

10 Method of Payment

| Type of Payment Plan | Estimated Policy Premium ** | Provincial Sales Tax | Interest | Total Estimated Cost |
|----------------------------|-----------------------------|------------------------------|---------------------------|----------------------|
| | \$3,462.00 | | 0.00% | |
| 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,
- 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 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, 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 the person's entitlement to a benefit under contract of insurance, or to willfully 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 \$250,000 for the first offence and a maximum fine of \$500,000 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 14 years imprisonment for fraud involving an amount over \$5,000 or otherwise a maximum of 2 years imprisonment.

Notice and 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 policy history and auto insurance claims history as permitted by law for the limited purposes necessary to assess the risk, to investigate and settle claims, and to prevent, detect and suppress fraud. If I am issued an automobile insurance policy or if I make a claim, this information may be pooled with information from other sources and may be subject to analysis for the limited purposes of preventing, detecting or suppressing fraud. For this purpose, the information may also be disclosed to i) fraud prevention organizations, other insurance companies and the police and ii) databases or registers used by the insurance industry to analyze and check information provided against existing information.

I declare that I have obtained consent from the listed drivers to the collection, use and disclosure by you of their driving record, automobile insurance policy history and automobile insurance claims history as described above. I also declare that, prior to permitting any other individuals to drive my automobile, I will obtain consent from such individuals to the collection, use and disclosure by you of their driving record, automobile insurance policy history and automobile insurance claims history as described above.

I understand that if I have any questions about this consent I am free to consult with my insurance company representative or legal advisor before signing this document.

To obtain further information about how your consent relates to pooling and data analytics to prevent and detect fraud, please visit <http://www.ibc.ca/en/privacy-terminology.asp>

Applicant's Signature**X**

Date

SIZM01

App. Date

2018 | 9 | 26

12 Report of Broker/Agent

Have you bound this risk?

Yes ☒ No ☐

Is this business new to you?

Yes ☐ No ☒

Type of Motor Vehicle Liability Insurance Card issued

Temp ☒ Perm ☐ None ☐

How long have you known the Applicant?

4 Years

How long have you known the Principal Driver?

4 Years

Has an inspection been completed?

Yes ☐ No ☒**Broker/Agent Signature****X**

Date

Printed on

2018 | 9 | 26

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