

# Ontario Application for Automobile Insurance

## Owner's Form (OAF 1)

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.
- Retain this document for your Records.

Some of the terms used in this application are explained further below.

Insurance Company

Broker/Agent

### Insurance Coverages Applied For

Ontario motorists must have the following standard coverages: Liability, Accident Benefits, Uninsured Automobile and Direct Compensation – Property Damage. You may also purchase additional insurance for Loss or Damage to the automobile and Optional Increased Accident Benefits. This is a brief explanation of the insurance coverages available to you. For complete details consult your policy. Your Insurer will supply you with a copy of the policy if you request it.

**Liability** - Provides coverage for you or other insured persons if someone else is killed or injured or their property is damaged in an automobile incident. It will pay for legitimate claims against you or other insured persons up to the limit of your coverage, and the cost of settling claims.

**Accident Benefits** - Your insurance company is obligated to explain details of Accident Benefits coverage to you.

Provides benefits that you and other 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. You may also purchase optional benefits to increase the standard level of benefits provided in your policy.

**The optional benefits your insurance company 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 your gross weekly income.

**Increased Medical, Rehabilitation and Attendant Care** - The standard benefit pays up to \$65,000 for medical, rehabilitation and attendant care expenses with a 5 year time limit in most cases. If catastrophically impaired, the standard benefit pays up to \$1,000,000 for medical, rehabilitation and attendant care expenses. You may purchase an optional medical, rehabilitation and attendant care benefit of \$130,000 or \$1,000,000.

**Additional Catastrophic Impairment** - You may purchase an optional catastrophic impairment benefit of an additional \$1,000,000 added to the standard medical, rehabilitation and attendant care benefit or the optional increased medical, rehabilitation and attendant care benefit.

**Caregiver Benefit, Housekeeping and Home Maintenance Expenses** - The standard benefit for caregiver benefit, housekeeping and home maintenance expenses is available only for a person who is catastrophically impaired. You may purchase an optional benefit to provide these coverages for other impairments.

**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 and \$10,000 to each 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. You may purchase an optional benefit to receive weekly dependant care expenses of \$75 for the first dependant, and \$25 for each additional dependant, up to \$150 per week, for employed persons not receiving a weekly caregiver benefit.

**Indexation Benefit** - This optional coverage will ensure that certain weekly benefit payments and monetary limits will be adjusted on an annual basis to reflect changes in the cost of living.

#### Uninsured Automobile

Provides coverage if you or other insured persons are injured or killed by an uninsured motorist or by an unidentified (e.g. hit-and-run) driver. It also covers damage to your automobile and its contents caused by an identified, uninsured motorist, subject to a \$300 deductible.

#### Direct Compensation – Property Damage

Provides coverage in Ontario, under certain conditions, for damage to your automobile and to property it is carrying, when another motorist is responsible. It is called Direct Compensation because you will collect from us, your insurance company, even though you are not at fault for the accident. There may be a deductible amount, and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium.

#### Loss or Damage

Provides a selection of optional coverages for your own automobile. Payments cover direct and accidental loss of, or damage to, a described automobile and its equipment. There is usually a deductible amount indicated for each coverage and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium. There are four types of coverages:

**Specified Perils:** Covers the described automobile against loss or damage caused by certain specific perils. They are: fire; theft or attempted theft; lightning, windstorm, hail or rising water; earthquake; explosion; riot or civil disturbance; falling or forced landing of aircraft or parts of aircraft; or the stranding, sinking, burning, derailment or collision of any kind of transport in, or upon which, the described automobile is being transported.

**Comprehensive:** Covers a described automobile against loss or damage other than those covered by Collision or Upset, including perils listed under Specified Perils, falling or flying objects, missiles and vandalism.

**Collision or Upset:** Covers damage when a described automobile is involved in a collision with another object or tips over.

**All Perils:** Combines the Collision or Upset and Comprehensive coverages.

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

**Ontario Application for Automobile Insurance  
Owner's Form (OAF 1)**

Policy No. Assigned \_\_\_\_\_

New policy  Replacing Policy No. \_\_\_\_\_ Company bill  Broker/Agent bill  Other (specify) \_\_\_\_\_ Language Preferred  English  French

Insurance Company (Insurer) \_\_\_\_\_ Broker/Agent \_\_\_\_\_  
Broker Code: \_\_\_\_\_

**1 Applicant's Name & Primary Address** Lessor (if applicable)  
"Primary Address" means address where applicant normally resides.

