

Ontario Application for Automobile Insurance

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

Notice to Applicant

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 on page 4.**

Retain this document for your Records.

Insurance Company

Broker/Agent

Ontario Application for Automobile Insurance	Policy No. Assigned
Driver's Form (O.A.F. 2)	

New Policy	Replacing Policy No.	Company Bill	Broker/Agent Bill	Other (specify)	Language Preferred
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> English <input type="checkbox"/> French

Insurance Company (hereinafter called the Insurer)	Broker/Agent
Code(s)	

Item	
1 Applicant - Full Name and Postal Address (included Country, District)	
	Telephone Numbers Residence: (including Area Code) Business:
Postal Code	

2 Policy Period - All Times are local times at the applicant's postal address stated herein

Time	Date: Year Month Day	Date: Year Month Day
From: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		TO: 12:01 a.m.

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 APPLICANT WHILE AND ONLY WHILE THE APPLICANT 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, TRANSPORT, ETC.)	(6) FOR WHAT PURPOSES WILL SUCH AUTOMOBILE BE CHIEFLY USED?

Estimated Annual Driving Distance(km)	If automobile used for car pools No. of Pass.	State Details	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 materials, state details in Remarks section

4 Driver Information											
Name as shown on Driver's License					Driver's License No.			Date of Birth		Sex	Marital Status
								Year	Month		
Date first Licensed in Canada			Driver Training Certificate Attached?			Are you excluded from driving under any other automobile insurance policy					
Lic. Clas	Year	Month									
			<input type="checkbox"/> Yes			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes state details in the Remarks Section					

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 No. if available
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State details of applicant's most recent automobile insurance	Insurer	Policy No.	Expiry Date (Year/Month/Day)

5 Claims and Conviction History

Give details of all accidents and claims paid or outstanding arising from the operation of any automobile by the applicant during the last 6 years.

Year	Date Month	Day	Type of Claim	Amount Paid or Estimate	5a Description (Use Remarks Section if necessary)

Give details of all convictions arising from the operation of any automobile in the last 3 years.

Year	Date 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.	

Insurance Coverages Applied For

Ontario Motorists must have the basic coverages described in Part A, B and D. You may also purchase higher limits for Parts A and B and additional insurance described in Part C.

Policy Part A - Third Party Liability

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

Policy Part B - No-Fault Benefits

Accident Benefit Payments for Death or Bodily Injury

Provides coverage to the named insured, his or her spouse, dependents of either of them and certain other persons injured or killed in an automobile accident. Payments are made regardless of fault and cover income benefits (with some exceptions), medical expenses (supplemental), rehabilitation and care expenses, funeral expenses and death benefits.

Policy Part C - Liability for Damage to Non-Owned Automobile

This part 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 from 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 other than by Collision or Upset of the automobile. This coverage includes the specific perils named in the coverage Specified Perils and is therefore broader in scope.

Specified Perils:

Covers the non-owned automobile against loss or damage caused by certain specific perils. They are fire, theft, lightning, windstorm, hail, earthquake, explosion, riot, falling aircraft, rising water, or an accident to a vehicle or boat on which the automobile is being transported.

Policy Part D - Uninsured Automobile Coverage

Uninsured Automobile Coverage:

Enables the policyholder, his or her spouse, dependents 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 or unidentified automobile. It also provides coverage for accidental damage to the non-owned automobile in the care, custody or control of the policyholder and/or its contents resulting from an accident caused by an identified uninsured automobile.

7 Rating Information - Summary of Information in Items 1 to 6, used to calculate Premium

Class	Driving Record				% At-Fault Claim Surcharge	At-Fault Claim Surcharges Description	% Conviction Surcharge	Conviction Surcharges Description
	BI	PD	AB	Coll./AP				

8 Insurance Coverages Applied for (Insuring Agreements)
Read Page 4 of this form before completing this section

Part A		Limits (000's)	Premium
Third Party Liability			
	Bodily Injury		
	Property Damage		
	Third Party Inclusive Limit		
Total Third Party Liability Premium			\$
Part B - Accident Benefits			
Basic Benefits			
Optional Benefits	Increased Funeral Expenses and Death		
	Increased Income	plus \$150.00/week	
	Replacement	plus \$300.00/week	
	Increased Primary Caregiver	plus \$450.00/week	
	Increased Primary Caregiver	plus \$50.00/week	
Other Approved Options			
Total Accident Benefits Premium			\$
Part C - Liability for Damage to			
Non-Owned Automobile		Limits (000's)	Premium
Limit of liability			
This policy contains a partial payment of loss clause.		Deductible	Premium
3.1.1. All Perils			
3.1.2. Collision or Upset			
3.1.3. Comprehensive	Excluding Collision or Upset		
3.1.4. Specified Perils			

Total Physical Damage Premium	\$
Part D - Uninsured Automobile Coverage	
Limits are as specified in Part D of the Ontario Drivers Policy (O.P.F. No. 2)	Premium
	\$
Total Premium	\$

If a policy is issued and you, the applicant, cancel the policy, a minimum non-refundable premium may be kept by the Insurer. This minimum retained premium will be shown on your certificate of insurance

The premium for the insurance for which you applying is estimated and is subject to confirmation by the Insurer.

Estimated Policy Premium
\$

9 Method of Payment

Payments				Monthly Payment Plan		
One	Three	Monthly	Other	Estimated Policy Premium	Interest Payable	Total Estimated Cost
				\$	\$	
Premium Paid with Application				Initial Payment	Monthly Payments for	
\$				\$	months @ \$	

10 Declaration of Applicant - 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 include 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 effect the safe operation of a motor vehicle, as noted on the Driver's Licence, the driver is required to notify the Ministry Transportation immediately.

The answers to Items 1 to 5 and any particulars in the Remarks Section relating there to are correct to the best of my knowledge and belief and I hereby apply for a contract of automobile insurance based on the truth of this Information.

I hereby authorize that reports containing credit rating, driving record information and claims history may be sought in connection with this application of insurance or renewal, extension or variation thereof. Where

- An Applicant for a contract,
 - gives false particulars to the prejudice of the Insurer,
 - or
 - knowingly misrepresents or fails to disclose in the application any fact required to be stated therein; or
- the Insured contravenes a term of the contract or commits a fraud;
 - or
- the Insured wilfully makes a false statement in respect of a claim under the contract, of a claim by the Insured, for other than such accident benefits as are set out in the No-Fault Benefits Schedule, Is invalid and the right of the Insured to recover indemnity is forfeited.

Signature of Applicant	Date
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11 Report of Broker/Agent		Type of Motor Vehicle	Temporary	Permanent	None	Signature of Broker/Agent
Have you bound this risk ?	Is this business new to your office ?	Vehicle Liability Insurance card Issued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you known the Applicant				Date

The Applicant must receive a copy of the signed application.