

Prestige AUTOMOBILE INSURANCE

MANITOBA EXTENSION AUTOMOBILE INSURANCE APPLICATION



HEAD OFFICE
279 - 3RD AVENUE NORTH
SASKATOON, SASKATCHEWAN, S7K 2H8
(HEREINAFTER CALLED THE INSURER)

AGENCY/BROKER



POLICY PERIOD: FROM: _____ TO: _____ 12:01 a.m. LOCAL TIME
DAY MONTH YEAR DAY MONTH YEAR

APPLICANT/INSURED: NAME & ADDRESS _____
 POSTAL CODE _____

DATE OF BIRTH _____ DRIVERS LICENCE # _____
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	MPI Discount Level
1						
2						
3						
4						

Explain Business/Commercial Use for Vehicle #

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	VEHICLE LAY-UP		SEF #20 SEF #27 Loss of Rental Income		VALUE PLUS		SEF #30		SEF #13S		IS THE WINDSHIELD AND ALL OTHER GLASS FREE OF CRACKS, CHIPS, BRUISES & OTHER DAMAGE?		
	\$1M	\$2M	\$5M	\$1M	\$2M	COLL. DED.	COMP. DED.		YES	NO	YES	NO	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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MISC. ENDORSEMENTS:

VEH.#	PACKAGE PREMIUM	DECLARED VALUE PREMIUM	ENDORSEMENTS PREMIUM	UNDERAGE SURCHARGE	DRIVERS MERIT DISCOUNT	PROPERTY INSURED	TOTAL VEHICLE PREMIUM
1	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$

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

PLEASE TELL US ABOUT ALL ACCIDENTS, CLAIMS OR CONVICTIONS 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.

(A) ACCIDENTS OR CLAIMS (INCLUDING GLASS): NONE ; _____

(B) CONVICTIONS: NONE ; _____

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 Licencing 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.

SIGNATURE OF APPLICANT / INSURED _____ DATED _____ / _____ / _____
DAY MONTH YEAR