

New policy <input type="checkbox"/>	Replacing Policy No. 637583557	Company bill <input type="checkbox"/>	Broker/Agent bill <input type="checkbox"/>	Other (specify) <input type="text"/>	Language Preferred <input checked="" type="checkbox"/> English <input type="checkbox"/> French							
Insurance Company (Insurer) AllState Insurance Company of Canada			Broker/Agent Broker Code:									
1 Applicant's Name & Primary Address "Primary Address" means address where applicant normally resides.			Lessor (if applicable)									
Name and Address David Wells			Name and Address Justin Jones									
32124 Donald Freeway Suite 291			773 David Inlet									
West John, Nova Scotia			Jarvisfort									
Postal Code 1L12I0			Yukon Territory Postal Code G9T6X1									
Phone No. Home (215) 840-1122 Work (325) 679-6676			Phone No. (848) 395-7685 Fax (857) 053-5529									
2 Policy Period (all times are local times at the applicant's address shown above)												
Effective Date: Year Month Day Time: a.m. p.m. 04 5 13 7:02												
Expiry Date: Year Month Day Time: 18 2 5 at 12:01 a.m.												
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 Rating <input checked="" type="checkbox"/> Lbs <input type="checkbox"/> Kg						
1.	2008	Volkswagen	GLI	4 Door Luxury	6.0	12396						
2.												
3.												
Auto No.	Vehicle Identification No. (Serial No.)		Owned?	Leased?	Purchased/Leased Year Month New? Used?	Purchase Price (including options & taxes)	Automobile Use (*Give details in Remarks section)					
1.	7BQIM50QPR036283			<input checked="" type="checkbox"/>	14 10	17,151	Pleasure	Commute One-Way	Business Use % (see Note 1)	Farm	Commercial	
2.												
3.												
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.	5739 km	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input 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 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 <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. 2												
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 Year Month Day			Sex	Marital Status	
1.	John Taylor			Y925417190			74 2 28			M	Single	
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 type="checkbox"/> No <input checked="" type="checkbox"/>	G2 2008 12						100				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.	Yes <input type="checkbox"/> No <input type="checkbox"/>										Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	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"/>
4.	Yes <input type="checkbox"/> No <input type="checkbox"/>											Yes <input type="checkbox"/> No <input type="checkbox"/>
Special Notes:												
Note 1: Business Use % - State the usual percentage of annual driving distance that is for business use. (Enter 0 if there is no business use)												
Note 2: 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 3: 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.												