



APPLICATION FOR QUEBEC AUTOMOBILE INSURANCE

OWNERS' FORM Q.P.F. NO. 1

LANGUAGE
 FRENCH ENGLISH

INSURER _____ POLICY NO. ASSIGNED _____ NEW POLICY
 REPLACING POLICY NO.

1 NAME AND ADDRESS OF THE APPLICANT BROKERS CLIENT ID _____
 BROKER _____ CODE(S) _____

THE DESCRIBED VEHICLE IS AND WILL BE MAINLY USED, STORED AND PARKED IN THE TOWN/CITY AND PROVINCE SHOWN IN ITEM 1. IF NOT, THE CLIENT OR THE NAMED INSURED MUST SO DECLARE. BROKER BILL CREDIT CARD #
 COMPANY BILL OTHER (SPECIFY) _____
 PAYMENT PLAN WITHDRAWAL DATE (YYYY/MM/DD) _____

TELEPHONE NUMBERS (INCLUDING EXTENSION) RESIDENCE - _____ FAX _____ CELLULAR _____
 BUSINESS - _____
 APPLICANT DATA OCCUPATION _____ DATE OF BIRTH (YYYY/MM/DD) _____ APPLICANT DATA OCCUPATION _____ DATE OF BIRTH (YYYY/MM/DD) _____

2 CONTRACT PERIOD
 DATE (yyyy/mm/dd)* From _____ to _____ DATE (yyyy/mm/dd)* _____ exclusively. * AT 12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED.

3 PARTICULARS OF THE DESCRIBED VEHICLE N = New U = Used
 D = Demo

VEH. NO.	MODEL YEAR (yyyy)	TRADE NAME (MAKE)	MODEL OR C.C.	BODY TYPE	VEHICLE IDENTIFICATION NO. (VIN/SERIAL NO.)	NO. OF CYLS	PURCHASED BY APPLICANT YEAR	MONTH	PURCHASE PRICE (INCLUDING EQUIP.)
1									
2									
3									

ANTI-THEFT DEVICE(S) _____ **BROKER AND COMPANY USE ONLY**

VEH. NO.	CODE	DESCRIPTION	TRADE NAME (MAKE)	VEHICLE LIST PRICE NEW	VEHICLE CODE	TERR.	STAT. LOCATION	CLASS	D.R. T.P.L.	D.R. COLL.	R.G.
1											
2											
3											

OCCASIONAL DRIVER (O.D.) VEHICLE NO. _____ ▶

VEH. NO.	LIEN-HOLDER	LESSOR	NAME	ADDRESS	POSTAL CODE
1					
2					
3					

4a THE PERILS COVERED BY THE INSURANCE CONTRACT ARE THOSE FOR WHICH AN AMOUNT OF INSURANCE, A DEDUCTIBLE OR AN INSURANCE PREMIUM IS SHOWN IN THE TABLE BELOW. COVERAGE IS SUBJECT TO THE CONDITIONS SET OUT IN THE INSURANCE CONTRACT.

COVERAGE	SECTION A: CIVIL LIABILITY		SECTION B: DAMAGE TO INSURED VEHICLES				ENDORSEMENTS				INSURANCE PREMIUM
	PROPERTY DAMAGE OR BODILY INJURY TO ANOTHER PERSON		1 "ALL PERILS"	2 COLLISION AND UPSET	3 ALL PERILS OTHER THAN COLLISION OR UPSET	4 SPECIFIC PERILS	Q.E.F. NO. 34 ACCIDENT BENEFITS INSURANCE			OTHER Q.E.F.s	
PERILS							DIVISION 1			DIVISION 2	For details, please see the "Other Endorsements" section below.
	VEH. NO.	AMOUNT OF INSURANCE:	DEDUCTIBLE PER LOSS:				DEATH BENEFITS PRINCIPAL SUM	DISMEMBERMENT BENEFITS PRINCIPAL SUM	REIMBURSEMENT OF MEDICAL EXPENSES MAXIMUM	TOTAL DISABILITY MAXIMUM PER WEEK	
AMOUNT OF INSURANCE AND DEDUCTIBLE	1	\$	\$	\$	\$	\$	\$	\$	\$		
	2	\$	\$	\$	\$	\$	\$	\$	\$		
	3	\$	\$	\$	\$	\$	\$	\$	\$		
INSURANCE PREMIUM	1	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	2	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	3	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	* O.D.	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

