

CSIO APPLICATION FOR AUTOMOBILE INSURANCE

OWNER'S FORM S.A.F.1

POLICY NUMBER ASSIGNED

INSURANCE COMPANY (Hereinafter called the Insurer)

☐ QUOTE ☐ NEW ☐ RENEWAL

POLICY /
BINDER NUMBER

1(A). APPLICANT'S FULL NAME AND POSTAL ADDRESS

1(B). BROKER'S NAME AND POSTAL ADDRESS

CONTACT NUMBER HOME CELL BUSINESS FAX POSTAL CODE

CONTACT NUMBER HOME CELL BUSINESS FAX BROKER CONTRACT NUMBER BROKER SUB-CONTRACT NUMBER

PREFERRED LANGUAGE ☐ ENGLISH ☐ FRENCH

GROUP / PROGRAM NAME

GROUP ID

EMAIL ADDRESS

BROKER CLIENT ID

COMPANY CLIENT ID

WEBSITE ADDRESS

2. POLICY PERIOD

EFFECTIVE DATE TIME A.M. ☐ P.M. ☐ EXPIRY DATE AT 12:01 A.M. ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.

EACH DESCRIBED AUTOMOBILE IS AND WILL BE CHIEFLY USED IN THE VICINITY OF THE APPLICANT'S ADDRESS ABOVE UNLESS OTHERWISE STATED IN THE REMARKS SECTION OVERLEAF.

3. PARTICULARS OF THE DESCRIBED AUTOMOBILE(S)

VEHICLE NO.	MODEL YEAR	TRADE NAME	MODEL OR C.C.	NO. OF CYLS.	BODY TYPE	V.I.N. (SERIAL NUMBER)
1						
2						
3						
4						

VEHICLE NO.	PROVIDE LIENHOLDER INFORMATION FOR SEF 23A OR LEASING COMPANY FOR SEF 5	LIENHOLDER	LESSOR
1		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>

VEHICLE NO.	PURCHASED BY APPLICANT					PURCHASE PRICE INCLUDING EQUIPMENT	TRUCK GROSS WEIGHT	LIST PRICE NEW	AGENT / BROKER AND COMPANY USE ONLY						
	YEAR	MONTH	NEW	USED	DEMO				VEH. CODE	TERR.	LOC.	CLASS	D.R. T.P.L.	D.R. COLL.	RATE GROUP
1															
2															
3															
4															

OCCASIONAL DRIVER (O.D.) OF VEHICLE NO. ►

OCCASIONAL DRIVER (O.D.) OF VEHICLE NO. ►

4. This application is made for insurance against one or more of the perils mentioned in this item, but for insurance under the section(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 policy form and for the following 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)				VEHICLE PREMIUM (For optimal coverage and premium see page 2)
	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				
PERILS				1. ALL PERILS	2. COLLISION OR UPSET	3. COMPREHENSIVE (EXCLUDING COLLISION OR UPSET)	4. SPECIFIED PERILS (EXCLUDING COLLISION OR UPSET)	
				AMOUNT DEDUCTIBLE ON EACH SEPARATE CLAIM EXCEPT FOR LOSS OR DAMAGE BY FIRE OR LIGHTNING OR THEFT OF THE ENTIRE AUTOMOBILE				
LIMITS AND AMOUNTS IN DOLLARS	1		AS STATED IN SECTION B OF THE POLICY					
	2							
	3							
	4							
PREMIUM IN DOLLARS	1							
	2							
	3							
	4							
	OD							
	OD							

MINIMUM RETAINED PREMIUM ► \$

THE TOTAL ESTIMATED POLICY PREMIUM IS SUBJECT TO ADJUSTMENT TO THE INSURER'S MANUAL PREMIUM FOR THE RISK.

TOTAL ESTIMATED POLICY PREMIUM ► \$
INCLUDES ANY PREMIUM CHARGED FOR OPTIONAL COVERAGES.
FOR DETAILS OF ANY OPTIONAL COVERAGES, SEE PAGE 2.

