

COMMERCIAL AUTOMOBILE INSURANCE SASKATCHEWAN EXTENSION AUTOMOBILE APPLICATION



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		

PARTICULARS OF THE DESCRIBED VEHICLE(S)		
VEHICLE(S)	VEHICLE #1	VEHICLE #2
Vehicle Year		
Make/Model		
Class		
Serial Number		
Body Type		
Vehicle Gross Weight	KGS.	KGS.
Vehicle Use		
Radius of Operation	KMS.	KMS.
A.A.I.A. Deductible		
Province where Licensed		
If unlicensed proved present value		
If vehicle is used to carry explosives, radioactive material, chemicals, petroleum, liquefied gas or any environmentally hazardous substance, state particulars		
Name & Address of Lien holder		
Lessor Name & Address		

INSURING AGREEMENTS				
This application is made for insurance against one or more of the perils mentioned, but for insurance under the section or subsection for which a premium is specified and no other, and in each case, only for insurance in excess of the amount payable therefore under The Automobile Accident Insurance Act (Saskatchewan), had this policy not been issued, and upon the terms, conditions, provisions, definitions and exclusions of the Insurer's corresponding standard policy form and for the following specified limits and amounts.				
	COVERAGE	PREMIUM	COVERAGE	PREMIUM
Sec. A – Liability (State Limit)	\$	\$	\$	\$
SEF #44 – Family Protection End	Included in Sec. A – Liability premium if coverage is available			
Sec. B – Accident Benefits	Included in Sec. A – Liability premium if coverage is available			
Sec. C – Loss or Damage to Insured Automobile	DEDUCTIBLE	PREMIUM	DEDUCTIBLE	PREMIUM
Sub. Sec. 1 All Perils				
Sub. Sec. 2 Collision or Upset				
Sub. Sec. 3 Comprehensive				
Sub. Sec. 4 Specified Perils				
Road Hazard Glass				
LOSS OF USE				
Replacement Cost or Limited Waiver of Depreciation Attach Bill of Sale	Purchase Price \$		Purchase Price \$	
	Delivery Date:		Delivery Date:	
Total Vehicle Premium	\$	\$	\$	\$

MINIMUM RETAINED PREMIUM: \$50.00

Total Policy Premium \$ _____

REVERSE SIDE MUST BE COMPLETED AND SIGNED BY THE APPLICANT

DRIVER INFORMATION: Please supply information for Principal Operators and all Regular Drivers:

NAME	PIC NUMBER	Birth Date			Number of Years Consecutively Licensed	Principally Operates Vehicles No.
		Day	Month	Year		
1.						
2.						
3.						
4.						
5.						

Company/Business PIC: _____

Give particulars of all CONVICTIONS during the past FIVE years, which were due to the ownership or use of any automobile by you or any driver named above. (Indicate Operator)

Give particulars of all ACCIDENTS or CLAIMS during the past FIVE years, which were due to the ownership or use of any automobile by you or any driver named above.

Date		Type of Claim	Amount Paid or Estimate	Description
Y	M			

EXPOSURE

a) What Canadian Provinces entered? _____

b) Any U.S. exposure? Yes No

Unless otherwise stated, the applicant is both the registered owner and actual owner of the described automobile. If not, state the names of:

a) The registered owner _____

b) The actual owner _____

Has any driver's license, vehicle permit or similar authorization issued to the applicant or drivers listed in the driver information, to the knowledge of the applicant been or continued to be suspended, cancelled or lapsed within the FIVE years preceding this application?

 Yes No If yes, state particulars: _____Has any Insurer, to the knowledge of the applicant, cancelled, declined or refused to renew or issue automobile insurance to the applicant or drivers shown in the driver information, within the FIVE years preceding this application? If yes, state name of Insurer and policy number if available. Yes No

Insurer: _____ Policy No. _____

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; or (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, 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 are true and the applicant hereby applies for a contract of automobile insurance to be based on the truth of the said information.
- 2) **The applicant authorizes My Mutual Insurance to investigate the Driving Records and the Accident Records of all Drivers.**
- 3) The Total Estimated Policy Premium is subject to adjustment to the Insurer's manual premium for the risk.

Applicant's Signature **X** _____ Date _____**DRIVER VOUCHER AND DRIVERS LICENSE ATTACHED?** Yes No