PREFERRED LANGUAGE [	☐ ENGLISH ☐ FRENCH				BROKER CONTRACT NUMBER	BROKER	BROKER SUB-CONTRACT NUMBER			
EMAIL ADDRESS				GROUP / PROGRAM NAME	GROUP I	GROUP ID				
WEBSITE ADDRESS					BROKER CLIENT ID	COMPAN	COMPANY CLIENT ID			
3. ALTERNATE CONTACT	INFORMATIC	N				<u> </u>				
					RELATIONSHIP TO INSURED					
					CONTACT NUMBER	OFIL				
			POSTAL CODE		HOME BUSINESS	CELL FAX				
4. POLICY PERIOD			CODE							
EFFECTIVE DATE				EXPIRY DATE	AT 12:01 A.M.		MES ARE LOCAL TIMES AT THE APPLICANT'S IL ADDRESS STATED HEREIN.			
5. VEHICLE INFORMATION										
VEH. NO. YEAR	MAKE		MODEL		VIN	PLATE NUMBER		PROV.		
WHERE CAN VEHICLE BE SEEN?				·	WHEN CAN VEHIC	CLE BE SEEN?		TIME	☐ A.M. ☐ P.M.	
6. COVERAGE INFORMATI					T					
LIABILITY LIMITS		CIDENT NEFITS	ALL P	ERILS	COLLISION	COMPREHENSIVE		SPECIFIED PERILS		
\$			DED. \$		DED. \$	DED. \$		DED. \$		
SEF / OPCF / QEF # ENDORSEME	ENTS LI	MIT 1	LIMIT 2	DEDUCTIBLE	SEF / OPCF / QEF # ENDORSEMENTS	LIMIT 1	LIMIT 2	DEDU	JCTIBLE	
#	\$		\$	\$	#	\$	\$	\$		
#	\$		\$	\$	#	\$	\$	\$		
#	\$		\$	\$	#	\$ \$ \$		\$		
#	\$		\$	\$	#	\$	\$	\$		
OTHER					•					
7. DRIVER INFORMATION										
DRIVER NO.										
							POSTA CODE	AL		
DRIV. LIC. #					DATE OF BIRTH RELATIONSHIP TO INSURED					
CONTACT NUMBER		CELL			PURPOSE OF USE USED WITH PERMISSIONS YES				□NO	
HOME CELL BUSINESS FAX					FOR OSE OF OSE	PERMISSION? LI YES LINO				
EMAIL ADDRESS					PREFERRED LANGUAGE EN	FRENCH				
8. ADDITIONAL INTEREST	s									
NAME AND ADDRESS  NATURE OF INTER							NTEREST			
9. DETAILS OF LOSS										
DATE DETAILS OF LOSS - INCLUDING STREET ADDRESS, CITY, PROVINCE AND STREET NAMES OR ANY APPLICABLE INTERSECTION										
TIME A.M.										
LOSS TYPE AREA OF REPAIR ESTIMATE \$ DRIVABLE? YES							S NO			
DESCRIPTION OF LOSS AND DAM	MAGE									
CSIO - Automobile I oss Notice	CA15016 200	ena		Pa	age 1	6 Centre for Study of	f Incurance On	orations All righ	nte recenved	

CSIO	AUT	OMO	OBILE LC	ON SS	TICE			INSURER CLAIM	NUMBER	
INSURANCE COMPANY	,			BROKER REFEREN	ICE NUMBER	R CATASTE	ROPHE NUM	BER POLICY NUI	MBER	
10. AUTHORITY RE	PORT INFORMATION									
POLICE		FI	IRE DEPARTMENT			OTHER				
MUNICIPALITY/CITY			NICIPALITY/CITY			MUNICIPALITY/CITY				
DIVISION NUMBER			TION NUMBER			LOCATION NUMBER				
OFFICER'S NAME			ITACT NAME			CONTACT NAME				
CONTACT NUMBER			CONTACT NUMBER				CONTACT NUMBER			
BADGE NUMBER			BADGE NUMBER				BADGE NUMBER			
DATE REPORTED			DATE REPORTED				DATE REPORTED			
OCCURENCE NUMBER			REPORT NUMBER				REPORT NUMBER			
CHARGES LAID			OTHER				CHARGES LAID			
11. INJURED PART	Y NONE REPORTED	Spe	ecify Type: A - Insured drive	er B = Insured passen	iger □C=T	hird party drive	er or passeng	ger D = Pedest	rian	
								POSTAI		
CONTACT NUMBER			Tenerennen i Aviolia of	THATURE OF INJURY					POSTAL CODE	
HOME BUSINESS	CELL FAX		PREFERRED LANGUAGE NATURE OF INJURY						HOSPITALIZED	
12 (A). THIRD PART	Y OWNER INFORMATION									
								POSTAL CODE		
CONTACT NUMBER HOME BUSINESS	CELL FAX				PREFER	RED LANGUA	(GE	ENGLI	SH FRENCH	
	Y VEHICLE INFORMATION				T			T		
INSURANCE COMPANY	MAKE	MODEL			PLATE N	UMBER  NUMBER		PROV.		
	- 055N0						OFFNO	TIME		
12 (C). THIRD PART	Y DRIVER INFORMATION	NAN	ME AND ADDRESS SAME	E AS SECTION 12A	WHEN CAN	VEHICLE BE	SEEIN?	TIME	P.M	
								POSTAL CODE		
DRIV. LIC. #				DATE OF BIRTH	DATE OF BIRTH			USED WITH THE TIME		
CONTACT NUMBER								PERMISSION? PURPOSE OF USE		
HOME CELL BUSINESS FAX			PREFERRED LANGUAGI			_ ENGLISH _ FRENCH				
	Y DAMAGE INFORMATION									
AREA OF DAMAGE						REPAIR ESTIMAT	Ē\$	DRIVA	ABLE? YES	
DESCRIPTION OF PROP	ERTY DAMAGE (OTHER THAN \	VEHICLE)								
13. WITNESS CONT	ACT INFORMATION									
								POSTAL CODE		
CONTACT NUMBER HOME BUSINESS	CELL FAX				PR	EFERRED LA	NGUAGE	ENGLISH	FRENCH	
14. ADJUSTER ASS	GIGNMENT INFORMATION									
CONTACT NUMBER										
HOME BUSINESS					EMAIL ADDRESS					
REPORTED BY							DATE	TIME	A.I P.N	
REPORTED TO							DATE	TIME	□ A.I	