

# Ontario Application for Automobile Insurance

## Owner's Form (OAF 1)

This is your Application for Automobile Insurance.

- Check it carefully and notify your Broker/Agent of any errors or of any changes in the future.
- Retain this document for your Records.

Some of the terms used in this application are explained further below.

Insurance Company

Broker/Agent

**AAXEL INSURANCE BROKERS LTD.**

## Insurance Coverages Applied For

Ontario motorists must have the following standard coverages: Liability, Accident Benefits, Uninsured Automobile and Direct Compensation - Property Damage. You may also purchase additional insurance for Loss or Damage to the automobile and Optional Increased Accident Benefits. This is a brief explanation of the insurance coverages available to you. For complete details consult your policy. Your Insurer will supply you with a copy of the policy if you request it.

**Liability** - Provides coverage for you or other insured persons if someone else is killed or injured or their property is damaged in an automobile incident. It will pay for legitimate claims against you or other insured persons up to the limit of your coverage, and the cost of settling claims.

**Accident Benefits** - Your insurance company is obligated to explain details of Accident Benefits coverage to you. Provides benefits that you and other insured persons are entitled to receive if injured or killed in an automobile accident. These benefits include: income replacement for persons who have lost income; payments to non-earners who suffer complete inability to carry on a normal life; payment of care expenses to persons who cannot continue to act as a primary caregiver for a member of their household; payment of medical, rehabilitation and attendant care expenses; payment of certain other expenses; payment of funeral expenses; and payments to survivors of a person who is killed. You may also purchase optional benefits to increase the standard level of benefits provided in your policy.

### The optional benefits your insurance company must offer are:

**Increased Income Replacement** -- the standard level of income replacement provided in the policy (\$400 per week maximum) may be increased by purchasing optional coverage so that the weekly limit is up to \$600, \$800 or \$1,000. All income replacement benefits are based on 70% of your gross weekly income.

**Caregiver, Housekeeping and Home Maintenance Expenses** -- The standard caregiver, housekeeping and home maintenance expenses benefit is available only for a person who is catastrophically impaired. You may purchase an optional benefit to provide this coverage for all impairments.

**Increased Medical, Rehabilitation and Attendant Care** -- the standard benefit pays up to \$50,000 for medical and rehabilitation expenses, with a 10 year time limit in most cases, and up to \$36,000 for attendant care expenses. If catastrophically impaired, the standard benefit pays up to \$1,000,000 for medical and rehabilitation expenses and up to \$1,000,000 for attendant care expenses. You may purchase an optional medical and rehabilitation benefit of \$100,000; optional attendant care benefit of \$72,000; or an optional medical, rehabilitation and attendant care benefit of \$1,100,000 for medical and rehabilitation expenses and \$1,072,000 for attendant care expenses.

**Increased Death and Funeral** -- the standard level of death benefits paid to the surviving spouse and dependant of a person who is killed (\$25,000 to surviving spouse; \$10,000 to surviving dependant) may be doubled by purchasing this optional coverage. This coverage also increases the standard funeral expense benefit from \$6,000 to \$8,000.

**Dependant Care** -- There is no standard dependant care benefit for persons who are employed and care for dependants. You may purchase an optional benefit to receive weekly dependant care expenses of \$75 for the first dependant, and \$25 for each additional dependant, up to \$150 per week.

**Indexation Benefit** -- this optional coverage will ensure that certain weekly benefit payments and monetary limits will be adjusted on an annual basis to reflect changes in the cost of living.

### Uninsured Automobile

Provides coverage if you or other insured persons are injured or killed by an uninsured motorist or by a hit-and-run driver. It covers damage to your automobile and its contents caused by an identified, uninsured motorist, subject to a \$300 deductible.

### Direct Compensation -- Property Damage

Provides coverage in Ontario, under certain conditions, for damage to your automobile and to property it is carrying, when another motorist is responsible. It is called Direct Compensation because you will collect from us, your insurance company, even though you are not at fault for the accident. There may be a deductible amount, and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium.

### Loss or Damage

Provides a selection of optional coverages for your own automobile. Payments cover direct and accidental loss of, or damage to, a described automobile and its equipment. There is usually a deductible amount indicated for each coverage and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium. There are four types of coverages:

**Specified Perils:** Covers the described automobile against loss or damage caused by certain specific perils. They are fire; theft or attempted theft; lightning, windstorm, hail or rising water; earthquake; explosion; riot or civil disturbance; falling or forced landing of aircraft or parts of aircraft; or the stranding, sinking, burning, derailment or collision of any kind of transport in, or upon which, the described automobile is being transported.

