

Ontario Application for Automobile Insurance Driver's Form (OAF 2)

This is your Application for Automobile Insurance.

Check it carefully and notify your Broker/Agent of any errors or of any changes in the future.

Retain this document for your records.

Some of the terms used in this application are explained further below.

Insurance Company

Broker/Agent

The Applicant must receive a copy of the signed application.

A supplementary form for commercial or public use automobiles may be necessary.

Ontario Application for Automobile Insurance Driver's Form (OAF 2)

Policy No. Assigned

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☐ New policy	Replacing Policy No.	☐ Company bill	☐ Broker/Agent Bill	Other (specify)	Language Preferred ☐ English ☐ French
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Insurance Company (hereafter called the Insurer)	Broker/Agent
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1. Applicant's Full Name and Postal Address (include County, District and Postal Code)

Name and Address	Residence / Business
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Phone No. Home	Work
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2. Policy Period (all times are local times at the applicant's address shown above)

Time	☐ am ☐ pm	Effective Date: (yyyy/mm/dd)	To 12:01 am	Expiry Date: (yyyy/mm/dd)
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3. This insurance shall apply to the use or operation of any automobile, other than an automobile owned or registered in the name of the insured, while and only while the insured is personally in control of such automobile.

(A) What type of automobiles does the applicant expect to drive? (State whether private passenger, taxicab, bus, truck, tractor trailer etc.)	(B) For what purpose will such automobile be chiefly used?
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Estimated Annual Driving Distance (km) _____

If automobile used for car pools, state details including number of passengers _____

If automobile powered by other than gasoline or diesel engine, state details _____

If any automobile will be used to carry passengers for compensation or hire, or used to haul a trailer, or for carrying explosives or radioactive material, state details in Remarks Section.

4. Driver Information

Name as shown on Driver's Licence	Driver's Licence Number	Date of Birth (yyyy/mm/dd)	Gender	Marital Status	Date First licensed In Canada Licence Class yyyy/mm
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4a. If licensed in Canada 6 years or less, driving experience in another country may be recognized if satisfactory evidence is provided. State details in Remarks section.

If any insurer, to the knowledge of the applicant, has cancelled the automobile insurance of the applicant within the last 3 years, state:

Insurance Company	Reason	Policy Number (if available)
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State details of applicant's most recent automobile insurance

Insurer	Policy Number	Expiry Date (yyyy/mm/dd)
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5. Claims and Conviction History

Give details of all accidents and claims paid or outstanding arising from the use of any automobile by the applicant during the last 6 years.

BI-Bodily Injury PD-Property Damage DC-Direct Compensation AB-Accident Benefits AP-All Perils Coll-Collision Comp-Comprehensive SP-Specified Perils

Date (yyyy/mm/dd)	Type of Claim	Amount Paid or Estimate	5a. Give details of all accidents or claims (use Remarks section if necessary)

Give details of all convictions arising from the operation of any automobile in the past 3 years.

Date (yyyy/mm/dd)	5b. Description (use remarks section if necessary)

6. Remarks Use of this section is limited to expanding on items 1 to 5.

Item No.	

7. Rating Information Summary of information in items 1 to 6, used to calculate Premiums

Class	Driving Record				At-Fault Claim Surcharges		Conviction Surcharges	
	BI	PD	AB	Coll/AP	Description	%	Description	%

8. Insurance Coverages Applied For (Insuring Agreements) Read Page 4 of this form before completing this section

				Company Use Only	Premium
Section 1 Third Party Liability	Third Party Inclusive Limit \$	Bodily Injury \$			\$
		Property Damage \$			