Name and Address	Name and Address
Postal Code	Postal Code
Phone No. Home ( ) Work ( )	Phone No. ( ) Fax ( )

**2 Policy Period (all times are local times at the applicant's address shown above)**

Effective Date: Year Month Day Time: a.m.  p.m.  Expiry Date: Year Month Day Time: \_\_\_\_\_ at 12:01 a.m.

**3 Described Automobile - Each automobile will be used primarily in the vicinity of the applicant's address, unless otherwise stated in Remarks.**

Auto No.	Model Year	Make or Trade Name	Model	Body Type	No. of Cylinders or Engine Size	Gross Vehicle Weight Rating [ ] Lbs [ ] Kg
1.						
2.						
3.						

Auto No.	Vehicle Identification No. (Serial No.)	Owned?	Leased?	Purchased/Leased				Purchase Price (including options & taxes)	Automobile Use (*Give details in Remarks section)				
				Year	Month	New?	Used?		Pleasure	Commute One-Way	Business Use %*(see Note 1)	Farm	Commercial*
1.										km	%		
2.										km	%		
3.										km	%		

Auto No.	Estimated Annual Driving Distance	Is any automobile used for car pooling? If Yes, give no. of Passengers and Details	Type of Fuel Used			Unrepaired Damage? (If Yes, give details in Remarks section)	Modified/Customized (See Note 2)
			Gas	Diesel	If other, give details:		
1.	km	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	km	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	km	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Auto No.	Lienholder Name & Postal Address
1.	
2.	
3.	

- Is the applicant both the Registered Owner and the Actual Owner of the described automobile(s)? Yes  No  If No, give details in Remarks section.
- Will any of the described automobiles be rented or leased to others, or used to carry passengers for compensation or hire, or haul a trailer, or carry explosives or radioactive material? Yes  No
- Total number of automobiles in the household or business. \_\_\_\_\_

**4 Driver Information - List all drivers of the described automobile(s) in the household or business.**

Driver No.	Name as shown on Driver's Licence	Driver's Licence Number	Date of Birth			Sex	Marital Status
			Year	Month	Day		
1.							
2.							
3.							
4.							

Driver No.	Driver Training Certificate Attached?	Date First Licensed in Canada or U.S. (Class G or equivalent)			Other class of licence, if any			Percentage Use by Each Driver			Are any other persons in the household or business licensed to drive?	Do any drivers qualify for Retiree Discount? (See Note 3)
		Class	Year	Month	Class	Year	Month	Auto. 1	Auto. 2	Auto. 3		
1.	Yes <input type="checkbox"/> No <input type="checkbox"/>										Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, provide complete details in the Remarks section.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Yes <input type="checkbox"/> No <input type="checkbox"/>									Yes <input type="checkbox"/> No <input type="checkbox"/>		
3.	Yes <input type="checkbox"/> No <input type="checkbox"/>									Yes <input type="checkbox"/> No <input type="checkbox"/>		
4.	Yes <input type="checkbox"/> No <input type="checkbox"/>									Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Special Notes:**  
**Note 1:** Business Use % - State the usual percentage of annual driving distance that is for business use. (Enter 0 if there is no business use)  
**Note 2:** Modified/customized includes changes, other than repairs or restorations that affect the original manufacturer's design specifications or increase the value of the automobile. These may include, but are not limited to: engine modifications; paint changes; non-factory installed wheels, tires and electronic accessories and equipment, etc. If you are insured for "Loss or Damage Coverage", there is a \$1500 limit on non-factory installed electronic accessories and equipment.  
**Note 3:** Retiree Discount - You may be entitled to a discount if you are the principal operator of a described automobile, are retired, have not been employed for 26 weeks or more in the last 52 weeks, do not earn or receive income from any office or employment, are not engaged in any professional occupation and are not operating a business. To qualify, you must be at least age 65, or receiving a pension under the Canada Pension Plan, the Quebec Pension Plan, or a pension registered under the Income Tax Act. If you qualify, your broker or agent will ask you to sign a declaration to confirm this.

If a driver is licensed less than 6 years in Canada, driving experience in other countries may be recognized. Attach proof of other licensing and insurance.

