



THE GUARANTEE COMPANY OF NORTH AMERICA

On Line Application Procedure

To successfully complete the application, please follow the steps outlined below:

Step #1 Please ensure you have selected the appropriate office location where your application will be submitted. **All** fields need to be **accurately filled in** so we can provide you with a quote quickly.

Step #2 Upon completion, hit the **"CONTINUE"** button located at the bottom of the form. A screen asking you to supply your e-mail address will then appear. The e-mail confirmation notice from our office will provide a confirmation number for your records.

Important: This confirmation number is our reference/control number used to validate that we have received your submission.

Step #3 Included with the confirmation e-mail is a PDF copy of the application **you** completed, which can now be saved and/or printed according to your preference. Close the e-mail notice.

Step #4 To complete another application, please return to our application area. If you had not closed this application, hit the **"RESET"** button at the bottom of the form. Proceed by referring to Step #1 and repeating the process. Upon completion, close or end your session.

If you have any questions, please contact your local office.

Thank you for your Business!



**Automobile Application
Q.P.F. N°1- Quebec Automobile Insurance
Application (Owner's Form)**

Indicate premium payment method:
1. Agency Bill
2. Monthly withdrawals
3. Credit card (Visa or MasterCard)

BROKER _____ **AGENCY N°:** _____

ITEM 1.

APPLICANT (called named insured in the contract)

Last name: _____ Telephone Residence : _____

First names: _____ Telephone Work : _____

Co. name : _____ Date of Birth : _____
Day Month Year

Address : _____ Employer : _____

Postal Code : _____

The described automobile is and will be chiefly used and usually kept in the town and province of the applicant's address unless otherwise specified herein.

ITEM 2.

POLICY PERIOD

FROM

Day	Month	Year

TO

Day	Month	Year

EXCLUSIVELY
* At 12:01 A.M standard time
at the insured's address stated herein.

ITEM 3.

PARTICULARS OF THE DESCRIBED AUTOMOBILE

	Year	Trade name & serial number	If truck, gross weight	Number of cylinders	Type of body	Model name & number (or c.c.)
Veh.1						
Veh.2						
Veh.3						
	Purchased by the Applicant			TOTAL	Lienholder or mortgagee to whom, jointly with the Applicant, loss, if any, under section B of the insuring agreements is payable. (Name & address)	
	Month	Year	New or used			
Veh.1				\$	Veh.1	
Veh.2				\$	Veh.2	
Veh.3				\$	Veh.3	

ON THE BASIS OF THE APPLICATION SUBMITTED, INSURANCE IS HEREBY PROVIDED AGAINST THE FOLLOWING PERILS, FOR WHICH A PREMIUM IS SPECIFIED FOR THE FOLLOWING SPECIFIED LIMIT(S) AND AMOUNT(S).

Coverages	Section A	Section B				Endorsement Q.E.F n° 34			Endorsements			
	Third party liability	Loss of or damage to insured vehicle				Insurance of persons						
	Perils	Sub-section 1	Sub-section 2	Sub-section 3	Sub-section 4	Section 1			2	Veh. n°	Q.E.F. n°	Premium \$
All perils		Collision or upset	Comprehensive (excluding collision or upset)	Specified perils (excluding collision or upset)	Sub-division 1	Sub-division 2	Sub-division 3	Total disability				
Amounts (in dollars)	(Exclusive of costs, expenses and interests) per accident, regardless of the kind of damages and the number of persons injured	Deductible on each separate claim, except for loss or damage by the fire or lightning.				Principal sum	Principal sum	Per person	Maximum weekly indemnity			
	\$	\$	\$	\$	\$	\$	\$	\$	\$			
Veh. 1									0	1		
Veh. 2									0	2		
Veh. 3									0	3		
Occ. driver												
Premiums	\$	\$	\$	\$	\$	\$	\$	\$	\$			
Veh. 1										Veh. 1 \$		
Veh. 2										Veh. 2 \$		
Veh. 3										Veh. 3 \$		
Occ. driver										\$		
Rating group	Terr.	Class		Rating Group				TOTAL PREMIUM				
		Sect. A	Sect. B		Car code	City code	Minimum premium					
Veh. 1								\$				
Veh. 2								\$				
Veh. 3								\$				
Occ. driver								\$				

ITEM 5.	Veh. n° 1	Veh. n° 2	Veh. n° 3
<p>(A) State the purposes for which the automobile is and will be chiefly used. (If the use is stated as «pleasure» that word shall be regarded as including the use of the automobile as transportation between the place of residence and the place of business of the Applicant)</p> <p>(B) Will the automobile be rented or leased, or used for carrying passengers for compensation or hire, or for carrying explosives or radioactive material ? If so, state particulars.</p> <p>(C) Will the automobile be used for the transportation of goods for compensation ? If so, state class of license or certificate and radius of operations.</p> <p>(D) Will the automobile 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 an automobile ?</p>	(A)		
	(B)		
	(C)		
	(D)		

ITEM 6.	
<p>Within the three (3) years immediately preceding this application</p> <p>(A) Has any license, permit, registration certificate or other like authority, issued to the applicant or a member of this household under any law or statute of any province, state or country relating to automobiles, to the knowledge of the applicant, been, or continued to be suspended or canceled ? If so, specify.</p> <p>(B) Has any insurer, to the knowledge of the Applicant, canceled, declined or refused to renew or issue automobile insurance to the applicant or spouse ? If so, state name of insurer.</p>	(A)
	(B)

