

CSIO ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE

POLICY NO. ASSIGNED OR BINDER:

OWNER'S FORM S.A.F.1

INSURANCE COMPANY (NSURER)

NEW POLICY

RENEWAL POLICY

POLICY LANGUAGE:

ENGLISH

FRENCH

1. APPLICANT(S) FULL NAME AND POSTAL ADDRESS:

				AGENT/BROKER:	
				POLICY BILLING	
CONTACT NUMBER	<input type="checkbox"/> BUSINESS <input type="checkbox"/> RES <input type="checkbox"/> MOBILE	CONTACT NUMBER	<input type="checkbox"/> BUSINESS <input type="checkbox"/> RES <input type="checkbox"/> MOBILE	EMAIL ADDRESS	<input type="checkbox"/> BROKER BILL <input type="checkbox"/> COMPANY BILL <input type="checkbox"/> PAYMENT PLAN

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.

2. POLICY PERIOD

FROM **TIME** A.M. P.M. **DATE** _____ **DATE** _____ **TO** 12:01 A.M. ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS.

3. PARTICULARS OF THE DESCRIBED AUTOMOBILE(S)

VEH. NO.	MODEL YEAR	TRADE NAME	MODEL OR C.C.	BODY TYPE	V.I.N. (SERIAL NO.)	PURCHASED BY APPLICANT			PURCHASE PRICE INCLUDING ACCESSORIES EQUIPMENT
						YEAR	MONTH	NEW OR USED	
1									
2									
3									
4									

VEH. NO.	IF APPLICABLE, INDICATE WHICH AND STATE NAME, POSTAL ADDRESS AND POSTAL CODE OF LIENHOLDER, LESSOR, OR ASSIGNEE:	ASSIGNEE	LIENHOLDER	LESSOR
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VEH. NO.	GWV (Kg)	WINTER TIRES		AGENT/BROKER AND COMPANY USE ONLY										
		YES	NO	LIST PRICE NEW	VEHICLE CODE	TERR.	LOC.	CLASS	D.R. T.P.L.	D.R. COLL/A.P.	RATE GROUP			
												DCPD	COLL.	COMP.
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"/>											
	OCCASIONAL DRIVER (O.D.) OF VEHICLE NO.	▶												
	OCCASIONAL DRIVER (O.D.) 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 A1 Direct Comp for Property Damage		SECTION B ACCIDENT BENEFITS		SECTION C LOSS OF OR DAMAGE TO INSURED AUTOMOBILE(S)				ENDORSEMENTS		
	LEGAL LIABILITY FOR BODILY INJURY TO OR DEATH OF ANY PERSON OR DAMAGE TO PROPERTY (EXCLUSIVE OF COSTS AND POST JUDGEMENT 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.		THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE if a deductible is specified for Direct Compensation for Property Damage		PAYMENTS FOR DEATH OR BODILY INJURY		THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE				VEH. NO.	ENDORSEMENT NO.	
	AMOUNT DEDUCTIBLE				AS STATED IN SECTION B OF THE POLICY		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												
PREMIUM IN DOLLARS		PD	BI	GRID: YES	NO							S.E.F. PREMIUM	VEHICLE PREMIUM
	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"/>								
	00			<input type="checkbox"/>	<input type="checkbox"/>								
	00			<input type="checkbox"/>	<input type="checkbox"/>								

MINIMUM RETAINED PREMIUM ▶ \$ _____

TOTAL ESTIMATED POLICY PREMIUM ▶ \$ _____

THE TOTAL ESTIMATED POLICY PREMIUM IS SUBJECT TO ADJUSTMENT TO THE INSURER'S MANUAL PREMIUM FOR THE RISK.

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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	DATE OF BIRTH
1			
2			
3			
4			

Driver No.	STATE NUMBER OF YEARS LICENCED IN CANADA OR UNITED STATES		GRID STEP	APPROX. % USE OF VEHICLE BY EACH DRIVER				DRIVER'S OCCUPATION	DRIVER TRAINING Y/N ATTACH DTC CERT.	
	DATE LIC.	LIC. CLASS		Veh. 1	Veh. 2	Veh. 3	Veh. 4		YES	NO
1										
2										
3										
4										

6(A). GIVE PARTICULARS OF ALL CONVICTIONS ARISING FROM THE OPERATION OF ANY AUTOMOBILE DURING THE PAST FOUR YEARS.