* O.D. - OCCASIONAL MALE DRIVER UNDER AGE 25

TOTAL INSURANCE PREMIUM ▶ \$

OTHER ENDORSEMENTS

VEH. NO.	Q.E.F.	LIMIT	PREMIUM	Q.E.F.	LIMIT	PREMIUM	Q.E.F.	LIMIT	PREMIUM	Q.E.F.	LIMIT	PREMIUM
1			\$			\$			\$			\$
2			\$			\$			\$			\$
3			\$			\$			\$			\$

4b DISCOUNTS AND/OR SURCHARGES May be subject to a maximum.

VEH. NO.	DIS.	SUR.	TYPE	%	VEH. NO.	DIS.	SUR.	TYPE	%

5 THE NAMED INSURED IS BOTH THE ACTUAL OWNER AND THE REGISTERED OWNER OF THE DESCRIBED VEHICLE. IF NOT, THE FOLLOWING INFORMATION MUST BE PROVIDED:

(A) ACTUAL OWNER	(B) REGISTERED OWNER
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6 A) WILL THE VEHICLE BE RENTED OR LEASED TO OTHERS? IF SO, STATE ALL DETAILS.	A)	VEH. NO. 1	VEH. NO. 2	VEH. NO. 3
B) WILL THE VEHICLE BE USED FOR CARRYING PASSENGERS FOR COMPENSATION OR HIRE? IF SO, STATE ALL DETAILS.	B)			
C) WILL THE VEHICLE BE USED FOR CARRYING EXPLOSIVES OF RADIOACTIVE MATERIAL? IF SO, STATE ALL DETAILS.	C)			
D) WILL THE VEHICLE BE USED FOR THE TRANSPORTATION OF GOODS FOR COMPENSATION? IF SO, STATE THE CLASS OF LICENCE OR CERTIFICATE AND RADIUS OF OPERATIONS.	D)			
E) WILL THE VEHICLE BE OPERATED BY ANY PERSON SUFFERING FROM THE LOSS OF, OR LOSS OF USE OF, AN EYE, HAND, FOOT OR LIMB, OR WHO IS PHYSICALLY OR MENTALLY DISABLED TO AN EXTENT THAT MIGHT AFFECT THE SAFE OPERATION OF A VEHICLE?	E)			
F) HAS ANY INSURER, TO THE KNOWLEDGE OF THE APPLICANT, CANCELLED, DECLINED OR REFUSED TO RENEW OR ISSUE AUTOMOBILE INSURANCE TO THE APPLICANT OR SPOUSE? IF SO, STATE NAME OF INSURER.	F)			

7a COMPLETE THE FOLLOWING FOR ALL DRIVERS

DR. NO.	SEX M/F	MARITAL STATUS	PERCENTAGE USE OF EACH VEHICLE			DRIVER TRAINING CERTIFICATE (ATTACH CERT.)	DATE OF BIRTH (yyyy/mm/dd)	NAME AS SHOWN ON DRIVER'S LICENCE	DRIVER'S LICENCE NUMBER	RELATIONSHIP TO APPLICANT
			1	2	3					
1						<input type="text"/>	yyyy-mm-dd			
2						<input type="text"/>	vvv-mm-dd			
3						<input type="text"/>	yyyy-mm-dd			
4						<input type="text"/>	yyyy-mm-dd			

