

## S.A.F. No. 4 APPLICATION FOR STANDARD GARAGE AUTOMOBILE POLICY

Ager	nt/Broker																			
	EAS APPLICATION				T (HEREII	NAFTER CAL	LED	THE INSUF	RED) TO	THE INSU	RER FOR	A CONTRAC	T OF	AUTOMO	BILE INSUR	RANCE AN	ID THE SA	AID APPLICA	ATION FOR	MS PART OF THIS
1	FULL NAME OF																		IP	DICATE
																			BLDG	Lот
	BUSINESS ADDR		n)	(A)																
	(INCL COUNTY /	DISTRICI	(																	
	LOCATION OF O PREMISES WHEE		-ss is -	(B)																
	CONDUCTED (SE BUILDING AND I	HOW EAC	Н	(D)																
1	DOLICY DEBIOD	Enov		(D)	DAY	MONTH	-	VEAD	то 12-	01 434	DAV	MONTH	_	VEAD	ALL TIMES	S A DE LOCA	I TIMES AT	THE ADDITION	NITE DOCTAL	ADDRESS STATED
3	POLICY PERIOD  THE AUTOMOBILES IT	FROM TIME N RESPECT O	F WHICH INSUR	☐ PM	DAY ROVIDED AI	MONTH RE THOSE USED	IN C	YEAR ONNECTION V	TO 12:		DAY BUSINESS OF	MONTH ::		YEAR	HEREIN.	S ARE LUCA	L TIMES AT	THE APPLICA	INIS POSTAL.	ADDRESS STATED
	(SPECIFY WHETHER A			AIR GARAGE, SEF	VICE STATI	ON, STORAGE O	GARA	GE OR PARKIN	NG LOT AN	D DESCRIBE	ALL OTHER	R BUSINESS IN I	RESP							
4	THE BASIS OF RATING			E PREMIUMPAYA	BLE SHALL	BE IN ACCORD	ANCE	WITH THE PR	EMIUM CO	OMPUTATIO	N STATEME	NT ATTACHED	HER		THIS FORM SH	HOULD NOT	BE USED FO	R RENTAL OR	FULL TIME	PART TIME
	ESTIMATED TOTAL P.	AYROLL FOR	THE POLICY PE	RIOD \$								F EMPLOYEES T THE EFFECTI				TNERS AND	EXECUTIV	E		
5	THIS APPLICATION IS THE TERMS, CONDITI																IUM IS SPEC	THED IN THIS	TEM AND NO	OTHER AND UPON
	INSURING			RILS								ITS AND AM							ADV	ANCE PREMIUM
	AGREEMENTS			BODILY INJURY T								SIVE OF COSTS								
THIE	SECTION A RD PARTY LIABILITY	PROPER' CUSTOE	TY OF OTHERS !	OR DAMAGE TO NOT IN THE CARI OF THE APPLICA	Ξ,	\$						NG FROM BODI AGE TO PROPER IDENT.							ss \$	
		SUB SEC		O PROVINCIAL OF		IAL LEGISLATION	ON. C	OVERAGE API	PLIES AS F											
Δſ	SECTION B	1&2	PAYMENTS INJURY	FOR DEATH OR I	BODILY					AS STATE	D IN THE AC	CIDENT BENEF OR	FITS	WORDING AT	TACHED				\$	
	CIDENT BENEFITO	2	MEDUICAL DEATH DIST TOTAL DISA	MEMBERMENT A	ND	\$ \$			I PERSOBN CIPAL SUM				\$				XIMUM WE	EKLY	\$	
		1	COLLISION	OR UPSET				LUE AT THE T			AGE		RE		BY INSURED CH SEPARATE		s		\$	
							THE				2,3 AND 4 SI	IALL BE CALCU	ULAT							
	SECTION C		MONTHLY	AVERAGE BASIS	<u> </u>			OR COIN LOCATIIC AS PER	)N	BASIS UBSECTIONS	S	* LIMIT OF			ER BLE BY INSUR ICE (EXCEPT I					
	LOSS OF OR							ITEM 1		INSURED		LIABILITY			G OR THEFT OF	F ENTIRE A	JTOMOBILE	:)		
	DAMAGE TO OWNED	2		ENSIVE (EXCLUI				(A)			\$			\$					\$	
	AUTOMOBILES	3		SPECIFIED PEI	RILS		<b>&gt;</b>	(B)			\$			s					\$	
			(EXCL	UDING OPEN LOT SPECIFIED PER		<u>:)</u>		(C)			\$			\$						
		4	*	(EXCLUDING T	HEFT			(D)			\$			\$					\$	
