

Ontario Application for Automobile Insurance Owner's Form (OAF 1)

Policy No. Assigned

New policy <input type="checkbox"/>	Replacing Policy No. 	Company bill <input type="checkbox"/>	Broker/Agent bill <input type="checkbox"/>	Other (specify) 	Language Preferred English <input type="checkbox"/> French <input type="checkbox"/>
-------------------------------------	--	---------------------------------------	--	---	--

Insurance Company (Insurer)	Broker/Agent
Broker Code: 	

1 Applicant's Name & Postal Address Lessor (if applicable)

Name and Address	Name and Address
Postal Code	Postal Code
Phone No. Home () Work ()	Phone No. () Fax ()

2 Policy Period (all times are local times at the applicant's address shown above)

Effective Date: Year | Month | Day Time: a.m. p.m. Expiry Date: Year | Month | Day at 12:01 a.m.

3 Described Automobile – Each automobile will be used primarily in the vicinity of the applicant's address, unless otherwise stated in Remarks.

Auto No.	Model Year	Make or Trade Name	Model	Body Type	No. of Cylinders or Engine Size	Gross Vehicle Weight [] Lbs [] Kg
1.						
2.						
3.						

Auto No.	Vehicle Identification No. (Serial No.)	Owned?	Leased?	Purchased/Leased Year Month New? Used?	Purchase Price (including options & taxes)	Automobile Use (*Give details in Remarks section) Pleasure Commute One-Way Business* Farm Commercial
1.						km
2.						km
3.						km

Auto No.	Estimated Annual Driving Distance	Is any automobile used for car pooling? If Yes, give no. of Passengers and Details	Type of Fuel Used Gas Diesel If other, give details:	Unrepaired Damage? (If Yes, give details in Remarks section)	Modified/Customized? (see Note 1)
1.	km	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	km	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	km	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Auto No.	Lienholder Name & Postal Address
1.	
2.	
3.	

Is the applicant both the Registered Owner and the Actual Owner of the described automobile(s)? Yes No If No, give details in Remarks section.
 Will any of the described automobiles be rented or leased to others, or used to carry passengers for compensation or hire, or haul a trailer, or carry explosives or radioactive material? Yes No
 Total number of automobiles in the household or business.

4 Driver Information – 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	Date of Birth Year Month Day	Sex	Marital or Same-Sex Partner Status
1.					
2.					
3.					
4.					

Driver No.	Driver Training Certificate Attached?	Date First Licensed in Canada or U.S. (Class G or equivalent) Class Year Month	Other class of licence, if any Class Year Month	Percentage Use by Each Driver Auto. 1 Auto. 2 Auto. 3	Are any other persons in the household or business licensed to drive?	Do any drivers qualify for Retiree Discount? (See Note 2)
1.	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Yes <input type="checkbox"/> No <input type="checkbox"/>				If yes, provide complete details in the Remarks section.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Yes <input type="checkbox"/> No <input type="checkbox"/>					Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Yes <input type="checkbox"/> No <input type="checkbox"/>					Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

Special Notes
Note 1: Modified/customized includes changes, other than repairs or restorations, that affect the original manufacturer's design specifications or increase the value of the automobile. These may include, but are not limited to: engine modifications; paint changes; non-factory installed wheels, tires and electronic accessories and equipment, etc. If you are insured for "Loss or Damage Coverage", there is a \$1,500 limit on non-factory installed electronic accessories and equipment.
Note 2: Retiree Discount – You may be entitled to a discount if you are the principal operator of a described automobile, are retired, have not been employed for 26 weeks or more in the last 52 weeks, do not earn or receive income from any office or employment, are not engaged in any professional occupation and are not operating a business. To qualify, you must be at least age 65, or receiving a pension under the Canada Pension Plan, the Quebec Pension Plan, or a pension registered under the Income Tax Act. If you qualify, your broker or agent will ask you to sign a declaration to confirm this.

If a driver is licensed less than 6 years in Canada, driving experience in other countries may be recognized. Attach proof of other licensing and insurance.

