


INSURANCE COMPANY					BROKER REFERENCE NUMBER		CATASTROPHE NUMBER		POLICY NUMBER			
1. INSURED'S FULL NAME AND POSTAL ADDRESS					2. BROKER'S NAME AND POSTAL ADDRESS							
				POSTAL CODE						POSTAL CODE		
CONTACT NUMBER HOME					CONTACT NUMBER HOME					CELL FAX		
BUSINESS					BUSINESS					CELL FAX		
PREFERRED LANGUAGE		<input type="checkbox"/> ENGLISH			<input type="checkbox"/> FRENCH			BROKER CONTRACT NUMBER			BROKER SUB-CONTRACT NUMBER	
EMAIL ADDRESS					GROUP / PROGRAM NAME				GROUP ID			
WEBSITE ADDRESS					BROKER CLIENT ID				COMPANY CLIENT ID			
3. ALTERNATE CONTACT INFORMATION												
					RELATIONSHIP TO INSURED							
					CONTACT NUMBER HOME							
				POSTAL CODE		BUSINESS				CELL FAX		
4. POLICY PERIOD												
EFFECTIVE DATE			TIME		A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>		EXPIRY DATE		AT 12:01 A.M.		ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.	
5. VEHICLE INFORMATION												
VEH. NO.		YEAR	MAKE		MODEL		VIN		PLATE NUMBER		PROV.	
WHERE CAN VEHICLE BE SEEN?									WHEN CAN VEHICLE BE SEEN?		TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
6. COVERAGE INFORMATION												
LIABILITY LIMITS			ACCIDENT BENEFITS		ALL PERILS		COLLISION		COMPREHENSIVE		SPECIFIED PERILS	
\$					DED. \$		DED. \$		DED. \$		DED. \$	
SEF / OPCF / QEF # ENDORSEMENTS			LIMIT 1		LIMIT 2		DEDUCTIBLE		SEF / OPCF / QEF # ENDORSEMENTS		LIMIT 1	
			\$		\$		\$		#		\$	
#			\$		\$		\$		#		\$	
#			\$		\$		\$		#		\$	
#			\$		\$		\$		#		\$	
#			\$		\$		\$		#		\$	
OTHER												
7. DRIVER INFORMATION												
DRIVER NO.												
										POSTAL CODE		
DRIV. LIC. #					DATE OF BIRTH			RELATIONSHIP TO INSURED				
CONTACT NUMBER HOME					PURPOSE OF USE					USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
BUSINESS										CELL FAX		
EMAIL ADDRESS					PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH							
8. ADDITIONAL INTERESTS												
NAME AND ADDRESS										NATURE OF INTEREST		
9. DETAILS OF LOSS												
DATE		DETAILS OF LOSS - INCLUDING STREET ADDRESS, CITY, PROVINCE AND STREET NAMES OR ANY APPLICABLE INTERSECTION										
TIME												
<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.												
LOSS TYPE		AREA OF DAMAGE					REPAIR ESTIMATE \$			DRIVABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DESCRIPTION OF LOSS AND DAMAGE												

		<h1>AUTOMOBILE LOSS NOTICE</h1>		<div>INSURER CLAIM NUMBER</div>			
INSURANCE COMPANY			BROKER REFERENCE NUMBER		CATASTROPHE NUMBER	POLICY NUMBER	
10. AUTHORITY REPORT INFORMATION							
<input type="checkbox"/> POLICE		<input type="checkbox"/> FIRE DEPARTMENT		<input type="checkbox"/> OTHER			
MUNICIPALITY/CITY		MUNICIPALITY/CITY		MUNICIPALITY/CITY			
DIVISION NUMBER		STATION NUMBER		LOCATION NUMBER			
OFFICER'S NAME		CONTACT 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 PARTY <input type="checkbox"/> NONE REPORTED Specify Type: <input type="checkbox"/> A - Insured driver <input type="checkbox"/> B = Insured passenger <input type="checkbox"/> C = Third party driver or passenger <input type="checkbox"/> D = Pedestrian							
					POSTAL CODE		
CONTACT NUMBER HOME BUSINESS		CELL FAX	PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	NATURE OF INJURY		HOSPITALIZED <input type="checkbox"/> YES <input type="checkbox"/> NO	
12 (A). THIRD PARTY OWNER INFORMATION							
					POSTAL CODE		
CONTACT NUMBER HOME BUSINESS		CELL FAX	PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH				
12 (B). THIRD PARTY VEHICLE INFORMATION							
YEAR	MAKE	MODEL		PLATE NUMBER	PROV.		
INSURANCE COMPANY				POLICY NUMBER			
WHERE CAN VEHICLE BE SEEN? _____				WHEN CAN VEHICLE BE SEEN? _____		TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
12 (C). THIRD PARTY DRIVER INFORMATION <input type="checkbox"/> NAME AND ADDRESS SAME AS SECTION 12A							
					POSTAL CODE		
DRIV. LIC. #		DATE OF BIRTH		USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CONTACT NUMBER HOME BUSINESS		CELL FAX	PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	PURPOSE OF USE			
12 (D). THIRD PARTY DAMAGE INFORMATION							
AREA OF DAMAGE			REPAIR ESTIMATE \$		DRIVABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DESCRIPTION OF PROPERTY DAMAGE (OTHER THAN VEHICLE)							
13. WITNESS CONTACT INFORMATION							
					POSTAL CODE		
CONTACT NUMBER HOME BUSINESS		CELL FAX	PREFERRED LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH				
14. ADJUSTER ASSIGNMENT INFORMATION							
CONTACT NUMBER HOME BUSINESS		CELL FAX	EMAIL ADDRESS				
REPORTED BY				DATE	TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
REPORTED TO COMPANY BY				DATE	TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	