			EACH AUTO	CT OF EACH AUTO MOBILE (A) TH FOR LOSS OR DA	E AMOUNT (	OF INSURANCE	STAT	ED IN THE MO	NTHLY RE	PORT, IF AN	NY, OR (B) T									
	SECTION D UNINSURED				ON AGAINST															
	MOTORIST COVER			UNINSU	RED AND ED MOTORIS	STS			(-			N THE UNINSU	RED						\$	
	SECTION E	1		COLLISIO	N OR UPSET			s	JU	EXCLUSIVE OF DOGEMENT I USTOMER'S	INTEREST) AUTOMOBI	ANY ONE LE				PARATE	\$		\$	
_	EGAL LIABILITY FOR DAMAGE TO							LOCATIIC AS PER			OF OF				OF COSTS	LIABILITY ( AND POST	UDGEMENT	Γ		
	CUSTOMERS' AUTOMOBILES							ITEM 1 (A)		CUSTON	MER'S AUTO	MOBILES		s	INTEREST)	ANY ONE C	CCURRENC	E		
	HELD IN THE CARE, CUSTODY	2	(	SPECIFII EXCLUDING OPE	ED PERILS IN LOT PILFI	ERAGE)		(B)						s						
	OR CONTROL OF THE APPLICANT							(C)						\$						
								(D)						\$					s	
ENDO	RSEMENTS												I						Ψ	
																			\$	
	E NAME AND ADDRESS APPEAR	OF LEINHOL	DER OR MORTG	AGEE TO WHOM	, JOINTLY W	TITITHE APPLI	CANT	, LOSS, IF AN	Y UNDER S	ECTION C IS	S PAYABLE .	AS THEIR INTER	REST	R	IINIMUM ETAINED	\$		TOTAL ADVANCE	\$	
6	HAS ANY INSURER CA STATE NAME OF INSU		DECLINED OR RI	EFUSED TO RENE	W OR ISSUE	ANY INSURAN	CE RE	LATED TO TH	IE BUSINES	SS OF THE AI	PPLICANT W	TTHIN THE THE	REE Y		REMIUM DING THIS AP	PFLICATION	? IF SO,	THE ADJUST	TABLE PREMI	S ARE SUBJECT TO UM COMPUTATION
7	STATE PARTICULARS	OF ALL ACC	IDENTS, LOSSE	S OR CLAIMS AR	ISING OUT C	F THE OWNERS	HIP,	USE OR OPERA	ATION OF A	ANY AUTOM	IOBILE (i) B	Y THE APPLICA	NT A	ND (ii) IN CC	NNECTION WI	ITH THE BU	SINESS, WIT		OF THE POLIC	Y
	THREE YEARS PRECEI	DING THIS A				RY)		LICANTS VEHI										Y OF OTHERS		
	INJURI 10	LINDONS	(A	) COLLISION		DAMAGE IC	, arri	(B) OTHER	c.r.o			(A) NOT I	IN TH	IE CARE OF T	HE APPLICANT			N THE CARE O		ANT
8			N. 101 E		A PROF. T			D 4 00:		MODII		DE D. 6			E 0.10					
	WHERE (A) AN APPLI STATED THERIN OR ( THE RIGHT OF THE IN	ICANT FOR A B) THE INSU	CONTRACT GIV	VES FALSE PARTI	CULARS OF THE CONTR.	THE AUTOMOB	ILES	TO BE INSURE	D TO THE	PREJUDICE (	OF THE INSU	JRER AND KNO	WIN	GLY MISREPI	RESENTS OR FA	AILS TO DIS				
1															-	SIG	NATURE	OF APPLICA	ANT	

## RATING INFORMATION

	YPE OF OPERATI EALERS	ON									
*   *   *   *   *   *	NEW & USED CA USED CARS EXCI MOTORCYCLES RECREATIONAL SNOW VEHICLES FARM IMPLEMEN GIVE DETAILS OF	VEHICLES WTS	* RE SE OT	DDY SHOP ONLY — C. EPAIR GARAGE — CA RVICE STATION — SI THER — SPECIFY  G. MUFFLER SHOP, T MODBILES SOLD AN	R SALES? ELF SERVE? TIRE SHOP	Y   Y   Y   Y   Y   Y   Y   Y   Y   Y	N		CAR WASH	SELF SERVE? Y  BY CUSTOME BY EMPLOYE OR VALET PARKING  BER OF YEARS IN BUSIN	ER
Н	OW MANY I ONG	TERM I FASED	AUTOMORII	ES DOES THE NA	MED INSURED	I FASE TO C	THERS?				
