CSI	A	P	PLICA	ATION	F	OR AU	TOMO	OBI	LE	IN	SU	RAI	١C	E	POLI	CY NUN	IBER AS	SSIGNI	ED			
INSURA	NCE CC	DMPANY	(Hereinafter calle	ed the Insurer)			NEW [		AI POLIC	Υ/												
1(A).	ΔΡΡΙ Ι	CANT'	S FULL NAME	AND POSTAL	ADDRE	SS		1(B).				D POSTAI										
1(A). APPLICANT'S FULL NAME AND POSTAL ADDRESS																						
						POSTAL CODE										P	OSTAL ODE					
CONTAC	CT NUMI	BER		CELL		TOODE		CONTAC	T NUME	BER				ELL		10	ODL					
BUSINE	SS			FAX				BUSINES	S					AX								
PREFER	RED LA	NGUAG	E ENG	GLISH	BROKER	CONT	RACT NUN	IBER		В	ROKER	SUB-	CONTR	ACT NU	JMBEF							
EMAILA	DDRES	 S						GROUP /	PROG	RAM NAM			G	ROUP II	D							
WEBSIT								BROKER	CLIEN	T ID			С	OMPAN	Y CLI	ENT ID						
	LICY F		)																			
						A.M					_	ALL TI	MFS A	RE LOC	:AI TI	MES AT	THE AF	PPLICA	ANT'S			
EFFECT				TIME		P.M	XPIRY DATE			AT 12:01 A.		POSTA	L ADE	RESS S	STATE	D HERE	EIN.					
						ED IN THE VICINITY	OF THE APPLIC	ANT'S ADD	RESS /	ABOVE UN	ILESS O	THERWISE	STATE	D IN TH	IE RE	MARKS	SECTI	ON OV	ERLEAF.			
3. PA	MODE			RIBED AUTON	IOBILE	•																
NO.	YEAR		TRADE NAM	IE .		MODEL OR C.C	;. N	O. OF CYLS	s. BOL	DY TYPE			1 1	V.I.N. (S	ERIA	L NUME	BER)	1 1				
1		-											$\perp$									
2		-																				
3																						
VEHICLE NO	PROV	IDE LIE	NHOLDER INFO	RMATION FOR S	EF 23A (	OR LEASING COMP	PANY FOR SEF 5									L	JENHO	LDER	LESSOR			
1																						
2																						
3																						
4																						
								AGENT / BROKER AND COMPANY USE ONLY														
VEHICLE	PURC	HASED	BY APPLICANT	PURCHASE I		TRUCK GROSS WEIGHT	LIST PRICE N	VEH. C	ODE	TERR.	LO	C. CLA	ss	D.R. D.R. COLL R					RATE GROUP			
NO.	YEAR	MONTI	NEW USED DEMO														cc	LL	COMP			
1																						
2																						
3																						
4																						
	ONAL DR VEHICL		<b>•</b>			I																
OCCASI	ONAL DF	RIVER	•																			
	F VEHICL s applic		made for insu	rance against o	ne or mo	ore of the perils m	entioned in this	item, but f	or insu	urance un	der the s	ection(s)	or wh	ich a p	remi	ım is sı	pecifie	d in th	is item and			
		nd upoi	n the terms, cor	nditions, provisi SECTION A		initions and exclu			espon	ding polic	y form a	nd for the		ving sp	ecifie	ed limit(	s) and	amou	nt(s).			
INSUF AGREE		. = =		THIRD PARTY LIABI	LITY		SECTION ACCIDENT BENE			LOS	S OF OR DA	MAGE TO INS		UTOMOBIL	LE(S)							
			TO PROPERTY (EX	CLUSIVE OF COSTS	AND POS		iΕ		THIS P	OLICY CO				YMENT OF LOSS CLAUSE					VEHICLE			
PER	INTEREST) FOR LOSS OR DAMAGE RESULTING FROM BODILY INJURY TO OR THE DEATH OF ONE OR MORE PERSONS, AND FOR LOSS OR					FOR LOSS OR	PAYMENTS FOR OR BODILY IN		L PERILS	2. COLLISI OR UPSE		3. COMPREHEN: DING COLLISION		ET) (EXCLU	4. SPEC JDING C	OLLISION (	ILS OR UPSET	T) PREMIUM				
		DAMA		REGARDLESS OF TH FROM ANY ONE ACC		R OF CLAIMS ARISING						ACH SEPARA IING OR THE										
		1																	r optimal overage			
LIMI AN		2					AS STATED												premium			
AMOL IN DOL	INTS	NTS 3		OF THE POLICE											sup	see plement).						
IN DOL	LARS													Jun	51011101111,							
		1																				
		2																				
PREM IN		JM 2 3																				
DOLL																						
		4																				
		OD																				
		OD																				
			REMIUM > \$													OLICY PF		\$				
	IAL ES		) POLICY PREMI R THE RISK.	IUM IS SUBJECT	IO ADJU	STMENT TO THE IN	ISURER'S		INCLU	IDES ANY PE		ARGED FOR FANY OPTION										

