

# CSIO ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE

POLICY NO. ASSIGNED: \_\_\_\_\_

OWNER'S FORM S.A.F.1

INSURANCE COMPANY (HEREINAFTER CALLED THE INSURER)  NEW

REPLACING POLICY NO.

POLICY LANGUAGE:  ENGLISH  FRENCH

## 1. APPLICANT'S FULL NAME AND POSTAL ADDRESS (INCLUDING COUNTY OR DISTRICT)

APPLICANT'S FULL NAME AND POSTAL ADDRESS (INCLUDING COUNTY OR DISTRICT)		BROKER'S CLIENT ID	COMPANY CLIENT ID
		BROKER	
		BRANCH	CODE(S)
CONTACT NUMBER <input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> FAX		POSTAL CODE	<b>POLICY BILLING</b>
		<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 OVERLEAF.

## 2. POLICY PERIOD

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

## 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	
						YEAR	MONTH	NEW OR USED	INCLUDING EQUIPMENT
1									
2									
3									
4									

VEH. NO.	IF APPLICABLE, INDICATE WHICH AND STATE NAME, POSTAL ADDRESS AND POSTAL CODE OF:	LIENHOLDER	LESSOR
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"/>

### BROKER AND COMPANY USE ONLY

VEH. NO.	TRUCK GROSS WEIGHT	LIST PRICE NEW	GRID		GRID STEP	VEH. CODE	TERR.	LOC.	CLASS	D.R. T.P.L.	D.R. COLL/A.P.	RATE GROUP	
			YES	NO								COLL/A.P.	COMP/S.P.
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.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>									
OCCASIONAL DRIVER (O.D.) OF VEHICLE NO.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>									

## 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, DEFINITIONS AND EXCLUSIONS OF THE INSURER'S CORRESPONDING STANDARD POLICY FORM AND FOR THE SPECIFIED LIMIT(S) AND AMOUNT(S).

INSURING AGREEMENTS	SECTION A	SECTION B	SECTION C				ENDORSEMENTS					
	THIRD PARTY LIABILITY	ACCIDENT BENEFITS	LOSS OF OR DAMAGE TO INSURED AUTOMOBILE(S)				VEH. NO.	S.E.F. NO.				
PERILS	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.	PAYMENTS FOR DEATH OR BODILY INJURY	<p style="color: red;">THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE</p> <table border="1"> <tr> <td>1. ALL PERILS</td> <td>2. COLLISION OR UPSET</td> <td>3. COMPREHENSIVE (EXCLUDING COLLISION OR UPSET)</td> <td>4. SPECIFIED PERILS (EXCLUDING COLLISION OR UPSET)</td> </tr> </table> <p>AMOUNT DEDUCTIBLE ON EACH SEPARATE CLAIM EXCEPT FOR LOSS OR DAMAGE BY FIRE OR LIGHTNING OR THEFT OF THE ENTIRE AUTOMOBILE</p>				1. ALL PERILS	2. COLLISION OR UPSET	3. COMPREHENSIVE (EXCLUDING COLLISION OR UPSET)	4. SPECIFIED PERILS (EXCLUDING COLLISION OR UPSET)		
1. ALL PERILS	2. COLLISION OR UPSET	3. COMPREHENSIVE (EXCLUDING COLLISION OR UPSET)	4. SPECIFIED PERILS (EXCLUDING COLLISION OR UPSET)									
LIMITS AND AMOUNTS IN DOLLARS		AS STATED IN SECTION B OF THE POLICY										
PREMIUM IN DOLLARS							S.E.F. PREMIUM	VEHICLE PREMIUM				

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.

INCLUDES ANY PREMIUM CHARGED FOR OPTIONAL COVERAGES. FOR DETAILS OF ANY OPTIONAL COVERAGES, SEE INDUSTRY SECTION.