**Comprehensive:** Covers a described automobile against loss or damage other than those covered by Collision or Upset, including perils listed under Specified Perils, falling or flying objects, missiles and vandalism.

**Collision or Upset:** Covers damage when a described automobile is involved in a collision with another object or tips over.

**All Perils:** Combines the Collision or Upset and Comprehensive coverages.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of the insurance company's insurance business in Canada.

# Ontario Application for Automobile Insurance Owner's Form (OAF 1)

Policy No. Assigned

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| New policy<br><input type="checkbox"/> | Replacing Policy No.<br><input style="width: 100%;" type="text"/> | Company bill<br><input type="checkbox"/> | Broker/Agent bill<br><input type="checkbox"/>  | Other (specify)<br><input style="width: 100%;" type="text"/> | Language Preferred<br>English <input type="checkbox"/> French <input type="checkbox"/> |
| Insurance Company (Insurer)            |   |  | Broker/Agent<br><b>AAXEL INSURANCE BROKERS LTD.</b><br>202 MAIN STREET NORTH,<br>BRAMPTON, ONTARIO, L6V1P1 Broker Code : |  |  |

## 1 Applicant's Name & Postal Address Lessor (if applicable)

|   |   |
|---|---|
| Name and Address<br><br><br>Postal Code<br><br>Phone No. Home                      Work | Name and Address<br><br><br>Postal Code<br><br>Phone No.                              Fax |
|---|---|

## 2 Policy Period (all times are local times at the applicant's address shown above)

|  |   |
|--|---|
| Effective Date : Year / Month / Day                      Time :                      am <input type="checkbox"/> pm <input type="checkbox"/> | Expiry Date : Year / Month / Day                      Time : <b>at 12:01 am</b> |
|--|---|

## 3 Described Automobile Each automobile will be used primarily in the vicinity of the applicant's address, unless otherwise stated in Remarks.

| Auto No. | Model Year | Make or Trade Name | Model | Body Type | No. of Cylinders or Engine Size | Gross Vehicle Weight<br>[ ] Lbs [ ] Kg |
|----------|------------|--------------------|-------|-----------|---------------------------------|--|
| 1.       |            |                    |       |           | 0                               |  |
| 2.       |            |                    |       |           | 0                               |  |
| 3.       |            |                    |       |           | 0                               |  |

| Auto No. | Vehicle Identification No. (Serial No.) | Owned? | Leased? | Purchased/Leased<br>Year    Month    New?    Used ? | Purchase Price<br>(including options & taxes) | Automobile Use (*Give details in Remarks section)<br>Pleas    Commute    One-Way    Business*    Farm    Comm.* | km |
|----------|---|--------|---------|---|---|---|----|
| 1.       |   |        |         |   |   |   | km |
| 2.       |   |        |         |   |   |   | km |
| 3.       |   |        |         |   |   |   | km |

| Auto No. | Estimated Annual Driving Distance | Is any automobile used for car pooling?<br>If Yes, give no. of Passengers and Details | Type of Fuel Used<br>Gas    Diesel    If other, give details: | Unrepaired Damage?<br>(If Yes, give details in Remarks section) | Modified/Customized?<br>(See Note 1)                     |
|----------|-----------------------------------|---|---|---|--|
| 1.       | km                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |   | Yes <input type="checkbox"/> No <input type="checkbox"/>        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2.       | km                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |   | Yes <input type="checkbox"/> No <input type="checkbox"/>        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3.       | km                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |   | Yes <input type="checkbox"/> No <input type="checkbox"/>        | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Auto No. | Lienholder Name & Postal Address |
|----------|----------------------------------|
| 1.       |                                  |
| 2.       |                                  |
| 3.       |                                  |

Is the applicant both the Registered Owner and the Actual Owner of the described automobile(s)?                      Yes  No                       If No, give details in Remarks section.  
 Will any of the described automobiles be rented or leased to others, or used to carry passengers for compensation or hire, or haul a trailer, or carry explosives or radioactive material?                      Yes  No   
 Total number of automobiles in the household or business.                     

