkbox"/>		YES <input type="checkbox"/>						
ITEM 30	ARE THERE ANY SPECIAL CIRCUMSTANCES CONCERNING THIS APPLICATION WHICH THE INSURED SHOULD KNOW?		NO <input type="checkbox"/>		YES <input type="checkbox"/>						
DATE (Y/M/D)			SIGNATURE OF AGENT/BROKER								
REMARKS:											
ITEM NO.											