What are the details of the applicant's most recent automobile insurance?	Insurance Company	Policy No.	Expiry Date
			Y Y Y Y Y M M D D

To the applicant's knowledge...

<input type="checkbox"/> Has any driver's licence, vehicle permit etc, issued to the applicant or to any person in the household or business been suspended or cancelled in the last 6 years? If Yes, give details in Remarks section.	<input type="checkbox"/> Has any insurance company cancelled automobile insurance for the applicant or any listed driver in the last 3 years? If Yes, give details in Remarks section.	<input type="checkbox"/> During the last 3 years, has any automobile insurance policy issued to the applicant or any listed driver been cancelled or has any claim been denied for material misrepresentation? If Yes, give details in Remarks section.	<input type="checkbox"/> Has the applicant or any listed driver been found by a court to have committed a fraud connected with automobile insurance? If Yes, give details in Remarks section.
---	---	--	--

5 Previous Accidents and Insurance Claims

Give details of all accidents or claims arising from the ownership, use or operation of any automobile by the applicant or any listed driver during the last 6 years. The coverages are: BI – Bodily Injury, PD – Property Damage, AB – Accident Benefits, DCPD – Direct Compensation – Property Damage, UA – Uninsured Automobile, Coll – Collision, AP – All Perils, Comp – Comprehensive, SP – Specified Perils

Driver No.	Auto No.	Date Year Month Day	Coverage Claim Paid Under BI PD AB DCPD UA Coll AP Comp SP	Amount Paid or Estimate	Details (Use Remarks section if necessary)

6 History of Convictions – Give details of all convictions of the applicant and any listed driver arising from the operation of any automobile in the last 3 years.

Driver No.	Date Convicted Year Month Day	Details (Use Remarks section if necessary)	Driver No.	Date Convicted Year Month Day	Details (Use Remarks section if necessary)

7 Rating Information – AGENT/BROKER AND COMPANY USE ONLY

Auto No.	Class	Driving Record					Driver No.		At-Fault Claim Surcharges		Conviction Surcharges	
		BI	PD	AB	DCPD	Coll/AP	Princ.	Sec.	Description	%	Description	%
1.												
2.												
3.												

Auto No.	List Price New	Vehicle Code	Rate Group			Location	Territory	Discounts Description and Percentage
			AB	DCPD/ Coll/AP	Comp/SP			
1.								
2.								
3.								

8 Insurance Coverages Applied For – Read Page 1 of this form before completing this section.

	Automobile 1		Automobile 2		Automobile 3		Occasional Driver Premium
	Limit (000s)	Premium	Limit (000s)	Premium	Limit (000s)	Premium	
Liability							
Bodily Injury							
Property Damage							
Accident Benefits (Basic Benefits)							
Optional Increased Accident Benefits							
(v) Coverage Required							
<input type="checkbox"/> Income Replacement Up to \$600 per wk.							
<input type="checkbox"/> Income Replacement Up to \$800 per wk.							
<input type="checkbox"/> Income Replacement Up to \$1,000 per wk.							
<input type="checkbox"/> Caregiver & Dependant Care							
<input type="checkbox"/> Medical, Rehabilitation & Attendant Care							
<input type="checkbox"/> Death & Funeral							
<input type="checkbox"/> Indexation Benefit							
Uninsured Automobile							
Direct Compensation-Property Damage							
Deductible							
<small>This policy contains a partial payment of recovery clause for property damage if a deductible is specified for Direct Compensation – Property Damage.</small>							
Loss or Damage*							
Deductible							
Premium							
Specified Perils (excluding Collision or Upset)							
Comprehensive (excluding Collision or Upset)							
Collision or Upset							
All Perils							
<small>*This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.</small>							
Policy Change Forms (Name & No.)	Deductible/Limit	Premium	Deductible/Limit	Premium	Deductible/Limit	Premium	Premium
Family Protection Coverage – OPCF 44R <input type="checkbox"/> Yes <input type="checkbox"/> No	<small>LIMIT SAME AS LIABILITY UNLESS OTHERWISE NOTED</small>		<small>LIMIT SAME AS LIABILITY UNLESS OTHERWISE NOTED</small>		<small>LIMIT SAME AS LIABILITY UNLESS OTHERWISE NOTED</small>		
Total Premium Per Automobile							

9 Remarks – Use this space if you have further details.

Extra sheets attached.

