

ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE (OWNER'S FORM S.P.F.1)												Policy No. Assigned or Binder:										
ITEM	INSURANCE COMPANY (INSURER):											☐ New Policy ☐ Renewal Policy										
1.	Applicant(s) Full Name(s) and Postal Address:						Tel: Res/Bus.: Tel: Mobile: Email Address:				Agent/ Broker:											
Each described automobile is and will be chiefly used in the vicinity of the applicant's address above unless otherwise stated in the Remarks section.																						
2.	Policy Period - All times are local times at the applicant's postal address.						From: Date (Y/M/D)		Time:		☐ a.m. ☐ p.m.		To: 12:01 a.m. on: Date (Y/M/D)									
3.	Particulars of the Described Automobile(s)																					
Veh. No.	Model Year	Trade Name			Model or C.C.		Body Type		V.I.N (Serial No.)				Year		Purchased by Applicant Month		New or Used		Purchase Price (Including Accessories and Equipment)			
1.																						
2.		(add rows as needed)																				
Veh. No.	Name	Postal Address		If applicable, indicate which and state name, postal address and postal code of Lienholder, Lessor, or Assignee				GVW (kg)	Winter tires Y/N	Agent/ Broker and Company Use Only												
1.										List Price New	Vehicle Code	Terr.	Loc.	Class	DR TPL	DR Coll.	RG DCPD	RG Coll.	RG Comp.			
2.		(add rows as needed)																				
4.	This application is made for insurance against one or more of the perils mentioned in this Item, but for insurance under the section(s) for which a premium is specified in this Item and no other and upon the terms, conditions, provisions, definitions and exclusions of the Insurer's corresponding standard policy form and for the following specified limit(s) and amount(s).																					
Insuring Agreements		Section A Third Party Liability				Section A.1 Direct Compensation For Property Damage		Section B Accident Benefits				Section C Loss of or Damage to Insured Automobile(s)				Endorsements						
Perils		Legal Liability for bodily injury to or death of any person or damage to property. (EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) FOR LOSS OR DAMAGE RESULTING FROM BODILY INJURY TO OR THE DEATH OF ONE OR MORE PERSONS AND FOR LOSS OR DAMAGE TO PROPERTY, REGARDLESS OF THE NUMBER OF CLAIMS ARISING FROM ANY ONE ACCIDENT.				THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE if a deductible is specified for Direct Compensation for Property Damage Amount Deductible		Payments for Death or Bodily Injury				1. All Perils 2. Collision or Upset 3. Comprehensive (Excluding collision or upset) 4. Specified Perils (Excluding collision or upset)				VEH. No. Endorsement No.						
Limits and Amounts in Dollars		1	2	(add rows as needed)		As referenced in Section B of the policy				Amount deductible on each separate claim				VEH. No. Endorsement No.								
Premium In Dollars		Veh. No.	PD	BI	(add rows as needed)				(add rows as needed)				Endorsement Premium Vehicle Premium									
1.																						
2.																						
O.D.																						
Minimum Retained Premium:												Total Estimated Policy Premium:										
												The Total Estimated Policy Premium is subject to the Insurer's manual premium for the risk.										
5.	List all Drivers of the Described Automobile(s) in the Household or Business											State Number of years Licensed in Canada or the United States				Approximate % Use of Vehicle by each Driver: (add vehicles as needed)				Driver training Y/N Attach DTC Cert.		
Dri ver No.	Name (as shown on Driver's Licence)			Driver's Licence Number				Date of Birth		Date Licensed	LIC Class	Veh. 1	Veh. 2	Veh. 3	Veh. 4	Driver's Occupation						
1.																						
2.	(add rows if needed)																					
6(a). Give particulars of all CONVICTIONS arising from the operation of any automobile during the past FOUR years.												6 (b). Give particulars of all ACCIDENTS and CLAIMS arising from the ownership or operation of any automobile during the past SIX years. Use Remarks section if necessary.										
Driver No.	Date		Description	Veh No.	Driver No.	Date		Type of Claim	Amount Paid or Estimate	Claim Amount Repaid to Insurer	Description											
	YYYY MM					YYYY MM																
			(add rows as needed)																			
7. Has any driver's licence, vehicle permit or similar authorization issued to the applicant or other drivers listed in Item 5 above, to the knowledge of the applicant, been or continued to be suspended, cancelled or lapsed? If yes, state the particulars in the Remarks section. ☐ Yes ☐ No																						

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8(a). Has any insurer, to the knowledge of the applicant, cancelled, declined or refused to renew or issue automobile insurance to the applicant within the last THREE years? If so, state name of insurer, policy number if available, and reason. Insurer: Policy No.: Reason:	8(b). Details of applicant(s)' most recent automobile insurance. Insurer: Policy No.: Expiry Date: Y / M / D	8 (c) Does/do the applicant(s) owe any money to any insurer related to an Alberta policy of automobile insurance? ☐ Yes ☐ No If yes, state the particulars in the Remarks section
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Veh. No.	9(a). State the usual distance driven annually	9(b). Is the vehicle used to commute? (Driving to work, school, or part way such as to public transit) Distance One Way	9(c). State the usual % of annual kilometers driven for business use. Enter 0 if no business use.	9(d). Is the vehicle used outside of Canada? If yes, state particulars in the Remarks section	9(e). Are there any modifications or customizations, other than repairs or restorations, that affect the original manufacturer's design specifications or increase the value of the automobile? ☐ Yes ☐ No If yes, state particulars in Remarks section.
1	Km	☐ Yes ☐ No Km	%	☐ Yes ☐ No No. of Months/year.....	
2	Km (add rows as needed)	☐ Yes ☐ No Km	%	☐ Yes ☐ No No. of Months/year.....	
10(a) Veh. No.	Will the automobile be rented, leased, used for carrying passengers for compensation or hire (examples: taxi, Transportation Network automobile), carrying explosives or carrying radioactive material, even on an occasional basis? If so, provide details.		10(b). Veh. No.	Will the automobile be used for the transportation of goods (examples: freight, food, parcels) for reward, even on an occasional basis? If yes, state the class of licence or certificate and radius of operations.	
1	☐ Yes ☐ No		1	☐ Yes ☐ No	
2	☐ Yes ☐ No (add rows as needed)		2	☐ Yes ☐ No	
12. Remarks					
13. Subject to subsection 2.08(4) of the <i>Automobile Insurance Act</i> , a claim by an insured is invalid and the right of the insured to recover indemnity is forfeited if (a) the insured, when applying 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 in the application, (b) the insured contravenes a term of the contract or commits a fraud, or (c) the insured wilfully makes a false statement in respect of a claim under the contract. The applicant(s) acknowledges that all of the information given by the applicant in Items 1 through 12 are true and the applicant hereby applies for a contract of automobile insurance to be based on the truth of the said information. The personal information collected in this application is needed to issue the policy. Insurers are required to provide this information to the Underwriting Information Tracking System, which is a data bank operated on behalf of the automobile insurance industry for the purpose of statistical analysis, identification of eligible risks and the proper rating of those risks. The information in the data bank is available to all insurance companies and insurance agents providing automobile insurance in Canada. 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 process 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 declare that I have obtained consent from the listed drivers to the collection, use and disclosure by you of their driving record, automobile insurance policy history and automobile insurance claims history as described above. I also declare that, prior to permitting any other individuals to drive my automobile, I will obtain consent from such individuals to the collection, use and disclosure by you of their driving record, automobile insurance policy history and automobile claims history also as described above. 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 Équité Association .					
Date Y M D		Signature of Applicant(s)			

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