

PRIVATE PASSENGER APPLICATION SASKATCHEWAN EXTENSION AUTOMOBILE INSURANCE



This Policy Contains a Partial Payment of Loss Clause

Effective Date Day / Month / Year	Effective Time	Expiry Date Day / Month / Year	Replacing Policy No.	Date Completed	Time
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12:01 A.M. Standard Time

Name & Address as Shown on Registration			Broker	Number
Town	Prov.	Postal Code		
Home Ph	Bus. Ph	Email Address		

Lessor's Name & Address	Method of Payment <input type="checkbox"/> Broker Billed <input type="checkbox"/> Direct Billed
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Driver/Principal Operator's Names	Driver's Licence No. Pic	Birth Date Month Day Year	% Driven	No. of Years Consecutively Licensed
		/ /		<input type="checkbox"/> 0 to 2 <input type="checkbox"/> 3+ <input type="checkbox"/> 5+
		/ /		<input type="checkbox"/> 0 to 2 <input type="checkbox"/> 3+ <input type="checkbox"/> 5+

<input type="checkbox"/> Owned	AUTO TYPE: <input type="checkbox"/> Car <input type="checkbox"/> Private Truck <input type="checkbox"/> Van <input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Truck <input type="checkbox"/> Heavy Farm Truck <input type="checkbox"/> Motorcycle
<input type="checkbox"/> Leased	TRAILER TYPE: <input type="checkbox"/> Cabin <input type="checkbox"/> Tent <input type="checkbox"/> Utility <input type="checkbox"/> Farm Trailer <input type="checkbox"/> Farm Semi Trailer

Vehicle	Plate Number	Class	GVW	Value	Vehicle Year	Make Model	Body type	Serial Number
# 1								

All Perils Deductible	Collision or Upset Deductible	Comprehensive Deductible	Specified Perils Deductible	Road Hazard Glass Deductible	Replacement Cost <input type="checkbox"/> Yes Purchase Price \$ Delivery Date Attach Sale Bill	Accident Benefits (including Income Replacement) and Family Protection Coverage Accident Benefits and Family Protection is NOT Available on Motorcycles, Snowmobiles and Trailers	Loss of Use <input type="checkbox"/> Yes <input type="checkbox"/> No Limit per Occurrence	Liability <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000	Total Estimated Policy Premium \$ Minimum Retained Premium \$50.00
<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> No Glass					
<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200		Is Glass Damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350							
<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500							
<input type="checkbox"/> \$700	<input type="checkbox"/> \$700	<input type="checkbox"/> \$700							

IMPORTANT – All Questions Must Be Answered and Application Signed by the Applicant. Incomplete Applications Will Be Returned.

Yes No

Do you or any other regular driver of the auto have any physical or mental disability, impairment or disease?

Have you or any other regular driver of your auto had their drivers licence revoked, suspended or cancelled within the last 5 years or have been disqualified from driving or refused a drivers licence from anywhere in Canada or the United States? If yes, advise us the date your drivers licence was re-instated.

Have you or any other regular driver of the auto been refused auto insurance or had an auto insurance policy cancelled?

Are you the registered and actual owner of the insured auto?

Have you or any other regular driver of your auto moved to Saskatchewan within the past 12 months?

Is the auto used for business purposes? Describe –

Is the auto unlicensed and in storage? If Yes, indicate value of auto above.

Were you previously insured with another insurance company?

State Name of Company : _____ Policy # _____

Please tell us about all accidents, claims or convictions during the last 5 years which were due to the ownership or use of any auto by you or the principal driver named above

Indicate All Accidents and Claims of All types (Date and Type)	Indicate All Convictions (Date and type)

IMPORTANT – Please read the reverse side of the application before signing.

The applicant acknowledges that:

- All of the information given by the applicant is true and the applicant hereby applies for a contract of automobile insurance to be based on the said information.
- I authorize you to collect, use and disclose the information on this form and any 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. 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 and use my credit report.
- The Total Estimated Policy Premium is subject to adjustment to the Insurer's manual premium for the risk.

Applicant's Signature **X** _____ Date _____

Please Note - If you are insuring more than one auto complete a new application for each additional auto and attach the applications together.

PLEASE READ THIS BEFORE SIGNING THE APPLICATION

This application is for an insurance policy for your auto and/or trailer. The full details of this policy are given in your Easy Read wordings. The coverages you have chosen will be used to compute our payment for losses.

Your auto insurance policy is based on the truth of the information you have given us here. By signing this application, you agree that this information is true.

191 (1) Where:

(a) An applicant 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 therein;

(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.**
