

INSURANCE COMPANY (HEREINAFTER CALLED THE INSURER)	POLICY NO. ASSIGNED	BROKER/AGENT
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APPLICANT - Full name and postal address (include county, district)	BUSINESS TELEPHONE  RESIDENCE TELEPHONE  FAX	LEASED AUTOMOBILE - Lessor's full name and postal address
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1. GIVE DETAILS OF ALL ACCIDENTS AND CLAIMS ARISING FROM THE OWNERSHIP OF ANY AUTOMOBILE DURING THE PAST 6 YEARS, NOT ALREADY LISTED IN THE AUTO APPLICATION

DRIVER NO.	AUTO NO.	DATE (YYYY/MM/DD)	TYPE OF CLAIM	AMOUNT PAID OR ESTIMATE	DESCRIPTION (USE REMARKS SECTION IF NECESSARY)

\* BI - BODILY INJURY PD - PROPERTY DAMAGE AB - ACCIDENT BENEFITS COLL - COLLISION AP - ALL PERILS COMP - COMPREHENSIVE SP - SPECIFIED PERILS

2. BUSINESS TYPE - CHECK AS APPROPRIATE (NOTE L=LIGHT H=HEAVY: FOR ITEMS MARKED WITH AN ASTERISK AND NUMBER. THE APPLICABLE ITEM ON PAGE 2 MUST BE COMPLETED)

	L	H		L	H		L	H		L	H
COMMON CARRIERS			COURIER SERVICE			DRIVING SCHOOL (*19)			PICK UP CUSTOMER GOODS		
CONTRACT CARRIERS			ROAD CONSTRUCTION			BUS SERVICE (*22)			OTHER (SPECIFY)		
PRIVATE CARRIERS			GENERAL CONTRACTOR			ARTISAN USE ONLY (*17)					
DELIVERY, WHOLESALE			TOWING SERVICE			FARMER					
DELIVERY, RETAIL			TAXIS/LIMOS (*23)			LEASING TO OTHERS					

3. HOW MANY YEARS HAS THE APPLICANT OWNED OR LEASED EACH COMMERCIAL AUTOMOBILE OR ANY AUTOMOBILE IT REPLACES?		4. HAULING DONE FOR OTHERS					
AUTO NO.		AUTO NO.	NEVER	DAILY	WEEKLY	OTHER	SPECIFY
1		1					
2		2					
3		3					

5. (A) PARTICULARS OF THE MERCHANDISE CARRIED

AUTO NO.	MERCHANDISE CARRIED	ARE GOODS CARRIED FOR COMPENSATION?		MAXIMUM VALUE PER AUTOMOBILE
		YES	NO	
1				
2				
3				

5. (B) DESCRIBE IN DETAIL ANY OF THE ABOVE THAT ARE DANGEROUS GOODS AS DEFINED IN THE TRANSPORTATION OF DANGEROUS GOODS ACT. **NOTE:** IF EXPLOSIVES OR RADIOACTIVE MATERIAL IS CARRIED, COMPLETE, SIGN, AND ATTACH APPROPRIATE QUESTIONNAIRE.

5. (C) IDENTIFY AUTOMOBILES HAULING GOODS OF OTHERS UNDER EXCLUSIVE CONTRACT:

5. (D) PARTICULARS OF CARGO INSURANCE

INSURER	POLICY NO.	AMOUNT	EXPIRY DATE
			YYYY   MM   DD

6. PARTICULARS OF TRAVEL

AUTO NO.	LOCATION USUALLY KEPT	ONE WAY DISTANCE (KMS)		% OF TOTAL TRIPS		NO. OF TRIPS PER MONTH BEYOND A 40 KM RADIUS FROM PLACE USUALLY KEPT	DESTINATIONS (LIST CITIES, PROVINCES, AND STATES)
		NORMAL RADIUS (I)	MAXIMUM RADIUS (II)	(I)	(II)		
1							
2							
3							

