# **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 standard coverages: Liability, Accident Benefits and Uninsured Automobile. You must also have Direct Compensation - Property Damage coverage, unless you elect not to recover damages under this coverage, and you make this election by providing written confirmation to your Insurer. 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 may be entitled to receive if injured or killed in an automobile accident. These benefits include: income replacement for persons who have lost income; payments to nonearners 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 standard level of benefits provided in your policy.

### The optional benefits your insurance company must offer are:

**Increased Income Replacement -** The standard level of income replacement provided in the policy (\$400 per week maximum) may 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 70% of your gross weekly income. **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 or \$1,000,000. **Additional Catastrophic Impairment -** You may purchase an optional 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 or the optional standard medical, rehabilitation and attendant care benefit or the optional increased medical, rehabilitation and attendant care benefit or the optional increased medical, rehabilitation and attendant care benefit or the optional increased medical, rehabilitation and attendant care benefit.

**Caregiver Benefit**, **Housekeeping and Home Maintenance Expenses** - The standard benefit for caregiver benefit, housekeeping and home maintenance expenses is available only for a person who is catastrophically impaired. You may purchase an optional benefit to provide these coverages for other impairments. **Death and Funeral** - The standard level of death benefits paid to the surviving spouse and dependant of a person who is killed (\$25,000 to a surviving spouse and \$10,000 to each surviving dependant) may be doubled by purchasing this optional coverage. This coverage also increases the standard funeral expense benefit from \$6,000 to \$8,000.

**Dependant Care** - There is no standard dependant care benefit. You may purchase an optional benefit to receive weekly dependant care expenses of \$75 for the first dependant, and \$25 for each additional dependant, up to \$150 per week, for employed persons not receiving a weekly caregiver benefit. **Indexation Benefit** - This optional coverage will ensure that certain weekly benefit payments and monetary limits will be adjusted 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 an unidentified (e.g. hit-and-run) driver. It also 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. You may elect not to recover damages from your insurance company under this coverage if you make this election by providing written confirmation to your insurance company.

#### 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. This coverage cannot be issued or offered to you if you have made an election not to recover damages from us under Section 6, Direct Compensation - Property Damage Coverage. **All Perils:** Combines the Collision or Upset 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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5 Give	details	of all acc					urance C		f any auto	mobile by	the applica	int or a	any listed dr	iver during	the last 6 y	ears. The coverages a	re: BI - Bodily	Injury, PD -
Prop Driver	erty Dar Auto	nage, Al	B - Accide Date	nt Benefi	its, DCPD -	Direct Con	npensation - F Coverage	Property Claim Pai	Damage, I I Under	JA - Unins	ured Autor	nobile		sion, AP - A	Il Perils, Co	omp - Comprehensive, Details (Use Remarks sect	SP - Specifie	d Perils
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	L	.iability								Automo : (000s)	Prem	ium		(000s)	Premium	Automob Limit (000s)	Premium	Driver Premium
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	т	his policy	contains a	partial pa	perty Dama ayment of rec	covery claus	e for property o	lamage	Ded	uctible			Deductible			Deductible		
This policy contains a partial payment of recovery clause for property damage if a deductible is specified for Direct Compensation-Property Damage.																		
	Loss or Damage*							Ded	uctible	Prem	ium	Dedu	ıctible	Premium	Deductible	Premium	Premium	
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9 Remarks - Use t	this space if you have furthe	er details			<u></u>
				Extra sheets attached.	
10 Method of Paym	Estimated Policy Premium**	Тах	Interest	Total Estimated Cost	
Amt. Paid with Application	Amount Still Due	No. of Remaining Instalments	Amount of Each Instalment	Instalment Due Date Y M	D
** This policy premium is estim	nated and subject to adjustment or c	onfirmation by the insurer. If we i	ssue a policy and the applicant o	l cancels it, there may be a minimum pren	mium
shown on your Certificate of A	utomobile Insurance that will not be pplicant – Read this section	refunded.		,,,	
Declaration of A	ipplicant – Read this sectio	in calefully before you sig	jii.		
I understand that to qualify for must not suffer from		usion dischility that significantly into	force with the driver's chility to cof	ely drive an automobile of the class they ar	-
licensed for;	d to alcohol or a drug to the extent that				
	•	• •		ght interfere with the driver's ability to safel	ly drive
To the best of my knowledge,	sted drivers are qualified to drive and he	old a valid driver's license			
• the d	details in Sections 1 to 6 and 9 are corre				
			ments to inspect my automobile, I	understand my optional loss or damage	
coverages under Section 7 may	be cancelled, and any claims under the	at section may be denied.			
disclose in the application	t, (i) gives false particulars of the des a any fact required to be stated there	in; or	to the prejudice of the Insurer, o	r (ii) knowingly misrepresents or fails to	>
(c) the Insured wilfully makes		im under the contract, a claim by		statutory accident benefits as are set or	ut in
	nefits Schedule, is invalid and the rig	ght of the insured to recover inde	mnity is forfeited.		
benefit under contract of insu		Insurer of a material change in c	ircumstances within 14 days, in	nction with the person's entitlement to a connection with such entitlement. The bsequent conviction.	i.
It is an offence under the fede on conviction, by a maximum		wingly make or use a false docur	nent with the intent it be acted or	n as genuine and the offence is punisha	ble,
	ral Criminal Code for anyone, by dec by a maximum of 14 years imprisonr			defraud an insurance company. The offe ximum of 2 years imprisonment.	ence
Notice and Consent					
disclose my driving record, auto investigate and settle claims, an from other sources and may be	mobile insurance policy history and aut to prevent, detect and suppress fraud subject to analysis for the limited purpo	tomobile insurance claims history as d. If I am issued an automobile insu ose of preventing, detecting or supp	s permitted by law for the limited pur rance policy or if I make a claim, th ressing fraud. For this purpose, the	n coverage, I authorize you to collect, use a irposes necessary to assess the risk, to is information may be pooled with informati information also may be disclosed to i) fra and check information provided against exi	tion aud
claims history as described above		ng any other individuals to drive my	automobile, I will obtain consent fro	surance policy history and automobile insu om such individuals to the collection, use a e.	

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 http://www.ibc.ca/en/privacy-terminology.asp.

Applicant's Signature		Date								
12 Report of Broker/	Agent									
Have you bound this risk?	Is this business new to you?	Type of Motor Vehicle Liability	How long have you know	own the	How long have you known the Principal Driver?					
Yes No	Yes No	Insurance Card issued Temp Perm None	Applicant?							
Has an inspection been completed	? Yes	5 🗌 No 🗌								
Broker/Agent Signature			Date							
	The Applica	nt must receive a copy of	the signed app	lication.						
	A supplementary form f	or commercial or public u	se automobiles	s mav be	necessarv.					