



PRIVATE PASSENGER AUTOMOBILE INSURANCE

SASKATCHEWAN EXTENSION AUTOMOBILE INSURANCE APPLICATION

HEAD OFFICE: 279 – 3RD AVENUE NORTH, SASKATOON, SASKATCHEWAN S7K 2H8 •PH (306) 653-4232 •FX (306) 664-1957

Effective Date Day Month Year	Effective Time	Expiry Date 12:01 A.M. Standard Time Day Month Year	Replacing Policy No.	BROKER
Your Name & Address as Shown on Registration				
Postal Code _____ Telephone # _____				

NAME & ADDRESS OF LESSOR:

Registered Owner's Pic	Birth Date	Day	Mo.	Yr.	Consecutive Years Driving Experience of the Owner or Principal Operator <input type="checkbox"/> Less than 3 years <input type="checkbox"/> 3 years but under 5 <input type="checkbox"/> 5 years or more
Principal Driver's Name	Principal Driver's PIC	Day	Mo.	Yr.	

Vehicle	Auto Type <input type="checkbox"/> Car <input type="checkbox"/> Farm Truck <input type="checkbox"/> Private Truck <input type="checkbox"/> Van <input type="checkbox"/> SUV <input type="checkbox"/> Motor Home <input type="checkbox"/> Antique/Classic <input type="checkbox"/> Snowmobile <input type="checkbox"/> ATV <input type="checkbox"/> Motorcycle Trailer Type <input type="checkbox"/> Cabin <input type="checkbox"/> Tent <input type="checkbox"/> Utility <input type="checkbox"/> Boat <input type="checkbox"/> Farm <input type="checkbox"/> Horse <input type="checkbox"/> Farm Semi	Value
Vehicle Year	Make/Model	Serial Number

If vehicle does not have a private passenger plate, please complete a commercial application.

Collision Only Deductible	Comprehensive Only Deductible	Specified Perils Deductible	Liability	Road Hazard Glass Deductible	Loss of Use	Replacement Cost Coverage	Total Estimated Premium
<input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$350 <input type="checkbox"/> \$500 <input type="checkbox"/> \$700	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$350 <input type="checkbox"/> \$500 <input type="checkbox"/> \$700	<input type="checkbox"/> \$100	<input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$50 <input type="checkbox"/> \$200 <input type="checkbox"/> \$100 <input type="checkbox"/> No Glass Is Glass Damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Glass Inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Limit	<input type="checkbox"/> Yes <input type="checkbox"/> No Purchase Price \$ _____ Delivery Date _____ (dd/mm/yyyy)	\$ _____ Minimum Retained Premium \$25

Yes	No	<input type="checkbox"/> <input type="checkbox"/> Is the auto used for Business Purposes? Describe _____ <input type="checkbox"/> <input type="checkbox"/> Is the auto unlicensed and in storage? If "Yes", indicate value of auto above. <input type="checkbox"/> <input type="checkbox"/> Have you or any other regular driver of the auto been refused auto insurance or had an auto insurance policy cancelled? <input type="checkbox"/> <input type="checkbox"/> Were you previously insured with SMI or with another Insurance Company? State name of Company _____ Policy No. _____
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Please tell us about all accidents, claims, convictions or suspensions during the last 5 years which were due to the ownership or use of any auto by you or the principal driver named above.

Indicate all accidents and claims of all types – Date and Type	Indicate all convictions & suspensions – Date and Type

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 willfully makes a false statement in respect of a claim under the contract, a claim by the Insured is invalid and the right of the Insured to recover indemnity is forfeited.

- Consent**
- I am applying for automobile insurance based on the information provided above. With respect to this application or any renewal or change to my coverage, I authorize you to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk and issue or decline the insurance contract. Information collected for the purposes stated in this consent shall be limited to my driving record information, automobile insurance claims history and premium payment information unless otherwise authorized or permitted by law.
 - I hereby authorize Saskatchewan Government Insurance to disclose all details of my driving record, including accidents, convictions and suspensions to SMI (Saskatchewan Mutual Insurance Company).
 - I acknowledge that the Total Estimated Premium is subject to adjustment to the Insurer's manual premium for the risk.

APPLICANT'S SIGNATURE	X _____	Date _____
PRINCIPAL OPERATOR'S SIGNATURE	X _____	Date _____
SPOUSE'S SIGNATURE	X _____	Date _____

DRIVER VOUCHER AND VEHICLE CERTIFICATE OF REGISTRATION ATTACHED? Yes No

SNOWMOBILE INSPECTION FORM

1. Snowmobile Make: _____
Model: _____
Serial Number: _____
Engine Capacity (cc's): _____

2. Have you inspected this snowmobile?

Yes No

3. Have you confirmed the serial number?

Yes No

4. Is there any evidence of damage to this snowmobile?

Yes No

If yes, please provide full details of damage with this application. Submit memo.

Date Inspected

Signature of Broker
