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| INSURANCE COMPANY (HEREINAFTER CALLED THE INSURER) | POLICY NO. ASSIGNED | BROKER/AGENT |
|--|---------------------|--------------|

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|---|--|---|
| APPLICANT - Full name and postal address (include county, district) | BUSINESS TELEPHONE RESIDENCE TELEPHONE FAX | LEASED AUTOMOBILE - Lessor's full name and postal address |
|---|--|---|

1. GIVE DETAILS OF ALL ACCIDENTS AND CLAIMS ARISING FROM THE OWNERSHIP OF ANY AUTOMOBILE DURING THE PAST 6 YEARS, NOT ALREADY LISTED IN THE AUTO APPLICATION

| DRIVER NO. | AUTO NO. | DATE (YYYY/MM/DD) | TYPE OF CLAIM | AMOUNT PAID OR ESTIMATE | DESCRIPTION (USE REMARKS SECTION IF NECESSARY) |
|------------|----------|-------------------|---------------|-------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |

* BI - BODILY INJURY PD - PROPERTY DAMAGE AB - ACCIDENT BENEFITS COLL - COLLISION AP - ALL PERILS COMP - COMPREHENSIVE SP - SPECIFIED PERILS

2. BUSINESS TYPE - CHECK AS APPROPRIATE (NOTE L=LIGHT H=HEAVY: FOR ITEMS MARKED WITH AN ASTERISK AND NUMBER. THE APPLICABLE ITEM ON PAGE 2 MUST BE COMPLETED)

| | L | H | | L | H | | L | H | | | |
|---------------------|---|---|--------------------|---|---|------------------------|---|---|------------------------|--|--|
| COMMON CARRIERS | | | COURIER SERVICE | | | DRIVING SCHOOL (*19) | | | PICK UP CUSTOMER GOODS | | |
| CONTRACT CARRIERS | | | ROAD CONSTRUCTION | | | BUS SERVICE (*22) | | | OTHER (SPECIFY) | | |
| PRIVATE CARRIERS | | | GENERAL CONTRACTOR | | | ARTISAN USE ONLY (*17) | | | | | |
| DELIVERY, WHOLESALE | | | TOWING SERVICE | | | FARMER | | | | | |
| DELIVERY, RETAIL | | | TAXIS/LIMOS (*23) | | | LEASING TO OTHERS | | | | | |

| 3. HOW MANY YEARS HAS THE APPLICANT OWNED OR LEASED EACH COMMERCIAL AUTOMOBILE OR ANY AUTOMOBILE IT REPLACES? | | 4. HAULING DONE FOR OTHERS | | | | | |
|---|--|----------------------------|-------|-------|--------|-------|---------|
| AUTO NO. | | AUTO NO. | NEVER | DAILY | WEEKLY | OTHER | SPECIFY |
| 1 | | 1 | | | | | |
| 2 | | 2 | | | | | |
| 3 | | 3 | | | | | |

5. (A) PARTICULARS OF THE MERCHANDISE CARRIED

| AUTO NO. | MERCHANDISE CARRIED | ARE GOODS CARRIED FOR COMPENSATION? | | MAXIMUM VALUE PER AUTOMOBILE |
|----------|---------------------|-------------------------------------|----|------------------------------|
| | | YES | NO | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

5. (B) DESCRIBE IN DETAIL ANY OF THE ABOVE THAT ARE DANGEROUS GOODS AS DEFINED IN THE TRANSPORTATION OF DANGEROUS GOODS ACT. NOTE: IF EXPLOSIVES OR RADIOACTIVE MATERIAL IS CARRIED, COMPLETE, SIGN, AND ATTACH APPROPRIATE QUESTIONNAIRE.

5. (C) IDENTIFY AUTOMOBILES HAULING GOODS OF OTHERS UNDER EXCLUSIVE CONTRACT:

| 5. (D) PARTICULARS OF CARGO INSURANCE | INSURER | POLICY NO. | AMOUNT | EXPIRY DATE |
|---------------------------------------|---------|------------|--------|----------------|
| | | | | YYYY MM DD |
| | | | | |

6. PARTICULARS OF TRAVEL

| AUTO NO. | LOCATION USUALLY KEPT | ONE WAY DISTANCE (KMS) | | % OF TOTAL TRIPS | | NO. OF TRIPS PER MONTH BEYOND A 40 KM RADIUS FROM PLACE USUALLY KEPT | DESTINATIONS (LIST CITIES, PROVINCES, AND STATES) |
|----------|-----------------------|------------------------|---------------------|------------------|------|--|---|
| | | NORMAL RADIUS (I) | MAXIMUM RADIUS (II) | (I) | (II) | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |

7. LIST ALL FEDERAL, PROVINCIAL, MUNICIPAL, OR UNITED STATES FILINGS REQUIRED

| PROVINCE, STATE, CITY OR ICC | DOCKET NO. (IF ANY) | SPECIFY EXACT NAME REQUIRED ON THE FILING |
|------------------------------|---------------------|---|
| | | |

