



COMMERCIAL 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.	
Your Name & Address as Shown on Registration				
Postal Code		Telephone #		BROKER

PARTICULARS OF THE DESCRIBED VEHICLE(S)

VEHICLE(S)	VEHICLE #1	VEHICLE #2	VEHICLE #3	VEHICLE #4
Vehicle Year				
Make/Model				
Serial Number				
Body Type				
Vehicle Gross Weight	KGS.	KGS.	KGS.	KGS.
Vehicle Use (describe)				
Radius of Operation	KMS.	KMS.	KMS.	KMS.
A.A.I.A. Deductible				
Province where Licensed				
If unlicensed provide present value				
If vehicle is used to carry explosives, radioactive material, chemicals, petroleum, liquified gas or any environmentally hazardous substance, state particulars				
Lessor Name & Address				
Name & Address of Lienholder				

INSURING AGREEMENTS

This application is made for insurance against one or more of the perils mentioned, but for insurance under the section or subsection for which a premium is specified and no other, and in each case, only for insurance in excess of the amount payable therefore under The Automobile Accident Insurance Act (Saskatchewan), had this policy not been issued, and upon the terms, conditions, provisions, definitions and exclusions of the Insurer's corresponding standard policy form and for the following specified limits and amounts.

	COVERAGE	PREMIUM	COVERAGE	PREMIUM	COVERAGE	PREMIUM	COVERAGE	PREMIUM
Sec. A – Liability (State Limit)	\$	\$	\$	\$	\$	\$	\$	\$
SEF #44 – Family Protection Ends.	Included in Sec. A – Liability premium if coverage is available							
Sec. B – Accident Benefits	Included in Sec. A – Liability premium if coverage is available							
Sec. C – Loss or Damage to Insured Automobile	Deductible		Deductible		Deductible		Deductible	
Sub. Sec. 2, Collision or Upset								
Sub. Sec. 3, Comprehensive								
Sub. Sec. 4, Specified Perils								
Sub. Sec. 5, Road Hazard Glass								
Animal Collision Deductible Waiver	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
EXCESS VALUE State Amt. of Excess req'd over Sask. License Plate								
LOSS OF USE	<input type="checkbox"/> Yes \$ _____ Limit		<input type="checkbox"/> Yes \$ _____ Limit		<input type="checkbox"/> Yes \$ _____ Limit		<input type="checkbox"/> Yes \$ _____ Limit	
REPLACEMENT COST COVERAGE	Purchase Price \$		Purchase Price \$		Purchase Price \$		Purchase Price \$	
	Delivery Date		Delivery Date		Delivery Date		Delivery Date	
Total Vehicle Premium	\$	\$	\$	\$	\$	\$	\$	\$

MINIMUM RETAINED PREMIUM \$25.00

Total Policy Premium \$ _____

DRIVER INFORMATION: Please supply information for Principal Operators and all Regular Drivers.							
	NAME	PIC NUMBER	Birth Date			NUMBER OF YEARS CONSECUTIVELY LICENSED	PRINCIPALLY OPERATES VEHICLE NO.
			DAY	MO.	YR.		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

Company/Business PIC: _____

Give particulars of all CONVICTIONS and SUSPENSIONS during the past FIVE years, which were due to the ownership or use of any automobile by you or any driver named above. (Indicate Operator Number)

Give particulars of all ACCIDENTS or CLAIMS during the past FIVE years, which were due to the ownership or use of any automobile by you or any driver named above.

Date	Type of Claim	Amount Paid or Estimate	Description

EXPOSURE

(a) What Canadian Provinces entered? _____

(b) Any U.S. exposure? Yes No

Unless otherwise stated, the applicant is both the registered owner and actual owner of the described automobile. If not, state the names of:

(a) The registered owner

(b) The actual owner

Has any driver's license, vehicle permit or similar authorization issued to the applicant or drivers listed in the driver information, to the knowledge of the applicant been or continued to be suspended, cancelled or lapsed within the FIVE years preceding this application?

Yes No If yes, state particulars. _____

Has any Insurer, to the knowledge of the applicant, cancelled, declined or refused to renew or issue automobile insurance to the applicant or drivers shown in the driver information, within the FIVE years preceding this application? If yes, state name of Insurer and policy number if available.

Yes Insurer:

No Policy No.:

NON-OWNED TRAILER(S) COVERAGE(S)*

Please provide the underwriting and coverage information on the front of the application under one of the vehicle numbers. In the area for year, make/model and serial number, please indicate non-owned. Also, please answer the following questions.

- Maximum number of non-owned trailers at any one time. _____
- Maximum value of non-owned trailer. _____
- Average number of days per year each non-owned trailer is used. _____

*Note: Third Party Liability coverage automatically extends from the towing vehicle the non-owned trailer is used in connection with.

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 _____ DATE _____

DRIVER VOUCHER AND VEHICLE CERTIFICATE OF REGISTRATION ATTACHED? Yes No

NOTE: Each principal operator must provide signed authorization for their individual driver record. (Attach separate completed forms.)