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csio>ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE										POLICY NO. ASSIGNED OR BINDER:	
OWNER'S FORM S.A.F.1											
5. LIST ALL DRIVERS OF THE DESCRIBED AUTOMOBILE(S) IN THE HOUSEHOLD OR BUSINESS											
Driver No.	NAME (as shown on Driver's Licence)							DRIVER'S 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 BY EACH DRIVER				DRIVER'S OCCUPATION	DRIVER TRAINING Y/N ATTACH DTC CERT. YES NO		
	DATE LIC.	LIC. CLASS		Veh. 1	Veh. 2	Veh. 3	Veh. 4				
1											
2											
3											
4											
6(A). GIVE PARTICULARS OF ALL CONVICTIONS ARISING FROM THE OPERATION OF ANY AUTOMOBILE DURING THE PAST FOUR YEARS.											
DRIVER NO.	DATE YY/MM/DD	DESCRIPTION					DRIVER NO.	DATE YY/MM/DD	DESCRIPTION		
6(B). GIVE PARTICULARS OF ALL ACCIDENTS OR CLAIMS ARISING FROM THE OWNERSHIP OR OPERATION OF ANY AUTOMOBILE DURING THE PAST SIX YEARS.											
VEH NO.	DRIVER NO.	DATE YY/MM/DD	TYPE OF CLAIM	AMOUNT PAID OR ESTIMATE	CLAIM AMOUNT REPAYED TO INSURER	DESCRIPTION					
7. 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE PARTICULARS IN THE REMARKS SECTION.											
8(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? IF SO, STATE NAME OF INSURER, AND POLICY NUMBER IF AVAILABLE, AND REASON.						8(B). DETAILS OF APPLICANT'S MOST RECENT AUTOMOBILE INSURANCE			8(C). DOES THE APPLICANT OWE ANY MONEY TO ANOTHER INSURER RELATED TO AN ALBERTA POLICY OF AUTO INSURANCE? IF YES, STATE PARTICULARS IN THE REMARKS SECTION.		
INSURER _____ REASON _____ POLICY NO. _____						INSURER _____ EXPIRY DATE _____ POLICY NO. _____			<input type="checkbox"/> YES <input type="checkbox"/> NO		
VEH. NO.	9(A). STATE THE USUAL DISTANCE DRIVEN ANNUALLY.		9(B). IS THE VEHICLE USED TO COMMUTE? (DRIVING TO WORK, SCHOOL OR PART-WAY SUCH AS TO PUBLIC TRANSIT.)		9(C). STATE THE USUAL % OF ANNUAL KILOMETERS DRIVEN FOR BUSINESS USE. ENTER 0 IF NO BUSINESS USE.		9(D). IS THE VEHICLE USED OUTSIDE OF CANADA? IF YES, STATE PARTICULARS IN REMARKS SECTION		9(E). ARE THERE ANY MODIFICATIONS OR CUSTOMIZATIONS, OTHER THAN REPAIRS OR RESTORATIONS, THAT AFFECT THE ORIGINAL MANUFACTURER'S DESIGN SPECIFICATIONS OR INCREASE THE VALUE OF THE AUTOMOBILE? IF YES, STATE PARTICULARS IN REMARKS SECTION.		
	km		YES NO DISTANCE ONE WAY km		% YES NO NO. OF MONTHS		YES NO NO. OF MONTHS		YES NO		
1			<input type="checkbox"/> <input type="checkbox"/> km		<input type="checkbox"/> <input type="checkbox"/> %		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
2			<input type="checkbox"/> <input type="checkbox"/> km		<input type="checkbox"/> <input type="checkbox"/> %		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
3			<input type="checkbox"/> <input type="checkbox"/> km		<input type="checkbox"/> <input type="checkbox"/> %		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
4			<input type="checkbox"/> <input type="checkbox"/> km		<input type="checkbox"/> <input type="checkbox"/> %		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
VEH. NO.	10(A). WILL THE AUTOMOBILE BE RENTED, LEASED, USED FOR CARRYING PASSENGERS FOR COMPENSATION OR HIRE (EXAMPLES: TAXI, TRANSPORTATION NETWORK AUTOMOBILE), CARRYING EXPLOSIVES OR CARRYING RADIOACTIVE MATERIAL, EVEN ON AN OCCASIONAL BASIS? IF SO, PROVIDE DETAILS					10(B). WILL THE AUTOMOBILE BE USED FOR THE TRANSPORTATION OF GOODS (EXAMPLES: FREIGHT, FOOD, PARCELS) FOR REWARD, EVEN ON AN OCCASIONAL BASIS? IF YES, STATE CLASS OF LICENCE OR CERTIFICATE AND RADIUS OF OPERATIONS.					
1											
2											
3											
4											
11. UNLESS OTHERWISE STATED, THE APPLICANT IS BOTH THE REGISTERED OWNER AND THE ACTUAL OWNER OF THE DESCRIBED AUTOMOBILE(S). IF NOT, STATE THE NAMES OF:											
THE REGISTERED OWNER											
THE ACTUAL OWNER											
12. REMARKS											
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(s) acknowledges that all of the information given by the applicant in Items 1 through 12 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 in 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 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, change the insurance contract, renew the insurance contract, detect and prevent fraud and investigate and settle claims.											
DATE		SIGNATURE OF APPLICANT X									

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ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE

POLICY NO. ASSIGNED:

4. ENDORSEMENTS	VEHICLE 1	ADDITIONAL COVERAGES INCLUDING DISCOUNTS AND SURCHARGES
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CSIO - Alberta Application for Automobile Insurance AB1001e 202201

csio>ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE

PART 2

POLICY NO. ASSIGNED:

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.	CONVICTION S/C %				AT FAULT CLAIM %				DISCOUNT % APPLIED					
	DATE OF MVR	CODE	%	DESCRIPTION	CODE	%	DESCRIPTION	CODE	%	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		