ITEM 7.	
<p>State particulars of all accidents, losses or claims arising out of the ownership, use or operation of any automobile by the applicant or spouse within the three years preceding this application.</p>	<p>Injury to persons <input type="checkbox"/> NO <input type="checkbox"/> YES Details: _____</p> <p>Damage to property of others <input type="checkbox"/> NO <input type="checkbox"/> YES Details: _____</p> <p>Damage to owned or operated automobile by:</p> <p>A) Collision <input type="checkbox"/> NO <input type="checkbox"/> YES Details: _____</p> <p>B) Other causes <input type="checkbox"/> NO <input type="checkbox"/> YES Details: _____</p>

ITEM 8.
<p>Unless otherwise stated the Applicant is both the registered owner and actual owner of the described automobile. If not, state the name of:</p> <p>(A) The registered owner _____ (B) The actual owner _____</p>

ITEM 9.
<p>All the statements herein are true and the insured hereby acknowledges that this policy has been issued on the basis thereof.</p>

ITEM 10.
<p>Any misrepresentation or deceitful concealment on the part of the Insured in connection with facts known to him and likely to materially influence a reasonable insurer in the setting of the premium and the appraisal of the risk of the decision to cover it, nullifies the contract of the instance of the Insurer, even for losses not connected with the risks so misrepresented.</p> <p>APPLICANT(S) SIGNATURE _____ DATE _____</p>

AGREEMENTS

This policy is subject to the Civil Code of Lower Canada, the Code of civil Procedure, the Automobile Insurance Act and its regulations, and has been approved by the Inspector General of Financial Institutions.

Underwriting and rating information	
1. If you have lived at your present address for less than two years, please state your previous address:	_____
2. Have you held a valid driver's licence in Canada or United States for the past 5 years ? <input type="checkbox"/> NO <input type="checkbox"/> YES	If less than 5 years, state how many years ? : _____
3. What company previously insured your automobile : _____	Policy # : _____ Expiration : _____
4. How long have you owned this automobile, or the one which it replaces : _____ (years)	
5. Where is your automobile usually parked : Day : _____	Which automobile(s) : <input type="checkbox"/> Veh. 1 <input type="checkbox"/> Veh. 2 <input type="checkbox"/> Veh. 3
At night: _____	Which automobile(s) : <input type="checkbox"/> Veh. 1 <input type="checkbox"/> Veh. 2 <input type="checkbox"/> Veh. 3

Underwriting and rating information (cont'd)

6.	Is there an anti-theft system ? Give details (mechanical, electronic, boomerang etc...)	Has the automobile been marked ?	Is the automobile engine other than gas or diesel ? Describe.
Veh.1	<input type="checkbox"/> NO <input type="checkbox"/> YES Details : _____	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, <input type="checkbox"/> Glass If yes, <input type="checkbox"/> Complete marking	
Veh.2	<input type="checkbox"/> NO <input type="checkbox"/> YES Details : _____	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, <input type="checkbox"/> Glass If yes, <input type="checkbox"/> Complete marking	
Veh.3	<input type="checkbox"/> NO <input type="checkbox"/> YES Details : _____	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, <input type="checkbox"/> Glass If yes, <input type="checkbox"/> Complete marking	

7. Actual mileage of each automobile Veh.1 _____ Km Veh.2 _____ Km Veh.3 _____ Km

8. Details of all drivers															
Name (in full)	Sex	Date of birth (ddmmyy)	Relationship to the insured	Marital status			Resident in Applicant household		Driver's license number	Held since	Restriction on driver's license (If yes, give details below)		Vehicles driven (check whether principal or occasional driver)		
				Marr	Sing	Sep	NO	YES			NO	YES	Veh. 1 princ. occ.	Veh. 2 princ. occ.	Veh. 3 princ. occ.
				<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"/>	<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"/>
Driver	Occupation		Name of employer				Address of employer								
n° 1															
n° 2															
n° 3															

9. Was the vehicle modified or custom built or is the vehicle damaged (including damage to glass) NO
Give details: _____

10. State details of all convictions, violations, citations (or taggings) during the past five years of any person who drives this vehicle.						11. State particulars of all accidents, losses or claims arising out of the ownership, use or operation of an automobile by the applicant, within the five years preceding this application.					
Driver	Date	Description				Vehicle	Driver n°	Date	Amount paid or estimated	Description	
12a. This vehicle is used for:			12b. This vehicle is used for driving to work, to school or to a public transit access point.				12c. State average mileage of the vehicle for 12 months		12d. Percentage of use outside of Quebec		
Vehicle	Business	Pleasure	NO	YES	Mileage (one way)		Annual mileage				
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

13. Give ages and sex of children over age 12 in household: _____

14. Will the vehicle be driven by anyone whose vision or hearing is impaired or who is suffering from heart disorder, epilepsy, diabetes, or other serious illness ? If yes, give details. _____

IMPORTANT - TO BE COMPLETED BY THE BROKER	
1. Is the Applicant a new automobile policy client for your agency: <input type="checkbox"/> NO <input type="checkbox"/> YES	6. If we have other policies for the Applicant, state policy number : _____
2. How long have you known the Applicant ? _____ years, and the principal driver ? _____ years	7. Has any insurance policy in the name of the applicant or a member of his family ever been refused or canceled ? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, why ? _____
3. Is the automobile in good order and well cared for ? _____	8. Is the premium financed ? : <input type="checkbox"/> NO <input type="checkbox"/> YES If yes by whom : _____
4. Detail any other features of this risk which ought to be known to us : _____	
5. Do you thoroughly recommend the risk (including all drivers) ? _____	

SIGNATURE OF THE BROKER : _____ DATE : _____ Day Month Year