#### POLICY NUMBER ASSIGNED CSID APPLICATION FOR AUTOMOBILE INSURANCE OWNER'S FORM S.A.F.1 LIST ALL DRIVERS OF THE DESCRIBED AUTOMOBILE(S) IN THE HOUSEHOLD OR BUSINESS NAME RIVE NO. **DRIVER'S LICENCE NUMBER BIRTHDATE** (as shown on Driver's Licence) 1 2 3 4 STATE NUMBER OF YEARS DRIVER TRAINING CERTIFICATE DRIVE DATE LIC DATE LIC LICENSED IN CANADA AND USA ATTACH CERTIFICATE DRIVER TRAINING COURSE\*\* DATE NO LICENSED YFARS TYPE OF CLASS LICENSED CLASS Approx. % of use of vehicle / Relevant DR. DATE OF MVR COMPLETED COURSE LICENSED 1 2 VEH. 2 VEH. 3 VEH. 4 1 2 3 4 IS ANY DRIVER SUBJECT TO FAINTING SPELLS, DIZZINESS OR LOSS OF CONSCIOUSNESS? 6(A) ☐ YES ☐ NO If yes, state particulars in Remarks section. LIST DRIVER NUMBER HAS ANY DRIVER EVER SUFFERED FROM A HEART DISORDER, EPILEPSY, DIABETES, DEFECTIVE VISION OR HEARING, OR ANY OTHER PHYSICAL OR MENTAL DISABILITY WHICH MIGHT 6(B). AFFECT THE SAFE OPERATION OF A VEHICLE? YES NO If yes, state particulars in Remarks section. LIST DRIVER NUMBER GIVE PARTICULARS OF ALL CONVICTIONS ARISING FROM THE OPERATION OF ANY AUTOMOBILE DURING THE PAST THREE YEARS. CONVICTIONS CONTINUED 7(A) (No convictions indicator all drivers □√) DRIVE NO. DRIVEF NO. NUMBER OF DATE DESCRIPTION NUMBER OF DATE DESCRIPTION GIVE PARTICULARS OF ALL ACCIDENTS OR CLAIMS ARISING FROM THE OWNERSHIP OR OPERATION OF ANY AUTOMOBILE DURING THE PAST SIX YEARS. 7(B) (No claims indicator all drivers □ ✓) Use Remarks section overleaf if necessary TYPE OF AMOUNT PAID CLAIM AMOUNT REPAID TO DRIVER NO. DESCRIPTION CLAIM OR ESTIMATE INSURER 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? If yes, state particulars in Remarks section. LIST DRIVER NUMBER 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. POLICY NO DRIVER NO INSURER DETAILS OF APPLICANT'S MOST RECENT AUTOMOBILE INSURANCE. 9(B). EXPIRY DATE POLICY NO. DOES THE APPLICANT OWE ANY MONEY TO ANOTHER INSURER RELATED TO A POLICY OF AUTO INSURANCE? □ № 9(C). ☐ YES STATE THE USUALDISTANCE 10(B), IS THE VEHICLE USED TO COMMUTE? THE VEHICLE IS USED FOR: 10(A 10(C) 10(D). IS THE VEHICLE USED OUTSIDE OF CANADA? DRIVEN ANNUALLY VEH Approx.% Use (This means driving to work, to school or part-way such as to public transit) If yes, state particulars in remarks section (ANNUAL DISTANCE) NO Business YES DISTANCE ONE WAY Pleasure NO for Business YES NO П km No. of months km П П 2 П km km No. of months 3 km No. of months km П km П П km No of months WILL THE AUTOMOBILE BE USED FOR THE TRANSPORTATION HAVE ANY OF THE FOLLOWING AFTER MARKET WILL THE AUTOMOBILE BE: 11(A) 11(B). 10(E) OF GOODS FOR COMPENSATION? If so, state MODIFICATIONS BEEN MADE? USED FOR CARRYING VEHIC VEHICLE NO. RENTED OR VEHICLE NO. CLASS OF RADIUS OF INTERIOR PASSENGERS FOR CERTIFICATE NO LEASED? OR RADIOACTIVE MATERIAL? **OPERATIONS ENGINE** CLEARANCE **ROLL CAGE** TIRES COMPENSATION OR HIRE? 2 2 2 3 3 3 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