7. LIST ALL FEDERAL, PROVINCIAL, MUNICIPAL, OR UNITED STATES FILINGS REQUIRED

PROVINCE, STATE, CITY OR ICC	DOCKET NO. (IF ANY)	SPECIFY EXACT NAME REQUIRED ON THE FILING

8. DESCRIBE ANY MACHINERY OR EQUIPMENT MOUNTED ON OR ATTACHED TO AUTOMOBILES

AUTO NO.	DESCRIPTION	OWNED	LEASED	PURCHASE PRICE
1				
2				
3				

9. IS THE AUTOMOBILE USED TO HAUL ANY NON-OWNED TRAILERS? EXPLAIN ALL "YES" RESPONSES IN REMARKS

AUTO NO.	YES	NO	LENGTH	WIDTH	TRAILER TONNAGE OR CAPACITY (LITRES)	YEAR	MAKE	TYPE	V.I.N.	COST NEW PRICE	IS TRAILER OPERATED BEYOND 80 KM RADIUS?		IS TRAILER USED IN CONNECTION WITH APPL'S OCCUPATION?	
											YES	NO	YES	NO
1														
2														
3														

<b>10. IS ANY DESCRIBED VEHICLE LEASED OR RENTED TO OTHERS?</b>				<b>11. STATE % OF PLEASURE USE</b>		<b>12. IDENTIFY ANY AUTOS THAT WILL FORM ANY PART OF A TRAILER TRAIN</b>				<b>13. ARE ANY OF THE AUTOMOBILES USED FOR OTHER THAN THEIR REGULAR AND USUAL PURPOSE DURING ANY PART OF THE YEAR (EG. SNOW REMOVAL, ROAD SALTING)?</b>			
YES	NO	AUTO NO.	LEASED CONTRACT PERIOD (YYYY/MM/DD)	AUTO NO.	%	AUTO NO.	DESCRIPTION	YES	NO	AUTO NO.	NO. OF MONTHS	DESCRIPTION	

**14. DOES THE APPLICANT NEED OPCF/SEF/QEF/NBEF 27/27B LIABILITY FOR DAMAGE TO NON-OWNED AUTOMOBILES?**  YES  NO IF "YES" SPECIFY:

<b>(A) HAS LIABILITY BEEN ASSUMED UNDER CONTRACT OR AGREEMENT?</b>				<b>(B) TYPE OF NON-OWNED AUTOMOBILE</b>				<b>(C) AVERAGE NO. OF AUTOMOBILES AT ANY ONE TIME</b>		<b>AND THEIR AVERAGE VALUE</b>		<b>(D) MAXIMUM NO. OF AUTOMOBILES AT ANY ONE TIME</b>		<b>AND THEIR COLLECTIVE MAXIMUM VALUE</b>		<b>(E) WHAT IS THE VALUE OF THE MOST EXPENSIVE UNIT?</b>	
YES	NO	AUTO NO.	SPECIFY							\$				\$		\$	

<b>15. MAX. NUMBER OF PASSENGERS NORMALLY CARRIED</b>				<b>16. DRIVER INFORMATION</b>			
AUTO NO.	MAX. NO. OF PASSENGERS	MAX. NUMBER OF PERMANENTLY ATTACHED SEATS		DRIVER NO.	AUTO NO.	NAME	LICENCE NUMBER
				1			
				2			
				3			

**COMPLETE FOLLOWING QUESTIONS IF APPLICABLE**

<b>17. ARTISAN</b> AVG. NO. OF CUSTOMERS' LOCATIONS VISITED IN A WORK DAY: IS THE VEHICLE ALSO USED FOR PLEASURE? <input type="checkbox"/> YES <input type="checkbox"/> NO										<b>19. DRIVER SCHOOL AUTOMOBILES</b>																													
<b>18. CAR AND VAN POOLS</b> ARE ANY AUTOMOBILES USED IN A CAR OR VAN POOL?										<b>(A) INDICATE WHICH AUTOS ARE DUAL EQUIPPED</b>					<b>(B) CHECK TYPE OF SCHOOL OPERATION</b>					<b>(C) CHECK ALL EXPOSURES THAT APPLY</b>																			
AUTO NO.	NO	YES	MAX. NO. OF PASSENGERS	REMARKS						AUTO NO.	YES	NO	AUTO NO.	YES	NO	AUTO NO.	YES	NO	SCHOOL/COLLEGE/UNIVERSITY DRIVER TRAINING COURSE?	YES	NO	AUTO NO.	YES	NO	PUBLIC ROADS?	YES	NO	AUTO NO.	YES	NO	EMPTY VEHICLE?	YES	NO	AUTO NO.	YES	NO	TRANSPORT GOODS FOR OTHERS?	YES	NO