	OTAL NUMBER O						_				
			FULL 1	ПМЕ		PART	ТІМЕ		ACTU	JAL FULL AMOUNT OF PA	AYROLL
PAST YEA 1 <sup>ST</sup> PRIOR 2 <sup>ND</sup> PRIOR	YEAR									_	
3. st	JMMARY OF *AC	TIVE AUTOMO	OBILES OWN	ED BY THE INSU	RED						
NOTE	• IF AUT (S.P.F.	OMOBILES ARE I 1) IN THE NAME	LEASED BY THE OF THE LESSO	LES TO OTHERS IS E INSURED FROM O R WITH AN S.E.F. 5 SEPARATE POLICY	THERS THEY M				LICY	COMPLETE APPLICATION OWNERS FORM (S.A.	
i		IAL TOW TRUCKS		RATION	NUMBER	iv			IED TO CUSTOMERS	S	NUMBER
ii	(b) PARTS & S DEMONSTRATORS (VEHICLES USED FO DRIVES, INCLUDING		ARS			v	DELIVER MISCELL (I.E. MOT	Y OF A NEW Y ANEOUS AUT FORCYCLES, I			
iii	AUTOMOBILES SUP REGULAR & FREQU		IG DEMOS) FOR			vi			PLATES HELD		
	(a) ACTIVE PARTNI		EMPLOYEES			vii		RMANENTLY A		<del></del>	
	(b) OTHERS (THESE QUESTION 8B)	E PEOPLE SHOULD	BE LISTED ON	THE S.E.F.76 SEE							
	IF LESS THAN 5 AU	TOMORII ES OWN	ED (EXCLUDIN	IG MOTORCYCLES		TOTA		E OWNED AU	TOMOBILES		
	SNOWMOBILES, TR AUTOMOBILES INC	AILERS, ETC.) AT	TACH A LIST OF	F ALL OWNED			PAST YEA				
	USE & DRIVERS	LODING TEAR, W.	incl, Model &	SERBLE NOMBER,			2 <sup>ND</sup> PRIOR				
							2 <sup>th</sup> PRIOI	K YEAK			—
4. TY	YPES AND VALUE	S OF AUTOMO	BILES								
		CARS, TRU	CKS						O	THER	
		O' BLDG.	WNED LOT	BLD	CUSTOMERS G.	LOT	F	OW. BLDG.	NED LOT	CUSTO: BLDG.	MERS LOT
ERAGE	VALUE UNIT VALUE										
5. w			TIFIED PERIL	S/COMPREHENS	SIVE COVERA	GE IS REQU	IRED FOR	R CUSTOMI	ERS AUTOMOBII	LES, INDICATE THE	MAXIMUN
N	UMBER AT EACH	LOCATION									
ILDING	(A)						(C)			(D)	
EN LOT	(A)	-		(B)			(C)			(D)	
6. W	HERE ARE KEYS	КЕРТ									
RING RI	USINESS HOURS										
	DSINESS HOURS	-									

1	o	IST ALL COMPANY OFFICIALS AND FULL OR FREQUENT USE, OR WHO USUALLY DRI OPERATORS (TYPE A)						
]	Fl	LL OPERATORS OTHER THAN FULL TIME REQUENT USE (E.G. SPOUSES, DAUGHTERS, SO NSURED'S ENDORSEMENT (TYPE B)						
(	C A	LL EMPLOYEES WHO OPERATE AUTOS IN	THE COURSE OF THE	IR DUTIES (TYP	E C)			
TY	PE	NAME	LICENSE NUMBER	DATE OF B	SIRTH	YEARS LICENSED	POSITION/RELATIONSHIP TO INSURED	YEARS EMPLOYED
_	 							
_								<u> </u>
_	<u> </u>				<u> </u>			
]	OOE	S APPLICANT PROVIDE SHUTTLE SERVICE	E FOR CUSTOMERS? I	F SO, GIVE DET	AILS – FRI	EQUENCY & DIS	TANCE	
]	OOE	S APPLICANT PICK UP OR DELIVER CUSTO	OMER'S AUTOMOBILES	s? YES	No 🗌 F	PROVIDE DETAIL	S (I.E. NUMBERS AND RADIUS)	
(	OR SA	S APPLICANT PICK UP OR DELIVER OWNE ALE/PURCHASE?)  NO PRIOVIDE DETAILS OF FREQU		RADIUS IN EXC	ESS OF 40	KM/25 MILES? (	I.E. TAKEN ELSEWHERE FOR UNDERCO	DATING, MODIFICAT
1	WHE	ERE AND HOW ARE VEHICLES (HELD FOR	SALE) OBTAINED?					
		SALESMEN ALWAYS ACCOMPANY CUSTON D, DESCRIBE OTHER PRECAUTIONS TAKE				YES □ NO □	]	
		E DETAILS OF ANY CONTRACTUAL LIABII FODY AND CONTROL.	ITY THE INSURED HAS	S ENTERED INTO	) ASSUMIN	G RESPONSIBIL	ITY FOR DAMAGE TO AUTOMOBI	LES IN THEIR CA
		S APPLICANT DISPENSE PROPANE, DO PRO	OPANE CONVERSION, I	REPAIR OR MAI	NTAIN PRO	DPANE FUEL SYS	TEMS?	