Section 2 Accident Benefits	Company Use Only				Premium
	Standard Benefits				\$
	Optional and Increased Accident Benefits				
	Supplementary Medical, Rehabilitation & Attendant Care	Limit	Premium	Company Use Only	Advance Premium
	Increased Medical, Rehabilitation & Attendant Care (\$130,000/ \$1,000,000)	\$	\$		\$
	Optional Catastrophic Impairment (additional \$1,000,000 added to Standard Benefit or Optional Medical, Rehabilitation & Attendant Care Benefit)	\$	\$		\$
	Income Replacement Up to \$ Per week	\$	\$		\$
	Non-Earner	\$	\$		\$
	Caregiver ☐ Catastrophic Only ☐ An Impairment	\$	\$		\$
	Lost Educational Expenses	\$	\$		\$
	Expenses of Visitors	\$	\$		\$
	Housekeeping & Home Maintenance ☐ Catastrophic Only ☐ An Impairment	\$	\$		\$
	Damage to Personal Items	\$	\$		\$
	Death	\$	\$		\$
	Funeral	\$	\$		\$
	Dependant Care	\$	\$		\$
	Indexation (Consumer Price Index)	\$	\$		\$

Section 3 Uninsured Automobile Coverage					Company Use Only	Premium
	Limits are as stated in Section 3 of the policy					
Section 4 Liability for Damage to Non-Owned Automobile	Coverage	Limit of Liability	\$	a deductible applies on each claim except for loss or damage caused by fire or lightning or by theft of the entire automobile.		\$
	4.1.1 All Perils	Deductible	\$			\$
	4.1.2 Collision or Upset	Deductible	\$			\$
	4.1.3 Comprehensive (excluding Collision or Upset)	Deductible	\$			\$
	4.1.4 Specified Perils	Deductible	\$			\$
This policy contains a partial payment of loss clause					*Estimated policy premium	\$
9. Method of Payment						
Monthly payment Plan						
Estimated Policy Premium	Interest Payable	Provincial Sales Tax	Total Estimated Cost	Initial Payment	Monthly Payments for	
\$	\$	\$	\$	\$	Months at \$	

10. Declaration of Application – Read carefully before signing

To your knowledge are you still qualified to hold a driver's licence ☐ Yes ☐ No

Qualifications required by a holder of a driver's licence included that the driver: (a) does not suffer from any mental, emotional, nervous or physical disability likely to significantly interfere with his/her ability to drive a motor vehicle of the applicable class safely; and (b) is not addicted to the use of alcohol or a drug to an extent likely to interfere significantly with his/her ability to drive a motor vehicle safely.

If a driver becomes physically or mentally disabled to an extent that might affect the safe operation of a motor vehicle, as noted on the driver's licence, the driver is required to notify the Ministry of Transportation immediately.

The answers to items 1 to 5 and any particulars in the Remarks Section relating thereto are correct to the best of my knowledge and belief and I hereby apply for a contract of Automobile Insurance based on the trust of this information.

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 a contract of insurance, or to wilfully 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 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 cases 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, automobile insurance policy history and automobile 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 purpose of preventing, detecting or suppressing fraud. For this purpose, the information also may 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 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 <https://www.ibc.ca/information-privacy-and-you>

Where,

1. 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;
2. the insured contravenes a term of the contract or commits a fraud; or
3. the insured willfully makes a false statement in respect of a claim under the contract, a claim by the insured, for other than certain statutory accident benefits as set out in the *Statutory Accident Benefits Schedule*, is invalid and the right of the insured to recover indemnity is forfeited.

Applicant's Signature

Date (yyyy/mm/dd)

11. Report of Broker/Agent

Have you bound this risk? ☐ Yes ☐ No

Is this business new to your office? ☐ Yes ☐ No

How long have you known the Applicant?

Type of Motor Vehicle Liability Insurance Card issued
☐ Temp ☐ Perm ☐ None

Broker/Agent Signature

Date (yyyy/mm/dd)

The Applicant must receive a copy of the signed application.

Insurance Coverages Applied For

Ontario motorists must have the standard coverages described in Sections 1, 2 & 3. You may also purchase higher limits for Sections 1 and 2, and additional insurance described under section 4.

The following is a brief explanation of the insurance coverages available. For specific details consult your policy. Your insurer will provide a copy of the policy if you request it.

Section 1 - Third Party Liability

Provides coverage for you or other insured persons if someone else is killed or injured or their property is damaged in an automobile incident. It will pay for legitimate claims against you or other insured persons up to the limit of your coverage, and the cost of settling claims.