<b>20. FIRE, POLICE, AMBULANCE, AND FUNERAL DIRECTOR AUTOMOBILES</b> ARE ANY AUTOMOBILES USED FOR PATROL OR EMERGENCY USE?				<b>21. RECREATIONAL VEHICLES USED FOR COMMERCIAL PURPOSES</b> ARE ANY CAMPER MOTOR VEHICLES, MOTOR HOMES, HOMETRAILERS, OR OTHER RECREATIONAL TYPE AUTOMOBILES USED FOR NON-PLEASURE PURPOSES?									
YES	NO	AUTO NO.	IF "YES", PROVIDE DETAILS OF SUCH USE	YES	NO	AUTO NO.	IF "YES", SPECIFY THE ITEMS, THE USE AND THE FREQUENCY OF SUCH USE						

<b>22. BUSES</b>										<b>(B) PUBLIC BUS SERVICE (CHECK ALL THAT APPLY)</b>									
<b>(A) INDICATE TYPE OF BUS:</b>																			
AUTO NO.	PUBLIC	SCHOOL	HOTEL OR COUNTRY CLUBS	PRIVATE	OTHER	REMARKS	REGULAR ROUTE(S) IN A CITY OR TOWN	REGULAR SERVICE BETWEEN TOWNS	CHARTER SERVICE										

IF REGULAR PUBLIC BUS SERVICE BETWEEN TOWNS - LIST ALL REGULAR DESTINATIONS AND THE ONE WAY DISTANCE IN KILOMETERS										<b>(C) SCHOOL BUSES - ARE AUTOMOBILES ALSO USED FOR CHARTER SERVICE?</b>					<b>(D) PRIVATE BUSES - ARE AUTOMOBILES USED ONLY FOR THE TRANSPORT OF EMPLOYEES TO AND FROM WORK?</b>				
IF CHARTER SERVICE - SHOW DESTINATIONS AND THE NO. TRIPS PER MONTH ON AVERAGE										YES	NO	AUTO NO.	NO. TRIPS PER MONTH EACH BUS	MAXIMUM NO. BUSES USED IN CHARTER SERVICE	YES	NO	IF "NO", SPECIFY OTHER USES AND FREQ. THEREOF (INCL. CHARTER WORK)		
												1							
												2							
												3							

<b>23. TAXIS AND LIMOUSINES</b>										<b>(A) PARTICULARS</b>									
AUTO NO.	LICENSE PLATE NO.	TAXI AND PLATE NO.	TAXI PLATE LICENSING AUTHORITY	NAME OF TAXI PLATE OWNER	PLATE OWNER ADDRESS														
1																			
2																			
3																			

<b>(B) ARE INSURED AUTOS BROKER/DISPATCHED BY OTHER THAN REGISTERED OWNER?</b>					<b>(C) IS THE INSURED AUTOMOBILE/PLATE LEASED TO OTHERS?</b>									
YES	NO	AUTO NO.	IF "YES", GIVE NAME OF BROKER/DISPATCHER	IF "YES", GIVE NAME AND ADDRESS OF LESSEES	YES	NO	AUTO NO.							

<b>(D) ARE ANY AUTOMOBILES USED FOR OTHER THAN TAXI OR LIMOUSINE SERVICES?</b>					<b>(E) IF LIMO, SPECIFY SERVICE (AIRPORT, WEDDINGS, ETC)</b>									
YES	NO	AUTO NO.	IF "YES", SPECIFY TYPE OF SERVICE PROVIDED											

**REMARKS**