

Non-Owned Automobile Supplement

Applicant / Insured:	Policy Number:	Effective Date:
Broker Name & Number:		Years in Business:

GENERAL INFORMATION
Name of applicant, including all subsidiary companies, domestic and foreign:
Applicant / Insured is: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other:
Address:
Other Locations:
Description of all operations:

EMPLOYEE, PARTNER & OFFICER INFORMATION
Total number of Employees:
Total number of Partners:
Total number of Officers:
Do any of the employees, partners or officers regularly use their personal automobile or any automobile not owned by the Applicant / Insured during the course of employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:

AUTOMOBILE INFORMATION
Confirm the number of agents used by Applicant / Insured:
What services do they provide:
Do you rent, lease, or hire any automobiles from others? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, indicate the number of automobiles rented, leased, or hired: With drivers Without drivers
Confirm the limit of insurance maintained by the automobile owner:

Provide the estimated annual cost of hire for each of the following classes of automobiles (Do NOT include the cost to hire or lease an automobile for more than 30 days): Commercial Automobile up to 4,500kg: Commercial Automobile over 4,501kg: Private Passenger Vehicles: Other (provide details):	
Describe the use of the leased or hired automobiles. If any commercial automobile exceed 4,501kg, confirm the radius of operations, body style and purpose for which they are used, including any cargo carried:	
Are any automobiles operated by others on your behalf under contract? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe the type of automobile. Does the automobile use align with the company's operations?	
Do you employ any 'broker' drivers? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do they lease the automobile to you or register them in your name? Provide full details.	
Are any non-owned automobiles operating outside of Canada? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide full details including destination, maximum distance, and frequency of trips:	

COVERAGE INFORMATION
Policy Period: From (yyyy/mm/dd): To (yyyy/mm/dd):
Policy limits required:
SEF 94 Legal Liability for Damage to Hired Automobiles: Limit of insurance required: Type of Physical Damage Coverage required: Deductible (minimum \$1,000): Estimated annual number of rental days: Estimated annual cost of hire: Use of automobile:
SEF 96 Contractual Liability: Dates of the Contracts: Names of other Contracting Parties:

INSURANCE & LOSS HISTORY	
Has any prior carrier cancelled, declined, or refused coverage in the past three years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	
Has the Applicant / Insured had any accidents or claims within the last six years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	

Completion 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 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 the personal information subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communication with me, assessing my application for insurance any 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.

Signature of Applicant / Insured:	Date:
Signature of Broker:	Date: