

AGENT AND/OR BROKER

AGCY/BROKERAGE NO.	SUB. NO.	CO. CODE	UNIT	BRANCH	POLICY NUMBER
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INSURANCE IS PROVIDED BY THE COMPANY INDICATED BY NUMBER CODE - WHICH COMPANY IS HEREINAFTER CALLED THE INSURER  
6 ROYAL & SUN ALLIANCE INSURANCE COMPANY OF CANADA  
5 ROYAL & SUN ALLIANCE INSURANCE COMPANY OF CANADA

WHEREAS AN APPLICATION HAS BEEN MADE BY THE APPLICANT (HEREINAFTER CALLED THE INSURED) TO THE INSURER FOR A CONTRACT OF AUTOMOBILE INSURANCE AND THE SAID APPLICATION FORMS PART OF THIS CONTRACT OF INSURANCE AND IS AS FOLLOWS:

ITEMS	APPLICATION	REPLACING CANCELLED/EXPIRED POLICY NO.	INDICATE	
			BLDG.	LOT
1. FULL NAME OF THE INSURED				
BUSINESS ADDRESS (INCLUDING COUNTY OR DISTRICT)	(A)			
LOCATION OF OTHER PREMISES WHERE BUSINESS IS CONDUCTED (SHOW EACH BUILDING AND LOT SEPARATELY)	(B)			
	(C)			
	(D)			

2. POLICY PERIOD	FROM TIME:	<input type="checkbox"/> AM	DAY	MONTH	YEAR	TO	DAY	MONTH	YEAR	ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS.
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3. THE AUTOMOBILES IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED ARE THOSE USED IN CONNECTION WITH THE INSURED'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 HERETO.	FULL TIME	PART TIME
ESTIMATED <b>TOTAL PAYROLL</b> FOR POLICY PERIOD \$	NUMBER OF EMPLOYEES INCLUDING PROPRIETORS, PARTNERS AND EXECUTIVE OFFICERS AT THE EFFECTIVE DATE OF THE POLICY	

5. THIS APPLICATION IS MADE FOR INSURANCE AGAINST ONE OR MORE OF THE PERILS MENTIONED IN THIS ITEM BUT ONLY FOR INSURANCE UNDER THE PART(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 POLICY FORM AND FOR THE FOLLOWING SPECIFIED LIMITS AND AMOUNTS.

INSURING AGREEMENTS	PERILS	LIMITS AND AMOUNTS				COMPANY USE ONLY	ADVANCE PREMIUM
<b>SECTION A</b> THIRD PARTY LIABILITY	LEGAL LIABILITY FOR BODILY INJURY TO OR DEATH OF ANY PERSON OR DAMAGE TO PROPERTY OF OTHERS NOT IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT	\$	(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				\$
<b>SECTION B</b> ACCIDENT BENEFITS	SUB SEC 1 & 2 SUBJECT TO PROVINCIAL OR TERRITORIAL LEGISLATION COVERAGE APPLIES AS FOLLOWS	AS STATED IN THE ACCIDENT BENEFITS WORDING ATTACHED OR					\$
	1 MEDICAL PAYMENTS	\$	EACH PERSON				\$
	2 DEATH DISMEMBERMENT AND TOTAL DISABILITY	\$	PRINCIPAL SUM \$ MAXIMUM WEEKLY PAYMENTS				\$
<b>SECTION C</b> LOSS OF OR DAMAGE TO OWNED AUTOMOBILES	1 COLLISION OR UPSET	ACTUAL CASH VALUE AT TIME OF LOSS OR DAMAGE NOT EXCEEDING THE COST TO THE INSURED		SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE AUTOMOBILE \$			\$
	THE PREMIUM UNDER SUBSECTIONS 2, 3, AND 4 SHALL BE CALCULATED ON A MONTHLY AVERAGE BASIS <input type="checkbox"/> OR CO-INSURANCE BASIS <input type="checkbox"/> OR OTHER <input type="checkbox"/>						
		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 COMPREHENSIVE (EXCLUDING COLLISION OR UPSET AND OPEN LOT THEFT)	(A)		\$	\$		\$
	3 SPECIFIED PERILS (EXCLUDING OPEN LOT PILFERAGE)	(B)		\$	\$		\$
4 SPECIFIED PERILS (EXCLUDING THEFT)	(C)		\$	\$		\$	
	(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.							
<b>SECTION D</b> UNINSURED MOTORIST COVERAGE	PROTECTION AGAINST UNINSURED AND UNIDENTIFIED MOTORISTS	AS STATED IN THE UNINSURED MOTORIST WORDING ATTACHED					\$
<b>SECTION E</b> LEGAL LIABILITY FOR DAMAGE TO CUSTOMERS' AUTOMOBILES HELD IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT	1 COLLISION OR UPSET	\$	(EXCLUSIVE OF COSTS AND POST JUDGEMENT 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 CUSTOMER'S AUTOMOBILES		LIMIT OF LIABILITY (EXCLUSIVE OF COSTS AND POST JUDGEMENT INTEREST) ANY ONE OCCURRENCE		
		(A)			\$		
		(B)			\$		
		(C)			\$		
(D)			\$				

<b>ENDORSEMENTS</b>							\$
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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	MINIMUM RETAINED PREMIUM \$	TOTAL ADVANCE PREMIUM \$
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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 THE APPLICATION? IF SO, STATE NAME OF INSURER:  
  
THE ADVANCE PREMIUMS ARE SUBJECT TO THE ADJUSTABLE PREMIUM COMPUTATION PROVISION IN THE POLICY.

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).	INJURY TO PERSONS PARTS A & B	(A) COLLISION	DAMAGE TO APPLICANT'S AUTOMOBILES (B) OTHER	(A) NOT IN CARE OF APPLICANT	DAMAGE TO PROPERTY OF OTHERS (B) IN CARE OF APPLICANT
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8. 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.

WHERE (A) AN APPLICANT FOR A CONTRACT GIVES FALSE PARTICULARS OF THE AUTOMOBILES TO BE INSURED TO THE PREJUDICE OF THE INSURER OR 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.

**RATING INFORMATION**

**1. TYPE OF OPERATION DEALERS**

- \* NEW & USED CARS
- \* USED CARS EXCLUSIVELY
- \* MOTORCYCLES
- \* RECREATIONAL VEHICLES
- \* SNOW VEHICLES
- \* FARM IMPLEMENTS
- \* BODY SHOP ONLY - CAR SALES? Y \_\_\_ N \_\_\_
- \* REPAIR GARAGE - CAR SALES Y \_\_\_ N \_\_\_
- SERVICE STATION - SELF-SERVE Y \_\_\_ N \_\_\_
- OTHER - SPECIFY \_\_\_\_\_
- GAS BAR
- SELF-SERVE? Y \_\_\_ N \_\_\_
- PARKING STATION SPECIFY }  BY CUSTOMER  
 BY EMPLOYEE
- STORAGE GARAGE OR VALET PARKING
- CAR WASH

**\* GIVE DETAILS OF TYPES AND NUMBER OF AUTOMOBILES SOLD ANNUALLY AND COMPLETE DESCRIPTION OF OPERATIONS INCLUDING NUMBER OF YEARS IN BUSINESS.**

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HOW MANY LONG TERM LEASED AUTOMOBILES DOES THE NAMED INSURED LEASE TO OTHERS? \_\_\_\_\_

2. TOTAL NUMBER OF EMPLOYEES & PAYROLL	FULL TIME	PART TIME	ACTUAL FULL AMOUNT OF PAYROLL
PAST YEAR	_____	_____	_____
1ST PRIOR YEAR	_____	_____	_____
2ND PRIOR YEAR	_____	_____	_____

**3. SUMMARY OF ACTIVE AUTOMOBILES\* OWNED BY INSURED**

**NOTE: \* RENTING OR LEASING OF AUTOMOBILES TO OTHERS IS EXCLUDED, OTHER THAN SHOWN IN (iv) BELOW**

- \* IF AUTOMOBILES ARE LEASED BY THE INSURED FROM OTHERS THEY MUST BE INSURED ON A SEPARATE POLICY (S.P.F. 1) IN THE NAME OF THE LESSOR WITH AN S.E.F. 5
- \* TOWING SERVICES OR TRUCKS HAULING MORE THAN ONE AUTOMOBILE REQUIRE SEPARATE POLICY S.P.F. 1

**COMPLETE APPLICATION FOR OWNER'S FORM (S.A.F. 1)**

	NUMBER		NUMBER
(i) (a) COMMERCIAL TOW TRUCKS STRICTLY INCIDENTAL TO A GARAGE OPERATION	_____	(iv) COURTESY CARS (EXCLUSIVELY SUPPLIED TO CUSTOMERS WHOSE OWN VEHICLE IS BEING SERVICED, REPAIRED OR AWAITING DELIVERY OF A NEW VEHICLE)	_____
(b) PARTS & SERVICE TRUCKS	_____	(v) MISCELLANEOUS AUTOMOBILES (i.e. MOTORCYCLES, MOTORHOMES, SHUTTLE BUSES, OTHERS - SPECIFY)	_____
(ii) DEMONSTRATORS (VEHICLES USED FOR TEST DRIVES, INCLUDING SALESMEN'S CARS)	_____	(vi) NUMBER OF DEALERS PLATES HELD	_____
(iii) AUTOS SUPPLIED (EXCLUDING DEMOS) FOR REGULAR AND FREQUENT USE OF		(vii) LESS "PERMANENTLY" ATTACHED (IF COUNTED IN SECTIONS i TO v)	_____
(a) ACTIVE PARTNERS & FULL-TIME EMPLOYEES	_____		
(b) OTHERS (THESE PEOPLE SHOULD BE LISTED ON S.E.F. 76 - SEE QUESTION 8B)	_____		

IF LESS THAN 5 AUTOMOBILES OWNED (EXCLUDING MOTORCYCLES, SNOWMOBILES, TRAILERS, ETC.), ATTACH A LIST OF **ALL** OWNED AUTOMOBILES INCLUDING YEAR, MAKE, MODEL & SERIAL NUMBER, USE AND DRIVERS.

TOTAL OF ACTIVE OWNED AUTOMOBILES

NUMBER
PAST YEAR _____
1ST PRIOR YEAR _____
2ND PRIOR YEAR _____

**4. TYPES AND VALUES OF AUTOMOBILES**

	CARS, TRUCKS				OTHER SPECIALIZED VEHICLES, RECREATIONAL, TANKTRUCK, ETC.			
	OWNED		CUSTOMERS		OWNED		CUSTOMERS	
	BLDG.	LOT	BLDG.	LOT	BLDG.	LOT	BLDG.	LOT
MAXIMUM UNIT VALUE								
AVERAGE UNIT VALUE								
MAXIMUM NUMBER								

**5. WHERE LEGAL LIABILITY, SPECIFIED PERILS/COMPREHENSIVE COVERAGE IS REQUIRED FOR CUSTOMERS AUTOMOBILES, INDICATE THE MAXIMUM NUMBER AT EACH LOCATION.**

BUILDING (A) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_ (D) \_\_\_\_\_  
 OPEN LOT (A) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_ (D) \_\_\_\_\_

**6. WHERE ARE KEYS KEPT**

DURING BUSINESS HOURS \_\_\_\_\_ AFTER BUSINESS HOURS \_\_\_\_\_

**7. LIST DETAILS OF PROTECTION AT EACH LOCATION (i.e. LIGHTS, FENCED YARD (HEIGHT), WATCHMAN, ISOLATED LOCATION, ETC.)**

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- 8. A. LIST ALL COMPANY OFFICIALS AND FULL-TIME EMPLOYEES WHO ARE SUPPLIED WITH OWNED AUTOMOBILES FOR THEIR REGULAR OR FREQUENT USE, OR WHO USUALLY DRIVE OWNED OR CUSTOMERS AUTOMOBILES INCLUDING PARTS AND TOW TRUCK DRIVERS (TYPE A).**
- B. ALL OPERATORS OTHER THAN FULL-TIME EMPLOYEES WHO ARE SUPPLIED WITH OWNED AUTOMOBILES FOR THEIR REGULAR OR FREQUENT USE (e.g. SPOUSES, DAUGHTERS, SONS, SPORTS PERSONALITIES, ETC.). IN ADDITION, OPERATORS NAMED ON OEF 76 ADDITIONAL INSUREDS ENDORSEMENT (TYPE B).**
- C. ALL EMPLOYEES WHO OPERATE AUTOS IN THE COURSE OF THEIR DUTIES (TYPE C).**

TYPE	NAME	LICENSE NUMBER	DATE OF BIRTH	YEARS LICENSED	POSITION/RELATIONSHIP TO INSURED	YEARS EMPLOYED

**9. DOES APPLICANT PROVIDE SHUTTLE SERVICE FOR CUSTOMERS? IF SO, GIVE DETAILS - FREQUENCY AND DISTANCE**

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**10. DOES APPLICANT PICK UP OR DELIVER CUSTOMER’S AUTOMOBILES?**  YES  NO PROVIDE DETAILS (i.e. NUMBERS AND RADIUS)

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**11. DOES APPLICANT PICK UP OR DELIVER OWNED AUTOMOBILES IN A RADIUS IN EXCESS OF 40 KM/25 MILES? (i.e. TAKEN ELSEWHERE FOR UNDERCOATING, MODIFICATION OR SALE/PURCHASE?)**

YES  NO PROVIDE DETAILS OF FREQUENCY AND RADIUS

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**12. WHERE AND HOW ARE VEHICLES (HELD FOR SALE) OBTAINED?**

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**13. DO SALESMEN ALWAYS ACCOMPANY CUSTOMERS WHO ARE TEST DRIVING AUTOMOBILES?**  YES  NO  
 IF NO, DESCRIBE OTHER PRECAUTIONS TAKEN (i.e. DRIVER’S LICENCE CHECKED AND RECORDED.)

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**14. GIVE DETAILS OF ANY CONTRACTUAL LIABILITY THE INSURED HAS ENTERED INTO ASSUMING RESPONSIBILITY FOR DAMAGE TO AUTOMOBILES IN THEIR CARE, CUSTODY AND CONTROL.**

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**15. DOES APPLICANT DISPENSE PROPANE, DO PROPANE CONVERSIONS, REPAIR OR MAINTAIN PROPANE FUEL SYSTEMS?**  YES  NO  
 GIVE DETAILS

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**16. MOTOR VEHICLE ABSTRACTS - ARE THEY OBTAINED FOR ALL NEW EMPLOYEE DRIVERS?**  YES  NO

IF YES, HOW OFTEN UPDATED? \_\_\_\_\_

17. DOES APPLICANT HAVE WRITTEN RULES REGARDING USE OF DEMONSTRATORS?  YES  NO IF YES, ATTACH A COPY

IS DEMONSTRATOR USE RESTRICTED TO EMPLOYEE USE ONLY?  YES  NO INCLUDING SPOUSE  YES  NO

INCLUDING CHILDREN  YES  NO OTHERS \_\_\_\_\_

VACATION USE PERMITTED?  YES  NO

DRIVER RESPONSIBLE FOR DEDUCTIBLES?  YES  NO

18. LOSSES - DAMAGE TO OR BY OWNED AUTOMOBILES IN THE PAST 3 YEARS (6 YEARS IF LESS THAN 5 AUTOMOBILES OWNED)

DATE	TYPE OF LOSS	AMOUNT PAID/OS INCLUDING EXPENSES	DESCRIPTION

DAMAGE TO CUSTOMER'S AUTOMOBILES IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT


19. AGENT'S/BROKER'S REPORT

(A) HOW LONG HAVE YOU KNOWN APPLICANT? \_\_\_\_\_ (B) IS BUSINESS NEW TO YOUR AGENCY/BROKERAGE? \_\_\_\_\_

(C) DOES THE APPLICANT HAVE ANY OTHER INSURANCE WITH OUR COMPANY? GIVE PARTICULARS INCLUDING POLICY NUMBERS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(D) ARE ANY AUTOMOBILES FINANCED?  YES  NO IF YES, NAME AND ADDRESS OF LIENHOLDER

IS COVERAGE REQUIRED FOR FINANCED AUTOMOBILES?  YES  NO

(E) APPLICANT'S PREVIOUS INSURER(S) AND POLICY NUMBER(S)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL INFORMATION/UNDERWRITER'S NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AGENT'S/BROKER'S SIGNATURE

APPLICANT'S SIGNATURE