						BILE INSUR	ANCE		(OWNE	R'S F	ORM	/I S.A.F	1)		PC	LICY	NO. ASS	1					
inst	A	·	2			e Insurer) Insurance C	nmnar		New	Rep	placir	ng Poli	cy No					Po	•	nguage glish		Fren	ch
		12	JUYCIC	.igii Gc	110101	HIDDIDING C	Antipai	17 D	Compa	ny Bill					Agency Bill Broker Bill		Oth	er					
1	Applican	t's F	ull Name	e and Pos	stal Add	lress (including o	·	district)		A	Agent	t or Bro	oker				(Code(s)			Broker I ant's Te		nly
Eac	Policy Period	Fro	m	bile is an		Postal Code be chiefly used a.m. p.m	in the vi	cinity of te (YMD)		plican		ddress			ss otherw e (YMD)	ise sta	F	All times	are loc	ection of cal times stated he	at the a	pplica	nt's
/eh No	Model Year		rade Na		<u>Itomob</u>	Model or C.C.	Body	Туре	VIN (se	erial nu	umbe	er)						Purch Year Mo	1	y Applica	In.	urchase cluding	
1 2 3 4																							
•																	Agent/Bro	oker and	d Comp	oany Use	Only		_
/eh No 1 2 3 4	If applicable			and state costal code of	of	Lienholder C] Lessor						Truck Gr Vehicle W		List Price New Occasiona (OD) of vel	l Driver	/eh. Code	Terr.	Loc.	Class	DR TPL	DR Coll	RG
	This applications, provisions, provisions, pring eements	Sec	tions and e	r insurance a exclusions of Liability	See Dire	ne or more of the peri rer's corresponding s ction A.1 ect Compensation –	ls mentioned tandard police Section I Accident	cy form and B	for the fo	ion C	specifi	ied limit(s) and amou	ınt(s).					other and Section	•		ditions,	ents
				r bodily injury	to Th	perty Damage nis policy contains a									PAYMENT	r OF L	OSS CLA	USF			Veh.	SE	F No
Perils		or death of any person or damage to property (EXCLUSIVE OF COSTS AND POST		pir dedi OR Dir	partial payment of ecovery clause for roperty damage if a uctible is specified for ect Compensation – Property Damage.	Payments for deat or bodily injury					2. Collision or Upset (ex		3. C	. Comprehensive excluding collision or		4. Specified Perils (excluding collision or upset)		Unide Auton	bile and ntified nobile	No.			
		OFTH	GE TO PROPE IE NUMBER O I ANY ONE AC	ERTY REGARDL IF CLAIMS ARISI CIDENT)	NG.	DEDUCTIBLE							Separate C		xcept for loss	or dam	age by fire	or	Cove	erage			
٩m٥	its and ounts in ars	1 2 3					Section	ated in n B of the olicy											As Sta Section Poli	D of the	SEF	1/4	ehicle
		4	BI	PD	1																Premiun		emiur
Doll Min		mate	d Policy	Premium is		et to adjustment to							Attached	1	tal Estima				\$				
ver	(as shown on Driver's License)					da and U	JSÁ* of vehi	vehicle		С	ertificate Driver training course **		Is any driver subject to fa			fainting spells, dizziness or loss in Remarks section ffered from a heart disorder, epile							
															vision safe o	or hearing peration o \(\bar{\bar{\bar{\bar{\bar{\bar{\bar{	ng, or any o of a vehicle	ther physi ?	cal or me				
(a) iver	any auto			ng the pas		arising from the EE years.	e operatio	on of 7(O eh D	wnersl				ny au	TS or CLA tomobile of Amount Pa Estimate	during		SIX yea	ars		Remarks eaf if ne		
ŀ	Has any	driv	er's lice	nse. vehic	cle pern	nit or similar autl	norization	issued to	o the a	oplicar	nt or o	drivers											
(a)	cancelle	d or	lapsed v	within the	SIX ye	ge of the applica ars preceding th int, cancelled, decline	is applica	ition?		e susp				No	10(b) Is ti		If yes			ars in Re			
()	automobile	e insu	rance to th	e applicant of	or drivers	shown in item 5 withi d policy number if av	n the THRE			Veh No.	for		icle is use	Ju	me: way	ans driv	ing to work, s to public to Distance	to school ransit)			Sate the driven a Distance		
	Policy N									1		40.11000	, iododi				К	m		74111441	Km		
(b)	Details of a	applic	ant's most	recent autor	nobile ins	surance	Expiry D	Date (YM	D)	2								m m			Km Km		
(a)	Policy N		nile he root	ted, or lesso	d. or uses	d for carrying	11(6)			4							12	m Unless	Otherwic	e stated th	Km e applican	is hoth	the
eh	radioactive materials? If so, provide details Veh No. 1							Will the auto	mobile be used for the transportation or goods for compensation / If so, flicense or certificate and radius of operations.						0,	Unless otherwise stated the applicant is both the registered owner and actual owner of the described automobile. If not, state the names of: The registered owner							
