

ALBERTA STANDARD GARAGE AUTOMOBILE INSURANCE RENEWAL CERTIFICATE (AB S.R.C. No. 4)

Policy No. Assigned:

INSURANCE COMPANY (Hereinafter called the Insurer)

REPLACING POLICY NUMBER

PREFERRED POLICY LANGUAGE ENGLISH FRENCH

ITEMS

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

BROKER/AGENT

POSTAL CODE

POLICY BILLING

CONTACT NUMBER

BUSINESS HOME FAX

BROKER/AGENT BILL COMPANY BILL PAYMENT PLAN

BUSINESS ADDRESS (INCLUDING COUNTY OR DISTRICT)

LOCATION OF OTHER PREMISES WHERE BUSINESS IS CONDUCTED (SHOW EACH BUILDING AND LOT SEPARATELY)

	BUILDING	STRUCTURE TYPE	LOT
(A)			
(B)			
(C)			
(D)			

IN CONSIDERATION OF THE PAYMENT OF THE PREMIUM BELOW, THIS POLICY IS HEREBY RENEWED FROM THE DATE SPECIFIED IN ITEM 2 HEREOF.

2. Policy Period From **Time** a.m. p.m. **Date** To 12:01 a.m. **Date**

YYYY MM DD YYYY MM DD

All times are local times at the applicant's postal address stated herein.

3. THE AUTOMOBILES IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED ARE THOSE USED IN CONNECTION WITH THE APPLICANT'S BUSINESS OF:

4. THE BASIS OF RATING AND CALCULATION OF THE PREMIUM PAYABLE SHALL BE IN ACCORDANCE WITH THE PREMIUM COMPUTATION STATEMENT ATTACHED (PCSI).

5. THIS RENEWAL CERTIFICATE IS FOR INSURANCE AGAINST ONE OR MORE OF THE PERILS MENTIONED IN THIS ITEM, BUT ONLY FOR INSURANCE UNDER THE SECTION(S) OR SUBSECTION(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 LIMITS AND AMOUNTS:

INSURING AGREEMENTS	PERILS	LIMITS AND AMOUNTS				ADVANCE PREMIUM	
SECTION A THIRD PARTY LIABILITY	LEGAL LIABILITY FOR BODILY INJURY TO OR DEATH OF ANY PERSON OR DAMAGE TO PROPERTY OF OTHERS NOT IN THE CARE, CUSTODY OR CONTROL OF THE INSURED.	\$	(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.			\$	
SECTION B ACCIDENT BENEFITS	SUB. SEC. 1 MEDICAL PAYMENTS	SUBJECT TO PROVINCIAL LEGISLATION, COVERAGE APPLIES AS FOLLOWS:				\$	
	2 DEATH, GRIEF COUNSELLING, FUNERAL AND TOTAL DISABILITY	AS STATED IN THE ACCIDENT BENEFITS WORDING ATTACHED					
	3 UNINSURED MOTORIST COVER						
SECTION C LOSS OF OR DAMAGE TO OWNED AUTOMOBILES	1 COLLISION OR UPSET	ACTUAL CASH VALUE AT TIME OF LOSS OR DAMAGE NOT EXCEEDING THE ACTUAL COST TO THE INSURED		SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE AUTOMOBILE		\$	
	THE PREMIUM UNDER SUBSECTION 2, 3 AND 4 SHALL BE COMPUTED ON A: MONTHLY AVERAGE BASIS <input type="checkbox"/> OR CO-INSURANCE BASIS <input type="checkbox"/> OR <input type="checkbox"/>						
	2 COMPREHENSIVE (EXCLUDING COLLISION OR UPSET AND OPEN LOT PILFERAGE)	LOCATION AS PER ITEM 1 (A)	SUBSECTIONS INSURED	*LIMIT OF LIABILITY	SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE OCCURRENCE (EXCEPT FOR LOSS OR DAMAGE BY FIRE, LIGHTNING OR THEFT OF THE ENTIRE AUTOMOBILE)		\$
	3 SPECIFIED PERILS (EXCLUDING OPEN LOT PILFERAGE)	(B)		\$	\$		\$
	4 SPECIFIED PERILS (EXCLUDING THEFT)	(C)		\$	\$		\$
		(D)		\$	\$		\$
<i>* IN RESPECT OF EACH AUTOMOBILE, THE ACTUAL CASH VALUE AT THE TIME OF LOSS OR DAMAGE NOT EXCEEDING THE ACTUAL COST TO THE INSURED AND SUBJECT TO THAT LIMIT FOR EACH AUTOMOBILE: (A) THE AMOUNT OF INSURANCE STATED IN THE MONTHLY REPORT, IF ANY, OR (B) THE LIMIT OF INSURANCE STATED HEREIN TO BE APPLICABLE TO EACH SPECIFIED LOCATION FOR LOSS OR DAMAGE FROM ANY ONE OCCURRENCE AT EACH SPECIFIED LOCATION.</i>							
SECTION E LEGAL LIABILITY FOR DAMAGE TO CUSTOMERS' AUTOMOBILES HELD IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT	1 COLLISION OR UPSET	\$	(EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) ANY ONE CUSTOMER'S AUTOMOBILE		SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE OCCURRENCE		\$
	2 SPECIFIED PERILS (EXCLUDING OPEN LOT PILFERAGE)	LOCATION AS PER ITEM 1 (A)	MAXIMUM NUMBER OF CUSTOMERS' AUTOMOBILES		LIMIT OF LIABILITY (EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) ANY ONE OCCURRENCE		
		(B)			\$		
		(C)			\$		
(D)				\$			

ENDORSEMENTS

MINIMUM RETAINED PREMIUM \$

THE ADVANCE PREMIUMS ARE SUBJECT TO THE ADJUSTABLE PREMIUM COMPUTATION PROVISION IN THE POLICY

TOTAL ADVANCE PREMIUM \$

6. STATE NAME AND ADDRESS OF LIENHOLDER OR MORTGAGEE TO WHOM, JOINTLY WITH THE APPLICANT, LOSS, IF ANY, UNDER SECTION C IS PAYABLE AS THEIR INTERESTS MAY APPEAR

NAME	ADDRESS
1	
2	
3	

7. ALL THE STATEMENTS IN THIS APPLICATION ARE TRUE AND THE APPLICANT HEREBY APPLIES FOR A CONTRACT OF AUTOMOBILE INSURANCE TO BE BASED ON THE TRUTH OF THE SAID STATEMENTS.

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 7 is 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, 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.

IN WITNESS WHEREOF, THE INSURER HAS EXECUTED AND ATTESTED THESE PRESENTS BUT THIS RENEWAL CERTIFICATE SHALL NOT BE VALID UNLESS COUNTERSIGNED BY A DULY AUTHORIZED REPRESENTATIVE OF THE INSURER.

DATE: YYYY MM DD

AUTHORIZED REPRESENTATIVE

SIGNATURE