



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 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.

1. Maximum number of non-owned trailers at any one time. \_\_\_\_\_

2. Maximum value of non-owned trailer. \_\_\_\_\_

3. 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**

1. 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.

2. 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).

3. 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 \_\_\_\_\_

DRIVER VOUCHER AND VEHICLE CERTIFICATE OF REGISTRATION ATTACHED?  Yes  No