



Intact Insurance Company

Application for Non-Owned Automobile Coverage

Policy No.:	
Date (m/d/y):	

Agent/Broker:

All Questions Must Be Answered Completely – PLEASE PRINT

General Information

Name of Applicant, including all subsidiary companies, domestic and foreign:

Applicant is: ☐ A Corporation ☐ A Partnership ☐ An Individual ☐ Other:

Address:

Other Locations:

Give complete description of all operations:

Total number of employees, partners and officers:

Policy period desired:

From (m/d/y):

To (m/d/y):

Limits desired:

\$

1. Do any of your partners, officers or employees regularly use their own automobile or any automobile not owned by the applicant during the course of employment? ☐ Yes

☐ No

If yes, explain:

2. Number of agents used by you:

What services do they provide?

3. Do you rent, lease or hire any automobiles from others? ☐ Yes

☐ No

If yes, indicate number of rented, leased or hired:

With drivers:

Without drivers:

Indicate limit of insurance maintained by the vehicle owner:

Please provide estimated annual cost of hire for each of the following classes of vehicles (Do not include the cost to hire or lease an automobile for more than 30 days):

Commercial up to 4.5 tons GVW: \$

Commercial over 4.5 tons GVW: \$

Private Passenger:..... \$

Other (Describe): \$

Describe the use of leased or hired autos. If any commercial vehicles exceed 4.5 metric tons GVW, indicate radius of operations, body style and purpose for which they are used, including any cargo carried:

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4. Are any automobiles operated by others on your behalf under contract? ☐ Yes ☐ No
- If yes, describe type of vehicles, what they are used for and degree of control you exercise over their operations:

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5. Do you employ any "Broker" drivers?
- ☐ Yes ☐ No
- If yes, do they lease their vehicles to you or register them in your name? Provide full details:

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6. Are any non-owned automobiles operated beyond an 80 km radius? ☐ Yes ☐ No
- If yes, provide details:

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7. Are any non-owned automobiles operated outside Canada? ☐ Yes ☐ No
- If yes, provide details, including destination, maximum distance and frequency of trips:

8. SEF 94 Legal Liability For Damage to Hired Autos:

Limit of insurance required \$ _____

Type of Physical Damage Coverage required _____

Deductible (Minimum \$1,000) \$ _____

Type of Vehicle (Private Passenger or Commercial) _____

Estimated annual number of rental days _____

Estimated annual cost of hire \$ _____

Use of Vehicle..... _____

9. SEF 96 Contractual Liability. Please provide details of any contracts Insured is party to:

Insurance and Loss History

Has any carrier cancelled, declined or refused coverage in the past three years? ☐ Yes ☐ No

If yes, explain

Have you had any accidents or claims within the last six years? ☐

Yes ☐ No

If yes, explain

Complete of this application does not bind the company to complete the insurance. It is agreed, however, that this application shall form the basis of the contract, should the policy be issued by the Company.

We know of no other relevant facts, which might affect the Company's judgement when considering this application.

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Date:

Agent's/Broker's Signature