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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		BIRTHDATE		
1													
2													
3													
4													
DRIVER NO.	DATE LICENSED 1	LIC. CLASS 1	DATE LICENSED 2	LIC. CLASS 2	STATE NUMBER OF YEARS LICENSED IN CANADA AND USA*				YEARS LICENSED	DATE OF MVR	DRIVER TRAINING CERTIFICATE		
					Approx. % of use of vehicle / Relevant DR.						** ATTACH CERTIFICATE DRIVER TRAINING COURSE**	DATE COMPLETED	TYPE OF COURSE
					VEH. 1	VEH. 2	VEH. 3	VEH. 4					
1													
2													
3													
4													
6(A). IS ANY DRIVER SUBJECT TO FAINTING SPELLS, DIZZINESS OR LOSS OF CONSCIOUSNESS?													
<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state particulars in Remarks section. LIST DRIVER NUMBER _____													
6(B). HAS ANY DRIVER EVER SUFFERED FROM A HEART DISORDER, EPILEPSY, DIABETES, DEFECTIVE VISION OR HEARING, OR ANY OTHER PHYSICAL OR MENTAL DISABILITY WHICH MIGHT AFFECT THE SAFE OPERATION OF A VEHICLE?													
<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state particulars in Remarks section. LIST DRIVER NUMBER _____													
7(A). GIVE PARTICULARS OF ALL CONVICTIONS ARISING FROM THE OPERATION OF ANY AUTOMOBILE DURING THE PAST THREE YEARS. (No convictions indicator all drivers <input type="checkbox"/> ✓)										7(A). CONVICTIONS CONTINUED			
DRIVER NO.	DATE	DESCRIPTION			NUMBER OF		DRIVER NO.	DATE	DESCRIPTION			NUMBER OF	
7(B). GIVE PARTICULARS OF ALL ACCIDENTS OR CLAIMS ARISING FROM THE OWNERSHIP OR OPERATION OF ANY AUTOMOBILE DURING THE PAST SIX YEARS. (No claims indicator all drivers <input type="checkbox"/> ✓) ◀ Use Remarks section overleaf if necessary													
VEHICLE NO.	DRIVER NO.	DATE	TYPE OF CLAIM	AMOUNT PAID OR ESTIMATE	CLAIM AMOUNT REPAID TO INSURER	DESCRIPTION							
8(A). 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 Remarks section. LIST DRIVER NUMBER _____													
9(A). HAS ANY INSURER, TO THE KNOWLEDGE OF THE APPLICANT, CANCELLED, DECLINED OR REFUSED TO RENEW OR ISSUE AUTOMOBILE INSURANCE TO THE APPLICANT OR DRIVERS SHOWN IN ITEM 5 WITHIN THE THREE YEARS PRECEDING THIS APPLICATION? IF SO, STATE NAME OF INSURER, AND POLICY NUMBER IF AVAILABLE.													
INSURER _____ POLICY NO. _____ DRIVER NO. _____													
9(B). DETAILS OF APPLICANT'S MOST RECENT AUTOMOBILE INSURANCE.													
INSURER _____ POLICY NO. _____ EXPIRY DATE _____													
9(C). DOES THE APPLICANT OWE ANY MONEY TO ANOTHER INSURER RELATED TO A POLICY OF AUTO INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO													
10(A). THE VEHICLE IS USED FOR:				10(B). IS THE VEHICLE USED TO COMMUTE?				10(C). STATE THE USUAL DISTANCE DRIVEN ANNUALLY.				10(D). IS THE VEHICLE USED OUTSIDE OF CANADA?	
VEH. NO.	Business	Approx. % Use for Business	Pleasure	(This means driving to work, to school or part-way such as to public transit).		DISTANCE ONE WAY		(ANNUAL DISTANCE)		If yes, state particulars in remarks section.			
	<input type="checkbox"/>	_____	<input type="checkbox"/>	YES	NO					YES	NO		
1	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ km		_____ km		<input type="checkbox"/>	<input type="checkbox"/>	No. of months _____	
2	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ km		_____ km		<input type="checkbox"/>	<input type="checkbox"/>	No. of months _____	
3	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ km		_____ km		<input type="checkbox"/>	<input type="checkbox"/>	No. of months _____	
4	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ km		_____ km		<input type="checkbox"/>	<input type="checkbox"/>	No. of months _____	
10(E). HAVE ANY OF THE FOLLOWING AFTER MARKET MODIFICATIONS BEEN MADE? <small>If yes, state particulars in remarks section.</small>				11(A). WILL THE AUTOMOBILE BE: <small>(if so, provide details in remarks.)</small>				11(B). WILL THE AUTOMOBILE BE USED FOR THE TRANSPORTATION OF GOODS FOR COMPENSATION? If so, state					
VEHICLE NO.	ENGINE	GROUND CLEARANCE	INTERIOR ROLL CAGE	TIRES	VEHICLE NO.	RENTED OR LEASED?	USED FOR CARRYING PASSENGERS FOR COMPENSATION OR HIRE?	FOR CARRYING EXPLOSIVES OR RADIOACTIVE MATERIAL?	VEHICLE NO.	CLASS OF LICENCE	CERTIFICATE	RADIUS OF OPERATIONS	
1					1				1				
2					2				2				
3					3				3				
4					4				4				
12. UNLESS OTHERWISE STATED, THE APPLICANT IS BOTH THE REGISTERED OWNER AND ACTUAL OWNER OF THE DESCRIBED AUTOMOBILE. IF NOT, STATE THE NAMES OF:													
THE REGISTERED OWNER													
THE ACTUAL OWNER													
13. 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 13 and any particulars in the Remarks section relating thereto 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 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 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.													
DATE				SIGNATURE OF APPLICANT									



