

ALBERTA STANDARD



# **Application for Automobile Insurance (Garage Form S.P.F. No. 4)**

(02/2022)

Classification: Public



<b>ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE (GARAGE FORM S.P.F.4)</b>					Policy No. Assigned or Binder:	
ITEM INSURANCE COMPANY (INSURER):					<input type="checkbox"/> New Policy <input type="checkbox"/> Renewal Policy	
<b>1.</b>	Applicant(s) Full Name(s) and Postal Address:		Tel: Res/Bus.: Tel: Mobile: Email Address:		Agent/ Broker:	
	Business address (including county or district):				Policy Billing: <input type="checkbox"/> BROKER / AGENT BILL <input type="checkbox"/> COMPANY BILL <input type="checkbox"/> PAYMENT PLAN	
	Location of other premises where business is conducted (show each building and lot separately)		Structure Type			
	(A)		Building		Lot	
	(B) (add rows as needed)					
<b>2.</b>	Policy Period - All times are local times at the applicant's postal address.		From: Date (Y/M/D)      Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		To: 12:01 a.m. on: Date (Y/M/D)	
	<b>3.</b> 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(s) at the locations specified in ITEM 1 hereof. <b>NOTE: THIS FORM SHOULD NOT BE USED FOR RENTAL OR LEASING EXPOSURES</b> )					
<b>4.</b>	The basis of rating and calculation of the premium payable shall be in accordance with the Premium Computation Statement attached (AB-P.C.S. No. 1)					
	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	
<b>5.</b> This application is made for Insurance against one or more of the perils mentioned in this Item, but for insurance under the section(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 limit(s) and amount(s).						
<b>Insuring Agreements</b>		<b>Perils</b>		<b>Limits and Amounts in Dollars</b>		<b>Advance Premium</b>
<b>Section A</b> Third Party Liability		Legal Liability for bodily injury to or death of any person or damage to property of others not in the care, custody or control of the Applicant.		\$		\$
<b>Section A.1</b> Direct Compensation For Property Damage		<b>THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE if a deductible is specified for Direct Compensation for Property Damage</b>		<b>AMOUNT DEDUCTIBLE</b>		\$
<b>Section B</b> Accident Benefits		Payments for Death or Bodily Injury		As stated in Section B of the Policy		\$
<b>Section C</b> Loss of or Damage to Owned Automobile(s) <b>THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE</b>						
Sub-section						
1		Collision or Upset		Actual cash value at time of loss or damage not exceeding the actual cost to Insured		Sum payable by Insured in respect of each separate automobile \$
The Premium under subsection 2, 3 and 4 shall be computed on a: <input type="checkbox"/> Monthly average basis, or <input type="checkbox"/> Co-insurance basis, or <input type="checkbox"/> Other						
		Location as per Item 1		Subsections insured		*Limit of Liability
2		Comprehensive (Excluding collision or upset and open lot pilferage)		(A)		\$
3		Specified Perils (Excluding open lot pilferage)		(B)		\$
4		Specified Perils (Excluding theft)		(C)		\$
*In respect of each automobile, the actual cash value at the time of loss or damage not exceeding the actual cost to the insured and subject to that limit for each automobile: (a) the amount of insurance stated in the monthly report, if any, or (b) the limit of insurance stated herein to be applicable to each specified location for loss or damage from any one occurrence at each specified location.						
<b>Section E</b> Legal Liability for Damage to a Customer's Automobile While in the Care, Custody or Control of the Insured <b>THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE</b>		1		Collision or Upset		\$
		2		Specified Perils (Excluding open lot pilferage)		\$
		(A)		Maximum number of Customers' Automobiles		Limit of Liability (exclusive of costs and post judgment interest) any one occurrence \$
		(B)		(add rows as needed)		\$
<b>Endorsements</b>		Endorsement No.		Endorsement Name		Endorsement Premium
		(add rows as needed)				\$
Minimum Retained Premium: \$				Total Estimated Policy Premium: \$		
<b>The Total Estimated Policy Premium is subject to the Insurer's manual premium for the risk.</b>						
State name and address of lienholder, mortgagee or assignee to whom, jointly with the applicant, loss, if any, under Sections A.1 or C is payable as their interests may appear:						

(01/2022)

**APPROVED FORM – ALBERTA SUPERINTENDENT OF INSURANCE**

<b>6.</b>	Has any insurer, to the knowledge of the applicant, cancelled, declined or refused to renew or issue automobile insurance related to the business of the applicant within the last THREE years? If so, state name of insurer, policy number if available, and reason: Insurer: Policy No.: Reason:				
<b>7.</b>	Give particulars of all ACCIDENTS, LOSSES or CLAIMS arising from 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. Use Remarks section if necessary:				
	Injury to Persons:	Damage to Applicant(s)' Automobile(s)		Damage to Property of Others	
		(A) Collision	(B) Other	(A) Not in the care of applicant	(B) In care of applicant
<b>8.</b>	Remarks				
<b>9.</b>	<p>If (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 in the application, (b) the insured contravenes a term of the contract or commits a fraud, or (c) the insured wilfully 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.</p> <p>The applicant(s) acknowledges that all of the information given by the applicant in Items 1 through 8 are true and the applicant hereby applies for a contract of automobile insurance to be based on the truth of the said information.</p> <p>The personal information collected in this application is needed to issue the policy. Insurers are required to provide this information to the Underwriting Information Tracking System, which is a data bank operated on behalf of the automobile insurance industry for the purpose of statistical analysis, identification of eligible risks and the proper rating of those risks. The information in the data bank is available to all insurance companies and insurance agents providing automobile insurance in Canada.</p> <p><b>CONSENT:</b> I am applying for automobile insurance based on the information provided in this application. I authorize you to collect, use and disclose the information on this form and any additional information about my driving record, automobile insurance policy and claims history and that of the listed drivers from whom I declare I have obtained consent for these purposes. I understand that this personal information is necessary to assess the risk, issue the insurance contract, change the insurance contract, renew the insurance contract, detect and prevent fraud and investigate and settle claims.</p>				
	Date	Signature of Applicant(s)			
	Y M D				
<b>10.</b>	Broker/Agent Declaration – I confirm that I have read to the applicant(s) the consent provision in Item 9 or this application form and the applicant(s) have declared their consent and further declare that they have the consent of the drivers of the automobiles for which insurance is requested under this application.				
	Broker/Agent Name:		Signature of Broker/Agent:		

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