



**S.P.F. NO. 4 APPLICATION FOR SASKATCHEWAN GARAGE AUTOMOBILE POLICY
(OWNER'S FORM)**

SASKATCHEWAN MUTUAL INSURANCE COMPANY

279 - 3rd Avenue North, Saskatoon, Saskatchewan S7K 2H8

AGENT
OR
BROKER

NO. _____

ITEMS APPLICATION REPLACING CANCELLED/EXPIRED POLICY NO.

1. FULL NAME OF THE INSURED BUSINESS ADDRESS (INCLUDING COUNTY OR DISTRICT) (A) LOCATION OF OTHER PREMISES WHERE BUSINESS IS CONDUCTED (SHOW EACH BUILDING AND LOT SEPARATELY). (B) (C) (D)	INDICATE BLDG LOT
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2. POLICY PERIOD	FROM TIME	<input type="checkbox"/> AM	DAY	MO.	YEAR	TO	DAY	MO.	YEAR	ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN
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3. THE AUTOMOBILES IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED ARE THOSE USED IN CONNECTION WITH THE APPLICANT'S BUSINESS OF:

(SPECIFY WHETHER AUTOMOBILE DEALER, REPAIR GARAGE, SERVICE STATION, STORAGE GARAGE OR PARKING LOT, AND DESCRIBE ALL OTHER BUSINESS, IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED, CONDUCTED BY THE APPLICANT AT THE LOCATIONS SPECIFIED IN ITEM 1 HEREOF) NOTE: THIS FORM SHOULD NOT BE USED FOR RENTAL OR LEASING EXPOSURES

4. ESTIMATED TOTAL PAYROLL FOR POLICY PERIOD \$	NUMBER OF EMPLOYEES INCLUDING PROPRIETORS, PARTNERS AND EXECUTIVE OFFICERS AT THE EFFECTIVE DATE OF THE POLICY	FULL-TIME	PART-TIME
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5. THIS APPLICATION IS MADE FOR INSURANCE AGAINST ONE OR MORE OF THE PERILS MENTIONED IN THIS ITEM, BUT ONLY FOR INSURANCE UNDER THE SECTION(S) OR SUBSECTION(S) FOR WHICH A PREMIUM IS SPECIFIED IN THIS ITEM AND NO OTHER 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.

INSURING AGREEMENTS	LIMITS AND AMOUNTS			DEDUCTIBLE	PREMIUM	
SECTION A - AUTOMOBILE THIRD PARTY LIABILITY	\$			\$	\$	
SECTION B - LEGAL LIABILITY FOR DAMAGE TO CUSTOMER'S AUTOMOBILES	1 COLLISION or Upset	\$		\$	\$	
			Location as per Item 1	Subsections Insured	Max. Number of Customer Cars	Limit of Liability
	2 Comprehensive (Excluding Collision or Upset)	}	(A)		\$	\$
			(B)		\$	\$
	3 Fire Explosion or Theft of an Entire Automobile		(C)		\$	\$
	(D)			\$	\$	
SECTION C - DAMAGE TO OWNED AUTOMOBILES	1 COLLISION or Upset	\$		\$	\$	
			Location as per Item 1	Subsections Insured	Limit of Liability	
	2 Comprehensive (Excluding Collision or Upset)	}	(A)		\$	\$
			(B)		\$	\$
	3 Specified Perils		(C)		\$	\$
	(D)			\$	\$	

ENDORSEMENTS

\$

STATE NAME AND ADDRESS OF LIENHOLDER OR MORTGAGEE TO WHOM, JOINTLY WITH THE APPLICANT, LOSS, IF ANY, UNDER SECTION C IS PAYABLE AS THEIR INTERESTS MAY APPEAR	MINIMUM RETAINED PREMIUM \$	TOTAL PREMIUM \$
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6. HAS ANY INSURER CANCELLED, DECLINED OR REFUSED TO RENEW OR ISSUE ANY INSURANCE RELATED TO THE BUSINESS OF THE APPLICANT WITHIN THE THREE YEARS PRECEDING THIS APPLICATION? IF SO, STATE NAME OF INSURER.

7. STATE PARTICULARS OF ALL ACCIDENTS, LOSSES OR CLAIMS ARISING OUT OF THE OWNERSHIP, USE OR OPERATION OF ANY AUTOMOBILE (I) BY THE APPLICANT, AND (II) IN CONNECTION WITH THE BUSINESS, WITHIN THE THREE YEARS PRECEDING THIS APPLICATION (LIST SEPARATELY IF NECESSARY).

INJURY TO PERSONS	DAMAGE TO APPLICANT'S VEHICLES	DAMAGE TO PROPERTY OF OTHERS
	(A) COLLISION (B) OTHER	(A) NOT IN CARE OF APPLICANT (B) IN CARE OF APPLICANT

8. 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 garage 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 acknowledge that the Total Estimated Premium is subject to adjustment to the Insurer's manual premium for the risk.