## 4 Driver Information - List all drivers of the described automobile(s) in the household or business.

| Driver No. | Name as shown on Driver's Licence | Driver's Licence Number | Date of Birth<br>Year    Month    Day | Sex | Marital Status |
|------------|-----------------------------------|-------------------------|---------------------------------------|-----|----------------|
| 1.         |                                   |                         |                                       |     |                |
| 2.         |                                   |                         |                                       |     |                |
| 3.         |                                   |                         |                                       |     |                |
| 4.         |                                   |                         |                                       |     |                |

| Driver No. | Driver Training Certificate Attached?                    | Date First Licenced in Canada or U.S.<br>(Class G or equivalent)<br>Class    Year    Month | Other class of licence, if any<br>Class    Year    Month | Percentage Use by Each Driver<br>Auto. 1    Auto. 2    Auto. 3 | Are any other persons in the household or business licensed to drive?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Do any drivers qualify for Retiree Discount?<br>(see Note 2)<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|------------|--|--|--|--|---|--|
| 1.         | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |  | If yes, provide complete details in the Remarks section.  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 2.         | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |  |   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 3.         | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |  |   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 4.         | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |  |   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |

**Special Notes**

**Note 1:** Modified/customized includes changes, other than repairs or restorations, that affect the original manufacturer's design specifications or increase the value of the automobile. These may include, but are not limited to: engine modifications; paint changes; non-factory installed wheels, tires and electronic accessories and equipment, etc. If you are insured for "Loss or Damage Coverage", there is a \$1500 limit on non-factory installed electronic accessories and equipment.

**Note 2:** Retiree Discount -- You may be entitled to a discount if you are the principal operator of a described automobile, are retired, have not been employed for 26 weeks or more in the last 52 weeks, do not earn or receive income from any office or employment, are not engaged in any professional occupation and are not operating a business. To qualify, you must be at least age 65, or receiving a pension under the Canada Pension Plan, the Quebec Pension Plan, or a pension registered under the Income Tax Act. If you qualify, your broker or agent will ask you to sign a declaration to confirm this.

If a driver licenced less than 6 years in Canada, driving experience in other countries may be recognized. Attach proof of other licensing and insurance.  
 What are the details of the applicant's most recent automobile insurance?

|                     |            |                              |
|---------------------|------------|------------------------------|
| Insurance Company : | Policy No. | Expiry Date : Year Month Day |
|---------------------|------------|------------------------------|

**To the applicant's knowledge . . .**

- Has any driver's licence, vehicle permit etc, issued to the applicant or to any person in the household or business been suspended or cancelled in the last 6 years?  
 Yes  No  If Yes, give details in Remarks section.
- Has any insurance company cancelled automobile insurance for the applicant or any listed driver in the last 3 years?  
 Yes  No  If Yes, give details in Remarks section.
- During the last 3 years, has any automobile insurance policy issued to the applicant or any listed driver been cancelled or has any claim been denied for material misrepresentation?  
 Yes  No  If Yes, give details in Remarks section.
- Has the applicant or any listed driver been found by a court to have committed a fraud connected with automobile insurance?  
 Yes  No  If Yes, give details in Remarks section.

**5 Previous Accidents and Insurance Claims**

Give details of all accidents or claims arising from the ownership, use or operation of any automobile by the applicant or any listed driver during the last 6 years. The coverages are: BI - Bodily Injury, PD - Property Damage, AB - Accident Benefits, DCPD - Direct Compensation - Property Damage, UA - Uninsured Automobile, Coll - Collision, AP - All Perils, Comp - Comprehensive, SP - Specified Perils

| Driver No. | Auto No. | Year | Date Month Day | Coverage Claim Paid Under |    |    |      |    |         |         | Amount Paid or Estimate | Details (Use Remarks section if necessary) |
|------------|----------|------|----------------|---------------------------|----|----|------|----|---------|---------|-------------------------|--|
|            |          |      |                | BI                        | PD | AB | DCPD | UA | Coll/AP | Comp/SP |                         |  |
|            |          |      |                |                           |    |    |      |    |         |         |                         |  |
|            |          |      |                |                           |    |    |      |    |         |         |                         |  |
|            |          |      |                |                           |    |    |      |    |         |         |                         |  |
|            |          |      |                |                           |    |    |      |    |         |         |                         |  |
|            |          |      |                |                           |    |    |      |    |         |         |                         |  |

**6 History of Convictions**

Give details of all convictions of the applicant and any listed driver arising from the operation of any automobile in the last 3 years.

| Driver No. | Date Year Month Day | Convicted Month Day | Details (Use Remarks section if necessary) | Km. | Driver No. | Date Year Month Day | Convicted Month Day | Details (Use Remarks section if necessary) | Km. |
|------------|---------------------|---------------------|--|-----|------------|---------------------|---------------------|--|-----|
|            |                     |                     |  |     |            |                     |                     |  |     |
|            |                     |                     |  |     |            |                     |                     |  |     |
|            |                     |                     |  |     |            |                     |                     |  |     |
|            |                     |                     |  |     |            |                     |                     |  |     |

**7 Rating Information -- AGENT/BROKER AND COMPANY USE ONLY**

| Auto No.    | Class          | BI           | PD         | Driving Record |         |         |          | Driver No. Princ. | Driver No. Sec. | Description         | At-Fault Claim Surcharges |   | Conviction Surcharges |   |
|-------------|----------------|--------------|------------|----------------|---------|---------|----------|-------------------|-----------------|---------------------|---------------------------|---|-----------------------|---|
|             |                |              |            | AB             | DCPD    | Coll/AP |          |                   |                 |                     | %                         | % | %                     | % |
| 1.          |                |              |            |                |         |         |          |                   |                 |                     |                           |   |                       |   |
| 2.          |                |              |            |                |         |         |          |                   |                 |                     |                           |   |                       |   |
| 3.          |                |              |            |                |         |         |          |                   |                 |                     |                           |   |                       |   |
| <b>O.D.</b> |                |              |            |                |         |         |          |                   |                 | for Vehicle Number: |                           |   |                       |   |
| Auto No.    | List Price New | Vehicle Code | Rate Group |                |         |         | Location | Territory         | Discounts       |                     |                           |   |                       |   |
|             |                |              | AB         | DCPD           | Coll/AP | Comp/SP |          |                   | Description     | Percentage          |                           |   |                       |   |
| 1.          |                |              |            |                |         |         |          |                   |                 |                     |                           |   |                       |   |
| 2.          |                |              |            |                |         |         |          |                   |                 |                     |                           |   |                       |   |
| 3.          |                |              |            |                |         |         |          |                   |                 |                     |                           |   |                       |   |

**8 Insurance Coverages Applied For - Read Page 1 of this form before completing this section.**

|   | Automobile 1 |         | Automobile 2 |         | Automobile 3 |         | Occasional Driver Premium |
|---|--------------|---------|--------------|---------|--------------|---------|---------------------------|
|   | Limit (000s) | Premium | Limit (000s) | Premium | Limit (000s) | Premium |                           |
| <b>Liability</b>  |              |         |              |         |              |         |                           |
| Bodily Injury   |              |         |              |         |              |         |                           |
| Property Damage   |              |         |              |         |              |         |                           |
| <b>Accident Benefits (Standard Benefits)</b>  |              |         |              |         |              |         |                           |
| <b>Optional Increased Accident Benefits</b>   |              |         |              |         |              |         |                           |
| (X) Coverage Required   |              |         |              |         |              |         |                           |
| <input type="checkbox"/> Income Replacement (\$600/\$800/\$1,000)   |              |         |              |         |              |         |                           |
| <input type="checkbox"/> Caregiver, Housekeeping & Home Maintenance   |              |         |              |         |              |         |                           |
| <input type="checkbox"/> Medical and Rehabilitation (\$100,000)   |              |         |              |         |              |         |                           |
| <input type="checkbox"/> Attendant Care (\$72,000)  |              |         |              |         |              |         |                           |
| <input type="checkbox"/> Medical, Rehabilitation (\$1,100,000) & Attendant Care (\$1,072,000)   |              |         |              |         |              |         |                           |
| <input type="checkbox"/> Death & Funeral  |              |         |              |         |              |         |                           |
| <input type="checkbox"/> Dependant Care   |              |         |              |         |              |         |                           |
| <input type="checkbox"/> Indexation Benefit (Consumer Price Index)  |              |         |              |         |              |         |                           |
| <b>Uninsured Automobile</b>   |              |         |              |         |              |         |                           |
| <b>Direct Compensation-Property Damage</b>  |              |         |              |         |              |         |                           |
| <small>The policy contains a partial payment of recovery clause for property damage if a deductible is specified for Direct Compensation-Property Damage.</small> |              |         |              |         |              |         |                           |
| Deductible  |              |         |              |         |              |         |                           |
|   | 0            |         | 0            |         | 0            |         |                           |
| <b>Loss or Damage*</b>  |              |         |              |         |              |         |                           |
| Specified Perils (excluding Collision or Upset)   | Deductible   | Premium | Deductible   | Premium | Deductible   | Premium | Premium                   |
| Comprehensive (excluding Collision or Upset)  |              |         |              |         |              |         |                           |
| Collision or Upset  |              |         |              |         |              |         |                           |
| All Perils  |              |         |              |         |              |         |                           |

\* This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.

| Policy Change Forms (Name & No.)  | Deductible/Limit                               | Premium | Deductible/Limit                               | Premium | Deductible/Limit                               | Premium | Premium |
|---|--|---------|--|---------|--|---------|---------|
| Family Protection Coverage -OPCF 44R Yes <input type="checkbox"/> No <input type="checkbox"/> | LIMIT SAME AS LIABILITY UNLESS OTHERWISE NOTED |         | LIMIT SAME AS LIABILITY UNLESS OTHERWISE NOTED |         | LIMIT SAME AS LIABILITY UNLESS OTHERWISE NOTED |         |         |
|   |  |         |  |         |  |         |         |
|   |  |         |  |         |  |         |         |
|   |  |         |  |         |  |         |         |
| <b>Total Premium Per Automobile</b>   |  |         |  |         |  |         |         |

**9 | Remarks - Use this space if you have further details.**

Extra sheets attached.

**10 | Method of Payment**

| Type of Payment Plan       | Estimated Policy Premium ** | Provincial Sales Tax         | Interest                  | Total Estimated Cost |
|----------------------------|-----------------------------|------------------------------|---------------------------|----------------------|
| Amt. Paid with Application | Amount Still Due            | No. of Remaining Instalments | Amount of each Instalment | Instalment Due Date  |

\*\* This Policy premium is estimated and subject to adjustment or confirmation by the insurer. If we issue a policy and the applicant cancels it, there may be a minimum premium shown on your Certificate of Automobile Insurance that will not be refunded.

**11 | Declaration of Applicant -- Read this section carefully before you sign.**

**I Understand that to qualify for a driver's licence, drivers:**

- must not suffer from any mental, emotional, nervous or physical disability that significantly interferes with the driver's ability to safely drive an automobile of the class they are licensed for;
- must not be addicted to alcohol or a drug to the extent that it significantly interferes with the driver's ability to safely drive an automobile; and
- must notify the Ministry of Transportation immediately if the driver becomes physically or mentally disabled to the extent that it might interfere with the driver's ability to safely drive an automobile.

**To the best of my knowledge,**

- all listed drivers are qualified to hold a driver's licence, and
- the details in Sections 1 to 6 and 9 are correct.

**Inspection:**  
My Insurer may require my automobile to be inspected. If I do not co-operate with any reasonable arrangements to inspect my automobile, I understand my optional loss or damage coverages under Section 7 may be cancelled, and any claims under that section may be denied.

**Warning - The Insurance Act provides that 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 wilfully makes a false statement in respect of a claim under the contract, a claim by the Insured, for other than such statutory accident benefits as are set out in the Statutory Accident Benefits Schedule, is invalid and the right of the Insured to recover indemnity is forfeited.

**Warning - Offences**  
It is an offence under the Insurance Act to knowingly make a false or misleading statement or representation to an Insurer in connection with a person's entitlement to a benefit under contract of insurance, or to wilfully fail to inform the Insurer of a material change in circumstances within 14 days, in connection with such entitlement. The offence is punishable on conviction by a maximum fine of \$100,000 for the first offence and a maximum fine of \$200,000 for any subsequent conviction.

It is an offence under the federal Criminal Code for anyone to knowingly make or use a false document with the intent it be acted on as genuine and the offence is punishable, on conviction, by a maximum of 10 years imprisonment.

It is an offence under the federal Criminal Code for anyone, by deceit, falsehood or other dishonest act, to defraud or to attempt to defraud an insurance company. The offence is punishable, on conviction, by a maximum of 10 years imprisonment for fraud involving an amount over \$5,000 or otherwise a maximum of 2 years imprisonment.

**Consent**  
I am applying for automobile insurance based on the information provided above. With respect to this application or any renewal or change in coverage, I authorize you to collect, use and disclose my driving record, auto insurance history and auto claims history, and those of the listed drivers from whom I declare I have obtained consent for these purposes, as permitted by law for the limited purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud.

|                                   |                      |
|-----------------------------------|----------------------|
| <b>Applicant's Signature</b><br>X | <b>App. Date</b><br> |
|-----------------------------------|----------------------|

**12 | Report of Broker/Agent**

|   |  |  |   |  |
|---|--|--|---|--|
| Have you bound this risk?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>         | Is this business new to you?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Type of Motor Vehicle Liability Insurance Card Issued<br>Temp <input type="checkbox"/> Perm <input type="checkbox"/> None <input type="checkbox"/> | How long have you known the Applicant?<br>Years | How long have you known the Principal Driver?<br>Years |
| Has an inspection been completed?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |   |  |

|                                    |  |
|------------------------------------|--|
| <b>Broker/Agent Signature</b><br>X | <b>Printed on</b><br>2012   1   8 07:53:04 |
|------------------------------------|--|

**The Applicant must receive a copy of the signed application. A supplementary form for commercial or public use automobiles may be necessary.**