APPLICATION FOR AUTOMOBILE INSURANCE   (OWNER'S FORM S.A.F. 1)   POLICY NO. ASSIGNED

Insurance Company (Hereinafter called the Insurer)

The Sovereign General Insurance Company   ☐ Quote   ☐ New   ☐ Renewal   Policy / Binder Number

1A Applicant's Full Name and Postal Address (including county or district)	1B Broker's Name and Postal Address
Postal Code	Postal Code

Contact Number		Contact Number	
Home	Cell	Home	Cell
Business	Fax	Business	Fax

Preferred Language ☐ English ☐ French	Broker Contract Number	Broker Sub-Contract Number
Email Address	Group / Program Name	Group ID
Website Address	Broker Client ID	Company Client ID

2 Policy Period

Effective Date (YYYYMMDD)	Time	☐ a.m. ☐ p.m.	Expiry Date (YYYYMMDD)	at 12:01 a.m.	All times are local times at the applicant'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.

3 Particulars of the Described Automobile(s)

Veh No	Model Year	Trade Name	Model or C.C.	No. of Cyls.	Body Type	VIN (serial number)
1						
2						
3						
4						

Veh No	Provide Lienholder information for SEF 23A or leasing company for SEF 5	Lienholder	Lessor
1		☐	☐
2		☐	☐
3		☐	☐
4		☐	☐

Agent/Broker and Company Use Only

Veh No	Purchased by Applicant Year	Month	New	Used	Demo	Purchase Price Including Equipment	Truck Gross Weight	List Price New	Veh. Code	Terr.	Loc.	Class	D.R. TPL	D.R. Coll	Rate Group Coll	Comp
1																
2																
3																
4																

Occasional Driver (OD) of Vehicle No. ➢

Occasional Driver (OD) 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 Third Party Liability	Section B Accident Benefits	Section C Loss of or Damage To Insured Automobile(s)				VEHICLE PREMIUM (for optional coverage and premium see Optional Additional Coverage)
Perils	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	Payments for death or bodily injury	THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE				
			1. All Perils	2. Collision or Upset	3. Comprehensive (excluding collision or upset)	4. Specified Perils (excluding collision or upset)	
			Amount Deductible on Each Separate Claim except for loss or damage by fire or lightning or theft of the entire automobile				
Limits and Amounts in Dollars 1 2 3 4		As Stated in Section B of the Policy					
Premium in Dollars 1 2 3 4 OD OD							

Minimum Retained Premium ➢ $ _____

The total estimated policy premium is subject to adjustment to the Insurer's Manual Premium for the risk.

Total Estimated Policy Premium ➢ $ _____
Includes any premium charged for Optional Coverages.
For Details of any Optional Coverages see Optional Additional Coverage.

Optional Additional Coverage

4 Endorsements Vehicle 1 Additional Coverages including discounts and surcharges

SEF No.	Description	Limit 1	Limit 2	Deductible	%	Premium

4 Endorsements Vehicle 2 Additional Coverages including discounts and surcharges

SEF No.	Description	Limit 1	Limit 2	Deductible	%	Premium

4 Endorsements Vehicle 3 Additional Coverages including discounts and surcharges

SEF No.	Description	Limit 1	Limit 2	Deductible	%	Premium

4 Endorsements Vehicle 4 Additional Coverages including discounts and surcharges

SEF No.	Description	Limit 1	Limit 2	Deductible	%	Premium

*Premiums are included in total estimated above

5 List all drivers of the described automobile(s) in the household or business

Driver No	Name (as shown on Driver's Licence)	Driver's Licence Number	Birthdate
1			
2			
3			
4			

Driver No	Date Licensed 1	Lic. Class 1	Date Licensed 2	Lic. Class 2	State Number of Years Licensed in Canada and USA* — Approx. % of use of vehicle / relevant driver — Veh. 1	Veh. 2	Veh. 3	Veh. 4	Years Licensed	Date of MVR	**Attach Certificate Driver Training Course **	Date Completed	Type of Course
1													
2													
3													
4													

6A Is any driver subject to fainting spells, dizziness or loss of consciousness?
☐ No ☐ Yes If yes, state particulars in Remarks section. List Driver Number:

6B 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?
☐ No ☐ Yes If yes, state particulars in Remarks section. List Driver Number:

7A Give particulars of all CONVICTIONS arising from the operation of any automobile during the past THREE years.
(No convictions indicator all drivers ☐)

7A Convictions Continued

Driver No	Date	Description	Number of	Driver No	Date	Description	Number of

7B Give particulars of all ACCIDENTS or CLAIMS arising from the ownership or operation of any automobile during the past SIX years
(No claims indicator all drivers ☐) ➢ Use Remarks section overleaf if necessary

Veh No	Driver No	Date	Type of Claim	Amount Paid or Estimate	Claim Amount Repaid to Insurer	Description

8 Has any driver's license, 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?
☐ Yes ☐ No If yes, state particulars in Remarks section. List Driver Number:

9A 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.
Insurer _____ Policy No. _____ Driver Number: _____

9B Details of applicant's most recent automobile insurance.
Insurer _____ Policy No. _____ Expiry Date _____

9C Does the applicant owe any money to another Insurer related to a policy of auto insurance? ☐ Yes ☐ No

	10A The vehicle is used for:		10B Is the vehicle used to commute? (This means driving to work, to school or part-way such as to public transit)			10C State the usual distance driven annually. (Annual Distance)	10D Is the vehicle used outside of Canada? If yes, state particulars in Remarks Section.		
Veh No	Business	Pleasure	Yes / No	Distance One Way			Yes / No		No. of months
1	☐	☐	☐ ☐	_____ km		_____ km	☐ ☐	No. of months	_____
2	☐	☐	☐ ☐	_____ km		_____ km	☐ ☐	No. of months	_____
3	☐	☐	☐ ☐	_____ km		_____ km	☐ ☐	No. of months	_____
4	☐	☐	☐ ☐	_____ km		_____ km	☐ ☐	No. of months	_____

10E Have any of the following after market modifications been made? If yes, state particulars in Remarks Section

11A Will the automobile be; If so, provide details in Remarks Section

11B Will the automobile be used for the transportation of goods for compensation? If so, provide details in Remarks Section

Veh No	Engine	Ground Clearance	Interior Roll Cage	Tires	Veh No	Rented or Leased?	Used for carrying passengers for compensation or hire?	Used for carrying explosives or radioactive material?	Veh No	Class of Licence	Certificate	Radius of Operations
1					1				1			
2					2				2			
3					3				3			
4					4				4			

12 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: _____
The actual owner: _____

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 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.

The personal information collected on this application is needed to issue the policy. We 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.

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 and 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, renewal or change, detect and prevent fraud and investigate and settle any claims. If I apply for a premium payment plan, I authorize you to obtain and use my credit report.

Date (YMD) _____ Signature of Applicant _____

14 Additional information for drivers shown in Item 5

Driver No	Name (As shown on Driver's Licence)	Sex	Marital Status	Relationship to Applicant
1				
2				
3				
4				

Driver No	Conviction Surcharges — Code	%	Amount	Description	At Fault Claim Surcharges — Code	%	Amount	Description	Discount — Code	%	Amount	Description
1												
2												
3												
4												

Driver No	Name and Address of Employer	Occupation	Date Hired
1			
2			
3			
4			

15A List all resident of household or employees in the business not already listed in items 5 and 14 (providing all applicable data)

15C Non-licensed resident?

Driver No	Full Name	Birthdate	Driver's Licence Number (if applicable)	Own a Vehicle?
1				
2				
3				
4				

15B Total number of private passenger vehicles in household including those already listed (*household = a family unit resident in the same living quarters)
_____

17 Provide details of vehicle anti-theft device (if applicable)

Veh No	Device type	Device Characteristics	Product Code
1			
2			
3			
4			

16 If applicant has changed address within the last three years, provide previous address

18	Is vehicle used for car pools or share-the-ride arrangements?							19	Fuel, if not powered by gas or diesel engine	20	Has vehicle has been modified altered or customized or is there any unrepaired damage including damage to glass?	21	Describe and give value for any special equipment and/or custom paint finish	
Veh No	Y	N	No. of pass.	Frequency # of times	Per	Distance one way							Value	Describe
1														
2														
3														
4														

22 Has the applicant or any listed driver been found by court to have committed a fraud connected with automobile insurance?

☐ Yes ☐ No If yes, sate particulars in Remarks section.   List Driver Number:

23 Premium information

Total estimated policy premium	Provincial sales tax (if applicable)	Installment amount	$ / % additional charges	Total estimated cost

24 Report of Broker / Agent

Have you bound this risk? ☐ Yes ☐ No	Is this business new to your office? ☐ Yes ☐ No	Motor vehicle liability insurance card issued? ☐ Temporary ☐ Permanent ☐ None

How long have you known (a) the applicant?   Driver No.   (b) the principal operator(s)?   Driver No.

Does your client have other insurance with this company? ☐ Yes ☐ No   Policy No.   Policy No.

If yes, give particulars

Are there any special circumstances concerning this application which the company should know? ☐ Yes ☐ No If yes, give particulars

Broker / Agent Declaration

I confirm that I have read to the applicant the consent provision in item 13 of the application form and th applicant has declared their consent and further declares that they have obtained the consent of the listed drivers for this purpose.

Broker / Agent Name	Broker / Agent Signature	Date

The applicant must receive a copy of the signed application. A supplementary form for commercial or public use autos may be necessary.

25 Remarks

26 Describe any trailer not already listed

Commercial Rated Vehicle(s)

If yes selected, this commercial vehicle section cannot be used. A Commercial Vehicles Supplement form (IFC #7403-3E) must be provided.

27A Does vehicle weight exceed 4500 kg?			27B Is operating radius greater than 40km from place vehicle(s) usually kept?		
Veh No	Y	N	Veh No	Y	N
1			1		
2			2		
3			3		
4			4		

28A Percentage of pleasure use		28B	Delivery		Wholesale		Retail		Other	28C Hauling done for others?			Specify
Veh No		Veh No	Y	N	Y	N	Y	N		Veh No	Y	N	
1		1							Add in Remarks Section below	1			
2		2								2			
3		3								3			
4		4								4			

28D Is there any merchandise or material carried?				Volatile			Toxic			Corrosive			Radioactive			Explosive		
Veh No	Y	N	If yes, describe	Y	N	Quantities	Y	N	Quantities	Y	N	Quantities	Y	N	Quantities	Y	N	Quantities
1																		
2																		
3																		
4																		

28E Is there any machinery of equipment mounted on or attached to vehicles?			
Veh No	Y	N	If yes, describe and name owner if not owned by applicant.
1			
2			
3			
4			

29 Remarks