What are the details of the applicant's most recent automobile insurance?  
 Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Expiry Date Year Month Day \_\_\_\_\_

- To the applicant's knowledge...**
- Has any driver's licence, vehicle permit etc, issued to the applicant or to any person in the household or business been suspended or cancelled in the last 6 years? Yes  No  If Yes, give details in Remarks section.
  - Has any insurance company cancelled automobile insurance for the applicant or any listed driver in the last 3 years? Yes  No  If Yes, give details in Remarks section.
  - During the last 3 years, has any automobile insurance policy issued to the applicant or any listed driver been cancelled or has any claim been denied for material misrepresentation? Yes  No  If Yes, give details in Remarks section.
  - Has the applicant or any listed driver been found by a court to have committed a fraud connected with automobile insurance? Yes  No  If Yes, give details in Remarks section.

**5 Previous Accidents and Insurance Claims**

Give details of all accidents or claims arising from the ownership, use or operation of any automobile by the applicant or any listed driver during the last 6 years. The coverages are: BI - Bodily Injury, PD - Property Damage, AB - Accident Benefits, DCPD - Direct Compensation - Property Damage, UA - Uninsured Automobile, Coll- Collision, AP - All Perils, Comp - Comprehensive, SP - Specified Perils

Driver No.	Auto No.	Date			Coverage Claim Paid Under							Amount Paid or Estimate	Details (Use Remarks section if necessary)	
		Year	Month	Day	BI	PD	AB	DCPD	UA	Coll/AP	Comp/SP			

**6 History of Convictions**

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

Driver No.	Date Convicted			Details (Use Remarks section if necessary)	Driver No.	Date Convicted			Details (Use Remarks section if necessary)
	Year	Month	Day			Year	Month	Day	

**7 Rating Information – AGENT/BROKER AND COMPANY USE ONLY**

Auto No.	Class	Driving Record					Driver No. Princ.	Sec.	Description	At-Fault Claim Surcharges		Conviction Surcharges	
		BI	PD	AB	DCPD	Coll/AP				%	Description	%	
1.													
2.													
3.													

  

Auto No.	List Price New	Vehicle Code	Rate Group				Location	Territory	Discounts	
			AB	DCPD	Coll/AP	Comp/SP			Description and Percentage	%
1.										
2.										
3.										

**8 Insurance Coverages Applied For – Read Page 1 of this form before completing this section.**

<b>Liability</b> Bodily Injury Property Damage <b>Accident Benefits (Standard Benefits)</b> <b>Optional Increased Accident Benefits</b> ( ) Coverage Required <input type="checkbox"/> Income Replacement (\$600/\$800/\$1,000) <input type="checkbox"/> Medical, Rehabilitation & Attendant Care (\$130,000/\$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> This policy contains a partial payment of recovery clause for property damage if a deductible is specified for Direct Compensation-Property Damage.	Automobile 1		Automobile 2		Automobile 3		Occasional Driver Premium
	Limit (000s)	Premium	Limit (000s)	Premium	Limit (000s)	Premium	
	(up to \$ per week) As stated in Section 4 of Policy As stated in Section 5 of Policy Deductible			(up to \$ per week) As stated in Section 4 of Policy As stated in Section 5 of Policy Deductible		(up to \$ per week) As stated in Section 4 of Policy As stated in Section 5 of Policy Deductible	
<b>Loss or Damage*</b> Specified Perils (excluding Collision or Upset) Comprehensive (excluding Collision or Upset) Collision or Upset All Perils * This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.	Deductible	Premium	Deductible	Premium	Deductible	Premium	Premium
<b>Policy Change Forms (Name &amp; No.)</b> Family Protection Coverage -OPCF 44R      Yes <input type="checkbox"/> No <input type="checkbox"/>	Deductible/Limit <small>LIMIT SAME AS LIABILITY UNLESS OTHERWISE NOTED</small>	Premium	Deductible/Limit <small>LIMIT SAME AS LIABILITY UNLESS OTHERWISE NOTED</small>	Premium	Deductible/Limit <small>LIMIT SAME AS LIABILITY UNLESS OTHERWISE NOTED</small>	Premium	Premium
<b>Total Premium Per Automobile</b>							

**9** Remarks - Use this space if you have further details

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Extra sheets attached.

