

Ontario Application for Automobile Insurance

Owner's Form (OAF 1)

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

Insurance Coverages Applied For

Ontario motorists must have the following basic coverages: Liability, Accident Benefits, Uninsured Automobile and Direct Compensation – Property Damage. You may also purchase additional insurance for Loss or Damage to the automobile and Optional Increased Accident Benefits. This is a brief explanation of the insurance coverages available to you. For complete details consult your policy. Your Insurer will supply you with a copy of the policy if you request it.

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.

Accident Benefits - Your insurance company is obligated to explain details of Accident Benefits coverage to you. Provides benefits that you and other insured persons are entitled to receive if injured or killed in an automobile accident. These benefits include: income replacement for persons who have lost income; payments to non-earners who suffer complete inability to carry on a normal life; payment of care expenses to persons who cannot continue to act as a primary caregiver for a member of their household; payment of medical, rehabilitation and attendant care expenses; payment of certain other expenses; payment of funeral expenses; and payments to survivors of a person who is killed. You may also purchase optional benefits to increase the basic level of benefits provided in your policy.

The optional benefits your insurance company must offer are:

Increased Income Replacement – the basic level of income replacement provided in the policy (\$400 per week maximum) can be increased by purchasing optional coverage so that the weekly limit is up to \$600, \$800 or \$1,000. All income replacement benefits are based on 80% of your net weekly income.

Increased Caregiver and Dependant Care – the basic level of caregiver benefits for care expenses of persons who are not employed but care for dependants (up to \$250 per week for the first person needing care, and \$50 per week for every additional person) can be increased by purchasing optional coverage so that the weekly limit is up to \$325 for the first person and \$75 for additional persons. There is no basic benefit for persons who are employed and care for dependants, but if you purchase this optional coverage you can receive a benefit to cover additional weekly dependant care expenses of \$75 for the first dependant, and \$25 for each additional dependant, up to \$150 per week.

Increased Medical, Rehabilitation and Attendant Care – the basic benefit pays up to \$100,000 for medical and rehabilitation expenses, with a 10 year time limit in most cases, and up to \$72,000 for attendant care expenses. If catastrophically impaired, the basic benefit pays up to \$1,000,000 for medical and rehabilitation expenses and up to \$1,000,000 for attendant care expenses. You can purchase optional coverage of \$1,000,000 above the basic coverage, and that provides no limitation on the time for which these expenses are paid.

Increased Death and Funeral – the basic level of death benefits paid to the surviving spouse or surviving same-sex partner and dependant of a person who is killed (\$25,000 to surviving spouse or surviving same-sex partner; \$10,000 to surviving dependant) can be doubled by purchasing this optional coverage. This coverage also increases the basic funeral expense benefit from \$6,000 to \$8,000.

Indexation Benefit – this optional coverage will ensure that certain weekly benefit payments and monetary limits will increase on an annual basis to reflect changes in the cost of living.

Uninsured Automobile

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

Direct Compensation – Property Damage

Provides coverage in Ontario, under certain conditions, for damage to your automobile and to property it is carrying, when another motorist is responsible. It is called Direct Compensation because you will collect from us, your insurance company, even though you are not at fault for the accident. There may be a deductible amount, and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium.

Loss or Damage

Provides a selection of optional coverages for your own automobile. Payments cover direct and accidental loss of, or damage to, a described automobile and its equipment. There is usually a deductible amount indicated for each coverage and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium. There are four types of coverages:

Specified Perils: Covers the described automobile against loss or damage caused by certain specific perils. They are fire; theft or attempted theft; lightning, windstorm, hail or rising water; earthquake; explosion; riot or civil disturbance; falling or forced landing of aircraft or parts of aircraft; or the stranding, sinking, burning, derailment or collision of any kind of transport in, or upon which, the described automobile is being transported.

Comprehensive: Covers a described automobile against loss or damage other than those covered by Collision or Upset, including perils listed under Specified Perils, falling or flying objects, missiles and vandalism.

Collision or Upset: Covers damage when a described automobile is involved in a collision with another object or tips over.

All Perils: Combines the Collision or Upset and Comprehensive coverages.

If a driver is licensed less than 6 years in Canada, driving experience in other countries may be recognized. Attach proof of other licensing and insurance.

