Reset

# CSIO ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE

OWNER'S FORM S.A.F.1

POLICY NO. ASSIGNED OR BINDER:

INSURANCE COMPANY (INSURER) ☐ NEW POLICY ☐ RENEWAL POLICY

POLICY LANGUAGE: ☐ ENGLISH ☐ FRENCH

**1. APPLICANT(S) FULL NAME AND POSTAL ADDRESS:**

AGENT/BROKER:

POLICY BILLING

CONTACT NUMBER ☐ BUSINESS ☐ RES ☐ MOBILE

CONTACT NUMBER ☐ BUSINESS ☐ RES ☐ MOBILE

EMAIL ADDRESS ☐ BROKER BILL ☐ COMPANY BILL ☐ PAYMENT PLAN

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.

**2. POLICY PERIOD**

FROM TIME : A.M. ☐ P.M. ☐ DATE TO DATE 12:01 A.M.

ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS.

**3. PARTICULARS OF THE DESCRIBED AUTOMOBILE(S)**

| VEH. NO. | MODEL YEAR | TRADE NAME | MODEL OR C.C. | BODY TYPE | V.I.N. (SERIAL NO.) | PURCHASED BY APPLICANT YEAR | MONTH | NEW OR USED | PURCHASE PRICE INCLUDING ACCESSORIES & EQUIPMENT |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| VEH. NO. | IF APPLICABLE, INDICATE WHICH AND STATE NAME, POSTAL ADDRESS AND POSTAL CODE OF LIENHOLDER, LESSOR, OR ASSIGNEE: | ASSIGNEE | LIENHOLDER | LESSOR |
|---|---|---|---|---|
| 1 | | ☐ | ☐ | ☐ |
| 2 | | ☐ | ☐ | ☐ |
| 3 | | ☐ | ☐ | ☐ |
| 4 | | ☐ | ☐ | ☐ |

| VEH. NO. | GVW (Kg) | WINTER TIRES YES | NO | AGENT/BROKER AND COMPANY USE ONLY LIST PRICE NEW | VEHICLE CODE | TERR. | LOC. | CLASS | D.R. T.P.L. | D.R. COLL | RATE GROUP DCPD | COLL. | COMP. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 STANDARD POLICY FORM AND FOR THE FOLLOWING SPECIFIED LIMIT(S) AND AMOUNT(S).**

| INSURING AGREEMENTS | SECTION A THIRD PARTY LIABILITY | SECTION A1 DIRECT COMPENSATION FOR PROPERTY DAMAGE | SECTION B ACCIDENT BENEFITS | | | | | SECTION C LOSS OF OR DAMAGE TO INSURED AUTOMOBILE(S) | | | | ENDORSEMENTS | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PERILS | 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. | THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE if a deductible is specified for Direct Compensation for Property Damage AMOUNT DEDUCTIBLE | PAYMENTS FOR DEATH OR BODILY INJURY: HEALTH CARE AND RELATED EXPENSES | INCOME REPLACEMENT AND OTHER MONETARY BENEFITS | PERMANENT IMPAIRMENT BENEFITS | DEATH BENEFITS AND RELATED EXPENSES | UNINSURED MOTORIST COVER | THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE: 1. ALL PERILS | 2. COLLISION OR UPSET | 3. COMPREHENSIVE (EXCLUDING COLLISION OR UPSET) | 4. SPECIFIED PERILS (EXCLUDING COLLISION OR UPSET) | VEH. NO. | ENDORSEMENT NO. |
| LIMITS AND AMOUNTS IN DOLLARS | 1 | | AS REFERENCED IN SECTION B OF THE POLICY | | | | | AMOUNT DEDUCTIBLE ON EACH SEPARATE CLAIM | | | | | |
| | 2 | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | S.E.F. PREMIUM | VEHICLE PREMIUM |
| PREMIUM IN DOLLARS | VEH. NO. | PD | BI | | | | | | | | | | |
| | 1 | | | | | | | | | | | | |
| | 2 | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | |
| | OD | | | | | | | | | | | | |
| | OD | | | | | | | | | | | | |

MINIMUM RETAINED PREMIUM ▶ $

TOTAL ESTIMATED POLICY PREMIUM ▶ $_____

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



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# CSIO ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE

OWNER'S FORM S.A.F.1

POLICY NO. ASSIGNED OR BINDER:

**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 | | APPROXIMATE % USE OF VEHICLE BY EACH DRIVER | | | | DRIVER'S OCCUPATION | DRIVER TRAINING Y/N ATTACH DTC CERT. | |
|---|---|---|---|---|---|---|---|---|---|
| | DATE LICENSED | LIC. CLASS | VEH. 1 | VEH. 2 | VEH. 3 | VEH. 4 | | YES | NO |
| 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 |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
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**6(B).** GIVE PARTICULARS OF ALL **ACCIDENTS** OR **CLAIMS** ARISING FROM THE OWNERSHIP OR OPERATION OF ANY AUTOMOBILE DURING THE PAST **SIX** YEARS. USE REMARKS SECTION IF NECESSARY.

| VEH NO. | DRIVER NO. | DATE YY/MM/DD | TYPE OF CLAIM | AMOUNT PAID OR ESTIMATE | CLAIM AMOUNT REPAID TO INSURER YES | NO | 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? ☐ YES ☐ 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 LAST **THREE** YEARS? IF SO, STATE NAME OF INSURER, AND POLICY NUMBER IF AVAILABLE, AND REASON.