7b

DR. NO.	YEARS LICENCED		DRIVER'S ADDRESS
	OUT OF CANADA (yyyy/mm/dd)	IN CANADA (yyyy/mm/dd)	
1	vvv-mm-dd	vvv-mm-dd	
2	vvv-mm-dd	vvv-mm-dd	
3	vvv-mm-dd	vvv-mm-dd	
4	vvv-mm-dd	vvv-mm-dd	

8a THE VEHICLE IS USED FOR:

VEH. NO.	PLEASURE	BUSINESS	OCCASIONAL BUSINESS	KM/YR	OTHERS	TOWING VEHICLE	8b IS THE VEHICLE USED TO COMMUTE? (THIS MEANS DRIVING TO WORK, TO SCHOOL OR PART-WAY, SUCH AS TO PUBLIC TRANSIT)		DISTANCE ONE WAY	8c STATE THE USUAL DISTANCE DRIVEN ANNUALLY	8d PERCENTAGE OF USE OUTSIDE OF QUEBEC (DETAILS IN REMARKS SECTION)	8e DETAILS OF APPLICANT'S MOST RECENT AUTOMOBILE INSURANCE
							YES	NO				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KM	KM	%	INSURER:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KM	KM	%	POLICY NO:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KM	KM	%	EXPIRY DATE (yyyy/mm/dd) vvv-mm-dd

9a GIVE PARTICULARS OF ALL CONVICTIONS OR SUSPENSIONS ARISING FROM THE OPERATION OF ANY VEHICLE DURING THE PAST 6 YEARS

DR. NO.	DATE (yyyy/mm/dd)	DESCRIPTION	VEH. NO.	DR. NO.	DATE (yyyy/mm/dd)	TYPE OF ACCIDENT OR CLAIM	AT-FAULT %	AMOUNT PAID OR ESTIMATE	DESCRIPTION	USE REMARKS SECTION IF NECESSARY
	yyyy-mm-dd				yyyy-mm-dd					
	yyyy-mm-dd				yyyy-mm-dd					
	yyyy-mm-dd				yyyy-mm-dd					
	yyyy-mm-dd				yyyy-mm-dd					

9b GIVE DETAILS OF ALL ACCIDENTS OR CLAIMS ARISING FROM THE OWNERSHIP, USE OR OPERATION OF ANY VEHICLE BY THE APPLICANT OR ANY LISTED DRIVER DURING THE PAST 6 YEARS.

Use Remarks Section when any of the following items requires additional space

10 ADDITIONAL INFORMATION FOR DRIVERS SHOWN IN ITEMS 7A AND 7B

DR. NO.	OCCUPATION	NAME OF EMPLOYER	ADDRESS OF EMPLOYER	DATE HIRED (yyyy/mm/dd)
1				yyyy-mm-dd
2				vvv-mm-dd
3				yyyy-mm-dd
4				vvv-mm-dd

11a TOTAL NUMBER OF PRIVATE PASSENGER VEHICLES IN THE HOUSEHOLD* INCLUDING THOSE ALREADY LISTED **11b** TOTAL NUMBER OF LICENCED DRIVERS IN THE HOUSEHOLD* INCLUDING THOSE ALREADY LISTED. (IN THE REMARKS SECTION, PLEASE LIST ALL DRIVERS IN THE HOUSEHOLD NOT SHOWN IN ITEM 7A, INCLUDING NAME, DRIVER'S LICENCE NUMBER AND DATE OF BIRTH.)

*HOUSEHOLD - A FAMILY UNIT RESIDENT IN THE SAME LIVING QUARTERS.

12 IF APPLICANT HAS CHANGED ADDRESS WITHIN THE LAST 3 YEARS, PROVIDE PREVIOUS ADDRESSES **13** DESCRIBE ANY OWNED TRAILER NOT SHOWN ON THIS APPLICATION.