DRIVER NO.	DATE YY/MM/DD	DESCRIPTION	DRIVER NO.	DATE YY/MM/DD	DESCRIPTION

6(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.	DATE YY/MM/DD	TYPE OF CLAIM	AMOUNT PAID OR ESTIMATE	CLAIM AMOUNT REPAYED TO INSURER	DESCRIPTION

7. HAS ANY DRIVER'S LICENCE, 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 THE REMARKS SECTION.

<p>8(A). HAS ANY INSURER, TO THE KNOWLEDGE OF THE APPLICANT, CANCELLED, DECLINED OR REFUSED TO RENEW OR ISSUE AUTOMOBILE INSURANCE TO THE APPLICANT WITHIN THE THREE YEARS? IF SO, STATE NAME OF INSURER, AND POLICY NUMBER IF AVAILABLE, AND REASON.</p> <p>INSURER _____ REASON _____ POLICY NO. _____</p>	<p>8(B). DETAILS OF APPLICANT'S MOST RECENT AUTOMOBILE INSURANCE</p> <p>INSURER _____ EXPIRY DATE _____</p> <p>POLICY NO. _____</p>	<p>8(C). DOES THE APPLICANT OWE ANY MONEY TO ANOTHER INSURER RELATED TO AN ALBERTA POLICY OF AUTO INSURANCE? IF YES, STATE PARTICULARS IN THE REMARKS SECTION.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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VEH. NO.	9(A). STATE THE USUAL DISTANCE DRIVEN ANNUALLY.	9(B). IS THE VEHICLE USED TO COMMUTE? (DRIVING TO WORK, SCHOOL OR PART-WAY SUCH AS TO PUBLIC TRANSIT.)		9(C). STATE THE USUAL % OF ANNUAL KILOMETERS DRIVEN FOR BUSINESS USE. ENTER 0 IF NO BUSINESS USE.	9(D). IS THE VEHICLE USED OUTSIDE OF CANADA? IF YES, STATE PARTICULARS IN REMARKS SECTION	9(E). ARE THERE ANY MODIFICATIONS OR CUSTOMIZATIONS, OTHER THAN REPAIRS OR RESTORATIONS, THAT AFFECT THE ORIGINAL MANUFACTURER'S DESIGN SPECIFICATIONS OR INCREASE THE VALUE OF THE AUTOMOBILE? IF YES, STATE PARTICULARS IN REMARKS SECTION.	
		YES	NO				NO. OF MONTHS
1	_____ km	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____	<input type="checkbox"/>	<input type="checkbox"/>
2	_____ km	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____	<input type="checkbox"/>	<input type="checkbox"/>
3	_____ km	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____	<input type="checkbox"/>	<input type="checkbox"/>
4	_____ km	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____	<input type="checkbox"/>	<input type="checkbox"/>

VEH. NO.	10(A). WILL THE AUTOMOBILE BE RENTED, LEASED, USED FOR CARRYING PASSENGERS FOR COMPENSATION OR HIRE (EXAMPLES: TAXI, TRANSPORTATION NETWORK AUTOMOBILE), CARRYING EXPLOSIVES OR CARRYING RADIOACTIVE MATERIAL, EVEN ON AN OCCASIONAL BASIS? IF SO, PROVIDE DETAILS	10(B). WILL THE AUTOMOBILE BE USED FOR THE TRANSPORTATION OF GOODS (EXAMPLES: FREIGHT, FOOD, PARCELS) FOR REWARD, EVEN ON AN OCCASIONAL BASIS? IF YES, STATE CLASS OF LICENCE OR CERTIFICATE AND RADIUS OF OPERATIONS.
1		
2		
3		
4		

11. UNLESS OTHERWISE STATED, THE APPLICANT IS BOTH THE REGISTERED OWNER AND THE ACTUAL OWNER OF THE DESCRIBED AUTOMOBILE(S). IF NOT, STATE THE NAMES OF:

THE REGISTERED OWNER _____

THE ACTUAL OWNER _____

12. REMARKS

13. 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 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(s) acknowledges that all of the information given by the applicant in Items 1 through 12 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 in 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 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, 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.

DATE _____ SIGNATURE OF APPLICANT **X**

OPTIONAL ADDITIONAL COVERAGE (NOT REQUIRED FOR S.A.F. 1)

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4. ENDORSEMENTS VEHICLE 1 ADDITIONAL COVERAGES INCLUDING DISCOUNTS AND SURCHARGES							
SEF N° .	DESCRIPTION	LIMIT 1	LIMIT 2	DEDUCTIBLE	%	PREMIUM	

4. ENDORSEMENTS VEHICLE 2 ADDITIONAL COVERAGES INCLUDING DISCOUNTS AND SURCHARGES							
SEF N° .	DESCRIPTION	LIMIT 1	LIMIT 2	DEDUCTIBLE	%	PREMIUM	

4. ENDORSEMENTS VEHICLE 3 ADDITIONAL COVERAGES INCLUDING DISCOUNTS AND SURCHARGES							
SEF N° .	DESCRIPTION	LIMIT 1	LIMIT 2	DEDUCTIBLE	%	PREMIUM	

4. ENDORSEMENTS VEHICLE 4 ADDITIONAL COVERAGES INCLUDING DISCOUNTS AND SURCHARGES							
SEF N° .	DESCRIPTION	LIMIT 1	LIMIT 2	DEDUCTIBLE	%	PREMIUM	