Section 2 - Accident Benefits

Provides benefits that you and: (a) other insured persons, or (b) the persons specified in the Statutory Accident Benefit Schedule, for optional benefits, are entitled to receive if injured or killed in an automobile accident. These benefits include payment of medical, rehabilitation and attendant care expenses.

Your insurance company is obligated to explain details of Accident Benefits coverage to you. For full description of benefits, please refer to the Statutory Accident Benefits Schedule.

A number of optional accident benefits are available. You have the option to purchase or decline these coverages at any time.

The optional benefits your insurance company must offer are:

Supplementary Medical, Rehabilitation and Attendant Care

Increased Medical, Rehabilitation and Attendant Care - The standard benefit pays up to \$65,000 for medical, rehabilitation and attendant care expenses with a 5 year time limit in most cases. If catastrophically impaired, the standard benefit pays up to \$1,000,000 for medical, rehabilitation and attendant care expenses. You may purchase an optional medical, rehabilitation and attendant care benefit of \$130,000 and \$1,000,000.

Additional Catastrophic Impairment - You may purchase catastrophic impairment benefit of an additional \$1,000,000 added to the standard medical, rehabilitation and attendant care benefit or the optional increased medical, rehabilitation and attendant care benefit.

Income Replacement - You may purchase this benefit to compensate you and other persons for lost income. All income replacement benefits are based on 70% of your gross weekly income.

Non-Earner - You may purchase this benefit to compensate you and other persons if you or they are completely unable to carry on a normal life.

Caregiver - You may purchase this benefit to compensate you and other persons if you or they cannot continue as the main caregiver for a member of the household who is in need of care.

Lost Educational Expenses - You may purchase this benefit if you and other persons are unable to continue a program of elementary, secondary, post-secondary or continuing education.

Expenses of Visitors - You may purchase this benefit to compensate for expenses incurred by visitors.

Housekeeping and Home Maintenance Expenses - You may purchase this benefit to compensate you and other persons if you or they suffer a substantial inability to perform housekeeping and home maintenance services.

Damage to Personal Items (clothing, glasses, hearing aids, etc.) - You may purchase this benefit to compensate you and other persons for damage sustained to personal items such as clothing, prescription eyewear, dentures, and hearing aids.

Death - You may purchase this benefit paid to the surviving spouse and dependant of a person who is killed.

Funeral - You may purchase this benefit to cover the costs of funeral expenses.

Dependant Care - You may purchase this benefit to receive weekly dependant care expenses, for employed persons not receiving a weekly caregiver benefit.

Indexation Benefit - You may purchase this benefit to ensure that certain weekly benefit payments and monetary limits will be adjusted on an annual basis to reflect changes in the cost of living.

Section 3 - Uninsured Automobile Coverage

Provides coverage if you or other insured persons are injured or killed by an uninsured motorist or by an unidentified (e.g. hit-and-run) driver. It also covers damage to the non-automobile and its contents caused by an identified, uninsured motorist, subject to a \$300 deductible.

Section 4 - Liability for Damage to Non-owned Automobile

This section of the policy provides a selection of coverages for liability for loss of or damage to the non-owned automobile in the care, custody or control of the policyholder. There is usually a deductible amount indicated for each coverage and this amount is either paid by the policyholder toward the cost of repairs or is deducted from the loss settlement.

Specified Perils:

Covers the non-owned automobile against loss or damage caused by certain specified perils. They are: fire; theft or attempted theft; lightning, windstorm, hail or rising water; earthquake; explosion; riot, civil disturbance; failing or forced landing of aircraft; or the stranding, sinking, burning, derailment or collision of any kind of transport in, or upon which a described automobile is being carried on land or water.

Comprehensive:

Covers the non-owned automobile against loss or damage caused by other than by Collision or Upset of the automobile. This coverage includes the specified perils named below, and is therefore broader in scope.

Collision or Upset:

Covers damage caused by Collision with another automobile, another object or by upset of the non-owned automobile.

All Perils:

Combines the Collision and Comprehensive coverages.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of the insurance company's insurance business in Canada.

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