ADDITIONAL INFORMATION FOR VEHICLES

VEH. NO.	14 IS THE VEHICLE USED IN CAR POOLS OR OTHER SHARE-THE-RIDE ARRANGEMENTS? FOR EACH YES, STATE PARTICULARS IN REMARKS SECTION.			15 IS THE VEHICLE POWERED BY OTHER THAN GASOLINE OR DIESEL ENGINE?			16 HAS VEHICLE BEEN MODIFIED, ALTERED OR CUSTOMIZED OR IS THERE ANY UNREPAIRED DAMAGE (INCLUDING DAMAGE TO GLASS) OR CUSTOM PAINT FINISH?			17 DESCRIBE ANY SPECIAL EQUIPMENT				
	YES	NO	FREQUENCY	DESCRIPTION	YES	NO	DESCRIPTION	YES	NO	DESCRIPTION	YES	NO	DESCRIPTION	
1	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

IF EITHER BOX IS CHECKED, THIS COMMERCIAL VEHICLE SECTION CANNOT BE USED. A COMMERCIAL VEHICLE SUPPLEMENT MUST BE PROVIDED.

VEH. NO.	18a % OF PLEASURE USE	18b DELIVERY					18c HAULING DONE FOR OTHERS. SPECIFY.		
		YES	NO	WHOLESALE	RETAIL	OTHER	YES	NO	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VEH. NO.	18d MERCHANDISE OR MATERIAL CARRIED (IF VOLATILE, TOXIC, CORROSIVE, RADIOACTIVE OR EXPLOSIVE MATERIAL IS CARRIED, STATE QUANTITIES AND FREQUENCY).	VEH. NO.	18e DESCRIBE ANY MACHINERY OR EQUIPMENT MOUNTED ON OR ATTACHED TO VEHICLE(S).

ITEM NO.	REMARKS

DECLARATION OF APPLICANT - Misrepresentations or concealment SUBJECT TO THE APPLICABLE SECTIONS OF THE CIVIL CODE OF THE PROVINCE OF QUEBEC AND THE AUTOMOBILE INSURANCE ACT, ANY MISREPRESENTATION OR DECEITFUL CONCEALMENT ON THE PART OF THE APPLICANT OR THE CLIENT IN CONNECTION WITH FACTS KNOWN TO IT AND LIKELY TO MATERIALLY INFLUENCE A REASONABLE INSURER IN THE SETTING OF THE PREMIUM AND THE APPRAISAL OF THE RISK OR THE DECISION TO COVER IT, NULLIFIES THE CONTRACT AT THE INSTANCE OF THE INSURER, EVEN FOR LOSSES NOT CONNECTED WITH THE RISKS SO MISREPRESENTED.		DATE (yyyy/mm/dd) _____ yyyy-mm-dd
X	_____	_____
X	_____	_____
	SIGNATURE OF APPLICANT	DATE (yyyy/mm/dd)
	SIGNATURE OF CO-APPLICANT	DATE (yyyy/mm/dd)

REPORT OF BROKER			
HAVE YOU BOUND THIS RISK?	<input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF MOTOR VEHICLE LIABILITY INSURANCE CARD ISSUED	HOW LONG HAVE YOU KNOWN: THE APPLICANT? THE PRINCIPAL DRIVER(S)?
IS THIS BUSINESS NEW TO YOUR OFFICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT <input type="checkbox"/> NONE	
HAS YOUR CLIENT OTHER INSURANCE WITH THIS COMPANY? IF SO, SPECIFY POLICY NUMBER(S):	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE THERE ANY SPECIAL CIRCUMSTANCES CONCERNING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? IF YES, GIVE PARTICULARS	<input type="checkbox"/> YES <input type="checkbox"/> NO		

SIGNATURE OF BROKER _____ X	DATE (yyyy/mm/dd) _____ yyyy-mm-dd
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CONSENT in accordance with the Act Respecting the Protection of Personal Information in the Private Sector

