

PRINCE EDWARD ISLAND STANDARD GARAGE AUTOMOBILE APPLICATION (PE - S.A.F. No. 4) Policy No. Assigned: ▶

Insurance Company ("The Insurer") New Replacing Policy No. Agency Bill Other

Company Bill Broker Bill

Item	Agent/Broker	Code(s)	Agent/Broker Use Only Applicant's Tel #s
1. Applicant's Full Name and Business Address (including county or district)			
Postal Code:		Postal Code:	

		INDICATE BLDG.	LOT
(A)	LOCATION OF PREMISES WHERE BUSINESS IS CONDUCTED (SHOW EACH BUILDING AND LOT SEPARATELY.)		
(B)			
(C)			
(D)			

2. Policy Period ▶ From **Time** a.m. p.m. **Date** YYYY | MM | DD To 12:01 a.m. YYYY | MM | DD

All times are local times at the applicant's postal address as stated.

3. THE AUTOMOBILES IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED ARE THOSE USED IN CONNECTION WITH THE APPLICANT'S BUSINESS OF:

(SPECIFY WHETHER AUTOMOBILE DEALER, REPAIR GARAGE, SERVICE STATION, STORAGE GARAGE OR PARKING LOT AND DESCRIBE ALL OTHER BUSINESS, IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED, CONDUCTED BY THE APPLICANT AT THE LOCATIONS SPECIFIED IN ITEM 1) NOTE: THIS FORM SHOULD NOT BE USED FOR RENTAL OR LEASING EXPOSURES.

4. THE BASIS OF RATING AND CALCULATION OF THE PREMIUM PAYABLE SHALL BE IN ACCORDANCE WITH THE PREMIUM COMPUTATION STATEMENT ATTACHED (PE - P.C.S. No.1).

ESTIMATED TOTAL PAYROLL FOR POLICY PERIOD \$	NUMBER OF EMPLOYEES INCLUDING PROPRIETORS, PARTNERS AND EXECUTIVE OFFICERS AT THE EFFECTIVE DATE OF THE POLICY:	FULL TIME	PART TIME

5. THIS APPLICATION IS MADE FOR INSURANCE AGAINST ONE OR MORE OF THE PERILS MENTIONED IN THIS ITEM, BUT ONLY FOR INSURANCE UNDER THE SECTION(S) OR SUBSECTION(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 GARAGE AUTOMOBILE POLICY FORM AND FOR THE FOLLOWING SPECIFIED LIMITS AND AMOUNTS:

INSURING AGREEMENTS	PERILS	LIMITS AND AMOUNTS		ADVANCE PREMIUM
SECTION A THIRD PARTY LIABILITY	LEGAL LIABILITY FOR BODILY INJURY TO OR DEATH OF ANY PERSON OR DAMAGE TO PROPERTY (EXCLUSIVE OF COSTS AND POST JUDGMENT 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.	\$	(EXCLUSIVE OF COSTS AND POST JUDGMENT 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.	BI \$
				PD \$
SECTION A.1 DIRECT COMPENSATION - PROPERTY DAMAGE	THIS POLICY CONTAINS A PARTIAL PAYMENT OF RECOVERY CLAUSE FOR PROPERTY DAMAGE IF A DEDUCTIBLE IS SPECIFIED FOR DIRECT COMPENSATION - PROPERTY DAMAGE.	D E D.	\$	\$
SECTION B MANDATORY ACCIDENT BENEFITS	Mandatory Medical and Rehabilitation Benefits, and Accident Benefits in Motor Vehicle Liability Policies	AS STATED IN SECTION B OF THE POLICY		\$
SECTION C LOSS OF OR DAMAGE TO OWNED AUTOMOBILES	1 COLLISION OR UPSET	ACTUAL CASH VALUE AT TIME OF LOSS OR DAMAGE NOT EXCEEDING THE ACTUAL COST TO THE INSURED	SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE AUTOMOBILE \$	\$
	THE PREMIUM UNDER SUBSECTION 2, 3 AND 4 SHALL BE COMPUTED ON A: MONTHLY AVERAGE BASIS <input type="checkbox"/> OR CO-INSURANCE BASIS <input type="checkbox"/> OR OTHER <input type="checkbox"/>			

