

GARAGE Form (O.A.F. 4) Ontario Application for Automobile Insurance	Policy No. Assigned
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New Policy <input type="checkbox"/>	Replacing Policy No. <input type="checkbox"/> _____	Language Preferred <input type="checkbox"/> English <input type="checkbox"/> French
Insurance Company (hereinafter called the Insurer)		Broker/Agent Code(s)

ITEMS	APPLICATION
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1. FULL NAME OF THE APPLICANT BUSINESS ADDRESS (INCLUDING COUNTY OR DISTRICT) (A) _____ LOCATION OF OTHER PREMISES WERE BUSINESS IS CONDUCTED (SHOW EACH BUILDING AND LOT SEPARATELY.) (C) _____ (B) _____ (D) _____	INDICATE BLDG. LOT

2. POLICY PERIOD	FROM TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	Year Month Day	TO Year Month Day	ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS.
12:01 AM				

3. THE AUTOMOBILES IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED ARE THOSE USED IN CONNECTION WITH THE INSURED'S BUSINESS OF:

(SPECIFY WHETHER AUTOMOBILE DEALER, REPAIR GARAGE, SERVICE STATION, STORAGE GARAGE OR PARKING LOT AND DESCRIBE ALL OTHER BUSINESS, IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED, CONDUCTED BY THE APPLICANT AT THE LOCATIONS SPECIFIED IN ITEM 1)
 NOTE: THIS FORM SHOULD NOT BE USED FOR RENTAL OR LEASING EXPOSURES

4. THE BASIS OF RATING AND CALCULATION OF THE PREMIUM PAYABLE SHALL BE IN ACCORDANCE WITH THE PREMIUM COMPUTATION STATEMENT ATTACHED HERETO ESTIMATED TOTAL PAYROLL FOR POLICY PERIOD \$	FULL TIME	PART TIME
NUMBER OF EMPLOYEES INCLUDING PROPRIETORS, PARTNERS AND EXECUTIVE OFFICERS AT THE EFFECTIVE DATE OF THE POLICY		

5. THIS APPLICATION IS MADE FOR INSURANCE AGAINST ONE OR MORE OF THE PERILS MENTIONED IN THIS ITEM BUT ONLY FOR INSURANCE UNDER THE PART(S) OR SUBSECTION(S) FOR WHICH A PREMIUM IS SPECIFIED IN THIS ITEM AND NO OTHER AND UPON THE TERMS, CONDITIONS, PROVISIONS, DEFINITIONS AND EXCLUSIONS OF THE INSURERS CORRESPONDING STANDAFD POLICY FORM AND FOR THE FOLLOWING SPECIFIED LIMITS AND AMOUNTS.