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 in 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 latest drives from whom I declare I have obtained consent for these purposes understant that this personal information is contract, requested and revent found and investigate and settle any claims. If I apply for 13.

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

SIGNATURE OF APPLICANT DATE

a premium payment plan, I authorize you to obtain and use my credit report

# S.A.F. 1 SUPPLEMENT CSID APPLICATION FOR AUTOMOBILE INSURANCE POLICY NUMBER ASSIGNED

4. ENDO	RSEMENTS VEHICLE 1 ADDITIONAL CO	OVERAGES INCLUDING DISCOUNTS AND	SURCHARGES				
SEF NO.	DESCRIP		LIMIT 1	LIMIT 2	DEDUCTIBLE	%	PREMIUM
4. ENDO	RSEMENTS VEHICLE 2 ADDITIONAL CO	OVERAGES INCLUDING DISCOUNTS AND	SURCHARGES				
SEF NO.	DESCRIP	TION	LIMIT 1	LIMIT 2	DEDUCTIBLE	%	PREMIUM
4. ENDO	RSEMENTS VEHICLE 3 ADDITIONAL (	COVERAGES INCLUDING DISCOUNTS AN					
4. ENDO	RSEMENTS VEHICLE 3 ADDITIONAL (		D SURCHARGES  LIMIT 1	LIMIT 2	DEDUCTIBLE	%	PREMIUM
				LIMIT 2	DEDUCTIBLE	%	PREMIUM
				LIMIT 2	DEDUCTIBLE	%	PREMIUM
				LIMIT 2	DEDUCTIBLE	%	PREMIUM
				LIMIT 2	DEDUCTIBLE	%	PREMIUM
				LIMIT 2	DEDUCTIBLE	%	PREMIUM
				LIMIT 2	DEDUCTIBLE	%	PREMIUM
				LIMIT 2	DEDUCTIBLE	%	PREMIUM
				LIMIT 2	DEDUCTIBLE	%	PREMIUM
				LIMIT 2	DEDUCTIBLE	%	PREMIUM
SEF NO.	DESCRIP	TION	LIMIT 1	LIMIT 2	DEDUCTIBLE	%	PREMIUM
4. ENDO		OVERAGES INCLUDING DISCOUNTS AND	LIMIT 1	LIMIT 2	DEDUCTIBLE	%	PREMIUM
SEF NO.	RSEMENTS VEHICLE 4 ADDITIONAL C	OVERAGES INCLUDING DISCOUNTS AND	LIMIT 1				
4. ENDO	RSEMENTS VEHICLE 4 ADDITIONAL C	OVERAGES INCLUDING DISCOUNTS AND	LIMIT 1				
4. ENDO	RSEMENTS VEHICLE 4 ADDITIONAL C	OVERAGES INCLUDING DISCOUNTS AND	LIMIT 1				
4. ENDO	RSEMENTS VEHICLE 4 ADDITIONAL C	OVERAGES INCLUDING DISCOUNTS AND	LIMIT 1				
4. ENDO	RSEMENTS VEHICLE 4 ADDITIONAL C	OVERAGES INCLUDING DISCOUNTS AND	LIMIT 1				
4. ENDO	RSEMENTS VEHICLE 4 ADDITIONAL C	OVERAGES INCLUDING DISCOUNTS AND	LIMIT 1				
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4. ENDO	RSEMENTS VEHICLE 4 ADDITIONAL C	OVERAGES INCLUDING DISCOUNTS AND	LIMIT 1				
4. ENDO	RSEMENTS VEHICLE 4 ADDITIONAL C	OVERAGES INCLUDING DISCOUNTS AND	LIMIT 1				