8. DESCRIBE ANY MACHINERY OR EQUIPMENT MOUNTED ON OR ATTACHED TO AUTOMOBILES

| AUTO NO. | DESCRIPTION | OWNED | LEASED | PURCHASE PRICE |
|----------|-------------|-------|--------|----------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

9. IS THE AUTOMOBILE USED TO HAUL ANY NON-OWNED TRAILERS? EXPLAIN ALL "YES" RESPONSES IN REMARKS

| AUTO NO. | YES | NO | LENGTH | WIDTH | TRAILER TONNAGE OR CAPACITY (LITRES) | YEAR | MAKE | TYPE | V.I.N. | COST NEW PRICE | IS TRAILER OPERATED BEYOND 80 KM RADIUS? | | IS TRAILER USED IN CONNECTION WITH APPL'S OCCUPATION? | |
|----------|-----|----|--------|-------|--------------------------------------|------|------|------|--------|----------------|--|----|---|----|
| | | | | | | | | | | | YES | NO | YES | NO |
| 1 | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|----|----------|-------------------------------------|------------------------------------|---|--|-------------|-----|----|---|---------------|-------------|--|
| 10. IS ANY DESCRIBED VEHICLE LEASED OR RENTED TO OTHERS? | | | | 11. STATE % OF PLEASURE USE | | 12. IDENTIFY ANY AUTOS THAT WILL FORM ANY PART OF A TRAILER TRAIN | | | | 13. ARE ANY OF THE AUTOMOBILES USED FOR OTHER THAN THEIR REGULAR AND USUAL PURPOSE DURING ANY PART OF THE YEAR (EG. SNOW REMOVAL, ROAD SALTING)? | | | |
| YES | NO | AUTO NO. | LEASED CONTRACT PERIOD (YYYY/MM/DD) | AUTO NO. | % | AUTO NO. | DESCRIPTION | YES | NO | AUTO NO. | NO. OF MONTHS | DESCRIPTION | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

14. DOES THE APPLICANT NEED OPCF/SEF/QEF/NBEF 27/27B LIABILITY FOR DAMAGE TO NON-OWNED AUTOMOBILES? YES NO IF "YES" SPECIFY:

| | | | | | | | | | | | | | | | | | |
|--|----|----------|---------|---|--|--|--|---|--|--------------------------------|--|---|--|---|--|--|--|
| (A) HAS LIABILITY BEEN ASSUMED UNDER CONTRACT OR AGREEMENT? | | | | (B) TYPE OF NON-OWNED AUTOMOBILE | | | | (C) AVERAGE NO. OF AUTOMOBILES AT ANY ONE TIME | | AND THEIR AVERAGE VALUE | | (D) MAXIMUM NO. OF AUTOMOBILES AT ANY ONE TIME | | AND THEIR COLLECTIVE MAXIMUM VALUE | | (E) WHAT IS THE VALUE OF THE MOST EXPENSIVE UNIT? | |
| YES | NO | AUTO NO. | SPECIFY | | | | | | | \$ | | | | \$ | | \$ | |
| | | | | | | | | | | | | | | | | | |
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|---|------------------------|---|--|-------------------------------|----------|------|----------------|
| 15. MAX. NUMBER OF PASSENGERS NORMALLY CARRIED | | | | 16. DRIVER INFORMATION | | | |
| AUTO NO. | MAX. NO. OF PASSENGERS | MAX. NUMBER OF PERMANENTLY ATTACHED SEATS | | DRIVER NO. | AUTO NO. | NAME | LICENCE NUMBER |
| | | | | 1 | | | |
| | | | | 2 | | | |
| | | | | 3 | | | |