**10** Method of Payment

Type of Payment Plan	Estimated Policy Premium**	Tax	Interest	Total Estimated Cost
Amt. Paid with Application	Amount Still Due	No. of Remaining Instalments	Amount of Each Instalment	Instalment Due Date Y   M   D

\*\* This policy premium is estimated and subject to adjustment or confirmation by the insurer. If we issue a policy and the applicant cancels it, there may be a minimum premium shown on your Certificate of Automobile Insurance that will not be refunded.

**11** Declaration of Applicant – Read this section carefully before you sign.

**I understand that to qualify for a driver's licence, drivers:**

- must not suffer from any mental, emotional, nervous or physical disability that significantly interferes with the driver's ability to safely drive an automobile of the class they are licensed for;
- must not be addicted to alcohol or a drug to the extent that it significantly interferes with the driver's ability to safely drive an automobile; and
- must notify the Ministry of Transportation immediately if the driver becomes physically or mentally disabled to the extent that it might interfere with the driver's ability to safely drive an automobile.

**To the best of my knowledge,**

- all listed drivers are qualified to drive and hold a valid driver's licence,
- the details in Sections 1 to 6 and 9 are correct.

**Inspection:**

My Insurer may require my automobile to be inspected. If I do not co-operate with any reasonable arrangements to inspect my automobile, I understand my optional loss or damage coverages under Section 7 may be cancelled, and any claims under that section may be denied.

**Warning - The Insurance Act provides that where:**

- (a) an Applicant for a contract, (i) gives false particulars of the described automobile to be insured 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  
 (b) the Insured contravenes a term of the contract or commits a fraud; or  
 (c) the Insured wilfully makes a false statement in respect of a claim under the contract, a claim by the Insured, for other than such statutory accident benefits as are set out in the Statutory Accident Benefits Schedule, is invalid and the right of the Insured to recover indemnity is forfeited.

**Warning – Offences**

It is an offence under the Insurance Act to knowingly make a false or misleading statement or representation to an Insurer in connection with the person's entitlement to a benefit under contract of insurance, or to wilfully fail to inform the Insurer of a material change in circumstances within 14 days, in connection with such entitlement. The offence is punishable on conviction by a maximum fine of \$250,000 for the first offence and a maximum fine of \$500,000 for any subsequent conviction.

It is an offence under the federal Criminal Code for anyone to knowingly make or use a false document with the intent it be acted on as genuine and the offence is punishable, on conviction, by a maximum of 10 years imprisonment.

It is an offence under the federal Criminal Code for anyone, by deceit, falsehood or other dishonest act, to defraud or to attempt to defraud an insurance company. The offence is punishable, on conviction, by a maximum of 14 years imprisonment for fraud involving an amount over \$5,000 or otherwise a maximum of 2 years imprisonment.

**Notice and Consent**

I am applying for automobile insurance based on the information provided above. With respect to this application or any renewal or change in coverage, I authorize you to collect, use and disclose my driving record, automobile insurance policy history and automobile insurance claims history as permitted by law for the limited purposes necessary to assess the risk, to investigate and settle claims, and to prevent, detect and suppress fraud. If I am issued an automobile insurance policy or if I make a claim, this information may be pooled with information from other sources and may be subject to analysis for the limited purpose of preventing, detecting or suppressing fraud. For this purpose, the information also may be disclosed to i) fraud prevention organizations, other insurance companies and the police and ii) databases or registers used by the insurance industry to analyze and check information provided against existing information.

I declare that I have obtained consent from the listed drivers to the collection, use and disclosure by you of their driving record, automobile insurance policy history and automobile insurance claims history as described above. I also declare that, prior to permitting any other individuals to drive my automobile, I will obtain consent from such individuals to the collection, use and disclosure by you of their driving record, automobile insurance policy history and automobile insurance claims history also as described above.

I understand that if I have any questions about this consent I am free to consult with my insurance company representative or legal advisor before signing this document.

To obtain further information about how your consent relates to pooling and data analytics to prevent and detect fraud please visit <http://www.ibr.ca/en/privacy-terminology.asp>.

**Applicant's Signature**

Date

**12** Report of Broker/Agent

Have you bound this risk? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this business new to you? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Motor Vehicle Liability Insurance Card issued Temp <input type="checkbox"/> Perm <input type="checkbox"/> None <input type="checkbox"/>	How long have you known the Applicant?	How long have you known the Principal Driver?
Has an inspection been completed? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Broker/Agent Signature			Date	

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