**S.A.F. No. 4**

**APPLICATION FOR STANDARD GARAGE AUTOMOBILE POLICY**

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| AGENT OR BROKER |  |
|       |
| ITEMS | APPLICATION | Replacing/Renewal of |       |
| 1. FULL NAME OF THE APPLICANT
 | INDICATE |
| BUSINESS ADDRESS |  |  | BLDG. | LOT |
| (INCLUDING COUNTY OR DISTRICT) |       |       |       |
| POSTAL CODE |       |  |  |
|  |       |  |  |
|  |  |  |  |
| LOCATION OF OTHER PREMISES WHERE BUSINESS CONDUCTED (SHOW EACH BUILDING AND LOT SEPARATELY.) | { |  |  |  |
|       |       |       |
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|       |       |       |
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|       |       |       |
| 1. POLICY PERIOD
 | FROM mmmm dd, yyyy | TO mmmm dd, yyyy | 12:01 A.M. STANDARD TIME AT THE APPLICANT’S ADDRESS STATED HEREIN AS TO EACH OF SAID DATES |
| 1. THE AUTOMOBILES IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED ARE THOSE USED IN CONNECTION WITH THE APPLICANT’S BUSINESS OF:
 |
|       |
| (SPECIFY WHETHER AUTOMOBILE DEALER, REPAIR GARAGE, SERVICE STATION, STORAGE GARAGE OR PARKING LOT AND DESCRIBE ALL OTHER BUSINESS,IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED, CONDUCTED BY THE APPLICANT AT THE LOCATIONS SPECIFIED IN ITEM 1 HEREOF)NOTE: THIS FORM SHOULD **NOT** BE USED FOR RENTAL OR LEASING EXPOSURES. |
| 1. THE BASIS OF RATING AND CALCULATION OF THE PREMIUM PAYABLE SHALL BE IN ACCORDANCE WITH THE PREMIUM COMPUTATION STATEMENT ATTACHED HERETO.
 |
|  | FULL TIME | PART TIME |
| ESTIMATED TOTAL PAYROLL FOR POLICY PERIOD | $      | NUMBER OF EMPLOYEES INCLUDING PROPRIETORS, PARTNERS AND EXECUTIVE OFFICERS AT THE EFFECTIVE DATE OF THE POLICY: |       |       |
| 1. 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) 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 APPLICANT. | $      | (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**ACCIDENTBENEFITS | SUB SEC. | SUBJECT TO PROVINCIAL OR TERRITORIAL LEGISLATION, COVERAGE APPLIES AS FOLLOWS: |  |
| 1 & 2 | PAYMENTS FOR DEATH OR BODILY INJURY | AS STATED IN THE ACCIDENT BENEFITS WORDING | $      |
|  | OR |  |
| 1 | MEDICAL PAYMENTS | $      | EACH PERSON | $      |
| 2 | DEATH, DISMEMBERMENT AND TOTAL DISABILITY | $      | PRINCIPAL SUM | $      | MAXIMUM WEEKLY BENEFIT | $      |

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| **INSURING AGREEMENTS** | **PERILS** | **LIMITS AND AMOUNTS** | **ADVANCE PREMIUM** |
| **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 [ ]  | OR CO-INSURANCE BASIS [ ]  | OR  | OTHER [ ]  |
|  |  | LOCATION AS PER ITEM 1 | 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) |  |
| 2 | COMPREHENSIVE ( EXCLUDING COLLISION OR UPSET AND OPEN LOT PILFERAGE | } | (A) |       | $      | $      | $      |
| (B) |       | $      | $      | $      |
| 3 | SPECIFIED PERILS (EXCLUDING OPEN LOT PILFERAGE) |
| (C) |       | $      | $      | $      |
| 4 | SPECIFIED PERILS (EXCLUDING THEFT) | (D) |       | $      | $      | $      |
|  | \* 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. |
| **SECTION D** UNINSURED MOTORIST COVER |  | PROTECTION AGAINST UNINSURED AND UNIDENTIFIED MOTORISTS | AS STATED IN THE UNINSURED MOTORIST WORDING | $      |
| **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 | MAXIMUM NUMBER OF CUSTOMERS’ AUTOMOBILES | LIMIT OF LIABILITY (EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) ANY ONE OCCURRENCE |  |
| (A) |       | $      |  |
| (B) |       | $      |  |
| (C) |       | $      |  |
| (D) |       | $      | $      |
| ENDORSEMENTS |  |
|       | $      |
| MINIMUM RETAINED PREMIUM | $      | THE ADVANCE PREMIUMS ARE SUBJECT TO THE ADJUSTABLE PREMIUM COMPUTATION PROVISION IN THE POLICY | TOTAL ADVANCE PREMIUM | $      |
| 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 |
|       |
| 1. HAS ANY INSURER CANCELLED, DECLINED OR REFUSED TO RENEW OR ISSUE ANY INSURANCE RELATED TO THE BUSINESS OF THE APPLICANT WITHIN THE THREE YEARS PRECEDING THIS APPLICATION?
 |
| IF SO, STATE NAME OF INSURER.  |
|       |
| 1. STATE PARTICULARS OF ALL ACCIDENTS, LOSSES OR CLAIMS ARISING OUT OF THE OWNERSHIP, USE OR OPERATION OF ANY AUTOMOBILE (I) BY THE APPLICANT AND (II) IN CONNECTION WITH THE BUSINESS, WITHIN THE THREE YEARS PRECEDING THIS APPLICATION. (LIST SEPARATELY IF NECESSARY.)
 |
| INJURY TO PERSONS | DAMAGE TO APPLICANT’S VEHICLES | DAMAGE TO PROPERTY TO OTHERS |
|  | 1. COLLISION
 | 1. OTHER
 | 1. NOT IN CARE OF APPLICANT
 | 1. IN CARE OF APPLICANT
 |
|       |       |       |       |       |
|       |       |       |       |       |
| 1. 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 GIVES FALSE PARTICULARS OF THE AUTOMOBILES TO BE INSURED TO THE PREJUDICE OF THE INSURER OR 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 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. |
|  |  |  |  |
| Date: |  |       |  |
|  |       |  |       |  |       |  |  |
|  | **DD** |  | **MM** |  | **YYYY** |  | Signature of Applicant |  |

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**THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE UNDER SECTIONS C AND E.**