INSURING AGREEMENTS	PERILS	LIMITS AND AMOUNTS				ADVANCE PREMIUM				
SECTION C LOSS OF OR DAMAGE TO OWNED AUTOMOBILES		LOCATION AS PER ITEM 1	SUBSECTIONS INSURED	*LIMIT OF LIABILITY	SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE OCCURRENCE (EXCEPT FOR LOSS OR DAMAGE BY FIRE, LIGHTNING OR THEFT OF THE ENTIRE AUTOMOBILE)					
	2	(A)		\$	\$	\$				
	3	(B)		\$	\$	\$				
	4	(C)		\$	\$	\$				
	4	(D)		\$	\$	\$				
* IN RESPECT OF EACH AUTOMOBILE, THE ACTUAL CASH VALUE AT THE TIME OF LOSS OR DAMAGE NOT EXCEEDING THE ACTUAL COST TO THE INSURED AND SUBJECT TO THAT LIMIT FOR EACH AUTOMOBILE: (A) THE AMOUNT OF INSURANCE STATED IN THE MONTHLY REPORT, IF ANY, OR (B) THE LIMIT OF INSURANCE STATED HEREIN TO BE APPLICABLE TO EACH SPECIFIED LOCATION FOR LOSS OR DAMAGE FROM ANY ONE OCCURRENCE AT EACH SPECIFIED LOCATION.										
SECTION D UNINSURED AUTOMOBILE COVERAGE	PROTECTION AGAINST UNINSURED AUTOMOBILE COVERAGE	AS STATED IN SECTION D OF THE POLICY				\$				
SECTION E LEGAL LIABILITY FOR DAMAGE TO CUSTOMERS' AUTOMOBILES WHILE IN THE CARE, CUSTODY OR CONTROL OF THE INSURED	1	COLLISION OR UPSET	\$	(EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) ANY ONE CUSTOMER'S AUTOMOBILE	SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE OCCURRENCE	\$				
	2	SPECIFIED PERILS (EXCLUDING OPEN LOT PILFERAGE)	LOCATION AS PER ITEM 1	MAXIMUM NUMBER OF CUSTOMERS' AUTOMOBILES	LIMIT OF LIABILITY (EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) ANY ONE OCCURRENCE					
			(A)		\$					
			(B)		\$					
			(C)		\$					
		(D)		\$						
ENDORSEMENTS						\$				
MINIMUM RETAINED PREMIUM \$			THE ADVANCE PREMIUMS ARE SUBJECT TO THE ADJUSTABLE PREMIUM COMPUTATION PROVISION IN THE POLICY			TOTAL ADVANCE PREMIUM \$				
STATE NAME AND ADDRESS OF LIENHOLDER OR MORTGAGEE TO WHOM, JOINTLY WITH THE APPLICANT, LOSS, IF ANY, UNDER SECTION C IS PAYABLE AS THEIR INTERESTS MAY APPEAR										
6. HAS ANY INSURER CANCELLED, DECLINED OR REFUSED TO RENEW OR ISSUE ANY INSURANCE RELATED TO THE BUSINESS OF THE APPLICANT WITHIN THE THREE YEARS PRECEDING THIS APPLICATION? IF SO, STATE NAME OF INSURER.										
7. STATE PARTICULARS OF ALL ACCIDENTS, LOSSES OR CLAIMS ARISING OUT OF THE OWNERSHIP, USE OR OPERATION OF ANY AUTOMOBILE (I) BY THE APPLICANT AND (II) IN CONNECTION WITH THE BUSINESS, WITHIN THE THREE YEARS PRECEDING THIS APPLICATION. (LIST SEPARATELY IF NECESSARY).										
DAMAGE TO APPLICANT'S VEHICLES					DAMAGE TO PROPERTY OF OTHERS					
DATE Y/M	INJURY TO PERSONS	(A) COLLISION	AMT. PAID OR ESTIMATED \$	OTHER	AMT. PAID OR ESTIMATED \$	DATE Y/M	(A) NOT IN CARE OF APPLICANT	AMT. PAID OR RESERVED \$	(B) IN CARE OF APPLICANT	AMT. PAID OR RESERVED \$
8. REMARKS										
9. ALL THE STATEMENTS IN THIS APPLICATION ARE TRUE AND THE APPLICANT HEREBY APPLIES FOR A CONTRACT OF AUTOMOBILE INSURANCE TO BE BASED ON THE TRUTH OF THE SAID STATEMENTS.										
<p>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 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.</p> <p>The applicant acknowledges that all of the information given by the applicant in items 1 through 9 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.</p> <p>The personal information collected on this application is needed to issue the policy.</p> <p>The insurer is 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. In the following consent, I refers to the applicant.</p> <p>CONSENT: I am applying for automobile insurance based on the information provided in this application.</p> <p>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.</p>										
DATE:			SIGNATURE OF APPLICANT							
_____ YYYY	_____ MM	_____ DD								