

**Ontario
Application for
Automobile
Insurance**

Driver's Form (O.A.F. 2)

**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.**

**Some of the terms used in this
application are explained further on Page 4**

Retain this document for your records

Insurance Company

Broker/Agent

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

Ontario Application for Automobile Insurance Driver's Form (O.A.F. 2)

Policy No. Assigned

New policy <input type="checkbox"/>	Replacing Policy No. <input style="width: 90%;" type="text"/>	Company bill <input type="checkbox"/>	Broker/Agent Bill <input type="checkbox"/>	Other (specify) <input style="width: 90%;" type="text"/>	Language Preferred English <input type="checkbox"/> French <input type="checkbox"/>
Insurance Company (hereafter called the Insurer)			Broker/Agent		

Item						
1. Applicant's Full Name and Postal Address (include County, District and Postal Code)						
Residence / Business						
Telephone Numbers Including Area Code						
2. Policy Period (All times are local times at the applicant's postal address)	From Time	<input type="checkbox"/> am <input type="checkbox"/> pm	Year Month Day	To	12:01 am	Year Month Day
3. This insurance shall apply to the use or operation of any automobile, other than an automobile owned or registered in the name of the insured, while and only while the insured is personally in control of such automobile. (A) WHAT TYPE OF AUTOMOBILE DOES THE APPLICANT EXPECT TO DRIVE? (STATE WHETHER PRIVATE PASSENGER, TAXICAB, BUS, TRUCK, TRACTOR TRAILER ETC.)						
(B) FOR WHAT PURPOSE WILL SUCH AUTOMOBILE BE CHIEFLY USED?						
Estimated Annual Driving Distance(km)						
If automobile used for car pools, state details including number of passengers						
If automobile powered by other than gasoline or diesel engine, state details						
If any automobile will be used to carry passengers for compensation or hire, or used to haul a trailer, or for carrying explosives or radioactive material, state details in Remarks Section.						
4. Driver Information						
Name as shown on Driver's Licence			Driver's Licence Number			
Date First licensed in Canada			Date of Birth			
Licence Class			Year			
Year			Month			
Month			Day			
Day			Sex			
Sex			Marital Status			
4a. If licensed in Canada 6 years or less, driving experience in another country may be recognized if satisfactory evidence is provided. State details in Remarks section.						
If any insurer, to the knowledge of the applicant, has cancelled the automobile insurance of the applicant within the last 3 years, state:						
Insurer		Reason		Policy Number if available		
State details of applicant's most recent automobile insurance		Insurer		Policy Number		
Expiry Date		Year Month Day				

5. Claims and Conviction History						
Give details of all accidents and claims paid or outstanding arising from the use of any automobile by the applicant during the last 6 years. BI-Bodily Injury PD-Property Damage DC-Direct Compensation AB-Accident Benefits AP-All Perils Coll-Collision Comp-Comprehensive SP-Specified Perils						
Date	Year	Month	Day	Type of Claim	Amount Paid or Estimate	5a. Give details of all accidents or claims (use Remarks section if necessary)
Give details of all convictions arising from the operation of any automobile in the past 3 years.						
Date	Year	Month	Day	5b. Description (use remarks section if necessary)		

6. Remarks Use of this section is limited to expanding on items 1 to 5.					
Item No.					

7. Rating Information Summary of information in items 1 to 6, used to calculate Premiums					
Class	BI	PD	AB	AP/COLL	Driving Record
At Fault Claim Surcharge %			Description		
Conviction Surcharge %			Description		

8. Insurance Coverages Applied For (Insuring Agreements) Read Page 4 of this form before completing this section				Company Use Only	Premium	
Section 1 Third Party Liability	THIRD PARTY INCLUSIVE LIMIT \$ _____		Bodily Injury \$ _____ Property Damage \$ _____		\$ _____	
Section 2 Accident Benefits	STANDARD LIMITS (As stated in Section 2 of the Policy)				\$ _____	
	Optional Increased Accident Benefits	Income Replacement	(\$600/\$800/\$1,000)	Up to \$ _____ Per week		\$ _____
		Caregiver, Housekeeping & Home Maintenance				\$ _____
		Medical & Rehabilitation	\$100,000			\$ _____
		Attendant Care	\$72,000			\$ _____
		Medical, Rehabilitation & Attendant Care	\$1,100,000 for Medical & Rehabilitation; \$1,072,000 for Attendant Care			\$ _____
		Death & Funeral				\$ _____
		Dependant Care				\$ _____
Indexation Benefit (Consumer Price Index)					\$ _____	
Section 3 Uninsured Automobile Coverage	LIMITS ARE AS STATED IN SECTION 3 OF THE POLICY				\$ _____	
SECTION 4 LIABILITY FOR DAMAGE TO NON-OWNED AUTOMOBILE	COVERAGE		Limit of Liability \$ _____			
	4.1.1 All Perils	Deductible \$ _____		a deductible applies on each claim except for loss or damage caused by fire or lightning or by theft of the entire automobile.		
	4.1.2 Collision or Upset	Deductible \$ _____				
	4.1.3 Comprehensive	Excluding Collision or Upset	Deductible \$ _____			
	4.1.4 Specified Perils		Deductible \$ _____			
THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE					*ESTIMATED POLICY PREMIUM	\$ _____

