

ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE (OWNER'S FORM S.A.F.1)										Policy No. Assigned or Binder:								
ITEM INSURANCE COMPANY (INSURER):										<input type="checkbox"/> New Policy <input type="checkbox"/> Renewal Policy								
1. Applicant(s) Full Name(s) and Postal Address:					Tel: Res/Bus.: Tel: Mobile: Email Address:					Agent/ Broker:								
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.																		
2. Policy Period - All times are local times at the applicant's postal address.			From: Date (Y/M/D)			Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			To: 12:01 a.m. on: Date (Y/M/D)									
3. Particulars of the Described Automobile(s)																		
Veh. No.	Model Year	Trade Name	Model or C.C.	Body Type	V.I.N (Serial No.)			Year	Month	Purchased by Applicant New or Used		Purchase Price (Including Accessories and Equipment)						
1.																		
2.		(add rows as needed)																
If applicable, indicate which and state name, postal address and postal code of Lienholder, Lessor, or Assignee										Agent/ Broker and Company Use Only								
Veh. No.	Name	Postal Address	Lienholder <input type="checkbox"/> Lessor <input type="checkbox"/> Assignee <input type="checkbox"/>			GV W (Kg)	Winter tires Y/N	List Price New	Vehicle Code	Terr.	Loc.	Class	DR TPL	DR Coll.	RG DCPD	RG Coll.	RG Comp.	
1.																		
2.		(add rows as needed)	Lienholder <input type="checkbox"/> Lessor <input type="checkbox"/> Assignee <input type="checkbox"/>															
Occasional Driver (O.D.) of vehicle No.																		
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 and conditions, provisions, definitions and exclusions of the Insurer's corresponding standard policy form and for the following specified limit(s) and amount(s).																		
Insuring Agreements		Section A Third Party Liability			Section A.1 Direct Compensation For Property Damage		Section B Accident Benefits		Section C Loss of or Damage to Insured Automobile(s)				Endorsements					
Perils		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.			THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE if a deductible is specified for Direct Compensation for Property Damage		Payments for Death or Bodily Injury		THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE				VEH. No. Endorsement No.					
					AMOUNT DEDUCTIBLE				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		1 2 (add rows as needed)					AS STATED IN SECTION B OF THE POLICY		Amount deductible on each separate claim except for loss or damage by fire or lightning or the theft of the entire automobile									
Premium In Dollars		Veh. No.	PD	BI	Grid?											Endorsement Premium	Vehicle Premium	
1					<input type="checkbox"/> Yes <input type="checkbox"/> No													
2					<input type="checkbox"/> Yes <input type="checkbox"/> No	(add rows as needed)												
O.D.					<input type="checkbox"/> Yes <input type="checkbox"/> No	(add rows as needed)												
Minimum Retained Premium:										Total Estimated Policy Premium:								
										The Total Estimated Policy Premium is subject to the Insurer's manual premium for the risk.								
5. List all Drivers of the Described Automobile(s) in the Household or Business										State Number of years Licensed in Canada or the United States				Approximate % Use of Vehicle by each Driver: (add vehicles as needed)				Driver training Y/N Attach DTC Cert.
Driver No.	Name (as shown on Driver's Licence)	Driver's Licence Number			Date of Birth YYYY MM / DD		Date Licensed	LC Class	Grid Step	Veh. 1	Veh. 2	Veh. 3	Veh. 4	Driver's Occupation				
1.																		
2.	(add rows if needed)																	
6(a). Give particulars of all CONVICTIONS arising from the operation of any automobile during the past FOUR years.					6 (b). Give particulars of all ACCIDENTS and CLAIMS arising from the ownership or operation of any automobile during the past SIX years. Use Remarks section if necessary.													
Driver No.	Date YYYY MM	Description			Veh. No.	Driver No.	Date YYYY MM		Type of Claim	Amount Paid or Estimate	Claim Amount Repaid to Insurer	Description						
		(add rows as needed)																
7. Has any driver's licence, vehicle permit or similar authorization issued to the applicant or other drivers listed in Item 5 a above, to the knowledge of the applicant, been or continued to be suspended, cancelled or lapsed? If yes, state the particulars in the Remarks section. <input type="checkbox"/> Yes <input type="checkbox"/> No																		
8(a). Has any insurer, to the knowledge of the applicant, cancelled, declined or refused to renew or issue automobile insurance to the applicant within the last THREE years? If so, state name of insurer, policy number if available, and reason. Insurer: Policy No.: Reason:					8(b). Details of applicant(s)' most recent automobile insurance. Insurer: Policy No.: Expiry Date: Y / M / D					8 (c) Does/do the applicant(s) owe any money to another insurer related to an Alberta policy of automobile insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the particulars in the Remarks section								
Veh. No.	9(a). State the usual distance driven annually		9(b). Is the vehicle used to commute? (Driving to work, school, or part way such as to public transit) Distance One Way			9(c). State the usual % of annual kilometers driven for business use. Enter 0 if no business use.			9(d). Is the vehicle used outside of Canada? If yes, state particulars in the Remarks section			9(e). Are there any modifications or customizations, other than repairs or restorations, that affect the original manufacturer's design specifications or increase the value of the automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state particulars in Remarks section.						
1	Km		<input type="checkbox"/> Yes <input type="checkbox"/> No			Km %			<input type="checkbox"/> Yes <input type="checkbox"/> No No. of Months/year.....									
2	Km (add rows as needed)		<input type="checkbox"/> Yes <input type="checkbox"/> No			Km %			<input type="checkbox"/> Yes <input type="checkbox"/> No No. of Months/year.....									
10(a) Will the automobile be rented, leased, used for carrying					10(b).													

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Veh. passengers for compensation or hire (examples: taxi, Transportation No. Network automobile), carrying explosives or carrying radioactive material, even on an occasional basis? If so, provide details.		Veh. Will the automobile be used for the transportation of goods No. (examples: freight, food, parcels) for reward, even on an occasional basis? If yes, state the class of licence or certificate and radius of operations.		11. Unless otherwise stated, the applicant is both the registered owner and the actual owner of the described automobile(s). If not, state the names of: (a) The Registered owner: (b) The actual owner:
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	<input type="checkbox"/> Yes <input type="checkbox"/> No (add rows as needed)	2	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Remarks				
13. If (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 in the application, (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(s) acknowledges that all of the information given by the applicant in Items 1 through 12 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 in 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 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 the 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, change the insurance contract, renew the insurance contract, detect and prevent fraud and investigate and settle claims.				
Date		Signature of Applicant(s)		
Y	M	D		

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