

Ontario Application for Automobile Insurance

Owner's Form (OAF 1)

This is your Application for Automobile Insurance.

- Check it carefully and notify your Broker/Agent of any errors or of any changes in the future.
- Retain this document for your Records.

Some of the terms used in this application are explained further below.

Insurance Company

Broker/Agent

Insurance Coverages Applied For

Ontario motorists must have the following standard coverages: Liability, Accident Benefits, Uninsured Automobile and Direct Compensation – Property Damage. You may also purchase additional insurance for Loss or Damage to the automobile and Optional Increased Accident Benefits. This is a brief explanation of the insurance coverages available to you. For complete details consult your policy. Your Insurer will supply you with a copy of the policy if you request it.

Liability - Provides coverage for you or other insured persons if someone else is killed or injured or their property is damaged in an automobile incident. It will pay for legitimate claims against you or other insured persons up to the limit of your coverage, and the cost of settling claims.

Accident Benefits - Your insurance company is obligated to explain details of Accident Benefits coverage to you.

Provides benefits that you and other insured persons may be entitled to receive if injured or killed in an automobile accident. These benefits include: income replacement for persons who have lost income; payments to non-earners who suffer complete inability to carry on a normal life; payment of care expenses to persons who cannot continue to act as a primary caregiver for a member of their household; payment of medical, rehabilitation and attendant care expenses; payment of certain other expenses; payment of funeral expenses; and payments to survivors of a person who is killed. You may also purchase optional benefits to increase the standard level of benefits provided in your policy.

The optional benefits your insurance company must offer are:

Increased Income Replacement – the standard level of income replacement provided in the policy (\$400 per week maximum) may be increased by purchasing optional coverage so that the weekly limit is up to \$600, \$800 or \$1,000. All income replacement benefits are based on 70% of your gross weekly income.

Caregiver, Housekeeping and Home Maintenance Expenses – The standard caregiver, housekeeping and home maintenance expenses benefit is available only for a person who is catastrophically impaired. You may purchase an optional benefit to provide this coverage for all impairments.

Increased Medical, Rehabilitation and Attendant Care – the standard benefit pays up to \$50,000 for medical and rehabilitation expenses, with a 10 year time limit in most cases, and up to \$36,000 for attendant care expenses. If catastrophically impaired, the standard benefit pays up to \$1,000,000 for medical and rehabilitation expenses and up to \$1,000,000 for attendant care expenses. You may purchase an optional medical and rehabilitation benefit of \$100,000; optional attendant care benefit of \$72,000; or an optional medical, rehabilitation and attendant care benefit of \$1,100,000 for medical and rehabilitation expenses and \$1,072,000 for attendant care expenses.

Increased Death and Funeral – the standard level of death benefits paid to the surviving spouse and dependant of a person who is killed (\$25,000 to surviving spouse; \$10,000 to surviving dependant) may be doubled by purchasing this optional coverage. This coverage also increases the standard funeral expense benefit from \$6,000 to \$8,000.

Dependant Care – There is no standard dependant care benefit for persons who are employed and care for dependants. You may purchase an optional benefit to receive weekly dependant care expenses of \$75 for the first dependant, and \$25 for each additional dependant, up to \$150 per week.

Indexation Benefit – this optional coverage will ensure that certain weekly benefit payments and monetary limits will be adjusted on an annual basis to reflect changes in the cost of living.

Uninsured Automobile

Provides coverage if you or other insured persons are injured or killed by an uninsured motorist or by a hit-and-run driver. It covers damage to your automobile and its contents caused by an identified, uninsured motorist, subject to a \$300 deductible.

Direct Compensation – Property Damage

Provides coverage in Ontario, under certain conditions, for damage to your automobile and to property it is carrying, when another motorist is responsible. It is called Direct Compensation because you will collect from us, your insurance company, even though you are not at fault for the accident. There may be a deductible amount, and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium.

Loss or Damage

Provides a selection of optional coverages for your own automobile. Payments cover direct and accidental loss of, or damage to, a described automobile and its equipment. There is usually a deductible amount indicated for each coverage and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium. There are four types of coverages:

Specified Perils: Covers the described automobile against loss or damage caused by certain specific perils.

They are: fire; theft or attempted theft; lightning, windstorm, hail or rising water; earthquake; explosion; riot or civil disturbance; falling or forced landing of aircraft or parts of aircraft; or the stranding, sinking, burning, derailment or collision of any kind of transport in, or upon which, the described automobile is being transported.

