

Draft Application for Automobile
Insurance
(Garage Form S.P.F. No. 4)

DRAFT

(01/2027)

DRAFT FORM – ALBERTA SUPERINTENDENT OF INSURANCE

ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE (GARAGE FORM S.P.F.4)					Policy No. Assigned or Binder:	
ITEM INSURANCE COMPANY (INSURER):					<input type="checkbox"/> New Policy <input type="checkbox"/> Renewal Policy	
1. Applicant(s) Full Name(s) and Postal Address:		Tel: Res/Bus.: Tel: Mobile: Email Address:		Agent/ Broker:		Policy Billing: <input type="checkbox"/> BROKER / AGENT BILL <input type="checkbox"/> COMPANY BILL <input type="checkbox"/> PAYMENT PLAN
Business address (including county or district):						
Location of other premises where business is conducted (show each building and lot separately)				Structure Type		
(A)				Building		Lot
(B) (add rows as needed)						
2. Policy Period - All times are local times at the applicant's postal address.		From: Date (Y/M/D) Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		To: 12:01 a.m. on: Date (Y/M/D)		
3. The automobiles in respect of which insurance is to be provided are those used in connection with the Applicant(s)' business of: (Specify whether automobile dealer, repair garage, service station, storage garage or parking lot and describe all other business, in respect of which insurance is to be provided, conducted by the Applicant(s) at the locations specified in ITEM 1 hereof. NOTE: THIS FORM SHOULD NOT BE USED FOR RENTAL OR LEASING EXPOSURES)						
4. The basis of rating and calculation of the premium payable shall be in accordance with the Premium Computation Statement (AB-P.C.S. No. 1), if it is attached, otherwise the premium payable shall be as set out in this Alberta Application for Automobile Insurance (Garage Form S.P.F.4).						
Estimated total payroll for policy period: \$		Number of employees including proprietors, partners and executive officers at the effective date of the Policy:		Full-time		Part-time
5. 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	Perils	Limits and Amounts in Dollars				Premium/ Advance Premium
Section A Third Party Liability	Legal Liability for bodily injury to or death of any person or damage to property of others not in the care, custody or control of the Applicant.	(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.				\$
Section A.1 Direct Compensation For Property Damage	THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE if a deductible is specified for Direct Compensation for Property Damage	Amount Deductible				\$
Section B Accident Benefits	As referenced in Section B of the Policy				\$	
Payments for Death or Bodily Injury						\$
Health Care and Related Expenses						\$
Income Replacement and Other Monetary Benefits						\$
Permanent Impairment Benefit						\$
Death Benefits and Related Expenses						\$
Uninsured Motorist Cover						\$
Section C Loss of or Damage to Owned Automobile(s)	Sub-section	Peril		Actual cash value at time of loss or damage not exceeding the actual cost to Insured		Sum payable by Insured in respect of each separate automobile \$
		1	Collision or Upset			
		The Premium under subsection 2, 3 and 4 shall be computed on a:				
		<input type="checkbox"/> Monthly average basis, or <input type="checkbox"/> Co-insurance basis, or <input type="checkbox"/> Other				
THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE		2	Comprehensive (Excluding collision or upset and open lot pilferage)	(A)	\$	\$
		3	Specified Perils (Excluding open lot pilferage)	(B)	\$	\$
		4	Specified Perils (Excluding theft)	(C)	\$	\$
*In respect of each automobile, the actual cash value at the time of loss or damage not exceeding the actual cost to the insured and subject to that limit for each automobile: (a) the amount of insurance stated in the monthly report, if any, or (b) the limit of insurance stated herein to be applicable to each specified location for loss or damage from any one occurrence at each specified location.						
Section E Legal Liability for Damage to a Customer's Automobile While in the Care, Custody or Control of the Insured	1	Collision or Upset		Limit of Liability (exclusive of costs and post judgment interest) any one customer's automobile		Sum payable by Insured in respect of each separate occurrence \$
THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE		2	Specified Perils (Excluding open lot pilferage)		Limit of Liability (exclusive of costs and post judgment interest) any one occurrence	
				Location as per Item 1	Maximum number of Customers' Automobiles	
				(A)	\$	
				(B)	\$	
				(add rows as needed)		\$
Endorsements		Endorsement No.		Endorsement Name		Endorsement Premium
						\$
						\$
						\$
						\$
Minimum Retained Premium: \$				Total Estimated Policy Premium:		\$
The Total Estimated Policy Premium is subject to the Insurer's manual premium for the risk.						
State name and address of lienholder, mortgagee or assignee to whom, jointly with the applicant, loss, if any, under Sections A.1 or C is payable as their interests may appear:						

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<p>6. Has any insurer, to the knowledge of the applicant, cancelled, declined or refused to renew or issue automobile insurance related to the business of the applicant within the last THREE years? If so, state name of insurer, policy number if available, and reason: Insurer: Policy No.: Reason:</p>																			
<p>7. Give particulars of all ACCIDENTS, LOSSES or CLAIMS arising from the ownership, use or operation of any automobile (i) by the applicant and (ii) in connection with the business, within the three years preceding this application. Use Remarks section if necessary:</p> <table border="1"> <thead> <tr> <th rowspan="2">Injury to Persons:</th> <th colspan="2">Damage to Applicant(s)' Automobile(s)</th> <th colspan="2">Damage to Property of Others</th> </tr> <tr> <th>(A) Collision</th> <th>(B) Other</th> <th>(A) Not in the care of applicant</th> <th>(B) In care of applicant</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Injury to Persons:	Damage to Applicant(s)' Automobile(s)		Damage to Property of Others		(A) Collision	(B) Other	(A) Not in the care of applicant	(B) In care of applicant					
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<p>8. Remarks</p>																			
<p>9. If (a) 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 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, a claim by the insured is invalid and the right of the insured to recover indemnity is forfeited.</p> <p>The applicant(s) acknowledges that all of the information given by the applicant in Items 1 through 8 are true and the applicant hereby applies for a contract of automobile insurance to be based on the truth of the said information.</p> <p>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.</p> <p>NOTICE CONSENT</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>To obtain further information about how your consent relates to pooling and data analytics to prevent and detect fraud please visit Équité Association.</p> <table border="1"> <tr> <td colspan="3">Date</td> <td colspan="3">Signature of Applicant(s)</td> </tr> <tr> <td>Y</td> <td>M</td> <td>D</td> <td colspan="3"> </td> </tr> </table>						Date			Signature of Applicant(s)			Y	M	D					
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Y	M	D																	
<p>10. Broker/Agent Declaration – I confirm that I have read to the applicant(s) the consent provision in Item 9 of this application form and the applicant(s) have declared their consent and further declare that they have the consent of the drivers of the automobiles for which insurance is requested under this application.</p> <table border="1"> <tr> <td>Broker/Agent Name:</td> <td>Signature of Broker/Agent:</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						Broker/Agent Name:	Signature of Broker/Agent:												
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