IF IT SHOULD BE NECESSARY FOR THE PURPOSE OF MY FILE, I, UNDERSIGNED, THE APPLICANT SPECIFICALLY CONSENT THAT MY BROKER AND MY INSURERS, FOR THE TIME REQUIRED TO FULFIL THEIR FUNCTIONS:

(A) GATHER ALL THE PERTINENT NECESSARY INFORMATION FROM THE HOLDERS OF MY PRIOR INSURANCE FILES, INTERMEDIARIES IN THE INSURANCE INDUSTRY, INSURANCE COMPANIES, FINANCIAL INSTITUTIONS, CREDIT AGENCIES, GOVERNMENT RECORDS ESTABLISHING DRIVING EXPERIENCE, PREVENTION, DETECTION OR REPRESSION OF CRIME AGENCIES AND INSTITUTIONS THAT GATHER AND COMPILE DATA ON INSURANCE RISKS AND LOSSES.

- FOR THE PURPOSE OF ESTABLISHING THE PREMIUM AND THE ASSESSMENT OF RISK; AND, (IF YOU WOULD LIKE TO CONSENT NOW)
- FOR THE PURPOSE OF VERIFICATION, ASSESSMENT AND THE SETTLEMENT OF LOSSES;

FURTHERMORE, I AUTHORIZE MY BROKER TO SIGN ON MY BEHALF ANY REQUEST OR FORM THAT MAY BE NECESSARY IN ORDER TO GATHER INFORMATION CONCERNING ME.

(B) DISCLOSE, IN THE CASE OF MY BROKER, THE INFORMATION OBTAINED TO INSURERS WITH WHOM HE IS DOING BUSINESS; WHEN IT IS MY INSURERS, TO INSTITUTIONS THAT GATHER AND COMPILE DATA ON INSURANCE RISKS AND LOSSES AND PREVENTION, DETECTION OR REPRESSION CRIME AGENCIES. SOLELY THE EMPLOYEES, MANDATORIES OR REPRESENTATIVES OF MY BROKER, INSURERS OR OF INSTITUTIONS REFERRED TO IN THIS PARAGRAPH WILL HAVE ACCESS TO THIS INFORMATION WHEN REQUIRED WITHIN THE EXECUTION OF THEIR FUNCTIONS.

FURTHERMORE, I CONSENT THAT HOLDERS OF INFORMATION CONCERNING ME AND COVERED BY THE PRESENT CONSENT BE RELEASED FROM THEIR CONFIDENTIALITY UNDERTAKING AND THAT THEY CONVEY THE REQUIRED INFORMATION TO MY BROKER, MY INSURERS, THEIR EMPLOYEES, TRAINEES OR REPRESENTATIVES.

I ACKNOWLEDGE HAVING BEEN INFORMED OF MY RIGHT TO ACCESS TO INFORMATION OBTAINED BY VIRTUE OF THE PRESENT CONSENT AND TO HAVE IT CORRECTED, IF NEED BE.

FURTHERMORE, I ACKNOWLEDGE HAVING BEEN INFORMED THAT I MAY ADDRESS ALL QUESTIONS REGARDING THE PRESENT CONSENT TO MY BROKER AND/OR MY INSURERS, THEIR EMPLOYEES, TRAINEES OR REPRESENTATIVES.

THIS INSURANCE APPLICATION IS CONSIDERED TO INCLUDE ALL PROVISIONS FOR ALL FORMS TO BE ISSUED IN ACCORDANCE WITH THIS CONTRACT.

THE TOTAL ESTIMATED POLICY PREMIUM IS SUBJECT TO ADJUSTMENT TO THE INSURER'S MANUAL PREMIUM FOR THE RISK.

X _____ SIGNATURE OF APPLICANT	DATE (yyyy/mm/dd) _____ yyyy-mm-dd
X _____ SIGNATURE OF CO-APPLICANT	_____ yyyy-mm-dd