## S.A.F. 1 SUPPLEMENT APPLICATION FOR AUTOMOBILE INSURANCE CSIO

POLICY NUMBER ASSIGNED

14.	ADDITIONAL INFORMATION FOR DRIVERS SHOWN IN ITEM 5.																				
RIVER NO.																					
1	(as snown on Driver's Licence) SIAIUS TO APPLICANT																				
2																					
3																					
4																					
RIVER NO.	CONVICTION SURCHARGES AT FAULT CLAIM SURCHARGES DISCOUNT																				
1	CODE	%	AMOUNT	I	DESCRIPT	ION	CODE 9	% A	MOUNT		DESC	RIPTI	ON		CODE	%	AMOUNT		DE	SCRIPTIO	N
2																					
								_													
3																					
RIVER	ER NAME AND ADDRESS OF EMPLOYER DATE HIRED																				
NO.	DATE RIKED																				
2																					
3																					
4																					
15 (A	LIS	T ALL	RESIDE	NTS OF HOUS	EHOLD OI	R EMPLOYEES IN	THE BUS	SINES	SS NOT	ALREAD	Y LISTE	D IN	ITEMS 5 AN	D 14 (	PROVID	ING	ALL APP	LICABLE	DATA	. 15(C).	NON-LICENSED RESIDENT?
RIVER NO.				FULL	NAME				BIRTH	IDATE			DRIVER'S LI			ER		OWN A V	EHICLE		KESIDENI!
1													(п ар	plicat	ле)						
2																					
3																					
4																					
5(B).						HICLES IN HOUSE				OSE ALF	READY	17.	PROVIDE	DETAI	LS OF V	EHIC	LE ANTI-1	THEFT DI	EVICE.	IF APPLICA	ABLE)
` '	#	ט ( ר	IOUSERO	LD-A FAMILY	JNII KESII	DENT IN THE SAWI	LIVING	QUAI	KIEKO)			VEHICLE NO.						VICE			PRODUCT
16.		PLIC	ANT HAS	CHANGED ADD	RESS WIT	HIN THE LAST TH	REE YEA	RS.				1	TYPE				CHARAC	CTERISTIC	58		CODE
				ADDRESS				,				2									
												3									
												4									
18.				R CAR POOLS		19. FUEL, IF NO POWERED			20. II	VEHICL LTERED	E HAS E	BEEN I	MODIFIED,	2			E AND GI			NY SPECI	AL EQUIPMENT
/EHICLE	JIIAN			FREQUENCY	ONE	OR DIESEL			Т	HERE IS	ANY UN	REPA	IRED								
NO.	Y N		OF # C		WAY					O GLASS	AGE INCLUDING DAMAGE LASS?					VALUE DESCRIBE					
1																					
2																					
3																					
4						DEEN FOUND DV			WE 001			D 001									
22.						BEEN FOUND BY					A FKAU	ח כטו	AINECTED M	ıın Al	JOMOE	ILE I	MANUGIN	UE!			
23.			INFORM	s, state particula	is iii reiila	ing scoliuii.	LIST	אואר	ER NUME	DEK											
				CY PREMIUM		PROVINCIAL SA	LES TAX	(if ap	plicable)	)	INST	ALLM	IENT AMOUI	NT \$	/ % ADD	ITION	IAL CHAR	RGES	TOTA	L ESTIMA	TED COST
24.	REPC	ORT C	F BROK	ER/AGENT							I MO	TOR W	EHICLE LIAE	II ITV I	NCLIDAN	ICE C	NDD ICCI	IED2			
HAVE	YOU B	DUND	THIS RIS	⟨? □YES □N	IS TH	IS BUSINESS NEW	TO YOUR	R OFF	ICE?	YES 1		IOR V	TEM				PERMA			☐ NONE	
HOW	ONG F	IAVE Y	OU KNOW	VN (a) the applic	ant?	Driver NO				(b) th	ne princip	al ope	rator(s)		Driver	NO_					
						HIS COMPANY?				(-)			.,			olicy	NO -				
			CULARS_						,							.,					
				RCUMSTANCES	CONCER	NING THIS APPLICA	TION WHI	ICH TI	HE COM	PANY SHO	DULD KN	IOW?	☐YES ☐	NO If	yes, give	part	iculars				
BRO	KER/	AGEN	IT DECL	ARATION																	
						CONSENT PROVIS				APPLICA	TION FO	RM AN	ND THE APPI	ICANT	THAS DE	CLA	RED THEIR	R CONSE	NT AND	FURTHER	DECLARES
	R/AGE									BROK	ER/AGE	NT SIG	SNATURE							DATE	
THE A	PPLICA	NT M	JST RECE	IVE A COPY OF	THE SIGN	ED APPLICATION.	A SUPPLE	MEN	TARY FO	RM FOR	СОММЕ	RCIAL	OR PUBLIC	USE A	UTOS M	AY B	E NECES	SARY.			
25.	REM	ARKS																			

