

INSURANCE BINDER

Commercial Lines Automobile Insurance

NAMED INSURED(S)

Name(s): _____

Address: _____

INSURER

Name: _____

Contract no.: _____

Effective date: _____

Expiry date: _____

☐ OWNER'S FORM (Q.P.F. No. 1):

☐ Description of insured vehicle(s)

Year/Make: _____

Model: _____

Identification no.: _____

Vehicle: ☐ new
☐ demonstrator
☐ used

Use: _____

☐ See annex attached (if several automobiles)

LESSOR/CREDITOR

Name: _____

Address: _____

☐ Purchase ☐ Lease

☐ GARAGE FORM (Q.P.F. No. 4):

☐ Including owned automobiles

☐ Excluding owned automobiles

INSURING AGREEMENTS	PERILS	AMOUNTS	DEDUCTIBLES
Section A Civil liability	Property damage or bodily injury to another person	\$ _____	\$ _____
Section B Damage to vehicles of which the named insured is the owner	<input type="checkbox"/> Protection 1 : "All perils"	\$ _____	\$ _____
	<input type="checkbox"/> Protection 2 : Collision and upset	\$ _____	\$ _____
	<input type="checkbox"/> Protection 3 : All perils other than collision or upset	\$ _____	\$ _____
	<input type="checkbox"/> Protection 4 : Specific perils	\$ _____	\$ _____
Section C Civil liability for damage to customers' vehicles while in the care, custody or control of the Insured (Q.P.F. No. 4)	<input type="checkbox"/> Protection 1 : All perils	\$ _____	\$ _____
	<input type="checkbox"/> Protection 2 : Collision or upset	\$ _____	\$ _____
	<input type="checkbox"/> Protection 3 : All perils other than collision or upset	\$ _____	\$ _____
	<input type="checkbox"/> Protection 4 : Specific perils	\$ _____	\$ _____

ENDORSEMENTS			
<i>Drive other vehicles</i> <input type="checkbox"/> Q.E.F. 2	<i>Lease or leasing</i> <input type="checkbox"/> Q.E.F. 5a	<i>Limitation under Protection 3 for vehicle glass</i> <input type="checkbox"/> Q.E.F. 13c	<i>Travel expenses</i> <input type="checkbox"/> Q.E.F. 20 <input type="checkbox"/> Q.E.F. 20a
<i>Notice to creditor</i> <input type="checkbox"/> Q.E.F. 23a	<i>Damage to non-owned automobiles</i> <input type="checkbox"/> Q.E.F. 27 \$ _____	<i>Accident benefits</i> <input type="checkbox"/> Q.E.F. 34	<i>Replacement cost</i> <input type="checkbox"/> Q.E.F. 43
<input type="checkbox"/> Other	_____	_____	_____

Q.P.F. NO. 5 – REPLACEMENT INSURANCEYes: ☐ No: ☐

Duration of the "Replacement insurance" contract: _____

ADDITIONAL INFORMATION AND IMPORTANT STATEMENTS FOR RISK ANALYSIS

Important Note: This document contains a summary of the information found in the insurance contract. Coverage is subject to the conditions, limits and exclusions of the contract issued by the insurer.

This insurance binder confirms the existence of the insurance contract pending the issuance of your insurance policy. It is valid for a period of _____ days. Coverage remains in force conditional on payment of the premium.

By: _____
Signature of certified representative

Date: _____

Name: _____

Telephone: _____

Title: _____

Form created by:

