

New policy <input checked="" type="checkbox"/>	Replacing Policy No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Company bill <input type="checkbox"/>	Broker/Agent bill <input type="checkbox"/>	Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Language Preferred English <input checked="" type="checkbox"/> French <input type="checkbox"/>			
Insurance Company (Insurer) <b>Western Assurance Company</b>			Broker/Agent <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Broker Code:					
<b>1 Applicant's Name &amp; Primary Address</b> <small>"Primary Address" means address where applicant normally resides.</small>			<b>Lessor (if applicable)</b>					
Name and Address			Name and Address					
Amanda Griffin								
723 Patricia Plain Road								
South Tyler, NL Postal Code V2J 9T3								
Phone No. Home (628) 455-9661 Work ( )			Phone No. ( ) Fax ( )					
<b>2 Policy Period (all times are local times at the applicant's address shown above)</b>								
Effective Date: Year Month Day Time: a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/> 2018   4   15 12:01								
Expiry Date: Year Month Day Time: 2019   4   15 at 12:01 a.m.								
<b>3 Described Automobile</b> 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 Rating <input checked="" type="checkbox"/> Lbs [ ] Kg		
1.	2012	Chevrolet	Traverse	2 door	4	15059		
2.								
3.								
Auto No.	Vehicle Identification No. (Serial No.)		Owned? <input checked="" type="checkbox"/> Leased? <input type="checkbox"/>	Purchased/Leased Year Month New? Used? <input checked="" type="checkbox"/>	Purchase Price (including options & taxes)	Automobile Use (*Give details in Remarks section) Pleasure Commute One-Way Business Use % (see Note 1) Farm Commercial		
1.	4 K U 1 9 8 7 5 G H 3 2 4 P 5 7			2016 12	9959	<input checked="" type="checkbox"/> 82 km %		
2.						km %		
3.						km %		
Auto No.	Estimated Annual Driving Distance	Is any automobile used for car pooling? If Yes, give no. of Passengers and Details	Type of Fuel Used Gas Diesel If other, give details:	Unrepaired Damage? (If Yes, give details in Remarks section)	Modified/Customized (See Note 2)			
1.	12504 km	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
2.	km	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" 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.	John Frank, N8N 2P5							
2.								
3.								
■ Is the applicant both the Registered Owner and the Actual Owner of the described automobile(s)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> ■ Total number of automobiles in the household or business. <div style="border: 1px solid black; padding: 2px 10px;">2</div>								
<b>4 Driver Information – List all drivers of the described automobile(s) in the household or business.</b>								
Driver No.	Name as shown on Driver's Licence		Driver's Licence Number		Date of Birth Year Month Day	Sex	Marital Status	
1.	Amanada Griffin		Y00461562		1962 10 25	F	Married	
2.								
3.								
4.								
Driver No.	Driver Training Certificate Attached?	Date First Licensed in Canada or U.S. (Class G or equivalent) Class Year Month	Other class of licence, if any Class Year Month	Percentage Use by Each Driver Auto. 1 Auto. 2 Auto. 3			Are any other persons in the household or business licensed to drive?	Do any drivers qualify for Retiree Discount? (See Note 3)
1.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G 1990 11		100			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  If yes, provide complete details in the Remarks section.	Yes <input type="checkbox"/> No <input checked="" 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"/>
<b>Special Notes:</b>								
<b>Note 1:</b> Business Use % - State the usual percentage of annual driving distance that is for business use. (Enter 0 if there is no business use)								
<b>Note 2:</b> 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.								
<b>Note 3:</b> 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.								