OPCF 25A - Alteration

Policy changes are marked with a check

- ☐ Name or address of insured
- ☐ Substitution of automobile — Auto no. _____
- ☐ Automobile added to policy — Auto no. _____
- ☐ Automobile deleted from policy — Auto no. _____
- ☐ Change in coverage or limits — Auto no. _____
- ☐ Add Coverage — Auto no. _____
- ☐ Deletion of coverage — Auto no. _____
- ☐ Change in rating classification to — Auto no. _____
- ☐ Amendment to Optional Benefits — Auto no. _____
- ☐ Other – describe _____ — Auto no. _____

This form changes your automobile insurance policy. The change form is issued in consideration of the total additional or return premium stated and is effective from the date shown.

Name and address of insurance company		
Broker / agent		Broker / agent no.
Name and address of insured		
Effective date of change (yyyy/mm/dd)	Date of expiry* (yyyy/mm/dd)	Policy number
Year	Make	Serial No./V.I.N.

***12:01 a.m. local time at the insured's postal address**

Auto No.	Model	Body Type	No. of Cyls.	C.C.	Mfgr's Gross Vehicle Weight Rating	Owned	Leased	Purchased/Leased				List Price New Purchase Price (including options)	Commuting Distance One-Way(km)
								Year	Month	New	Used		

Auto No.	Specify Lienholder – Name	Address	Postal Code

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Rating Information

Auto No.	Class	Driving Record					Surcharge + %	Discount -%	Vehicle Code	Rate Group				Location	Territory Code
		BI	PD	AB	DCPD	Coll/AP				AB	DCPD	Coll/AP	Comp/SP		

Insurance Coverages

Liability	Limit	Return Premium	Additional Premium
Bodily Injury			
Property Damage			
Accident Benefits (Standard Benefits)	As Stated in Section 4 of Policy		

Optional & Increased Accident Benefits

Supplementary Medical, Rehabilitation & Attendant Care

	Limit	Return Premium	Additional Premium
◯ Yes ◯ No Increased Medical, Rehabilitation & Attendant Care ($130,000/ $1,000,000)			
◯ Yes ◯ No Optional Catastrophic Impairment (additional $1,000,000 added to Standard Benefit or Optional Medical, Rehabilitation & Attendant Care Benefit)			
◯ Yes ◯ No Income Replacement	Up to $ Per week		
◯ Yes ◯ No Non-Earner			
◯ Yes ◯ No Caregiver ◯ Catastrophic Only ◯ An Impairment			
◯ Yes ◯ No Lost Educational Expenses			
◯ Yes ◯ No Expenses of Visitors			

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◯ Yes ◯ No	Housekeeping & Home Maintenance	◯ Catastrophic Only ◯ An Impairment			
◯ Yes ◯ No	Damage to Personal Items				
◯ Yes ◯ No	Death				
◯ Yes ◯ No	Funeral				
◯ Yes ◯ No	Dependant Care				
◯ Yes ◯ No	Indexation Benefit (Consumer Price Index)				

	Limit	Return Premium	Additional Premium
Uninsured Automobile	As Stated in Section 5 of Policy		

Direct Compensation-Property Damage

	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

This policy contains a partial payment of loss clause. A deductible applies for each claim except as stated in your policy.

	Deductible	Return Premium	Additional Premium
Specified Perils (excluding Collision or Upset)			
Comprehensive (excluding Collision or Upset)			
Collision or Upset			
All Perils			

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Policy Change Forms (Name and OPCF No., including limit if applicable)	Return Premium	Additional Premium
Total Premium (Return / Additional)		
Tax		
Total Cost (Return / Additional)		

All other terms and conditions of your policy remain the same.

Authorized representative	Signature of insured (Required where coverage deleted or reduced)	Date

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