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14. ADDITIONAL INFORMATION FOR DRIVERS SHOWN IN ITEM 5.														
DRIVER NO.	NAME (as shown on Driver's Licence)										SEX	MARITAL STATUS	RELATIONSHIP TO APPLICANT	
1														
2														
3														
4														
DRIVER NO.	CONVICTION SURCHARGES				AT FAULT CLAIM SURCHARGES				DISCOUNT					
	CODE	%	AMOUNT	DESCRIPTION	CODE	%	AMOUNT	DESCRIPTION	CODE	%	AMOUNT	DESCRIPTION		
1														
2														
3														
4														
DRIVER NO.	NAME AND ADDRESS OF EMPLOYER								OCCUPATION		DATE HIRED			
1														
2														
3														
4														
15 (A). LIST ALL RESIDENTS OF HOUSEHOLD OR EMPLOYEES IN THE BUSINESS NOT ALREADY LISTED IN ITEMS 5 AND 14 (PROVIDING ALL APPLICABLE DATA).										15 (C). NON-LICENSED RESIDENT?				
DRIVER NO.	FULL NAME				BIRTHDATE		DRIVER'S LICENCE NUMBER (if applicable)			OWN A VEHICLE?				
1														
2														
3														
4														
15 (B). TOTAL NUMBER OF PRIVATE PASSENGER VEHICLES IN HOUSEHOLD INCLUDING THOSE ALREADY LISTED (* HOUSEHOLD=A FAMILY UNIT RESIDENT IN THE SAME LIVING QUARTERS)							17. PROVIDE DETAILS OF VEHICLE ANTI-THEFT DEVICE. (IF APPLICABLE)							
	# _____						VEHICLE NO.	DEVICE TYPE	DEVICE CHARACTERISTICS		PRODUCT CODE			
16. IF APPLICANT HAS CHANGED ADDRESS WITHIN THE LAST THREE YEARS, PROVIDE PREVIOUS ADDRESS							1							
							2							
							3							
							4							
18. IS VEHICLE USED FOR CAR POOLS OR SHARE-THE-RIDE ARRANGEMENTS?				19. FUEL, IF NOT POWERED BY GAS OR DIESEL ENGINE		20. IF VEHICLE HAS BEEN MODIFIED, ALTERED OR CUSTOMIZED OR THERE IS ANY UNREPAIRED DAMAGE INCLUDING DAMAGE TO GLASS?		21. DESCRIBE AND GIVE VALUE FOR ANY SPECIAL EQUIPMENT AND/OR CUSTOM PAINT FINISH						
VEHICLE NO.	Y	N	NO. OF PASS.	# OF TIMES	PER	ONE WAY			VALUE	DESCRIBE				
1														
2														
3														
4														
22. HAS THE APPLICANT OR ANY LISTED DRIVER BEEN FOUND BY COURT TO HAVE COMMITTED A FRAUD CONNECTED WITH AUTOMOBILE INSURANCE?														
<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state particulars in Remarks section. LIST DRIVER NUMBER _____														
23. PREMIUM INFORMATION														
TOTAL ESTIMATED POLICY PREMIUM				PROVINCIAL SALES TAX (if applicable)			INSTALLMENT AMOUNT		\$ / % ADDITIONAL CHARGES		TOTAL ESTIMATED COST			
24. 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 NO _____ (b) the principal operator(s) _____ Driver NO _____														
DOES YOUR CLIENT HAVE OTHER INSURANCE WITH THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO Policy NO _____ Policy NO _____														
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 _____														
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					
THE APPLICANT MUST RECEIVE A COPY OF THE SIGNED APPLICATION. A SUPPLEMENTARY FORM FOR COMMERCIAL OR PUBLIC USE AUTOS MAY B E NECESSARY.														
25. REMARKS														