10 Method of Payment

Type of Payment Plan	Estimated Policy Premium**	Provincial Sales Tax	Interest	Total Estimated Cost	**This policy premium is estimated and subject to adjustment or confirmation by the insurer. If we issue a policy and the applicant cancels it, there may be a minimum premium shown on your Certificate of Automobile Insurance that will not be refunded.
Amt. Paid with Application	Amount Still Due	No. of Remaining Instalments	Amount of Each Instalment	Instalment Due Date Y M D	

11 Declaration of Applicant – Read this section carefully before you sign.

I understand that to qualify for a driver's licence, drivers:

- must not suffer from any mental, emotional, nervous or physical disability that significantly interferes with the driver's ability to safely drive an automobile of the class they are licensed for;
- must not be addicted to alcohol or a drug to the extent that it significantly interferes with the driver's ability to safely drive an automobile; and
- must notify the Ministry of Transportation immediately if the driver becomes physically or mentally disabled to the extent that it might interfere with the driver's ability to safely drive an automobile.

To the best of my knowledge,

- all listed drivers are qualified and hold a driver's licence, and
- the details in Sections 1 to 6 and 9 are correct.

Where

1. 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
2. the Insured contravenes a term of the contract or commits a fraud; or
3. the Insured wilfully makes a false statement in respect of a claim under the contract,
 - i) a claim by the Insured, for other than such statutory accident benefits as are set out in the Statutory Accident Benefits Schedule, is invalid and the right of the Insured to recover indemnity is forfeited.

Inspection

My Insurer may require my automobile to be inspected. If I do not co-operate with any reasonable arrangements to inspect my automobile, I understand my optional loss or damage coverages under Section 7 may be cancelled, and any claims under that section may be denied.

Warning – The Insurance Act provides that 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 wilfully makes a false statement in respect of a claim under the contract, a claim by the Insured, for other than such statutory accident benefits as are set out in the Statutory Accident Benefits Schedule, is invalid and the right of the Insured to recover indemnity is forfeited.

Warning – Offences

It is an offence under the Insurance Act to knowingly make a false or misleading statement or representation to an insurer in connection with the person's entitlement to a benefit under contract of insurance, or to wilfully fail to inform the insurer of a material change in circumstances within 14 days, in connection with such entitlement. The offence is punishable on conviction by a maximum fine of \$100,000 for the first offence and a maximum fine of \$200,000 for any subsequent conviction.

It is an offence under the federal Criminal Code for anyone to knowingly make or use a false document with the intent it be acted on as genuine and the offence is punishable, on conviction, by a maximum of 10 years imprisonment.

It is an offence under the federal Criminal Code for anyone, by deceit, falsehood or other dishonest act, to defraud or to attempt to defraud an insurance company. The offence is punishable, on conviction, by a maximum of 10 years imprisonment for fraud involving an amount over \$5,000 or otherwise a maximum of 2 years imprisonment.

Consent

I am applying for automobile insurance based on the information provided above. With respect to this application or any renewal or change in coverage, I authorize you to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, driving record information and claims history.

Applicant's Signature	Date
-----------------------	------

12 Report of Broker/Agent

Have you bound this risk? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this business new to you? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Motor Vehicle Liability Insurance Card issued: Temp <input type="checkbox"/> Perm <input type="checkbox"/> None <input type="checkbox"/>	How long have you known the Applicant?	How long have you known the Principal Driver?	Has an inspection been completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Broker/Agent Signature				Date	

**The Applicant must receive a copy of the signed application.
A supplementary form for commercial or public use automobiles may be necessary.**

B646717