Comprehensive: Covers a described automobile against loss or damage other than those covered by Collision or Upset, including perils listed under Specified Perils, falling or flying objects, missiles and vandalism.

Collision or Upset: Covers damage when a described automobile is involved in a collision with another object or tips over.

All Perils: Combines the Collision or Upset and Comprehensive coverages.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of the insurance company's insurance business in Canada.

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

Policy No. Assigned _____

New policy Replacing Policy No. _____ Company bill Broker/Agent bill Other (specify) _____ Language Preferred English French

Insurance Company (Insurer) _____ Broker/Agent _____
Broker Code: _____

1 Applicant's Name & Postal Address **Lessor (if applicable)**
Name and Address _____
Postal Code _____
Phone No. Home () _____ Work () _____
Name and Address _____
Postal Code _____
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 _____ Time: _____ 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 Rating [] Lbs [] Kg
1.						
2.						
3.						

Auto No.	Vehicle Identification No. (Serial No.)	Owned?	Leased?	Purchased/Leased				Purchase Price (including options & taxes)	Automobile Use (*Give details in Remarks section)				
				Year	Month	New?	Used?		Pleasure	Commute One-Way	Business Use %*(see Note 1)	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			Unrepaired Damage? (If Yes, give details in Remarks section)	Modified/Customized (See Note 2)
			Gas	Diesel	If other, give details:		
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			Sex	Marital Status
			Year	Month	Day		
1.							
2.							
3.							
4.							

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

Special Notes:
Note 1: Business Use % - State the usual percentage of annual driving distance that is for business use. (Enter 0 if there is no business use)
Note 2: 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 \$1500 limit on non-factory installed electronic accessories and equipment.
Note 3: 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 Year _____ Month _____ Day _____

- To the applicant's knowledge...**
- 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? Yes No If Yes, give details in Remarks section.
 - Has any insurance company cancelled automobile insurance for the applicant or any listed driver in the last 3 years? Yes No If Yes, give details in Remarks section.
 - 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? Yes No If Yes, give details in Remarks section.
 - Has the applicant or any listed driver been found by a court to have committed a fraud connected with automobile insurance? Yes No 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			Coverage Claim Paid Under						Amount Paid or Estimate	Details (Use Remarks section if necessary)	
		Year	Month	Day	BI	PD	AB	DCPD	UA	Coll/AP			Comp/SP

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

7 Rating Information – AGENT/BROKER AND COMPANY USE ONLY

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

Auto No.	List Price New	Vehicle Code	Rate Group				Location	Territory	Discounts	
			AB	DCPD	Coll/AP	Comp/SP			Description	Percentage
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 (Standard Benefits)							
Optional Increased Accident Benefits (<input checked="" type="checkbox"/>) Coverage Required							
<input type="checkbox"/> Income Replacement (\$600/\$800/\$1,000)	(up to \$ per week)		(up to \$ per week)		(up to \$ per week)		
<input type="checkbox"/> Caregiver, Housekeeping & Home Maintenance	As stated in Section 4 of Policy		As stated in Section 4 of Policy		As stated in Section 4 of Policy		
<input type="checkbox"/> Medical and Rehabilitation (\$100,000)							
<input type="checkbox"/> Attendant Care (\$72,000)							
<input type="checkbox"/> Medical, Rehabilitation (\$1,100,000) & Attendant Care (\$1,072,000)							
<input type="checkbox"/> Death & Funeral							
<input type="checkbox"/> Dependant Care							
<input type="checkbox"/> Indexation Benefit (Consumer Price Index)							
Uninsured Automobile	As stated in Section 5 of Policy		As stated in Section 5 of Policy		As stated in Section 5 of Policy		
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.	Deductible		Deductible		Deductible		
Loss or Damage*	Deductible	Premium	Deductible	Premium	Deductible	Premium	Premium
Specified Perils (excluding Collision or Upset)							
Comprehensive (excluding Collision or Upset)							
Collision or Upset							
All Perils							
* This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.							
Policy Change Forms (Name & No.)	Deductible/Limit	Premium	Deductible/Limit	Premium	Deductible/Limit	Premium	Premium
Family Protection Coverage -OPCF 44R Yes <input type="checkbox"/> No <input type="checkbox"/>	LIMIT SAME AS LIABILITY UNLESS OTHERWISE NOTED		LIMIT SAME AS LIABILITY UNLESS OTHERWISE NOTED		LIMIT SAME AS LIABILITY UNLESS OTHERWISE NOTED		
Total Premium Per Automobile							