# CSIO ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE

## OWNER'S FORM

POLICY NO. ASSIGNED:

Driver No.	NAME (as shown on Driver's Licence)	OPERATOR 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/ RELEVANT DR.				DRIVER'S OCCUPATION	DRIVER TRAINING CERTIFICATE ** Attach Certificate Driver Training Course**
	DATE LIC.	LIC. CLASS		Veh. 1	Veh. 2	Veh. 3	Veh. 4		
1									
2									
3									
4									

**6(A).** IS ANY DRIVER SUBJECT TO FAINTING SPELLS, DIZZINESS OR LOSS OF CONSCIOUSNESS?  
 YES  NO IF YES, STATE PARTICULARS IN THE REMARKS SECTION.

**6(B).** 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?  
 YES  NO IF YES, STATE PARTICULARS IN THE REMARKS SECTION.

**7(A).** GIVE PARTICULARS OF ALL **CONVICTIONS** ARISING FROM THE OPERATION OF ANY AUTOMOBILE DURING THE PAST **THREE** YEARS.

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

**7(B).** GIVE PARTICULARS OF ALL **ACCIDENTS** OR **CLAIMS** ARISING FROM THE OWNERSHIP OR OPERATION OF ANY AUTOMOBILE DURING THE PAST **SIX** YEARS. ◀ USE REMARKS SECTION OVERLEAF IF NECESSARY

VEHICLE NO.	DRIVER NO.	DATE YY/MM/DD	TYPE OF CLAIM	AMOUNT PAID OR ESTIMATE	CLAIM AMOUNT REPAID TO INSURER	DESCRIPTION

**8.** 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.

**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 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. \_\_\_\_\_

**9(B).** DETAILS OF APPLICANT'S MOST RECENT AUTOMOBILE INSURANCE  
 INSURER \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_  
 POLICY NO. \_\_\_\_\_

**9(C).** DOES THE APPLICANT OWE ANY MONEY TO ANOTHER INSURER RELATED TO A POLICY OF AUTO INSURANCE?  
 YES  NO

VEH. NO.	10(A). STATE THE USUAL DISTANCE DRIVEN ANNUALLY.	10(B). IS THE VEHICLE USED TO COMMUTE? (DRIVING TO WORK, SCHOOL OR PART-WAY SUCH AS TO PUBLIC TRANSIT.)		DISTANCE ONE WAY	10(C). STATE THE USUAL % OF ANNUAL KILOMETERS DRIVEN FOR BUSINESS USE. ENTER 0 IF NO BUSINESS USE.	10(D). IS THE VEHICLE USED OUTSIDE OF CANADA?		10(E). HAVE ANY OF THE FOLLOWING AFTER-MARKET MODIFICATIONS BEEN MADE? IF YES, STATE PARTICULARS IN REMARKS SECTION.			
		YES	NO			YES	NO	ENGINE	GROUND CLEARANCE	INTERIOR ROLL CAGE	TIRES
1	km	<input type="checkbox"/>	<input type="checkbox"/>	km	%	<input type="checkbox"/>	<input type="checkbox"/>				
2	km	<input type="checkbox"/>	<input type="checkbox"/>	km	%	<input type="checkbox"/>	<input type="checkbox"/>				
3	km	<input type="checkbox"/>	<input type="checkbox"/>	km	%	<input type="checkbox"/>	<input type="checkbox"/>				
4	km	<input type="checkbox"/>	<input type="checkbox"/>	km	%	<input type="checkbox"/>	<input type="checkbox"/>				

**11(A).** WILL THE AUTOMOBILE BE RENTED OR LEASED, OR USED FOR CARRYING PASSENGERS OR HIRE, OR FOR CARRYING EXPLOSIVES OR RADIOACTIVE MATERIAL? IF SO, PROVIDE DETAILS

**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 OPERATIONS.

**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.** 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 wilfully 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 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, 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 \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_



# CSIO ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE

POLICY NO. ASSIGNED: \_\_\_\_\_

## PART 2

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.	DATE OF MVR	CODE	%	CONVICTION S/C % DESCRIPTION	CODE	%	AT FAULT CLAIM % DESCRIPTION	CODE	%	DISCOUNT % APPLIED DESCRIPTION			
1													
2													
3													
4													
15. NAME AND ADDRESS OF EMPLOYER											DATE HIRED		
Driver No.	NAME							ADDRESS					
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					