INSURER _____ REASON _____ POLICY NO. _____

**8(B).** DETAILS OF APPLICANT(S)' MOST RECENT AUTOMOBILE INSURANCE

INSURER _____

POLICY NO. _____

EXPIRY DATE _____

**8(C).** DOES/DO THE APPLICANT OWE ANY MONEY TO ANOTHER INSURER RELATED TO AN ALBERTA POLICY OF AUTO INSURANCE? IF YES, STATE PARTICULARS IN THE REMARKS SECTION. ☐ YES ☐ 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) YES | NO | DISTANCE ONE WAY | **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 THE REMARKS SECTION. YES | NO | NO. OF MONTHS/YEAR | **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 THE REMARKS SECTION. ☐ YES ☐ NO |
|---|---|---|---|---|---|---|---|---|---|
| 1 | KM | ☐ | ☐ | KM | % | ☐ | ☐ | | |
| 2 | KM | ☐ | ☐ | KM | % | ☐ | ☐ | | |
| 3 | KM | ☐ | ☐ | KM | % | ☐ | ☐ | | |
| 4 | KM | ☐ | ☐ | KM | % | ☐ | ☐ | | |

| 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.** Subject to subsection 2.08(4) of the Automobile Insurance Act, a claim by an insured is invalid and the right of the insured to recover indemnity is forfeited if (a) the insured, when applying 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.

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. Insurers 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.

**NOTICE AND CONSENT:** I am applying for automobile insurance based on the information provided above. With respect to this application or any renewal or change in coverage, I authorize you to collect, use and disclose my driving record, automobile insurance policy history and automobile insurance claims history as permitted by law for the limited purposes necessary to assess the risk, to investigate and process claims, and to prevent, detect and suppress fraud. If I am issued an automobile insurance policy or if I make a claim, this information may be pooled with information from other sources and may be subject to analysis for the limited purpose of preventing, detecting or suppressing fraud. For this purpose, the information also may be disclosed to i) fraud prevention organizations, other insurance companies and the police and ii) databases or registers used by the insurance industry to analyze and check information provided against existing information.

I declare that I have obtained consent from the listed drivers to the collection, use and disclosure by you of their driving record, automobile insurance policy history and automobile insurance claims history as described above.

I also declare that, prior to permitting any other individuals to drive my automobile, I will obtain consent from such individuals to the collection, use and disclosure by you of their driving record, automobile insurance policy history and automobile claims history also as described above.

I understand that if I have any questions about this consent, I am free to consult with my insurance company representative or legal advisor before signing this document.

To obtain further information about how your consent relates to pooling and data analytics to prevent and detect fraud please visit Équité Association.

DATE SIGNATURE OF APPLICANT X



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OPTIONAL ADDITIONAL COVERAGE (NOT REQUIRED FOR S.A.F. 1)

# CSIO ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE

POLICY NO. ASSIGNED:

PART 2

**4. ENDORSEMENTS** **VEHICLE 1** **ADDITIONAL COVERAGES INCLUDING DISCOUNTS AND SURCHARGES**

| SEF NO. | DESCRIPTION | LIMIT 1 | LIMIT 2 | DEDUCTIBLE | % | PREMIUM |
|---|---|---|---|---|---|---|
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**4. ENDORSEMENTS** **VEHICLE 2** **ADDITIONAL COVERAGES INCLUDING DISCOUNTS AND SURCHARGES**

| SEF NO. | DESCRIPTION | LIMIT 1 | LIMIT 2 | DEDUCTIBLE | % | PREMIUM |
|---|---|---|---|---|---|---|
| | | | | | | |
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**4. ENDORSEMENTS** **VEHICLE 3** **ADDITIONAL COVERAGES INCLUDING DISCOUNTS AND SURCHARGES**

| SEF NO. | DESCRIPTION | LIMIT 1 | LIMIT 2 | DEDUCTIBLE | % | PREMIUM |
|---|---|---|---|---|---|---|
| | | | | | | |
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**4. ENDORSEMENTS** **VEHICLE 4** **ADDITIONAL COVERAGES INCLUDING DISCOUNTS AND SURCHARGES**

| SEF NO. | DESCRIPTION | LIMIT 1 | LIMIT 2 | DEDUCTIBLE | % | PREMIUM |
|---|---|---|---|---|---|---|
| | | | | | | |
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*** PREMIUMS ARE INCLUDED IN TOTAL ESTIMATED ON PAGE 1**



