



ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE

OWNER'S FORM S.A.F.1

POLICY NUMBER ASSIGNED

INSURANCE COMPANY (Hereinafter called the Insurer)

NEW

REPLACING POLICY NUMBER ▶

PREFERRED POLICY LANGUAGE ENGLISH FRENCH

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS (INCLUDING COUNTY OR DISTRICT)

FIRST NAME	MIDDLE NAME	LAST NAME	BROKER'S CLIENT ID	COMPANY CLIENT ID
			BROKER / AGENT	
COUNTY OR DISTRICT			BRANCH	CODE(S)
CITY	PROVINCE	POSTAL CODE	POLICY BILLING	
CONTACT NUMBER	<input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> FAX	CONTACT NUMBER	<input type="checkbox"/> BROKER/AGENT BILL	<input type="checkbox"/> COMPANY BILL <input type="checkbox"/> PAYMENT PLAN

EACH DESCRIBED AUTOMOBILE IS AND WILL BE CHIEFLY USED IN THE VICINITY OF THE APPLICANT'S ADDRESS ABOVE UNLESS OTHERWISE STATED IN THE REMARKS SECTION OVERLEAF.

2. POLICY PERIOD

FROM : TIME : A.M. P.M. DATE : YYYY | MM | DD TO 12:01 A.M. DATE : YYYY | MM | DD All times are local times at the Applicant's postal address stated herein.

3. PARTICULARS OF THE DESCRIBED AUTOMOBILE(S)

VEH. NO.	MODEL YEAR	TRADE NAME	MODEL OR C.C.	BODY TYPE	V.I.N. (SERIAL NUMBER)	PURCHASED BY APPLICANT	PURCHASE PRICE
						YEAR MONTH NEW OR USED	INCLUDING EQUIPMENT
1	YYYY					YYYY MM	
2	YYYY					YYYY MM	
3	YYYY					YYYY MM	
4	YYYY					YYYY MM	

VEH. NO.	PROVIDE LIENHOLDER INFORMATION FOR SEF 23A OR LEASING COMPANY FOR SEF 5			LIENHOLDER	LESSOR
	NAME	POSTAL ADDRESS	POSTAL CODE	<input type="checkbox"/>	<input type="checkbox"/>
1				<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>

AGENT / BROKER AND COMPANY USE ONLY

VEH. NO.	TRUCK GROSS WEIGHT	LIST PRICE NEW	GRID		GRID STEP	VEH. CODE	TERR.	LOC.	CLASS	D.R. T.P.L.	D.R. COLL./AP	RATE GROUP	
			YES	NO								COLL/AP	COMP/SP
1			<input type="checkbox"/>	<input type="checkbox"/>									
2			<input type="checkbox"/>	<input type="checkbox"/>									
3			<input type="checkbox"/>	<input type="checkbox"/>									
4			<input type="checkbox"/>	<input type="checkbox"/>									
OCCASIONAL DRIVER (O.D.) OF VEHICLE NO. ▶			<input type="checkbox"/>	<input type="checkbox"/>									
OCCASIONAL DRIVER (O.D.) OF VEHICLE NO. ▶			<input type="checkbox"/>	<input type="checkbox"/>									

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 THIRD PARTY LIABILITY	SECTION B ACCIDENT BENEFITS	SECTION C LOSS OF OR DAMAGE TO INSURED AUTOMOBILE(S)				FAMILY PROTECTION ENDORSEMENT N° 44	VEH. PREMIUM
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.	PAYMENTS FOR DEATH OR BODILY INJURY	THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE				LIMITS ARE THE SAME AS SECTION A UNLESS OTHERWISE SPECIFIED	
			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		AS STATED IN SECTION B OF THE POLICY	AMOUNT DEDUCTIBLE ON EACH SEPARATE CLAIM EXCEPT FOR LOSS OR DAMAGE BY FIRE OR LIGHTNING OR THEFT OF THE ENTIRE AUTOMOBILE					
PREMIUM IN DOLLARS								

MINIMUM RETAINED PREMIUM ▶ \$

THE TOTAL ESTIMATED POLICY PREMIUM IS SUBJECT TO ADJUSTMENT TO THE INSURER'S MANUAL PREMIUM FOR THE RISK.