What are the details of the applicant's most recent automobile insurance?

Insurance Company	Policy No.	Expiry Date		
		Year	Month	Day

To the applicant's knowledge...

- Has any driver's licence, vehicle permit etc, issued to the applicant or to any person in the household or business been suspended or cancelled in the last 6 years?
Yes No If Yes, give details in Remarks section.
- Has any insurance company cancelled automobile insurance for the applicant or any listed driver in the last 3 years?
Yes No If Yes, give details in Remarks section.
- During the last 3 years, has any automobile insurance policy issued to the applicant or any listed driver been cancelled or has any claim been denied for material misrepresentation? Yes No If Yes, give details in Remarks section.
- Has the applicant or any listed driver been found by a court to have committed a fraud connected with automobile insurance?
Yes No If Yes, give details in Remarks section.

5 Previous Accidents and Insurance Claims

Give details of all accidents or claims arising from the ownership, use or operation of any automobile by the applicant or any listed driver during the last 6 years. The coverages are: BI - Bodily Injury, PD - Property Damage, AB - Accident Benefits, DCPD - Direct Compensation - Property Damage, UA - Uninsured Automobile, Coll - Collision, AP - All Perils, Comp - Comprehensive, SP - Specified Perils

Driver No.	Auto No.	Date			Coverage Claim Paid Under							Amount Paid or Estimate	Details (Use Remarks section if necessary)
		Year	Month	Day	BI	PD	AB	DCPD	UA	Coll/AP	Comp/SP		

6 History of Convictions

Give details of all convictions of the applicant and any listed driver arising from the operation of any automobile in the last 3 years.

Driver No.	Date Convicted			Details (Use Remarks section if necessary)	Driver No.	Date Convicted			Details (Use Remarks section if necessary)
	Year	Month	Day			Year	Month	Day	

7 Rating Information – AGENT/BROKER AND COMPANY USE ONLY

Auto No.	Class	Driving Record					Driver No. Princ.	Sec.	At-Fault Claim Surcharges		Conviction Surcharges	
		BI	PD	AB	DCPD	Coll/AP			Description	%	Description	%
1.												
2.												
3.												

Auto No.	List Price New	Vehicle Code	Rate Group			Location	Territory	Discounts Description and Percentage
			AB	DCPD/Coll/AP	Comp/SP			
1.								
2.								
3.								

8 Insurance Coverages Applied For – Read Page 1 of this form before completing this section.

	Automobile 1		Automobile 2		Automobile 3		Occasional Driver Premium
	Limit (000s)	Premium	Limit (000s)	Premium	Limit (000s)	Premium	
Mandatory	Liability						
	Bodily Injury						
	Property Damage						
	Accident Benefits (Basic Benefits)						
	Optional Increased Accident Benefits						
	(✓) Coverage Required						
	<input type="checkbox"/>	Income Replacement	Up to \$ 600 per wk.				
	<input type="checkbox"/>	Income Replacement	Up to \$ 800 per wk.				
	<input type="checkbox"/>	Income Replacement	Up to \$1,000 per wk.				
	<input type="checkbox"/>	Caregiver & Dependant Care					
<input type="checkbox"/>	Medical, Rehabilitation & Attendant Care						
<input type="checkbox"/>	Death & Funeral						
<input type="checkbox"/>	IndeXation Benefit						
Uninsured Automobile							
Direct Compensation-Property Damage							
This policy contains a partial payment of recovery clause for property damage if a deductible is specified for Direct Compensation-Property Damage.							
Deductible							
Deductible							
Deductible							
Optional	Loss or Damage*						
	Specified Perils (excluding Collision or Upset)						
	Comprehensive (excluding Collision or Upset)						
	Collision or Upset						
All Perils							
* This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.							
OPCF	Policy Change Forms (Name & No.)		Deductible/Limit	Premium	Deductible/Limit	Premium	Premium
	Family Protection Coverage -OPCF 44R <input type="checkbox"/> Yes <input type="checkbox"/> No		LIMIT SAME AS LIABILITY UNLESS OTHERWISE NOTED		LIMIT SAME AS LIABILITY UNLESS OTHERWISE NOTED		LIMIT SAME AS LIABILITY UNLESS OTHERWISE NOTED
Total Premium Per Automobile							