3						(i) gives false p											e Insurer		knowing	gly misre			
)at	The app (1) A a contract (2) C authorize fraud, su	nt in lican Il of ct of Conse you ich a	respect at acknown the informal automolent: I are to collens as credit	of a claim wledges to mation gibile insura m applying ect, use a information	n under hat: ven by ance to g for au nd discl on, drivi	quired to be stat the contract, a contract, a contract, a contract in the applicant in the based on the tomobile insurar lose information ing record inform the mium is subject tre of Applicant	Items 1 the truth of the based as permited	nrough 13 the said in d on the in tted by la	and a and a nformal nformal w for the history.	ralid ar ny par tion. tion pro ne purp	nd the rticular rovide poses	e right ars in the ed abors nece	of the Inst he Rema ve. With ssary to a	rks s respo	to recove ection rela ect to the a s the risk,	r inder iting that applica	mnity is for ereto are ation or a	orfeited. e true ar iny rene	nd the a	applicant	hereby	applie	es fo
•	2/				J 24.0	77.00.11																	

14		ection Below where any of the foll		equire additional space								
Driver I	Additional Name	information for driver shown in Ite	em 5	Birthdate	Driver's License Num	ber	Lic	Years	Years Lic	Relationship to	Sex	Marital Status
1							Class	Lic	in Canada	Applicant		
2												
3												
	Occupation		Name of Em	ployer		Address of E	mployer					Date Hired
1	•											
2												
3 4												
15(a)	Total number	of Private Passenger	15(b) Tot	al number of Licensed Drivers in the	ne Household* including	those				ber of Non-licence		•
	Vehicles in the those already	ne Household* including / listed	hou	sehold not shown in Item 5 includ					nam	e and date of birth		
*Ηοι	ısehold – A fa	amily unit, resident in the same liv		date of birth)					Kem	arks section)		
16	If applicant h	as changed address within the la	st THREE ye	ars, provide previous addr	esses							
17	Describe any	owned trailer not shown on over	leaf									
		used in car pools or other share-	19 Is vehic	e powered by other than gas		Has vehicle l						nd give value in ection for any
	the-ride arran	gements? For each yes state Remarks section	diesel e			customized o damage incli				spe	ecial equ	uipment and/or
Veh	No Yes	Number of Passengers	Veh No	Yes Details	Veh	No Yes		-	3	cus	stom pa	int finish.
No 1			1 🗆		No 1					_		
2			2 🗆	<u> </u>	2					_		
3			3		3 4					-		
Cor	nmercial Rate											
22	Check (√) if a	applicable: Uvehicle weight is o	ver 4500kg	Operating radius is great	ater than 40km from	n place veh	icle(s)	usually	kept			
23	Describe the	her box is checked this comme complete use of the vehicle(s) in	rciai venicie cluding	(s) section cannot be use	ed. A Commercia	i venicie(s) Supp	ement	must the	n be provide	a.	
(a)	Merchandise	or material carried (if volatile, to:	dc, corrosive,	radioactive or explosive m	aterial is carried, s	tate quantit	ties)					
(b)			(c)									
(5)	Percentage of	of Pleasure Use %	(6)	Delivery	☐ Yes	☐ Whole	sale	□ Re	tail	□ O:	ther	
(d)				ify								
24	Describe any	machinery or equipment mounte	ed on or attac	hed to vehicle(s). State ov	vner if not owned b	y applicant						
Rep 25	oort of Agent/	Broker 2	6					27				
	Have you bound		Motor vehici		y Permanei	nt 🗆 l	None			of premium paid application	\$	
28												
20	How long ha	ve you known a) the app	icant?	b)	the principal opera	tor(s)?				is business ne our office?	ew \square	No ☐ Yes
30									,			
	-	ent other insurance with this comp	oany?	No ☐ Yes – give part	culars							
31		y special circumstances concerni		- · · · · ·								
				☐ No ☐ Yes – give	particulars							
		which the company should know? Signature of Agent/B		□ No □ Yes – give	particulars							
Date	(YMD)	Signature of Agent/l		□ No □ Yes – give	particulars							
RE		Signature of Agent/l		□ No □ Yes – give	particulars							
	(YMD)	Signature of Agent/l		□ No □ Yes – give	particulars							
RE	(YMD)	Signature of Agent/l		□ No □ Yes – give	particulars							
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