		OR VEHICLE ABSTRACTS – ARE THEY OB						
]	DOE	S THE APPLICANT HAVE WRITTEN RULES	REGARDING THE USE	OF DEMONSTR	ATORS?			
,	YES	☐ NO ☐ IF YES, ATTACH A COPY						
I		EMONSTRATOR USE RESTRICTED TO EMPLO		NO L	INCL	UDING SPOUSE	YES LI NO LI	
1	NCL	UDING CHILDREN YES NO NO	OTHERS NO NO	NO L	INCL	UDING SPOUSE	YES   NO	

DAT	E	TYPE OF LOSS	AMOUNT PAID/OS INCLUDING EXPENSES	DESCRIPTION
IAGE TO	CUSTOME	R'S AUTOMOBILE	CS IN THE CARE, CUSTODY	OR CONTROL OF THE APPLICANT
	<del></del> =			
	BROKERS REPO			TO DUCINIESS NEW TO VOLID ACENCY/DDOVEDACE?
(A) HOW	LONG HAVE YO	OU KNOWN APPLICANT		IS BUSINESS NEW TO YOUR AGENCY/BROKERAGE? ? GIVE PARTICULARS INCLUDING POLICY NUMBERS.
(A) HOW (C) DOES	LONG HAVE YO	OU KNOWN APPLICANT	NSURANCE WITH OUR COMPANY	
(A) HOW (C) DOES (D) ARE	LONG HAVE YO THE APPLICAN ANY AUTOMOB	OU KNOWN APPLICANT T HAVE ANY OTHER II	NSURANCE WITH OUR COMPANY  S NO IF YES, NAME T	? GIVE PARTICULARS INCLUDING POLICY NUMBERS. THE LEINHOLDER.
(A) HOW (C) DOES (D) ARE IS CO	LONG HAVE YO THE APPLICAN ANY AUTOMOB	OU KNOWN APPLICANT T HAVE ANY OTHER II	S NO IF YES, NAME T	? GIVE PARTICULARS INCLUDING POLICY NUMBERS. THE LEINHOLDER.
(A) HOW (C) DOES (D) ARE IS CO	LONG HAVE YO THE APPLICAN ANY AUTOMOB	OU KNOWN APPLICANT IT HAVE ANY OTHER II IILES FINANCED? YE	S NO IF YES, NAME T	? GIVE PARTICULARS INCLUDING POLICY NUMBERS. THE LEINHOLDER.
(A) HOW (C) DOES (D) ARE IS CO	LONG HAVE YO THE APPLICAN ANY AUTOMOB	OU KNOWN APPLICANT IT HAVE ANY OTHER II IILES FINANCED? YE	S NO IF YES, NAME T	? GIVE PARTICULARS INCLUDING POLICY NUMBERS. THE LEINHOLDER.
(A) HOW (C) DOES  (D) ARE  IS CO (E) APPL	LONG HAVE YO THE APPLICAN ANY AUTOMOB EVERAGE REQUI	OU KNOWN APPLICANT IT HAVE ANY OTHER II IILES FINANCED? YE	S NO IF YES, NAME TO NO POLICY NUMBER(S)	? GIVE PARTICULARS INCLUDING POLICY NUMBERS. THE LEINHOLDER.
(A) HOW (C) DOES  (D) ARE  IS CO (E) APPL	LONG HAVE YO THE APPLICAN ANY AUTOMOB EVERAGE REQUI	OU KNOWN APPLICANT IT HAVE ANY OTHER II SILES FINANCED? YE IRED FOR FINANCED A OUS INSURER(S) AND I	S NO IF YES, NAME TO NO POLICY NUMBER(S)	? GIVE PARTICULARS INCLUDING POLICY NUMBERS. THE LEINHOLDER.
(A) HOW (C) DOES (D) ARE IS CC (E) APPL	LONG HAVE YO THE APPLICAN ANY AUTOMOB EVERAGE REQUI	OU KNOWN APPLICANT IT HAVE ANY OTHER II SILES FINANCED? YE IRED FOR FINANCED A OUS INSURER(S) AND I	S NO IF YES, NAME TO NO POLICY NUMBER(S)	? GIVE PARTICULARS INCLUDING POLICY NUMBERS. THE LEINHOLDER.