OPCF 25A
ALTERATION

THIS FORM CHANGES YOUR AUTOMOBILE INSURANCE POLICY. THE CHANGE FORM IS ISSUED IN CONSIDERATION OF THE TOTAL ADDITIONAL OR RETURN PREMIUM STATED AND IS EFFECTIVE FROM THE DATE SHOWN.

POLICY CHANGES MADE ARE MARKED ☐

☐ Name or address of insured
☐ Substitution of automobile (auto. no.__________________)
☐ Automobile added to policy (auto. no.__________________)
☐ Automobile deleted from policy (auto. no.__________________)
☐ Change in coverage or limits (auto. no.__________________)
☐ Add Coverage (auto. no.__________________)
☐ Deletion of coverage (auto. no.__________________)
☐ Change in rating classification to (auto. no.__________________)
☐ Amendment to Optional Benefits
☐ Other – describe (auto. no.__________________)

Name and Address of Insured

BROKER/AGENT

BROKER/AGENT NO.

Effective Date of Change

Date of Expiry

Policy Number

Year

Make

Serial No./V.I.N.

*12:01 A.M. LOCAL TIME AT THE INSURED’S POSTAL ADDRESS

Name and Address of Insured

Specify Lienholder – Name

Address

Postal Code

Rating Information

Auto No.

Model

Body Type

No. of Cyls.

C.C.

Mfr’s Gross Vehicle Weight Rating

Owner Leased

Purchased/Leased

Year

Month

New

Used

List Price

New Purchase Price (including options)

Commuting Distance One-Way (km)

Insurance Coverages

Liability

Bodily Injury

Property Damage

Accident Benefits (Standard Benefits)

As Stated in Section 4 of Policy

Optional Accident Benefits Coverage Required ☐

YES

NO

☐ ☐ Income Replacement ($600/$800/$1,000)

☐ ☐ Medical, Rehabilitation & Attendant Care ($130,000/$1,000,000)

☐ ☐ Optional Catastrophic Impairment (additional $1,000,000 added to Standard Benefit or Optional Medical, Rehabilitation & Attendant Care Benefit)

☐ ☐ Caregiver, Housekeeping & Home Maintenance

☐ ☐ Death & Funeral

☐ ☐ Dependant Care

☐ ☐ Indexation Benefit (Consumer Price Index)

Uninsured Automobile

Direct Compensation-Property Damage

This policy contains a partial payment of recovery clause for property damage if a deductible is specified for Direct Compensation - Property Damage.

Loss or Damage

This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.

Specified Perils (excluding Collision or Upset)

Comprehensive (excluding Collision or Upset)

Collision or Upset

All Perils

Policy Change Forms (Name and OPCF No., including limit if applicable)

Return Premium

Additional Premium

Total Premium (Return / Additional)

Tax

Total Cost (Return / Additional)

All other terms and conditions of your policy remain the same.

Dated _________________________________

AUTHORIZED REPRESENTATIVE

SIGNATURE OF INSURED

(REQUIRED WHERE COVERAGE DELETED OR REDUCED)