*PREMIUMS ARE INCLUDED IN TOTAL ESTIMATED ON PAGE 1

OPTIONAL (NOT REQUIRED FOR S.A.F. 1)

CSIO ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE
PART 2

POLICY NO. ASSIGNED: _____

14. ADDITIONAL INFORMATION FOR DRIVERS SHOWN IN ITEM 5.												
Driver No.	NAME (as shown on Driver's Licence)						DRIVER TRAINING DATE COMPLETED		TYPE	SEX	MARITAL STATUS	RELATIONSHIP TO APPLICANT
1												
2												
3												
4												
Driver No.	CONVICTION S/C %			AT FAULT CLAIM %			DISCOUNT % APPLIED					
	DATE OF MVR	CODE	%	DESCRIPTION	CODE	%	DESCRIPTION	CODE	%	DESCRIPTION		
1												
2												
3												
4												
15. NAME AND ADDRESS OF EMPLOYER												
Driver No.	NAME								ADDRESS		DATE HIRED	
1												
2												
3												
4												
16 (A). LIST ALL RESIDENTS OF HOUSEHOLD OR EMPLOYEES IN THE BUSINESS NOT ALREADY LISTED IN ITEMS 5 AND 14 (PROVIDING ALL APPLICABLE DATA).										16 (B). NON-LICENSED RESIDENT?		
Driver No.	FULL NAME			BIRTHDATE	DRIVER'S LICENCE NUMBER (if applicable)			OWN A VEHICLE?				
1												
2												
3												
4												
17. IS VEHICLE USED FOR CAR POOLS OR SHARE-THE-RIDE ARRANGEMENTS?				18. FUEL IF NOT POWERED BY GAS OR DIESEL ENGINE			19. IS THERE ANY UNREPAIRED DAMAGE INCLUDING DAMAGE TO GLASS?			20. DESCRIBE AND GIVE VALUE FOR ANY SPECIAL EQUIPMENT AND/OR CUSTOM PAINT FINISH		
Vehicle No.	Yes/No	No. of Passengers	Frequency # of times per							Value	Describe	
1												
2												
3												
4												
21. PROVIDE DETAILS OF VEHICLE ANTI-THEFT DEVICE. (IF APPLICABLE)					22. IF APPLICANT HAS CHANGED ADDRESS WITHIN THE LAST THREE YEARS, PROVIDE PREVIOUS ADDRESS							
Vehicle No.	Device Type	Device Characteristics			Product Code							
1												
2												
3												
4												
23. TOTAL NUMBER OF PRIVATE PASSENGER VEHICLES IN HOUSEHOLD INCLUDING THOSE ALREADY LISTED # _____												
24. REMARKS												

25. REPORT OF BROKER/AGENT											
Have you bound this risk? <input type="checkbox"/> YES <input type="checkbox"/> NO				Is this business new to your office? <input type="checkbox"/> YES <input type="checkbox"/> NO				Motor vehicle liability insurance card issued? <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT <input type="checkbox"/> NONE			
How long have you known (a) the applicant? _____ Driver N° _____ (b) the principal operator(s) _____ Driver N° _____											
Provide Applicant's email address if applicable. _____											
Does your client have other insurance with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO Policy N° _____ Policy N° _____											
If yes, give particulars _____											
Are there any special circumstances concerning this application which the company should know? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give particulars _____											
Is this risk eligible for the residual market, but being placed in the regular market under the take-all-comers rule? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give particulars _____											
Was the Supplementary Market Availability Plan (SMAP) accessed to place this risk? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide "map" reference number: _____											
26. BROKER/AGENT DECLARATION											
I CONFIRM THAT I HAVE READ TO THE APPLICANT THE CONSENT PROVISION IN ITEM 13 OF THE APPLICATION FORM AND THE 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		

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POLICY NO. ASSIGNED:

27. 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 must be provided.

28 (A). Does vehicle weight exceed 4500 kg?

28 (B). Is operating radius greater than 40 km from place vehicle(s) usually kept?

Vehicle No.	Vehicle No.
1	1
2	2
3	3
4	4

29. COMMERCIAL VEHICLE USE

Vehicle No.	Percentage of Pleasure Use	Delivery	Wholesale	Retail	Other Add in Remarks section below	Hauling Done for Others?	Specify
1							
2							
3							
4							

30. Is there any merchandise or material carried?

31. If volatile toxic, corrosive radio active or explosive materials carried, state quantities:

Vehicle No.	If yes, describe	Vehicle No.
1		1
2		2
3		3
4		4

32. Is there any machinery or equipment mounted on or attached to vehicles?

Vehicle No.	If yes, describe and name owner if not owned by Applicant.
1	
2	
3	
4	

33. REMARKS

Multiple empty lines for providing remarks.