

# Lessor's Contingent Automobile Supplement



|                           |                |                    |
|---------------------------|----------------|--------------------|
| Name of Applicant/Insured | Policy Number: | Effective Date:    |
| Broker Name & Number:     |                | In Business Since: |

| LEASING OPERATIONS   |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Does the Applicant/Insured have a formal lease agreement in place?<br>If "Yes" was lease agreement drawn up with legal consultation?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Does the Applicant/Insured obtain a Lessee's Insurance Undertaking form with every lease?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does the Applicant/Insured refuse to release an automobile until the Lessee provides proof of Insurance?<br>(temporary liability cards or name of the Insurer, broker, and policy number) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Does the Applicant/Insured require a copy of the Lessee's Owner's Policy – No. 1 within 30 days from the date of delivery or within 15 days of the renewal of the primary policy?         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Does the Applicant/Insured keep copies of all lease contracts and proof of insurance for a period not less than 3 years, after the policy period?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Are automobiles leased for a period of (30) thirty days or less?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Are any automobiles leased outside of Canada?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Please provide details of the Applicant/Insured's practices to maintain records (lease contracts, Lessee's Insurance Undertakings and confirmation of Lessee's obligations):              |                              |                             |

| MISCELLANEOUS INFORMATION  |                              |                             |                           |
|--|------------------------------|-----------------------------|---------------------------|
| 1. What type of automobiles are leased:  |                              |                             |                           |
| Private Passenger Vehicles   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Light Commercial Vehicles |
| Heavy Commercial Vehicles  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Trailers                  |
| Other (provide details):   |                              |                             |                           |
| 2. Does the Applicant/Insured sell automobiles that have been returned after the leasing period?               |                              |                             |                           |
| 3. What is the average value and maximum value of the automobiles leased by the Applicant/Insured?             |                              |                             |                           |
| Average: _____   |                              |                             |                           |
| Maximum: _____   |                              |                             |                           |
| 4. Is supporting business (standard automobile policy, standard garage policy, CGL) also being quoted/covered? |                              |                             |                           |
| If "Yes", please provide policy details:   |                              |                             |                           |
| Policy Type:   | Policy Number:               | Policy Limits:              |                           |
| Standard Owner's Policy (No. 1)  |                              |                             |                           |
| Standard Garage Policy (No. 4)   |                              |                             |                           |
| CGL  |                              |                             |                           |

**A COPY OF THE INSURED'S LEASING CONTRACT IS REQUIRED FOR OUR RECORDS.**

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