COMPLETE FOLLOWING QUESTIONS IF APPLICABLE

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----|-----|------------------------|---------|--|--|--|--|--|---|-----|----|----------|-----|---|----------|-----|----|--|---|----|----------|-----|----|---------------|-----|----|----------|-----|----|----------------|-----|----|----------|-----|----|-----------------------------|-----|----|
| 17. ARTISAN AVG. NO. OF CUSTOMERS' LOCATIONS VISITED IN A WORK DAY: IS THE VEHICLE ALSO USED FOR PLEASURE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | 19. DRIVER SCHOOL AUTOMOBILES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. CAR AND VAN POOLS ARE ANY AUTOMOBILES USED IN A CAR OR VAN POOL? | | | | | | | | | | (A) INDICATE WHICH AUTOS ARE DUAL EQUIPPED | | | | | (B) CHECK TYPE OF SCHOOL OPERATION | | | | | (C) CHECK ALL EXPOSURES THAT APPLY | | | | | | | | | | | | | | | | | | | |
| AUTO NO. | NO | YES | MAX. NO. OF PASSENGERS | REMARKS | | | | | | AUTO NO. | YES | NO | AUTO NO. | YES | NO | AUTO NO. | YES | NO | SCHOOL/COLLEGE/ UNIVERSITY DRIVER TRAINING COURSE? | YES | NO | AUTO NO. | YES | NO | PUBLIC ROADS? | YES | NO | AUTO NO. | YES | NO | EMPTY VEHICLE? | YES | NO | AUTO NO. | YES | NO | TRANSPORT GOODS FOR OTHERS? | YES | NO |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 20. FIRE, POLICE, AMBULANCE, AND FUNERAL DIRECTOR AUTOMOBILES ARE ANY AUTOMOBILES USED FOR PATROL OR EMERGENCY USE? | | | | 21. RECREATIONAL VEHICLES USED FOR COMMERCIAL PURPOSES ARE ANY CAMPER MOTOR VEHICLES, MOTOR HOMES, HOMETRAILERS, OR OTHER RECREATIONAL TYPE AUTOMOBILES USED FOR NON-PLEASURE PURPOSES? | | | | | | | | | |
| YES | NO | AUTO NO. | IF "YES", PROVIDE DETAILS OF SUCH USE | YES | NO | AUTO NO. | IF "YES", SPECIFY THE ITEMS, THE USE AND THE FREQUENCY OF SUCH USE | | | | | | |
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| 22. BUSES | | | | | | | | | | (B) PUBLIC BUS SERVICE (CHECK ALL THAT APPLY) | | | | | | | | | |
| (A) INDICATE TYPE OF BUS: | | | | | | | | | | | | | | | | | | | |
| AUTO NO. | PUBLIC | SCHOOL | HOTEL OR COUNTRY CLUBS | PRIVATE | OTHER | REMARKS | REGULAR ROUTE(S) IN A CITY OR TOWN | | | REGULAR SERVICE BETWEEN TOWNS | | | CHARTER SERVICE | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

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|--|--|--|--|--|--|--|--|--|--|--|----|----------|------------------------------|---|---|----|--|--|--|
| IF REGULAR PUBLIC BUS SERVICE BETWEEN TOWNS - LIST ALL REGULAR DESTINATIONS AND THE ONE WAY DISTANCE IN KILOMETERS | | | | | | | | | | (C) SCHOOL BUSES - ARE AUTOMOBILES ALSO USED FOR CHARTER SERVICE? | | | | | (D) PRIVATE BUSES - ARE AUTOMOBILES USED ONLY FOR THE TRANSPORT OF EMPLOYEES TO AND FROM WORK? | | | | |
| IF CHARTER SERVICE - SHOW DESTINATIONS AND THE NO. TRIPS PER MONTH ON AVERAGE | | | | | | | | | | YES | NO | AUTO NO. | NO. TRIPS PER MONTH EACH BUS | MAXIMUM NO. BUSES USED IN CHARTER SERVICE | YES | NO | IF "NO", SPECIFY OTHER USES AND FREQ. THEREOF (INCL. CHARTER WORK) | | |
| | | | | | | | | | | | | 1 | | | | | | | |
| | | | | | | | | | | | | 2 | | | | | | | |
| | | | | | | | | | | | | 3 | | | | | | | |

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|---------------------------------|-------------------|--------------------|--------------------------------|--------------------------|--|--|---------------------|--|--|------------------------|--|--|--|--|--|--|--|--|--|
| 23. TAXIS AND LIMOUSINES | | | | | | | | | | (A) PARTICULARS | | | | | | | | | |
| AUTO NO. | LICENSE PLATE NO. | TAXI AND PLATE NO. | TAXI PLATE LICENSING AUTHORITY | NAME OF TAXI PLATE OWNER | | | PLATE OWNER ADDRESS | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | |

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|---|----|----------|--|-----|--|----------|--|--|--|--|--|--|--|--|
| (B) ARE INSURED AUTOS BROKER/DISPACHED BY OTHER THAN REGISTERED OWNER? | | | | | (C) IS THE INSURED AUTOMOBILE/PLATE LEASED TO OTHERS? | | | | | | | | | |
| YES | NO | AUTO NO. | IF "YES", GIVE NAME OF BROKER/DISPATCHER | YES | NO | AUTO NO. | IF "YES", GIVE NAME AND ADDRESS OF LESSEES | | | | | | | |
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|--|----|----------|--|--|--|--|--|--|--|--|--|--|--|--|
| (D) ARE ANY AUTOMOBILES USED FOR OTHER THAN TAXI OR LIMOUSINE SERVICES? | | | | | (E) IF LIMO, SPECIFY SERVICE (AIRPORT, WEDDINGS, ETC) | | | | | | | | | |
| YES | NO | AUTO NO. | IF "YES", SPECIFY TYPE OF SERVICE PROVIDED | | | | | | | | | | | |
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REMARKS