

**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.....)
- Other - describe (auto. no.....)

NAME AND ADDRESS OF INSURANCE COMPANY		
BROKER / AGENT		BROKER / AGENT NO.
NAME AND ADDRESS OF INSURED		
EFFECTIVE DATE OF CHANGE	DATE OF EXPIRY *	POLICY NUMBER
D M Y	D M Y	
YEAR	MAKE	SERIAL NO. / V.I.N.

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

Auto. No.	Model	Body Type	No. of Cyls.	C.C.	Mfgr's. G.V.W. Rating	Owned	Leased	Purchased/Leased				List Price New Purchase Price (including options)	Commuting Distance One Way (km)	
								Year	Month	New	Used			
Auto. No.	Specify Lienholder - Name					Address					Postal Code			
Rating Information														
Auto. No.	Class	Driving Record					Surcharge + %	Discount - %	Vehicle Code	Rate Group			Location	Territory Code
		BI	PD	AB	DCPD	Coll/AP				AB	DCPD/Coll/AP	Comp/SP		

Insurance Coverages

<p>Liability</p> <p>Bodily Injury</p> <p>Property Damage</p> <p>Accident Benefits (Basic Benefits)</p> <p>Optional Increased Accident Benefits</p> <p><input checked="" type="checkbox"/> Coverage required</p> <p><input type="checkbox"/> Income Replacement up to \$ _____ per week</p> <p><input type="checkbox"/> Caregiver & Dependant Care</p> <p><input type="checkbox"/> Medical, Rehabilitation & Attendant Care</p> <p><input type="checkbox"/> Death & Funeral</p> <p><input type="checkbox"/> Indexation Benefit</p> <p>Uninsured Automobile</p> <p>Direct Compensation - Property Damage</p> <p>This policy contains a partial payment of recovery clause for property damage if a deductible is specified for Direct Compensation - Property Damage</p> <p>Loss or Damage - This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.</p> <p>Specified Perils (excluding Collision or Upset)</p> <p>Comprehensive (excluding Collision or Upset)</p> <p>Collision or Upset</p> <p>All Perils</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Limit</th> <th>Return Premium</th> <th>Additional Premium</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>As stated in Sect.4 of Policy</td> <td></td> <td></td> </tr> <tr> <td>As stated in Sect.4 of Policy</td> <td></td> <td></td> </tr> <tr> <td>As stated in Sect.4 of Policy</td> <td></td> <td></td> </tr> <tr> <td>As stated in Sect.4 of Policy</td> <td></td> <td></td> </tr> <tr> <td>As stated in Sect.4 of Policy</td> <td></td> <td></td> </tr> <tr> <td>As stated in Sect.5 of Policy</td> <td></td> <td></td> </tr> </tbody> </table> <p>Deductible</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Deductible</th> <th>Return Premium</th> <th>Additional Premium</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Policy Change Forms (Name and OPCF No., including limit if applicable)</th> <th>Return Premium</th> <th>Additional Premium</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Premium (Return / Additional)</td> <td></td> <td></td> </tr> <tr> <td>Provincial Sales Tax</td> <td></td> <td></td> </tr> <tr> <td>Total Cost (Return / Additional)</td> <td></td> <td></td> </tr> </tbody> </table>	Limit	Return Premium	Additional Premium				As stated in Sect.4 of Policy			As stated in Sect.4 of Policy			As stated in Sect.4 of Policy			As stated in Sect.4 of Policy			As stated in Sect.4 of Policy			As stated in Sect.5 of Policy						Deductible	Return Premium	Additional Premium													Policy Change Forms (Name and OPCF No., including limit if applicable)	Return Premium	Additional Premium																						Total Premium (Return / Additional)			Provincial Sales Tax			Total Cost (Return / Additional)		
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All other terms and conditions of your policy remain the same.

Dated _____ AUTHORIZED REPRESENTATIVE SIGNATURE OF INSURED (REQUIRED WHERE COVERAGE DELETED OR REDUCED)