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OPTIONAL ADDITIONAL COVERAGE (NOT REQUIRED FOR S.A.F. 1)

# CSIO ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE

POLICY NO. ASSIGNED:

PART 2

**14. ADDITIONAL INFORMATION FOR DRIVERS SHOWN IN ITEM 5.**

| Driver No. | NAME (as shown on Driver's Licence) | DRIVER TRAINING DATE COMPLETED | DRIVER TRAINING 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**

| Driver No. | NAME | ADDRESS | DATE HIRED |
|---|---|---|---|
| 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).**

| Driver No. | FULL NAME | BIRTH DATE | DRIVER'S LICENCE NUMBER (if applicable) | OWN A VEHICLE? YES | OWN A VEHICLE? NO | 16(B). NON-LICENSED RESIDENT? |
|---|---|---|---|---|---|---|
| 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 | Frequency per | | | Value | Describe |
|---|---|---|---|---|---|---|---|---|---|
| 1 | ☐ | ☐ | | | | | | | |
| 2 | ☐ | ☐ | | | | | | | |
| 3 | ☐ | ☐ | | | | | | | |
| 4 | ☐ | ☐ | | | | | | | |

**21. PROVIDE DETAILS OF VEHICLE ANTI-THEFT DEVICE. (IF APPLICABLE)**

| Vehicle No. | Device Type | Device Characteristics | Product Code |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

**22. IF APPLICANT HAS CHANGED ADDRESS WITHIN THE LAST THREE YEARS, PROVIDE PREVIOUS ADDRESS**

**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? ☐ **YES** ☐ **NO** | Is this business new to your office? ☐ **YES** ☐ **NO** | Motor vehicle liability insurance card issued? ☐ **TEMPORARY** ☐ **PERMANENT** ☐ **NONE**

How long have you known: (a) the applicant? _____ Driver No. _____ (b) the principal operator(s) _____ Driver No. _____

Provide Applicant's email address if applicable. _____

Does your client have other insurance with this company? ☐ **YES** ☐ **NO** Policy No. _____ Policy No. _____

If yes, give particulars.

Are there any special circumstances concerning this application which the company should know? ☐ **YES** ☐ **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? ☐ **YES** ☐ **NO** If yes, give particulars.

Was the Supplementary Market Availability Plan (SMAP) accessed to place this risk? ☐ **YES** ☐ **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 |
|---|---|---|
| | | |



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OPTIONAL ADDITIONAL COVERAGE (NOT REQUIRED FOR S.A.F. 1)

# CSIO ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE

POLICY NO. ASSIGNED:

PART 2

**27. DESCRIBE ANY TRAILER NOT ALREADY LISTED**

**COMMERCIAL RATED VEHICLE(S)** ☐ ☐

**If yes selected, this commercial vehicle section cannot be used. A Commercial Vehicle Supplement form must be provided.**

| 28(A). Does vehicle weight exceed 4500 kg? | | | 28(B). Is operating radius greater than 40 km from place vehicle(s) usually kept? | | |
|---|---|---|---|---|---|
| Veh. No. | YES | NO | Veh. No. | YES | NO |
| 1 | ☐ | ☐ | 1 | ☐ | ☐ |
| 2 | ☐ | ☐ | 2 | ☐ | ☐ |
| 3 | ☐ | ☐ | 3 | ☐ | ☐ |
| 4 | ☐ | ☐ | 4 | ☐ | ☐ |

**29. COMMERCIAL VEHICLE USE**

| Veh. No. | Percentage of Pleasure Use | Delivery | Wholesale | Retail | Other | Hauling Done for Others? | Specify |
|---|---|---|---|---|---|---|---|
| 1 | | ☐ | ☐ | ☐ | Add in Remarks section below. | ☐ | |
| 2 | | ☐ | ☐ | ☐ | | ☐ | |
| 3 | | ☐ | ☐ | ☐ | | ☐ | |
| 4 | | ☐ | ☐ | ☐ | | ☐ | |

| 30. Is there any merchandise or material carried? | | | | 31. If volatile toxic, corrosive, radioactive, or explosive materials carried, state quantities: | | | |
|---|---|---|---|---|---|---|---|
| Veh. No. | YES | NO | If yes, describe. | Veh. No. | YES | NO | If yes, state quantities. |
| 1 | ☐ | ☐ | | 1 | ☐ | ☐ | |
| 2 | ☐ | ☐ | | 2 | ☐ | ☐ | |
| 3 | ☐ | ☐ | | 3 | ☐ | ☐ | |
| 4 | ☐ | ☐ | | 4 | ☐ | ☐ | |

**32. Is there any machinery or equipment mounted on or attached to vehicles?**

| Veh. No. | YES | NO | If yes, describe and name owner if not owned by Applicant. |
|---|---|---|---|
| 1 | ☐ | ☐ | |
| 2 | ☐ | ☐ | |
| 3 | ☐ | ☐ | |
| 4 | ☐ | ☐ | |

**33. REMARKS**



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