

CSIO NEWFOUNDLAND AND LABRADOR APPLICATION FOR AUTOMOBILE INSURANCE

POLICY NUMBER ASSIGNED

INSURANCE COMPANY (Hereinafter called the Insurer)		<input type="checkbox"/> QUOTE <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL		POLICY / BINDER NUMBER	
1(A). APPLICANT'S FULL NAME AND POSTAL ADDRESS			1(B). BROKER'S NAME AND POSTAL ADDRESS		
CONTACT NUMBER HOME BUSINESS			CONTACT NUMBER HOME BUSINESS		
CELL FAX			CELL FAX		
PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH			BROKER CONTRACT NUMBER		BROKER SUB-CONTRACT NUMBER
EMAIL ADDRESS			GROUP / PROGRAM NAME		GROUP ID
WEBSITE ADDRESS			BROKER CLIENT ID		COMPANY CLIENT ID

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 HEREON.

3. PARTICULARS OF THE DESCRIBED AUTOMOBILE(S)

VEHICLE NO.	MODEL YEAR	TRADE NAME	MODEL OR C.C.	NO. OF CYL.	BODY TYPE	V.I.N. (SERIAL NUMBER)	PURCHASED BY APPLICANT		
							YEAR	MONTH	NEW USED DEMO
1									
2									
3									
4									

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

AGENT / BROKER AND COMPANY USE ONLY														
VEHICLE NO.	TRUCK GROSS WEIGHT	LIST PRICE NEW	PURCHASE PRICE INCLUDING EQUIPMENT	LICENCE PLATE	VEHICLE CODE	TERRITORY	LOCATION	CLASS	D.R. T.P.L.	D.R. D.C.P.D.	D.R. COLL.	RATE GROUP		
												AB	COLL/AP	COMP/SP
1														
2														
3														
4														

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	Section A.1	SECTION B				Section C				Section D	Endorsements			
	Third Party Liability	Direct Compensation - Property Damage	ACCIDENT BENEFITS				Loss of or Damage to Insured Automobile(s)				Uninsured and Unidentified Automobile Coverage	Vehicle No.	NL - S.E.F. No.		
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 recovery clause for property damage if a deductible is specified for Direct Compensation - Property Damage	Payments for death or bodily injury as stated in section B of the Policy or				THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE				Amount deductible on each separate claim except for loss or damage by fire or lightning or theft of the entire automobile	AS STATED IN SECTION D OF THE POLICY	Vehicle Premium	NL - S.E.F. Premium	
			Each Person Sub-Section 1	Each Person Sub-Section 2	1. All Perils	2. Collision or Upset	3. Comprehensive (excluding collision or upset)	4. Specified Perils (excluding collision or upset)							
LIMITS AND AMOUNTS IN DOLLARS	1		Maximum Medical Rehabilitation	Maximum Funeral Expenses	Death Benefits	Maximum Weekly Payments									
	2														
	3														
	4														
PREMIUM IN DOLLARS		BI	PD												
	1														
	2														
	3														
	4														
	O.D.														

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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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	SEX	DATE OF BIRTH	
1										
2										
3										
4										

DRIVER NO.	DATE OF MVR	DATE LICENSED	LIC. CLASS	STATE NUMBER OF YEARS LICENSED IN CANADA AND USA*				FIRST CHANCE DISCOUNT	RELATIONSHIP TO APPLICANT	DRIVER TRAINING CERTIFICATE		
				Approx. % of use of vehicle						YEARS LICENSED	** ATTACH CERTIFICATE DRIVER TRAINING COURSE**	DATE COMPLETED
				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?
 YES 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?
 YES 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"/> <input checked="" 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)
 ◀ Use Remarks section overleaf if necessary

VEHICLE NO.	DRIVER NO.	DATE	TYPE OF CLAIM	AMOUNT PAID OR ESTIMATE	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 WITHIN THE PAST SIX YEARS PRECEDING THIS APPLICATION?
 YES NO If yes, state particulars in Remarks section. LIST DRIVER NUMBER _____

9(A). HAS ANY INSURANCE COMPANY, 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 INSURANCE COMPANY, AND POLICY NUMBER IF AVAILABLE.
 INSURANCE COMPANY _____ POLICY NO. _____ DRIVER NO. _____

9(B). DETAILS OF APPLICANT'S MOST RECENT AUTOMOBILE INSURANCE.
 INSURANCE COMPANY _____ POLICY NO. _____ EXPIRY DATE _____

