


MANITOBA EXTENSION AUTOMOBILE INSURANCE APPLICATION

 <p>SMI SASKATCHEWAN MUTUAL INSURANCE COMPANY</p>	HEAD OFFICE 279 - 3RD AVENUE NORTH SASKATOON, SASKATCHEWAN, S7K 2H8 (HEREINAFTER CALLED THE INSURER)	AGENCY/BROKER
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POLICY PERIOD: FROM: _____ **TO:** _____ **12:01 a.m. LOCAL TIME**
DAY MONTH YEAR DAY MONTH YEAR

APPLICANT/INSURED: NAME & ADDRESS _____ **POSTAL CODE** _____

PRINCIPAL DRIVER DATE OF BIRTH _____ **DRIVERS LICENCE #** _____
DAY MONTH YEAR DAY MONTH YEAR

PRINCIPAL DRIVER DATE OF BIRTH _____ **DRIVERS LICENCE #** _____
DAY MONTH YEAR DAY MONTH YEAR

ADDITIONAL INSURED/LESSOR/LIENHOLDER: NAME & ADDRESS _____ **POSTAL CODE** _____

VEH. #	VEH. YEAR	Make/Model	Serial Number	Truck G.V.W.	MPI Use Description	SMI Driving Record	Driving Safety Rating Level
1							
2							
3							
4							

Explain Business/Commercial Use for Vehicle #
Attached Equipment? Yes No

COVERAGES & LIMITS:

VEH. #	A. THIRD PARTY LIABILITY LIMIT			B. SEF 44, FAMILY PROTECTION COVER		C1. LOSS OR DAMAGE TO INSURED'S VEHICLE		D. DECLARED VALUE Excess Physical Damage Coverage, Declared Value	SEF #20 Loss of Use		VALUE PLUS		SEF #13S Glass Deleted		IS THERE ANY DAMAGE TO THE WINDSHIELD OR OTHER GLASS, INCLUDING CRACKS, CHIPS OR BRUISES?		
	\$1M	\$2M	\$5M	\$1M	\$2M	COLL. DED.	COMP. DED.		\$ _____ Limit	YES	NO	YES	NO	YES	NO	YES	NO
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEF 27 – Non-owned Auto included on Vehicles, Motorhomes, Trucks (Excluding Truck Campers, Trailers, Antique, Classic, Special Interest & Vehicles in Storage)

PREMIUMS:

VEH.#	THIRD PARTY LIABILITY PREMIUM	COLLISION PREMIUM	COMPREHENSIVE PREMIUM	EXCESS PHYSICAL DAMAGE PREMIUM	SEF #20 – LOSS OF USE PREMIUM	VALUE PLUS PREMIUM	SEF 13S Glass Deleted Premium	TOTAL VEHICLE PREMIUM
1	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$	\$

MINIMUM POLICY PREMIUM: \$50 TOTAL POLICY PREMIUM \$

PLEASE TELL US ABOUT ALL ACCIDENTS, CLAIMS, CONVICTIONS OR SUSPENSIONS DURING THE PAST 5 YEARS WHICH WERE DUE TO THE OWNERSHIP OR USE OF ANY VEHICLE BY YOU OR ANY OTHER REGULAR OPERATOR. PLEASE INDICATE THE VEHICLE NO. FOR EACH ACCIDENT OR CLAIM AND IDENTIFY THE OPERATOR FOR EACH CONVICTION.

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 authorize Saskatchewan Mutual Insurance Company to obtain from Manitoba Division of Driver and Vehicle Licensing a copy of the applicant's driving records.
 - I acknowledge that the Total Estimated Premium is subject to adjustment to the Insurer's manual premium for the risk.

APPLICANT'S SIGNATURE _____ Date _____

PRINCIPAL OPERATOR'S SIGNATURE _____ Date _____

PRINCIPAL OPERATOR'S SIGNATURE _____ Date _____