9. Method of Payment			Other		
Monthly payment Plan			Other		
Estimated Policy Premium	Interest Payable	Provincial Sales Tax	Total Estimated Cost	Initial Payment	Monthly Payments for
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____ Months @ \$ _____

10. Declaration of Application – Read carefully before signing To your knowledge are you still qualified to hold a driver's licence ____ Yes ____ No Qualifications required by a holder of a driver's licence included that the driver: (a) does not suffer from any mental, emotional, nervous or physical disability likely to significantly interfere with his/her ability to drive a motor vehicle of the applicable class safely; and (b) is not addicted to the use of alcohol or a drug to an extent likely to interfere significantly with his/her ability to drive a motor vehicle safely. If a driver becomes physically or mentally disabled to an extent that might affect the safe operation of a motor vehicle, as noted on the driver's licence, the driver is required to notify the Ministry of Transportation immediately. The answers to items 1 to 5 and any particulars in the Remarks Section relating thereto are correct to the best of my knowledge and belief and I hereby apply for a contract of Automobile Insurance based on the trust of this information.		I am applying for automobile insurance based on the information provided above. With respect to this application for any renewal or change to my coverage, I authorize you to collect, use and disclose my driving record, auto insurance history and auto claims history, and those of the listed drivers from whom I declare I have obtained consent for these purposes, as permitted by law for the limited purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud. Where 1. an Applicant for a contract, (i) gives false particular 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 willfully makes a false statement in respect of a claim under the contract, a claim by the insured, for other than such accident benefits as set out in the Statutory Accident Schedule, is invalid and the right of the insured to recover indemnity is forfeited.
		Signature of Applicant _____ Date _____

11. Report of Broker/Agent Have you bound this risk? ____ Yes ____ No Is this business new to your office? ____ Yes ____ No How long have you known the applicant? _____					
Type of Motor Vehicle	Temporary	Permanent	None	Signature of Broker/Agent _____	Date _____
Liability Card Issued					

The Applicant must receive a copy of the signed application

INSURANCE COVERAGES APPLIED FOR

Ontario motorists must have the **standard** coverages described in Sections 1, 2 & 3. You may also purchase higher limits for Sections 1 and 2, and additional insurance described under section 4.

THE FOLLOWING IS A BRIEF EXPLANATION OF THE INSURANCE COVERAGES AVAILABLE. FOR SPECIFIC DETAILS CONSULT YOUR POLICY. YOUR INSURER WILL PROVIDE A COPY OF THE POLICY IF YOU REQUEST IT.

POLICY SECTION 1 - THIRD PARTY LIABILITY

This section provides coverage for responsibility to others, arising from an automobile accident causing bodily injury to or death of any person or damage to property.

SECTION 2 - ACCIDENT BENEFITS

The insurer is obligated to explain details of accident benefit coverage.

Provides benefits that 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. The Insured may also purchase optional benefits to increase the standard level of benefits provided in the policy. The optional benefits insurance companies 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 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 a 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 additional weekly dependant care expenses of \$75 for the first dependant and \$25 for each additional dependant, up to \$150 per week.

Indexation of some amounts may also be purchased.

SECTION 3 - UNINSURED AUTOMOBILE COVERAGE

Enables the policyholder, his or her spouse, dependants of either of them and certain other persons to obtain benefits from the named insured's Insurer for injuries or death resulting from an accident caused by an uninsured automobile or unidentified automobile. It also provides for accidental damage to the non-owned automobiles in the care, custody or control of the policy holder and/or to some of its contents resulting from an accident caused by an identified uninsured automobile.

SECTION 4 - LIABILITY FOR DAMAGE TO NON-OWNED AUTOMOBILE

This section of the policy provides a selection of coverages for liability for loss of or damage to the non-owned automobile in the care, custody or control of the policyholder. There is usually a deductible amount indicated for each coverage and this amount is either paid by the policyholder toward the cost of repairs or is deducted for the loss settlement.

All Perils:

Combines the Collision and Comprehensive coverages.

Collision or Upset:

Covers damage caused by Collision with another automobile, another object or by upset of the non-owned automobile.

Comprehensive:

Covers the non-owned automobile against loss or damage caused by other than by Collision or Upset of the automobile. This coverage includes the specified perils named below, and is therefore broader in scope.

Specified Perils:

Covers the non-owned automobile against loss or damage caused by certain specified perils. They are: fire; theft or attempted theft; lightning, windstorm, hail or rising water; earthquake; explosion; riot, civil disturbance; failing or forced landing of aircraft; or the stranding, sinking, burning, derailment or collision of any kind of transport in, or upon which a described automobile is being carried on land or water.

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