

**OPCF 21A  
MONTHLY REPORTING BASIS FLEET  
(Applicable to Ontario licensed automobiles)**

Issued To:	Effective Date of Change Year            Month            Day	Policy Number
Broker		

It is agreed that:

- (a) The policy shall provide insurance with respect to all automobiles licensed or required to be licensed in Ontario which are:
- (i) owned by and licensed in the name of the insured;
  - (ii) leased from the following lessor(s) for a period in excess of 30 days on which the insured as lessee is required to provide insurance under a written lease agreement

***Lessor(s) Name(s) and Address(es)***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- (iii) leased for a period in excess of 30 days under a written lease agreement from a lessor other than those listed above providing the name and address of such lessor is reported to the insurer within 14 days following the date of delivery of the first such leased automobile to the insured;
  - (iv) rented for a period of not more than 30 days, but only for the coverage provided under sub-section 3.3.5 of the policy, subject to sub-section 2.2.4 of the policy.
- (b) 1. We will provide, only for automobiles described in (a) (i), (ii), and (iii) of this change form, Liability, Accident Benefits and Uninsured Automobile Coverages for the limits shown on your Certificate of Automobile Insurance, together with Direct Compensation – Property Damage Coverage as provided in Section 6 of your policy, but subject to any deductible(s) for a particular type of use or description of automobiles shown below.
2. We will also provide, only for automobiles described in (a) (i), (ii), and (iii) of this change form, Loss or Damage Coverages as provided in Section 7 of your policy, but only when a deductible is shown below for a particular type of use or description of automobiles.

Type of use or description of automobiles	DIRECT COMPENSATION-PROPERTY DAMAGE		LOSS OR DAMAGE COVERAGES		
		Specified Perils	Comprehensive	Collision or Upset	All Perils
	Deductible \$	Deductible \$	Deductible \$	Deductible \$	Deductible \$
Any type of use or description of automobiles not listed.					
Change Forms attached to the policy					

- (c) The schedule of automobiles filed with the insurer includes all automobiles, as set out in (a) above, at the effective date of the Policy or renewal.

NO COVERAGE IS PROVIDED BY THIS CHANGE FORM ON ANY AUTOMOBILE OWNED OR LEASED BY THE INSURED PRIOR TO THE EFFECTIVE DATE OF THE POLICY WHICH IS NOT INCLUDED ON THE SCHEDULE OF AUTOMOBILES FILED WITH THE INSURER UNTIL A REQUEST FOR COVERAGE HAS BEEN FILED WITH THE INSURER.

- (d) The total premium stated in the Policy is an advance premium only and is due and payable at the effective date of the Policy.

(e) The premium for this Policy is based on the following rates per \_\_\_\_\_  
and the estimated total of \_\_\_\_\_

Receipts  Mileage  Other  for the policy period is \_\_\_\_\_  
(State Applicable Basis of Rating)

Insurance Coverages	Rate
<b>Liability</b>	
<b>Accident Benefits (Standard Benefits)</b>	
<b>Optional Increased Accident Benefits</b>	
<input checked="" type="checkbox"/> Coverage Required	
<input type="checkbox"/> Income Replacement (\$600/\$800/\$1,000) (up to \$ _____ per week)	
<input type="checkbox"/> Medical, Rehabilitation & Attendant Care ( <input type="checkbox"/> \$130,000 or <input type="checkbox"/> \$1,000,000)	
<input type="checkbox"/> Optional Catastrophic Impairment (additional \$1,000,000 added to Standard Benefit or Optional Medical, Rehabilitation & Attendant Care Benefit)	
<input type="checkbox"/> Caregiver, Housekeeping & Home Maintenance	
<input type="checkbox"/> Death & Funeral	
<input type="checkbox"/> Dependant Care	
<input type="checkbox"/> Indexation Benefit (Consumer Price Index)	
<b>Uninsured Automobile</b>	
<b>Direct Compensation – Property Damage</b>	
<b>Loss or Damage</b>	
Specified Perils	
Comprehensive	
Collision or Upset	
All Perils	
<b>Change forms as attached to the policy</b>	
<b>Total Rate excluding Tax</b>	

(f) On or before the fifteenth of each month during the policy period the insured shall render to the insurer a statement of the actual amount of Receipts  Mileage  Other  (State Applicable Basis of Rating) for the preceding month. Upon receipt of this statement (from the insured) the earned premium shall be computed monthly by applying the rates specified in paragraph (e) and is due and payable as agreed between the insurer and insured.

(g) The insurer shall have the right and opportunity, whenever the insurer so desires, to examine the books and records of the insured insofar as they relate to the premium basis or subject matter of the Policy.

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

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Insured