10(A). THE VEHICLE IS USED FOR:		10(B). IS THE VEHICLE USED TO COMMUTE?		10(C). STATE THE USUAL DISTANCE DRIVEN ANNUALLY.		11(A). WILL THE AUTOMOBILE BE RENTED OR LEASED?		11(B). WILL THE AUTOMOBILE BE USED FOR THE TRANSPORTATION OF GOODS FOR COMPENSATION? If so, state			
VEHICLE NO.	BUSINESS	Approx. % Use for Business	PLEASURE	YES	NO	(ANNUAL DISTANCE)	USED FOR CARRYING PASSENGERS FOR COMPENSATION OR HIRE?	FOR CARRYING EXPLOSIVES OR RADIOACTIVE MATERIAL?	CLASS OF LICENCE	CERTIFICATE	RADIUS OF OPERATIONS
1	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ km					
2	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ km					
3	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ km					
4	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ km					

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 Insurance Company, 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:

(1) 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.

(2) Consent: I authorize the insurer to collect, use and disclose (i) the information on this form; and (ii) 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), as required in connection with this application. 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 my credit report for the purposes of verifying my qualification to enter into such premium payment plan.

(3) The Total Estimated Policy Premium is subject to adjustment to the Insurer's manual premium for the risk.

DATE _____ SIGNATURE OF APPLICANT _____

14. NAME AND ADDRESS OF EMPLOYER										OCCUPATION		DATE HIRED		
DRIVER NO.														
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 (B) NON-LICENSED RESIDENT?				
DRIVER NO.	FULL NAME				DATE OF BIRTH		DRIVER'S LICENCE NUMBER (if applicable)		OWN A VEHICLE					
1														
2														
3														
4														
16. IS VEHICLE USED FOR CAR POOLS OR SHARE-THE-RIDE ARRANGEMENTS? FREQUENCY					17. FUEL IF NOT POWERED BY GAS OR DIESEL ENGINE		18. HAS VEHICLE BEEN MODIFIED, ALTERED OR CUSTOMIZED OR IS THERE ANY UNREPAIRED DAMAGE INCLUDING DAMAGE TO GLASS?		19. DESCRIBE AND GIVE VALUE FOR ANY SPECIAL EQUIPMENT AND/OR CUSTOM PAINT FINISH					
VEHICLE NO.	Y	N	NO. OF PASSENGERS		# OF TIMES	PER				VALUE		DESCRIBE		
1														
2														
3														
4														
20. PROVIDE DETAILS OF VEHICLE ANTI-THEFT DEVICE. (IF APPLICABLE)							21. IF APPLICANT HAS CHANGED ADDRESS WITHIN THE LAST THREE YEARS, PROVIDE PREVIOUS ADDRESS							
VEHICLE NO.	DEVICE TYPE		DEVICE CHARACTERISTICS			PRODUCT CODE								
1														
2														
3								22. TOTAL NUMBER OF PRIVATE PASSENGER VEHICLES IN HOUSEHOLD INCLUDING THOSE ALREADY LISTED						
4								#						
23. REMARKS														
24. PREMIUM INFORMATION														
TOTAL ESTIMATED POLICY PREMIUM				PROVINCIAL SALES TAX (if applicable)				INSTALLMENT AMOUNT		\$/% ADDITIONAL CHARGES		TOTAL ESTIMATED COST		
25. 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														
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				

27. DESCRIBE ANY OWNED TRAILER NOT SHOWN OVERLEAF

COMMERCIAL RATED VEHICLE(S)

If yes selected, this commercial vehicle section cannot be used. A Commercial Vehicles 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?**

VEHICLE NO.	28 (A)		VEHICLE NO.	28 (B)	
	Y	N		Y	N
1			1		
2			2		
3			3		
4			4		

29. COMMERCIAL VEHICLE USE

VEHICLE NO.	PERCENTAGE OF PLEASURE USE	DELIVERY		WHOLESALE		RETAIL		OTHER ADD IN REMARKS SECTION BELOW	HAULING DONE FOR OTHERS?		SPECIFY
		Y	N	Y	N	Y	N		Y	N	
1											
2											
3											
4											

30. IS THERE ANY MERCHANDISE OR MATERIAL CARRIED? **31. IF VOLATILE TOXIC, CORROSIVE RADIO ACTIVE OR EXPLOSIVE MATERIALS CARRIED, STATE QUANTITIES:**

VEHICLE NO.	30		IF YES, DESCRIBE	VEHICLE NO.	31
	Y	N			
1				1	
2				2	
3				3	
4				4	

32. IS THERE ANY MACHINERY OR EQUIPMENT MOUNTED ON OR ATTACHED TO VEHICLES?

VEHICLE NO.	32		IF YES, DESCRIBE AND NAME OWNER IF NOT OWNED BY APPLICANT.
	Y	N	
1			
2			
3			
4			

33. REMARKS