### S.A.F. 1 SUPPLEMENT

### CSIO

## **APPLICATION FOR AUTOMOBILE INSURANCE**

POLICY NUMBER ASSIGNED

26.	26. DESCRIBE ANY TRAILER NOT ALREADY LISTED											
COMMERCIAL RATED VEHICLE(S)												
If yes selected, this commercial vehicle section cannot be used. A Commercial Vehicles Supplement form (IFC # 7403-3E) must be provided.												
27 (A	). DO	ES VE	HICLE	WEIG	HT EX	CEED 450	00 KG?		27	(B). IS	0	OPERATING RADIUS GREATER THAN 40 KM FROM PLACE VEHICLE(S) USUALLY KEPT?
EHICLE NO.	Υ	N								LE Y	<u> </u>	N
1												
2									2			
3									3			
4		4										
	28A.		28B.						28C.			
EHICLE NO.	PERCE OF PLE	NTAGE ASURE		VERY	1		RETAIL	OTHER	HAULIN FOR O	IG DON	NE S?	SPECIFY
1	U	SE	Y	N	Y	N	<u>Y N</u>	ADD IN	Y	N		<del>-</del>
2								REMARKS SECTION BELOW				
3								BELOW .				<del> </del>
4								-				
	IS TH	ERE AN	IY MER	CHAN	DISE O	R MATER	IAL CA	RRIED?		1		
EHICLE	· · · · · · · · · · · · · · · · · · ·	N.	IE VES	, DESC	RIBE					Τ.		VOLATILE TOXIC CORROSIVE RADIOACTIVE EXPLOSIVE
NO.	Y	N	II ILS	, DLGC	INDL						Υ	N QUANTITIES Y N QUANTITIES Y N QUANTITIES Y N QUANTITIES Y N QUANTITIES
2										-+		
3										$\overline{}$		
4												
28E.	IS TH	IERE A	NY MA	CHINI	ERY OI	R EQUIPI	/IENT N	OUNTED O	N OR ATTA	ACHE	D T	TO VEHICLES?
EHICLE NO.	Υ	N	IF YES	, DESC	RIBEAN	ND NAME C	WNER IF	NOT OWNED	BY APPLICA	ANT.		
1												
2												
3												
4												
29.												
											_	