

ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE

TRANSPORTATION NETWORK S.A.F.9

POLICY NO. ASSIGNED:

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)

		BROKER'S CLIENT ID	COMPANY CLIENT ID
		BROKER	
		BRANCH	CODE(S)
		POSTAL CODE	POLICY BILLING
CONTACT NUMBER <input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> FAX	CONTACT NUMBER <input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> FAX	<input type="checkbox"/> BROKER BILL <input type="checkbox"/> COMPANY BILL <input type="checkbox"/> PAYMENT PLAN	

2. POLICY PERIOD

FROM : TIME : DATE : DATE
A.M. P.M. TO 12:01 A.M. ALL TIMES ARE LOCAL TIMES AT ALBERTA, CANADA.

3. PARTICULARS OF THE DESCRIBED AUTOMOBILE(S) (EACH DESCRIBED AUTOMOBILE IS AND WILL BE CHIEFLY USED IN THE PROVINCE OF ALBERTA, CANADA)

4. THIS APPLICATION IS MADE FOR INSURANCE AGAINST ONE OR MORE OF THE PERILS MENTIONED IN THIS ITEM, BUT ONLY 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 THIRD PARTY LIABILITY	SECTION B ACCIDENT BENEFITS	SECTION C LOSS OF OR DAMAGE TO INSURED AUTOMOBILE(S)				ENDORSEMENTS	
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	THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE				S.E.F. NO.	
			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	AMOUNT DEDUCTIBLE ON EACH SEPARATE CLAIM EXCEPT FOR LOSS OR DAMAGE BY FIRE OR LIGHTNING OR THEFT OF THE ENTIRE AUTOMOBILE				S.E.F. PREMIUM	PREMIUM
PREMIUM IN DOLLARS								

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

<p>5 (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 PRECEDING THIS APPLICATION? IF SO, STATE NAME OF INSURER, AND POLICY NUMBER IF AVAILABLE.</p> <p>INSURER _____ POLICY NO. _____</p>	<p>5 (B). DETAILS OF APPLICANT'S MOST RECENT AUTOMOBILE INSURANCE</p> <p>INSURER _____ EXPIRY _____ POLICY NO. _____ DATE _____</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------

<p>6 (A). WILL THE AUTOMOBILE BE RENTED OR LEASED, OR USED FOR CARRYING EXPLOSIVES OR RADIOACTIVE MATERIAL? IF SO, PROVIDE DETAILS</p>	<p>6 (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 (Note: the SPF9 does not provide coverage for the transportation of goods for compensation)</p>
1	
2	
3	
4	

7 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 6 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 the driving record, automobile insurance policy and claims history of the drivers of the Described Automobile's 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 X