TOTAL ESTIMATED POLICY PREMIUM ▶ \$
INCLUDES ANY PREMIUM CHARGED FOR OPTIONAL COVERAGES.
FOR DETAILS OF ANY OPTIONAL COVERAGES, SEE INDUSTRY SECTION.



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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	BIRTHDATE
1			YYYY/MM/DD
2			YYYY/MM/DD
3			YYYY/MM/DD
4			YYYY/MM/DD

Driver No.	DATE LICENSED	LIC. CLASS	GRID STEP	STATE NUMBER OF YEARS LICENSED IN CANADA AND USA*					Years Licensed	DRIVER'S OCCUPATION	DRIVER TRAINING CERTIFICATE ** Attach Certificate Driver Training Course**
				Veh. 1	Veh. 2	Veh. 3	Veh. 4				
1	YYYY/MM/DD									Y/N	
2	YYYY/MM/DD									Y/N	
3	YYYY/MM/DD									Y/N	
4	YYYY/MM/DD									Y/N	

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"/> ✓)			7(A). CONVICTIONS CONTINUED		
Driver No.	DATE YY/MM/DD	DESCRIPTION	Driver No.	DATE YY/MM/DD	DESCRIPTION
	YY/MM/DD			YY/MM/DD	
	YY/MM/DD			YY/MM/DD	
	YY/MM/DD			YY/MM/DD	
	YY/MM/DD			YY/MM/DD	

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

Veh. No.	Driver No.	DATE YY/MM/DD	Type of Claim	Amount Paid or Estimate	Claim Repayment Meets Definition of At-Fault Claim Exemption	DESCRIPTION
		YY/MM/DD				
		YY/MM/DD				
		YY/MM/DD				
		YY/MM/DD				

8. Is 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 ?
 YES NO If yes, state particulars in Remarks section.
 LIST DRIVER NUMBER _____

9(A). 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 item 5 within the THREE years preceding this application? If so, state name of insurer, and policy number if available. INSURER _____ POLICY NO. _____ DRIVER NO. _____	9(B). Details of applicant's most recent automobile insurance. INSURER _____ POLICY NO. _____ EXPIRY DATE YYYYMMDD _____
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9(C). Does the applicant owe any money to another insurer related to a policy of auto insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	10(A). THE VEHICLE IS USED FOR:	10(B). IS THE VEHICLE USED TO COMMUTE? (THIS MEANS DRIVING TO WORK, TO SCHOOL OR PART-WAY SUCH AS TO PUBLIC TRANSIT). DISTANCE ONE WAY	10(C). STATE THE USUAL DISTANCE DRIVEN ANNUALLY. (ANNUAL DISTANCE)	10(D). IS THE VEHICLE USED OUTSIDE OF CANADA? If Yes, State Particulars In Remarks Section.	
	VEH. NO.	YES NO	km	Y/N No. of months	
	1 Business Pleasure	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	km	Y/N No. of months
	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	km	Y/N No. of months
	3	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	km	Y/N No. of months
4	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	km	Y/N No. of months	

10(E). HAVE ANY OF THE FOLLOWING AFTER MARKET MODIFICATIONS BEEN MADE? If yes, state particulars in Remarks section.	11(A). Will the automobile be: (If yes, provide details in Remarks.)	11(B). Will the automobile be used for the transportation of goods for compensation? If so, state class of licence or certificate and radius of operations.
Engine Ground Clearance Interior Rollcage Tires	VEH. NO. Rented or Leased? Used for carrying passengers for compensation or hire? For carrying explosives or radioactive material?	VEH. NO.
1 Y/N Y/N Y/N Y/N	1 Y/N Y/N Y/N	1
2 Y/N Y/N Y/N Y/N	2 Y/N Y/N Y/N	2
3 Y/N Y/N Y/N Y/N	3 Y/N Y/N Y/N	3
4 Y/N Y/N Y/N Y/N	4 Y/N Y/N Y/N	4

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 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. The applicant acknowledges that: 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. The personal information collected on this application is needed to issue the policy. We are 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. Consent: I am applying for automobile insurance based on the information provided in this application. I authorize you to collect, use and disclose 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.

Date YYYY/MM/DD Signature of Applicant _____



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PART 2

POLICY NUMBER ASSIGNED

14. ADDITIONAL INFORMATION FOR DRIVERS SHOWN IN ITEM 5.												
Driver No.	NAME (as shown on Driver's Licence)						DRIVER TRAINING DATE COMPLETED		TYPE	SEX	MARITAL STATUS	RELATIONSHIP TO APPLICANT
1							YYYY/MM/DD					
2							YYYY/MM/DD					
3							YYYY/MM/DD					
4							YYYY/MM/DD					
Driver No.	DATE OF MVR	CODE	%	CONVICTION S/C % DESCRIPTION	CODE	%	AT FAULT CLAIM % DESCRIPTION	CODE	%	DISCOUNT % APPLIED DESCRIPTION		
1	YYYY/MM/DD											
2	YYYY/MM/DD											
3	YYYY/MM/DD											
4	YYYY/MM/DD											
15. NAME AND ADDRESS OF EMPLOYER												
Driver No.	NAME								ADDRESS		DATE HIRED	
1											YY/MM	
2											YY/MM	
3											YY/MM	
4											YY/MM	
16 (A). LIST ALL RESIDENTS OF HOUSEHOLD OR EMPLOYEES IN THE BUSINESS NOT ALREADY LISTED IN ITEMS 5 AND 14 (PROVIDING ALL APPLICABLE DATA).										16 (B). NON-LICENSED RESIDENT?		
Driver No.	FULL NAME			BIRTHDATE	DRIVER'S LICENCE NUMBER (if applicable)			OWN A VEHICLE?				
1				YYYY/MM/DD				Y/N	Y/N			
2				YYYY/MM/DD				Y/N	Y/N			
3				YYYY/MM/DD				Y/N	Y/N			
4				YYYY/MM/DD				Y/N	Y/N			
17. IS VEHICLE USED FOR CAR POOLS OR SHARE-THE-RIDE ARRANGEMENTS?				18. FUEL IF NOT POWERED BY GAS OR DIESEL ENGINE			19. IS THERE ANY UNREPAIRED DAMAGE INCLUDING DAMAGE TO GLASS?		20. DESCRIBE AND GIVE VALUE FOR ANY SPECIAL EQUIPMENT AND/OR CUSTOM PAINT FINISH			
Vehicle No.	Yes/No	No. of Passengers	Frequency # of times per						Value	Describe		
1	Y/N						Y/N					
2	Y/N						Y/N					
3	Y/N						Y/N					
4	Y/N						Y/N					
21. PROVIDE DETAILS OF VEHICLE ANTI-THEFT DEVICE. (IF APPLICABLE)				22. IF APPLICANT HAS CHANGED ADDRESS WITHIN THE LAST THREE YEARS, PROVIDE PREVIOUS ADDRESS								
Vehicle No.	Device Type	Device Characteristics		Product Code								
1												
2												
3												
4												
23. TOTAL NUMBER OF PRIVATE PASSENGER VEHICLES IN HOUSEHOLD INCLUDING THOSE ALREADY LISTED # _____												
24. REMARKS												
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 N° _____ (b) the principal operator(s) _____ Driver N° _____												
Provide Applicant's email address if applicable. _____												
Does your client have other insurance with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO Policy N° _____ Policy N° _____												
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 If yes, give particulars _____												
Is this risk eligible for the residual market, but being placed in the regular market under the take-all-comers rule? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give particulars _____												
Was the Supplementary Market Availability Plan (SMAP) accessed to place this risk? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide "map" reference number: _____												
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 YYYY/MM/DD				