	INSURING AGREEMENTS	LIMITS	COMPANY USE ONLY	ADVANCE PREMIUM	
Part A THIRD PARTY LIABILITY	Bodily Injury	\$		\$	
	Property Damage				
	Third Party Inclusive Limit				
Part B ACCIDENT BENEFITS	Basic Benefits				
	Optional Benefits	Increased Funeral Expenses and Death			\$
		Increased	- plus \$150.00/week		
		Income	- plus \$300.00/week		
		Replacement	- plus \$450.00/week		
Increased Primary Caregiver	- plus \$ 50.00/week				
Other Approved Options					
Part C LOSS OF OR DAMAGE TO OWNED AUTOMOBILES	3.1.1 COLLISION OR UPSET	DEDUCTIBLE APPLICABLE TO EACH SEPARATE AUTOMOBILE		\$	
	THE PREMIUM UNDER SUBSECTIONS 3.1.2, 3.1.3, AND 3.1.4. SHALL BE CALCULATED ON A MONTHLY AVERAGE BASIS <input type="checkbox"/> OR CO-INSURANCE BASIS <input type="checkbox"/> OR OTHER <input type="checkbox"/>				
		LOCATION AS PER ITEM 1	SUBSECTIONS INSURED	LIMIT OR LIABILITY	DEDUCTIBLE APPLICABLE TO EACH SEPARATE OCCURRENCE (EXCEPT FOR LOSS OR DAMAGE BY FIRE, LIGHTNING OR THEFT OF THE ENTIRE AUTOMOBILE)
	3.1.2 COMPREHENSIVE EXCLUDING COLLISION OR UPSET AND OPEN LOT THEFT)	(A)		\$	\$
		(B)		\$	\$
	3.1.3 SPECIFIED PERILS (EXCLUDING OPEN LOT THEFT)	(C)		\$	\$
		(D)		\$	\$
IN RESPECT OF EACH AUTOMOBILE, THE ACTUAL CASH VALUE AT THE TIME OF LOSS OR DAMAGE NOT EXCEEDING THE ACTUAL COST TO THE INSURED AND SUBJECT TO THAT LIMIT FOR EACH AUTOMOBILE (A) THE AMOUNT OF INSURANCE STATED IN THE MONTHLY REPORT. IF ANY, OR (B) THE LIMIT OF INSURANCE STATED HEREIN TO BE APPLICABLE TO EACH SPECIFIED LOCATION FOR LOSS OR DAMAGE FROM ANY ONE OCCURRENCE AT EACH SPECIFIED LOCATION.					
Part D UNINSURED AUTOMOBILE COVERAGE	Limits are as specified in Part D of the Ontario Automobile Policy (O.P.F. 4)			\$	
Part E LIABILITY FOR DAMAGE TO CUSTOMER'S AUTOMOBILES WHILE IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT	5.1 COLLISION OR UPSET	LIMIT APPLICABLE TO ANYONE CUSTOMER S AUTOMOBILE \$		DEDUCTIBLE APPLICABLE TO EACH SEPARATE OCCURRENCE \$	
		LOCATION AS PER ITEM 1	MAXIMUM NUMBER OF CUSTOMER'S AUTOMOBILES	LIMIT OF LIABILITY ANYONE OCCURRENCE	
	5.4 SPECIFIED PERILS (EXCLUDING OPEN LOT THEFT)	(A)		\$	
		(B)		\$	
		(C)		\$	
(D)			\$		

ENDORSEMENTS	
O.E.F. 81 - Family Protection Endorsement - Limits are the same as Part A, unless otherwise specified	
\$	

Name ADDRESS OF LIENHOLDER OR MORTGAGEE TO WHOM, JOINTLY WITH THE APPLICANT, LOSS UNDER PART C IS PAYABLE.	MINIMUM RETAINED PREMIUM \$	TOTAL ADVANCE PREMIUM \$
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6. HAS ANY INSURER CANCELLED, DECLINED OR REFUSED TO RENEW OR ISSUE ANY INSURANCE RELATED TO THE BUSINESS OF THE APPLICANT WITHIN THE THREE YEARS PRECEDING THIS APPLICATION? IF SO, STATE NAME OF INSURER AND POLICY NO	THE ADVANCE PRECEDING PRE SUBJECT TO THE ADJUSTABLE PREMIUM COMPUTATION PROVISION IN THE POLICY.
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7. STATE PARTICULARS OF ALL ACCIDENTS, LOSSES OR CLAIMS ARISING OUT OF THE OWNERSHIP USE OR OPERATION OF ANY AUTOMOBILE (i) BY THE APPLICANT AND (ii) IN CONNECTION WITH THE BUSINESS, WITHIN THREE YEARS PRECEDING THIS APPLICATION (LIST SEPARATELY IF NECESSARY)				
INJURY TO PERSONS PARTS A & B	DAMAGE TO APPLICANT'S AUTOMOBILES (A) COLLISION	(B) OTHER	DAMAGE TO PROPERTY OF OTHERS (A) NOT IN CARE OF APPLICANT	(B) IN CARE OF APPLICANT

Item No.	Remarks

8. DECLARATION OF APPLICANT - Read carefully before signing

ALL THE STATEMENTS IN THIS APPLICATION ARE TRUE AND THE APPLICANT HEREBY APPLIES FOR A CONTRACT OF AUTOMOBILE INSURANCE TO BE BASED ON THE TRUTH OF THE SAID STATEMENTS .

WHERE

<p>1. an Applicant for a contract</p> <p>(i) gives false particulars of the described automobile to be insured to the prejudice of the Insurer, or</p> <p>(ii) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or</p> <p>2. The Insured contravenes a term of the contract or commits a fraud;</p> <p>Or</p>	<p>3. The Insured wilfully makes a false statement in respect of a claim under the contract,</p> <p>a claim by the Insured, for other than such accident benefits as are set out in the accident Benefits Schedule, is invalid and the right of the Insured to recover indemnity is forfeited.</p>
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Signature of the Applicant	Date
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