_____/_____/_____ SIGNATURE OF APPLICANT

RATING INFORMATION FOR S.P.F. NO. 4 APPLICATION FOR SASKATCHEWAN GARAGE AUTOMOBILE POLICY

NOTE: If coverage for Owned Automobiles is required, the Owned Automobile Rating Information Supplement must be completed. To exclude Owned Automobile Coverage, the Endorsement No. 2, Excluding Owned Automobiles Endorsement must be added to the policy.

1. TYPE OF OPERATION DEALERS

* BODY SHOP ONLY – CAR SALES? Y _____ N _____ GAS BAR SELF SERVE? Y _____ N _____

* REPAIR GARAGE – CAR SALES? Y _____ N _____

SERVICE STATION – SELF SERVE? Y _____ N _____ PARKING STATION SPECIFY } BY CUSTOMER

OTHER, SPECIFY _____ BY EMPLOYEE

e.g. MUFFLER SHOP, TIRE SHOP, ETC.

STORAGE GARAGE OR VALET PARKING

CAR WASH

* GIVE DETAILS OF TYPES AND NUMBER OF AUTOMOBILES SOLD ANNUALLY AND COMPLETE DESCRIPTION OF OPERATIONS, INCLUDING NUMBER OF YEARS IN BUSINESS.

2. TOTAL NUMBER OF EMPLOYEES & PAYROLL

	FULL-TIME	PART-TIME	ACTUAL FULL AMOUNT OF PAYROLL
PAST YEAR	_____	_____	_____
1 ST PRIOR YEAR	_____	_____	_____
2 ND PRIOR YEAR	_____	_____	_____

3. TYPES AND VALUES OF CUSTOMER AUTOMOBILES

	CARS, TRUCKS		OTHER SPECIALIZED VEHICLES, RECREATIONAL, TANK TRUCK, ETC.	
	BLDG.	LOT	BLDG.	LOT
MAXIMUM UNIT VALUE	_____	_____	_____	_____
AVERAGE UNIT VALUE	_____	_____	_____	_____
MAXIMUM NUMBER	_____	_____	_____	_____

4. WHERE LEGAL LIABILITY, SPECIFIED PERILS/COMPREHENSIVE COVERAGE IS REQUIRED FOR CUSTOMERS' AUTOMOBILES, INDICATE THE MAXIMUM NUMBER AT EACH LOCATION.

BUILDING (A) _____ (B) _____ (C) _____ (D) _____

OPEN LOT (A) _____ (B) _____ (C) _____ (D) _____

5. WHERE ARE KEYS KEPT DURING BUSINESS HOURS

HOURS _____

AFTER BUSINESS HOURS _____

6. LIST DETAILS OF PROTECTION AT EACH LOCATION (I.E. LIGHTS, FENCED YARD (HEIGHT), WATCHMAN, ISOLATED LOCATION, ETC.)

7. ALL EMPLOYEES WHO OPERATE CUSTOMER AUTOS IN THE COURSE OF THEIR DUTIES.

TYPE	NAME	LICENSE NUMBER	DATE OF BIRTH	YEARS LICENSE D	POSITION/RELATIONSHIP TO INSURED	YEARS EMPLOYED
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

8. DOES APPLICANT PICK UP OR DELIVER CUSTOMER'S AUTOMOBILES? YES NO PROVIDE DETAILS (I.E. NUMBERS AND RADIUS)

9. GIVE DETAILS OF ANY CONTRACTUAL LIABILITY THE INSURED HAS ENTERED INTO ASSUMING RESPONSIBILITY FOR DAMAGE TO AUTOMOBILES IN THEIR CARE, CUSTODY AND CONTROL.

10. DOES APPLICANT DISPENSE PROPANE, DO PROPANE CONVERSIONS, REPAIR OR MAINTAIN PROPANE FUEL SYSTEMS? YES NO GIVE DETAILS _____

11. MOTOR VEHICLE ABSTRACTS – ARE THEY OBTAINED FOR ALL NEW EMPLOYEE DRIVERS?

YES NO IF YES, HOW OFTEN UPDATED? _____

12. DAMAGE TO CUSTOMER'S AUTOMOBILES IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT IN THE PAST THREE YEARS.

13. AGENT'S/BROKER'S REPORT

(A) HOW LONG HAVE YOU KNOWN APPLICANT? _____ (B) AGENCY/BROKERAGE? _____

(C) DOES THE APPLICANT HAVE ANY OTHER INSURANCE WITH OUR COMPANY? GIVE PARTICULARS, INCLUDING POLICY NUMBERS. _____

(D) ARE ANY AUTOMOBILES FINANCED? YES NO IF YES, NAME AND ADDRESS OF LIENHOLDER. _____

IS COVERAGE REQUIRED FOR FINANCED AUTOMOBILES? YES NO

(E) APPLICANT'S PREVIOUS INSURER(S) AND POLICY NUMBER(S)? _____

ADDITIONAL INFORMATION/UNDERWRITER'S NOTES

Agent's/Broker's Signature

Applicant's Signature